

# A Patient's Guide To Joint Replacement Surgery



PRE-OPERATIVE CARE, HOSPITAL CARE AND  
POST-OPERATIVE DISCHARGE HOME CARE



ADVANCED SPINE AND ORTHOPEDIC INSTITUTE



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# Joint Commission Certified



## Shore Medical Center is proud to be certified by the Joint Commission for Hip and Knee Replacement

The Shore Advanced Spine & Orthopedic Institute's Joint Program is committed to

- Highest clinical quality and excellence
- Best practice
- Evidence-based research
- Providing an environment of care and respect to our patients, their families and each other.
- Ongoing community education and support

# **Welcome to the Advanced Spine and Orthopedic Institute Joint Replacement Program**

Thank you for choosing the Advanced Spine and Orthopedic Institute (ASOI) at Shore Medical Center for your Joint Replacement Surgery. Shore Medical Center is committed to enhancing your healthcare experience and providing patient-centered care by combining clinical excellence with an exceptional patient and staff experience. Our multidisciplinary staff is dedicated to providing you with excellent care and a foundation for a successful recovery. We follow evidence-based practice to provide safe high-quality care and treatment, which accounts for our high levels of patient satisfaction. We believe that patients play a key role in ensuring their successful recovery. Our goal is to involve patients in every step of their treatment and recovery.

We will do everything possible to meet your expectations during your stay. Please inform us of any concerns you may have. This Patient Guide provides the information needed for a safe and successful surgical outcome.

## **Using the Patient Guide**

Preparation, education, continuity of care and a pre-planned discharge are essential for optimum results in joint surgery. Communication is an important part of this process. This Patient Guide is a communication and educational tool for patients, family members, surgeons, physicians, physical therapists and nurses. It is designed to help you understand:

- What to expect during each step of the joint-replacement process
- What your responsibilities are
- How to care for yourself before and after joint surgery

Remember this is just a guide. Your surgeon, nurse or therapist may add to or change some of the recommendations. Always follow their recommendations first and ask questions if you are unsure of any information. Keep this guide as a handy reference for at least the first year following surgery. Bring this guide with you to the hospital, physical therapy and all your surgical visits. Read all the sections. You may make notes in the guide for future reference.

# Important Information Regarding Pre-Admission Testing for Your Joint Replacement

## **Pre-Admission Testing:**

Your surgeon's office will schedule your Pre-Admission Testing (PAT) date and time for you to complete your necessary studies before surgery. When PAT is completed at Shore Medical Center it gives you an additional opportunity for education and to ask questions.

## **Bring the following items to your Pre-Admission appointment:**

- Insurance/Medicare Cards
- Photo Identification
- Referrals/Co-pay if required
- Advance Directives (Living Will)
- Current list of *all* medications

## **Frequently Asked Questions**

### **Q. How long will I be in the hospital?**

A. Most patients are discharged the same day as their surgery. Depending on your progress and input from your surgeon, it may be possible you would stay overnight and typically leave the following day.

### **Q. When can I return to work?**

A. This is patient specific and depends on the type of work you do. This should be discussed individually with your surgeon.

### **Q. When can I start to drive?**

A. This is patient specific and should be discussed individually with your surgeon.

### **Q. When will my staples come out?**

A. Usually, 14 days post operatively at the follow-up exam with your surgeon. If you are still in the inpatient rehabilitation facility, they will be removed there by a competent staff member.

## **Patient Partner**

Shore Medical Center's Patient Partner Program was developed to formally involve family and friends in your care during your stay and when you return home. A Patient Partner is whomever you choose. It can be a family member or a friend who would be interested and available to participate in your care and would like to become a member of your healthcare team. Prior to surgery it is recommended that you select a family member or caregiver who will be available to provide assistance and encouragement throughout your rehabilitation in the hospital and at home. Your Patient Partner can assist you by providing physical, psychological and spiritual support. You and your partner can determine the level of their involvement in your care. It would be beneficial if your Patient Partner accompanies you to your appointments prior to your procedure including your Pre-Admission Testing appointment.

## **Advanced Spine and Orthopedic Institute Multidisciplinary Team**

### **Your team includes:**

- **Yourself and a Patient Partner** – Prior to surgery it is recommended that you select a family member or caregiver who will be available to provide assistance and encouragement throughout your rehabilitation in the hospital and at home.
- **Surgeons and Staff** – Your orthopedic surgeon will manage your care, with assistance from his Physician's Assistant or Nurse Practitioner and consulting physicians if indicated, such as a medical management physician and a physiatrist, who is a physician specializing in physical medicine and rehabilitation.

- **The Nursing Department at Shore Medical Center consists of:**
- **Pre-Admission Testing (PAT)** – In Pre-Admission Testing you will have required studies done approximately one to three weeks before your surgery. Depending on your age and medical history these studies may include lab work, an EKG, and a chest x-ray. You will also have the opportunity to meet with a nurse and receive education regarding your surgery. During this visit you will have the opportunity to ask questions.
- **Surgical Registration / Pre-Op Unit** – You will be admitted in this area on the day of surgery. Registration will be completed and you will be taken to Surgical Pre-Op. Your vital signs will be taken, an IV access will be started and you will speak with an anesthesiologist. You will remain in this area until the time of your surgery. We understand that wait times may vary; therefore, we encourage your family to wait with you. We have televisions available to help keep you comfortable. You may also bring your cellphone.
- **Post Anesthesia Care Unit (PACU) / Recovery** – You will be taken to the PACU where you will recover. You will remain in this area until you are fully awake and ready to be discharged home or go to the Advanced Spine and Orthopedic Unit. The average length of stay in PACU varies between patients. If you are staying in the hospital overnight, the average length of stay in the PACU is about 2 hours. If you are being discharged home you can expect a longer length of stay in PACU. This depends on of the type of anesthesia you receive and how quickly you progress toward being discharged. Prior to being discharged the same day you must be able to ambulate safely, void, and your pain must be controlled.



