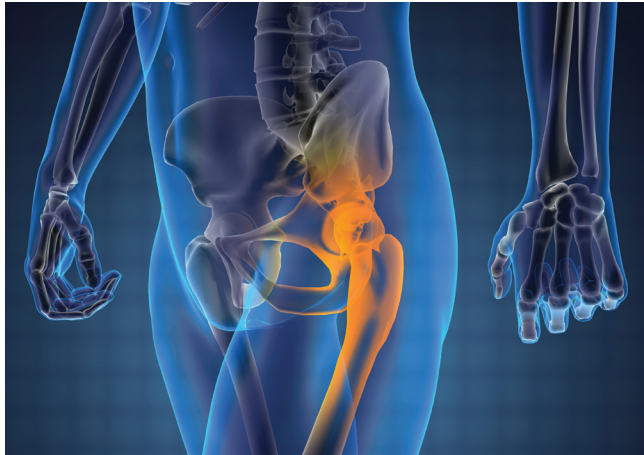


JOINTOPOLY



GUIDEBOOK FOR **HIPS** RAPID RECOVERY PROCESS *Posterior-Lateral Approach*





GUIDEBOOK FOR **HIPS**

Please bring this book with you to:

- Every Initial Office Visit
- Pre-Operative Joint Club Education Class
- Hospital on Admission
- All Initial Physical Therapy Visits



SCHEDULE OF APPOINTMENTS

For Your Upcoming Orthopaedic Surgery

You have been scheduled for a _____

Your surgery will be with _____

Surgery will take place on _____

Ambulatory Services will call you after 4:30 P.M. the day before your surgery to confirm your arrival time.

APPOINTMENTS BEFORE YOUR SURGERY:

Surgical Nurse Navigator Consult _____

Pre-Op Physical Exam By _____

Pre-Op Education Class (*Burchard Hills – lower level*) _____

Pre-Op Physical Therapy _____

APPOINTMENTS AFTER YOUR SURGERY:

1-week post-op _____

Post-op Physical Therapy _____

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

FHN Orthopaedics Department at 815-599-7730

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

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WELCOME



Thank you for choosing FHN for your joint replacement surgery. Our highly trained, experienced, and compassionate team looks forward to helping improve your activity and quality of life.

Each year, over 1 million people in the U.S. have total joint replacement surgery. People who need this surgery have chronic joint pain from arthritis that decreases their ability to perform normal daily activities. This can lead to a loss of independence and self-esteem. A joint replacement can help you return to work or other activities that you enjoy.

Patients can recover quickly after joint replacement surgery. The hospital stay is typically 1-2 days; however, more patients are going home the same day of surgery! Increased patient education, new surgical techniques, and improved pain management methods have allowed us to quicken the recovery process!

This *Rapid Recovery Process* used at FHN promotes the return to most normal activities in six to eight weeks. This includes driving, walking longer distances, and light recreational activities. The better your health before surgery, the quicker your recovery will be.

FHN Orthopaedics and Sports Medicine and *FHN Memorial Hospital Rehabilitation Services* developed the **FHN Total Joint Club: Jointopoly** to provide a comprehensive and planned course of education and treatment for your benefit. Getting a new joint is certainly not a game. However, similarly there are a lot of moving parts and pieces throughout this journey. We find that patients who take an active role in their recovery experience the most positive results. Our intention is to involve you in your treatment through each step of the program. You cannot take a passive role and expect a great result from your surgery. This patient **Guidebook** will give you the information you need to inform and guide you to a safe and successful surgical outcome.

In addition, we believe that it takes a team to assist you through this major surgical event. You will come into contact with many members of our FHN team. Each of these experts has important information that you must understand and implement to ensure a positive outcome from your surgery. Your team includes physicians, nurses, physical therapists, occupational therapists, and other care professionals specializing in total joint care. Every detail from pre-operative teaching to post-operative care is reviewed with you and further discussed throughout this **Guidebook**.

We value the trust you have placed in our organization. It is our privilege to provide you with the opportunity to improve your quality of life through joint replacement surgery. Your surgeon and team of care providers want you to be confident with your decision and will work together to ensure a great experience for you.

When you join us in getting your joint back into useful condition through surgery, you are signing up for a unique membership into a group of patients whose once painful joint is now pain-free, allowing them to open doors to an exciting and active life. This membership is for life and the only dues are the requirement that you get out and use your new and restored joint to enjoy your life. You are about to become a member of this prestigious club that we call the **FHN Total Joint Club**.

Congratulations!

Gregory Dammann, MD

Kevin Draxinger, MD

Andrew Blint, MD

Judy Cullor, FNP-BC

FHN TOTAL JOINT CLUB TEAM



SURGEON: GREGORY DAMMANN, MD

Dr. Gregory Dammann holds a degree from the University of Illinois College of Medicine in Rockford. He completed a family medicine residency at DeWitt Army Community Hospital in Fort Belvoir, VA, and orthopaedic residencies at Tripler Army Medical Center in Honolulu, HI, and the University of Nebraska Medical Center in Omaha, NE. He also completed a fellowship in primary care sports medicine at Uniformed Services University in Bethesda, MD. He is a Lena native and is excited to be practicing in northwestern Illinois.



SURGEON: KEVIN DRAXINGER, MD

Dr. Kevin Draxinger holds a medical degree from the University of British Columbia in Vancouver, Canada. He completed an orthopaedics residency at McGill University in Montreal, Canada. He completed a spinal surgery fellowship at Johns Hopkins University in Maryland. Dr. Draxinger is an Olympic athlete, having represented his country as a member and men's captain of the Canadian Olympic Swim Team in the 1992 Barcelona Olympics.



SURGEON: ANDREW BLINT, MD*

Dr. Andrew Blint holds a medical degree from the Medical College of Wisconsin in Milwaukee. He completed a residency at the University of Illinois at Chicago and a fellowship in orthopaedic trauma at Grant Medical Center in Columbus, OH. He is the founder of NITROorthopaedics in Rockford.

** This provider is not an employee or agent of FHN.*



NURSE PRACTITIONER: JUDY CULLOR, FNP-BC

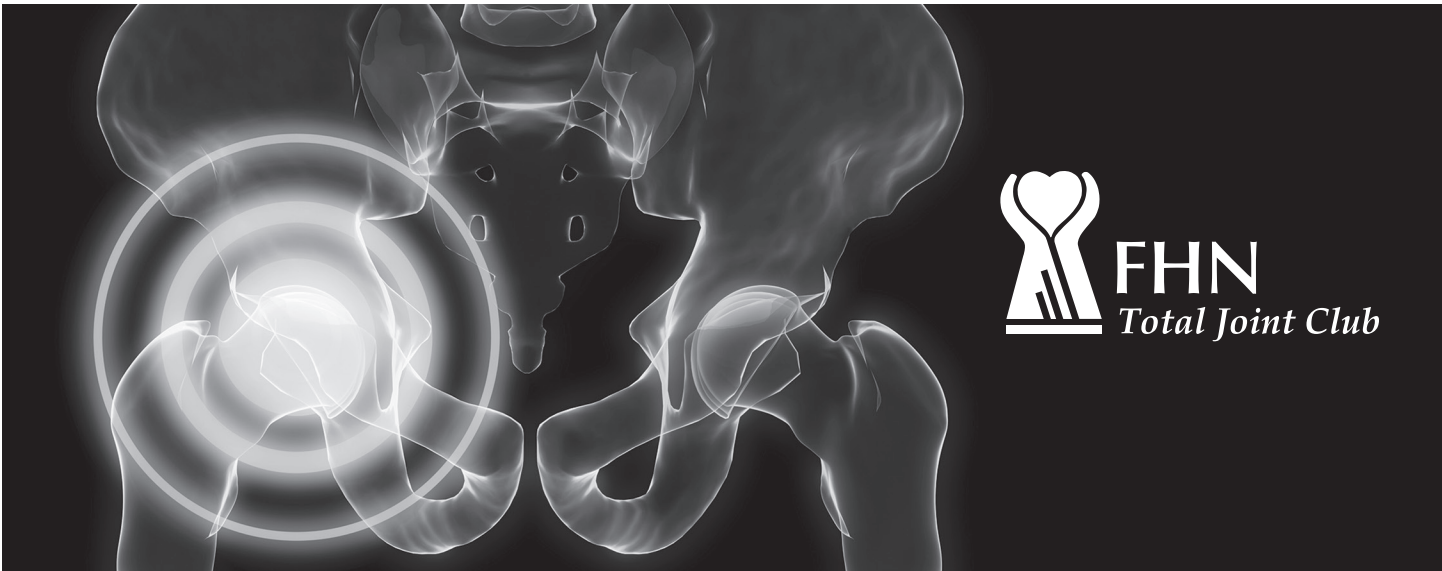
Judy Cullor holds a degree from Saint Anthony College of Nursing in Rockford. She is a Board Certified Family Nurse Practitioner and is in the American Association of Nurse Practitioners. Before joining FHN, she served her country in the U.S. Air Force.



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.

