

Steps Program

Joint replacement center.



Orthopedic Surgery Guide

J O I N T R E P L A C E M E N T C E N T E R

Important Dates:

Your surgery is scheduled for:

Post-op visit with your Surgeon:

Please bring this booklet with you to:

- Office Visits
- Hospital Pre-surgery Class
- The Hospital on admission day
- Physical therapy visits

You should receive a call from the Pre-Admissions nurse a few days prior to your surgery to discuss:

- Health history
- Medications
- Previous surgeries

If you are delayed on the day of your surgery, please notify;

PERI-OPERATIVE DEPARTMENT

209-564-5148

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Welcome

Thank you for choosing the Total Joint Replacement class, we hope it will help restore you to a higher quality of living. The program is a comprehensive, planned course of treatment designed especially for the joint replacement patient. You will play a key role in your own successful recovery. Our goal is to educate and involve you every step of the way, guiding you to a more successful surgical outcome.

Your team includes doctors, doctor's assistants, nurses, and physical/occupational therapists specializing in total joint care. Every detail, from pre-operative teaching to post-operative care and exercising is considered and reviewed with you. Your Joint Care Coordinator will plan and guide you through your individual treatment program.

Total joint replacement patients typically recover quickly. Most patients will be able to walk the first day after surgery and can return to driving in two to four weeks, dancing in four to six weeks and golf in six to 12 weeks.

Following the suggestions in this book will increase your chances of returning to a better quality of life as quickly as possible. We wish you many years of healthy activity and enjoyment.

Pre-Surgery Instructions

EATING

Do not eat or drink after midnight the day of your surgery. You may brush your teeth and use water to rinse. Do not swallow the water.

MEDICATION

Follow your doctor's guidelines regarding which medications to take on the day of your surgery.

ORAL HYGIENE

Oral hygiene is very important prior to surgery. Please be sure your dental cleaning is up-to-date prior to surgery.

PREPARING YOUR SKIN FOR JOINT REPLACEMENT SURGERY

Before surgery, you can play an important role in your health. Because skin is not sterile, you can reduce the number of germs on your skin by carefully washing before surgery.

WHAT TO BRING TO THE HOSPITAL

- Please wear comfortable clothes for therapy (you are welcome to wear shorts and a T-Shirt).
- Supportive, non-slip soled shoes that are closed in the back (No flip-flops).
- Personal items, such as toiletries.
- Plan to leave all valuables at home.
- Do not wear makeup or nail polish.
- Please bring a copy of your Durable Power of Attorney for Health Care and Advanced Directive.

DO NOT BRING VALUABLES SUCH AS JEWELRY OR LARGE AMOUNTS OF CASH.

Suggestions to make your return home an easier one:

- Organize your living areas to avoid excessive lifting, bending or reaching. Store heavy and frequently used objects at or above waist level.
- Consider preparing a bedroom area on the main living level for short-term use upon your return home.
- Consider freezing meals prior to your hospital admission.
- Remove all throw rugs, which are a trip hazard.

Home Safety Assessment

We are mindful of your safety even after you are discharged from the hospital. The fact is that the majority of falls happen at home. The good news is that most falls can be prevented through environmental changes and safety precautions. In order to decrease your risk of falling after your total joint surgery, we recommend that you ask your spouse, a family member or a neighbor to survey your home to answer the questions below.

General household areas:

- Y N Are light switches easily accessible upon entering a room?
- Y N Are throw rugs tacked down or is non-skid backing applied?
- Y N Are hallways free of clutter?
- Y N Are raised door thresholds clearly marked?
- Y N Are electrical cords and telephone cords away from hallways?
- Y N Is there a portable phone with programmed emergency numbers easily at hand?
- Y N Does furniture have good back and arm support so that the patient can get in and out easily?

Bathroom:

- Y N Are there safety rails or grab bars?
- Y N Are there skid-resistant strips or a rubber mat both in and in front of the bathtub?

Bedroom:

- Y N Is there a lit pathway from the bedroom to the bathroom?
- Y N Is there a clear pathway from the bedroom to the bathroom?
- Y N Is there a charged flashlight near the bed for emergencies?

Stairways:

- Y N Are stair treads in good condition?
- Y N Is there a sturdy handrail on both sides of the stairs?
- Y N Are the stairs brightly lit?

Kitchen:

- Y N Is there a wide based, sturdy step to reach into high cabinets?
- Y N Are spills immediately wiped up?
- Y N Is the use of high-gloss floor wax avoided?
- Y N Are frequently used items stored at waist level and less frequently used items in higher cabinets?