**If you surgeon and your progress deem an overnight stay your team members will also include the following:**

- **Advanced Spine and Orthopedic Nursing Team** –Once you are admitted to the Advanced Spine and Orthopedic Unit you will have a primary care nurse assigned to you. A charge nurse or team leader will help direct your care. The nurse manager oversees the Orthopedic Unit
  - **Nursing Assistants** – Under the direction and supervision of a Registered Nurse, a nursing assistant will assist with your care
  - **Transport Team** – Members of the transport team provide transportation to tests
  - **Health Unit Coordinator** – This coordinator works at the nurses' station and assists with communication between in-house departments and the nursing staff

**Additional Members of the Team:**

- **The Rehabilitation Department at Shore Medical Center**
  - **Physical Therapists and Physical Therapist Assistants** – The Physical Therapists and Physical Therapy Assistants provide training and exercises to regain your functional mobility
  - **Occupational Therapists** – These therapists provide training to regain your ability to perform activities of daily living
- **Care Management/Social Services Team**
  - A member of the Care Management/Social Services Team will continuously review your progress and communicate with your surgeon and insurance company as needed. He/she will assist you with discharge options and home needs.

**\*\*Through consultation and collaboration, the multidisciplinary joint replacement team will work to help you achieve the best medical outcome\*\***

# Pre-Operative Checklist

## **What to Do Three Weeks before Surgery:**

- **Your Doctor's Office:**

Your doctor's office will call you with your date of surgery and the date and time you are scheduled for pre-admission testing.

- **Contact Your Insurance Company:**

Before surgery, you will need to contact your insurance company. The telephone number can be found on the back of your insurance card. You will need to find out if pre-certification, a second opinion or a referral form is required. Please inquire if your insurance company has a benefit for transportation from the hospital to the rehabilitation facility and Durable Medical Equipment (such as a walker, cane, or commode). It is very important to verify this information, as failure to clarify these questions may result in a reduction of benefits or delay of surgery.

- If you are a member of a Health Maintenance Organization (HMO), you will go through the same registration procedure. However, you will need to call your HMO once your procedure has been scheduled to arrange for pre-admission lab studies that must be completed.

- **Obtain Medical Clearance:**

When you were scheduled for surgery, you should have received a medical clearance letter from your surgeon. This will tell you whether you need to see your primary care physician and/or a specialist. Please follow the instructions in the letter. You may also require cardiac clearance, based on your medical history. Please inquire and obtain that as well.

- **Obtain Laboratory Tests:**

Your surgeon will order your required pre-admission testing prior to your surgery. Your medical physician may order additional testing if necessary.

- **Pre-Admission Testing:**

Be sure to complete all the pre-admission tests ordered. These tests must be completed for you to have your surgery.

- **Advance Directive:**
  - The law requires that everyone over 18 years of age who is being admitted to a medical facility have the opportunity to complete an Advance Directive form concerning future decisions regarding your medical care. If you have an advance directive, please bring a copy to the hospital on the day of surgery.
  - If you do not have an Advance Directive and would like to complete one, you may contact the patient representative at Shore Medical Center by calling (609) 653-3882 for assistance Monday through Friday from 9 a.m. to 4 p.m.
  
- **Start Pre-Operative Exercises:**
  - It is important to strengthen your muscles before undergoing surgery. This will help with your recovery. Start these exercises now and continue until the day of your surgery. Perform the exercises twice a day, although it is not harmful to do more.
  
- **Medication Checklist:**
  - Discuss your present list of medications with your surgeon and follow any changes he prescribes. Notify your surgeon if you are taking any medications that may increase bleeding, including Aspirin, Motrin, Naproxen, and Coumadin. Your surgeon will instruct you if or when you need to stop these medications. If you are on insulin, discuss your dosage for the day of surgery with your surgeon. If you take any heart medications, consult with your surgeon if or when you should stop taking these medications.
  
- **Select a Patient Partner:**
  - A Patient Partner is whomever you choose. It can be a family member or friend who is interested and available to participate in your care by providing physical, psychological, and emotional support. Your Patient Partner will be viewed by the staff as an integral member of your healthcare team. This person should accompany you to as many of your physician and hospital visits as possible.

## **What to Do 10 Days before Surgery:**

### **Prepare Your Home:**

- Clean your home
- Do laundry and put it away
- Make your bed with clean linens
- Prepare meals and freeze in single-serving containers
- Pick up throw rugs and tack down loose carpeting
- Remove electrical cords and other obstructions from walkways to prevent falls
- Install nightlights in bathrooms, bedrooms, and hallways
- Arrange to have someone collect your mail and care for pets or loved-ones, if necessary
- Determine who will be bringing you and picking you up from the hospital.

