

# GUIDEBOOK FOR **ANKLES**



*We're here, for you.*

**FHN**



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**FHN**

# GUIDEBOOK FOR **TOTAL ANKLE ARTHROPLASTY**

Please bring this book with you to:

- All Physical Therapy Visits
- Pre-Operative Education/Nurse Navigation
- Hospital: Day of Surgery
- All Initial Physical Therapy Visits



## **SCHEDULE OF MANDATORY APPOINTMENTS**

For Your Upcoming Podiatry Surgery

You have been scheduled for a \_\_\_\_\_

Your surgery will be with \_\_\_\_\_

Surgery will take place on \_\_\_\_\_

### **APPOINTMENTS BEFORE YOUR SURGERY:**

Surgical Nurse Navigator Consult \_\_\_\_\_

Pre-Op Physical Exam By \_\_\_\_\_

Pre-Op Education Class \_\_\_\_\_

Pre-Op Physical Therapy \_\_\_\_\_

Other Appointments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **APPOINTMENTS AFTER YOUR SURGERY:**

Post-Op Appointments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

First Physical Therapy \_\_\_\_\_

### **IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:**

Total Ankle Arthroplasty Coordinator: 815-599-7773

Podiatry Nurse Navigator: 815-599-7779

(Office hours 8 a.m. – 5 p.m. Monday-Friday)

FHN Podiatry Department: 815-599-7150

FHN Memorial Hospital Rehabilitation Services – Burchard Hills: 815-599-6340

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# WELCOME



## FHN TOTAL JOINT REPLACEMENT PROGRAM

### OBJECTIVES

- Identify ways to prepare self and home for upcoming surgical experience
- Develop an understanding of therapy and mobility recommendations pre and post-operatively to maximize functional outcomes
- Verbalize understanding of normal healing process and pain management techniques
- Acknowledge post-operative considerations, including surgical precautions, wound care, and potential complications to optimize surgical recovery

### OUR MISSION

FHN, together with those we serve, improves health and provides superior, quality healthcare services. Respect, dignity and compassion guide our interactions, while leadership and wise stewardship of resources direct the process.



## **PATIENT RESPONSIBILITIES FOR TOTAL ANKLE ARTHROPLASTY**

Prepared patients have the best results! Preparation, education, continuity of care, and self-accountability are essential for a successful total ankle arthroplasty!

- Attend all mandatory pre-operative and post-operative appointments.
- Attend Total Ankle Arthroplasty Education with your support person.
- Read through this entire manual and share it with friends/family who will be involved in your recovery.
- Make a plan for post-operative assistance from family/friends and inform your FHN care providers of your plan. We will assist with making other arrangements and recommendations as needed.
- Obtain assistive devices needed for recovery.

**YOU DETERMINE YOUR FINAL RESULT!**

# YOUR JOINT REPLACEMENT TEAM

Your FHN Total Ankle Replacement Team is comprised of expert personnel who are committed to providing high-quality, specialized podiatry care to patients undergoing joint replacement surgery.

## ORTHOPAEDIC/PODIATRY TOTAL JOINT CLUB COORDINATOR

- Responsible for overseeing and coordinating all aspects of your care throughout the joint replacement experience

## NURSE NAVIGATOR

- Assists the Total Joint Coordinator and is another point of contact before and after your surgery
- Assists with scheduling appointments, providing education, and answering questions

## SURGEON

- The physician who performs your total joint replacement surgery

## ANESTHESIOLOGISTS

- Administers anesthesia and is responsible for your comfort and medical well-being before, during, and immediately after surgery

## PHYSICIAN ASSISTANT/NURSE PRACTITIONER

- Assists the surgeon during surgery, visits you during your hospitalization, and assists with follow-up appointments

## NURSES AND NURSING ASSISTANTS

- Provides your physical care during your hospitalization
- Implements your care plan and monitors your progress
- Nurses administer medications as prescribed by your physician.

## PHYSICAL THERAPISTS

- Educates you on your exercises to regain strength and mobility
- Teaches you how to use an assistive device (walker) to improve your walking pattern
- Trains you on how to complete stairs as indicated

## SOCIAL WORKER

- Helps obtain equipment needed after surgery, such as a walker
- Assists with planning a safe discharge plan, including further needed therapy and/or community resources

## YOU

- Self-accountability is highly important. You determine your final result!

# FREQUENTLY ASKED QUESTIONS

We are glad you have chosen FHN to care for your ankle problem. Below is a list of the most frequently asked questions and answers. Please ask any member of your FHN care team if you have any questions.



BEFORE



AFTER

## WHAT IS ARTHRITIS, AND WHY DOES MY ANKLE HURT?

Arthritis typically refers to the wearing away of joint surfaces. Arthritis falls into one of three categories:

- **Osteoarthritis** is primary arthritis of the joint and may be related to family history. This arthritis is a wearing away of cartilage that eventually wears down to the bone. Rubbing of bone against bone causes pain, swelling, and stiffness.
- **Traumatic arthritis** is arthritis that develops after injury to the ankle joint.
- **Inflammatory arthritis** occurs when a disease affecting the patient causes the cartilage to wear away.

## WHAT IS A TOTAL ANKLE REPLACEMENT?

Ankle replacement surgery (ankle arthroplasty), is a procedure that removes the damaged bone and cartilage of the ankle and replaces it with stronger prosthetic parts, specially designed to mimic the movement of your original joint. The ankle joint (tibiotalar joint) is where your shin bone (tibia) rests on top a bone of your foot (talus). The arthritis is removed and replaced with a new ball and socket that creates a smooth functioning joint.

## WHAT ARE THE RISKS OF ANKLE REPLACEMENT SURGERY?

Most surgeries go well without any complications. However, as with any surgery, infection, bleeding and blood clots are serious complications that concern us greatly. We take MANY preventive measures throughout your surgical and recovery process to reduce these risks. While uncommon, ankle replacement surgery may have more specific risks which include ankle weakness, stiffness, or instability, dislocation, or loosening of the artificial joint over time; nerve, blood vessel, tendon or ligament damage; pain and inflammation.

Your own risk of complications may vary according to your age and your medical conditions.