The **FHN Total Joint Club** team is comprised of expert personnel who are committed to providing high-quality, specialized orthopaedic care to our patients undergoing joint replacement surgery. Our team of dedicated professionals takes great pride in the years of experience, commitment, and understanding that we bring to each patient. The practice of teamwork is at its best when the patient, family, and FHN staff members focus on the outcome and rehabilitation of the patient.

You will have many team members to make sure that you start and finish your journey successfully!



FHN TOTAL JOINT CLUB PROGRAM

JOINTOPOLY

FEATURES

- A specialized team of knowledgeable, compassionate professionals to care for you
- Extensive patient education prior to surgery
- Detailed patient **Guidebook** for your entire journey
- Emphasis on patient and family-centered care throughout the recovery process
- Coordinated after-care program

GOALS

- Provide quality patient care
- Ensure patient satisfaction
- Provide patient education and support
- Reduce length of hospital stay
- Increase public awareness of the program

PURPOSE OF THIS GUIDEBOOK

Prepared patients have the best results! Preparation, education, continuity of care, a discharge plan, and self-accountability are essential for a rapid recovery. Therefore, we have developed this **Guidebook** to help support you throughout your entire surgical process.

IT IS DESIGNED TO HELP YOU

- Understand the entire process
- Prepare you and your home for rapid recovery
- Prepare for surgery
- Care for your new joint
- Track and monitor your progress

** Remember, this is just a guide. Your orthopaedic team may change some of the recommendations based on your personal needs. Always use their recommendations first and ask questions if you are unsure of any information.*

Bring your **Guidebook** with you to all initial office visits, your Pre-Operative Joint Club Education Class, your initial therapy sessions, and the hospital on admission.

Keep your **Guidebook** as a reference for at least the first year after your surgery.

INSTRUCTIONS FOR PATIENTS

- Read through the entire **Guidebook**.
- Share this manual with friends and family who will be involved with your recovery process.
- Start your pre-operative exercises as outlined in your **Guidebook**. (See page 33)
- Make a home medication list. Include all vitamins, herbal medications, eye drops, inhalers, etc.
- Make a list of any allergies that you have.
- Fill in the required sections: appointment list and comfort goal.
- Write down questions to ask your orthopaedic care team.



FREQUENTLY ASKED QUESTIONS

ABOUT TOTAL HIP SURGERY

We are glad you have chosen FHN to care for your hip problem. Patients ask many questions about total hip replacements. Below is a list of the most frequently asked questions and answers. Please ask your surgeon, primary care physician, or an orthopaedic team member if you have any questions. We want you to be completely informed about this procedure.



BEFORE: Raw bone rubbing on raw bone.



AFTER: A new surface creates a smooth functioning joint.

WHAT IS ARTHRITIS AND WHY DOES MY HIP HURT?

In the hip joint, there is a layer of smooth cartilage on the ball of the upper end of the femur (thigh bone) and another layer within your hip socket. This cartilage serves as a cushion and allows for smooth motion of the hip. Arthritis is a wearing away of this cartilage. Eventually, it wears down to bone. Rubbing of bone against bone causes pain, swelling, and stiffness.

WHAT IS A TOTAL HIP REPLACEMENT?

A total hip replacement is an operation that removes the arthritic ball of the upper femur (thigh bone) as well as damaged cartilage from the hip socket. The ball is replaced with a metal ball that is fixed solidly inside the femur. The socket is replaced with a plastic or metal liner that is usually fixed inside a metal shell. This creates a smoothly functioning joint that helps to reduce arthritis pain.

WHEN SHOULD I HAVE THIS TYPE OF SURGERY?

Your orthopaedic surgeon will determine if you are a candidate for the surgery. This will be based on your history, physical exam, x-rays, and response to conservative treatment. Ultimately, the decision will then be yours.

AM I TOO OLD FOR THIS SURGERY?

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

HOW LONG WILL MY NEW HIP LAST?

All implants have a limited life expectancy depending on an individual's age, weight, activity level, and medical condition(s). We expect new hip joints to last at least 15-20 years. However, there is no guarantee. A second replacement or revision may be necessary.

WHY DO JOINT REPLACEMENTS FAIL?

The most common reason for failure is loosening of the artificial surface from bone. Wearing of the plastic bearing may also result in the need for a new bearing. This is a known problem with artificial joints and loosening is not usually a reflection on the surgeon performing the operation. Dislocation of the hip after surgery is a risk. Permanent instability of the hip may require revision.

WHAT ARE THE MAJOR RISKS?

Most surgeries go well without any complications. However, as with any surgery, infection and blood clots are two potentially serious complications that concern us greatly. We take MANY special precautions and preventive measures throughout your surgical and recovery process to reduce these risks.

WHAT IF I BECOME ILL OR HAVE AN OPEN SORE PRIOR TO SURGERY?

Alert your surgeon IMMEDIATELY if you develop a cold, fever, open wound, or rash on the surgical leg. Do not shave for 7 days before surgery and be careful of bug bites and scratches 7-10 days prior to surgery to prevent cancellation of your surgery. For your safety and best outcome, your surgery may need to be rescheduled due to higher infection risks.

SHOULD I EXERCISE BEFORE SURGERY?

Yes! Follow the exercises listed in this Guidebook. Begin these exercises as soon as possible. You will also meet with a physical therapist for individual exercise instruction as indicated. Complete the number of repetitions of each exercise as directed in your Guidebook and by your physical therapist.

WILL I NEED HELP AT HOME FOLLOWING SURGERY?

Yes. Most patients are able to function well at home with assistance following surgery. Our program is designed for patients to have an assistant or friend/family member to help them at home. For the first several days or weeks, you may benefit from someone to assist you with self-care, driving, home and community tasks, and your exercises. Prepare your home before surgery to minimize the amount of help needed after surgery.

WHAT IF I LIVE ALONE?

You should make all attempts to arrange for a relative or friend to stay with you for at least the first week after discharge. You may require rehabilitation at a skilled nursing facility. The FHN hospital social workers and case managers can assist with this transition.



WILL I NEED A WALKER OR CANE?

Yes. Patients will use a walker initially and transition to a cane as appropriate. We recommend using a 2-wheeled walker. However, your physical therapist will assist you in determining the appropriate assistive device and length of use. Your walker should be obtained prior to surgery and brought with you to the hospital. If you do not have a walker, please notify the FHN orthopaedic department for assistance.

WHAT OTHER EQUIPMENT MAY I NEED?

- You **MUST** have a high-profile (handicap) toilet or use a toilet seat riser in order to maintain your hip precautions . Your care team will help you decide what home equipment you will need.
- During your hospitalization, the occupational therapist will give you specific equipment recommendations to assist you with dressing . Because of your hip precautions, you will **NOT** be able bend forward to put on your underwear, pants, socks, or shoes without person or dressing equipment assistance.
- When you are allowed to shower, it may be safer and easier to use a tub bench or shower chair.
- Grab bars in or near the shower and toilet may provide increased safety and independence.

WHO WILL BE PERFORMING THE SURGERY?

Your orthopaedic surgeon and a highly trained surgical assistant will perform your surgery.

HOW LONG WILL THE SURGERY LAST?

The actual surgery lasts about 1 to 1 1/2 hours. You will be in a pre-operative holding area before surgery and in the recovery room after surgery. In total, the whole surgical process can take between 4 to 6 hours.



HOW PAINFUL WILL THE SURGERY BE?

A total joint replacement surgery is painful. We will try to make you as comfortable as possible, so please communicate to your healthcare provider if you are uncomfortable. FHN is focused on optimal pain management. Your orthopaedic team will use many methods of pain management including medications, positioning, ice therapy, and mobility. See further considerations to help manage your pain under the “Pain Management” section in this book.

WHERE DOES MY FAMILY WAIT DURING SURGERY?

Hospital personnel will direct your friends and family members to the 5th floor surgery waiting room.

WHEN DO I SEE MY DOCTOR AFTER SURGERY?

Your surgeon or his staff will visit you daily while you are in the hospital. An office appointment will be made for you for 1-2 weeks after your surgery so your surgeon can monitor your progress.

WILL I NEED A BLOOD TRANSFUSION?

You may need a blood transfusion after the surgery. There is an expected blood loss during surgery. Your lab work will be obtained before surgery and daily after surgery in the hospital to monitor your hemoglobin (blood count). If you need a blood transfusion while in the hospital, your orthopaedic team will educate and guide you along the way. Please alert your surgeon, Surgical Nurse Navigator, or admission nurse if you do not wish to receive a blood transfusion.

HOW LONG WILL I BE INCAPACITATED RIGHT AFTER SURGERY?

We anticipate that you will get out of bed, take steps/walk, and sit in a chair the day of surgery with therapy and/or nursing staff assistance. The next morning, you will be walking further distances with a walker and participating in occupational and physical therapy.

HOW LONG WILL I BE IN THE HOSPITAL?

Following hip surgery, the majority of patients return home following 1-2 days in the hospital. Some patients are even returning home the same day as surgery! Visitors are welcome during your hospital stay; however, therapy and rest are important. Do not hesitate to ask your guests to leave.

WHERE WILL I GO AFTER DISCHARGE FROM THE HOSPITAL?