### **Prepare for Needed Equipment:**

- Purchase all equipment needed as requested by your surgeon prior to surgery

### **\*\*Check with Your Surgeon Regarding all Your Medication\*\***

- This includes all medications containing Aspirin and anti-inflammatory medications such as Aspirin, Motrin, Naproxen, and Celebrex. These medications may increase bleeding.
- Coumadin and all other anticoagulants will require special instructions on stopping the medication from your surgeon
- Refer to the directions given to you at Pre-Admission Testing visit regarding medications to take and not take the morning of surgery.
  - Diabetic Medications – you will need special instructions regarding your dosage the day of surgery
  - Heart Medications – you will need special instructions if you can take any of heart medications

## **What to Do 3 Days before Surgery:**

- **Hydration:**
  - It is extremely important to keep yourself hydrated before your joint replacement
  - Water and electrolyte containing solutions (like Gatorade) can be used
  - You should start to hydrate yourself by drinking 8 ounces for every 20 pounds of your weight every day for three days prior to surgery.
  - You should always consult with your primary care physician about proper hydration
  
- **Determine Who Drive You To And From The Hospital**

## **What to Do the Day/Night before Surgery:**

- **Determine Your Hospital Arrival Time:** You will receive a call from the hospital the evening before instructing you on what time you will need to arrive at the hospital on the day of surgery. You may be asked to arrive at the hospital up to two hours before the scheduled surgery time. This is to ensure there is enough time to prepare you for your surgery. Preparation includes review of medical history and assessment by nursing staff, surgical site preparation, insertion of intravenous access (IV), and discussion with your surgeon and your anesthesiologist.
  
- **DO NOT** eat or drink anything, **including water**, after midnight, unless otherwise instructed.
  
- **Wash with Hibiclens:** You will need to wash with Hibiclens the night before surgery and repeat process again the morning of surgery. Follow the instructions listed here.

## Hibiclens Instructions

### **Important Tips:**

- Hibiclens (CHG bathe) can be purchased over the counter in your local pharmacy.
- One 4-ounce Hibiclens bottle should be divided equally between the two showers.



- Shower twice with an antiseptic soap called Hibiclens, once the evening before surgery and again just prior to reporting to the hospital for surgery.
- If you choose to wash your hair, make sure you completely rinse the shampoo from your hair and body before using the Hibiclens.
- DO NOT wash with regular soap after you have used the Hibiclens soap.
- DO NOT shave any areas where surgery will be performed.
- DO NOT apply any powders, deodorants or lotions.

### **Step by Step Instructions:**

1. Be sure your entire body is wet, and move away from the water spray to avoid rinsing the Hibiclens soap off your body.
2. Apply the Hibiclens soap (a quarter size amount) to a freshly laundered washcloth. Lather and wash your entire body from the neck down. NOTE: NEVER use the Hibiclens soap near your eyes, in your ears or mouth.
3. Wash groin area using caution around the genital area. Do NOT internally wash the vaginal area.
4. Go over the area(s) where your incision(s) will be located for two minutes using a circular motion with the wash cloth. NOTE: Avoid scrubbing your skin too hard.
5. After two minutes rinse the Hibiclens soap off your body completely. Then pat yourself dry with a freshly laundered towel. Dress with freshly laundered clothes.

## **What to Do the Morning of Surgery:**

- **Wash with Hibiclens:** You will need to wash with Hibiclens the night before surgery and repeat process again the morning of surgery. Follow the instructions on the previous page.
- Take only medications that you were instructed to take by the nurse at your Pre-Admission visit.

## **Suggestions on What to Bring to the Hospital:**

- Insurance card
- This Patient Guide to Joint Replacement Surgery Book
- Copy of Advance Directive
- Your medication list
- If your surgeon has told you that you may be admitted overnight and you use C-PAP for Sleep Apnea, bring your C-PAP machine with you to the hospital
- Loose fitting clothing
- Well-fitted shoes
- Walker
- Cellphones are permitted

## **Additional Tips**

- Please **DO NOT** bring valuables such as money, credit cards, wallets, purses and jewelry
- For safety reasons, do not bring electrical items
- Eyeglasses and contact lens should be kept in protective containers, labeled with your name and kept on your bedside table when not in use. Please **DO NOT** leave them unprotected, on your bed sheets or on your meal tray.
- Dentures or partials, when not in place, should be kept in a denture cup labeled with your name and kept on your bedside table. Please **DO NOT** wrap dentures in tissues, napkins or washcloths; please **DO NOT** place them under your pillow, on your sheets or on your meal tray.

**Note: The hospital cannot assume responsibility for the loss of money, jewelry, or other personal property kept in your room.**

## **Smoking Policy:**

Smoking by anyone is prohibited throughout all buildings, grounds, parking lots, and walkways owned or operated by Shore Health Systems. This includes electronic cigarettes.

If you are a smoker, inform your surgeon. Evidence has shown that smoking can decrease the rate of healing. Patients who smoke have a higher risk of infection. It is recommended if you smoke to **STOP SMOKING** at least **30 days before surgery**.

## **What to do When You Arrive at the Hospital:**

### **Parking:**

Shore Medical Center has a parking garage available for self-parking. The garage can be accessed via Medical Center Way. On the second floor of the garage is a covered walkway that takes you directly into the medical center. All patients need to come in main entrance and check in at front desk. Upon your arrival, Shore Medical Center personnel will be able to assist you with any questions regarding parking

### **Registration:**

Upon entering the medical center from the main entrance, please proceed to the information desk. A greeter will direct you to the proper location for registration. The Operating Rooms are located on the third floor. You will take the main elevators to the third floor and proceed to the registration desk located on this level.

