Garden Park Medical Center

The Crossroads Where Compassion Meets Clinical Excellence

JOINT REPLACEMENT GUIDEBOOK

Welcome

The Joint Replacement Guidebook

Together with your orthopedic surgeon you have decided that a joint replacement is the next course of treatment for your condition. There is a lot to think about and do prior to having this surgery performed. There is also a lot to do afterwards to enable you to return to a healthy and active lifestyle.

This guidebook contains much of the information that you will need to prepare for and recover from your joint replacement.

The Purpose of This Guidebook:

Preparation, education, continuity of care and a carefully pre-planned discharge are essential for optimum results from joint replacement surgery. Communication is essential for this process. This guide is intended to serve as a communication and education tool for you and your caregiver. It is designed to be a reference guide for you to educate yourself on the following topics:

- What to expect every step of the way
- Answers to questions you may have
- Explain the different phases of care and recovery for your new joint replacement

Remember This is Just a Guidebook:

You are not expected to read all of this information in just one day. Keep this guidebook as a handy reference for at least the first few months after your surgery. As you move through the surgical process, refer to the information for guidance.

This guidebook will help you prepare yourself and your home to facilitate your pre-surgery preparation, support a successful operation and have a smooth recovery.

This Guidebook Was Created by:

A multidisciplinary team from across the HCA MidAmerica Division, including professional educators, surgical services nurses, medical-surgical nurses, orthopedic nurses, physical therapists, occupational therapists, case managers and physicians.

Thank you for choosing Garden Park Medical Center Total Joint Center.

This guidebook is not intended as a substitute for professional medical care. Only your doctor can diagnose and treat a medical problem. Each patient will progress at their own rate of recovery. Always remember to consult with your surgeon.

Garden Park Medical Center

Table of Contents

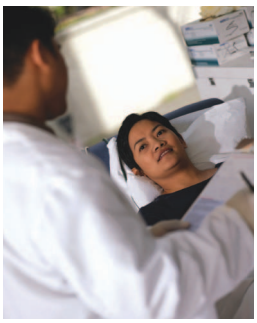
About Our Hospital

Garden Park Medical Center is a 130-bed acute care facility located at the intersection of I-10 and Hwy. 49 in Gulfport. The hospital provides an extensive array of inpatient and outpatient services including 24-hour emergency room services. The hospital is an affiliate of HCA Inc., the nation's leading provider of healthcare services with 170 hospitals and 113 outpatient centers in 20 states and England, and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations.

About Your Stay With Us

Our private rooms include a sleeper chair so that you may have a support person spend the night for your peace of mind. Here are some other helpful hints:

- Garden Park Medical Center provides wireless internet access for your convenience.
- Preventing falls is paramount to your safety. Please use your call button so that a nurse may assist you when getting out of bed for any reason.
- We are a tobacco-free facility. If you think this may be an issue for you, please discuss with your physician prior to your arrival.



Phone Directory

Hospital Main Number	(228) 575 - 7000
Director of Case Management	(228) 575 - 7133
Orthopedic Nursing Unit	(228) 575 - 7010
Physical Therapy & Occupational Therapy	(228) 575 - 7181
Scheduling	(228) 575 - 7121
Total Joint Program Director	(228) 575 - 7029

HCA's Mission and Values

- We recognize and affirm the unique and intrinsic worth of each individual.
- We treat all those we serve with compassion and kindness.
- We act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives.
- We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect and dignity.
- Above all else, we are committed to the care and improvement of human life

Garden Park Medical Center

Your Orthopedic Care Team Members

Before, during and after your surgery you will come in contact with many different members of your orthopedic care team. Many you may see frequently and others you may just see once or twice. Some of the professionals you will meet are:

Be d after your surgery you will come in contact with many different members of your orthopedic team.

- **SURGEON (DR):** This is the doctor that you have chosen to perform your surgery. Your doctor, or designated associate, will see you daily while you are in the hospital and direct your medical care.
- **HOSPITALIST (DR):** This is a medical doctor who works in the hospital. Your surgeon may have this physician follow you while in the hospital to address your medical needs not related to the surgery.
- **REGISTERED NURSE (RN) OR LICENSED PRACTICAL NURSE (LPN):** Much of your care will be provided by the nurse who will be responsible for your daily medical needs. Your nurse will carry out all orders given by your surgeon including medication administration, tracking your vital signs, completing your physical assessment and keeping your medical chart accurate.
- **CERTIFIED NURSING ASSISTANT (CNA OR TECH):** A CNA assists you with daily tasks such as bathing, dressing and getting to the bathroom. The CNA will also take your vital signs and report to the nurse.
- **PHYSICAL THERAPIST (PT):** Your physical therapist is responsible for teaching you how to correctly move using appropriate equipment.
- **OCCUPATIONAL THERAPIST (OT):** An occupational therapist will teach you how to perform daily tasks such as toileting or dressing without endangering your new joint. Occupational therapists also teach you how to work with adaptive equipment such as grabbers, shower benches or raised toilet seats, if you need them.
- **CASE MANAGER (CM):** CMs are responsible for helping you and your family identify any needs you may have when you return home. They also work with other team members to plan your discharge at the appropriate time. They are excellent resources for community and home health services if you should need that type of assistance.
- **NURSE PRACTITIONER (NP/PA):** The NP works with you and the other members of your healthcare team to facilitate care during your hospitalization and discharge planning.

Use this to keep track of the team assisting in your recovery:

Surgeon: _____

Nurses: _____

_____

_____

Physical Therapist: _____

Occupational Therapist: _____

Case Manager: _____

Other Team Members:_____

_____

_____

_____

_____

_____

_____

Garden Park Medical Center | *The Crossroads Where Compassion Meets Clinical Excellence*

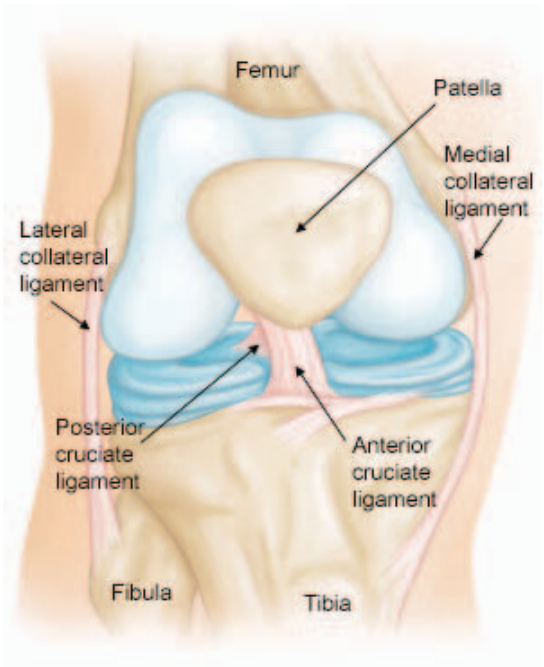
Knee Joint Replacement

Knee Joint Anatomy

A joint is where the ends of two or more bones meet. The knee joint is made up of the lower end of the femur (the thighbone), the top of the tibia (the shinbone) and the back of the patella (the kneecap).

The ends of the femur, tibia and the back of the patella are covered with articular cartilage. Articular cartilage reduces friction between touching bones and provides a cushion between the bones allowing the knee to move smoothly and without pain.

Ligaments, tendons and muscles play an important role in knee function. Ligaments connect the bones and keep the joint stable. Muscles and tendons power the joint and allow it to move.

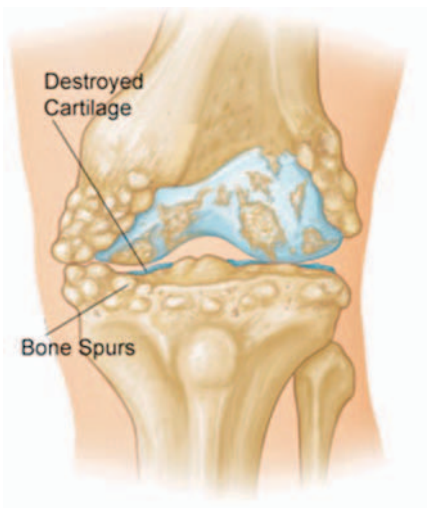


Normally, all of these structures work in harmony but disease or injury can disrupt this harmony resulting in pain and a knee that doesn't work well.

Abnormal Knee Joint

The most common reason to have a knee replacement is arthritis. Arthritis is the wearing away of the articular cartilage at the end of the bones. The destroyed cartilage allows the bones to rub against one another, causing knee pain and stiffness. Bone spurs in the arthritic knee develop in response to the continued rubbing together of the bones as the body tries to repair itself.