The majority of our patients are able to go directly home at discharge. Depending on your recovery process and support at home, you may need a short stay at a rehabilitation facility. You, the orthopaedic team, and your insurance company will influence this decision. You should check with your insurance company prior to surgery to verify your post-operative rehab benefits.

WILL I NEED A PRIVATE NURSE?

No. You will not need a private nurse. However, do plan to have consistent help from family and/or friends for the first 1-2 weeks when you get home. You will especially need help with initial driving to/from your follow-up appointments.

WHAT WILL MY INCISION LOOK LIKE?

The surgical incision/scar will be located along the side of your hip. In most cases, the incision will initially be covered with a thin, mesh dressing and surgical glue (Prineo Dermabond®). There may be some chronic numbness around the incision/scar. This will not cause any problems with your hip function.

WHY DOES MY HIP FEEL HOT?

Your hip feels warm due to healing and increased blood flow. It will continue to be hot or warm until the scar is completely healed, which is 9-12 months. However, watch for signs of infection such as increased drainage, bad-smelling or pus-like drainage, increasing redness, or fever.

WHAT SHOULD I DO IF MY LEG SWELLS/BRUISES?

Some swelling over your incision, as well as in your surgical leg and foot, is normal and generally begins the first day after surgery. Usually you will notice an increase in swelling towards the end of the day. However, if swelling occurs in both feet and legs, notify your doctor. Bruising is also a normal healing response; some patients have minimal bruising on the surgical leg, while others may have extensive.

To assist with managing swelling and bruising:

- Lie on your back or non-surgical hip. You **MUST** use a pillow between your legs.
- Elevate your surgical leg with 1-2 pillows under the ankle, not the knee, so your toes are higher than your hip.
- Use an ice pack for 15-20 minutes at a time or every hour as needed. **NO HEAT** initially.

WHAT CAN I DO FOR DISCOMFORT?

- 1) You may use an ice bag on the incision for comfort, 15-20 minutes at a time or every hour as needed. **Do not use heat.**
- 2) Take your pain medication as instructed.
- 3) Movement is medicine!

WILL I NEED PHYSICAL THERAPY WHEN I GO HOME?

Yes. You should perform the home exercise program issued by the hospital physical therapist 2 times a day until further instructed by your next physical therapist or otherwise instructed by your orthopaedic surgeon.

WHEN WILL I START OUTPATIENT PHYSICAL THERAPY?

If advised by your orthopaedic surgeon, you will have a one-time visit with physical therapy prior to your surgery for exercise and home safety education. Following your surgery and hospitalization, most people will discharge home and continue with further outpatient physical therapy. Outpatient physical therapy will begin approximately 1 week after surgery or as indicated by your physician. The length of time required for this type of therapy varies with each patient.



HOW OFTEN WILL I NEED TO BE SEEN BY MY DOCTOR FOLLOWING THE SURGERY?

You will be seen for your first post-operative orthopaedic office visit approximately 1 week after surgery. Additional visits after surgery will be made by the orthopaedic office coordinator as indicated.

WHEN CAN I TAKE A SHOWER?

It is MANDATORY that you shower the night before your surgery. Follow the special washing instructions given to you. This will help to prevent infection.

You may NOT shower after surgery until cleared by your physician. Typically, if you have the mesh-type dressing, you are allowed to shower when you return home, as long as your incision is not draining. You may not go into a pool, bath, or hot tub until you have been advised to do so.

HOW LONG UNTIL I CAN DRIVE?

You need to be off of all narcotic pain medications. The ability to drive depends on whether surgery was on your right leg or your left leg and the type of car you have. If the surgery was on your left leg and you have an automatic transmission, you could be driving at two weeks. If the surgery was on your right leg, your driving could be restricted as long as six weeks. Your orthopaedic physician will help you determine when driving is safe. Therefore, plan for initial assistance to drive you to/from your follow-up appointments.

WHEN WILL I BE BACK TO NORMAL?

Getting “back to normal” will depend greatly on your pre-operative physical condition and what you consider to be normal activity. Consult with your surgeon or therapist for their advice on your activity. YOU DETERMINE YOUR FINAL RESULT!

WHEN WILL I BE ABLE TO GET BACK TO WORK?

We recommend that most people take at least one month off from work, unless their jobs are more sedentary, in which case they can usually return to work earlier. A physical therapist can make recommendations for joint protection and energy conservation on the job.

WHEN CAN I HAVE SEXUAL INTERCOURSE?

The time to resume sexual intercourse should be discussed with your physician and partner. Your hip is considered stable and should hold up under this level of stress. However, hip precautions MUST be maintained.

ARE THERE RESTRICTIONS ON ACTIVITY FOLLOWING THIS SURGERY?

Yes. High-impact activities, such as running, singles tennis, and basketball are not recommended. Injury-prone contact sports, such as downhill skiing are also dangerous for the new joint. You will be taught hip precautions to avoid a hip dislocation. You will need to follow these as directed by your therapist and orthopaedic doctor.

WHAT PHYSICAL/RECREATION ACTIVITIES MAY I PARTICIPATE IN AFTER MY RECOVERY?

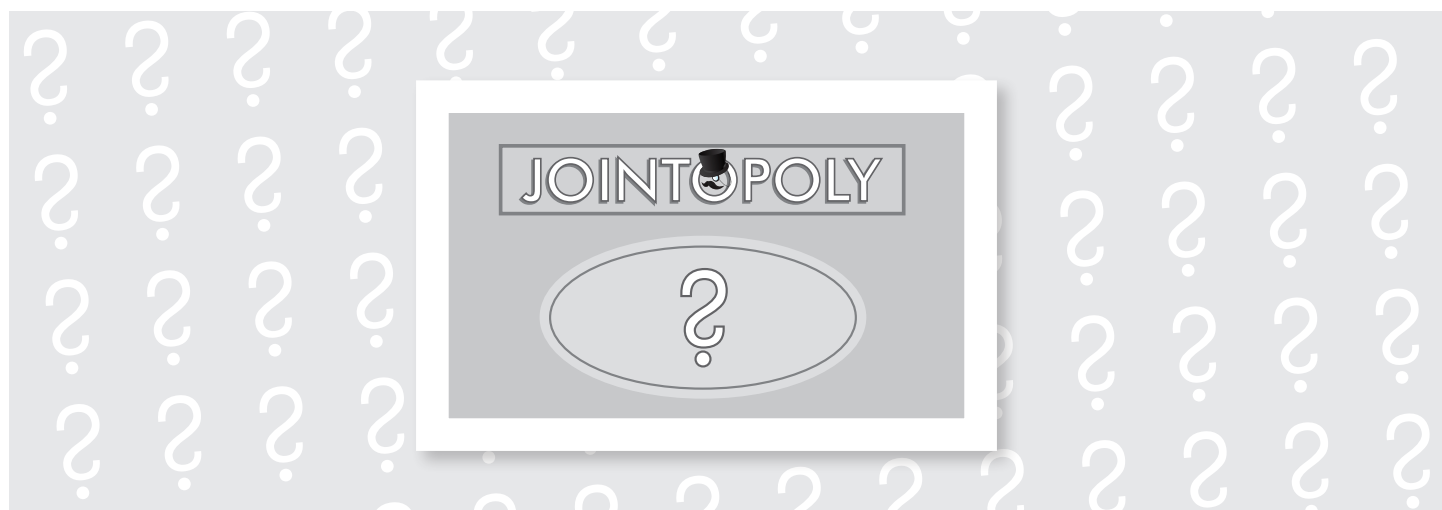
You are encouraged to participate in low-impact activities such as walking, dancing, golfing, hiking, swimming, bowling, and gardening.

WILL I STILL HAVE PAIN AFTER MY RECOVERY?

In general, very few patients have incapacitating pain after the recovery period. Some patients, however, have persistent pain that may last permanently. Unfortunately, every surgical procedure carries the risk of persistent pain after the procedure. We use many methods to help you manage your pain and will educate you along the way.

WILL I SET THE METAL DETECTOR OFF AT THE AIRPORT?

Possibly. Exposing your scar to security should be sufficient to proceed.



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.

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 sub-acute rehab (nursing facility) coverage if needed?

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. A FHN staff member will assist you in scheduling this appointment. This **MUST** be completed within 30 days of your scheduled surgery. This appointment is **MANDATORY** and must not be canceled. Without pre-operative medical clearance, your surgeon will not perform the surgery. Please remember to check with this physician for special instructions on medications that you take routinely, such as heart, diabetes, and blood thinning medications.

MEDICATIONS

- Make a thorough list of medications you currently take at home and any allergies you have.
- Discuss with your doctor the stopping of aspirin, aspirin-like products, nonsteroidal anti-inflammatory medications, vitamins, and herbal supplements prior to your surgery.
- If you are on a blood thinner, please let our office know so appropriate arrangements can be made prior to surgery and after surgery.
- Please **do not take** your usual prescription medications on the morning of your surgery, unless instructed. Then, only take the medication with a small sip of water.

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. At this time the Surgical Nurse Navigator will further assist you in understanding what to expect and how to prepare for surgery. This will include scheduling appointments and facilitating all necessary care that is needed 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 815-599-7773, 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. Please follow all medication instructions and attend all appointments to prevent the cancellation of your surgery.