### **Prior to Surgery:**

- A nurse will perform an assessment, including taking your vital signs, starting an intravenous line in a vein in your arm and confirming your operative site.
- You will be provided with Nozin (nasal sanitizer) and CHG (antibacterial wipes). These are a part of the surgical site infection prevention bundle. Your nurse will assist you with these.
- Your anesthesiologist will meet with you for assessment, a discussion about your planned anesthesia and to obtain your consent for anesthesia. A Certified Registered Nurse Anesthetist (CRNA) will also be part of your anesthesia team and meet you prior to surgery.
- Your surgeon will meet with you to review the procedure, help answer any questions you have, and mark the surgical site.
- You will meet one of your Operating Room nurses. He / She will explain what to expect during surgery and help answer any questions that you may have.



## **Anesthesia**

### **Types of Anesthesia:**

The two types of anesthesia available for joint surgery are:

- General Anesthesia – You will be unconscious and have no awareness or other sensations. This requires mechanical ventilation to assist in your breathing.
- Spinal Anesthesia- Involves injecting numbing medication into the fluid surrounding the spinal cord in the lower back. This will numb your legs and block all sensation to the lower half of your body for several hours.
- Regional Anesthesia (Nerve Block) – You may also receive an injection near a cluster of nerves to numb the area of your body that requires surgery. A sedative is used prior to the insertion. A nerve block can last from 1-2 days.

During surgery, technology is used to monitor the body's functions. Your anesthesiologist will interpret these monitors and appropriately diagnose, regulate and treat the body's organ systems while a personalized balance of anesthetic medication is administered. A CRNA will assist the anesthesiologist with your monitoring. At the conclusion of the surgery, the anesthesiologist reverses the effects of the anesthetic medication and returns you to consciousness.

### **Side Effects:**

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as any complications or side effects that may occur. The most common side effect is nausea or vomiting, which may be related to anesthesia or the type of surgical procedure. Medications to treat nausea and vomiting will be given, if needed. More serious adverse results can occur following anesthesia and surgery; however, they are extremely rare. Please consult your surgeon for any further information.

### **Our Staff:**

The anesthesiologists at Shore Medical Center are board eligible and/or board-certified physicians. These professionals staff the operating room and PACU / Recovery Room)

## **Post Anesthesia Care Unit (PACU) – Recovery:**

After surgery you will be transferred to the Post Anesthesia Care Unit (PACU). Here, specially trained registered nurses will perform ongoing clinical assessments, keep you warm and as pain free as possible. You will be periodically encouraged to breathe deeply. The approximate length of stay in PACU will vary based on the type of anesthesia you received, your need for additional medications and your progress toward being discharged.

Your anesthesiologist will be available to direct your care and help answer any questions that may arise. A nurse will check with you for reports of nausea, pain, positional discomfort, and bathroom needs. Your nurse may offer you aromatherapy to help some of those symptoms you may be experiencing (nausea, pain, anxiety). The following equipment may be used in PACU/Recovery:

- Oxygen may be administered
- A pulse oximeter clip on your finger will monitor your oxygen level
- An automatic blood pressure cuff on your arm will periodically take your blood pressure
- Leads on your chest will monitor your heart activity
- Your temperature will be taken
- Elastic stockings and compression boots may be applied to your legs to help prevent blood clots and improve circulation
- Ice therapy may be administered to the operative site to prevent swelling and assist with pain control
- A drain may be placed near the surgical incision
- Nozin (nasal sanitizer) will be administered, which is the same process as you received before surgery.

### **Pain Medications:**

We understand that many patients are taking medications for pain relief. It is extremely important for you to relay this information to your healthcare team so we may effectively treat your pain post-operative pain. Pain management is very important to your recovery. The nurse will assess your pain continuously throughout your stay. It is important to have your pain controlled so you may move around and participate in your post-operative care. Do not hesitate to inform the nurse when you are having uncontrolled pain or the pain is not relieved with the medication you are receiving. Our goal is to keep your pain well managed. To manage the pain after surgery, you will be given medication. The amount of pain medication may be adjusted by the surgeon based on your pain relief.

### **Numeric Pain Scale:**

Before and after your surgery, you will be asked to describe your pain using a numeric pain scale. You will assign the pain a number between 0 and 10, with 0 representing no pain and 10 the worst pain. The numeric pain scale helps your surgeon and nurse determine the proper pain medication and dosage you will receive. The pain scale also helps to determine if the pain medication provides relief from your pain. Inform your nurse if you are in pain.

### **Possible Side Effects of Narcotics:**

- Dizziness/Drowsiness
- Impaired Judgment
- Mild Nausea / Vomiting / Upset Stomach
- Constipation
- Blurred Vision
- Dry mouth
- Itchy

### **While Taking Narcotics Do Not:**

- Do not drive a car
- Do not operate heavy machinery
- Do not drink alcohol

## **Safety Concerns:**

- Our health care team is dedicated to keeping you safe and preventing a fall during your stay
- Well-fitted, shoes are necessary to ensure you can ambulate safely.
- If you are required to stay overnight, on arrival to the ASOI Unit, you will be given yellow non slip socks and a bracelet indicating that you are at risk for a fall secondary to your operation. Some medications – including pain medication, sleeping medications and medications used during surgery – can increase your risk for a fall. Your safety will be monitored throughout your stay.

**\*\*It is extremely important to call for assistance every time you would like to get out of bed or the chair\*\***

*Help us Prevent Falls... Call Don't Fall*

**NO ONE WALKS ALONE**



**Partnering with You to  
Prevent Falls - -**

**Press Your Call Button  
for Assistance!**

## **The Advanced Spine and Orthopedic Unit (ASOI)**

If your surgeon determines you need to be admitted to the hospital overnight, you will be transferred to the Advanced Spine and Orthopedic Unit on Shore Medical Center's fourth floor once you are completely awake and your post-anesthesia benchmarks have been met. The nurse will orient you to your room and continually reassess your status. Your family members may visit you in your room.