If the answer is no to any of these questions, we recommend that you have the problem corrected immediately for your own safety. Correcting these potential hazards will decrease your risk of a fall. You should have a safety network of friends, family or neighbors to provide daily check-ins, either by phone or in-person.

Hospital Care

DAY OF SURGERY

WAITING

A friend or loved one may stay with you until you go into the holding area of the operating room. During the procedure, your loved one or friend can wait in the surgery waiting area.

HOW LONG WILL YOUR SURGERY TAKE?

Your total joint surgery will take one to two hours. Your doctor will talk with your family in the surgery waiting area after you have been moved to the recovery room. Your loved ones will be notified when you are ready to be moved to your hospital room.

REMINDERS PRIOR TO SURGERY, Notify the nurse about:

- Bridges, dentures, capped teeth.
- Any type of prosthetic devices, including any contact lenses.
- Allergic reactions to drugs, food, tape or latex.

INFORM THE DOCTOR:

If you have a cold, fever, cough, runny nose, sore throat or other infection.

PATIENT CARE PLAN

IMMEDIATELY FOLLOWING YOUR SURGERY

You may have the following:

- A urinary catheter, also known as a Foley.
- An IV in your arm.

You should:

- Use the trapeze bar to pull up and assist with turning in bed.
- Do deep breathing and cough (use incentive spirometer) every hour while awake.
- Do ankle pumps every hour while awake.
- Follow the hip or knee precautions.

ACTIVITY:

- Do not attempt to get out of bed without assistance.
- Do “Toes to the Floor” the evening of your surgery.
- Physical Therapy will be in to evaluate you and get you up if appropriate.

PAIN POINTS

THERE IS PAIN ASSOCIATED WITH SURGERY...

All patients will experience some level of discomfort after surgery, but the discomfort should lessen greatly over the first several days.

We will work with you to safely reduce your pain to a level that is tolerable.

There are many options for pain management, including positioning, cold therapy, relaxation techniques, medications by mouth and IV medications.

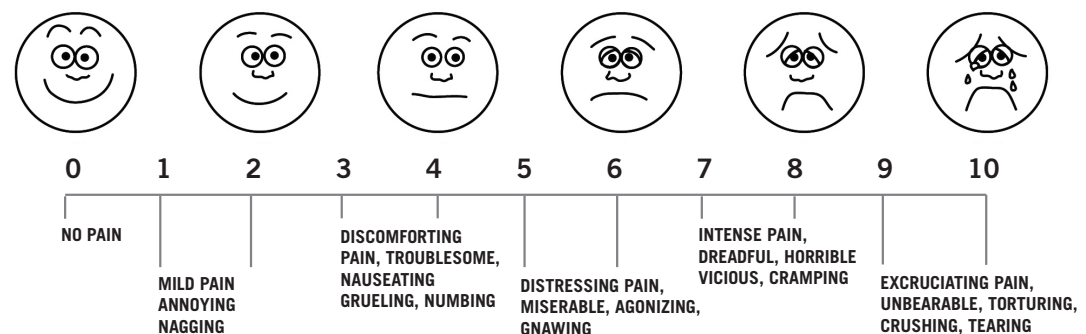
Your nurse will provide you with all of your prescribed medications while in the hospital. You will not be allowed to take medications brought with you from home, unless approved by the hospital pharmacist.

If you begin to feel your pain increasing, don't wait. Notify your nurse and request medication to keep you comfortable. It will also help you to participate in therapy.

Through-out your hospital stay, your Nurse will be asking you to measure and describe your level of pain on a scale of 0 to 10, with "0" meaning absolutely no pain, and "10" meaning the worst pain possible. Using the Pain scale below will help you to express your pain. Be prepared to explain where it hurts and what it feels like.

Your Doctor and Nurse will work together to provide the most appropriate pain therapy for you based on the pain measures and descriptions you provide, so it is important to be thoughtful as you describe how you are feeling.

Help Us Measure Your Pain by Using This Scale:



FIRST DAY AFTER SURGERY

- Early morning lab tests will be done to check your blood count.
- Today is the day to really begin focusing on your recovery.

A member of your health care team will:

- Assist you with bathing, dressing and getting into a chair.
- Remove your urinary catheter, if you have one (use a bedside commode with assistance).
- Remove your IV, if you have one, after your last dose of antibiotics.
- Remove your drain from your incision, and / or change the bandage on your incision.
- Discuss discharge plans with you.

PAIN CONTROL

- Your nurse will provide you with all of your medications.
- Notify your nurse when experiencing pain - do not wait. There are different types of pain control methods available that will keep you comfortable.