### **WILL I NEED ANY MEDICAL ASSISTIVE DEVICES? (SCOOTER/WALKER/CRUTCHES)**

Yes. You will have a cast or CAM boot on after surgery. A physical therapy session will be scheduled for the patient prior to surgery to assess the appropriate medical assistive devices needed for rehabilitation. Most patient will need a scooter for the rehabilitation process. After a physical therapy assessment your Nurse Navigator will order the appropriate medical assistive device so that it is available for you prior to the day of surgery.

### **HOW LONG WILL I BE IN THE HOSPITAL?**

The majority of the patients return home the same day of surgery. If hospitalized, you can expect to return home the day after surgery, unless there are medical concerns or further discharge accommodations that are needed.

### **WILL I NEED HELP AT HOME FOLLOWING SURGERY?**

Yes. The majority of patients go directly home at discharge and are able to function well with assistance. Plan to have consistent help from family/friends for the first 1-2 weeks when you get home. Refer to Discharge Planning Section.

### **WHEN WILL I START PHYSICAL THERAPY AFTER SURGERY?**

You will start physical therapy two weeks after your surgery. The immediate postoperative phase will include maintaining activities of daily living (ADL's) safely and independently. Rehabilitation from surgery can be expected to be up to 14 weeks. You will be scheduled for physical therapy 2-3 times/week.



### **HOW LONG UNTIL I CAN DRIVE?**

You need to be off all narcotic pain medications. The timeframe to independently drive again depends on whether surgery was on your right or your left ankle. You may drive if the surgery is on the LEFT foot as pain and swelling allows, and if the car is an automatic. If the surgery is on the RIGHT foot, you may return to driving if you are full weight bearing and can safely demonstrate an emergency stop on the break. **YOU CANNOT DRIVE WHILE YOUR FOOT IS IN A WALKER BOOT.** Your surgeon and physical therapist will determine when driving is safe.

### **WHEN CAN I EXPECT TO RETURN TO WORK?**

You will be able to return to a sedentary job no earlier than 3-4 weeks after surgery. A job requiring significant amounts of standing or walking you may return to work no earlier than 4 months after surgery. Return to work for jobs with physical requirements between the above extremes is individualized.

**IMPORTANT:** No patient with a total ankle arthroplasty should be doing a job, sport or activity causing impact to the joint!

# PRE-OPERATIVE “TO DO” LIST



## 1. CONTACT YOUR INSURANCE COMPANY

Before surgery, FHN will contact your insurance carrier for pre-authorization of the procedure. FHN staff members will contact you directly with any issues.

You should contact your insurance company prior to surgery to verify your post-operative benefits. Know what your insurance benefit coverage is in terms of physical therapy and other post-operative care. For example, do you have a co-pay for outpatient physical therapy visits? Does your insurance pay for walkers and other adaptive equipment if needed? Do you have subacute rehab (nursing facility) coverage if needed? If interested, ask your insurance if they offer any extra benefits, such as gym memberships, delivered meals, chore worker assistance, etc., at no extra cost.

## 2. SEE YOUR PRIMARY CARE PROVIDER TO OBTAIN MEDICAL CLEARANCE

You will be required to attend a medical clearance appointment with your primary care provider. Your Nurse Navigator will schedule this appointment. This **MUST** be completed within 30 days of your scheduled surgery. This appointment is **MANDATORY** and should not be canceled. Without pre-operative medical clearance, your surgeon will not perform the surgery.

- Remember to check with your primary physician for special instructions on medications that you take routinely, such as heart, diabetes, and blood-thinning medications.
- **Your primary or anesthesia care provider may require you to have further medical/surgical clearance by a specialist, such as cardiology, neurology, etc.**

### **3. SURGICAL NURSE NAVIGATOR CONSULTATION**

You will be scheduled for a consultation with a Surgical Nurse Navigator, which will be completed by phone or in-person. The purpose of this consultation is to review your past medical and surgical history, as well as your current medications. Your Nurse Navigator will further assist you in understanding what to expect and how to prepare for surgery. She will assist with scheduling appointments and facilitating all necessary care to provide you with a positive surgical experience.

- You must keep this appointment to help prevent your surgery from being canceled.
- If you need to change this appointment, please call 815-599-7779 or 815-599-7773, Monday through Friday 8 a.m. – 5 p.m.
- A copy of “Pre-Operative Instructions and Appointments” will either be given or mailed to you by the Surgical Nurse Navigator.
- Make a thorough list of all current medications, including any over the counter medications and vitamins. Please follow all medication instructions as directed.

### **4. PRE-OPERATIVE TOTAL JOINT REPLACEMENT EDUCATION CLASS**

A one-time educational class will occur prior to your scheduled surgery date. You will complete this class in-person. We strongly encourage you to bring your support person with you to class. During this class, you will be further educated on what to expect before, during, and after your surgery.

### **5. PRE-OPERATIVE PHYSICAL THERAPY APPOINTMENT**

If indicated, you will attend a one-time physical therapy visit prior to your scheduled surgery date. It is strongly suggested that you bring a family member or friend, especially if they plan on assisting you post-operatively. During this visit, you will be educated on a home exercise program, assistive devices and equipment needed, joint protection, and discharge planning.

### **6. COMPLETE WORK RESTRICTION/SHORT-TERM DISABILITY PAPERWORK AND PLACARD APPLICATION IF APPLICABLE.**

# SURGERY CHECKLISTS



## PREPARE YOUR HOME FOR YOUR RETURN FROM THE HOSPITAL

- Prepare meals and freeze them. Get plenty of groceries and easy-to-eat items.
- Pick up throw rugs and tack down loose carpeting.
- Clear walkways to ensure you and your walker can get through safely.
- All patients with non-weight bearing restrictions after surgery should consider access in and out of their home and accessibility within their home. Make arrangements prior to surgery according to anticipated needs.
- Install nightlights in bathrooms, bedrooms, and hallways.
- Clean the house: laundry, clean linens on bed, yardwork, etc.
- Arrange for someone to take care of your pets or loved ones, if necessary.
- Arrange for initial help for self-care, house, and community tasks.
- Arrange for initial driving help to get you to and from appointments.