### **Post-Operative Plan of Care –When Being Discharged Day of Surgery:**

Your nurse will review the following plan of care as ordered by your surgeon:

- Monitor your vital signs
- Inquire about your pain level and administer pain medication as needed
- Monitor reports of nausea and administer medication as needed
- Administer and educate on medications and side effects. Some medications require a longer stay in the recovery room and may slightly delay your discharge time.
- Assess for any wound drainage
- Monitor drainage tubes from your surgical site (if present)
- Monitor fluid intake and elimination. You will need to urinate prior to being discharged.
- Instruct you on use of your incentive spirometer to ensure deep breathing with a return demonstration
- Apply a compression device to your lower legs to help prevent blood clots
- Instruct and encourage ankle pump exercises
- Apply ice therapy and elevation to the operative site to prevent swelling and assist with pain control if ordered
- Patients who had a Total Knee Replacement, are not allowed to have a pillow placed under their knee
- ⊖ Your nurse will assist you out of bed and ensure you can safely ambulate short distances before you are discharged.
- Blood work to assess blood levels if ~~as~~-ordered
- Safety concerns will be assessed throughout your hospital stay
- Your nurse will review your discharge plan and discharge instructions with you and your care partner.

## **Post-Operative Plan of Care- If you Require an Overnight Stay:**

Your nurse will review the following plan of care as ordered by your surgeon:

- Monitor your vital signs
- Inquire about your pain level and administer pain medication as needed, transitioning to pain medications by mouth
- Administer and educate on medications and side effects
- Assess for any wound drainage
- Monitor drainage tubes from your surgical site
- Monitor fluid intake and elimination.
- Inquire about your last bowel movement
- Instruct you on use of your incentive spirometer to ensure deep breathing with a return demonstration
- Apply a compression device to your lower legs to help prevent blood clots
- Instruct and encourage ankle pump, heel slides, and leg lift exercises
- Apply ice therapy and elevation to the operative site to prevent swelling and assist with pain control if ordered
- Patients who had a Total Knee Replacement, are not allowed to have a pillow placed under their knee
- Your nurse will assist you out of bed the day of surgery and ensure you can safely ambulate short distances. You will sit in chairs for meals.
- Physical therapy will visit patients the morning following surgery– you will receive exercises to do while in bed, assistance getting out of the bed, walking with a walker, and assess equipment needs
- Blood work to assess blood levels as ordered
- A medical doctor may be assigned for medical co-management
- Your healthcare team of physicians and surgeons will monitor your post-op recovery
- Social Services / Care Management and Discharge Planning will continue to be evaluated
- Safety concerns will be assessed throughout your hospital stay
- Your nurse will review your discharge plan and discharge instructions.

## **Discharge Options**

There are several discharge options for your rehabilitation. You and your surgeon should have discussed these options prior to surgery and a plan should be in place. However, the plan may change depending on your progress. Your level of function after surgery is one of the most important factors that will determine your discharge plan. Other factors that will influence your decision are the recommendations of your healthcare team, the amount of assistance available at home, the accessibility throughout your home and your insurance carrier's approval for payment. If your pre operative plan needs to change the case management team member at the hospital can help assist you.

# Caring for Yourself at Home

When you go home, there are several things you need to know for your comfort, safety, and speedy recovery.

**It is important to have a Designated Health Care Partner to assist with your needs at home.**

## **Follow Up Visit:**

Call your surgeon's office to schedule your follow up visit.

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

## **Pain Management:**

Take pain medication as prescribed. Plan to perform exercises at least 30 minutes after taking pain medicine. Check with your surgeon for any changes needed in pain control.

Pain medication may cause constipation. For this reason, you should drink plenty of fluids, eat a balanced diet, and stay as active as possible. Check with your surgeon for instructions on the use of stool softeners or laxatives.

Apply ice and elevation to the joint replaced after exercise and as needed to assist with pain control and swelling. A good ice pack is a family size bag of peas or corn wrapped in a hand towel.

Avoid remaining in one position for an extended period of time. Try to get up and walk or change position every 60 to 90 minutes. When sitting, alternate the position of your leg from foot-on-floor to elevated leg. **NEVER** cross your legs.

## **Notify your surgeon for:**

- Pain not relieved by medication
- Pain or limited motion in joint

## **Caring For Your Incision:**

- You may shower (not bathe) after 72 hours, unless instructed by your surgeon. You may not take a bath or go swimming until your incision is fully healed. Wait for clearance from your surgeon.
- Leave the surgical dressing in place until instructed to remove. Following your surgeons' instructions regarding removal and care of your incision after.
- Notify your surgeon if you notice an increase in drainage, redness or heat from your incision area. Staples will be removed within 10-14 days

## **Activity:**

- Begin home exercise as instructed by your surgeon, hospital discharge nurse or physical therapist. Your home care physical therapist will advance your exercise program and activity as appropriate. Once you are able to exit your home independently, you may be referred for outpatient physical therapy. Call (609) 653-3512 for an appointment if not pre-arranged by your surgeon's office.
- Discuss with your surgeon when it is appropriate for you to start driving and returning to work.

## **Anti-coagulant (Blood Thinning) Information Regarding Medications:**

Common practice for joint replacement requires taking blood thinning medication to help prevent blood clots from forming after surgery.