4. PRE-OPERATIVE FHN JOINT CLUB EDUCATION CLASS

A one-time educational class will occur prior to your scheduled surgery date. This will be scheduled at the same time your surgery and other appointments are scheduled. The class will be led by your Surgical Nurse Navigator and/or physical therapist and will last approximately 2 hours. Please bring a support person. Classes will be held in the lower level of the FHN Family Healthcare Center-Burchard Hills building in Freeport. During this class, you will be further educated in our RAPID RECOVERY PROCESS and on what to expect before, during, and after surgery. You will be able to ask questions in a group setting and interact with other people who are having a similar surgery.

** This education course is **IN ADDITION** to your one-time pre-operative Physical Therapy appointment. It is important that you attend **BOTH** sessions if indicated by your orthopaedic physician.*

5. PRE-OPERATIVE PHYSICAL THERAPY APPOINTMENT

A one-time physical therapy visit will occur 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.

ANESTHESIA



WHO ARE THE ANESTHESIOLOGISTS?

The operating room and PACU (recovery room) are staffed by board-eligible and board-eligible physician anesthesiologists. The anesthesia care team includes certified anesthesiologists and registered nurse anesthetists (CRNA).

WHAT TYPES OF ANESTHESIA ARE AVAILABLE?

Decisions regarding your anesthesia are tailored to your personal needs and will be further discussed individually with your providers.

The types available are:

- GENERAL ANESTHESIA provides loss of consciousness.
- REGIONAL/SPINAL ANESTHESIA involves the injection of a local anesthetic into your back to provide temporary loss of pain and sensation to your lower torso and legs. Medications will be given to make you drowsy, relax, and blur your memory.

WILL I HAVE ANY SIDE EFFECTS?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options. Side effects, such as nausea, vomiting, and dizziness, can occur with each type of anesthetic. Medications to treat such will be given if needed.

Drowsiness can be expected when given any anesthesia. You may be sleepy for the first few hours after surgery and it is recommended to get good rest during this time. Decreased breathing due to the combined effects of anesthesia and pain medications can occur. Your anesthesiologists and nurses will monitor your breathing and oxygen levels closely and educate you on pain medication safety. Immediately following surgery, you may require supplemental oxygen.

WHAT WILL HAPPEN BEFORE MY SURGERY?

You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies, and current medications. With this information, together you will determine the type of anesthesia best suited for you. Your anesthesiologist will also answer any further questions you may have.

WHAT DOES MY ANESTHESIOLOGIST DO DURING THE SURGERY?

Your anesthesiologist is responsible for your comfort and well-being before, during, and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature, and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary.

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.
- Install nightlights in bathrooms, bedrooms, and hallways.
- Clean house before leaving: laundry, clean linens on bed, yardwork.
- Arrange for someone to take care of your pets or loved ones, if necessary.
- Arrange for initial driving help.

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)
- Joint Club Guidebook
- Walker with your name on it
- Photo ID
- Living will/power of attorney paperwork if you want it to be on file
- Books, magazines, crossword puzzles, or any other activities
- Electronic items at own risk
- List of current medications/allergies
- Any 'unique' home medications you were instructed to bring (ex. eye drops/inhalers)
- CPAP (if indicated for breathing)
- Glasses/contact case



SPECIAL INSTRUCTIONS

Please remember to check with your primary medical provider for instructions on medications you take on a daily basis such as insulin, coumadin, aspirin, Plavix, Xarelto, etc.

THE NIGHT BEFORE SURGERY CHECKLIST

- After 4:30 P.M., you will receive a call from an Ambulatory Care nurse to instruct you on arrival time and to review which medications to take the night before and morning of surgery. You may call them after 5 P.M. at 815-599-6302.
- Follow all given special washing instructions. Bathe/shower washing your hair, face, and ENTIRE body using your normal shampoo and soap. Use CLEAN towels and put on CLEAN clothes. DO NOT apply any lotions, powders, etc.
- Around 8 P.M., drink 1 bottle of given ClearFast®. You must complete this by midnight. It may be refrigerated.

Remember: DO NOT eat anything after 11 P.M. This includes gum, candy, and mints. You may drink clear liquids only as instructed.

***DO NOT shave any part of your leg for one week prior to surgery!**

**Your surgery will be canceled if you do not follow these very important instructions.*

THE MORNING OF SURGERY CHECKLIST

- Put on clean clothes.
- Brush teeth and complete good oral care.
- Do NOT wear any makeup, mascara, or nail polish.
- Bring your patient **Guidebook** to the hospital.
- Follow given instructions on what time to drink the 2nd bottle of ClearFast®. This drink **MUST** be completed 3 hours before scheduled surgery time (NOT arrival time, but surgery start time). **Insulin dependent diabetics will NOT drink the 2nd bottle.
- Bring a list of your medications and allergies.
- Bring your insurance card, **driver's license or photo I.D.**
- Please leave jewelry, valuables, and large amounts of money at home.
- Only take those medications you have been instructed to take. Use 3 ounces of water or less.**

HOSPITAL CARE

DAY OF SURGERY

WHAT TO DO

When you arrive at FHN Memorial Hospital, park in the lot to the east of the building. Enter through the automatic/revolving door at the main hospital entrance. Check-in at the reception desk in the atrium. (If you are scheduled to arrive before 6 A.M., enter through the ER door and check-in at the window.) Bring only your identification and insurance cards and other items as educated.

WHAT TO EXPECT

Following check-in, you will proceed to the Ambulatory Care Unit on the 5th floor. Nursing staff will ask questions and perform a full physical and skin assessment. Consents will be reviewed and signed. Your IV (intravenous line) will be started. Further skin care, oral care, and a nose swab will be performed as part of our infection control procedures. You will be further prepped for surgery by changing into a surgical gown.

When the operating room is ready (approximately 30 minutes before your surgery), you will be transported to the holding room within the surgical suite. In the holding room your surgery nurse, operating room staff, and your anesthesiologist will meet you. Your surgeon will talk with you and will mark the correct surgical site. You can expect to be in the holding room for approximately 30-45 minutes. They will then move you to the operating room. The total amount of time in the operative room is approximately 90-120 minutes. Following surgery, you will be transported to the Post Anesthesia Care Unit (PACU), also known as the recovery room. Here a nurse will frequently assess and monitor your vital signs and provide pain and nausea control measures.

When you are more awake and medically stable, you will then be taken to the inpatient medical floor where a team of nurses and nursing assistants will care for you. Only one or two very close family members or friends should visit you on this day.

In most cases/dependent upon surgery time, the physical and/or occupational therapist will evaluate you after you arrive on the medical floor when you are medically stable. You should expect to take steps/walk the day of surgery and will be assisted to a recliner chair as able. This activity will help promote Rapid Recovery, prevent complications, and help manage your pain.

You will be given and instructed on the use of an incentive spirometer. You should also perform coughing and deep-breathing exercises.

POST-OP DAY 1: DAY AFTER SURGERY

The day after surgery early in the morning, you will be assisted with your morning care, dressed in LOOSE clothing that you brought from home, and helped to a recliner for breakfast. Your surgeon and/or physician assistant will visit you. The occupational therapist will begin instruction for dressing, bathing, and other self-care tasks. The occupational therapist will also educate you on the safest techniques for car transfers and discuss potential needs for any bathroom equipment to improve safety during your recovery. You also will be further instructed in your hip precautions. Your support person does not have to be present during the early morning occupational therapy session. If your support person has questions regarding occupational therapy instruction, the therapist can answer such questions when your support person is present.

Following occupational therapy and breakfast, you will have physical therapy. Physical therapy will be held in a group setting in our therapy room on the 3rd floor. You will begin to walk longer distances with a walker and develop a thorough understanding of your home exercise program. We will also practice stairs as you progress. ** Your support person is encouraged to attend and assist you during your physical therapy sessions under instruction and guidance of your physical therapist.*

Throughout the day you should continue to use your incentive spirometer and perform your coughing and deep breathing exercises. It is very important to change positions frequently to assist with pain management. Please remember to walk throughout the day – short distances in room/hall with nursing assistance as indicated.

The majority of patients discharge following their morning occupational and physical therapy sessions. Your orthopaedic surgeon, therapists, and nursing staff will help determine the safest and most appropriate discharge time and plan for you. If you are medically stable, your pain is well managed with oral pain medication, you have adequate support at home, and you have a good understanding of your therapy exercises, you can anticipate being discharged. Make sure to complete your exercise program again in the PM as directed by your therapist upon returning home.



POST-OP DAY 1 AT A GLANCE

- Blood drawn and vital signs checked
- Sit in recliner chair for all meals
- Occupational therapy
- Physical therapy
- Walk. Change positions frequently. *Movement is Medicine!*
- Take pain medications as prescribed and use ice!

POST-OP DAY 2: 2 DAYS AFTER SURGERY

If you experience post-op concerns or are planning to discharge to a skilled nursing facility, you may require additional days in the hospital. The routine of day 2 is similar to day 1. You will be assisted with morning care, dressed, and out of bed to a recliner for breakfast. Your surgeon and/or physician assistant will visit you. You will receive further occupational and physical therapy as indicated by the therapist. Throughout the day, you should continue to use your incentive spirometer every hour, as well as performing your cough and deep-breathing exercises.