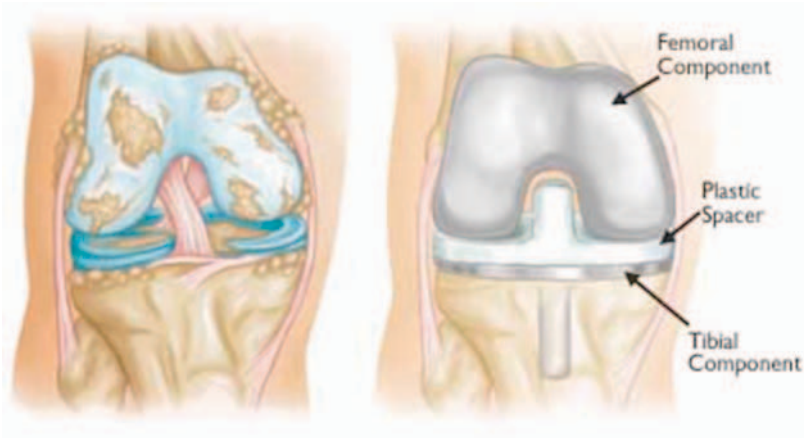
Arthritis can be caused by normal wear and tear, a chronic disease, or an injury that affected the normal anatomy of the knee.



Knee Replacement

To correct the damage in your knee, your surgeon will resurface the damaged portion with an artificial joint, known as a prosthesis. There are several types available for your surgeon to choose from, and he or she will select the model that is best for your individual needs. No matter what total knee is chosen for you, it will be comprised of three parts:

1. Femoral component: A metal part covering the end of the femur.
2. Tibial component: A plastic spacer and metal part covering the top of the tibia.
3. Patella button: A plastic part that resurfaces the back of the patella.



The basic steps of the knee replacement procedure are:

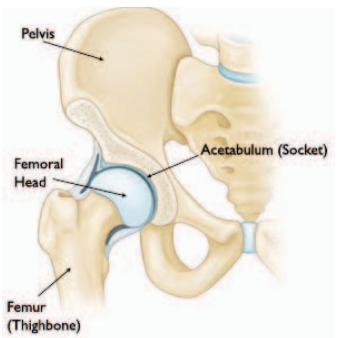
- The damaged cartilage surfaces at the ends of the femur and tibia are removed along with a small amount of underlying bone.
- The removed cartilage and bone is replaced with metal components that recreate the surface of the joint. These metal parts may be cemented or "press-fit" into the bone.
- A medical-grade plastic spacer is inserted between the metal components to create a smooth gliding surface.
- The under surface of the patella is cut and resurfaced with a plastic button. Some surgeons do not resurface the patella based on your individual needs.

Hip Joint Replacement

Hip Joint Anatomy

The hip joint is a ball and socket joint. The femoral head (the ball portion) is attached to the top of the femur. The acetabulum (the socket portion) is part of the pelvis.

The femoral head and the acetabulum are covered with articular cartilage. This articular cartilage allows the femoral head to glide smoothly in the acetabulum. Bands of tissue called ligaments (the hip capsule) connect the femoral head to the acetabulum and provide stability to the joint.

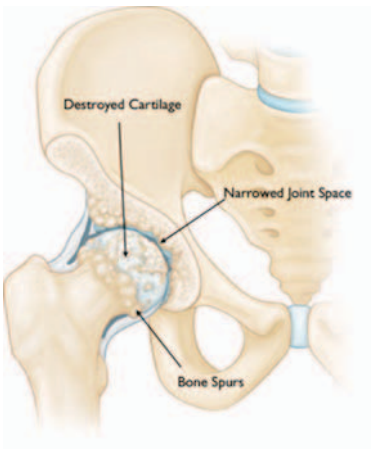


Normally, all of these structures work in harmony but disease or injury can disrupt this harmony resulting in pain and a hip that doesn't work well.

Abnormal Hip Joint

The most common reason to have a hip replacement is arthritis. Arthritis is the wearing away of the articular cartilage at the end of the bones. The destroyed cartilage allows the bones to rub against one another, causing hip pain and stiffness. Bone spurs in the arthritic hip develop in response to the continued rubbing together of the bones as the body tries to repair itself. The joint space (the space between the ends of the bones) also narrows as the articular cartilage wears away.

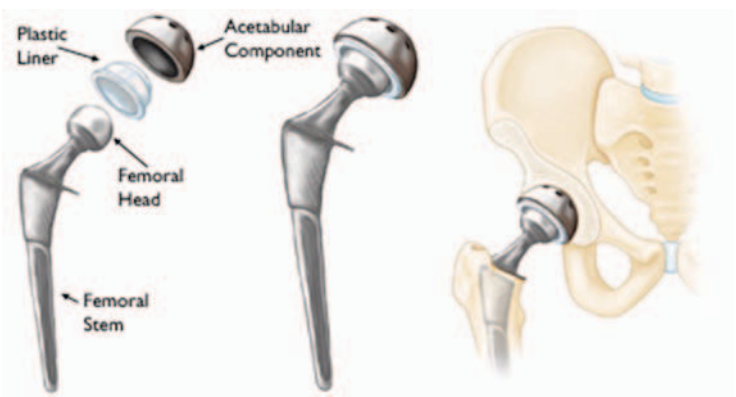
Arthritis can be caused by normal wear and tear, a chronic disease, or an injury that affected the normal anatomy of the hip.



Hip Replacement

To correct the damage in your hip, your surgeon will replace the damaged bone and cartilage with an artificial hip, known as a prosthesis. Artificial hip joints can be made of several different materials and your surgeon will select the model that is best for your individual needs. No matter what total hip is chosen for you, it will be composed of two parts:

1. Acetabular component: Acts as the cup part of the joint in the pelvic bone. A plastic, ceramic or metal liner is inserted into the acetabulum to allow for a smooth gliding surface.
2. Femoral component: This is a metal stem that is placed in the hollow center of your femur. The metal stem has a ball on the top called the femoral head. The stem may be held in place with cement or it may be coated with a special substance designed to allow bone to grow into the prosthesis.



The basic steps of the hip replacement procedure are:

- The damaged femoral head is removed and replaced with a metal stem that is placed into the femur.
- A ball is placed on the upper part of the stem. This ball replaces the damaged femoral head that was removed.
- The damaged cartilage surface of the acetabulum is removed and replaced with a metal socket. Screws or cement are sometimes used to hold the socket in place.
- A plastic, ceramic, or metal liner is inserted between the new ball and the socket.

Preparing for Surgery

This book, in addition to the pre-op education class is designed to prepare you for surgery.

Medical Appointment

Before surgery you may be instructed to visit your primary care provider (PCP) who will do an exam and may order tests to determine if you are ready to have surgery. Your surgeon will then obtain these results and your physicians will determine if you are ready to have surgery.

Dental Exam

Visit your dentist about 6–8 weeks before surgery so you can have a routine exam and cleaning. Dental procedures can allow bacteria to enter your bloodstream which can lead to infection. To reduce the risk of joint infection, dental procedures should be completed before having a joint replacement.

Pre-Admission Testing and Pre-Op Joint Class

You will receive a phone call from our surgery department to obtain your health history and medication information. You will be scheduled for an appointment for pre-operative lab work and any other testing ordered by your doctor.

Prior to surgery we encourage you to attend a preoperative education class. This book, in addition to the pre-op education class is designed to prepare you for surgery. In class you will receive an overview of your surgical procedure, what to expect during your hospital stay and discuss discharge planning. During class you will meet members of your orthopedic care team such as the program coordinator and physical and/or occupational therapist.

Exercise

Building strength can help with your recovery. Please see the exercise section for details. We recommend that you begin these exercises now unless otherwise advised by a doctor.

Medication

Talk with your surgeon about the medications you are taking. Your surgeon will instruct you on what medications you will need to stop taking prior to surgery. These may include aspirin, most anti-inflammatory medications (like Aleve®, Motrin®, etc.), blood thinners and some vitamins and supplements. If stopping these medications causes increased or uncontrolled pain, contact your physician for alternative treatment.

Healthy Diet

You should maintain a healthy diet with fruits, vegetables, protein and whole grains. It is also important to eat foods rich in iron, such as lean, red meat. You may want to talk to your primary care provider about taking a multivitamin and/or iron supplement before surgery. Increasing fluids and fiber intake can help prevent constipation.

Weight Self-Management

Maintaining a healthy weight is an important part of feeling good and preventing health complications. Balancing what you eat and your activity level will help keep your weight within the recommended guidelines for your height. There are several things that can negatively impact our weight including overeating, a sedentary lifestyle, menopause and stress to name a few. If a person's weight becomes higher than what is thought to be healthy for his or her height it can lead to health problems.

Obesity means having too much body fat. If you are obese, reducing body fat can positively affect your overall health. One way to assist you in determining if your weight is at a healthy level when compared with your height is calculating your Body Mass Index (BMI). Please refer to the BMI chart on page 14 to determine your BMI.

