

Get Moving Again

Preparing for Orthopedic Surgery



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Thank You for Choosing Dignity Health

Our team is committed to providing the best care and an exceptional experience for you and your family. Your care team is made up of many dedicated individuals who will work with you to make your stay at our hospital pleasant and your transition back home as smooth as possible.

Your Orthopedic Surgeon

Your orthopedic surgeon is an expert in the treatment of many musculoskeletal problems. He or she will work with you from diagnosis through treatment and on into therapy and rehabilitation, providing the best care available.

Nursing Team

Nursing staff will be here to meet your needs 24 hours a day during your hospital stay. Nurses will assist you with your recovery, pain management, and work with the rest of the team to ensure that your needs are met.

Care Coordinator/Discharge Planner will:

- Answer questions or handle concerns regarding discharge during your hospital stay
- Coordinate your discharge plans with physician, nursing and therapy staff
- Make arrangements for aftercare services and equipment as needed
- Interact with your insurance company as needed

Physical and Occupational Therapists will:

- Teach you exercises to increase your strength and range of motion
- Instruct and assist you with your exercise program after surgery
- Teach you the correct way to get in and out of bed, walk and perform activities of daily living safely, including accessing your tub or shower
- Help you to adapt to the temporary lifestyle changes following joint replacement surgery



About Your Surgery

Anatomy

Severe pain and decreased movement can result as the cartilage wears away in the joint due to osteoarthritis or other diseases. The joint surfaces rub against each other, becoming rough, pitted and irritated—“bone on bone.” Joint replacement surgery replaces these worn surfaces with prostheses comprised of smooth surfaces, much like the healthy joint.



Total Knee Replacement

- Prosthesis—components are made of metal (typically steel alloy) and high density polyethylene plastic.
- Your kneecap is NOT removed; it is left intact. If arthritis has affected the underside of the kneecap, your surgeon will often smooth the surface and cement in a small plastic button for improved movement.



Total Hip Replacement

- Prosthesis—components are made of metal, polyethylene plastic and/or ceramic.
- Weight bearing and movement precautions depend on how your surgery was performed; your therapist will discuss this with you in detail after your surgery based on your surgeon's specific instructions.



Consent

You will be asked to sign a consent form prior to surgery to allow the surgeon to perform the required surgical procedure. Please make sure that you understand the procedure, risks, and your options prior to signing the form. It is important to us that you completely understand the information and are an active partner in your care.



Preparing for Your Surgery

Checklist

Please take time to read your manual, ask any questions and make sure that you take care of the things that need to be done several days or weeks ahead of your surgery date. Don't let any unnecessary delays stand in the way of your recovery.

- **Go to the pre-surgery class** and bring this notebook.
- **Make arrangements to have help.** Ideally, someone should stay with you, especially at night, for the first one to two weeks. They can help with tiring tasks such as laundry, house cleaning, and errands. You will need someone to drive you to appointments after surgery as well.
- **Fill your prescription** for post-op oral pain medication so that it will be ready when you return home from the hospital. Call your doctor if you don't yet have this prescription.

Preparing Your Home

Taking care of a few items now will make less work for you and your family once you return from the hospital:

- Prepare meals and freeze them ahead of time.
- If your bedroom is on the second floor, start planning early. You may be able to make one trip up and down the stairs each day during your initial recovery. Or, find a room and bathroom on the first floor that you can call your own for a couple of weeks, so you can rest during the day.
- If possible, install a railing along internal or external stairs.

Fall Prevention

- Remove any throw rugs to avoid tripping.
- Check rooms for electrical cords or other small objects that might be a safety hazard.
- Place a phone within easy reach.
- Make sure you have good lighting; nightlights work well for late night trips to the bathroom.
- Use a cushion to raise the seat in a low chair.
- Make arrangements for assistance with pet care responsibilities as needed.