Your Coach

SELECTING YOUR COACH

Friends and family are a major part of everyone's life, and their involvement is very important. Select a family member or friend to serve as your "Coach."

Your Coach will assist you throughout the entire joint replacement process.

It is good for your Coach to see and hear firsthand the expectations that will be placed on you during this process.

Your Coach's Role:

BEFORE SURGERY

- Attend all pre-operative visits and ask questions.
- Assist with pre-hab exercises.
- Prepare for your return home by helping you to complete the pre-operative home checklist.

AT THE HOSPITAL

- Help keep your morale high simply by being there.
- Encourage you to give your best effort during your rehab exercises.
- Keep you focused on returning to a healthy lifestyle.

AT HOME AFTER DISCHARGE

- Make sure you do the exercises.
- See that you use your equipment as instructed.
- Encourage you to increase your activity level as you regain your strength.
- Ensure that you are following after surgery instructions and precautions.
- Prepare healthy meals.
- Drive you to and from appointments.

FAQ's

Frequently Asked Questions

How long will I be in the hospital following my total joint replacement?

You can expect to stay in the hospital for two to three days. A Care Coordinator will meet with you to determine an individualized discharge plan.

How much pain will I have after the surgery?

Your comfort is very important to us. We will ask you to rate your pain on a scale from 0 to 10, with 0 being no pain and 10 being the worst possible pain. This rating will give your nurses an idea of how you feel and how to treat your discomfort.

What can I do to help ensure the best results after my total joint replacement?

You can positively affect your recovery by:

- Drinking plenty of fluids.
- Performing ankle pumps and deep breathing exercises (using incentive spirometer) every hour.
- Actively participating in your rehabilitation program.

How long until I can return to my normal activities following surgery?

After you go home from the hospital, you will be independent with basic activities of daily living such as dressing and bathing. Within six months, you may be able to resume most of your pre-surgical activities, depending on your doctor's recommendation. Your doctor or therapist can answer specific questions concerning your activities.

Will I need special equipment at home following surgery?

During your hospital stay your Care Coordinator will assess what, if any, special equipment you will need. The Care Coordinator will help you to obtain the appropriate equipment through an agency of your choice.

What body positions should I avoid following surgery?

Specific recommendations are provided as part of your educational packet.

However, for total hip replacement, you will need to avoid the following body positions:

- Crossing your legs.
- Bending your hips past 90 degrees.

Total Hip Protocol

DAY OF SURGERY

Physical Therapy:

Starts in the afternoon and will assess your ability to:

- Sit at the edge of bed.
- Possibly stand or walk a few steps, using a walker.
- Perform bed exercises.

Pain Control:

- Oral pain medications - pain medications given to you orally, as ordered by provider
- Intravenous (IV) pain medication – pain medications administered through your IV line, as ordered by provider.
- Repositioning.

Preventative Measures:

- Sequential compression device (SCD) – pump on lower legs to improve circulation and prevent blood clots.
- Medications
 - Blood thinners to prevent blood clots.
 - Stool softener to prevent constipation
 - Hematinic multivitamin (if ordered by surgeon) to stimulate red blood cell production.
 - Antibiotics to prevent infection.
- Incentive spirometer – keeps lungs clear, encourages deep breathing, allows to wean off oxygen.

Total Hip Precautions: Posterior Approach

1. No crossing the legs/ankles.
2. No bending hips past 90 degrees.
3. No rotating the leg inward.

Positioning: side-lying onto the non-operated side is allowed, as long as there is an abduction splint between the knees/ankles. Head of bed elevated 30 degrees maximum. It is important to change positions in bed every two hours.

DAY 1 AFTER SURGERY

Physical therapy: twice a day

- Sit at the edge of bed.
- Stand and walk, using walker.
- Increase bed exercises.

Pain control:

- Transition to oral medications.
 - It is important to take the medication as needed to prevent an escalation of pain, especially during therapy sessions.
- Intravenous (IV) pain medication – pain medications administered through your IV line, as ordered by provider.
- Ice packs (if ordered by surgeon).
- Repositioning

Preventative Measures:

- SCDs.
- Medications.
- TED hose - (if ordered by Surgeon).
- Incentive spirometer.

Care Coordinator / Social Worker:

- Will work with patient and staff to plan discharge.
 - Equipment.
 - Services needed.

If cleared by the Therapists, start using the bedside commode instead of bedpan
Total hip precautions (posterior approach).

DAY 2 AFTER SURGERY

Physical Therapy: twice a day

- Walk longer distances with walker.
- Begin stair training, if needed.
- Continue with exercises.

Pain Control:

- Same as day 1 after surgery

Preventative Measures:

- Same as day 1 after surgery

It is a good idea to try to sit up in a chair for meals. To prevent increased soreness and swelling in the leg, do not sit for longer than 30-45 minutes.

DAY 3 AFTER SURGERY

Possible discharge home in the afternoon

Physical Therapy: twice a day

- Same as day 2 after surgery.

Pain Control:

- Same as day 1 after surgery.

Preventative Measures:

- Same as day 1 after surgery.

DAY 4 AFTER SURGERY

If not previously discharged Day 3, plan for discharge home in the morning.

Physical Therapy: once, before discharge

- Review home exercise program.
- Walking with walker.
- Continue with stair training, if needed.
- Prepare for discharge.

Post Op Precautions

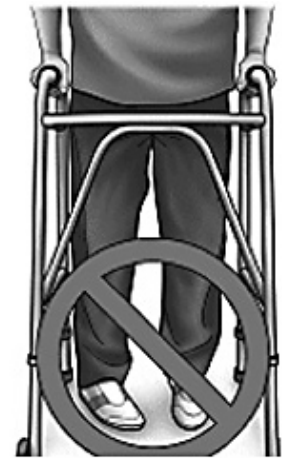
AFTER TOTAL HIP REPLACEMENT



Do not bend your operated hip beyond 90° angle



Do not twist your torso inward when lying, sitting or standing.



Do not turn your operated leg inward in a pigeon-toed position.



Do not cross your operated leg or ankle.



Do not go beyond this position.

Total Knee Protocol

DAY OF SURGERY

Physical Therapy: Starts in the afternoon, will assess the ability to:

- Sit at the edge of bed.
- Possibly stand or walk a few steps, using a walker.
- Perform bed exercises.

Pain Control:

- Oral pain medications – pain medications given to you orally, as ordered by provider
- Intravenous (IV) pain medication – pain medications administered through your IV line, as ordered by provider.
- Repositioning.

Preventative Measures:

- Sequential compression device (SCD) – pump on lower legs to improve circulation and prevent blood clots.
- Medications
 - Blood thinners to prevent blood clots.
 - Stool softener to prevent constipation.
 - Hematinic multivitamin (if ordered by your surgeon) to stimulate red blood cell production.
 - Antibiotics to prevent infection.
- Incentive spirometer – keeps lungs clear, encourages deep breathing, allows to wean off oxygen.

Avoid placing a pillow under the operated knee. It is important to keep the knee as straight as possible when resting in bed.

Positioning: side-lying onto the non-operated side is allowed, as long as there is a pillow between the knees/ankles. It is important to change positions in bed every two hours.

DAY 1 AFTER SURGERY

Physical Therapy: twice a day

- Sit at the edge of bed.
- Stand and walk, using walker.
- Increase bed exercises.

Pain control:

- Transition to oral medications (if not already done)
 - It is important to take the medication as needed to prevent an escalation of pain, especially during therapy sessions.

- Intravenous (IV) pain medication – pain medications administered through your IV line, as ordered by provider.
- Ice packs (if ordered by surgeon).
- Repositioning.

Preventative Measures:

- SCDs.
- Medications.
- Incentive spirometer.

Care Coordinator / Social Worker:

- Will work with patient and staff to plan discharge.
 - Equipment.
 - Services needed.

If cleared by the therapists, start using the bedside commode instead of bedpan.

DAY 2 AFTER SURGERY:

Physical Therapy: twice a day

- Walk longer distances with walker.
- Begin stair training, if needed.
- Continue with exercises.

Pain Control:

- Same as day 1 after surgery.

Preventative Measures:

- Same as day 1 after surgery.

It is a good idea to try to sit up in a chair for meals. To prevent increased soreness and swelling in the leg, do not sit for longer than 45 minutes to 1 hour.

DAY 3 AFTER SURGERY:

Possible discharge home in the afternoon

Physical Therapy: twice a day

- Same as day 2 after surgery.

Pain Control:

- Same as day 1 after surgery.

Preventative Measures:

- Same as day 1 after surgery.

DAY 4 AFTER SURGERY:

If not previously discharged Day 3, plan for discharge home in the morning. If not medically ready to discharge, transfer to a Skilled Nursing Unit.

Physical Therapy: once, before discharge

- Review home exercise program.
- Walking with walker.
- Continue with stair training, if needed.
- Prepare for discharge.

Post Op Precautions

AFTER TOTAL KNEE REPLACEMENT



Do not kneel or squat.

Do not jump or pivot while standing.

Do not place a pillow under your knees.

Pre and Post Exercise Program

Please note these are for knee replacement ONLY!

KNEE JOINT REPLACEMENT

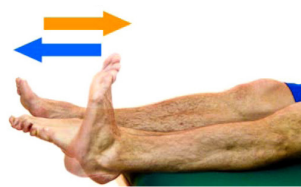
The body exercises below can be performed before and after your surgery. It is important to do these exercises PRIOR to surgery in order to gain range of motion and strength without causing too much discomfort.

In order to get familiar with the exercises, practice them before surgery so they are not as difficult to perform after your joint replacement.

These exercises are a VERY important part of your recovery. Your joint will likely feel stiff and sore after surgery, but this can be remedied with your exercise program.

Remember:

- Make sure to manage pain BEFORE each exercise session after surgery.
- Ice the joint for 20-30 minutes AFTER you are finished!



ANKLE PUMPS - AP

Bend your foot up and down at your ankle joint as shown.

Repeat 15 Times
Hold 1 Second
Complete 2 Sets
Perform 2 Time(s) a Day



QUAD SET WITH TOWEL UNDER HEEL - QS

While lying or sitting with a small towel rolled under your ankle, tighten your top thigh muscle to press the back of your knee downward towards the ground.

Repeat 15 Times
Hold 5 Seconds
Complete 2 Sets
Perform 2 Time(s) a Day



GLUT SET - GS

Laying on your back, squeeze your buttocks together.

Repeat 15 Times
Hold 5 Seconds
Complete 2 Sets
Perform 2 Time(s) a Day



HEEL SLIDES - SUPINE - HS

Lying on your back with knees straight, slide the affected heel towards your buttock as you bend your knee.

Repeat 15 Times
Hold 5 Seconds
Complete 2 Sets
Perform 2 Time(s) a Day



Hold a gentle stretch in this position then return to original position.

**Please note these are
for knee replacement
ONLY!**



SHORT ARC QUAD - SAQ

Place a rolled up towel or object (about 6-8” in diameter) under your knee. Slowly straighten your knee as you raise your foot.

Repeat 15 Times
Hold 1 Second
Complete 2 Sets
Perform 2 Time(s) a Day



STRAIGHT LEG RAISE - SLR

While lying or sitting, raise up your leg with a straight knee. Keep the opposite knee bent with your foot planted to the ground. Please note these are for knee replacement ONLY!

Repeat 15 Times
Hold 1 Second
Complete 2 Sets
Perform 2 Time(s) a Day



SUPINE HIP ABDUCTION

While lying on your back, slowly bring your leg out to the side. Keep your knee straight the entire time.

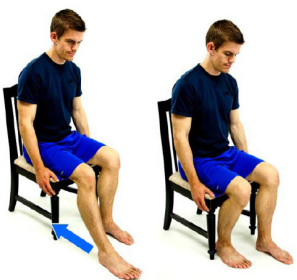
Repeat 15 Times
Hold 1 Second
Complete 2 Sets
Perform 2 Time(s) a Day



SEATED MARCHING

While seated in a chair, draw up your knee, set it down, then alternate with the other side.

Repeat 15 Times
Hold 1 Second
Complete 2 Sets
Perform 2 Time(s) a Day



SEATED HEEL SLIDES

While in a seated position with your feet forward and rested on the floor, slowly slide your foot closer towards you.

Repeat 5 Times
Hold 45 Seconds
Complete 1 Set
Perform 6 Time(s) a Day

Hold a gentle stretch then return foot forward to original position.



LONG ARC QUAD - LAQ - HIGH SEAT

While seated with your knee in a bent position, slowly straighten your knee as you raise your foot upwards as shown.

Repeat 15 Times
Hold 1 Second
Complete 2 Sets
Perform 2 Time(s) a Day

Glossary of Terms

CARE COORDINATORS

Care Coordinators will assist you and your family with discharge planning, such as arranging for home care and necessary equipment.

COMPRESSION DEVICE

This inflatable plastic sleeve wraps around your feet and may be used to improve blood flow in your legs.

FOLEY CATHETER

This tube is used to eliminate urine from the bladder before and shortly after surgery.

INCENTIVE SPIROMETER

This breathing exercise device is designed to improve your ability to expand your lungs after surgery.

INTRAVENOUS (IV) CATHETER

The IV allows fluids and medications to be delivered through your blood stream.

OCCUPATIONAL THERAPY (OT)

Your occupational therapist will assist you in regaining independence with your activities of daily living (ADLs).

PHYSICAL THERAPY (PT)

Your physical therapist will assist you in regaining mobility and function following your surgery.

PULSE OXIMETER

This clip is attached to one of your fingers to monitor the oxygen content in your blood.

TED HOSE

White stocking to improve circulation and prevent blood clots.



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