## WHAT TO BRING TO THE HOSPITAL

- Personal hygiene items
- LOOSE fitting clothing (cotton shorts/pants with elastic waist are best)
- Shoes with good traction (avoid tight shoes – allow for some swelling)
- Guidebook
- Scooter, walker, or crutches (per physical therapy evaluation) with your name on it
- Photo ID
- Books, magazines, crossword puzzles, or any other activities
- Electronic items at own risk
- List of current medications and allergies
- Any 'unique' home medications you were instructed to bring (ex. eye drops/inhalers)
- Glasses/contact case

## ONE WEEK PRIOR TO SURGERY

- Do **NOT** shave the procedure area for at least 7 days prior to your surgery.
- Call your surgeon's office if you notice any cuts, scrapes, scratches, or bug bites around the surgical site prior to surgery.
- Call your surgeon's office if you develop any cold symptoms, fever, cough or sore throat.
- NO** illicit drugs for one week prior to surgery.
- Please make sure to READ and FOLLOW all medication instructions for your surgery. Failure to follow medication instructions may result in your surgery being canceled due to safety concerns.**

## THE NIGHT BEFORE SURGERY CHECKLIST

- An Ambulatory Care Unit Nurse will call you between 4 – 8 p.m. with your arrival time and surgery time. If you have not heard from a nurse by 8 p.m., call ACU at 815-599-6302.
- Shower and use the CHG wipes, following instructions provided.
- Drink 1st Clearfast bottle at **8 p.m.**
- STOP** eating food after **11 p.m.**, including gum, mints, and candy.
- After 11 p.m., you may drink clear liquids only-water, apple juice, non-red pop.
- ACU nurse will tell you your stop time for clear liquids.
- NO** tobacco products or alcohol for a minimum of 24 hours prior to surgery.

## THE MORNING OF SURGERY CHECKLIST

- NO FOOD**, including gum, mints, and candy.
- STOP time for clear liquids:** \_\_\_\_\_
- 2nd bottle of Clearfast time:** \_\_\_\_\_
- DO** not shower or bathe. Arrive to the hospital in clean, loose fitting clothing.
- Remove all jewelry and metal from piercings for surgery.
- You may brush your teeth and wash your face.
- You may take needed medications with a sip of water.
- Arrival time to the hospital:** \_\_\_\_\_
- Arrive to East revolving doors at FHN Hospital at time directed by ACU nurse.
- Surgical Suite is located on the 5th floor of the hospital.
- Items to bring with you to the hospital:
  - Photo ID, Total Joint Education booklet, scooter with your name on it.

# HOSPITAL CARE



## AMBULATORY CARE UNIT (ACU) CHECK-IN

- A nurse will check you in and do a full physical assessment, including weight, vital signs, skin assessment, etc. During this time you will change into a surgical gown and monitors may be applied.
  - Information you will need to give your ACU nurse:
    - ◆ Date/time last dose taken for each of your medications
    - ◆ Time of last food intake
    - ◆ Time of last liquid intake
- Further infection control procedures will be performed, including skin care, oral care, and a nose swab.
- Consents will be reviewed and signed, including “Informed Consent” for the procedure, “Anesthesia Consent”, and “Consent for Blood Products”, as indicated.
- You may be given medications pre-operatively for nausea prevention and pain management protocols as directed by your surgeon and anesthesia care provider.

# ANESTHESIA

The anesthesia care team is staffed by board certified anesthesiologists and registered nurse anesthetists. Your anesthesiologist will meet you to review your general health and discuss anesthesia options. They will be able to answer any questions you might have, and together you will decide what type of anesthesia will be best suited for you.

## TYPES OF ANESTHESIA AVAILABLE

- General anesthesia: provides loss of consciousness
- Regional/spinal anesthesia: involves an injection of a local anesthetic into your back to provide temporary loss of pain and sensation to your lower torso and legs

**NOTE:** Medications will be given to make sure you will not be awake during the procedure.

## POSSIBLE SIDE EFFECTS FROM ANESTHESIA

- **Nausea and vomiting:** Medications will be given before, during, and after your surgery to help control or prevent any nausea. It is important to notify your care team as soon as you start to feel nauseated.
- **Dizziness:** Move slowly from one position to another.
- **Drowsiness:** The anesthesia medications and pain medications may cause you to be drowsy after surgery. Therefore you may initially require supplement oxygen via a cannula in your nose.

# SURGICAL PROCESS

**NOTE:** Family will be able to track your surgical progress using a card/code given to them during the check-in process. Where you meet your care team members may vary depending on the day's schedule.

## HOLDING ROOM

- You will be asked to confirm the procedure being performed.
- Your surgeon will talk with you and mark the correct surgical site.
- You will meet your anesthesia provider and review your anesthesia plan.
- You may be given medications to help you relax before heading into the operating room.
- Typical length of time in the holding room is 30-60 minutes.

## OPERATING ROOM

- You will meet your surgery nurse and other operating room staff.
- You will again be asked to confirm the procedure being performed.
- Further monitors will be applied.
- You will be given medications to control pain and nausea.
- Typical length of time in the operating room is 70-180 minutes.

## POST ANESTHESIA CARE UNIT (PACU OR RECOVERY ROOM)

- A nurse will continue to monitor your vital signs as you wake from anesthesia.
- Medications for pain and nausea will be provided for comfort as needed.
- This is a time to rest.
- Typical length of time in the PACU is 30-90 minutes.

You will transfer to the appropriate medical unit from the PACU as directed by your care team. Your support person(s) is allowed to rejoin you at this time.

## INITIAL POST-OPERATIVE GOALS

|                             |   |
|-----------------------------|---|
| <b>Medical Stability</b>    | Heart rate, blood pressure, oxygen, and other lab values are stable.  |
| <b>Tolerate Food/Fluids</b> | Food and fluids will help clear anesthesia from your system and help to prevent nausea as you begin taking oral pain medications. |
| <b>Pain Management</b>      | Your pain needs to be appropriately managed with the same oral medications you will use at home.                                  |
| <b>Up to Chair</b>          | A nurse or therapist will help you get out of bed for the first time.   |
| <b>Physical Therapy</b>     | Early mobilization helps rapid recovery, prevents complications, and helps manage your pain.                                      |



# DISCHARGE PLANNING

Having a safe discharge plan is an important piece of having a successful outcome after surgery!