It is NORMAL to have increased surgical pain, bruising and swelling. In 10 days to 2 weeks, this should significantly decrease. Continue to change positions frequently and use your ice pack. Refer to the "Pain Management" section for other ways to help decrease and manage these symptoms.

POST-OP DAY 2 AT A GLANCE

- Blood drawn and vital signs checked
- Sit in recliner chair for all meals
- Occupational therapy if further indicated
- Physical therapy 1-2 times
- Walk short distances with assistance as needed





IF YOU ARE GOING DIRECTLY HOME

A support person will need to drive you home. You will receive written discharge instructions concerning medications, wound care, physical therapy, activity, etc.

IF YOU ARE GOING TO A SKILLED NURSING FACILITY FOR REHAB

The decision to go home or to a skilled nursing facility for rehab will be made collectively by you, your therapists, the surgeon, and your insurance company. If discharging to a rehab facility, you may not do so until post-op Day 2 or after, depending on insurance requirements. **Please remember that your insurance company must approve skilled nursing facility stays.** A patient's stay in a skilled nursing facility must be done in accordance with guidelines established by Medicare or your insurance company. Although you may desire to go to a skilled nursing facility for rehab when you are discharged, your insurance company will monitor your progress while you are in the hospital. Upon evaluation of your progress, you will either meet the criteria to benefit from sub-acute rehab, or your insurance company may recommend that you return home with other care arrangements. Therefore, it is important for you to make alternative plans pre-operatively for care at home. Your care team can assist you with any of these arrangements.

Keep in mind that the majority of our patients do so well that they are able to return straight home. Also keep in mind that insurance companies do not become involved in "social issues" such as lack of caregiver, care of pets, etc. These are issues you will have to address before hospitalization.

PAIN MANAGEMENT



INTRODUCTION TO PAIN MANAGEMENT

AT FHN...

- It is your right to receive appropriate assessment and management of your pain.
- Managing your pain is very important to us.
- You will receive extensive education about the pain management options available for you.

It is important to talk to your healthcare providers about your pain. They will ask you about your pain often. It is not possible to take all of your pain away, but we will do everything we can to help you manage and control your pain.

Your healthcare team will talk to you about setting a **“Comfort Goal.”** This is the level of pain (on a scale 0-10) where you can perform your daily activities and participate in therapy without need for further pain management intervention.

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 DO YOU NEED TO TELL YOUR HEALTHCARE PROVIDER ABOUT YOUR PAIN?

You need to tell your healthcare provider how well your pain is being controlled. Your healthcare provider or nurse may ask you to describe how bad your pain is on a scale of 0 (no pain) to 10 (severe pain). Tell your healthcare provider if your pain gets worse, what makes it worse, and what helps to lessen your pain or make you more comfortable.

WHAT ARE SOME SIDE EFFECTS OF PAIN MEDICATIONS?

It depends on the medicine. Side effects can include constipation, nausea, vomiting, itching, and sleepiness.

ARE YOU AFRAID THAT YOU'LL BECOME ADDICTED TO PAIN MEDICINE?

This is a common concern; however, studies show that addiction is unlikely when pain medicine is taken for short periods of time. Talk to your healthcare provider or nurse about any fears.

YOUR COMFORT GOAL: _____

HOW CAN YOU HELP MANAGE YOUR MY PAIN? DURING YOUR HOSPITALIZATION

- During your hospitalization, the medical team will use many methods to help manage your pain including ice, compression, elevation, medication, and activity.
- We will discuss and refer to your **Comfort Goal** throughout your recovery. Notify your healthcare providers if you are having pain outside of your Comfort Goal.
- This is a painful surgery; however, surgical pain is temporary and will decrease.
- Days 2-4 following surgery tend to be some of the most painful days. This is in part due to the effects of anesthesia and increasing activity. As the healing process occurs, swelling, pain and bruising will initially increase. **THIS IS NORMAL!** This should improve significantly within 10 days to 2 weeks.
- It is encouraged that you sit in the recliner chair for all meals. This will allow you to change the position of your legs frequently to help decrease pain, swelling, and stiffness.
- Therapy sessions during your hospital stay will be coordinated with pain medication administration. Please communicate if you are due for pain medication or if your pain is not controlled prior to going to therapy.
- **MOVEMENT IS MEDICINE!**



WHEN YOU RETURN HOME

- Use your walker at all times until further directed by your physical therapist. The walker provides stability, safety, and decreases compensation, helping you to achieve the best recovery possible.
- As the healing process occurs, swelling, bruising, and increased pain may occur periodically as you begin to do new tasks. For example: increasing walking distance, start using a cane, increase range of motion, progress exercises, etc.
- Try to take your pain medication approx. 30-45 minutes prior to completing your exercises/going to outpatient physical therapy.
- Do your exercises 2 times per day – in the morning and again in the early afternoon/evening. Morning exercises will reduce stiffness. Try to avoid exercises before bed so you can manage your pain prior to trying to sleep.
- Walking is important! However, if pain and swelling increases, do frequent/shorter distance walking.

ADDITIONAL TIPS FOR YOUR ENTIRE RECOVERY PROCESS

- The surgical leg may feel very “heavy.” This is normal.
- Your pain, bruising, and swelling will get worse before it gets better. This is normal! This is the healing process.
- Always use ice initially, NO HEAT. You can use ice every hour as needed 15-20 minutes at a time.
- Always eat something before taking oral pain medication to help prevent nausea.
- Frequent mobility every 30-60 minutes can help to decrease pain and stiffness in the new joint. Some examples include: sit in the chair – legs up/legs down, leg kicks, knee bends, ankle pumps, and walking. In most cases, moving around, changing position and putting weight on the surgical leg makes it feel better!
- In addition to frequent position changes, it is important to elevate your surgical leg to assist with swelling and pain control. Elevate your surgical leg using 1-2 pillows under the ankle, so your toes are higher than your hip.
- Stiffness, tightness, and soreness in the upper thigh (quad muscle) is very typical. Place your ice pack on your thigh as needed. Gently rub your thigh with your hand. Sit with your legs down in the chair, especially when eating, to allow your quad muscle to stretch.

PRE- AND POST-OP EXERCISES

Many patients with arthritis favor their joints and thus become weaker. This interferes with recovery. It is important to be as fit as possible before undergoing a total joint replacement surgery. This will make your recovery much faster. **It is important that you begin these exercises before surgery.** Pre-operative exercise can help to specifically restrengthen each muscle group to aid in decreasing post-op weakness.

Our rehabilitation program is rigorous to assure you of the best outcome. Please ask your physical therapist for assistance in understanding your program should you have questions or concerns; they have strict instructions to call your physician for any clarification should conflict arise.

Start doing the following exercises NOW–BEFORE surgery! If you do not understand an exercise or it hurts too much, do not do that particular exercise but continue with the others. When you meet with your physical therapist before surgery, he/she will help further modify these exercises for you specifically and provide further instruction. You may also receive additional exercises to progress in your recovery. Consistent participation in an ongoing home exercise program is very important.

PRE-OPERATIVE EXERCISE

- It is recommended that you do these exercises as tolerated twice a day.
- Start with 10-12 repetitions of each exercise and progress to 20 repetitions as able.
- If any of these exercises significantly increase your pain, decrease the repetitions or omit the exercise altogether.

Also, remember that you need to strengthen your entire body, not just your legs. It is very important that you strengthen your arms as well, because you will be relying on your arms to help you walk with the walker, get in and out of bed, and in and out of a chair.

POST-OPERATIVE EXERCISE

- Complete all exercises as instructed twice a day – morning and afternoon.
- Start with 12-15 repetitions and progress to 20 repetitions of each exercise as tolerated by pain.
- Frequent activity at least every hour is very important. See the “Pain Management” section for further considerations and recommendations.
- We recommend completing rehab exercises for one year after your joint surgery.

Complete number of recommended times.

ANKLE PUMPS

Move ankle up and down. Pull it up and push it down as far as you can. A stretch should be felt in your calf.



QUAD SETS

Press your knee down, tightening the muscle on the front of your thigh. **Hold for 5 seconds.**



SHORT-ARC QUAD

Place a coffee can or towel roll under your knee. Lift your foot up off the bed to straighten the knee. **Hold for 5 seconds.** Lower foot. Keep thigh on roll.



Complete number of recommended times.

GLUTEAL SET

Lie on your back. Squeeze your buttocks. **Hold 5 seconds.**



STRAIGHT LEG RAISE

Bend the non-operated knee up so your foot is flat on the bed. Keeping the knee of operated leg straight, lift your operated leg up 10-12 inches. Rest between each repetition.



Complete number of recommended times.

HEEL SLIDE

Slide the heel of your operated leg toward your buttocks. (Do not cross your legs.)



HIP ABDUCTION

Slide your leg out to the side and back to the middle. Keep your toes pointed straight up to the ceiling. This motion is similar to a snow angel or a windshield wiper.