Making Arrangements for Transportation After Discharge

Plan for your ride home before noon on the day of discharge; your doctor will let you know when it's okay for you to resume driving. Driving is usually allowed once you are safely able to apply adequate brake pressure AND when you no longer need pain medication that may impair your safety.

Strengthening Before Surgery

One key aspect of planning for surgery is preparing yourself physically. Strengthening your upper and lower body is important to a speedy recovery. See the exercise section for examples of low-impact exercises. Only do what you can without aggravating your hip or knee.

What to Bring to the Hospital

- Personal items—glasses, dentures, hearing aids, toiletries, photo ID, and a detailed list of your medications (cell phones are okay)
- Loose-fitting clothes with elastic waist (but no elastic at the ankles), non-skid shoes with a back (no flip-flops; Crocs are okay)
- Specific medications only if directed to do so
- Advance Healthcare Directive/Healthcare Power of Attorney, if you have one
- Walker, if you have one
- **Please do not bring:** pill bottles (unless otherwise directed), jewelry, keys, large amounts of money (a check or credit card is okay if a co-pay is due on admission)

Medical Clearance Prior to Admission

You must have whatever medical tests that have been ordered by your doctor completed prior to your surgery—typically that includes blood tests, an EKG, and/or a chest X-ray.

Also, consult with your primary or internal medicine doctor regarding which of your medications you may need to stop one to two weeks before surgery.

Pre-Admitting Nurse Call

Expect a call at least 48 hours prior to surgery from the Pre-Admitting Nurse from the hospital. He or she will confirm the details of your surgery date/time and remind you when to arrive at the hospital (typically 3 hours before your surgery time).

- He or she may advise you to take certain medications with a small sip of water the morning of surgery.
- **Don't eat, drink, or smoke after midnight the night before your surgery.**



During Your Hospital Stay

Length of Stay in the Acute Hospital

Expect your length of stay in the acute hospital to be 1-2 nights depending on the surgery you have and your individual progress/recovery.

Checking In at the Hospital

Where to Check-In:

- Mercy General Hospital—if before 8 a.m., go to pre-surgery on the second floor of the Alex G. Spanos Center; if after 8 a.m., go to the lobby information desk
- Mercy San Juan Medical Center—in Patient Registration
- Mercy Hospital of Folsom—in the Main Lobby Information Area
- Methodist Hospital—in the Emergency Room if before 7 a.m., or in Patient Registration in the Main Lobby after 7 a.m.
- Sierra Nevada Memorial Hospital—to find Surgery Check-In, go to the front entrance of Building 3, take elevators to floor 1 and go left; Surgery Check-In will be the second door on your left
- Woodland Memorial Hospital—in the Main Lobby Patient Registration Area

Pre-Operative Area

This is where you will be prepared for surgery including starting an IV, any necessary blood tests or X-rays, and antibiotics. One or two family members are welcome to stay with you while you are in the pre-operative area.

Anesthesia

Before your surgery, you will be visited by an anesthesiologist in the pre-operative waiting area. Your medical history will be reviewed and the options, benefits, and risks will be discussed with you. We will answer any anesthesia-related questions at that time.

There are two major types of anesthesia: General, in which you are completely asleep and Regional, in which nerve blocks provide numbness in the lower extremity. These may be used individually or in combination to provide the smoothest and safest possible anesthetic experience.

Duration of Surgery

- About 30 minutes to 1 hour for Total Knee Replacement
- About 1 to 2 hours for Total Hip Replacement

Recovery Room

- You will typically be in the recovery room for approximately 1 hour after surgery as specialized nurses monitor your vital signs.
- Your family can stay in the Surgical Waiting Room while you are in the operating room and recovery room. They will be notified by your surgeon once the surgery is completed, either in person, or via cell phone if you prefer.
- Equipment that will be started in the Recovery Room includes:
 - Oxygen—a tube carrying oxygen may be placed in your nose
 - Sequential Compression Devices will be around your lower legs to assist circulation
 - Catheter—a tube may be inserted to empty your bladder of urine
 - Surgical drain—a tube may be coming out of your incision to drain excess blood

Pain Management

Our goal is to make you as comfortable as possible during your stay in the hospital and throughout your recovery so you will be able to move, breathe deeply, and help care for yourself. Some degree of discomfort is unavoidable. Beginning in the Recovery Room, you will be receiving pain medication on a scheduled basis to help control pain.