Commonly used medications include Arixtra, Aspirin, Coumadin, or Xareltro. Arixtra is an injection given into the abdomen. Aspirin, Coumadin and Xareltro are oral medications. Your surgeon will order the medication that is best for you.

Ask your doctor or pharmacist before using any other medicine, including over-the-counter medicines, vitamins, and herbal products.

- Make sure your doctor knows if you are using pain or arthritis medicine, sometimes called NSAIDs (such as Aspirin, Ibuprofen, Naproxen, Advil, Aleve, Bextra, Celebrex, Ecotrin, or Motrin). Tell your surgeon if you are also using any other blood thinners (such as Clopidogrel, Warfarin, Coumadin, Aspirin or Xareltro)

## **Report to Your Surgeon if any of the Following Potential Side Effects Should Occur:**

- Black, tarry stools
- Blood in your urine or stools
- Bleeding gums
- Unexplained nosebleeds
- Unusual bleeding, bruising, or weakness
- Vomiting of blood or material that looks like coffee grounds



## **Home Safety:**

### **Safety Check List:**

- Remove throw rugs to prevent slipping or falling
- Install night lights
- Be aware of pets or small objects on the floor
- Eliminate uneven surfaces both inside and outside of the home
- Use a cordless phone
- Sit in a chair with arms; it will make it easier to stand up
- **DO NOT** wear open-toed shoes or slippers without backs. Make sure soles are non-slip and shoes have good support
- Stand up slowly from a sitting or lying position to avoid becoming light headed
- Avoid lifting heavy objects for three months following your surgery. Ask your surgeon about any precautions you must take
- Make sure crutch or walker tips are in good condition and screws are tight on equipment
- Place important and frequently used items where they can be easily reached
- Bed mattress should be at a height so that feet can easily touch the floor. This may require placing a board under the mattress or placing blocks under the legs of the bed
- Raise the seat height of your chair by putting cushions on the seat. Always maintain proper sitting posture
- Go slowly, take your time; many accidents happen when rushing

### **Bathroom and Kitchen Safety:**

- Plan ahead. Gather all your cooking supplies at one time. Then sit to prepare your meal. This cuts down on excessive trips to the refrigerator, cupboards, etc
- Place cooking supplies and utensils in a convenient location so they can be obtained without too much bending or stretching
- Use a raised toilet seat or commode
- Use safety rails around the tub/shower and toilet to assist with standing
- Always use non-slip adhesive or rubber mats in the tub
- Attach a soap-on-a-rope so it is within easy reach

# Recognizing and Preventing Potential Complications

## **Notify your surgeon if you experience any of the following:**

- Increased swelling and redness at the incision site
- Change in drainage color, amount, odor
- Increased pain around the incision
- Fever greater than 101.5° F

## **Blood Clots in Your Legs:**

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt attention usually prevents the more serious complications of pulmonary embolus (blood clot in the lung). Moving around, especially walking will reduce the chance of a blood clot developing.

## **Prevention of Blood Clots:**

- Foot and ankle pumps
- Walking
- Compression Stockings
- Blood thinners, such as Coumadin, Aspirin, Arixtra and Xarelto
- Changing positions frequently

## **Signs of Blood Clots in Your Legs:**

- Swelling in thigh, calf or ankle that does not go down with elevation
- Pain and/or tenderness in calf
- Chest Pain
- Difficulty in breathing

These signs are not 100% certain, but are warnings. Do not be alarmed if they are present, but **notify your surgeon, immediately.**

## **Pulmonary Embolus:**

**(Call-911 if suspected)**

An unrecognized blood clot could break off the vein and go to the lungs. This is an emergency and you should call 911 if you suspect it has occurred.

## **Signs of Pulmonary Embolus:**

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

## **Prevention of Pulmonary Embolus:**

- Prevent blood clots in legs by walking, doing ankle pumps and wearing compression stockings
- If you recognize a blood clot in legs and call your surgeon immediately

# Surgical Site Infection Prevention

## Discharge Instructions

### What is a Surgical Site Infection?

- A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place
- Surgical site infections can sometimes be superficial infections involving the skin only. other surgical site infections are more serious and can involve tissues under the skin, organs, or implanted material

### Symptoms include:

- Redness, warm to touch, and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever 101° for greater than 24 hours

**\*\*Notify your Surgeon immediately for any of the above signs of infection\*\***

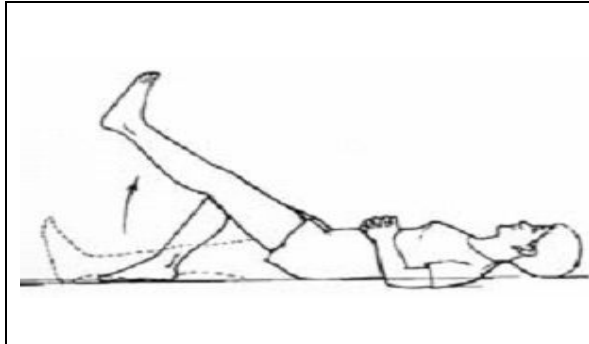
### After surgery:

- Contact your surgeon if you have questions or problems after you get home
- If you do not see your providers clean their hands, please ask them to do so
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands
- Family or friends who visit you should **NOT** touch the surgical wound or dressing
- Make sure you understand how to care for your wound before you are discharged. If you have any questions, ask your nurse or call your surgeon
- Always clean your hands before and after caring for your wound
- If you are a Diabetic, be sure to control your blood glucose
- Do **NOT** smoke. Patients who smoke have a higher risk of infection
- Use your own personal antibacterial soap. Do **NOT** share with another person
- Use your own personal fresh clean towel every time you shower or wash
- Use Clean newly washed linens on your bed
- Do not use any lotions or moisturizers around the incision until your wound is completely healed
- Do not use a razor to shave around or close to the wound
- Avoid contact with family or friends who are ill
- **Rest and Recover!** Good sleep and healthy nutrition help your body and your surgical wound heal

# Pre-Operative Hip or Knee Replacement Exercises

It is important to strengthen your muscles before undergoing surgery. This will help with your recovery. Start these exercises now and continue until the day of your surgery. A total of 30 minutes of exercise a day is important and can be completed in any increment as tolerated.

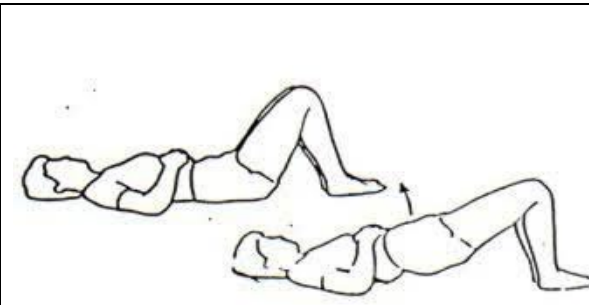
## Exercise #1



### **Straight Leg Raises**

1. Lie on back with involved leg straight and the other leg's knee bent as shown
2. Keep the leg completely straight, then Raise it about 12 inches.
3. Hold 3 seconds and slowly lower
4. 10 repetitions, two sets

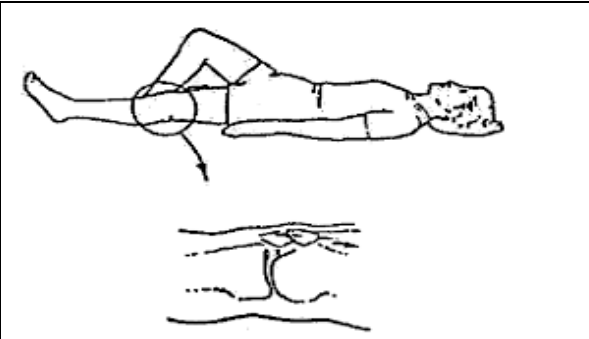
## Exercise #2



### **Bridging**

1. Lie flat with both legs bent as shown
2. Tighten buttocks and raise them off floor as high as you can
3. Keep pelvis level
4. 10 repetitions, two sets

## Exercise #3



### **Quadricep Sets**

1. Sit or lie on your back with your leg straight
2. Press the back of your knee downward
3. This will tighten the muscle on the top of your thigh
4. Hold for 10 seconds
5. Repeat 10 – 20 times per leg

## Exercise #4



### Hip Flexion

1. Place rubber tubing around legs in figure 8 fashion
2. Sit in chair with knees bend as shown.
3. Bend each hip to lift foot off floor
4. 20 repetitions, 2 sets

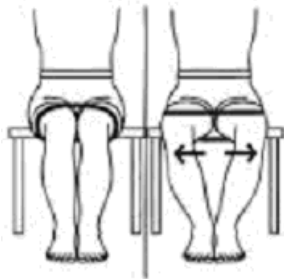
## Exercise #5



### Stretch

1. Sit in a chair
2. Prop leg on a stool
3. Perform Hamstring and calf stretches
4. Hold for 10 seconds
5. 10 repetitions, 2 sets
6. Repeat other leg

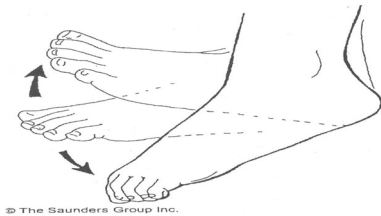
## Exercise #6



### Hip Abduction and Adduction

1. Sit on chair or table
2. Place rubber tubing around knees as shown
3. Spread knees apart as far as possible
4. Hold for 3 seconds, slowly release
5. 10 repetitions, 2 sets

## Exercise #7



### Ankle Pumps

1. Bend ankle up toward your body as far as possible
2. Now point toes away from your body
3. 25 repetitions, every hour while you are awake

## Exercise #8

### Stationary Bike

If you have access to a bike, begin riding for short periods of time throughout the weeks prior to you surgery.

### Walking

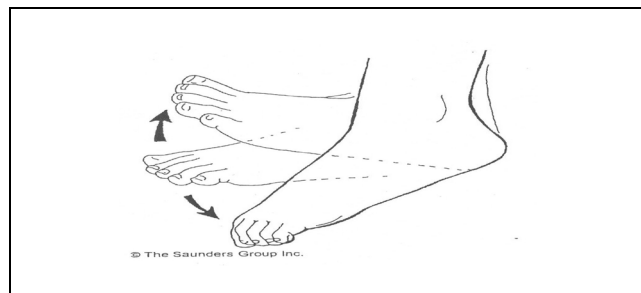
Walking outside on even surfaces is an excellent way to prepare your body for a successful recovery.

# Post-Operative Hip or Knee Replacement Exercises

The first exercise, ankle pumps, should be performed at least every hour whenever you are awake. Start in the recovery room.

During your hospital stay, a physical therapist will assist you in performing the following exercise. You will progress to perform some or all of these exercises independently.

