Center for Total Joint Replacement

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Please bring this folder with you to all medical and hospital appointments and when you come to the hospital for surgery. Answers to most of your questions can be found on these pages.

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About total joint replacement

Replacing a worn joint: common reasons to have total joint replacement

A smooth lining known as cartilage covers the ends of the bones in healthy joints. It acts to protect the joint by absorbing stresses and allowing the joint to glide easily. Bone cartilage reaches peak amounts between ages 18 and 20, and your body does not produce more after this time.

Arthritis

As people age, the protective lining wears away and the bones rub together, causing joint pain, inflammation, and stiffness. This is often referred to as "osteoarthritis," and is the most common reason people in the U.S. require joint replacement surgery. When pain from this condition becomes severe, some patients find they avoid using the joint, which weakens surrounding muscles and makes it even more difficult to have full mobility.

Arthritis can be accelerated by a family history of the condition and by injury to the joint, even if that injury occurred decades earlier. Injury may throw the joint slightly off balance, causing the joint to break down faster over the years.

Rheumatoid arthritis

A small percentage of patients interested in total joint replacement have rheumatoid arthritis, a chronic disease in which the body's immune system attacks and destroys cartilage.

Osteonecrosis

Some patients may develop degeneration of a hip joint called osteonecrosis, in which blood vessels gradually cut off nourishment to the hip. This condition accounts for a small percentage of people getting total hip replacements, and can also occur in the knee. Essentially, the bone underlying healthy cartilage becomes compromised, and that cartilage eventually collapses.

The condition leads to the destruction of the hip joint. Cartilage in the hip socket may also break down.

Dysplasia

Many patients seen for total joint replacement have dysplasia, an abnormal development or growth of a joint. Hip dysplasia is a condition that starts at birth where the top of the femur (the 'femoral head') does not develop appropriately with the socket (the 'acetabulum'). Generally, the socket is left shallow, and increased forces on the hip cartilage lead to early degenerative arthritis. Some cases of osteoarthritis may be due in part to "subtle" hip dysplasia that was never formally diagnosed.

Treating the pain

Most physicians will first attempt to treat the pain with medication and/or injections, restriction of activity, and an exercise program supervised by a physical therapist. However, if pain continues to persist, joint replacement surgery may be indicated.

The decision to proceed with joint replacement surgery depends on three factors: a given patient's level of disability, physical and radiographic findings of arthritis, and the patient's understanding of the proposed surgery.

About total joint replacement (continued)

Nearly one million people undergo joint replacement surgery in the U.S. every year. The surgery aims to relieve pain and improve mobility, allowing you to lead a more active, fulfilling life and restoring your independence to return to work, recreation and other daily activities.

The surgery is proven to offer patients relief from chronic joint pain due to arthritis or a trauma or other condition. Recovery from joint replacement surgery varies by individual. Generally, one year after surgery, more than 90% of joint replacement patients will answer "yes" when asked if they are glad they had the operation and whether they would do it again.

Benefits & risks of total joint replacement

Below are some of the ways in which patients may benefit from having total joint replacement surgery:

- Increased comfort and reduced joint pain
- Improved activity allowing patients to live a more normal daily life
- Increased walking distance and speed
- Reduced stiffness

Risks associated with total joint replacement

Joint replacement operations are successful and long-lasting for more than 90 percent of patients at 20 years, as seen in medical literature. Nevertheless, joint replacement is major surgery and, like any such procedure, carries risks and potential complications. Your surgeon will discuss these factors with you at your initial consultation.

Complications from total joint replacement include, but are not limited to:

- Blood clots in the legs or lungs
- Infection
- Nerve or vascular injury
- Stiffness that may require manipulation
- Blood loss during surgery that may require transfusion
- Mechanical failure of the implant
- Risks associated with anesthesia during surgery
- With total hip replacement, the risk of perceived leg length discrepancy is reduced

Minimally invasive surgery (MIS)

Our joint replacement surgeons perform minimally invasive joint replacement surgery. Minimally invasive surgery (MIS) involves a smaller incision than traditional joint replacement. When the surgical incisions are smaller, fewer muscles and tendons are injured, which may mean quicker recovery for the patient. It can also result in less blood loss.

MIS total knee replacement

For example, a traditional knee replacement requires a 6- to 12-inch-long incision, while MIS is performed with only a 4- to 5-inch incision. Minimally invasive total knee replacement is a technique developed to minimize the negative effect of surgery on the quadriceps muscle (the muscle that runs along the front of your thigh).

About total joint replacement (continued)

In traditional knee replacement surgery, this muscle and tendon group is usually split lengthwise to gain access to the knee. It is sewn and repaired at the end of the surgery. In minimally invasive knee replacement surgery, the knee joint is accessed without cutting through the quadriceps tendon. Some patients have found they experience less pain and a quicker recovery with this type of surgery.

MIS should not be confused with arthroscopic procedures that treat torn cartilage and require only very small incisions. In MIS procedures, surgeons still must make an incision large enough to insert the knee implant—usually 4 to 5 inches long.

MIS total hip replacement

The single minimally invasive hip incision may measure only 3 to 6 inches, depending on the size of the patient and the difficulty of the procedure. The incision is usually made over the outside of the thigh. Muscles and tendons are split or detached to a lesser extent than in the traditional hip replacement operation. The artificial implants being used for the minimally invasive hip replacement procedures are the same as those used for traditional hip replacement.

Potential advantages of MIS

Potential advantages of MIS include:

- Reduced blood loss
- Less damage to the surrounding tissues
- Shorter hospital stays
- Generally faster rehabilitation

However, MIS is not suitable for everyone. Appropriate candidates for this type of surgery are generally at a healthy weight, in good health, younger than traditional joint replacement patients, and they must be highly motivated to work at their recovery.

Individuals who are obese or who have had previous knee or hip surgery are generally not suitable candidates. The decision to have this type of surgery must be made after a careful evaluation by your surgeon and a discussion of the risks and benefits of MIS compared to traditional total joint replacement.

Unicompartmental knee replacement

Our joint replacement surgeons perform unicompartmental knee replacement, which replaces only a portion of the knee joint, in select cases. While most individuals who suffer from arthritis of the knee have arthritis in all three parts of the knee—the medial, lateral and patellofemoral compartments—many individuals have arthritis only in compartments of the knee. Individuals whose damage is limited to one part of the knee joint may be candidates for unicompartmental knee replacement.

Potential advantages of unicompartmental knee replacement

Patients with unicompartmental knee replacement generally have a more natural feel with their knee than patients with total knee replacement. In addition, minimally invasive surgery may be performed and hospital stay and recovery time may be shorter.

About total joint replacement (continued)

Disadvantages of unicompartmental knee replacement

Unfortunately, unicompartmental knee replacement may not last as long as total knee replacement, which may be required in the future. Patients may also develop arthritis in one or more of the other compartments of the knee, which may require total knee replacement at some future time.

Informative websites about hip & knee replacement

The following list of websites provides the latest, important and useful information about joint replacement surgery:

American Academy of Orthopedic Surgeons: **aaos.org**

American Association of Hip and Knee Surgeons: **aahks.org**

Notes

Getting started

Once the date of your surgery has been determined, the doctor's surgical scheduler may begin coordinating laboratory testing, medical evaluations, blood donations and other necessary pre-operative procedures.

The Sequoia Hospital joint care education

Sequoia Hospital provides education for people preparing for hip or knee replacement surgery. As the patient, you and your family members or friends are strongly encouraged to read these materials and discuss other educational opportunities with our patient navigator.

The goal of the education is to give you information and training so you can understand the entire process for joint replacement and how to plan for return to your daily routine.

Total Joint Patient Navigator

Anita Leary, RN
650.482.6031

Having someone who can help guide you through the surgical experience from before, during and after your hospital stay is important. At Sequoia Hospital, our Total Joint Patient Navigator is available to focus on you, answering any questions and providing the support you need.