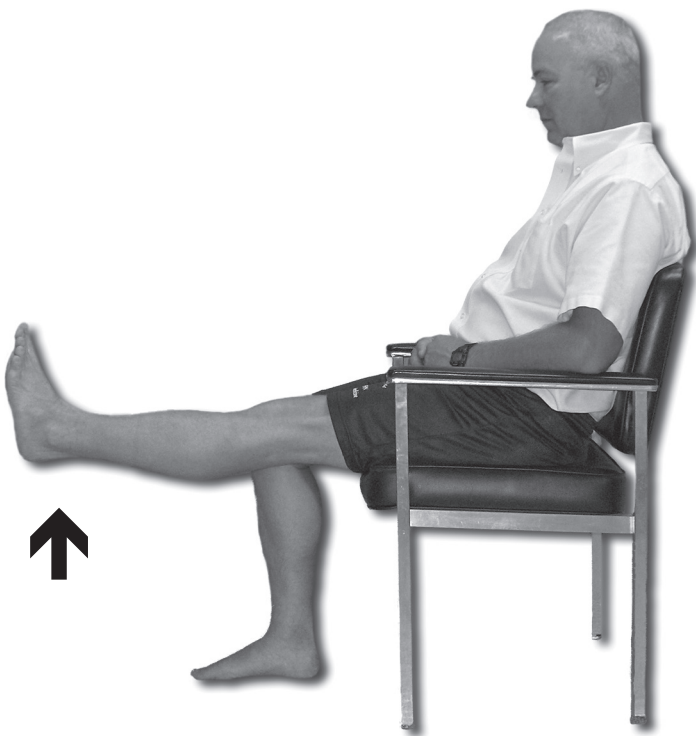
Complete number of recommended times.

LONG ARC QUAD

Sitting in chair, straighten knee of operated leg. **Hold for 5 seconds.** Return foot to floor. Keep thigh down and sit up straight.

**Scoot back in chair first so thigh is supported.*

**Keep thigh down and sit up straight .*



STANDING HEEL RAISE

Stand, holding onto something sturdy. Rise up on your tip toes and lower back down. Keep knees straight.



Complete number of recommended times.

MINI SQUATS

Stand, holding onto something sturdy. With your back straight, slightly bend your knees and slowly stand up. Do not bend at the waist.

**Suggestion: Pretend you are trying to sit down in a chair. Try not to let your knees go over your toes.*



STANDING KNEE FLEXION

Stand, holding onto something sturdy. Bend the knee of operated leg up behind you. DO NOT march your hip up to your chest.



Complete number of recommended times.

STANDING HIP FLEXION

Stand, holding onto something sturdy. March leg of operated hip up towards chest. Do not lift knee higher than hip.



CHAIR PUSH-UP

Sitting in a chair with arms, lift your buttocks up off your chair by straightening your elbows. Lower yourself back down to the chair. This exercise is to strengthen your arms. Try to NOT use your legs.

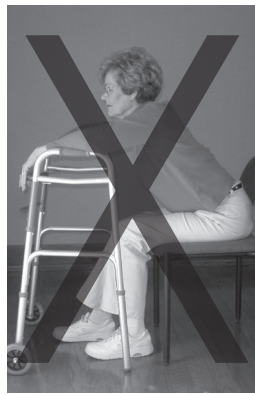


HIP PRECAUTIONS

The muscles and ligaments around your new total hip replacement hold the ball in the socket and will take time to heal after surgery. Therefore, positions that will stress these muscles and ligaments are restricted following surgery. The object of these restrictions is to prevent the hip from dislocating.

3 TOTAL HIP ARTHROPLASTY PRECAUTIONS

Adhere to these precautions for at least 3 months after surgery or as directed by your orthopaedic doctor.



Avoid bending
past 90 degrees.



Avoid crossing
your legs at knees or ankles.



Avoid twisting
your leg in or out.

HOME SAFETY

ACTIVITIES OF DAILY LIVING AND HOME SAFETY TIPS

TRANSFER: TUB

Getting into the shower using a bath seat

1. Place the bath seat in the tub facing the faucets.
2. Back up to the tub until you can feel it at the back of your knees. Be sure you are in front of the bath seat.
3. Reach back with one hand for the bath seat. Keep the other hand in the center of the walker.
4. Slowly lower yourself onto the bath seat keeping the operated leg out straight.
5. Move the walker out of the way, but keep it within reach.
6. Lift your legs over the edge of the tub.

Getting out of the tub using a bath seat

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat.
3. Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
4. Balance yourself before grabbing the walker.



Extended tub bench.

TRANSFER: WALK-IN SHOWER

Getting into/out of the shower with side step method

1. Turn sideways so **non-operated leg** is closest to the shower lip.
2. Step into/out of shower with **non-operated leg first** and then operated leg using arm support as needed.
*BE CAREFUL NOT TO MARCH/LIFT OPERATED HIP PAST 90 DEGREE ANGLE.

Getting into/out of the shower with back step method

1. Position self backwards at shower lip using walker as needed. Make sure both heels are touching the shower lip.
2. Step back and into/out of the shower with the **non-operated leg first** and then operated leg using arm support on the walker as needed. *BE CAREFUL NOT TO MARCH/LIFT OPERATED HIP PAST 90 DEGREE ANGLE.

NOTE: Although bath seats, grab bars, long handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.

NOTE: ALWAYS use a rubber mat or non-skid adhesive on the bottom of the tub or shower.

NOTE: To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attach it to the bath seat.



Side step method.



Back step method.

TRANSFER: TOILET

***If you do not have a high profile (handicap-type) toilet, you will need a raised toilet seat or a three- in-one bedside commode over your toilet in order to maintain your hip precautions!*

When sitting down on the toilet

1. Take small steps and turn until your back is to the toilet.
2. Back up to the toilet until you feel it touch the back of your legs.
3. If using a commode with armrests, reach back for both armrests and lower yourself onto the toilet. If using a raised toilet seat without armrests, keep one hand on the walker while reaching back for the toilet seat with the other.
4. If painful, slide your operated leg out in front of you when sitting down.

When getting up from the toilet

1. If using a commode with armrests, use the armrests to push up. If using a raised toilet seat without armrests, place one hand on the walker and push off the toilet seat with the other.
2. Slide operated leg out in front of you when standing up, if painful.
3. Balance yourself before grabbing the walker.



Raised toilet seat.



Three-in-one toilet seat.

TRANSFER IN AND OUT OF BED

**You must either sleep on your back or non-surgical leg with a pillow between your knees to maintain your hip precautions.*

When getting into bed

1. Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed).
2. Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets, or sitting on a plastic bag may make it easier.)
3. Move your walker out of the way, but keep it within reach.
4. Scoot your hips to angle your buttocks toward your pillow.
5. Lift your leg into the bed while scooting around (if this is your operated leg, you may use a cane, a rolled bed sheet, or a belt to assist with lifting your leg into bed).
6. Keep scooting and lift your other leg into the bed.

When getting out of bed

1. Scoot your hips to the edge of the bed.
2. Try to sit up in a long-sitting position by propping your upper body up first on your elbows, then onto your hands. It is important to keep both elbows straight.
3. Move legs to edge of bed while maintaining your hip precautions as instructed.
4. Lower your legs to the floor by scooting your buttocks forward and by pushing with your hands.
5. Use both hands while pushing up off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
6. Balance yourself before grabbing for the walker.



LYING IN BED

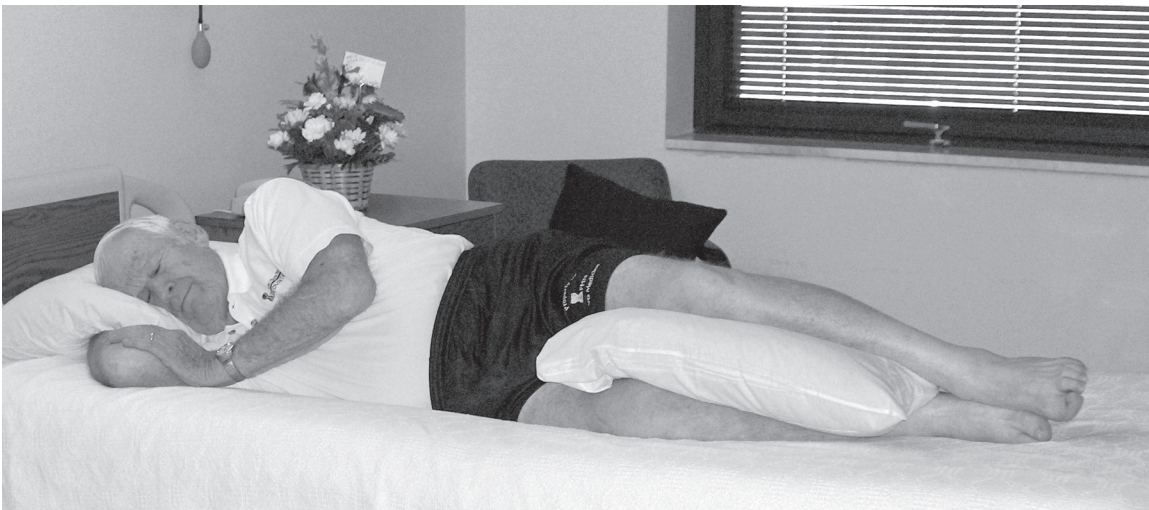
On Your Back

- Keep a pillow between your legs when lying on your back.
- Try to keep the operated leg positioned in bed so the kneecap and toes are pointed to the ceiling.
- Try not to let your toes roll inward or outward. A blanket or towel-roll on the outside of your leg may help you maintain this position.