Patient Controlled Analgesia (PCA)

The PCA is a special pump connected through your IV that allows you to self-administer pain medication. The PCA is usually used for the first 24 hours after surgery.

Oral Medication

Once you are able to fully eat and drink, you will then be transitioned to pain pills. This is typically after the first 24 hours, and you will continue with oral medication once home from the hospital.

Nerve Blocks / Epidurals

In this form of pain management, your doctor may decide to inject medication that temporarily numbs the nerves that are around your surgical site.

Important Points about Pain Management

- You are the expert on your pain; please tell us if your pain medication is not working.
- Pain medication is usually taken regularly. Don't try to be a hero and wait too long, or skip a scheduled dose of pain medicine in the day or two after surgery. Remember—the longer you wait to take pain medicine, the worse your pain can become, thus taking longer to get under control.

Your nurse will ask you to rate your pain on a scale of 0-10, with 10 being the worst pain imaginable. We cannot relieve all of your pain, but we should be able to reduce it to a tolerable level (usually four or less for most people).

Preventing Infection

Preventing infection after any surgery is very important, and many steps will be taken throughout your surgery and hospital stay to minimize the risk of infection.

- IV antibiotics—antibiotics will be started through your IV within 1-2 hours before surgery and continued for up to 24 hours after surgery.
- Hand hygiene—your caregivers will use gloves with any “hands-on” procedures, and the frequent use of sanitizing gel (located by the door in each patient room) is strongly encouraged for visitors and yourself.
- Don't hesitate to ask your healthcare team to perform hand hygiene before working with you.

Your Stay on the Surgical Unit

Diet and Nutrition

- Starting with ice chips, your diet will progress to clear liquids, then normal meals, as tolerated.
- Please call Nutrition Services if you have any preferences or special needs.

Activities and Rehabilitation

After your joint replacement surgery, your caregivers will encourage you to be as active as possible. Remember, you are not in the hospital because you are sick. We want to help you maximize the function and recovery of your new joint. Also, early mobility reduces the risk of post-surgical complications.

- You can expect to receive therapy daily, in most cases starting on the very same day as your surgery. Having your pain well under control will enable you to make the most out of your therapy sessions.
- We encourage you to get out of bed to use the bathroom rather than using a bedpan. Either the nurse or the therapist can assist you.
- You should expect to sit up in a chair for your meals.

Medications and Constipation

Pain medications frequently cause constipation. Please let your nurses know if you are constipated; they have various remedies to maintain proper bowel function.

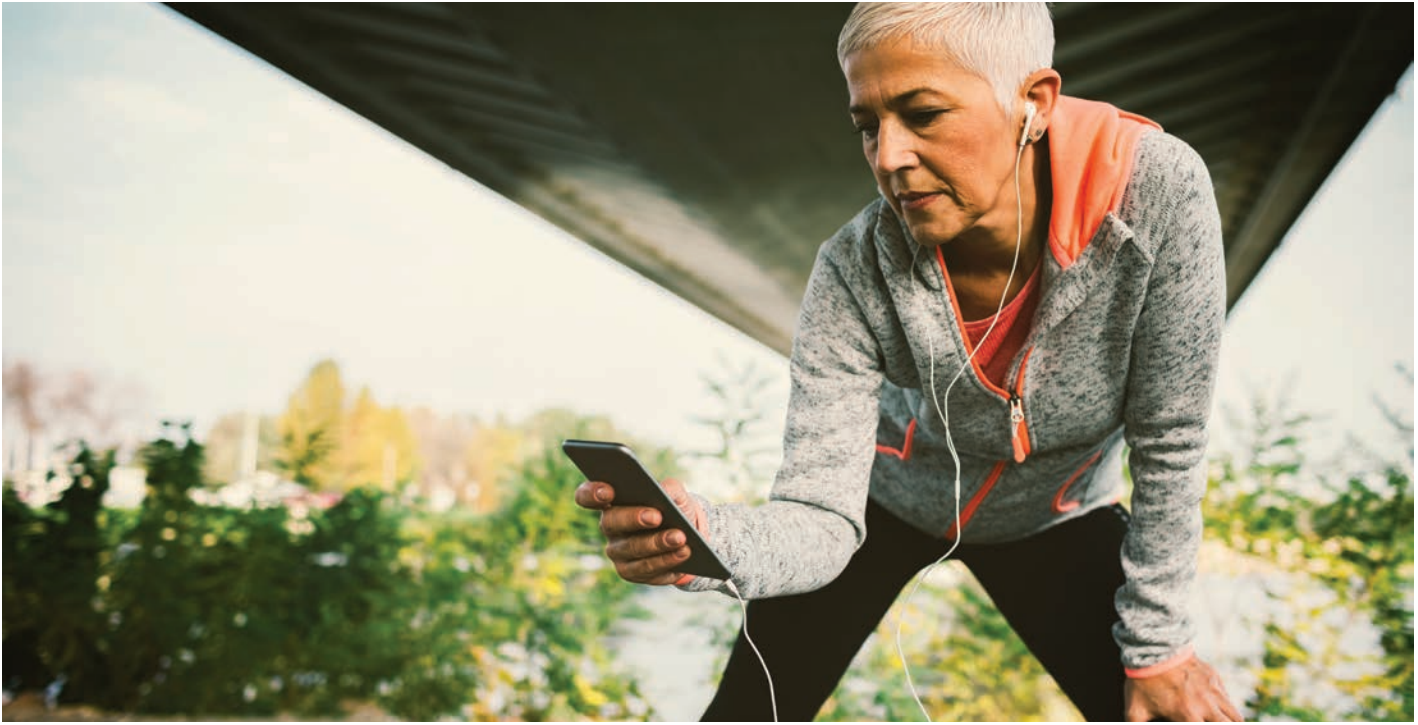


Knee Replacement



Lie flat on your back
3-4 cushions under your leg
Knee 1-2 feet above the heart

- Your knee replacement may be cemented or uncemented, and in most cases you will be allowed to put as much weight on your leg as you can tolerate.
- You will be encouraged to bend and straighten your new knee as much as you can tolerate. The therapists will teach you exercises to maximize the Range of Motion (ROM) in your new joint.
- Discomfort in the upper thigh area of the operated leg is often reported by patients. This soreness is a result of the tourniquet that was used on your leg during the surgery. It will subside in a week or so after surgery.
- Swelling is normal after knee replacement surgery, especially after activity, and may cause a feeling of tightness or pressure in your knee. Elevation is recommended as directed by your surgeon. Also, place a cold pack on the affected area for 15-20 minutes at a time. If swelling does not decrease during the night, call your doctor.



Hip Replacement

Depending on the technique and/or approach used by your surgeon, you may have certain weight-bearing and/or movement precautions following your surgery. These precautions will be fully explained to you by your therapist based on your surgeon's specific orders.

Weight-Bearing Precautions

- If your hip replacement is non-cemented, you may be restricted from putting full weight on your operated leg for several weeks. Your therapist will show you how to unweight your leg using a walker or crutches.
- If your hip replacement is cemented, you will likely be allowed to bear full weight on your operated leg immediately after surgery.

Movement Restrictions

Posterior Approach

- No bending of the hip greater than 90 degrees
- No pointing your toes in (hip internal rotation)
- No crossing your legs (hip adduction)

Use a high-back chair with armrests; avoid low sofas and chairs with wheels. Your operated leg may be resting in a foam splint to assist with maintaining proper precautions when in bed.



Going Home

The large majority of total joint replacement patients are ready to go directly home after 1-2 nights. You will be given written discharge instructions and prescriptions for any medications needed after discharge. This information will be reviewed with you and any questions answered before you leave.

Equipment and After Care Services

Equipment

The care coordinator will ensure that you have all the equipment you will need once you are home. Most typically, this will be a front-wheeled walker and sometimes a commode chair if needed. This equipment can be delivered to your hospital room before you leave or to your home if you prefer. The care coordinator works closely with your insurance company to determine what equipment is covered and what financial responsibility you have, if any.

Outpatient Rehabilitation or Home Health Services

The care coordinator will also set up your aftercare therapy services. If you are progressing very well and are functioning at a high level, then outpatient rehabilitation is a good option for you. In this case, you will go to an outpatient clinic, and should anticipate needing someone to drive you for about 2 weeks.

For some patients who have difficulty getting around or out of the house, a home health physical therapist or nurse may be appropriate. In this case, they will come to your residence a few days after your discharge from the hospital. In some cases you may be referred to an outpatient clinic to continue rehab once you no longer qualify for home health.

Skilled Nursing Facility

If your functional progression is slower than expected, or you have other medical issues and qualify for a skilled nursing facility, the care coordinator will arrange this transfer.

Incision Care/Showering

Some drainage from your incision is normal and will generally subside within a week or so. Be alert for signs of infection; call your surgeon if you have a:

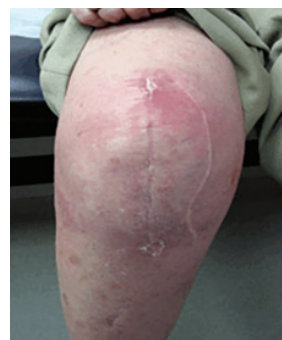
- Change in color, amount, or odor of drainage
- Fever greater than 101°

Follow the incision care instructions provided by your RN and/or therapist in the hospital. Some surgeons allow you to shower or get the incision wet sooner, while others may instruct you to wait longer. Do not use lotions, powders, or oils on your incision until your doctor allows it. Do not take a bath or soak your operated leg.



Staple Removal

Your staples will be removed 10-14 days after your surgery by the outpatient PT (depending on the clinic), home health RN or PT, or per your doctor's instructions.



Pain Management

Medications

Most patients find that initially they take the oral pain medication every 4-6 hours as prescribed, and then are able to taper off gradually. It is helpful to time your pain medication before your therapy sessions and before bedtime to ensure you are able to exercise and sleep well. If you feel your pain is not being properly managed, talk to your doctor, physical therapist, or home health nurse.

Constipation

Pain medications frequently cause constipation. If you experience any abnormal bowel function (constipation or diarrhea) after you return home, please speak with your home health nurse (if you have one) or contact your doctor's office.

Concerns About Addiction

Don't be afraid to take your pain medication. It will be for a limited duration and for a specific purpose. Addiction is rare (less than 1%) in patients taking narcotics to relieve post-operative pain. If you are still having a lot of pain 4-6 weeks after surgery, it is important to contact your surgeon.



Swelling Management

Swelling and bruising of the lower extremity are common after surgery. Icing and elevating your lower extremity periodically throughout the day can help reduce swelling and discomfort.

Anti-Coagulation (Blood-Thinning)

- You will continue the anti-coagulation regime at home that was started in the hospital, typically for a 4-6 week period. These medications are meant to reduce the risk of blood clots which can occur after any surgery. Being active and walking can also reduce this risk.
- Let your surgeon know if you have a sudden increase in swelling in the thigh, calf, or ankle that does not decrease with elevation.

Antibiotics

To protect your joint, you may need to take antibiotics before certain invasive procedures, such as dental care or surgical procedures, even if minor or routine.

Please notify your doctor prior to these procedures to get a prescription for antibiotics, which you will typically take 1 day before and 1 day after the procedure.

Sleeping

You may sleep in any position that is most comfortable for you as long as it follows your positioning guidelines (for hip replacement only). If you sleep on your side, a pillow between your knees is often helpful. Icing before bedtime can also help decrease soreness in your joint and allow you to fall asleep. Do not place a pillow directly behind your operated knee for sleep; a pillow placed lengthwise under your calf/lower leg on the operated side may provide support without interfering with full knee extension.

Activity Progression

- You are the one to know how comfortable you are in increasing your activities at home. Don't be afraid to use your new joint. If it becomes sore and swollen, simply take a rest, ice and elevate until these symptoms subside.
- If after several weeks you are still not as active as you feel you should be, contact your doctor about continuation or progression of your physical therapy.
- Eventually, you can expect to resume such activities as golfing, cycling, hiking, doubles tennis, and gardening. Generally, heavy impact activities such as running and jumping are discouraged.
- In most cases your joint replacement should last a lifetime depending on how you take care of it. Regaining maximum range of motion and strength are important to preserving the life of your joint replacement.

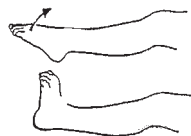
We strive to be the top provider for orthopedic care and your feedback is very important to us. You may receive a patient satisfaction survey in the mail and we encourage you to share with us your comments and suggestions.

Exercises Before Surgery: Knee and Hip

To strengthen your legs before surgery, try to do these exercises 10 times each, 3 times a day. Only do what you can without aggravating your knee or hip.

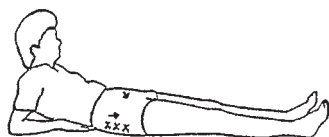
Ankle Pumps

1. Lie on your back with legs straight.
2. Pump your ankles up and down.



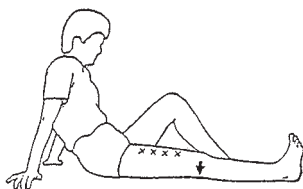
Glute Sets

1. Lie on your back with legs straight.
2. Squeeze your buttocks together.
3. Hold 3 to 5 seconds, relax.



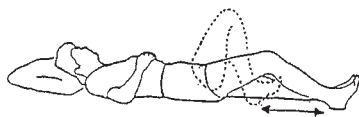
Quad Sets

1. Tighten your top thigh muscle by pushing the back of your knee to the bed.
2. Hold 3 to 5 seconds, relax.



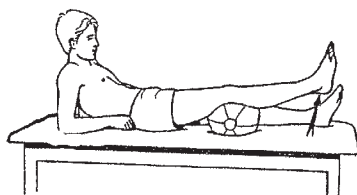
Heel Slides

1. Slide your heel on the bed toward your buttocks by bending your knee.
2. Keeping your heel on the bed, slide your heel back down to return to the starting position.



Short Arc Quad

1. Place pillow under your knee, lift your foot up in the air and straighten your knee.
2. Slowly lower foot back to starting position.



Exercises After Surgery: Knee

Assisted Knee Flexion

1. Cross your non-surgical ankle over your other leg. Gently bend your knee, pulling the surgical leg backward into flexion.
2. Hold for 10 seconds, then slowly return to the starting position. Repeat several times, trying to stretch a little farther each time.



If any of these exercises cause prolonged pain or excessive discomfort, stop or scale back the exercise and consult your therapist.

Passive Knee Extension

1. Place your surgical leg on a footstool or bench.
2. You may add a light weight to your thigh above the kneecap for a better stretching effect.
3. Rest in this position as long as you can tolerate. Try to increase the amount of time you can hold.



At Home Activity

Bed Mobility

1. To get out of bed, scoot to the side of bed using non-operative leg.
2. Position your hands behind you and push up as you angle your body around and scoot your hips and legs forward to the edge of the bed. (Figure 1)
3. If you have hip precautions, remember to keep your legs apart, toes up, and upper body semi-reclined. (Figure 2)
4. Reverse this process to get into bed.