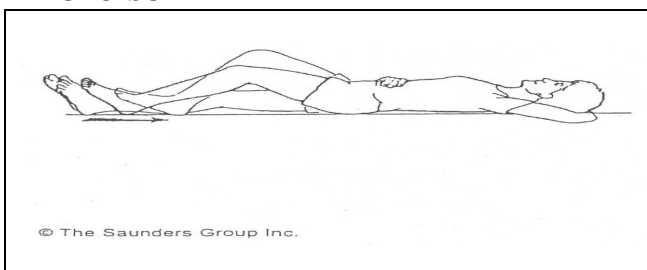
## Exercise #1



### Ankle Pumps

1. Bend ankle up toward your body as far as possible
2. Now point toes away from your body
3. 25 repetitions, every hour while you are awake

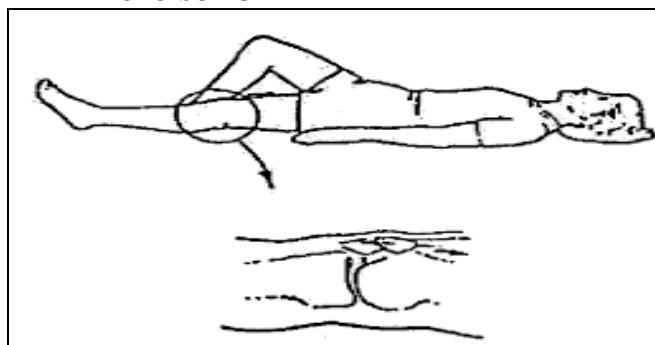
## Exercise #2



### Heel Slides

1. Lie flat on your back
2. Slide heel toward your buttocks, bending the knee
3. Slowly lower
4. Repeat 10 – 20 times per leg

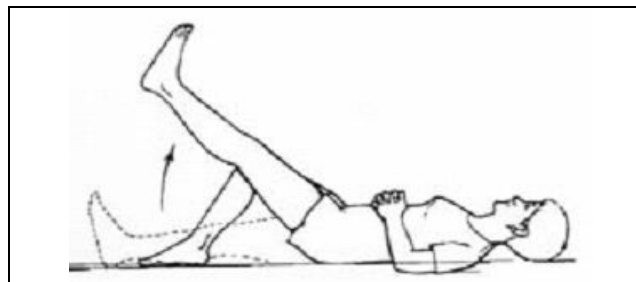
## Exercise #3



### Quadriceps Sets

1. Sit or lie on your back with your leg straight
2. Press the back of your knee downward
3. This will tighten the muscle on the top of your thigh
4. Hold for 10 seconds
5. Repeat 10 – 20 times per leg

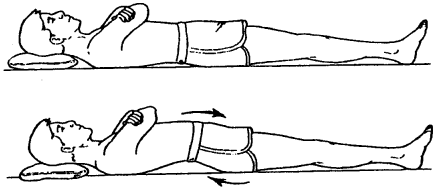
## Exercise #4



### Straight Leg Raises

1. Lie on your back with one leg straight and the other knee bent as shown
2. Keep the leg completely straight, then raise it 6 – 12 inches
3. Hold for 10 seconds and then slowly lower
4. Repeat 10 – 20 times per leg

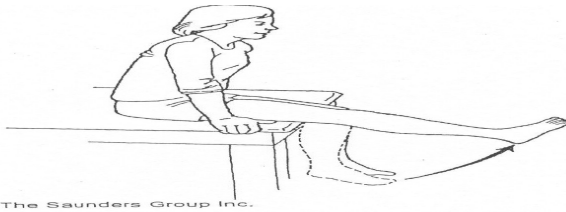
### Exercise #5



#### Gluteal Sets

1. Lie on back with your legs straight
2. Squeeze buttock muscles. Do not hold your breath while performing this exercise
3. Hold 5 seconds
4. 10 repetition, 3 times per day

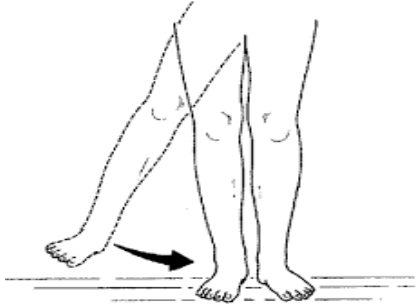
### Exercise #6



#### Knee Extension

1. Sit on edge of chair
2. Straighten knee fully
3. Hold 3 – 5 seconds
4. Repeat 10 – 20 times per leg

### Exercise #7



#### Standing Hip Abduction

1. Stand holding onto a solid object for balance
2. Raise your foot out to your side, keeping your knee straight and without letting it come forward
3. Hold 3 seconds, slowly relax and return to start position
4. Perform 10 repetitions, 3 times per day
5. Repeat exercise with opposite leg



## Resource Telephone Numbers

	<u>Telephone Number</u>
Shore Medical Center	(609) 653-3500
Ambulance	<b>911</b>
Surgical Services Nurse Manager	(609) 926-4713
Advanced Spine and Orthopedic Institute Nurse Manager	(609) 653- -4659
Hospital Nursing Supervisor	(609) 653-3673
Care Management / Coordinated Care	(609) 653-3628
Physical and Occupational Therapy	(609) 653-3512
<b>Important Telephone Numbers:</b>	
Your Orthopedic Surgeon	
Your Family Doctor	
Your Cardiologist	
Your Patient Partner	
Your Pharmacy	
Other	

# Medication List

Please list your current medications and bring this with you to the hospital.

Medication Name	Dosage	How many times a day you take this medication	Date and Time of Last Dose taken

## Questions for Your Surgeon:

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