- Your Nurse Navigator will begin this conversation with you prior to surgery.
- The therapy team will make recommendations regarding further therapy and home safety.
- **You will need *consistent* help for approximately 2 weeks following surgery. Discuss with family/friends what help is feasible for them to provide after surgery.**
- **The majority of patients following total joint replacement surgery discharge home either the SAME DAY or DAY AFTER surgery.**

**NOTE:** We HIGHLY recommend that your support person be present when discharge instructions are given.

## YOU WILL NEED HELP WITH...

|                  |  |
|------------------|--|
| <b>Days 1-3</b>  | <ul style="list-style-type: none"><li>• Getting in and out of bed</li><li>• Bathing/toileting/dressing</li><li>• Keeping track of pain medications</li><li>• Applying ice packs throughout the day</li><li>• Providing meals</li><li>• Taking care of pets</li><li>• Completing exercises as instructed by the hospital physical therapist</li></ul> |
| <b>Weeks 1-2</b> | <ul style="list-style-type: none"><li>• Shopping and running errands</li><li>• Driving to and from appointments/therapy sessions</li><li>• Completing household tasks</li><li>• Taking care of pets</li><li>• Completing exercises as instructed by physical therapist</li></ul>   |

# DISCHARGE PLANNING (continued)

The majority of patients discharge home with outpatient physical therapy to follow, however alternative options may be considered depending on your home support, physical needs, and medical needs. Alternative options will be collectively determined by yourself, your care team, and your insurance company. Please discuss any concerns you have with your Nurse Navigator during the pre-operative planning process.

## OTHER POTENTIAL REHAB OPTIONS MAY INCLUDE:

| Home Health Care (HHC)   | Skilled Nursing Facility (SNF)  |
|--|---|
| <ul style="list-style-type: none"><li>• DO NOT plan for HHC to be a primary source of assistance after discharge. On a daily basis, family/friends will need to be your main source of help with daily activities.</li><li>• HHC provides short term access for in-home basic therapy and nursing care only approximately 2-3 times per week.</li><li>• These services are intended to be extra support for patients who have physical difficulties leaving their homes or for those that do not have a support person to provide transportation.</li><li>• A referral for outpatient physical therapy will still be made. These appointments can be postponed/canceled if needed.</li></ul> | <ul style="list-style-type: none"><li>• If you have no available help at home, you may consider contacting your insurance company prior to surgery to see if you could potentially qualify for a skilled rehab stay.</li><li>• Use caution when considering this type of assistance/care after surgery. Although you may desire to go to a rehab facility, your insurance company evaluates your medical and physical progress over your hospitalization and decides if you qualify for services. If your insurance denies authorization, you would then be required to pay privately if you still prefer such further care.</li><li>• Most patients will stay in the hospital 2 or more nights depending on insurance requirements, speed of facility referral, and insurance approval process.</li><li>• A referral for outpatient physical therapy will still be made. These appointments can be postponed/canceled if needed.</li></ul> |

# POST-OPERATIVE CARE



## PAIN MANAGEMENT

WHAT PAIN LEVEL ARE YOU EXPERIENCING?



0  
NO HURT

1



2  
HURTS  
LITTLE BIT

3



4  
HURTS  
LITTLE MORE

5



6  
HURTS  
EVEN MORE

7



8  
HURTS  
WHOLE LOT

9



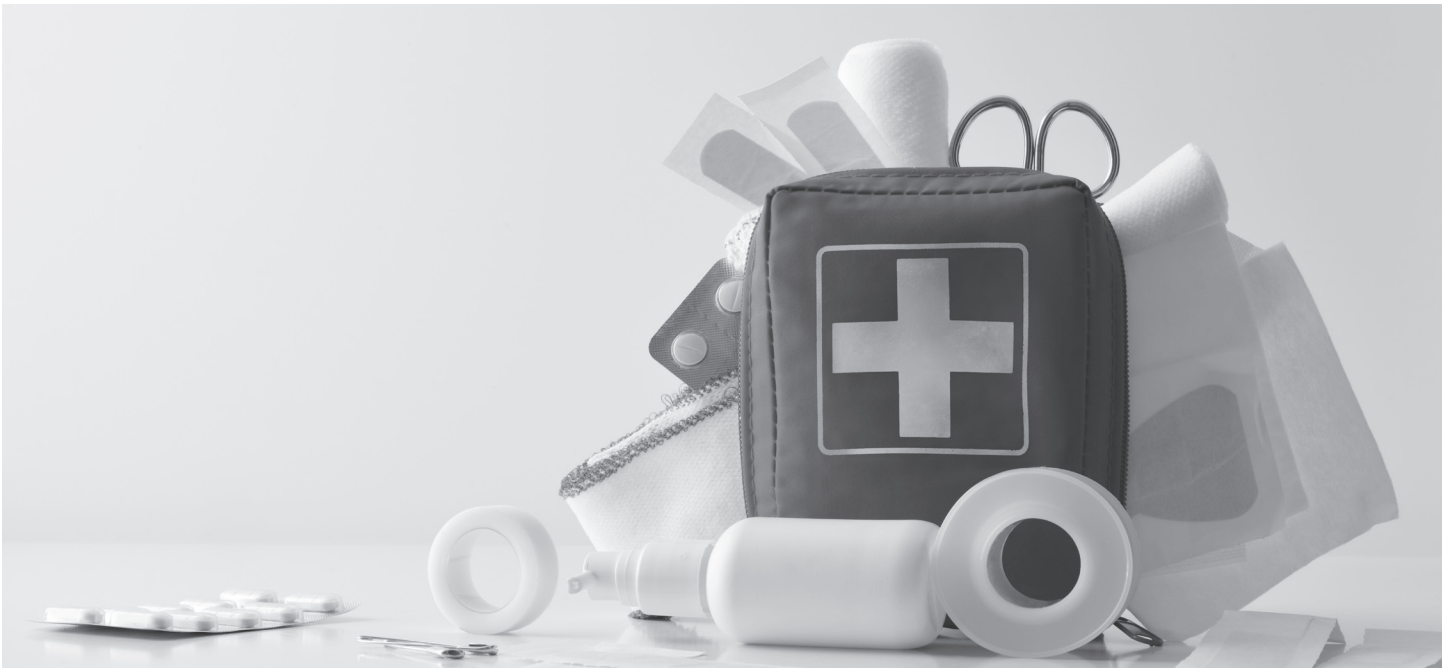
10  
HURTS  
WORST

**What is a “Comfort Goal” and why do I need one?**

- Your Nurse Navigator will ask you to establish a comfort goal for pain using the pain scale above.
- Your “comfort goal” helps communicate how well your pain is managed.
- This allows your care team to decide if current pain medications are effective OR if changes need to be made to provide better pain relief.