- Answer any questions before, during, and after your surgery.
- Facilitates communication with your Total Joint Care team, including surgeons, nurses, physical therapists, occupational therapists, pharmacists, and care coordinators to create a care plan and support your needs during recovery.
- Assist with referrals to community resources including home health, private caregiving services, medical equipment, and other services, as needed.
- Provide an ongoing assessment of your needs and communicate any changes to your Total Joint Care team.
- Provide basic information about private insurance, Medicare, and Medi-Cal coverage that can affect your acute and post-hospital care.

Pre-operative information

Joint replacement is a major surgery. Multiple tests are required to ensure that it is medically safe for you to undergo a joint replacement.

This includes a physical exam by your primary care physician, blood work (complete blood count, metabolic panel, coagulation panel), EKG, urine sample, and chest X-ray. During the exam you should inform the physician about any medical and surgical problems, as well as provide a list of medications you are currently taking and any allergies to medications. Further examination by a specialist or cardiologist may also be necessary.

All of these tests are **REQUIRED** to proceed with surgery. All pre-operative examinations must be completed within 30 days of surgery, and all results must be available **two weeks prior to surgery**. That leaves a roughly 14-day period to complete all of the required tests. So, plan ahead with your primary care physician's office to ensure results are available on time. **Any abnormalities, incomplete tests, or late results may cause your surgery to be postponed or canceled.**

Be sure to bring your Pre-Operative Clearance Requirements form with you to your primary care appointment and give it to your physician. **All results of the exam and tests must be faxed to your surgeon's office at least one week before surgery.**

We may also ask you to see a dentist before surgery to check for tooth or gum problems, as germs in your mouth can travel through the bloodstream and infect the replaced joint.

The dentist may identify any dental infections or tooth decay that may develop into a dental infection, which must be treated before total joint replacement surgery. (Tooth decay must be monitored.)

Medications

You may take your regular prescription medication up to the day of surgery. However, one week before surgery, you will need to **stop taking any medications or supplements that thin your blood**. This includes over-the-counter non-steroidal anti-inflammatories (NSAIDs), and vitamins, herbal medications, and supplements containing Vitamin E or Fish Oil, please consult your physician. If you regularly take prescription blood thinners, consult with your primary care physician and your surgeon. You may be "bridged" with an injectable blood thinner. Discuss any questions about medication with your surgeon

Blood donations & transfusions

Blood transfusions are rarely necessary for joint replacement surgeries. While you are in the hospital, if you have a low blood count, feel lightheaded or have low energy, you may benefit from a blood transfusion.

If you require a blood transfusion, Sequoia Hospital maintains a supply of community donor blood, with which you will be cross matched in the event you need a transfusion. Blood is tested with the most accurate technology available.

Pre-operative information (continued)

Although the blood supply today is very safe and thoroughly screened for correct blood type and blood-borne infections, there are a couple options if you wish to avoid community donors. Before making your decision, consult the pamphlet "A Patient's Guide to Blood Transfusion," enclosed in your surgery packet, or go to **mbc.ca.gov** for an online version. This pamphlet will give you further information about the risks surrounding community donors.

Autologous donation

By state law we are required to offer you donation of your own blood, which can be stored until your surgery. The process must be started at least four weeks prior to surgery. You will donate two units (two donation sessions scheduled one week apart) of your own blood at Vitalant, located throughout the Bay Area. It is important to note that there is a cost associated with the blood draw, storage, and transportation to surgical facility that is not covered by most insurances. If you choose autologous donation, your blood count will be checked two weeks prior to surgery. If at that time your blood levels are low, your surgery may be postponed.

If you wish to pursue any of the alternative options for blood donation, or have any questions please contact your surgeon's office.

Vitalant 877-25-VITAL

Precautions

If you have a latex allergy, IV Dye allergy, diabetes, previous surgery complications such as infection or blood clots, or any condition that may interfere with your surgery, please INFORM YOUR SURGICAL TEAM. If you are allergic to Chlorhexidine, which will be used to cleanse your skin before surgery, advise your surgeon.

Sleep apnea

If you have been diagnosed with sleep apnea, please have your most recent sleep study results sent to your surgeon's office. If you use a CPAP machine, be sure to bring it with you to the hospital.

Diet

It is important to maintain a healthy, well- balanced diet prior to surgery. Because constipation is common following surgery, you are advised to add extra fiber, such as bran, to your diet.

Fluid intake is very important for your overall well being. You will be instructed to drink fluids (such as Gatorade, Propel or Ensure clear) up to 2 hours prior to arriving to the hospital for your surgery.

Pre-operative information (continued)

Smoking cessation

IF YOU SMOKE, QUIT!

If you are a smoker, it would be advisable to stop smoking from AT LEAST two weeks prior to surgery until your incision is healed. This will help with healing and prevent complications related to anesthesia and immobility.

Stopping for any period of time can help you. Smoking increases your risk of problems after surgery. Sequoia Hospital is a non-smoking campus.

Call 1-800-NO-BUTTS for more information about smoking cessation.

Notes

Countdown to your surgery

Four weeks before your surgery

Prepare a list of all medications (prescriptions and over-the-counter), vitamins and other supplements you may be taking to review with your primary care doctor and surgeon.

Appointment with primary care physician, including a physical exam, heart tests, X-rays, blood tests and urine analysis.

Date: _____

Be sure to bring your Pre-Op Clearance Requirement form to your physician.

Dental examination to check for tooth and gum problems, as germs in your mouth can migrate and infect the replacement joint.

Date: _____

Please have your dentist fax a letter stating you are cleared for surgery to your surgeon.

Appointment with cardiologist (if necessary)

Date: _____

If you wish, donate one to two units of blood in case it is needed during surgery.

Date: _____

Call Insurance to receive authorization

Date: _____

Countdown to your surgery (continued)

Two weeks before your surgery

Refill any necessary prescriptions that your surgeon has approved.

Depending on the type of anticoagulant (blood thinner) your surgeon has prescribed for you after surgery, you may need to get the prescription filled, if you haven't already done so.

Pre-op appointment at Sequoia Hospital

You will have a final blood draw. Bring an updated list of your medications with you. As part of the "nose to toes" protocol to reduce the risk of infection, you will receive a 4% Chlorhexidine wash kit, including written instructions, to use in the shower the night before and morning of surgery. Also, a nasal culture will be taken to test for MRSA (methicillin-resistant staphylococcus aureus) and you will receive a COVID19 test (if not already done). As a note, when in the hospital all patients are asked to wear a mask while any caregiver is working with you. Visitor policy will be discussed with you at the time of admission.

Prepare your home for your return from the hospital

If you are planning on going home directly from the hospital, you should plan to have someone help you at home for about a week. Also, preparing your home to be "post-op" friendly prior to surgery will make the transition from hospital to home much easier.

Below is a list of suggestions to help with a smooth transition back into your home after surgery:

- Clean your house and catch up on laundry.
- Put clean linens on the bed.
- Prepare meals and freeze them in single serving containers, or arrange for family and friends to provide meals for the first weeks after surgery.
- Cut the grass and tend to any yard work.
- Evaluate your house for any fall hazards, including electrical cords, loose carpeting and throw rugs. Adjust to prevent falls. Install nightlights in bathrooms, bedrooms and hallways.
- If you have a two-story house, it is strongly suggested that you try to arrange for living on one level for the first two weeks after surgery. Physical therapy will work on stair training in the hospital.
- Shop ahead for any groceries you may need.
- Arrange for someone to pick up your newspaper and check the mailbox while you are in the hospital or rehab facility.
- Arrange for help at home. Your helper should be physically able to assist with daily needs 24/7 for the first few days after discharge.
- Arrange for a ride home from the hospital.
- Consider purchasing equipment, such as:
  - bedside commode
  - sock aide
  - reacher
  - long-handled sponge
  - dressing supplies (specific dressings are determined by the type of surgery and by your individual surgeon)

Countdown to your surgery (continued)

One week before your surgery

Stop taking Plavix, aspirin, blood thinning medications, Motrin®, Ibuprofen®, Aleve®, Fish Oil or other anti-inflammatories, vitamin E supplements and other vitamins and supplements.