On Your Side

- When rolling from your back to your side, first bend your knees toward you until your feet are flat on the bed.
- Then **place a pillow between** your legs. With knees slightly bent, squeeze the pillow together between your knees and roll onto side. Initially, avoid lying on your operated hip.



*****DRESSING EQUIPMENT AS BELOW *MUST* BE USED AT ALL TIMES TO MAINTAIN YOUR HIP PRECAUTIONS.*****

USING A REACHER/DRESSING STICK

Putting on pants and underwear

1. Sit down.
2. Put your operated leg in first, and then your non-operated leg. Use a reacher or dressing stick to guide the waistband over your foot.
3. Pull your pants up over your knees, within easy reach.
4. Stand with the walker in front of you to pull your pants up the rest of the way.

Taking off pants and underwear

1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor. Push your underwear down to your knees.
3. Lower yourself down, keeping your operated leg out straight.
4. Take your non-operated leg out first and then the operated leg.
5. A reacher or dressing stick can help you remove your pants from your foot and off the floor.

USING A SOCK AID

1. Slide the sock onto the sock aid.
2. Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toe, and pull the sock on.
5. Keep pulling until the sock aid pulls out.



Reacher



Sock Aid

WALKING WITH A WALKER

1. Move the walker forward.
 2. With all four walker legs firmly on the ground, step forward with operated leg. Place the foot in the middle of the walker area. Do not move it past the front feet of the walker.
 3. Push hard with your arms.
 4. Step forward with the non-operated leg.
- Returning to a normal walking pattern is crucial. To walk fluently with your walker, pretend like you are walking pushing a shopping cart. Take shorter steps initially.
- Returning to a normal walking pattern is crucial. To walk fluently with your walker, pretend like you are walking pushing a shopping cart. Take shorter steps initially.

NOTE: 2-wheeled walkers are recommended.

STAIR CLIMBING

- Do one step at a time.
- Ascend with non-operated leg first (“Up with the good.”)
- Descend with the operated leg first (“Down with the bad.”)



TRANSFER: CAR

1. Push the car seat all the way back, and recline it if possible. (Remember to return the seat to the upright position for traveling.)
2. Place a plastic trash bag on the seat of the car to help you slide easier.
3. Back up to the car until you feel it touch the back of your legs.
4. Reach back for the car seat and lower yourself down. Keep your operated leg straight out in front of you and duck your head so that you do not hit it on the door frame.
5. Turn frontward, leaning back as you lift the operated leg into the car.



AROUND THE HOUSE - SAVING ENERGY AND PROTECTING YOUR JOINTS

KITCHEN

- DO NOT get down on your knees to scrub floors. Use a mop or long-handled brushes.
- Plan ahead! Gather all your cooking supplies at one time, then prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To provide a better working height, use a high stool or put cushions on your chair when preparing meals.

BATHROOM

- DO NOT get down on your knees to scrub. Use a mop or other long-handled brushes.

SAFETY AND AVOIDING FALLS

- Pick up throw rugs and tack down loose carpeting.
- Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting. Install night lights in the bathrooms, bedrooms and hallways.
- Keep all cords out of pathways. DO NOT run wires under the rugs. This is a fire hazard.
- DO NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms and without wheels. It makes it easier and safer to get up. Rise slowly from either a sitting or lying position so as not to get lightheaded.
- DO NOT lift heavy objects for the first three months, and then only with your surgeon's permission.
- Stop and think. SLOW DOWN. Use good judgment.



POST-OPERATIVE CARE

CARING FOR YOURSELF AT HOME

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

CONTROL YOUR DISCOMFORT

- Take your pain medication at least 30-45 minutes before physical therapy, other increased activity and bed time as able.
- Gradually wean yourself from prescription pain medication to Tylenol. You may take two regular-strength Tylenol (325mg) in place of your prescription pain medication up to four times per day. **DO NOT EXCEED 4000 mg OF TYLENOL IN 24 HOURS.**
- Change your position every 30-60 minutes throughout the day.
- Use ice for pain control. **NO HEAT.** Applying cold therapy to your affected joint will decrease swelling and discomfort. Do not use more than 15-20 minutes at a time each hour as needed. You can use ice before and after your exercise program.
- Elevate your surgical leg using 1-2 pillows under the lower leg/ankle so your toes are higher than your hip. Your knee should NOT be bent if elevated correctly.

BODY CHANGES

- Your appetite initially may be poor, but your desire for solid food will return. Try to eat foods higher in protein and fiber. Drink plenty of fluids to keep from getting dehydrated.
- You may have difficulty sleeping. If having difficulty, try taking your pain medication and using ice shortly before going to bed.
- Your energy level may initially be decreased.
- Pain medication that contains narcotics causes constipation. Use stool softeners or laxatives such as milk of magnesia if necessary, drink plenty of water, eat foods high in fiber, and make sure to walk.

***NURSE'S WISE TALE TO HELP RELIEVE CONSTIPATION: Mix 30-60mL of milk of magnesia (or equivalent) with a small glass of warm juice (any kind) and drink. Follow bottle instructions if further indicated.

CARING FOR YOUR INCISION

- Your dressing is removed **ONLY** by orthopaedic staff. Call ortho office immediately if your dressing becomes loose or comes off.
- Keep your incision dry.
- **DO NOT** touch your dressing.
- **DO NOT** use lotions, powders, or ointments near the incision site.
- **DO NOT** cover or apply tape to your dressing.
- You may shower when your surgeon has approved, as long as your incision is not draining. You may not go into a pool, bath, or hot tub, until you have been advised to do so.
- Notify your surgeon if there is increased bleeding, drainage, redness, pain, odor, or heat around the incision.
- Take your temperature if you feel warm or sick. Call your surgeon if your temperature exceeds 101.5 °F.



WHAT TO DO FOR EXERCISE – Choose a LOW Impact Activity ****Must be careful with hip precautions as instructed****

- Recommended exercise classes
- Home program as outlined in patient **Guidebook**
- Take regular walks or use a treadmill
- Stationary bike (as directed by therapist or physician)
- Regular exercise at a fitness center
- Low impact sport: golf, bowling, walking, gardening, dancing, etc.

WHAT NOT TO DO

- Do not run or engage in high-impact activities.
- Do not participate in high-risk activities, such as downhill skiing, etc.

SIGNS OF DISLOCATION

- Severe pain
- Rotation/shortening of leg
- Unable to walk/move leg

PREVENTION OF DISLOCATION

HIP PRECAUTIONS

- **DO NOT** cross legs at knees or ankles
- **DO NOT** twist side-to-side
- **DO NOT** bend at the hip past 90°



INFECTION CONTROL

- Take antibiotics before you are having ANY dental work or other invasive procedures as instructed after surgery. Please refer to the section regarding dental procedures near the end of this **Guidebook**.
- Although the risks are very low for post-op infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract bacteria from an infection located in another part of your body. If you should develop a fever of 101.5 °F or more or sustain an injury such as a deep cut or puncture wound, you should clean it as best as you can, put a sterile dressing or bandage on it, and notify your healthcare provider. The closer the injury is to your prosthesis, the bigger the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your healthcare provider if the area becomes painful or reddened.

Signs of Infection

- Increased redness at incision site
- Increased drainage, especially if odor is present
- Fever greater than 101.5 °F

Prevention of Infection

- **DO NOT TOUCH YOUR INCISION**
- Take proper care of your incision as instructed/educated.
- Take prophylactic antibiotics when having ANY dental work or other potentially contaminating procedures as instructed by your orthopaedic surgeon.
- Notify all physicians and dentist that you have had a total joint replacement.

BLOOD THINNER MEDICATIONS

You will be prescribed a blood thinner medication after your surgery. These medications will help avoid blood clots. Your primary care provider and surgeon will determine the best blood thinner for you. You will be instructed about any blood thinning medications you will be taking prior to your discharge.

BLOOD CLOTS IN THE LEGS

Surgery may cause the blood to slow and clump together in the veins of your legs, creating a blood clot. You can help to prevent blood clots by doing your exercises, walking and taking your prescribed blood thinner medications.

When traveling, stop and change position hourly to prevent your joint from tightening. Plan frequent stops for short walks. Perform frequent ankle pumps.

Signs of Blood Clots in Legs

- Redness or warmth to a localized area
- Swelling in thigh, calf or ankle that does not decrease with elevation
- Pain/tenderness in calf or at a localized area

NOTE: Blood clots can form in either leg!

PULMONARY EMBOLUS

A blood clot could break away from your leg vein and travel to your lungs. This is an emergency and you should CALL 911 if suspected.

Signs of a Pulmonary Embolus

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



DO'S AND DON'TS FOR THE REST OF YOUR LIFE

All joint replacement patients need to have a regular exercise program to maintain fitness and the health of the muscles around their joints.