|   |  |
|---|--|
| <p><b>Is it normal to have pain?</b></p>  | <ul style="list-style-type: none"> <li>• Pain is normal and expected after a joint replacement.</li> <li>• Arthritic pain will TEMPORARILY be replaced by surgical pain.</li> <li>• It is not possible to take ALL of your surgical pain away initially, but we will educate you on different ways to manage your pain.</li> <li>• Days 2-4 are often described as the most painful days of recovery.</li> </ul>   |
| <p><b>What can I do to help manage my pain in addition to pain medications?</b></p>     | <p><b>Ice: No Heat!</b></p> <ul style="list-style-type: none"> <li>• Every hour for 15-20 minutes for at least 1-2 weeks, then as needed (before/after exercise, before bed)</li> </ul> <p><b>Elevate:</b></p> <ul style="list-style-type: none"> <li>• While icing or frequently during the day</li> <li>• Use 1-2 pillows under the ankle. Your knee should be straight with toes higher than your hip.</li> <li>• Preferred position of your foot is to be at the level of your heart or higher.</li> </ul> <p><b>Movement:</b></p> <ul style="list-style-type: none"> <li>• Every hour change positions/get up and move.</li> <li>• Focus on frequent short walks.</li> <li>• Split exercises up throughout the day and take as many rest breaks as you need to complete.</li> </ul> |
| <p><b>Will I need to “schedule” pain medications?</b></p>                               | <ul style="list-style-type: none"> <li>• Take your pain medications “proactively” initially after surgery. In other words, don’t wait until the pain is a 10 out 10.</li> <li>• Frequently assessing your pain throughout the day will help you stay ahead of your pain.</li> <li>• Plan to do exercises or activities 30-45 minutes after you have taken a pain pill.</li> <li>• Remember each day can be different. You will experience increased pain and/or increased swelling as you increase your activity level.</li> </ul>   |
| <p><b>What does it mean to “taper” your pain medications as your pain improves?</b></p> | <ul style="list-style-type: none"> <li>• As your pain is improving, you should be reducing your daily use of narcotic pain medications.</li> <li>• Try adding more time between pain pills or consider taking half a tablet instead of a whole tablet.</li> <li>• Consider substituting over the counter (OTC) pain medications like acetaminophen (Tylenol®) or NSAID pain relievers (if approved by your surgeon) at times when pain is present but not severe.</li> <li>• Eventually you should only be using OTC medications for pain relief.</li> <li>• <b>Call your Nurse Navigator for tips about tapering if you need guidance!</b></li> <li>• Remember every patient will have a different experience. Do not compare your recovery to another friend’s recovery!</li> </ul>    |

|   |   |
|---|---|
| <p><b>Common Side Effects of Narcotic Pain Medications</b></p>        | <p><b>Constipation:</b></p> <ul style="list-style-type: none"> <li>• Monitor your bowel activity daily, and take action before constipation becomes uncomfortable.</li> <li>• See “What is Normal After Total Joint Replacement” section for more guidance.</li> </ul> <p><b>Dizziness:</b></p> <ul style="list-style-type: none"> <li>• Move slowly when changing positions from lying to sitting and sitting to standing.</li> <li>• Drink plenty of fluids.</li> </ul> <p><b>Forgetfulness/lethargy:</b></p> <ul style="list-style-type: none"> <li>• Keep a journal if you have difficulty remembering important details.</li> <li>• <b>DO NOT drive</b> while taking prescribed pain medications.</li> </ul> |
| <p><b>When should I call for a refill on my pain medications?</b></p> | <ul style="list-style-type: none"> <li>• Keep track of how many pills you have on a daily basis.</li> <li>• Try to allow 24-48 business hours for refills.</li> <li>• The office is not open on weekends and holidays, so it is important to PLAN AHEAD!</li> <li>• Call your Nurse Navigator or the podiatry office when a refill is anticipated.</li> </ul>   |
| <p><b>When should I call my provider about my pain?</b></p>           | <ul style="list-style-type: none"> <li>• If your pain gets suddenly worse or you notice other changes that were not present before</li> <li>• Pain is poorly controlled with current prescribed medications.</li> </ul>   |



## CARING FOR YOUR INCISION

The surgical incision will be located along the front or side of the ankle.

You will receive specific instructions from your care team before and after your surgery on care of your surgical dressings.

- ✓ You will have a cast or splint immediately after surgery.
- ✓ DO NOT touch your dressing.
- ✓ Dressing should be left alone by the patient as all dressings will be changed in the clinic
- ✓ If a dressing gets wet contact the office (815-599-7150).
- ✓ If you are instructed to change a dressing use good hand hygiene wash your hands before and after you change your dressing.
- ✓ When your surgeon approves you may take a shower.
  - To shower, cover bandage/cast with plastic wrap or cast bag. **DO NOT** get bandage/cast wet.
  - Use clean wash cloths and towels when you shower to reduce the risk of infection.
  - You may NOT submerge your incision in a bathtub, pool, or hot tub until advised.
- ✓ Notify your surgeon if there is increased bleeding, drainage, redness, pain, odor, or heat around your incision.

# WHAT IS NORMAL AFTER TOTAL JOINT REPLACEMENT SURGERY?

**Note:** All patients progress at an individual pace. Speed of recovery can depend on multiple factors including age, pre-operative health, previous level of independence, and surgical approach.