If you have any questions about medications or supplements, contact your surgeon's nurse.

Make arrangements for transportation to Sequoia Hospital for surgery and, on the day of discharge, to the rehab facility or home.

Follow a nutritious, high fiber diet, as constipation is common after surgery.

Do not shave five days prior to procedure.

The night before your surgery

Nothing to eat after midnight!

You should drink clear liquids up to 2 hours prior to your arrival to the hospital for your scheduled surgery. This helps prevent post-op nausea and dehydration. Clear liquids allowed: water, electrolyte water, tea or coffee (no cream or sugar). If your surgeon tells you otherwise, please follow his or her instructions.

You may eat your regular meal the evening before your procedure, but do not eat anything after midnight.

Shower with Chlorhexidine wash

Start by taking a shower and washing your hair and body with regular shampoo and soap. Rinse thoroughly to remove all residue.

While in the shower, open the Chlorhexidine solution. Wash your body from the neck down to the toes. Use about one ounce (save the remainder to repeat wash in the morning). Avoid the face and genitals. Do not scrub vigorously.

Do not shave anywhere near the surgery area for at least 5 days. The hair in this area may be clipped by staff prior to surgery, if necessary.

The solution may be applied with a fresh washcloth or directly with your hands. Rinse and dry skin using a fresh, clean towel.

Do not apply any lotions, moisturizers or makeup on the cleansed area after washing.

Dress in clean clothes or sleepwear and sleep in clean sheets.

Shower again with Chorhexidine in morning prior to surgery.

Notes

The day of surgery

Consult your physician concerning all medication that may be taken on the morning of surgery. If you take medication, you must take with sips of water only.

You may brush your teeth and use mouthwash.

The hospital will call, typically after 2:30pm the day before, and confirm the final time of your surgery, as well as the time to arrive. Typically, arrival times are set for two and a half hours prior to surgery. Go directly to Admitting and Registration on the garden level of the hospital to check in.

What to bring

Pack a bag for your hospital stay

Include personal hygiene items (toothbrush, deodorant, etc.), loose-fitting, comfortable clothes that are easy to take on and off, elastic waist pants and shoes with good foot support, as well as well- fitting slippers or tennis shoes for physical therapy. You may also wish to bring your own bathrobe to wear in the hospital.

If you have a walker prior to surgery, please have your caregiver bring it in the car to the hospital to use for your transition back home.

Please bring long cord for cell phone/i Pad charging device.

Anesthesia

About anesthesia

Prior to your surgery, your anesthesiologist will discuss your options for anesthesia, depending on your specific medical conditions, health needs and other concerns. He or she will help you determine the appropriate anesthetic care.

About spinal anesthesia

Spinal anesthesia is one option during joint replacement to decrease and stop pain and prevent movement during surgery. Spinal anesthesia can be used as an alternative to general anesthesia or in addition to general anesthesia.

Spinal anesthesia is administered in the operating room prior to surgery. You will be asked to either sit or lie in a position that best exposes the curve in your lower back.

After preparing your skin with antiseptic and a small amount of local anesthetic, your anesthesiologist will insert the spinal needle through the numb skin until it reaches the column of fluid surrounding the spinal cord, where the anesthetic will be injected. The medication acts on the spinal cord nerves to decrease or stop pain and prevent leg movement during surgery.

After the injection of the anesthetic into the spinal cord, your legs may feel warm and heavy, and you may have difficulty with movement.

Advantages & disadvantages of spinal anesthesia

There are several advantages to using spinal anesthesia for joint replacement surgery:

- Less anesthetic medication, especially narcotics needed to keep patients asleep and comfortable. This leads to waking up more clear headed and less chance of nausea.
- Decreased blood loss during surgery
- Decreased risk of deep vein thrombosis (blood clots) following surgery.

However, there are some circumstances in which your anesthesiologist may not use spinal anesthesia. This may relate to health concerns that can make spinal anesthesia unsafe. Talk with your surgeon and anesthesiologist about the best anesthesia option for you.

Managing pain

Following surgery, you may experience some discomfort and pain. Pain is an individual and subjective experience. Our goal is to keep you as comfortable as possible after the procedure. Nurses use a "pain scale" to help determine the effectiveness of the medication regimen being used. You will be asked something like "What is your pain level?" This is your number from 0 to 10 at that moment in time.

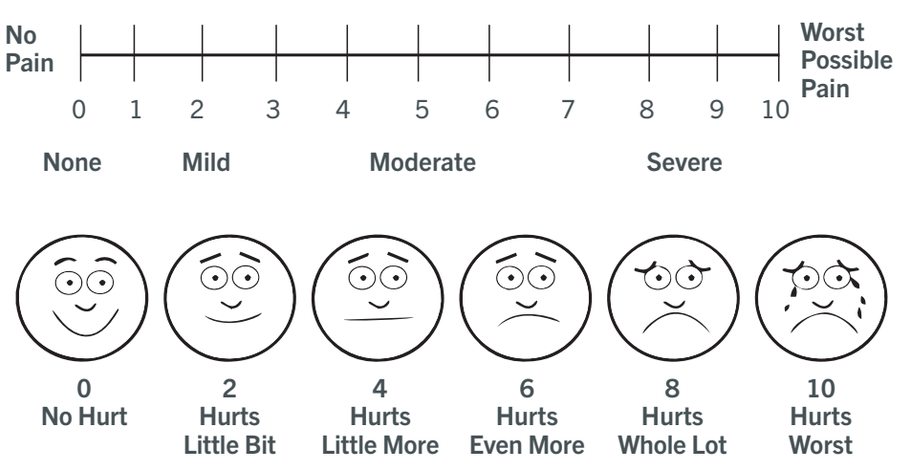
There is no right or wrong answer.

For the first day or two following surgery, your pain will be controlled with oral pain medications, typically Oxycontin and/or Oxycodone, Percocet®, or Celebrex, as well as IV medication such as dilaudid, morphine or fentanyl. Patients may also receive Exparel, which is a long acting numbing agent, during surgery.

It is important to tell your nurse and physician how much discomfort you have so they can determine the appropriate pain treatment.

The anesthesiologist may offer you additional pain control measures prior to surgery, including spinal (epidural) anesthetic.

Pain Rating Scale© Mosby



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Notes

Day of surgery

During your preop surgery office visit, your surgeon will evaluate the potential length of time in the hospital.

Same day discharge

Some patients will be part of our same day surgery discharge program. If you have been identified as one of these patients to be discharged on the day of surgery, our total joint patient navigator will contact you for details and preparation.

Post-operative recovery

Immediately after your surgery, you will be in post-operative recovery for about one hour. During this time, your vital signs, such as pulse, respirations and heart rate, will be closely monitored. Your physician will work with you to provide the best pain medication. Due to privacy concerns and to ensure your recovery is safe, we ask that family members not come into the post-operative recovery room. Once your vital signs are stable for one hour, you will be transported to your hospital room in the hospital's Center for Total Joint Replacement unit.

Day of surgery

You will likely begin physical therapy, including getting out of bed and walking. You may also get out of bed that evening with assistance from the nurse. Your clear liquid diet will advance to regular foods, as tolerated.

During this time you may have a drain from your surgical incision. You will receive intravenous fluids for hydration. You are also encouraged to drink electrolyte fluids. Pain medications will be administered by the nurse. You will be asked to rate your pain on a scale of 0-10. If you experience any nausea, please notify the nurse as soon as possible.

Post-operative day one

In the morning, you will have a routine blood draw to check your blood count and electrolyte balance. The surgical drain will be removed, and you will also be taking pain medications orally. If not already performed on the day of surgery, the physical and occupational therapists will make their initial assessments of your condition and begin rehabilitation. Most patients are walking on this day and typically go home after cleared by their doctor and therapist. In addition, you will be able to resume taking your regular medications. A blood thinner will be started to prevent blood clots. Many patients will be discharged on this day.