With both your orthopaedic and primary care physician's permission, you should participate in a regular exercise program 3 to 4 times per week, lasting 20-30 minutes. High-impact activities, such as running and tennis, are not recommended. High-risk activities, such as downhill skiing, are likewise discouraged because of the risk of fractures around the prosthesis. Discuss other specific functional activities with your orthopaedic surgeon if you have any questions.

NUTRITION

NUTRITIONAL PREPARATION FOR SURGERY

For your best health, it is important to prepare your body's nutritional reserves. Proper nourishment is important to prepare for stress and wound healing. For patients with a body mass index of greater than 30, controlled weight loss is beneficial, because fatty tissues are not as resistant to infections. Follow the **MyPlate** guide for balanced nutrition by choosing fresh fruits, vegetables and good protein sources, such as lean meats, fish or poultry at each meal.

NUTRITION FOLLOWING SURGERY

After your surgery, continue to eat healthy. You may receive an oral nutrition supplement (i.e., Ensure) while in the hospital, if ordered by your provider, to help with post-operative healing. Choose good protein sources along with whole-grain breads and cereals. Include a selection of fresh fruits and vegetables at each meal. In addition, you will want to eat and drink slowly to prevent gas formation from swallowed air. Remember to drink plenty of fluids.

NUTRITION AFTER DISCHARGE

Use the **MyPlate** guide as your source for meal planning. Continue to choose lean protein sources. Also be aware that your appetite could decrease.

DEALING WITH LOSS OF APPETITE

If you do experience a loss of appetite, try to eat more frequent small meals and snacks. Arrange your food attractively, using garnishes to make your plate appealing. Plan to eat in a relaxed, pleasant atmosphere. You may find that protein supplements may be beneficial. Consuming an oral nutrition supplement (such as Ensure, Boost, or generic) once or twice a day may help you receive adequate nutrition needed for continued healing.

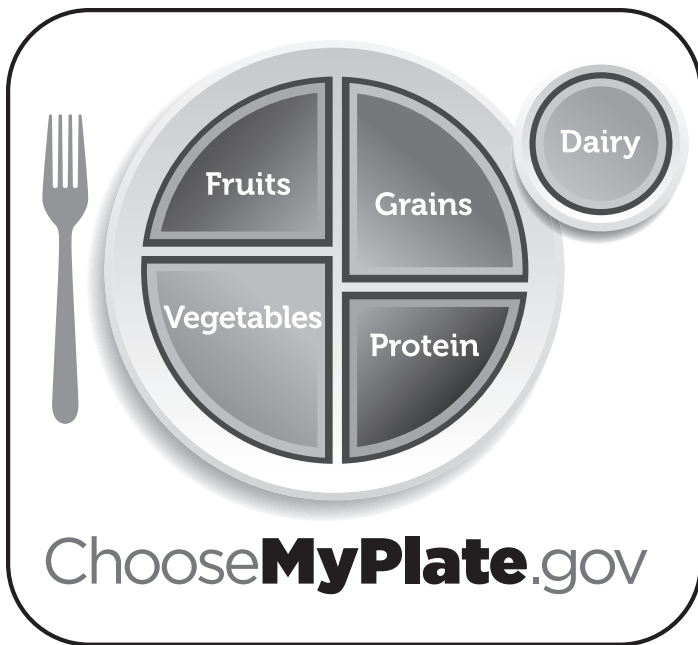
CHANGE IN TASTE SENSATION

Medications may affect the taste of your food. You may want to try:

- Substituting poultry or fish for red meats
- Eating foods cold or at room temperature
- Marinating meat in sweet fruit juices
- Experimenting with seasonings
- Stimulating moisture in your mouth by sipping a small amount of lemon juice before eating

AVOIDING OR DEALING WITH CONSTIPATION

Try increasing fiber in your diet by choosing raw fruits and vegetables and selecting only whole-grain breads and cereals. Add 1 or 2 tablespoons of bran each day to cereals, casseroles, or baked goods. Drink approximately 8 to 10 glasses of fluids per day.



BUILD A HEALTHY PLATE

Before you eat, think about what goes on your plate or in your cup or bowl. Foods like vegetables, fruits, whole grains, low-fat dairy products, and lean protein foods contain the nutrients you need without too many calories. Try some of these options:

- Make half your plate fruits and vegetables.
- Switch to skim or 1% milk.
- Make at least half your grains whole grains.
- Vary your protein food choices.
- Keep your food safe to eat – learn more at www.FoodSafety.gov.

CUT BACK ON FOODS HIGH IN SOLID FATS, ADDED SUGARS, AND SALT

Many people eat foods with too much solid fat, added sugars, and salt (sodium). Added sugars and fats load foods with extra calories you do not need. Too much sodium may increase your blood pressure.

- Choose foods and drinks with little or no added sugars.
- Look out for salt (sodium) in foods you buy – it all adds up.
- Eat fewer foods that are high in solid fats.

EAT THE RIGHT AMOUNT OF CALORIES FOR YOU

Everyone has a personal calorie limit. Staying within yours can help you get to or maintain a healthy weight. People who are successful at managing their weight have found ways to keep track of how much they eat in a day, even if they do not count every calorie.

- Enjoy your food, but eat less.
- Cook more often at home, where you are in control of what is in your food.
- When eating out, choose lower-calorie menu options.
- Write down what you eat to keep track of how much you eat.
- If you drink alcoholic beverages, do so sensibly – limit to 1 drink a day for women or to 2 drinks a day for men. You should not consume alcohol if you are taking pain medication.

BE PHYSICALLY ACTIVE YOUR WAY

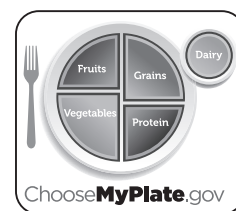
Pick activities that you like and start by doing what you can, at least 10 minutes at a time. Every bit adds up, and the health benefits increase as you spend more time being active.

10 tips

Nutrition Education Series

choose MyPlate

10 tips to a great plate



Making food choices for a healthy lifestyle can be as simple as using these 10 Tips.

Use the ideas in this list to *balance your calories*, to choose foods to *eat more often*, and to cut back on foods to *eat less often*.

1 balance calories

Find out how many calories YOU need for a day as a first step in managing your weight. Go to www.ChooseMyPlate.gov to find your calorie level. Being physically active also helps you balance calories.

2 enjoy your food, but eat less

Take the time to fully enjoy your food as you eat it. Eating too fast or when your attention is elsewhere may lead to eating too many calories. Pay attention to hunger and fullness cues before, during, and after meals. Use them to recognize when to eat and when you've had enough.



3 avoid oversized portions

Use a smaller plate, bowl, and glass. Portion out foods before you eat. When eating out, choose a smaller size option, share a dish, or take home part of your meal.

4 foods to eat more often

Eat more vegetables, fruits, whole grains, and fat-free or 1% milk and dairy products. These foods have the nutrients you need for health—including potassium, calcium, vitamin D, and fiber. Make them the basis for meals and snacks.



5 make half your plate fruits and vegetables

Choose red, orange, and dark-green vegetables like tomatoes, sweet potatoes, and broccoli, along with other vegetables for your meals. Add fruit to meals as part of main or side dishes or as dessert.

6 switch to fat-free or low-fat (1%) milk

They have the same amount of calcium and other essential nutrients as whole milk, but fewer calories and less saturated fat.



7 make half your grains whole grains

To eat more whole grains, substitute a whole-grain product for a refined product—such as eating whole-wheat bread instead of white bread or brown rice instead of white rice.

8 foods to eat less often

Cut back on foods high in solid fats, added sugars, and salt. They include cakes, cookies, ice cream, candies, sweetened drinks, pizza, and fatty meats like ribs, sausages, bacon, and hot dogs. Use these foods as occasional treats, not everyday foods.

9 compare sodium in foods

Use the Nutrition Facts label to choose lower sodium versions of foods like soup, bread, and frozen meals. Select canned foods labeled “low sodium,” “reduced sodium,” or “no salt added.”



10 drink water instead of sugary drinks

Cut calories by drinking water or unsweetened beverages. Soda, energy drinks, and sports drinks are a major source of added sugar, and calories, in American diets.

YOUR JOINT REPLACEMENT, DENTAL PROCEDURES, AND ANTIBIOTICS

Following joint replacement surgery, it is highly recommended by all FHN's orthopaedic surgeons that you take a preventative antibiotic PRIOR TO ALL dental procedures, even a routine teeth cleaning!

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. Your dentist and your orthopaedic surgeon, working together, will develop an appropriate course of treatment for you to reduce the risk of potential infection.

Please ask your surgeon for further details. Contact FHN's orthopaedic office prior to each and every dental procedure in order to be further educated and instructed on your orthopaedic surgeon's recommendations. Such recommendations, could change with time.

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.
12. A safe treatment setting, including: appropriate staffing levels and current infection control measures. This includes FHN's commitment to reporting witnessed abuse.

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.

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.
- Ask if there is a support group for people with your condition.
- Tell your doctor and your family about your wishes for life-saving actions, like resuscitation.

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.