|   |   |
|---|---|
| <p><b>Swelling</b></p>                    | <ul style="list-style-type: none"> <li>• Can extend all the way down your leg to your feet/toes</li> <li>• As your activity level increases, your swelling may also initially increase. It is normal for swelling to come and go for weeks or even months after surgery.</li> </ul> <p><b>Ways to reduce swelling:</b></p> <ul style="list-style-type: none"> <li>▪ Ice</li> <li>▪ Elevation</li> <li>▪ Compression dressing</li> </ul> |
| <p><b>Bruising</b></p>                    | <ul style="list-style-type: none"> <li>• Can extend all the way down your leg to your feet/toes</li> <li>• Bruising may increase a couple days after surgery.</li> <li>• If you take blood thinning medications routinely, you may experience increased bruising.</li> </ul> <p><b>Ways to reduce bruising:</b></p> <ul style="list-style-type: none"> <li>▪ Ice</li> <li>▪ Elevation</li> </ul>  |
| <p><b>Pain</b></p>                        | <ul style="list-style-type: none"> <li>• Pain may change from one day to the next, depending on your activity level.</li> <li>• See “Pain Management” section for more guidance.</li> </ul>   |
| <p><b>Spasms/Stiffness</b></p>            | <ul style="list-style-type: none"> <li>• Movement is medicine!</li> <li>• Every hour try to get up and move.</li> <li>• Focus on frequent shorter periods of activity rather than extended periods of activity.</li> <li>• If spasms are unrelieved, call your Nurse Navigator or provider’s office.</li> </ul>   |
| <p><b>Fatigue</b></p>                     | <ul style="list-style-type: none"> <li>• Balance periods of activity with periods of rest.</li> <li>• Focus on healthy eating and staying hydrated.</li> </ul>  |
| <p><b>Forgetfulness/<br/>Lethargy</b></p> | <ul style="list-style-type: none"> <li>• Write down when you took medications last by using the medication handouts that were given at discharge. Additional sheets can be found in the “Additional Resources” section at the back of the book.</li> <li>• Consider keeping a journal.</li> <li>• Discuss timing of pain medications with your Nurse Navigator or care team if you need help optimizing your routine.</li> </ul>        |

|                         |  |
|-------------------------|--|
| <b>Insomnia</b>         | <ul style="list-style-type: none"> <li>• Avoid long naps during the daytime.</li> <li>• If pain is keeping you awake at night, time last dose of pain medicine and icing approximately 30-45 minutes prior to bedtime. <ul style="list-style-type: none"> <li>▪ Do not utilize pain medications primarily for falling asleep, as this can create habits and inappropriate use of pain medications.</li> <li>▪ Discuss sleep aides with your primary care provider if needed.</li> </ul> </li> </ul>  |
| <b>Nausea</b>           | <ul style="list-style-type: none"> <li>• Eat something prior to taking pain medications.</li> <li>• Call your Nurse Navigator or care team if nausea persists.</li> </ul>  |
| <b>Loss of Appetite</b> | <ul style="list-style-type: none"> <li>• Try eating multiple smaller meals throughout the day instead of three larger meals.</li> <li>• Focus on healthy food choices that will provide your body with the necessary building blocks for wound repair.</li> <li>• Nutritional supplements (like Boost®) are good ways to improve overall nutrition when your appetite is poor.</li> <li>• Drink plenty of fluids. Bottles of water will be easier to carry independently when walking with a walker.</li> </ul>  |
| <b>Constipation</b>     | <ul style="list-style-type: none"> <li>• Caused by narcotics, changes to your diet, and changes to your activity level</li> <li>• Drink plenty of water.</li> <li>• Add fiber rich foods to your diet.</li> <li>• Continue your normal bowel regimen if you had one prior to surgery. You may need to adjust/increase normal routine if it is not effective after surgery.</li> <li>• Monitor your bowel activity after surgery. <ul style="list-style-type: none"> <li>▪ Consider adding an over the counter stool softener or laxative to your daily routine. (Senna S®, Miralax®, and Metamucil® are commonly used.)</li> <li>▪ <b>When constipation remains unrelieved:</b> Mix 30-60mL of Milk of Magnesia® (or equivalent) with a small glass of warm juice (any kind) and drink.</li> </ul> </li> </ul> |
| <b>Wound Drainage</b>   | <ul style="list-style-type: none"> <li>• Call office or Nurse Navigator if you experience any of the following: <ul style="list-style-type: none"> <li>▪ Continuous drainage that soaks through dressings</li> <li>▪ Any unusual drainage</li> <li>▪ Drainage accompanied by other new symptoms, such as new/different pain or fever</li> </ul> </li> </ul>  |



|                                |  |
|--------------------------------|--|
| <b>Emotional Ups and Downs</b> | <ul style="list-style-type: none"> <li>• Mood swings are normal and usually improve by the third week after surgery.</li> <li>• Narcotic pain medications intensify mood swings.</li> <li>• If mood swings become severe, call your Nurse Navigator/provider's office to discuss.</li> <li>• <i>If feeling sad, helpless, or overwhelmed please let us know so we can help you!</i></li> </ul> |
| <b>NO Showering</b>            | <ul style="list-style-type: none"> <li>• Your surgeon/care team will direct when you are able to shower.</li> <li>• No tub bathing or soaking in a swimming pool/hot tub until the surgical incision has healed (approximately 6 weeks).</li> </ul>  |
| <b>NO Driving</b>              | <ul style="list-style-type: none"> <li>• Your health care team will help you decide when it is safe for you to start driving.</li> <li>• <i>It is considered illegal to drive while taking narcotic pain medications.</i></li> </ul>   |

## DENTAL WORK AFTER YOUR TOTAL JOINT REPLACEMENT

Make sure you complete any needed dental work approximately 2 weeks prior to your joint replacement. Communicate with your Nurse Navigator any planned dental work within 2 weeks of your surgery.

The bacteria commonly found in your mouth may travel through the bloodstream and settle in your artificial joint. This significantly increases your risk of contracting an infection.

After joint replacement surgery, all FHN providers DO NOT want you to have ANY dental work completed for a specific length of time. After this timeframe, you will need to take an antibiotic before dental work is completed.

Your Nurse Navigator will give you your surgeon's specific instructions for post-op dental work.

# POTENTIAL POST-OPERATIVE COMPLICATIONS: ANKLES

## BLOOD CLOTS

### *DVT (deep vein thrombosis) and PE (pulmonary embolism)*

Blood clots are a risk following any surgical procedure due to slowing of blood flow. Surgery may cause blood to slow and clump together, which can lead to a blood clot.