Post-operative day two

If this extra day is needed, you will have additional blood tests. Your physical and occupational therapy will become more aggressive, walking further distances and performing more activities of daily living. Exercises will continue. The occupational therapist will also help you move from bed to chair and discuss other activities of daily living, such as the use of adaptive equipment. Most patient do well with with therapy and will be discharged home by this day.

If you are being discharged to your home, equipment for your discharge will be discussed, such as a walker. The physical and occupational therapists will work with you, if needed.

If additional care such as a skilled nursing facility is needed after discharge, this will be discussed with you.

Discharge process & options

Home & outpatient therapy

If you are going home after your hospital stay, you will need someone to drive you home. If transportation service is needed, the total joint patient navigator will assist you with available options. You will also be provided with any necessary medication prescriptions. You will also receive instructions on how to self-administer blood thinning medication and will need to do so as prescribed by your surgeon.

The hospital care coordinator will arrange home physical and occupational therapy. (Some patients don't require home care and will be referred directly to outpatient therapy.) If you have a medical need for a home health nurse, that will be arranged as well. In addition to physical therapy and occupational therapy, the care coordinator will arrange for any durable medical equipment (i.e. walker).

Skilled nursing facility or rehabilitation facility

Most patients are able to return home after surgery. However, some patients may go to a skilled nursing facility (SNF) following the hospital. Your physician may suggest a SNF if you need more in-depth medical care during recovery.

The hospital care coordinator will arrange the transfer papers, including medication prescriptions and therapy instructions.

When you are admitted to Sequoia Hospital for surgery, you will be assigned a care coordinator who will work with your insurance to find a SNF in the area where you can go. It is important to note that due to changing availability, the specific facility you will go to will not be determined until you are in the hospital following surgery. When choosing a SNF, care coordination at Sequoia takes patient preference into account as much as possible. However, finding a facility that is contracted with your insurance will be the utmost priority. If you or your family have any questions about this process, please contact Sequoia Hospital's Care

Taking care of yourself at home

If you experience any of the following symptoms while recovering at home, dial 911 immediately:

- Difficulty breathing
- Chest pain
- Irregular heart beat
- Sudden numbness or lightheadedness
- Fever (>101 degree F)
- Foul smelling drainage

Pain control at home

Pain after joint replacement often times is the most feared aspect of the procedure. Controlling your pain will allow you to participate in rehabilitative activities, ultimately ensuring the maximum benefit from your joint replacement. Some form of pain medication is usually necessary for 6-12 weeks following surgery.

You will be provided with prescriptions for pain medication before leaving the hospital. Typically, you will receive a prescription for a short acting and long acting narcotic medication, such as Percocet, Norco or Oxycontin, as needed. In addition, you may be taking an anti-inflammatory medication, like Celebrex, once or twice daily. Everyone experiences pain differently and has various reactions and sensitivities to pain medication. Below are some guidelines to follow to ensure your pain is controlled effectively and safely.

Use alternative methods to control pain in addition to your medication, including the ice machine, rest, compression and elevation.

While on these pain medications do not use any additional over-the-counter medications for pain such as Advil, Aspirin, or Aleve.

Notify your doctor's office at least 48 hours before you run out of medications in order to get the prescription in time. Be mindful of weekends and holidays.

Only take medications as directed and always take them with food. Follow the guidelines on the bottle of each medication.

It is expected that your pain will range from two to seven on the pain scale depending on your activities. If your pain stays in the 8–10 range even after these measures, please contact the surgeon's office.

If at any time while you are on these medications you develop a rash, take an over-the-counter Benadryl and immediately contact your surgeon's office.

For more information, consult the sections in this handbook on controlling the side effects of these medications, as well as weaning off your pain medication. Carefully review side effect information, especially constipation management.

Taking care of yourself at home (continued)

Controlling side effects of pain medication/constipation

Constipation is a very common side effect of extended use of pain medication. There are many ways to alleviate the problem of constipation. One way is to make sure you drink plenty of fluids and include natural fiber in your diet, such as fruits and vegetables. Being sedentary may increase your chances of experiencing constipation and other problems, so get up and move regularly. Finally, there are many remedies to help regulate your bowel functions. Here are a few recommendations:

When you are discharged, you will be given a stool softener (Colace) and laxative (Miralax). Take these as directed on a daily basis. You may need to take additional medication such as: Milk of Magnesia or Dulcolax (Bisacodyl) Suppositories, which can all be bought over the counter at any drug store. If you still have not had a bowel movement in three days, additional medication may be necessary. Talk with your local pharmacist.

Please make sure you are drinking enough water and ambulating frequently.

A few natural remedies to try include:

- Prunes
- A glass of prune juice with a tablespoon of olive oil or castor oil
- Senna prunes: Boil one ounce of senna leaves gently in one quart of water. Strain of leaves. Simmer the liquids with one pound of prunes until all or most of the liquid is absorbed. Eat one to three prunes daily.
- If you are still constipated after taking the medication and trying the remedies, please call your doctor.
- Please inform your doctor's office if you have any history of constipation issues with narcotic medications or previous bowel obstructions.

Weaning off your pain medication

Many patients are concerned about becoming addicted to their pain medication. Although this is possible, understanding the difference between addiction and tolerance is important when trying to discontinue the use of pain medications. The vast majority of patients who have joint replacements do not become addicted to their pain medications. However, you do build a tolerance with any extended use of narcotics.

Below is a step-by-step guide to helping you discontinue the use of pain medicines gradually. This structured method of tapering off your pain medications will help curb some of the symptoms of narcotic tolerance, which may include nausea, vomiting, diarrhea, body aches, anxiety, agitation, sweating, fatigue, loss of appetite, etc.

It is important to note that the appropriate time to wean off varies from patient to patient. On average, most patients will start the weaning process (Steps 1 and 2) one to two weeks after surgery.

This guide assumes that you are following the typical pain regiment of Oxycontin (long-acting) and Percocet/Norco/Oxycodone (short acting). If you leave the hospital taking only short- acting pain medicine, refer to Step 3 of this process.

Taking care of yourself at home (continued)

Step 1

Start by discontinuing the daytime long acting medication (Oxycontin), but maintaining the nightly dose and the short acting pain medicine.

Step 2

After three to five days, discontinue the evening dose of Oxycontin. At this stage, you will be using the short acting medication, Oxycodone or Percocet and Celebrex as main medications for pain control. Don't forget you can still use your ice as needed for pain!

When trying to taper the narcotics, start by decreasing the number of pills each time you take these medications. For example, if you typically take two at once, cut back to one tablet each time you take the medication. If this does not cover your pain entirely, you can take a second tablet as needed at your bedtime dose or before physical therapy.

Step 3

After three to five days of decreasing the number of tablets, the next step is increasing the time between doses. If you start by taking a dose every four hours, try every five to six hours, etc.

You may need to take pain medicine intermittently for a number of weeks after surgery for flares of pain.

Controlling post-operative swelling

Moderate swelling and bruising in the surgical extremity is to be expected after surgery. Most patients notice leg swelling when they arrive home from the hospital. When swelling is present, please remember to use **R**est, **I**ce, **C**ompression and **E**levation **(R.I.C.E.)**.

Swelling may not be limited to the operative joint itself, but can pool in your ankle, foot or thigh especially with increased activity. Bruising may be quite dark in appearance. The bruising may extend up the thigh, into the groin and buttock, or down into the ankle and foot. It should be gone completely within several weeks.

Additionally, your surgical joint may feel warm as compared to your non-operative joint. This is also expected; however, if at any time you notice a severe change in temperature in your joint or increasing pain along with the swollen extremity, please call your surgeon's office.

The best way to control swelling is to use rest, ice, compression, elevation (R.I.C.E.):

Rest

Increasing activity too soon and being up on your feet for extended periods of time can lead to increased swelling. Be sure to take breaks between activities and outings to prevent increased swelling.

Ice

Use your ice machine or ice packs regularly on your operative site to help minimize swelling. Protect your skin by putting a layer of cloth (i.e. bandage, pillow case, towel) between your skin and the ice. Do not apply ice for longer than 20 minutes at a time.

Taking care of yourself at home (continued)

Compression

Wearing compression stockings regularly will help minimize swelling. These will be given to you at the hospital, or you can buy them at the drug store or online. You may remove the stockings at night for comfort if okay with your doctor, but be sure to put them back on in the morning to prevent swelling from developing during the day. This should be done for six weeks.

Elevation

Gravity causes the pooling of fluid in your ankles or feet. Elevating your operative side above the heart will help to alleviate this problem. You should do this whenever resting by elevating your operative leg on a few pillows. Keep your toes above you heart.

Blood clot prevention

One major risk of joint replacement surgery is the development of a deep vein thrombosis (DVT). Deep vein thrombosis—a blood clot that begins in the veins of your legs or pelvis during or after surgery—remains an infrequent complication encountered by approximately 3 to 5 percent of individuals who have total joint replacement surgery.

When the blood clot remains in the veins, the condition is called deep vein thrombosis. When the blood clot in the leg travels to the lungs, the condition is called pulmonary embolus. Blood clots may occur because the veins in the legs are twisted from the moving of the leg during surgery, and this interference of the blood flow can lead to the clotting of blood. In addition, the period of inactivity that follows the surgery may put patients at risk for developing a blood clot.

Symptoms of a blood clot in the leg include calf pain, leg swelling, tenderness, warmth and fever. The symptoms of a pulmonary embolus include chest discomfort or pain, rib discomfort, difficulty breathing or shortness of breath. However, many patients who develop these conditions may not experience any symptoms.

Because of these conditions, all patients are given either an oral or injectable anticoagulant (blood thinner) medication after surgery. Your physician will keep you on the anticoagulant for 7 to 30 days following surgery.

One treatment option is a prescription for a blood thinner called Lovenox (Enoxaparin Sodium). Lovenox is an injectable blood thinner that you or a caregiver will be responsible for injecting once or twice a day for 8-20 days after discharge.

A nurse at the hospital will instruct you on how to use Lovenox. For a refresher, go to **lovenox.com** and select the patient self-injection video. The nurse will give you a Sharps container to place used syringes in. Please inquire with your physician office or local pharmacy for disposal.

If you develop deep vein thrombosis, or you have a blood clot identified before leaving the hospital, you will be given an oral blood thinner for approximately three months so your body can dissolve the blood clot.

Taking care of yourself at home (continued)

Some individuals are more likely to get blood clots than others, including those with cancer, congestive heart failure, obesity, smokers, previous deep vein thrombosis, or individuals taking oral contraceptives or hormone replacement therapy. Patients who have had a previous stroke, prolonged inactivity, a history of trauma or previous pelvic surgery are also at greater risk of developing deep vein thrombosis. In addition, patients with a family history of blood clots or women who remain on hormone replacement therapy have a greater chance of developing deep vein thrombosis in the post-operative period.

After surgery, you should avoid long periods of inactivity, including long car rides or airplane flights. If long travel is unavoidable, you should get out of your seat every hour to walk around and move your legs. (Read more about traveling on page 28.) Ankle pump exercises are also helpful while sitting for extended periods. You should drink plenty of water and avoid alcohol. If you develop symptoms, please seek immediate medical attention.

Compression stockings

In addition to taking anticoagulant medication after surgery, you will be given a pair of stockings at the hospital to help control swelling. These white elastic compression stockings should be worn for six weeks after surgery.

Should you need more than one pair of stockings, they are available at most pharmacies, on-line and medical supply stores.

Signs of a blood clot:

At any time after your surgery, should you develop any calf swelling, increased calf pain or calf cramping, contact your surgeon's office **immediately**. If you develop any difficult or rapid breathing, sudden chest pain, sweating or confusion, call 911 or go directly to the nearest Emergency Room.

Caring for your incision

Total knee replacement patients will have an incision that extends from right above the knee cap to the top of their shin. This will be closed with staples or a continuous sub-dermal suture that will be left in place for about two weeks. If sutures or staples require removal, this will be done at your first post-op appointment at the doctor's office, usually within 7-14 days of discharge from the hospital, or the first week at the Skilled Nursing Facility.

Taking care of yourself at home (continued)

Total hip replacement patients have an incision on the front or outside of their hip which may be closed with staples or a continuous sub-dermal suture. These will be removed at your first post-op appointment7-14 days after surgery. Below is information on how to care for your incision and minimize your chance of developing an infection:

Always keep your incision clean and dry until the sutures or staples are removed, about 7 to 14 days after surgery. Expect occasional spotting or blood on the wound for at least two weeks.

Do not submerse your incision in water, including a bathtub, pool, hot tub, etc. until four weeks after your staples have been removed.

It is essential that the wound is healed and kept dry before showering. For the first two weeks, cover the wound with plastic wrap to keep it dry, and do not take a bath until you have your physician's approval.

You may shower, but must keep your incision covered and water proof. We suggest using Glad Press N' Seal Saran Wrap® which can be purchased at any grocery store. Simply wrap it around the incision area and press the edges until sealed.

If your incision happens to get wet even with these measures, pat completely dry and re-cover with a clean dressing (see next column on how to change your dressing).

If you do notice any redness, bleeding, drainage or foul smells from your incision or any loose staples, or if you have a fever of 101.5° F or greater, please contact your surgeon's office immediately.

You may shower without covering your incision 24 hours after your staples or sutures have been removed. The steri-strips (applied at your two week post-op appointment) should be left in place and will fall off on their own in 7-10 days.

What to expect

In the days following your surgery, expect the unexpected. It may be normal to experience pain, spotting of the incision, pustule (a pus- filled blister) in the incision and/or a stitch appearing from the incision.

Signs of infection

If you notice increased pain, swelling and redness, drainage from your incision, odor, fever, chills or body aches please contact your doctor's office **immediately**.

Dressing change

When you leave the hospital, the incision will be covered with a dressing. Change your dressing per surgeon's recommendations or as needed with dry, sterile bandages until the wound is healed.

Your nurse will review specific dressing information per your surgeon's request.

Carefully remove the dressing to expose your incision. Throw away the soiled dressing. If using an elastic wrap, this may be re-used, if clean.

Examine your incision for any increased redness, swelling or drainage.

DO NOT apply any anti-bacterial ointments, cream, scar thinners or petroleum jelly to the incision.

Taking care of yourself at home (continued)

Activities of daily living

Returning to your normal routine is an important part of recovering from a joint replacement. A gradual return to activities, with certain adjustments, will help ensure that you gain as much benefit as possible from your surgery. Below are some guidelines and suggestions for returning to activities of daily living.

Walking

You will transition from using a walker to a cane with the guidance of your physical therapist, based on your ability to walk steadily and without pain.

After your surgery, you may notice some changes in how it feels when you walk. The feeling that one leg is longer than the other is normal, and you will notice it less and less as you recover. You may also hear "clicking" within the joint, and that is expected.

Many total hip replacement patients notice their hip feels longer after surgery. This is also normal. Not all patients experience this feeling. The feeling is due to the lengthening of the operative leg that has been shorter than the other leg before surgery. You and your surgeon may decide to even out your leg lengths during your surgery. Therefore, this may take your body a couple of months to get used to. This is normal in the post-operative period.

Maintaining movement in conjunction with your daily physical therapy exercises will prevent stiffness in your operative extremity and also prevent the development of blood clots.

Increasing activity too soon can result in increased pain and swelling. So, listen to your body and your physical therapist to ensure that you do not do too much in the early stages of recovery.

Showering and using the bathroom

You should not use a bathtub, pool or hot tub for at least 30 days after surgery.

Please refer to the section on incision care (page 25) for instructions on how to keep your incision dry while showering. Safety is of the utmost importance when showering. Use a bench or shower chair in your shower to prevent falls due to unsteadiness or fatigue. Another option is to install a temporary grab bar. Both of these can be found at home improvement or medical supply stores. Use a long-handled sponge to wash your feet and lower legs if you cannot bend far enough to reach them.

You may need to use a raised toilet seat or commode with arm rests for the first few weeks after surgery. This will prevent any excessive or extreme bending of your hips or knees. Care Coordination at the hospital will assist you in understanding where equipment can be purchased prior to going home.

Sleeping

Returning to your normal sleep pattern is sometimes delayed due to pain or medication side effects. Maintaining activity during the day will help alleviate this issue. It is expected that you will have sleep disturbance for six weeks or more after surgery.

If you have had a knee replacement, it is very important that you DO NOT place pillows under your knees while sleeping on your back. Keep your knees as straight as possible. This helps promote full leg extension and lengthening of the muscles and tendons.

Taking care of yourself at home (continued)

For hip replacement patients, you should place one to two pillows between your legs for the first six weeks after surgery. Avoid sleeping on your operative side for the first six weeks after surgery.

Over-the-counter Benadryl can be effective in helping you sleep and is non-habit forming. Try taking one dose before bed if you are having trouble getting to sleep.

If you are persistently struggling with getting a good night's rest please contact your doctor's office for more assistance.

Driving

You will not be able to drive for the first four weeks after surgery.

After this period, you must be able to bend your knee to sit comfortably and have good muscle control to ensure adequate reaction time.

Do not drive while taking pain medication.

You are eligible for a DMV Handicap Placard for up to six months following surgery. The application will be provided to you at your pre-op appointment.

If you are driving for a long distance, it is recommended that you stop every hour to get up and move around. This will help prevent pain, stiffness and blood clots.

Traveling

It is best to avoid significant travel for six weeks after surgery, due to the risk of deep venous thrombosis and other complications. If you must travel within this time frame, especially by air, discuss preventative measures with the surgical team, including the use of an additional blood thinner.

We recommend avoiding any extensive travel until after six months from your surgery in order to make sure you will not need to cancel any vacation plans.

Traveling usually involves increased walking and activity compared to daily living. Plan accordingly to give yourself sufficient rest periods while traveling.

Returning to work

Depending on your job and your recovery status, you may return to work as soon as four weeks after surgery or as late as three to six months. Most patients require at least eight weeks off of work to recover from surgery. Strenuous or labor intensive jobs typically require three to six months off.

Contact your employer to get the necessary forms for long-term disability. These may be dropped off at your surgeon's office for completion.

State Disability Claims can be started online on the Employment Development Department website at **edd.ca.gov.** Be sure to inform your surgeon's office if you start a claim online.

Contact your surgeon's office if you need a note releasing you to return to work.

You will need to avoid repetitive bending and lifting more 40 pounds on a regular basis.

You may need to start with a limited schedule or modified work duty.

Work closely with your employer to ensure that all the necessary precautions are accommodated.

Taking care of yourself at home (continued)

Depression

Depression is not an uncommon complaint after joint replacement surgery or any major surgery. Limited mobility, discomfort, increased dependency on others, and medication side effects can contribute to this feeling. These feelings will typically fade as you begin to return to regular activities. If your feelings of depression persist, consult your family doctor.

Alcohol consumption

You should avoid drinking alcohol when taking narcotic pain medication. Over consumption of alcohol can also intensify feelings of depression after surgery.

Potential complications

Long-term infection precautions

The total joint implant you will be receiving should not be exposed to bacterial or fungal infection. Bacterial infections, regardless of their location can, but very rarely, spread quickly through your bloodstream and to the site of the implant.

Avoiding systemic bacterial infections can reduce the risk of infections at the site of the implant.

One way to do so is to use antibiotics one hour before any dental procedure, including routine cleanings.

Please ask your physician for an appropriate antibiotic prior to dental work. You may be given a prescription at your pre-op appointment. Should you need any refills, contact your doctor's office. We suggest delaying any dental work for at least three months after total joint replacement.

Post-operative restrictions

Total hip replacement

Historically, patients undergoing hip replacement required strict precautions to prevent dislocation. This thinking has begun to change, so please check with your surgeon about instructions for you. In general, you should not try to achieve any proactive positions of the hip that cause pain or feel uncomfortable. The type of surgical approach – anterior or posterior – may determine the type of instructions your surgical team gives you.

In the long term, those with hip replacements should avoid high impact activities, such as running or weight lifting greater than 40 lbs. This is regardless of the surgical approach.

Total knee replacement

- Do not prop a pillow under the knee for support. A pillow should only be placed under the calf or ankle for elevation.
- No lifting anything over 40 pounds.
- Avoid repetitive bending or stooping.
- Avoid kneeling for the first three months after surgery. You may try to kneel after this point, which may be painful, but will not cause any damage to your knee replacement.

Exercise & sport

On a long term basis, you may gradually return to most exercise and sports, including walking, gardening and golf. Low impact activities such as swimming or stationary biking are highly recommended. Speak to your physician. Avoid high impact activities such as running, singles tennis or squash. Adjust all activities according to pain and energy level.

Maximize your recovery

Follow-up appointments

Your surgeon will see you in the office 7-14 days after discharge to inspect your wound and remove any stitches or staples. He or she will want to see you again at six weeks post-op to review your progress and take an X-ray. Finally, your surgeon will see you at six months post-op and again at the one-year anniversary of your joint replacement. If, at any time, a problem arises with your operative joint, you should make an appointment to see your surgeon.

Annual or biannual visits, along with X-rays, are important to monitor the wear of the artificial joint. Early intervention will prevent serious damage to the joint replacement. If you start to develop pain at any point, please call your surgeon immediately to make an appointment.

Longevity of your replacement

Advances have led to increased longevity of joint prostheses, making joint replacement surgery one of the most successful procedures in orthopedics and all of medicine. How long a replacement lasts depends on the patient.

Typically, for each year following your total joint replacement, you have approximately a 1% chance of requiring additional surgery. For example, at 10 years post-operatively, there is a 90% success rate without further surgery. At 20 years post-operatively, 80-85% of total hips and knees are functioning well.

Notes

Activities of daily living

You made the decision to have surgery to improve your mobility, and you are expected to do just that! Initially, we will teach you how to move to avoid pain and to gently increase your activity as tolerated. After surgery, PT, OT and nursing will work closely with you to help you regain your independence.

Before you leave the hospital, you must meet the goals set by your PT and OT. They will prepare you for activities of daily living and instruct you on the best ways to move about. Depending on your particular surgery or surgeon, you may or may not have movement precautions. Your therapists and nurses will review your precautions throughout all activities while you are in the hospital and will let you know what to expect when you go home.

Goals of your activity program

- To improve your general fitness, strength and mobility
- To reduce the risk of complications associated with surgery (such as blood clot)
- To improve the active range of motion of your involved extremity
- To become independent with bed mobility and transfers
- To become independent with gait (walking), using the appropriate assistive device
- To ensure that you are able to continue with your exercise program independently at home

Initial directions for movement after your surgery

Bed mobility

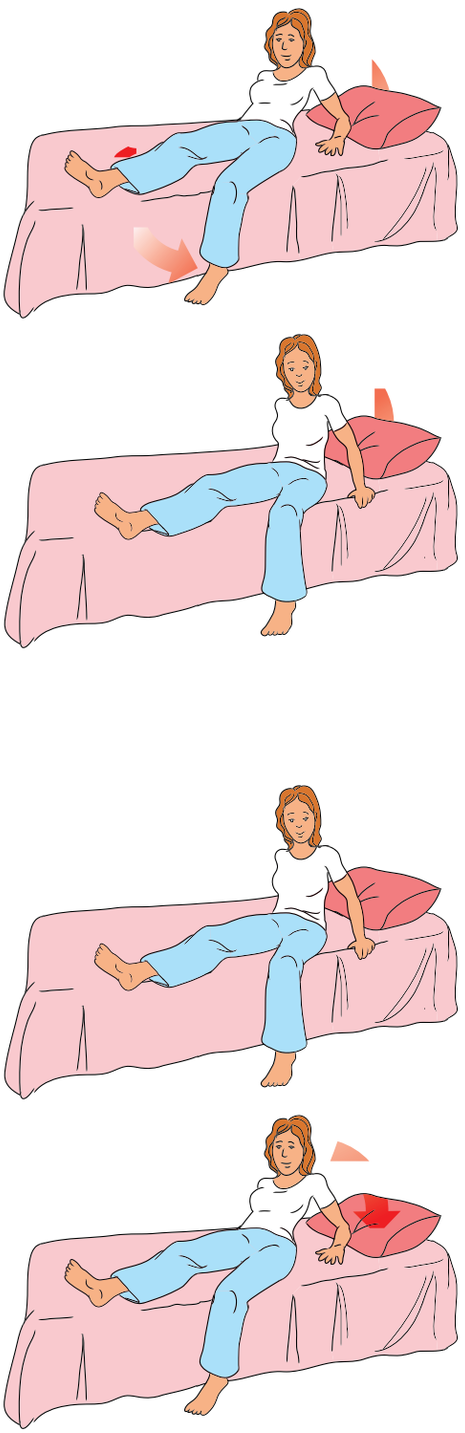
Initially, you will be helped to move from your side to your back by your nurses. You may lie on your non-operated side, and we will help you position yourself with pillows or wedges to help with your comfort.

Getting out of bed

- Slide your legs toward the edge of the bed, keeping operated leg with knee straight and toes pointed up.
- Push up onto your forearms and move your bottom to the edge of the bed.
- Push up onto your hands.
- Slide legs so your heels are over the edge of the bed.
- Scoot your hips forward until both feet are on the ground.

Getting into bed

- Sit on the edge of the bed with both feet on the ground. Always keep the operative leg forward. Make sure you are not bending forward excessively and your operated hip is not turning in or out excessively.
- Bearing weight on your hands, scoot your hips backward onto the bed. Keep your shoulders back.
- Lower yourself onto your forearms.
- Carefully slide your legs onto the bed, keeping operated leg with knee straight and toes pointed up.



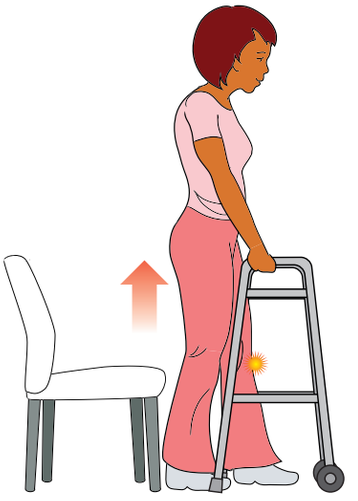
Initial directions for movement after your surgery (continued)

Standing

- Soon after your surgery, you will be out of bed and able to stand. You will require help since you may become dizzy the first several times you stand. As you regain your strength, you will be able to stand independently.
- Move your operated leg forward and push off the arm rests of the chair to stand up.
- Once you have your balance, reach for the walker.

Walking

- Move the walker first.
- Then, move the operated leg forward.
- Push down on your hands when you step forward with your non-operated leg.
- Do not turn (pivot) on your operated leg. Instead, pick up your feet and turn using several small steps.
- Land on your heel and push off your toes when walking (a heel/toe pattern of walking allowing your knee to bend as you bring your leg forward). Take an equal number of steps with each foot. Make each step the same length.
- Lean your back against the wall for support if you stop to talk with someone or if you become tired.
- Frequent, short walks are recommended.



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Initial directions for movement after your surgery (continued)

Dressing

Your OT will instruct you in the use of adaptive equipment to assist you with dressing. These items may include:

- Long reacher and/or dressing stick
- Long-handled sponge
- Sock aid
- Long shoehorn

Depending on your surgery you may or may not have certain precautions, but general rules to follow immediately after surgery include:

- Avoid bending excessively forward when putting on pants, socks and shoes. Don't reach further than your knees when sitting.
- When dressing your lower body, sit in a chair or at the edge of your bed.
- Dress the surgical leg first.
- Keep your surgical leg out in front of you while dressing.
- Do not cross your legs when putting on pants, socks and shoes.

Putting on your pants

Put the operated leg into the pant leg first. Then put the non-operated leg into the other pant leg using a reacher or dressing stick.

Removing your pants

- First, remove the non-operated leg from the pant leg.
- Then, remove the operated leg from the other pant leg using a reacher or dressing stick.
- Keep your back touching the back of the chair.

Tying your shoes

Use elastic shoelaces with a long handled shoe horn or slip-on shoes.

Initial directions for movement after your surgery (continued)

Types of durable medical equipment

Your OT and/or PT will recommend what type of equipment you may need when you go home. Please note; Insurance typically does not cover additional equipment. Here are some examples:

Transfer tub bench

Shower bench

3-in-1 commode

Toilet Riser

Getting into a car

- Be sure the passenger seat is pushed all the way back.
- Recline the seat back a little.
- With your walker in front of you, slowly back up to the car seat.
- Reach back with one arm to steady yourself with the car seat.
- Gently lower yourself to sit on the car seat.
- Swing your legs into the car. Lean back if you need to avoid excessive bending at the hip.
- When traveling long distances, make frequent stops and get out and walk around.

Getting out of car

- Push the seat all the way back.
- Recline the seat a little.
- Lift your legs out one at a time.
- Place the walker up in front of you and push up from the car seat with one hand on the walker.
- Use the unaffected leg to do the primary work initially.

Homemaking

- Sit for rest breaks as needed.
- Slide objects along the countertop rather than carrying them. Use a utility cart with wheels to transfer items to and from the table.
- Attach a bag or basket to your walker or wear a fanny pack to carry small items.
- Use a long-handled reacher (“grabber,” “pick-up stick”) to reach objects on the floor.
- Remove all throw rugs and long electrical cords to avoid tripping in your home.
- Watch out for slippery/wet areas on the floor.

Tips for your recovery

When in bed

Pump your ankles up and down 10 times every 1-2 hours to maintain good blood flow (circulation) to your lower legs.

During the day

- Avoid sitting and/or standing for long periods (no more than 30 minutes in one place). Changing position frequently will increase blood flow, decrease joint stiffness and decrease post-operative leg swelling.
- To decrease pain, inflammation and swelling, ice can be placed on your new joint for 15–20 minutes every hour or as tolerated.

When at home

Ask your doctor when:

- You can take a shower
- You may start to drive
- Your sutures will be removed

If you have been given any hip precautions, please check with your doctor to see how long you will need to follow them.

Walking with a walker, full weight bearing, as tolerated

Stand comfortably and erect with your weight evenly balanced on your walker or crutches. Move your walker or crutches forward a short distance. Then move forward, lifting your operated leg so the heel of your foot will touch the floor first.

As you move, your knee and ankle will bend and your entire foot will rest evenly on the floor. As you complete the step, allow your toe to lift off the floor. Move the walker again and your knee and hip will again reach forward for your next step.

Remember, touch your heel first, then flatten your foot, then lift your toes off the floor. Try to walk as smoothly as you can. Don't hurry. As your muscle strength and endurance improve, you may spend more time walking. Gradually, you will put more and more weight on your leg.

Walking with a cane or crutch

A walker is often used for the first several weeks to help your balance and to avoid falls. A cane or a crutch is then used for several more weeks until your full strength and balance skills have returned. **Use the cane or crutch in the hand opposite the operated joint.** You are ready to use a cane or single crutch when you can stand and balance without your walker, when your weight is placed fully on both feet, and when you are no longer leaning on your hands while using your walker.

Stair climbing & descending

The ability to go up and down stairs requires both flexibility and strength. At first, you will need a handrail for support, and you will only be able to go one step at a time. You may want to have someone help you until you have regained most of your strength and mobility.

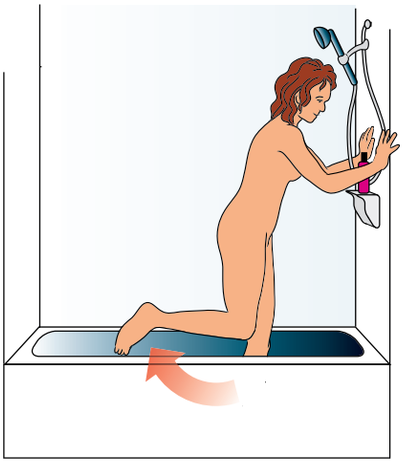
Stair climbing is an excellent strengthening and endurance activity. Do not try to climb steps that are too high for your comfort, and always use the handrail for balance.

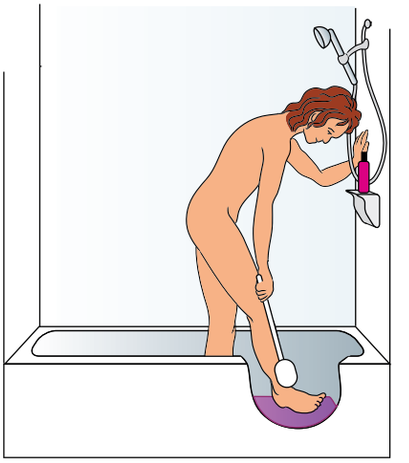
Lead up the stairs with your good leg and down the stairs with your operated leg. Remember "up with the good" and "down with the bad." When descending, lead with your crutch or cane, followed by your operated leg, and finally your non-operated leg.

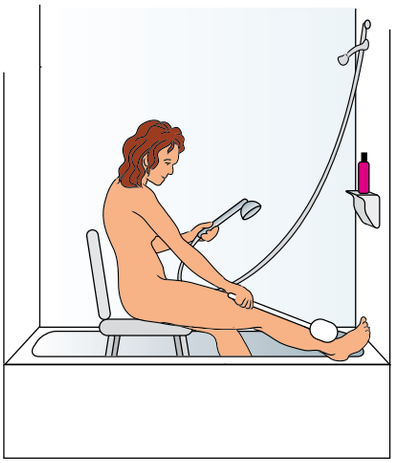
Directions for movement once you have returned home

Bathing or showering

- You may shower when approved by your doctor. You and your OT will discuss the correct technique to step into your shower stall or bathtub at home. We recommend that you install a hand held shower hose, which better enables you to bathe below your waist.
- If you do not have non-skid strips glued to the floor of your shower stall or bathtub, carefully place a non-skid rubber bath mat on the floor of the stall or tub. Before starting the water, be sure that the suction cups on the underside of the mat are pushed down against the floor of the tub or stall.
- Do not sit on the bottom of the bathtub to bathe if you are following any hip precautions. Moving in and out of this position may cause excessive bending of your new hip. Your surgeon and therapist can clear you to sit in the bottom of the tub when you are ready.
- Use liquid soap to avoid dropping a bar of soap and flexing the hips to retrieve it off the floor while showering.
- A long-handled bath sponge will help in bathing below the knees.
- During the first few showers at home, we recommend that you shower no longer than 10 minutes, using lukewarm water and keeping the bathroom well ventilated.
- If needed, your therapist will discuss how to cover your incision for bathing.







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Post-operative exercises

Beginning

The post-operative exercise program is a critical part of your rehabilitation to ensure that you have full recovery from surgery and get the most out of your new joint.

The goals for exercise therapy are:

- To begin to move without pain or risk of injury
- To increase general circulation and to facilitate healing
- To decrease pain and improve comfort at rest
- To activate muscles involved during the surgery

Therapists will work with you as soon as possible after your surgery to start you on a progressive exercise program. You will continue with these exercises as you go home and transition back to your desired activities.

General considerations

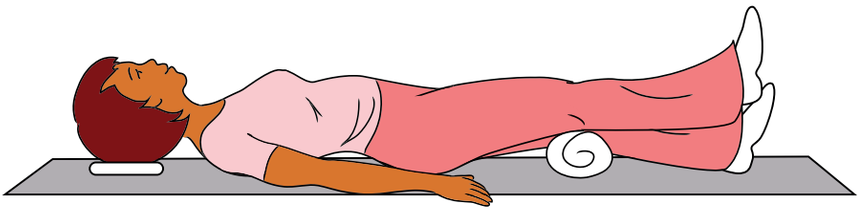
- Pain interferes with your ability to perform the exercises well, so it is important that your pain is under control. Usually we will have you take something for pain before you start therapy.
- You should do an exercise session at least twice per day. Some days will be easier than others. We will encourage you and teach you when to push yourself and when you need to rest.
- Exercises should be done slowly and in control to get the most benefit and to reduce any pain from the exercise. It is really important that you focus on breathing throughout the exercises to reduce any strain.
- Everyone responds to surgery a little differently, and people go into surgery with different levels of fitness. We will add the exercises you need to progress your strength and mobility at each phase of your recovery.
- In order to be effective, exercises need to challenge you to do a little more each day. You can choose to either increase the number of repetitions of an exercise or increase the time you perform exercises. As long as you push yourself each session, you will continue to make gains.
- Your exercise program will continue as you go home. You may be doing this independently or with a home health therapist. Each therapist will assess your function and strength and will continue to progress you along the pathway.
- You can expect your therapist to explain why the exercises are important, give you feedback on how you are doing, and answer questions related to your recovery. You can also expect that each therapist will let the next therapist know how you are doing and what you need to do next.

Post-operative exercises (continued)

These exercises are to aid the circulation in your legs and help prevent blood clots. They also help strengthen your muscles. Do these exercises numerous times throughout the day.

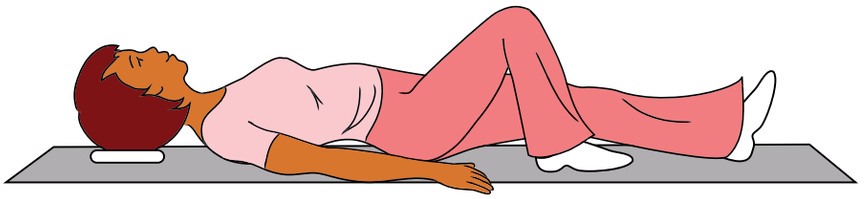
1. Ankle pumps

- Move both feet up and down 10 times.



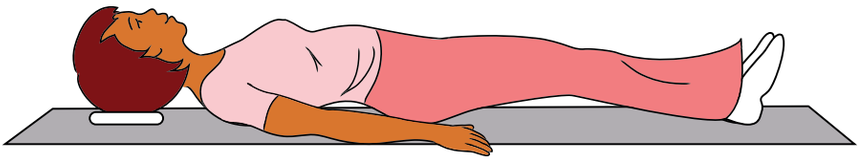
2. Quadriceps sets

- Tighten your thigh muscles by straightening knee.
- Your heel should come up slightly.
- Do both thighs at the same time so both knees are straight.
- Hold 5 seconds.
- Repeat 10 times.



3. Gluteal Sets

- Squeeze your buttocks together.
- Hold 5 seconds.
- Repeat 10 times.



Sequoia Hospital contact numbers

Sequoia Hospital
650.369.5811

Total Joint Patient Navigator
Anita Leary
650.482.6031

Pre-Admit Appointment
650.367.5545

Admitting Dept.
650.367.5551

Laboratory
650.367.5544

Surgical Services/Ambulatory Care Unit
650.367.5627

Physical/Occupational Therapy Dept.
650.367.5517

Care Coordination
650.367.5683

Med/Surg/Ortho Unit – MSO
650.367.5601

Cardiac Surveillance Unit – CSU
650.367.5617

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