Figure 1



Figure 2

Standing and Walking With a Walker

1. Scoot to the edge of the chair, keeping your operated leg extended out in front of you. (Figure 1)
2. Push up using the armrests and the non-operated leg for support. If you have hip precautions, remember not to bend your torso too far forward. (Figures 2, 3)
3. Reverse this process to sit down, reaching back for the armrests and slowly lowering yourself. No plopping!
4. When walking with a walker, first advance the walker, then step forward with your operated leg, then step forward with your other leg, supporting some of your weight with your arms on the walker as needed.
5. Remember to stand up straight, don't lean over your walker and take even strides with a heel-to-toe walking pattern.



Figure 1



Figure 2



Figure 3

Curb Step

1. When going up a curb step, approach with your walker, getting as close possible.
2. Lift the walker and place it on top of the curb, making sure all four posts are secure.
3. Step up with your old (non-operated) leg, leaning forward onto the walker, then follow with your new (operated) leg. (Figure 1)
4. When going down the curb step, simply reverse this process, stepping down with the new leg first. (Figure 2)



Figure 1



Figure 2

Stairs

Remember: Up with the old leg, down with the new leg.

1. When going up stairs, lead with the old (non-operated) leg, then advance the new (operated) leg. (Figure 1)
2. Take one step at a time initially and use the railings if possible. If no rail is available, fold up the walker and use it (or a cane) on one side.
3. When going down stairs, step down with the new leg then follow with the old leg, taking one step at a time. (Figure 2)



Figure 1

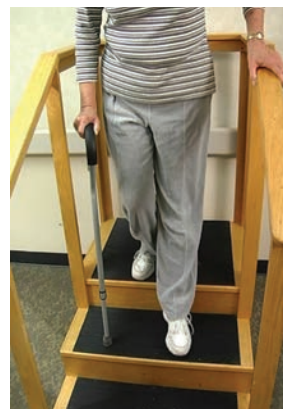


Figure 2

Tub/Shower Transfers

1. If you have a tub, using a tub bench is the easiest and safest way to get in and out. Sit down on the tub bench with your back facing the tub. (Figure 1)
2. Pivot around, lifting your legs one at a time over the side of the tub. If you have hip precautions, remember to keep your upper body leaning backward. (Figure 2)
3. Reverse this process to get out of the tub.
4. If you have a stall shower, enter and exit using a side-step technique. (Figure 3)
5. A shower chair may be useful to enable you to sit and wash up while you are in the shower. Rubber bath mats and wall-mounted grab bars are also helpful for stability.



Figure 1



Figure 2



Figure 3

Vehicle Transfer

1. If possible, park the car several feet away from the curb to allow entry from a level surface.
2. Have the driver move the passenger seat as far back as it can go to maximize leg room, and recline the seat back about 30 degrees.
3. Back up to the car, reach back for the seat, and gently sit, keeping your operated leg extended out in front of you. (Figure 1)
4. Scoot back and pivot to face forward in the seat, bringing one leg at a time into the car. If you have hip precautions, remember to keep your upper body reclined, your legs apart, and your toes pointed up. (Figure 2)



Figure 1



Figure 2

Adaptive Equipment

Occupational therapy will provide information for you regarding some adaptive equipment and techniques that you may find useful in accomplishing your day-to-day activities after your surgery. You will learn how to dress, bathe, pick things up off the floor, accomplish toileting tasks, and get into and out of the car independently after your surgery.



Notes

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Our Hospitals

Mercy General Hospital

4001 J Street, Sacramento, CA 95819

Mercy Hospital of Folsom

1650 Creekside Drive, Folsom, CA 95630

Mercy San Juan Medical Center

6501 Coyle Avenue, Carmichael, CA 95608

Methodist Hospital of Sacramento

7500 Hospital Drive, Sacramento, CA 95823

Sierra Nevada Memorial Hospital

155 Glasson Way, Grass Valley, CA 95945

Woodland Memorial Hospital

1325 Cottonwood Street, Woodland, CA 95695