#### Methods to prevent blood clots:

- Sequential Compression Devices (SCD's)** are applied to your lower legs during surgery and continue to be used until you are up and walking.
- Movement!** i.e. walk, foot pumps, exercises
- Talk to your provider if you have a trip planned after your surgery. Perform frequent ankle pumps during travel, and plan for frequent stops to walk and move around.

| DVT  | PE  |
|--|---|
| A blood clot that forms in an extremity, typically in the leg. Can occur in either leg.  | A blood clot that has broken away from your extremity and traveled to your lung(s).   |
| <b>When to Call a Provider:</b> <ul style="list-style-type: none"> <li>✗ New localized area of redness and/or warmth</li> <li>✗ New swelling in the thigh, calf, or ankle that does not decrease with elevation</li> <li>✗ New pain or tenderness of the calf or other localized area</li> </ul> | <b>When to Call a Provider:</b> <ul style="list-style-type: none"> <li>✗ Sudden chest pain</li> <li>✗ Difficult and/or rapid breath</li> <li>✗ Shortness of breathe</li> <li>✗ Unexplained sweating</li> <li>✗ New onset of confusion</li> <li>✗ <b>This is a medical emergency! You should call 911 if a PE is suspected.</b></li> </ul> |

## INFECTION

Many steps are taken throughout your surgical process to reduce the risk of infection, but the risk still remains. A prosthetic joint could possibly attract bacteria from another part of your body.

| When To Call a Provider   | Ways You Can Help Prevent Infection  |
|---|--|
| <ul style="list-style-type: none"><li>✗ Fever of 101°F or greater</li><li>✗ A puncture wound or deep cut near your prosthetic joint</li><li>✗ New painful or reddened areas on or around your prosthetic joint</li><li>✗ Drainage from your incision that looks unusual or is new</li></ul> | <ul style="list-style-type: none"><li>✗ Wash your hands before and after care of your incision.</li><li>✗ Good basic hygiene</li><li>✗ Follow all provided instructions for care of your incision.</li></ul> |

## SCAR TISSUE

Ankle stiffness and swelling initially after surgery is normal and can persist for several months after surgery. Long term stiffness can develop due to development of scar tissue around the surgical site.

| Signs of Increased Scar Tissue  | Ways You Can Help Prevent Scar Tissue  |
|---|--|
| <ul style="list-style-type: none"><li>✗ Significant lack of ankle range of motion despite increased stretching/activity</li><li>✗ Persistent pain and stiffness that lasts beyond expected normal healing process</li></ul> | <ul style="list-style-type: none"><li>✗ MOVEMENT is MEDICINE!</li><li>✗ Perform stretching and strengthening exercises as directed by your physical therapist.</li></ul> |

# ADDITIONAL RESOURCES

## Your Rights and Responsibilities While Receiving Care at FHN

### **YOU HAVE THE RIGHT TO:**

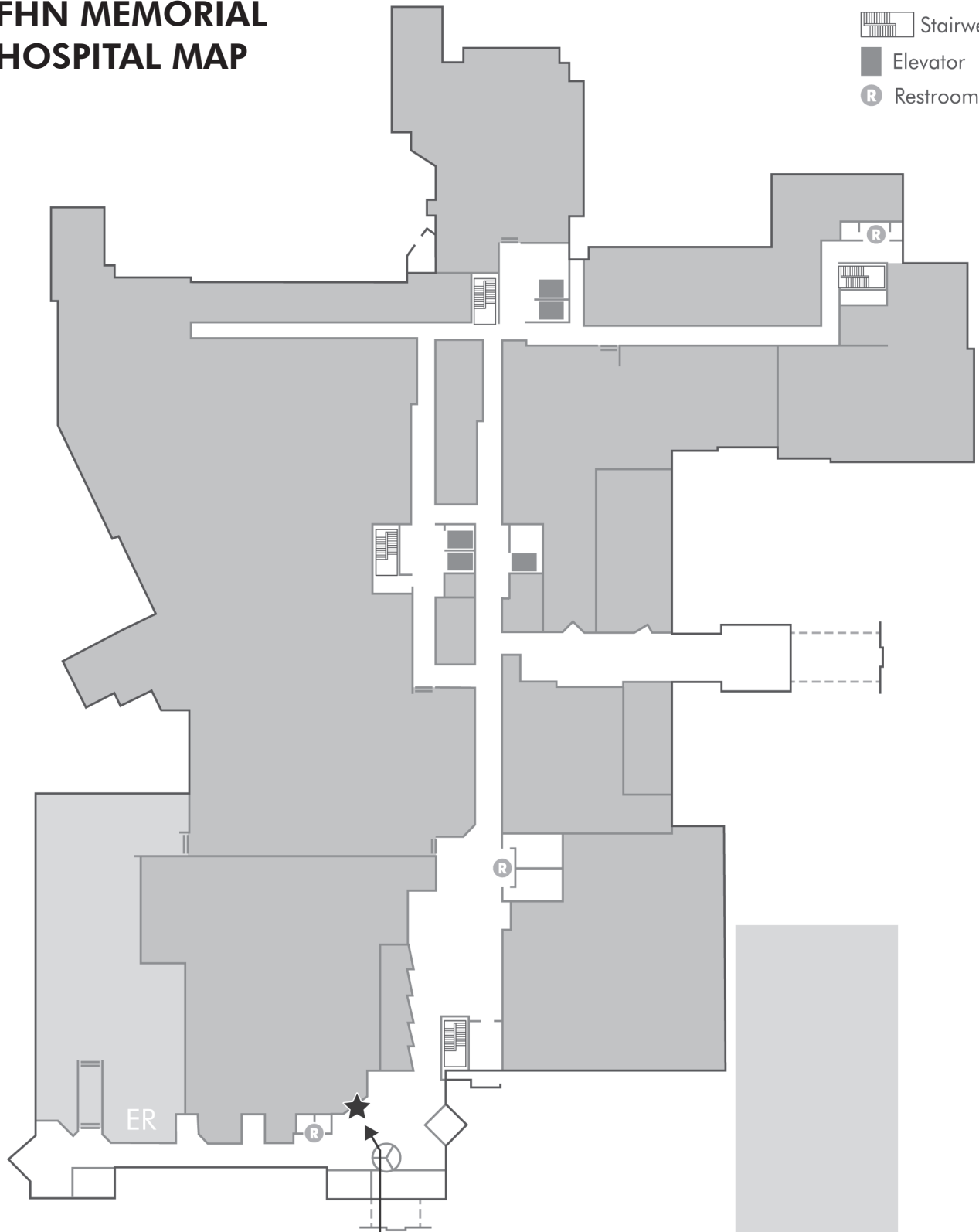
1. Be treated with respect, dignity and compassion.
2. Be assured that your personal and medical records as well as your treatment and personal needs will be kept confidential, including restricting the use and disclosure of health information and access to your record.
3. Receive necessary and understandable information including risks, benefits, costs and alternatives in order to give informed consent for treatment or refuse treatment. This includes the opportunity for you and the people you choose to participate in decisions about your plan of care.
4. Receive appropriate pain assessment and management.
5. Have the intent of an Advance Directive (such as a Living Will or Power of Attorney for healthcare) honored by FHN and/or to receive information and assistance in completing an Advance Directive.
6. To have your provider notified of a hospital admission and to know the identity and role of those involved in your care as well as information about other organizations with whom the FHN collaborates to provide healthcare.
7. Register a complaint about your care without being threatened, restrained or discriminated against in any way.
8. Be free from neglect, abuse, and seclusion, and to have access to medical and behavioral services, spiritual care, interpreter services, and referrals designed to assist you.
9. Speak in confidence with healthcare providers and to have your healthcare information protected. You also have the right to obtain and review a copy of your own medical record and formally request that your provider amend your record if it is not accurate, relevant or complete.
10. A safe and secure healthcare environment. In the event of a medical or healthcare error, you have the right to an explanation and thorough investigation.
11. To consent or refuse to have visitors. This includes designating visitors who you wish to or wish not to see. You may also withdraw your consent at any time.