BMI Ranges for Adults 20 Years and Older:

- 18.5 – 24.9 – Normal
- 25 – 29.9 – Overweight
- >30 – Obese

If your BMI is 25 or above and you would like information regarding weight loss management there are several resources available. When considering any weight loss plan, it is always important to first consult with your physician for guidance. If you are interested in consulting with a dietitian during your hospital stay, please let your physician know and arrangements can be made.

Body Mass Index Table

	Normal						Overweight					Obese										Extreme Obesity																					
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
Height (inches)	Body Weight (pounds)																																			
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

Source: Adapted from *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.*

Prepare Your Home

It is best to have your home prepared before your surgery. The following list will help ensure that your home is ready:

- Clean.
- Do laundry and move loose fitting, comfortable clothes and pajamas to an area that is easy to get to. It will help if you place items you will be using in drawers that are at waist level.
- Put clean bed linens on your bed.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords from walkways.
- Install night lights in bathrooms, bedrooms and hallways.
- Install grab bars/hand rails in your shower or bath.
- Move furniture and other objects that are blocking walkways.
- If possible, prepare to live on one level of the house after returning home.
- Place a non-skid mat in the tub or shower.
- Raise the height of your bed, chair or toilet seat if needed.
- Prepare and freeze meals ahead of time.
- Move kitchen utensils to areas that are easily accessible using drawers that are at waist level.

Social Planning

Talk with your family or friends to arrange the following:

- Transportation to and from the hospital, follow-up doctors' appointments and physical therapy appointments
- Assistance with pet care, cleaning, laundry and grocery shopping
- Someone to collect your mail or place it on hold at the post office

Infection

Prior to surgery you will need to notify your surgeon if you think you may have an infection, cold, flu or fever.

Things to Bring to the Hospital

- Medication list—you do NOT need to bring your actual medication
- Copy of Advanced Directive, if you have one
- Insurance card/Driver's license or photo ID
- Clothing: comfortable shorts or loose fitting pants, under garments and pajamas, well fitting, flat shoes
- Toiletries including toothbrush, toothpaste, comb, etc.
- Co-payment required by your insurance company
- DO NOT bring valuables like money, jewelry, credit cards

Night Before Surgery

The night before surgery you should take a shower with antibacterial soap. If given special skin preparation, use that as instructed. Do not shave at or near your joint that will be replaced. Do not apply lotion or powder. Wear clean pajamas to bed and sleep in a bed with clean bed linen. If you have any animals, it is important that they do not sleep in bed with you the night before surgery. Also remember not to eat or drink anything after midnight or as instructed.

Morning of Surgery

On the morning of surgery take only the medications you were instructed to take with small sips of water. Do not eat or drink anything else. Do not wear makeup or jewelry. Then, report to the hospital as instructed, usually 2 hours before surgery.

Day of Surgery

Admissions

On the day of surgery, you should arrive at least 2 hours prior to your scheduled surgery time. This allows the registration department and nursing staff adequate time to prepare you for surgery. Upon your arrival to the hospital, you will need to check in at the main registration desk. During your registration, your insurance and personal information will be verified. You will be given information regarding your patient rights, privacy practices and living wills. You will also be asked to pay any applicable insurance co-pay or deductible. Contact your insurance company before the day of surgery for information on your out-of-pocket requirements. Be sure to bring a photo ID and your insurance card.

Preoperative Care

Once registration is completed, you will be escorted to the preoperative care area. After you have been prepared for surgery, you may have one or two of your family members stay with you. Due to limited space, more than 2 people cannot be allowed in the room at the same time. There is a surgical waiting area where family may wait if that is preferred. Hospital staff will obtain a phone number of one family member with whom they may contact during the surgical procedure and recovery period.

In the preoperative care area, you will meet your preoperative care registered nurse. The registered nurse will gather information about your health history and also do a physical assessment. The nurse will perform any additional skin preparation for your surgery. You will have an IV line started in your arm. There is also a possibility that additional lab work may be drawn. The anesthesiologist will meet with you to discuss your anesthesia needs. During this time you will have the opportunity to talk with your surgeon and he/she will confirm and initial your surgical area.

Operating Room

Following preparation for your surgery, a surgical team member will come to the preoperative care area to escort you to the operating room. They will verify your name and birthdate with your ID band and will verify the procedure you will be having performed. At this time you will be under the care of your orthopedic

surgeon, anesthesiologist/nurse anesthetist and operating room nursing staff. A typical total joint replacement surgery takes 1½ to 2½ hours. Updates will be provided to the family via the primary contact number provided to the preoperative nurse.

Once the surgery is completed, the surgeon will contact the family members and provide a detailed report on the surgery.

Post Anesthesia Care Unit

Once the surgery is completed, members of the operating team will escort you to the Post-Anesthesia Care Unit (PACU). You will be transported in a hospital bed that you will remain in during your entire hospital stay. In the PACU, you will be closely monitored by the nursing staff. You will have a blood pressure cuff on your arm and you will have electrodes on your chest to monitor your heart rate and rhythm. Oxygen is delivered via mask or cannula and is required on all recovering surgery patients. There will be a device taped to your finger which monitors the concentration of oxygen in your body. A dressing will be present over your incision along with a cooling pack to help keep down swelling and manage your pain. There will be a drain placed during surgery to help remove any fluid around your new joint. To help prevent blood clots, compression devices will be applied to your legs. Any pain will be monitored closely and medication will be given to help keep you comfortable. You will offered ice chips and additionally small sips of fluids will be given if ice chips are tolerated well. You will be transferred to the inpatient nursing unit once it is determined by the nursing staff and anesthesiologist that you are in stable condition. Your family will be notified by the nursing staff when they are ready to transfer you to your room.

Waiting Area

General Visiting Hours
7:00AM to 9:00PM

Special visiting hours:

Family Birthing Center: 9:00AM – 9:00PM

Seasons Behavioral Health: 2:30PM – 4:30PM

Intensive Care Unit (ICU): 9:00 a.m.; 12:00 p.m.; 3:00 p.m.; 5:00 p.m. and 9:00 p.m.

Following Surgery

Nursing Care Team

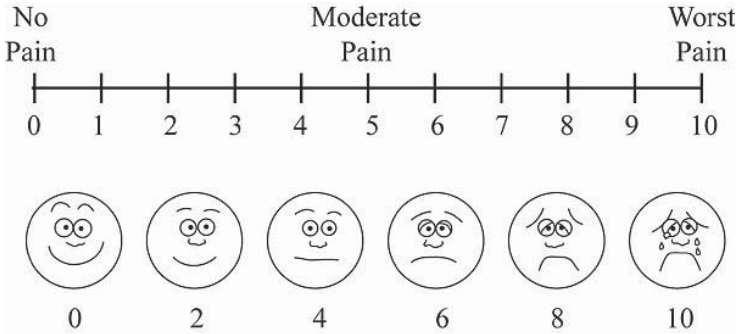
On the nursing unit, you will meet additional members of the orthopedic care team. This team consists of your surgeon, registered nurses, licensed practical nurses, patient care technicians, physical therapists, occupational therapists, respiratory therapists, dietitian and case manager. The entire team works together to provide you the highest quality orthopedic care and to prepare and assist you with your after discharge care and needs.

Your orthopedic care team is dedicated to keeping you as comfortable as possible during your stay.

The orthopedic care nursing staff has received specialized training in the care of the orthopedic and joint replacement patient. The team of nurses will be providing care to meet your personal needs as well as ensuring that your individualized physician's orders are followed. Your professional nurses consist of a registered nurse (RN) or a licensed practical nurse (LPN). The RN or LPN will perform a physical assessment every shift. During an assessment, they will be checking your heart rate, respirations, and abdomen by using a stethoscope. They will check your skin thoroughly, as lying in bed can create areas of pressure and can lead to breakdown of the skin. Measures such as frequent turning or repositioning are put into place to prevent skin breakdown. The nursing staff will monitor the movement and feeling that you have in your arms and legs. In addition, the nursing staff will assess and manage your pain, administer prescribed hospital and home medications, monitor your fluids that are infusing through a catheter in your vein (IV for short), manage your drains, bandages, equipment and help direct your overall care and discharge planning. Patient care technicians (PCT) help the professional nursing staff by performing bath and linen changes, taking vital signs (temperature, pulse, respirations and blood pressure), emptying drains, obtaining certain lab specimens and assisting with all daily activities. You will see a member of the nursing staff at least every hour during your stay. To allow for rest during the night, the nursing staff will not awaken you unless there is medication to give or a procedure to perform. Be assured that they will still be checking on you often and if you need assistance, your call light is always available.

Nursing staff also manages and promotes prevention of complications following any surgery. These include infections, pneumonia, and blood clots.

Pain Management



Your orthopedic care team is dedicated to keeping you as comfortable as possible during your stay. A pain scale of 0 to 10 is utilized to rate your pain, with 0 being no pain and 10 being the worst pain you could imagine. The chart above helps illustrate the different levels of pain and how to rate your pain. It is important to know that while pain medication and other interventions for pain are highly effective in managing pain, to achieve zero pain following surgery is not a realistic goal. Open communication regarding your pain management needs to be maintained between you, your nursing staff and surgeon. When describing your pain, be specific: is it throbbing, aching, sharp, shooting, cramping?

People do experience pain in different ways and treatment can be adjusted to meet your individual pain needs. If pain is not managed effectively, it is known to adversely affect your body, not only due to the pain, but also due the increased anxiety, fear and sleep deprivation that frequently accompany pain. On occasion, some patients do not want to take pain medication for fear of becoming "addicted" to the medication. After a surgical procedure, the pain is real and your body needs pain medication to help maintain normal body function. All pain medication is ordered in safe doses and monitored closely by the nursing staff. Our goal for you is to reduce your pain and make it manageable so you can effectively work with Physical and Occupational Therapy as well as achieve adequate rest during your recovery. Ultimately, your pain level should be maintained at 5 or less on the 0 to 10 pain scale.

Pain medications may be delivered orally, in the muscle, intravenously or into the joint during surgery. The route of administration is determined by your surgeon. Again, pain medication is ordered based on individual needs. It is highly recommended that you ask for your pain medication so that you can receive a dose 30–60 minutes prior to your physical therapy sessions. With any medication there are side effects that accompany that medication. The most common side effects of pain medications are: dizziness, drowsiness, nausea, vomiting, constipation, rash, itching, dry mouth, decreased appetite and decreased respiration/breathing. Our highly trained professional nursing staff will be monitoring you closely for any of these potential side effects.

Other measures to help alleviate pain include the following:

- Ice: Ice is provided and applied over your incision and to the skin surrounding your incision. The purpose of applying ice is to help not only to decrease the amount of pain, but also to help prevent any further swelling in the area surrounding your incision.
- Distraction: Pain is real and sometimes it is beneficial to redirect your thoughts away from pain. Common forms of distraction are reading a book, watching TV, engaging in conversation with family or friends or even recollection of pleasant memories. Computers are another source of distraction. Our facility is equipped with Wi-Fi technology, so if you enjoy computers, you are welcome to bring your personal laptop or tablet to use while in the hospital.
- Music: Research has demonstrated that music can be used to decrease pain response. While studies have found that medication is the number one form of pain reduction, music came in a solid second. Music helps reduce the intensity of pain as well as the amount of medication needed after surgery. If music is something that you find relaxing or beneficial to your well-being, we suggest that you bring your personal electronic music playing device to the hospital.
- Progressive Relaxation: Progressive relaxation involves lying on your back and systematically tensing and relaxing each part of your body to help control pain while using pleasant imagery. As your mind is occupied with the imagery, stress levels diminish as your muscles and mind relaxes.

Safety

Patient safety is very important. One of the areas of safety is fall prevention. Interventions to prevent falls may include a bed alarm, a yellow fall risk arm band, yellow socks and yellow signs above the bed. Due to your surgery, pain medications and decreased mobility, you will initially be placed on fall precautions. Fall precautions allow all members of your orthopedic care team to know you are at risk for falling and to take all necessary measures to keep you safe. The nursing staff will evaluate your risk for falls each shift. If you are determined to be a high fall risk patient, it is important that you always call your nurse for any assistance to and from your bed or chair. Once it is determined by your orthopedic care team that you are safe and stable with your mobility, you may then be assisted by family or friends. Another safety measure in place is patient identification. You will be asked often to provide your name and birth date to your orthopedic care team as they are checking your name band. To ensure safe medication delivery, your orthopedic care team scans all medications to your name band.

To prevent infection, all care givers are required to wash their hands prior to and after providing care. This is done either by utilizing soap and water or foam hand wash located within or outside of your room.

Infections

Antibiotics are given just prior to surgery and continued on the nursing unit for 24 hours after surgery. These are given only as a form of prevention. Occasionally, a tube may be placed into the urinary bladder to facilitate the drainage of urine. This tube is called a Foley catheter. The Foley catheter may be placed during surgery (a physician preference) or you may require placement on the nursing unit due to difficulty emptying your urinary bladder. Difficulty emptying your bladder after surgery is not uncommon. This is due to the temporary numbing effects that anesthesia can have on your bladder. Most patients do not require a Foley catheter placement. If you do not require a Foley catheter, you will be encouraged to be up to the bathroom or use a commode placed at the bedside. The use of bedpans is discouraged as the bedpan does not allow for complete emptying of the urinary bladder and thereby increases your risk of obtaining a urinary tract infection. Male patients may utilize a urinal but are encouraged to do so in a standing position. To decrease the risk of infection, Foley catheters are removed within 48 hours of placement, unless otherwise ordered by your physician.

Blood Clots

All patients who have orthopedic surgery are at increased risk of developing blood clots, also known as deep vein thrombosis (DVT). To minimize your risk, it is important that the following being used:

1. Mechanicals: Before, during and after your surgery you may have a machine called an intermittent pneumatic compression device or IPC for short. The purpose of the IPC is to promote and increase blood circulation through gentle compression and massage. You will either have wraps that fit around both your lower legs or you may have wraps around both your feet. Both the lower leg wraps and foot wraps are equally effective in the prevention of blood clots. It is your physician's choice on which device will be best suited for you.
2. Medications: Medications to prevent blood clots are called anticoagulants and are either given as an injection under the skin or in oral form. Some oral forms require lab monitoring that will ordered by your surgeon. Which form of medication you will take is determined by your surgeon and is based on your personal needs and health history.
3. Early Mobility: One of the most important things you can do to minimize your risk for blood clots is safely getting up and moving. Physical therapy starts soon after surgery. A therapist will help with strengthening exercises, movement of your leg joints (range of motion) and ambulation using an assistive device (walker/crutches/cane). You will be encouraged to be out of bed for all your meals and to ambulate at least 4 times per day. While lying in bed, exercises such as ankle pumps are highly encouraged.

Respiratory

Anesthesia and pain medications may cause you to not breathe as deeply as you normally do. Because of this, you may wake up after surgery with a tube (nasal cannula) under your nose that delivers oxygen. Oxygen can also be delivered by a mask. Nursing and respiratory staff will monitor your body's oxygen levels by placing a sensor on your finger. After surgery it is important that you take deep breaths and cough at least every 2 hours. The purpose of deep breathing and coughing is to help prevent respiratory complications such as pneumonia. To assist you in this process, you may be instructed on the use of a device called an incentive spirometer (IS for short). The incentive spirometer encourages your lungs to expand, by your inhaling deeply through a mouth piece. You

will be encouraged to use this device at least every hour while awake for 8–10 repetitions each. Prior to discharge you will be offered the opportunity to take the pneumonia vaccine and flu vaccine (if in season) as an additional preventive measure.

Diet and Nutrition

Upon arrival to the nursing unit, you will initially be started on ice chips and advanced to a solid diet as ordered by your surgeon. This process is individualized based on your own tolerance and any additional restrictions that might be ordered based on your personal health history. Fluids are encouraged unless otherwise restricted by your surgeon. Anesthesia, pain medications, decreased activity can all contribute to constipation. Increasing the fiber in your diet will help ensure normal elimination. If you are having difficulty with elimination, please let your nurse know as medications can be given to help facilitate a bowel movement. It is important to maintain a healthy diet in general, but more so when recovering from your surgery. Certain medications for blood clot prevention may require you to modify your diet to ensure that the medication will be the most effective and to prevent adverse side effects. If you are placed on a medication that requires dietary restrictions, you will be educated by the dietitian and/or nursing staff.

Discharge Planning

A case manager will be assigned to you during your stay. Essentially, discharge planning starts upon admission to the hospital and is based not only on what you feel your own needs are, but also based on the assessments by your orthopedic care team. The case manager will meet with you on your first day after surgery to discuss your discharge needs and plans. Following are some options for your next level of rehabilitation after your discharge from the hospital:

1. Outpatient therapy where you will need someone to drive you to your appointments at a licensed therapy provider
2. Home based therapy where the physical therapist will come to your home to help you with your prescribed exercises and ambulation and
3. Skilled nursing rehabilitation facility is utilized if it is determined by your orthopedic care team that you cannot safely care or function for yourself at home.

After Hospital Care for Your New Joint

Care for the First 48 Hours at Home

It is normal to experience a little anxiety and even wonder if you left the hospital too soon. Remember this feeling will get better with time. Getting into somewhat of your normal routine will give you comfort. Below are a few things to help the transition:

- Visitors: Your first day out of the hospital really needs to be a day of rest. Too many well-meaning family and friends can leave you tired. Try to get as much rest as you can. It is okay to let visitors know that tomorrow or the next day would be better for a visit.
- Wound Care: Dressings need to be kept clean and dry. It is not unusual to see a small amount of drainage or bleeding on the dressing. Change the dressing daily or as directed by your orthopedic care team. If your orthopedic surgeon allows, you may shower but NO tub baths. Remove your dressing first; use only clean water to wash, no soap to the wound. Pat the wound area dry with a clean towel and apply a clean dressing as long as the incision is draining. Once the drainage stops, some surgeons prefer the incision is left open to air. Your stitches or staples are usually removed 10 to 14 days after surgery.
- Preventing Blood Clots: The exercise of moving your ankles up and down helps the blood in your legs flow better and prevents blood clots. Your surgeon will also send you home on a medication to thin your blood. The kind of medication varies from doctor to doctor. Some are pills and some are shots. Some require blood work and some do not. It is extremely important that you continue this medication exactly as the doctor ordered. This will be explained in detail while you are in the hospital and be included in your discharge papers.
- Signs and Symptoms to report to your surgeon immediately:
  1. Signs and symptoms of infection:
     - Thick white or greenish drainage coming from the incision or foul smelling drainage
     - A large amount of swelling extending out from the incision
     - A fever of 100 degrees or higher
  2. Signs and symptoms of possible blood clots:
     - Increasing pain in the calf of your leg
     - Tenderness and increasing swelling in your calf, ankle and foot

3. Signs and symptoms of possible pulmonary embolism (blood clot that has traveled to your lung):
   - Sudden shortness of breath
   - Sudden onset of chest pain
   - Localized chest pain with coughing

   Any of these signs and symptoms of a pulmonary embolism are an EMERGENCY and you need to CALL 9-1-1.

- Compression Stockings: Your white stockings need to be worn most of the time to help with swelling. If soiled it is okay to hand wash and air dry overnight while you sleep. Your surgeon can advise you when to stop wearing them.
- Exercises: Continue the exercises you were taught while in the hospital by your orthopedic care team. These will help you to regain strength and function. Put as much weight on your new joint as you are advised to do by your surgeon or therapist. You will continue with physical therapy either at an outpatient therapy clinic, at home or in a rehab facility. Continue to use your walker/crutches/cane to prevent falls. Too much sitting or too much walking can increase swelling of the surgical site so move around frequently. For hip replacements, remember not to cross your legs, bend your hip more than a 90 degree angle, and Do NOT turn your surgery leg inward or outward. Keep the leg elevated at least 30 min every 2 hours—this means toes above the nose while lying down.

Week 1–6 After Discharge

Remember that help is just a phone call away. It is much more beneficial to ask questions and report problems rather than to worry. This is the time to use common sense. You will find yourself making progress week after week. You will begin to walk independently on a level surface with your walker/crutches/cane. You will start getting into and out of bed independently, and gradually begin to resume activities of daily living (cooking, light cleaning and walking outside.) Once you are no longer taking narcotic pain medication ask your surgeon if it is okay to drive before doing so. Sexual relations usually resume once your general health has recovered. Avoid positions that would put your new joint at risk of dislocation or injury. If possible schedule dental work or other invasive procedures for at least 3 months after a joint replacement. When you do have dental work or invasive procedures the dentist or doctor doing the procedure

needs to know you have had a joint replacement. Some surgeons will put you on antibiotics to prevent bacteria from getting in the blood stream and possibly infecting the joint before certain procedures. Always call your surgeon's office to ask if antibiotics are needed.

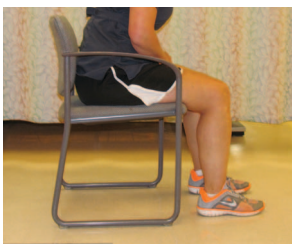
Week 6–12 After Discharge

You will continue to progress. You should notice an increase in energy and a desire to do more activities. Your strength in the operative leg will be much improved, but remember everyone progresses at their own level. This is the time that those in the work force usually return to work. Avoid lifting over 25 pounds, prolonged standing or sitting, climbing ladders, extremes in range of motion such as stooping, kneeling, bending forward, or crossing your legs. You may be very tired for the first few days back at work. Give yourself time to adjust and this will gradually improve. Continue with your exercise program even though many times your visits with the physical therapist have ended. If your surgeon has placed you on any restrictions, continue to follow these also. This is done to protect your new joint while it continues to heal.

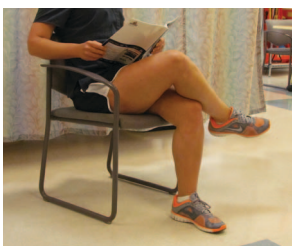
From 3 Months to Forever After

Usually by now you are walking without any restrictions or assistive devices. Some people feel more secure using their cane for a longer time and this is perfectly alright to do. You will know when you do not need it anymore. Most people will resume normal activities both inside and outside of home. Pace yourself, increase your walking distance, biking or dancing gradually. Keep your cane in the trunk for when you are tired and/or on uneven or icy surfaces. It might come in handy. Your joint replacement was done to relieve pain and help you resume normal activities. Remember to use common sense and avoid contact sports or other activities that would put your joint replacement at risk. Some doctors also like to follow up with you around six months, just to make sure you and your new joint are doing well.

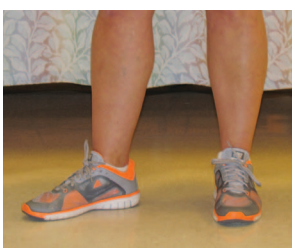
Activities of Daily Living



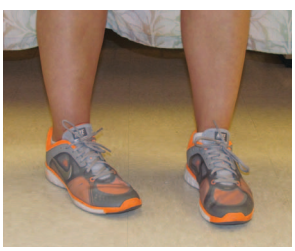
Do NOT bend forward more than 90°.



Do NOT cross your legs.



Do NOT turn your surgical leg outward.



Do NOT turn your surgical leg inward.

Precautions

Knee: Certain body positions and activities can cause knee dislocation. Prevention of dislocation includes the following:

- Do NOT stand, bend knees, and twist at the same time.

Follow the above precaution for about 12 weeks after surgery. Ask your surgeon if this or any other precautions should be followed beyond 12 weeks.

Hip: Certain body positions and activities can cause hip dislocation. Prevention of dislocation includes the following:

- Do NOT bend forward more than 90° (Posterior Approach).
- Do NOT lift your knee higher than your surgery hip (Posterior Approach).
- Do NOT bring legs together or cross your legs (Posterior Approach).
- Do NOT turn your surgery leg inward (Posterior Approach).
- Do NOT turn your surgical leg outward (Anterior Approach).
- Do NOT reach across your surgery leg.
- Do NOT twist your body when standing.

Follow the above precautions for about 12 weeks after surgery. Ask your surgeon if these or any other precautions should be followed beyond 12 weeks.

Safety and Avoiding Falls

There are many things you can do to keep your new joint safe. Please follow these suggestions to avoid injury and falls:

- Keep throw rugs put away.
- Be aware of floor hazards such as small objects, pets, and uneven surfaces.
- Provide good lighting; use night lights and a flashlight as needed in the halls, bathroom, and bedroom.
- Keep cords out of the walking path.
- Wear slippers or shoes with backs; soles should be rubber for good traction.
- Use chairs with arms to help you get up and down.
- Get up slowly from a chair or the bed in case you are dizzy.
- Do not lift heavy objects for at least 3 months; discuss with your surgeon first.
- Stop to think before taking on a new task.
- Change positions frequently to avoid stiffness.
- Get out of the car every 1–2 hours during travel for a short walk to lessen stiffness and reduce the chance of blood clot.

Bed Mobility

Knee

- Use a pillow between your knees when on your side.
- Bend your non-surgery leg to help push yourself to a new position.

Hip

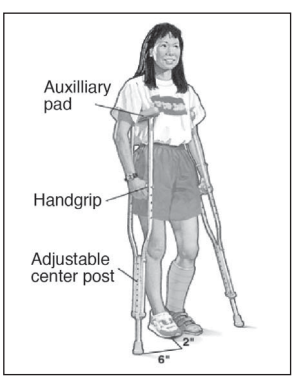
- Use a pillow or foam wedge between your legs when on your back or side.
- Do not cross your legs.
- Do not lie on your surgery hip unless approved by your surgeon.

Ambulation

Do NOT put more weight on your surgery leg than instructed. A walker/crutches/cane should be fitted to your height by a member of your orthopedic care team.

Walker

1. Stand up straight with the walker a few inches in front of you.
2. Place each hand on the hand grips of the walker.
3. With all four walker legs firmly on the ground, take a step into the walker with your surgery leg. Do not move the back of the walker past the front of your feet.
4. Lean on the walker to give balance and support.
5. Take a step with your non-surgery leg.
6. Move the walker forward one step.
7. Repeat the above until you've reached your target.



Crutches

Instructions should be followed as taught to you by your therapist. There are different ways to use crutches. You should use the method that is most appropriate for your needs.

Cane

1. Stand up straight with the cane held by your hand on the non-surgery side.
2. Move the cane forward one step.
3. Move your surgery leg forward.
4. Move your non-surgery leg forward.
5. Repeat the above until you've reached your target.

Transfers

Bed

Getting into bed:

1. Back up to the bed until you feel it behind your legs. Place yourself halfway between the foot and head of the bed. Slide your surgery leg out in front of you before sitting down.
2. Reach back with both hands and sit down on the edge of the bed. Scoot back toward the center of the mattress. Slick sheets, slick pajamas, or sitting on a plastic bag may make scooting easier.
3. Move the walker/crutches/cane out of your way. Keep it within reach.
4. Scoot your hips around to face the foot of the bed.
5. Lift your leg closest to the bed into the bed while scooting your hips toward the center of the bed.
6. Lift your other leg into bed. Hip: Do NOT cross your legs to help the surgery leg into bed. Keep your knees at least 6 inches apart.
7. Position yourself comfortably in the bed.
8. Hip: Place a pillow between your knees.

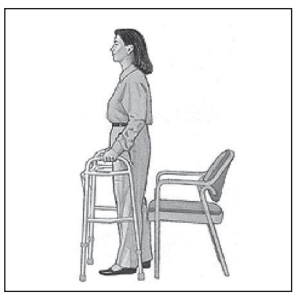
Getting out of bed:

1. Move your hips to the edge of the bed while leaning on your elbows.
2. Reach back with your hands, lower your leg closest to the edge of the bed onto the floor.
3. While shifting your hips towards the edge of the bed, lower your other leg to the floor.
4. With your hands behind you, scoot forward to the edge of the bed.
5. Slide the surgery leg out in front of you before standing up.
6. Use both hands to push off from the bed.
7. Get balanced before reaching for the walker/crutches/cane.

Chairs and Toilets

Avoid low sofas or chairs. An extra cushion or pillow may be needed on the seat of a low chair if there is no other choice for sitting.

- Hip: Sit in chairs with high, firm seats in order to keep your hips above your knees.
- Avoid crossing the surgery leg over the other leg.
- Always keep your knees about 6 inches apart.
- It's safer to keep both feet on the floor or on a stool.
- A raised toilet seat or a three-in-one bedside commode will be needed over your toilet for about 12 weeks after surgery.
- Ask your surgeon if precautions need to be followed beyond 12 weeks. Such equipment may no longer be needed once you can get up and down from the toilet safely on your own.



Sitting on a chair or toilet:

1. Take small steps, turning until your legs are against the toilet/chair.
2. Slide the surgery leg out in front of you, bending your knee as tolerated, before sitting down.
3. When using a commode with armrests, reach back for both armrests and lower yourself onto the toilet. If using a raised toilet seat without armrests, keep one hand on the middle of the walker/crutch/cane while reaching back for the toilet seat with the other hand.

Getting up from a chair or toilet:

1. Slide the surgery leg out in front of you, bending your knee as tolerated, before standing up.
2. When using a commode with armrests, push yourself up from the armrests. If using a raised toilet seat without armrests, keep one hand on the middle of the walker/crutch/cane and push off from the toilet seat with the other hand.
3. Gain your balance and place your hands on the walker/crutches/cane.

Tub/Shower

Do not shower or take a tub bath unless approved by your surgeon. Once approved, you can safely sit on a bench/chair or stand in a shower. Be sure the tub bench/chair is high enough to keep your hips above your knees. Assure all needed items are within reach prior to your shower. Use a rubber mat or non-skid adhesive on the floor of the tub or shower.

Getting into the tub/shower stall using a tub bench:

1. Place the tub bench in the tub. It should face the faucets.
2. Back up until you can feel the tub bench on the back of your legs. Be sure you are centered against the tub bench.
3. Slide your surgery leg out in front of you before sitting down.
4. Keep one hand on the middle of the walker/crutch/cane while reaching back for the tub bench with the other hand.
5. Slowly lower yourself onto the tub bench without leaning forward.
6. Move the walker/crutches/cane out of your way. Keep it close by.
7. Lift your legs over the edge of the tub as you scoot yourself around. If you had a hip replacement, do not bend your hip more than 90°.
8. Scoot yourself to the center of the bench.

Getting out of the tub/shower stall using a tub bench:

1. Scoot yourself around as you lift your legs over the edge of the tub. Do not bend your hip more than 90° if you had a hip replacement. Be sure your legs do not cross if you had a hip replacement.
2. Scoot yourself to the edge of the tub bench.
3. Place one hand on the middle of the walker/crutches/cane. Push up with the other hand on the back of the tub bench. Hip: do not bend forward as you stand up.
4. Gain your balance and place your hands on the walker/crutches/cane.

Vehicle

Getting into the vehicle:

1. Push the seat all the way back. Recline the back of the seat at least halfway.
2. Place a plastic trash bag on the seat to help you turn frontward more easily.
3. Back up to the vehicle until you feel it touch the back of your legs.
4. Slide your surgery leg out in front of you.

5. Reach back for the back of the car seat with one hand and the dashboard with the other hand. Lower yourself down without bending your hip more than 90°, if you had a hip replacement. Be sure to lower your head to avoid hitting it on the door frame. Scoot backward toward the other seat.
6. Turn frontward, leaning back as you lift one leg at a time onto the floorboard of the vehicle.
7. Center yourself on the seat.
8. Bring the seat back to a comfortable position. Put on your seatbelt.

Getting out of the vehicle:

1. Push the seat all the way back. Recline the back of the seat at least halfway.
2. Scoot yourself sideways and backward as you lift one leg at a time out of the vehicle and onto the ground. Lean back as you do so.
3. Slide your surgery leg out in front of you. Push yourself up with one hand on the dashboard and the other on the back of the seat. Do not bend more than 90°, if you had a hip replacement. Be sure to lower your head to avoid hitting it on the door frame.
4. Gain your balance and place your hands on the walker/crutches/cane.

Stairs

General rule of thumb: Go up with your non-surgery leg and down with your surgery leg.

Going up stairs:

Note: Your therapist should give you detailed instructions on how to go up and down stairs with your walker/crutches/cane. Below are general reminders related to stairs.

1. Face the stairs. Hold the handrail with one hand.
2. Hold the folded walker/crutches/cane with the other hand on the step above you.
3. Step up with the non-surgery leg.
4. Step up with the surgery leg.
5. Move the walker/crutches/cane up one step.
6. Repeat the above until you've reached your target.

Going down stairs:

1. Face the stairs. Hold the handrail with one hand.
2. Hold the folded walker/crutches/cane with the other hand on one step below you.
3. Step down with your surgery leg.
4. Step down with your non-surgery leg.
5. Move the walker/crutches/cane down one step.
6. Repeat the above until you've reached your target.

Dressing

Putting on pants and underwear by yourself:

1. Be sure all needed items are within easy reach.
2. Slide your surgery leg out in front of you.
3. Sit down on a supportive surface to maintain your balance.
4. Use a reacher or dressing stick to grasp the clothing. Place your surgery leg in first, followed by your non-surgery leg. The reacher or dressing stick can be used to guide the waist band over your feet and knees.
5. Pull your pants up to your thighs without bending past 90°, if you had a hip replacement.
6. Stand with the walker/crutches/cane in front of you. Pull your pants up the rest of the way without bending forward.

Taking off pants, underwear, or socks by yourself:

1. Be sure all needed items are within easy reach.
2. Back up to a chair or bed.
3. Unfasten your pants and allow them to fall to the floor. Push your underwear off your hips.
4. Slide your surgery leg out in front of you. Lower yourself down to a chair or bed.
5. Use a reacher or dressing stick to grasp the clothing.
6. Remove your non-surgery leg first, followed by your surgery leg.

Putting on socks by yourself:

1. Be sure all needed items are within easy reach.
2. Slide your surgery leg out in front of you.
3. Sit down on a supportive surface to maintain your balance.
4. Slide the sock fully onto the sock aid.
5. Bend your knee slightly.
6. While holding the cord with both hands, drop the sock aid in front of your foot.
7. Slide your foot into the sock aid.
8. Point your toes and straighten your knee. Pull the sock on and keep pulling until the sock aid pulls out of the sock. Do not bend your hip forward past 90° if you had a hip replacement.

Putting on shoes by yourself:

NOTE: Shoes should have rubber soles. Do NOT wear high heels or shoes without backs. Wear one of the following: sturdy slip-on shoes, Velcro® closure shoes, or shoes with elastic shoe laces. HIP: Do not tie your own shoes since precautions can not be maintained.

1. Be sure all needed items are within easy reach.
2. Slide your surgery leg out in front of you.
3. Sit down on a supportive surface to maintain your balance.
4. Use a long-handled shoe horn, dressing stick, or reacher to slide your shoe in front of your foot.
5. Place the shoehorn inside the shoe.
6. Lean back as you lift your leg to place your toes inside the shoe.
7. Step down into your shoe, sliding your heel downward against the shoehorn.
8. Fasten your shoe by using the reacher to close the Velcro® straps or pull elastic shoe laces tight.

Taking shoes off by yourself:

1. Be sure all needed items are within easy reach.
2. Slide your surgery leg out in front of you.
3. Sit down on a supportive surface to maintain your balance.
4. Use a reacher to unfasten your Velcro® straps or elastic shoe laces.
5. Use a long-handled shoe horn, dressing stick, or reacher to slide your shoe off of your foot.

Energy Conservation/Joint Protection

As your surgeon permits, you may choose low-impact activities such as:

- Regular walks in or outdoors
- Walking on a treadmill
- Recommended exercise at a fitness center
- Swimming
- Bicycling
- Dancing
- Golfing
- Cross country skiing
- Aquatics or Tai Chi program (many are sponsored by a local Arthritis Foundation chapter)
- Joints in Motion class (sponsored by a local chapter of the Arthritis Foundation)
- Walk with Ease program (sponsored by a local chapter of the Arthritis Foundation)
- Upper extremity strengthening exercises

Avoid high-impact activities such as:

- Downhill or water skiing
- Jogging or running
- High impact aerobics
- Jumping activities
- Tennis or racquetball
- Football
- Baseball
- Repeatedly lifting greater than 25 lbs.

Household Tips

- Maintain clear walkways.
- Do not get down on your knees to scrub floors. Use a mop or long-handled brush.
- Keep often used cooking or working supplies where they can be easily reached.
- Plan ahead by gathering all cooking or working supplies at one time to work on a project.
- Use a high stool or use cushions to provide a better working height.
- Plan rest periods in-between periods of activity.
- Pace yourself; attempting to do too much at one time can leave you exhausted for the rest of the day.
- Note your highest energy time of day to tackle a heavier activity.
- Break down a heavy activity into smaller, more manageable ones.
- Push or pull items instead of carrying them.
- Ask for help when you need it.
- Learn to work smarter, not harder.

NOTE: Many other tips for joint protection, work simplification, energy conservation, and equipment are available from an Occupational Therapist or the Arthritis Foundation. Check your local phone book for an Arthritis Foundation chapter near you.

Knee and Hip Replacement Exercise Guide

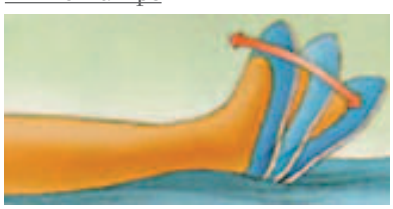
Regular exercises to restore your normal knee and hip motion and strength and a gradual return to everyday activities are important for your full recovery. Your orthopedic surgeon and physical therapist may recommend that you exercise 20 to 30 minutes 2 or 3 times a day during your early recovery.

Your orthopedic surgeon may suggest some of the following exercises. The following guide can help you better understand your exercise/activity program, supervised by your therapist and orthopedic surgeon. Exercises may differ from patient to patient depending on individual progress. Always follow the advice of your orthopedic surgeon before starting any exercise program.

Early Postoperative Exercises

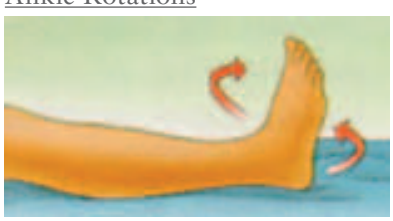
These exercises are important for increasing circulation to your legs and feet to prevent blood clots. They also are important to strengthen muscles and to improve your knee and hip movement. You may begin these exercises in the recovery room shortly after surgery. It may feel uncomfortable at first, but these exercises will speed your recovery and reduce your postoperative pain. These exercises should be done as you lie on your back with your knees at least 6" apart.

Ankle Pumps



- Slowly push your foot up and down. Do this exercise several times as often as every 5 or 10 minutes. This exercise can begin immediately after surgery and continue until you are fully recovered.

Ankle Rotations

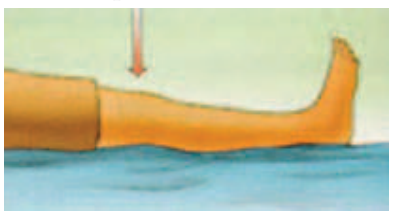


- Move your ankle inward toward your other foot and then outward away from your other foot.
- Repeat 5 times in each direction 3 or 4 times a day.

Bed-Supported Knee Bends

- Slide your heel toward your buttocks, bending your knee as much as possible and keeping your heel on the bed. Do not let your knee roll inward or outward. Hold your knee in a maximally bent position for 5 to 10 seconds and then straighten.
- Repeat 10 times 3 or 4 times a day.

Quadriceps Set



- Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds.
- Repeat this exercise 10 times during a 10-minute period or continue until your thigh feels fatigued.

Straight Leg Raises

- Tighten your thigh muscle with your knee fully straightened on the bed. As your thigh muscle tightens, lift your leg several inches off the bed. Hold for 5 to 10 seconds. Slowly lower.
- Repeat until your thigh feels fatigued.

Knee Specific Exercises

Knee Straightening Exercises

- Place a small rolled towel just above your heel so that it is not touching the bed. Tighten your thigh. Try to fully straighten your knee and to touch the back of your knee to the bed. Hold fully straightened for five to 10 seconds.
- Repeat until your thigh feels fatigued.

Sitting Supported Knee Bends

- While sitting at bedside or in a chair with your thigh supported, place your foot behind the heel of your operated knee for support. Slowly bend your knee as far as you can. Hold your knee in this position for 5 to 10 seconds. Repeat several times until your leg feels fatigued.

Sitting Unsupported Knee Bends

- While sitting at bedside or in a chair with your thigh supported, bend your knee as far as you can until your foot rests on the floor. With your foot lightly resting on the floor, slide your hips forward in the chair to increase your knee bend. Hold for 5 to 10 seconds. Straighten your knee fully.
- Repeat several times until your leg feels fatigued or until you can completely bend your knee.

Hip Specific Exercises

Buttock Contractions

- Tighten buttock muscles and hold to a count of 5.
- Repeat 10 times 3 or 4 times a day.

Abduction Exercise (check with your surgeon if you had an anterior approach hip replacement)

- Slide your leg out to the side as far as you can and then back.
- Repeat 10 times 3 or 4 times a day.

Standing Exercises

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. While doing these standing exercises, make sure you are holding on to a firm surface such as a bar attached to your bed or a wall or a solid piece of furniture.

Standing Knee Raises

- Lift your operated leg toward your chest. Do not lift your knee higher than your waist. Hold for 2 or 3 counts and then put your leg down.
- Repeat 10 times 3 or 4 times a day.

Standing Hip Abduction (Check with your surgeon if you had an anterior approach hip replacement)

- Be sure your hip, knee and foot are pointing forward. Keep your body straight. With your knee straight, lift your leg out to the side. Slowly lower your leg so your foot is back on the floor.
- Repeat 10 times 3 or 4 times a day.

Standing Hip Extensions (Check with your surgeon if you had an anterior approach hip replacement)

- Lift your operated leg backward slowly. Try to keep your back straight. Hold for 2 or 3 counts. Return your foot to the floor.
- Repeat 10 times 3 or 4 times a day

For more exercises, visit the AAOS Website http://orthoinfo.aaos.org/topic.cfm?topic=A00303

Garden Park Medical Center — The Crossroads Where Compassion Meets Clinical Excellence

Goals and Activity Guidelines

Exercise is very important after a knee or hip replacement. Exercise will help you strengthen your knee or hip and other muscles. Do at least 20 minutes of home exercises twice daily as instructed by your therapist. Continue with your walking program and challenge yourself to go farther every day. The more you are active and exercise, the more mobile you will become.

Activity Goals for Week 1–2

- Walk at least 300–500 feet with your walker/crutches/cane as instructed.
- Go up and go down 12–14 steps with a rail, one foot at a time, once per day.
- Knee only: Bend your knee to 90–105°.
- Knee only: Straighten your knee completely by lying flat for 30 minutes several times per day; place a towel roll under your ankle.
- Hip only: Bend your hip 60°.
- Hip only: Straighten your hip completely by lying flat for 30 minutes several times per day.
- Shower and dress by yourself.
- Gradually resume light home duties with help as needed.

Activity Goals for Week 3–4

- Complete any remaining goals from week 1–2.
- Wean from a walker or crutches to a one crutch or a cane as instructed.
- Walk at least the distance of 4 blocks.
- Go up and go down 12–14 steps with a rail, one foot at a time, more than once per day.
- Knee only: Bend your knee 90–105°.
- Knee only: Straighten your knee completely by placing only the foot on a stool for 30 minutes several times per day.
- Hip only: Bend your hip to 90° unless told otherwise.
- Resume all light home duties with help as needed.

Activity Goals for Week 5–6

- Complete any remaining goals from weeks 1–4.
- Walk with your walker/crutches/cane to complete the distance of 4–8 blocks.
- Go up and down stairs with a rail from one foot at a time to regular stair climbing.
- Knee only: Bend your knee 90–105°.
- Knee only: Straighten your knee completely by placing only the foot on a stool for 30 minutes several times per day.
- Hip only: Bend your hip to 90°.
- Drive a car at 6 weeks if approved by your surgeon.
- Resume all light home duties by yourself.
- Return to light work duties if approved by your surgeon.

Activity Goals for Week 7–12

- Complete any remaining goals from weeks 1–6.
- Walk without your walker/crutches/cane, without a limp, the distance of 8–16 blocks.
- Go up and down stairs with a rail.
- Resume all home duties and low impact activities.

Pain or Swelling After Exercise

You may experience knee or hip pain or swelling after exercise or activity. You can relieve this by elevating your leg and applying ice wrapped in a towel. Exercise and activity should consistently improve your strength and mobility. If you have any questions or problems, contact your orthopedic surgeon or physical therapist.

Frequently Asked Questions

We are glad you have chosen our center for your joint replacement surgery. Patients have asked many questions about joint replacements. Below is a list of the most frequently asked questions along with their answers. If there are any other questions that you need answered, please ask your surgeon or the program coordinator. We want you to be completely informed about this procedure.

What are the results of a joint replacement?

90–95 percent of patients achieve good to excellent results with relief of discomfort and significantly increased activity and mobility.

Am I too old for this surgery?

Age is not a problem if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your primary care physician for his/her opinion about your general health and readiness for surgery.

How long will my new joint last and can a second replacement be done?

We expect most joints to last more than 10–15 years. However, there is no guarantee and 10–15 percent may not last that long. A second replacement may be necessary. Partial revision may be performed if needed.

Why do they fail?

The most common reason for failure is loosening of the artificial surface from the bone. Wearing of the plastic spacer may also result in the need for revision.

What are the major risks?

Most surgeries go well, without any complications. Infection and blood clots are two serious complications that concern us the most. To avoid these complications, we use antibiotics and blood thinners. We also take special precautions in the operating room to reduce the risk of infections. The chances of this happening in your lifetime are one percent or less. Dislocation of the hip after surgery is also a risk. Your orthopedic care team will discuss ways to reduce that risk.

Should I exercise before the surgery?

Yes. Building strength can help with your recovery. Please see the exercise section for details. We recommend that you begin these exercises now, unless otherwise advised by a doctor.

Will I need a blood transfusion?

The need for a blood transfusion depends on individualized factors. We will monitor your blood counts every day that you are in the hospital, so we can make sure your counts remain in a safe level. Your surgeon will talk to you about giving you blood from the blood bank if it appears necessary.

How long will it be until I am able to get out of bed?

Not long at all. Your orthopedic care team will get you up and moving the day of your surgery. You will at least sit on the side of the bed the day of your surgery. Then, the next morning you will get up with therapy and start your walking and exercise regimen. Within 2–3 days you will be walking greater than 150 feet.

How long will I be in the hospital?

Most patients will be hospitalized for 2–3 days after their surgery. There are several goals that you must achieve before you can be discharged such as pain controlled by pain pills, able to walk 100–150 feet with an assistive device, and not running a fever.

Will I need help at home?

Yes. Depending on your progress you will need assistance at home for the first several days to weeks. Family members or friends may need to be available to help with meal preparation, laundry, etc. Preparing ahead of time can minimize the amount of help you will need. Please see the "Preparing for Surgery" section for tips on how to prepare your home. If necessary you may spend a short time at a rehabilitation facility following your hospital stay until you can master the skills needed to be safe and independent at home.

How long does the surgery take?

We reserve approximately 1½ to 2½ hours for the surgery. Some of this time is taken by the operating room staff in preparing you for surgery. You are away from your family for approximately 4 hours.

What type of anesthetic will be used?

You may have a general anesthetic (which most people call "being put to sleep") or a spinal or epidural anesthetic. The spinal or epidural will numb you from the waist down. You will have an opportunity to discuss the different types of anesthesia with an anesthesia provider before surgery.

How much pain should I expect?

Your orthopedic care team is dedicated to keeping you as comfortable as possible after surgery. A pain scale of 0–10 will be used to measure your pain with 0 being no pain and 10 being the worst pain you have ever had. It is important to make a comfort goal with your nurse. A realistic comfort goal is 5. It is important to understand that achieving a 0 is not realistic after surgery, and there are many treatment options available to keep you comfortable.

Will I need a walker, crutches or cane?

Yes. For about 2–4 weeks we do recommend that you use a walker/crutches/cane. If you need a walker, your case manager in the hospital can order one and have it delivered to the hospital before you leave.

Will I need any other equipment?

After joint replacement surgery you may need equipment to assist you with activities depending on your progress. These may include: raised toilet seat or commode chair, reacher, long handled shoe horn and sponge, dressing stick, sock aide, and shower seat or tub transfer bench. The type of shower seat you choose to purchase or borrow should be discussed with your occupational therapist. We may be able to assist you on where you can pick these items up.

Will I need physical therapy when I go home?

Yes. Physical therapy is a vital part of your recovery. The most advanced way of rehabilitating your new joint is with outpatient physical therapy. With this option you will need someone to drive you to therapy several times a week. It will help to assess your transportation options before surgery. Therapy lasts approximately 2–4 weeks. If you are not able to get to an outpatient facility, then we can arrange for a home therapist to come to your house.

How long until I can drive?
This may vary between individuals. Your surgeon will discuss with you when you can drive.

Do you recommend any restrictions following this surgery?
Yes. High-impact activities, such as running, jumping sports or contact sports are not recommended. Injury-prone sports such as downhill skiing are also not recommended.

What physical/recreational activities may I participate in after my recovery?
You are encouraged to participate in low impact activities such as walking, dancing, golf, hiking, swimming, bowling, gardening and recreational biking.

When can I have sexual intercourse?
Discuss the return to sexual activity with your physician. Most people wait a few weeks after surgery to return to sexual activity. The bottom or missionary position is usually the most comfortable. A pillow placed between the knees is needed for a side lying position.

How much exercise should I do and how can I tell if I have done too much?
Mild to moderate exercise is beneficial. 20 minutes, twice daily should be devoted to performing your exercises. Increased swelling and pain, not alleviated by rest and elevation, are good indicators you may have done too much.

When will I be able to get back to work?
We recommend that most people take at least one month off from work, unless their jobs are quite sedentary and they can return to work with a walker/crutches/cane. A therapist can make recommendations for joint protection and energy conservation on the job.

How often will I need to be seen by my doctor following the surgery?
Two to three weeks after discharge, you will be seen for your first post-operative office visit. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, twelve weeks, and then yearly.

We hope the information in this book has helped you plan and know what to expect before, during, and after your joint replacement surgery. This is only a general guide and each person will progress at their own pace. Please do not hesitate to call your orthopedic care team with any questions and concerns.

How long will my joint continue to hurt and swell?

The pain after joint replacement surgery usually decreases rapidly during the first month. Sometimes there is a dull ache after long walks: this may occur for up to 18 months. "Start-up" pain (pain with the few steps after standing up) may be present for awhile. This improves without treatment and does not mean the implants are loosening or failing. To help avoid stiffness you can change your position every 45 minutes during the day. The swelling usually increases during the first few days at home from the hospital. This is improved by spending one hour in the morning and one hour in the evening with your feet elevated each day. Swelling is generally worse in the evenings and is increased by exercise.

Will I notice anything different about my new joint?

You may have numbness on your skin around your incision. You may also have some stiffness with bending. After a knee replacement, patients may also notice some "clicking" when they walk or move their knee. This is the result of the artificial surfaces coming together and is not serious. Your new joint may activate metal detectors required for security in some buildings. Tell the security agent about your joint replacement if the alarm is activated.

When can I go up and down stairs?

It is important that your orthopedic care team be aware of any stairs you will need to climb to get into your house. This way the therapist can instruct you on proper technique prior to discharge from the hospital.

How long should I continue taking my medication after I go home?

Blood thinning medication should be taken until the surgeon has instructed you to stop. All pain medications may be taken as directed for pain. If you have any questions, consult your doctor.

15200 Community Road
Gulfport, MS 39503
(228) 575 - 7000

GardenParkMedical.com

4966 A 7/13