### **YOU HAVE THE RESPONSIBILITY TO:**

1. Provide accurate and complete information concerning your present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
2. Provide current and accurate information concerning you insurance and contact information.
3. Report perceived risks in your care and unexpected changes in your condition to your providers(s) and other healthcare providers.
4. Report any perceived or identified safety issues related to your care or the physical environment to your providers(s) or other healthcare providers.
5. Ask questions when you do not understand what you have been told about your care or what you are expected to do regarding your care.
6. Follow your treatment plan established by your provider, including the instructions of nurses and other health professionals as they carry out your provider's orders.
7. Participate in decisions regarding your medical care, including planning and implementing your plan of care. This includes providing your caregivers with a current copy of your Advance Directive and discussing your expectations with them.
8. Accept responsibility for your actions should you refuse treatment or not follow your provider's orders.
9. To be considerate and respectful to other patients, visitors and FHN's personnel and property.
10. To accept financial responsibility for your healthcare services and to work cooperatively to resolve your financial obligations.

# FHN MEMORIAL HOSPITAL MAP

-  Stairwell
-  Elevator
-  Restroom



LINCOLN BLVD.

STEPHENSON ST.

**ENTER BUILDING HERE  
TO REGISTER**

PARKING



WHISTLER AVE.

# PATIENT SAFETY

## Speak Up™ About Your Care

### Speak up...

- If you don't understand something or if something doesn't seem right.
- If you speak or read another language and would like an interpreter or translated materials.
- If you need medical forms explained.
- If you think you're being confused with another patient.
- If you don't recognize a medicine or think you're about to get the wrong medicine.
- If you are not getting your medicine or treatment when you should.
- About your allergies and reactions you've had to medicines.

### Pay attention...

- Check identification (ID) badges worn by doctors, nurses and other staff.
- Check the ID badge of anyone who asks to take your newborn baby.
- Don't be afraid to remind doctors and nurses to wash their hands.

### Educate yourself...

- So you can make well-informed decisions about your care.
- Ask doctors and nurses about their training and experience treating your condition.
- Ask for written information about your condition.
- Find out how long treatment should last, and how you should feel during treatment.
- Ask for instruction on how to use your medical equipment.

### Advocates (family members and friends) can help...

- Give advice and support — but they should respect your decisions about the care you want.
- Ask questions, and write down important information and instructions for you.
- Make sure you get the correct medicines and treatments.
- Go over the consent form, so you all understand it.
- Get instructions for follow-up care, and find out who to call if your condition gets worse.

### Know about your new medicine...

- Find out how it will help.
- Ask for information about it, including brand and generic names.
- Ask about side effects.
- Find out if it is safe to take with your other medicines and vitamins.
- Ask for a printed prescription if you can't read the handwriting.
- Read the label on the bag of intravenous (IV) fluid so you know what's in it and that it is for you.
- Ask how long it will take the IV to run out.

### Use a quality health care organization that...

- Has experience taking care of people with your condition.
- Your doctor believes has the best care for your condition.
- Is accredited, meaning it meets certain quality standards.
- Has a culture that values safety and quality, and works every day to improve care.

### Participate in all decisions about your care...

- Discuss each step of your care with your doctor.
- Don't be afraid to get a second or third opinion.
- Share your up-to-date list of medicines and vitamins with doctors and nurses.
- Share copies of your medical records with your health care team.

### The goal of Speak Up™ is to help patients and their advocates become active in their care.

Speak Up™ materials are intended for the public and have been put into a simplified (i.e., easy-to-read) format to reach a wider audience. They are not meant to be comprehensive statements of standards interpretation or other accreditation requirements, nor are they intended to represent evidence-based clinical practices or clinical practice guidelines. Thus, care should be exercised in using the content of Speak Up™ materials. Speak Up™ materials are available to all health care organizations; their use does not indicate that an organization is accredited by The Joint Commission.







**PAIN MANAGEMENT**



The following medications may be prescribed as part of your scheduled pain management plan.

|          |                       |         |
|----------|-----------------------|---------|
| Tylenol: | Meloxicam or Toradol: | NSAIDS: |
|----------|-----------------------|---------|

As needed medication: You may be prescribed one or more of the following medications for pain. They should not be taken at the same time as each other. Remember you may need to alternate these medications initially for adequate pain relief.

|            |              |           |                       |
|------------|--------------|-----------|-----------------------|
| Oxycodone: | Hydrocodone: | Tramadol: | Tylenol with Codeine: |
|------------|--------------|-----------|-----------------------|

**We will not refill medications after regular business hours or over the weekend.**

| Medication 1:   | Medication 2:   | Medication 3:   | Medication 4:   | Medication 5:   |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| Last taken:     | Last taken:     | Last taken:     | Last taken:     | Last taken:     |
| Can take again: | Can take again: | Can take again: | Can take again: | Can take again: |
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This will be the blood thinner you will be prescribed:

