

Thank you for choosing CaroMont Regional Medical Center for your upcoming Total Joint Replacement surgery.

Your decision to have total joint replacement surgery is the first step toward a more active lifestyle. Our orthopedic team developed this Patient Guide to help prepare you for your upcoming surgery, hospital stay and recovery. Checklists are available in several sections of this guide to track appointments/areas you have completed. We encourage you to include any information you receive at your appointments or during your hospital experience so you can refer back to it at any time.

Our goal is to ensure the best possible experience, keeping you informed and helping you become an active partner in your health care. Your health and recovery are important to us, and we strive to make your stay with us an excellent experience.

In good health,
The Human Motion Institute Team

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Surgery Checklist

1. PRE-REGISTER

After your surgery is scheduled, please call 704.834.2914 to pre-register anytime Monday through Friday from 8:30 a.m. to 9:00 p.m.

- Please have the following information available:
 - Name, address, phone number
 - Date of birth
 - Surgeon's name
 - Date of surgery
 - Insurance company and policy number

2. COMPLETE TOTAL JOINT PRE-OPERATIVE EDUCATION VIDEO

Watch the video at caromonthhealth.org/totaljoint.

3. CONFIRM PRE-OPERATIVE SURGEON'S APPOINTMENT

Date: _____ Time: _____

Location: Your surgeon's office

4. COMPLETE PRE-ANESTHESIA SCREENING SERVICES

Date: _____ Time: _____

Location: Entrance C, Gaston Professional Building,
2555 Court Drive, Suite 120, Gastonia, NC 28054

5. ARRIVE FOR SURGERY

Date: _____ Time: _____

A CaroMont Health staff member will call you 24 to 48 hours prior to surgery to let you know where to go and when to check in on the day of surgery. If no one has called you by 3:00 p.m. the day before surgery, please call 704.834.2821.

6. COMPLETE POST-OPERATIVE PRIMARY CARE APPOINTMENT

Date: _____ Time: _____

Location: Your primary care physician's office

Following your surgery, you will need to set an appointment with your primary care provider. This appointment is not for assessment of your surgical site but for your overall health and review of your daily medications. If your blood sugar was elevated during your hospital stay, please inform your physician.

7. COMPLETE POST-OPERATIVE SURGEON'S APPOINTMENT

Date: _____ Time: _____

Location: Your surgeon's office

Contact Information

CaroMont Regional Medical Center

2525 Court Drive, Gastonia, NC 28054 | caromonthhealth.org | 704.834.2000

Human Motion Institute Orthopaedic Unit: 704.834.3000

Human Motion Institute Clinical Nurse Manager: 704.834.3581

Orthopaedic Coordinator: 704.834.3036

Hospital Registration: 704.834.2914

Hospital Pre-Anesthesia Screening Services: 704.834.4335

Hospital Surgery Department: 704.834.2821

General Patient Information: 704.834.2000



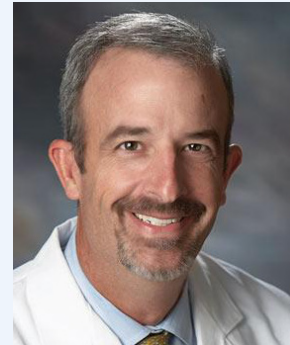
Meet Our Providers



Jason P. Zlotnicki, MD



Christopher Prato, MD



Clay Thomason, MD

CAROLINA ORTHOPAEDIC & SPORTS MEDICINE CENTER

2345 Court Drive, Gastonia, NC 28054
704.865.0077 | carolinaorthopaedic.com



Ranjan Maitra, MD



Canaan Prater, DO

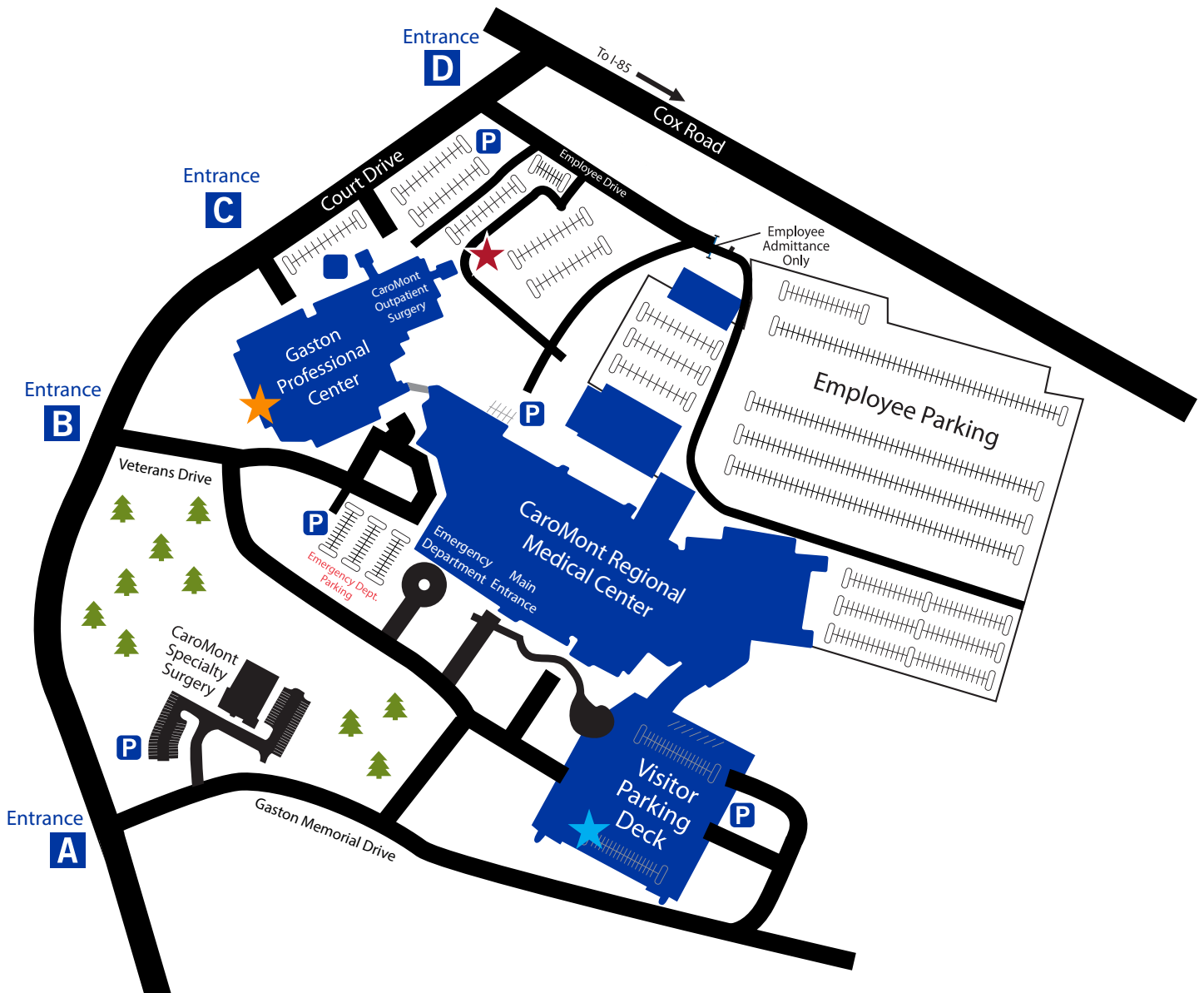
ORTHOCAROLINA

870 Summit Crossing Place
Gastonia, NC 28054
704.867.2333

209 Park Street
Belmont, NC, 28012
704.323.3337

orthocarolina.com

Campus Map

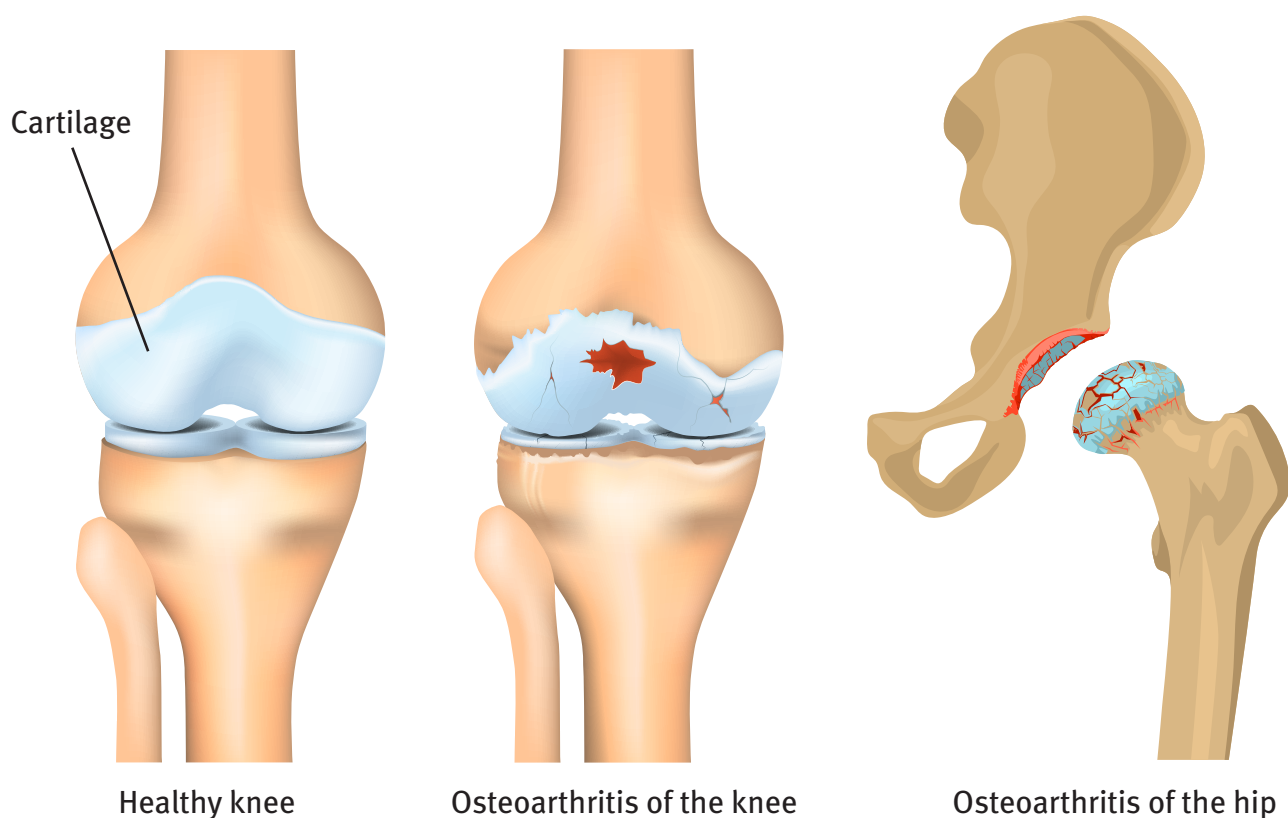


- ★ CaroMont Regional Medical Center Parking
- ★ CaroMont Outpatient Surgery Parking
- ★ Pre-Anesthesia Screening Services

Reason for a Joint Replacement

There are several conditions which may lead to the need for a joint replacement. Osteoarthritis, rheumatoid arthritis and post traumatic arthritis are the most common reasons. With each condition, the cartilage between bones has worn down. The cartilage that covers the ends of our bones acts like a cushion or shock absorber to prevent joints from grinding. When the cartilage of the affected joint becomes worn down, it causes the ends of the bones to rub against each other causing pain, stiffness, grinding, deformity and loss of function.

While medications, injections and physical therapy are short-term solutions to manage pain, many people eventually require joint replacement surgery.

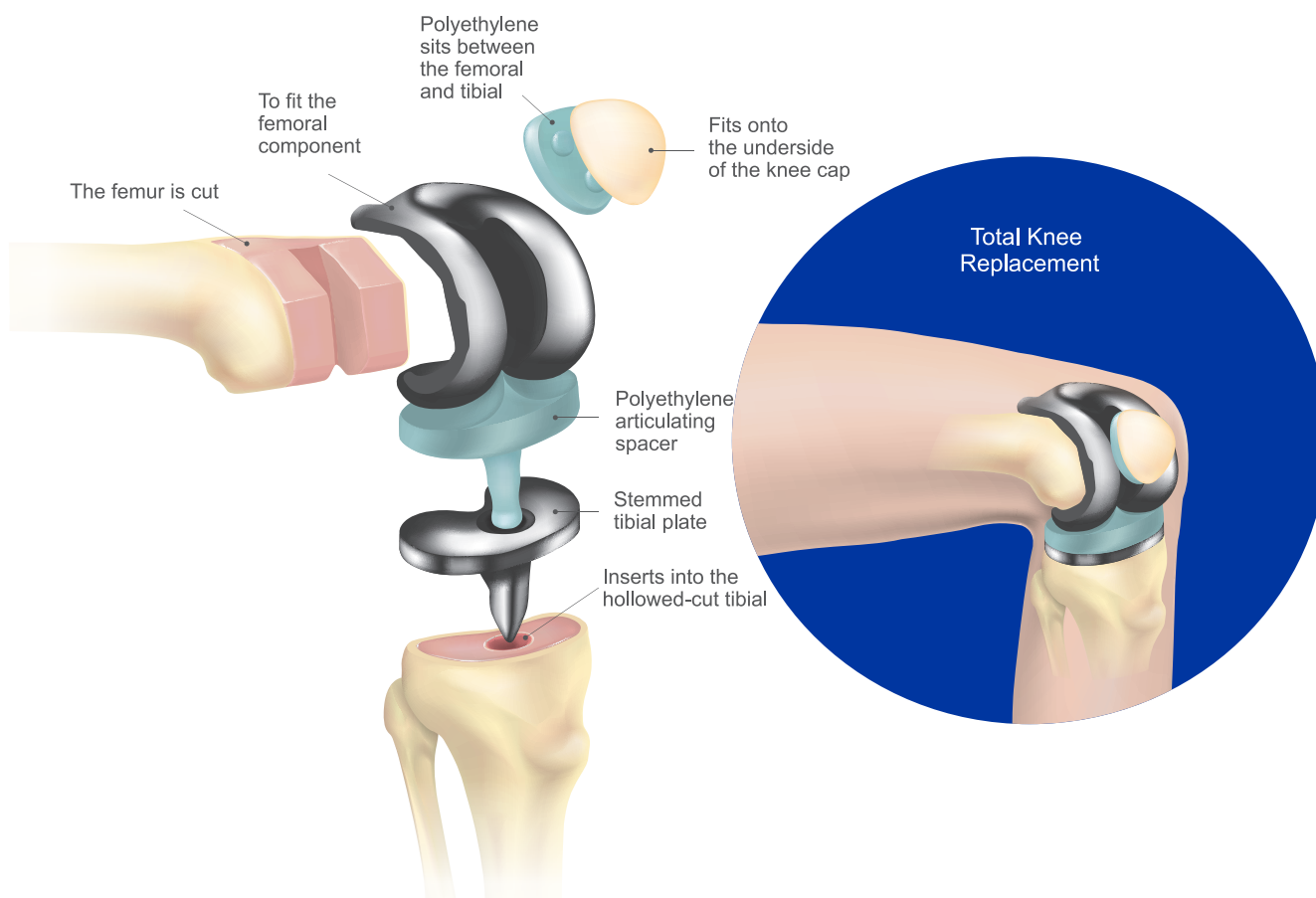


Knee Replacement Surgery

The knee joint is where the two major leg bones, the thigh bone (femur) and the shin bone (tibia), meet.

DURING KNEE REPLACEMENT SURGERY:

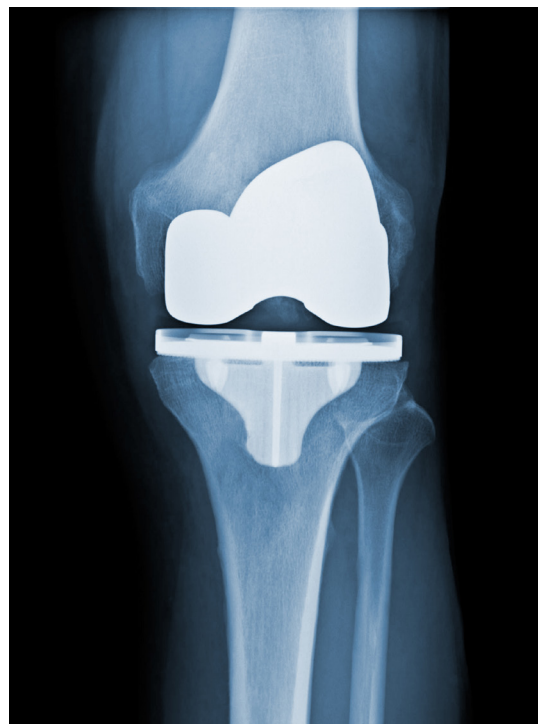
- The damaged portions of the cartilage and bone on the end of the thigh bone (femur) and top of the shin bone (tibia) are removed.
- Precise instruments are used to create surfaces that will fit the metal and plastic pieces of the implant.
- The surrounding ligaments may need to be adjusted or separated to accommodate the knee implant.
- The implants are held in place by using bone cement.
- Depending on the condition of the cartilage underneath the kneecap, the kneecap surface may also be replaced.
- This procedure takes approximately one to two hours.



What to Expect After Knee Replacement

Following recovery, more than 90% of people experience a dramatic reduction in pain and have a much easier time performing daily activities.

- Expect your new knee joint to reduce the pain you felt before surgery and increase the range of motion in your joint. Improving knee motion is a goal of total knee replacement, but regaining full motion is not always possible. Oftentimes, the motion you achieve in your knee after surgery is predicted by the motion of your knee before surgery.
- Normal activities require the following motion for knee replacement:
 - 70 degrees of motion for level walking
 - 90 degrees for going up stairs and 100 degrees to go downstairs easily
 - 110 degrees is ideal to get up from a low chair without using your arms
 - Getting your leg as straight as possible will decrease the energy required to walk and stand
- Kneeling may be uncomfortable, but it is not harmful.
- Occasionally, some soft clicking of the metal and plastic in the implant can occur with knee bending or walking. This often diminishes with time.
- Full recovery may take up to 12 months.
- Most replacements last approximately 20 years or longer.



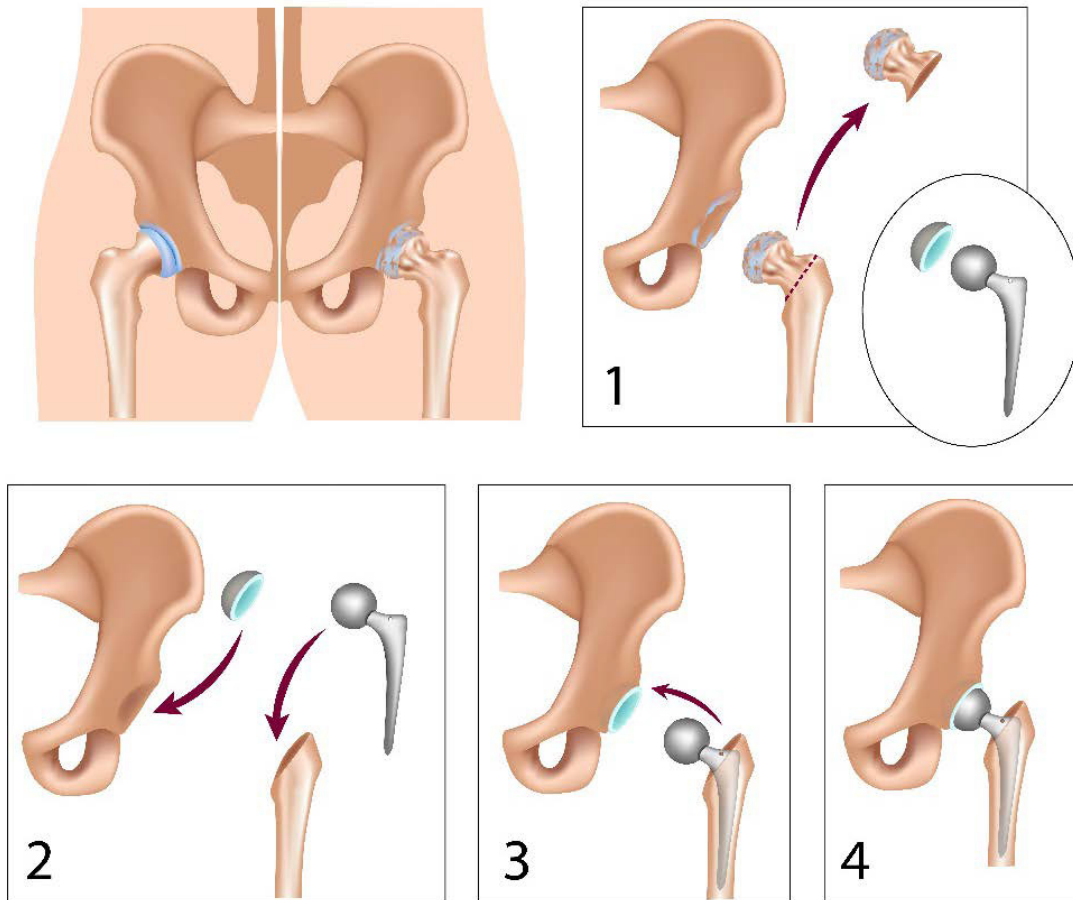
Hip Replacement Surgery

The hip is made up of two main parts:

1. The femoral head at the top of the thigh bone is shaped like a ball.
2. The acetabulum, a rounded socket, is where the femoral head fits.

SURGERY OVERVIEW

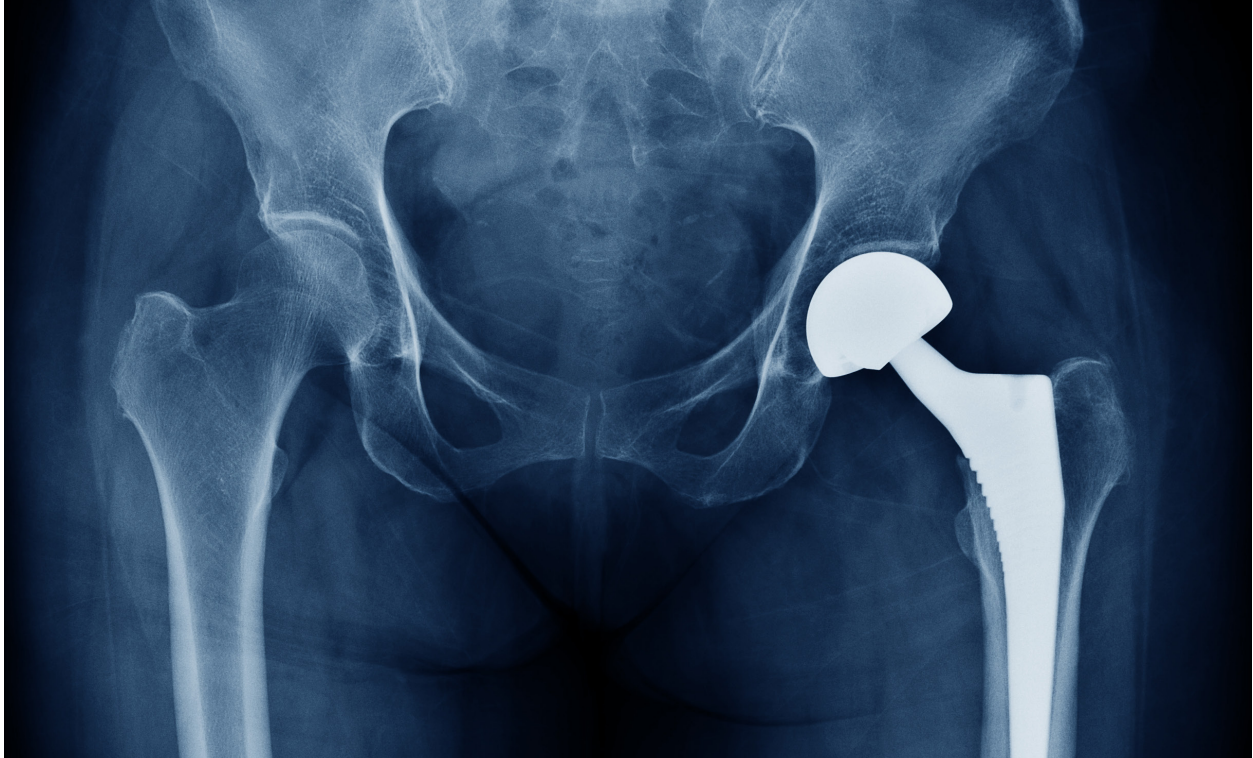
- Using precise instruments, the femoral head is removed and the hip socket is cleaned out.
- The new socket is placed and a metal stem is inserted into the thigh bone.
- The implant can be kept in place by one of two ways:
 - Bone cement, which acts as a glue and attaches the artificial joint to the bone.
 - Press-fit implants allow bone to grow into the porous coating on the implant over time.
- This procedure takes approximately one to two hours.



What to Expect After Hip Replacement

Following recovery, more than 90% of people experience a dramatic reduction in pain and have a much easier time performing daily activities.

- Expect your new hip joint to reduce the pain you felt before your surgery and increase the range of motion in your joint.
- Do not expect to do things you couldn't do before you developed arthritis.
- The benefits of surgery usually become evident six to eight months after surgery. Full recovery may take up to 12 months.
- Sometimes patients notice occasional clicking. This is common and is due to the plastic and metal implant surfaces rubbing together. It often diminishes with time.
- Most replacements last approximately 20 years or longer.



Acceptable Activities After Hip or Knee Replacement

Generally patients are able to participate in the following activities, once the surgeon says they are okay to do so. If you've had hip replacement, you may need to wait 6-8 weeks before resuming certain activities.

REALISTIC ACTIVITIES:

- Swimming
- Golf
- Hiking
- Biking
- Low-impact sports
- Gardening

NOT RECOMMENDED:

- High impact activities
- Running/jogging
- Contact sports
- Heavy weight-lifting
- Activities requiring quick stop/start motion



Surgery Risks

With any major surgery there are certain risks. Medical conditions such as obesity, lung disease, heart disease, diabetes and recent infections could put you at an increased risk for complications. If you see a primary care physician or other specialist on a routine basis, please inform them of your upcoming surgery.

Potential surgery complications could include problems with:

- Anesthesia
- Infection
- Bleeding from your incision
- Blood clots
- Damage to nerves or blood vessels
- Pneumonia, heart attack, stroke
- Need for further surgery
- Very rarely, death

Failure to participate in physical therapy following surgery could cause you to develop contractures, or scar tissue, around your joint replacement. This could prevent you from regaining full range of motion, requiring future surgery.

Same-Day Surgery

Some total joint replacement patients are appropriate for same-day surgery. Same-day surgery allows patients to be discharged safely to their home on the day of surgery after successful participation in a complete but shortened post-operative clinical pathway. Many patients and families find this option attractive because patients do not spend the night in the hospital.

The ideal candidate for same-day surgery has good overall health with minimal medical conditions; has an adequate support network of family and/or friends to continue care at home; is highly motivated and usually functional by themselves. Typically, patients who have chronic health conditions such as diabetes, heart, lung or kidney conditions, sleep apnea or a high body mass index (BMI) are not ideal candidates. Screening is done at your surgeon's office to determine if you are a candidate for same-day surgery.

Most patients are highly satisfied with the same-day surgery experience and are surprised at how quickly they are able to walk after surgery. Patients typically get out of bed with a physical therapist within a few hours of their surgery. Research shows that these patients are not at higher risk for developing complications or infections.

The key to having a positive experience and a good outcome is preparation. The more you do before your surgery to prepare, the better. Most importantly, you need to have support from a family member or caregiver to help you when you get home.



Preparing for Surgery Checklist

It is important to be as healthy as possible before having surgery. Certain medical conditions can put you at risk for developing complications or an infection. Some patients will be required to see their primary care provider before scheduling surgery. They will help manage the following:

- Rheumatoid arthritis
- Chronic steroid use
- Chronic kidney disease
- Liver disease
- Skin conditions (including eczema, psoriasis, chronic dermatitis, skin sores and MRSA)
- Diabetes
- HIV
- Cancer
- Smoking
- Moderate to heavy use of alcohol
- Heart attack, atrial fibrillation (AFib) or being on a blood thinner before surgery
- Body mass index (BMI)

□ IF YOU SMOKE OR USE TOBACCO PRODUCTS, YOU SHOULD QUIT.

- We recommend that you stop smoking or using nicotine products for at least four weeks prior to surgery.
- Cigarettes, snuff, dip or vape products contain nicotine and can interfere with circulation and healing after surgery.
- Smoking can also increase your chances of developing breathing problems or lung infections after surgery.
- CaroMont Regional Medical Center is completely tobacco free.

□ LIMIT ALCOHOL INTAKE.

- We strongly recommend you avoid drinking alcohol or drink less of it. Do not have more than one or two drinks per day, for two to four weeks before your surgery. This includes liquor, beer, or wine.
- Alcohol can increase bleeding after surgery, as well as your risk for falls and chances of getting an infection.
- If you are a moderate to heavy drinker, please notify your surgeon. Alcohol withdrawal symptoms (delirium tremens) could occur in the hospital and cause serious complications.

❑ IF YOU ARE DIABETIC, MONITOR YOUR BLOOD SUGAR REGULARLY.

- A hemoglobin A1C gives an average picture of your blood sugars over the past two to three months. We recommend a hemoglobin A1C of less than seven before scheduling surgery.
- Your surgery will be canceled if your hemoglobin A1C is greater than eight or your blood sugar on the morning of surgery is greater than 200.
- Your blood sugars should consistently run below 180. If they are higher, you should contact your primary care physician.

❑ OBTAIN A HEALTHY WEIGHT.

- You must have a body mass index (BMI) of less than 40 before surgery. This is a measurement of body fat based on your height and weight.

❑ EAT HEALTHY.

- Protein is good for wound healing. Protein is found in foods like chicken, pork, nuts, beans and eggs.
- High fiber foods such as fruits and vegetables help with constipation.
- Drink plenty of fluids to stay well hydrated.

❑ COMPLETE DENTAL WORK WELL BEFORE SURGERY.

- The sooner you can get your dental work completed, the better.
- This not only improves dental hygiene, but it also helps reduce your risk for developing an infection.

❑ NOTIFY YOUR SURGEON IF YOU HAVE THE FOLLOWING:

- A new medical condition
- Symptoms of the flu or a virus
- Skin problems like rashes or wounds that are open, red or draining
- Tooth abscess or infection



Coach Contract

Our Total Joint Program firmly believes that you should have a support person to act as a coach during your recovery. They should be available to view the Pre-Operative Education Video for Total Joint Replacement with you, accompany you to physician appointments and therapy sessions and assist you at home throughout your recovery. If you do not have a coach, we may need to delay surgery until you can find someone. Our goal is for you to be safe and have a good experience after your total joint replacement.

IT WOULD BE BENEFICIAL FOR YOUR COACH TO:

- View the Pre-Operative Education Video.
- Attend therapy sessions in the hospital.
- Reinforce information taught by the physical and occupational therapists and nurses.
- Assist with exercises.
- Remind you to use your incentive spirometer and do exercises as instructed.
- Assist you with showering.
- Drive you home after you are discharged from the hospital or surgery center.
- Stay with you after you are discharged from the hospital or surgery center.
- Drive you to all of your appointments until you can drive yourself.
- Plan to stay with you for at least a few days once you get home.

AGREEMENT:

I agree to act as the “coach” before and after surgery for my loved one. I will be an important team member in their recovery and commit to helping them meet their therapy goals.

Signature of Coach

Signature of Patient



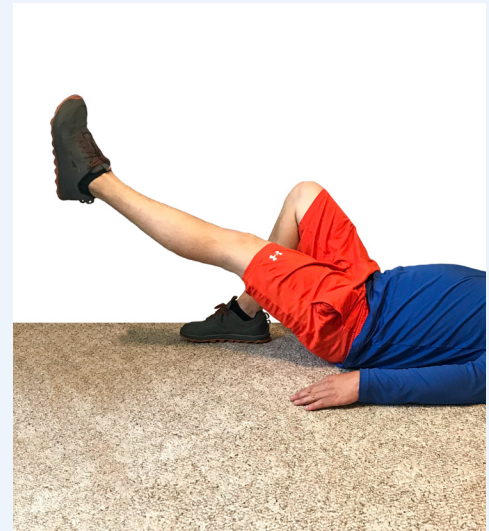
Pre-Operative Exercises

PRACTICE THE FOLLOWING EXERCISES

- These exercises will be reviewed in the Pre-Operative Education video.
- Practicing these exercises before surgery will help make you stronger.
- The better shape you are in before surgery, the easier and quicker your recovery will be.
- You do not need to do these exercises if they cause severe pain.

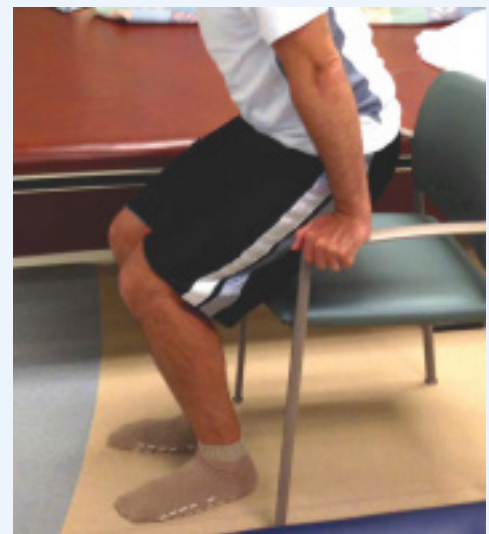
STRAIGHT LEG RAISE

1. Bend the leg you are not having surgery on to reduce back strain.
2. Keep the leg you *are* having surgery on straight. Tighten the muscles in the front of that leg.
3. Lift it three to five inches from the floor, then lower it. Keep the leg straight while lifting.
4. Repeat this 10 times.
5. Do twice daily.



SITTING TO STANDING

1. Use your hands to push down on the armrests.
2. Lean forward and try lifting your buttocks.
3. Return to sitting position.
4. Repeat this 10 times.
5. Do twice daily.



Pre-Operative Education Video

It is your orthopaedic surgeon's expectation that you and your coach watch our Pre-Operative Education for Total Joint Replacement presentation prior to surgery. It is designed specifically for patients undergoing knee and hip replacement surgery. It can be accessed online at any time.

This presentation will provide important information about:

- Upcoming appointments
- Surgery
- Hospital experience
- Physical and occupational therapy program
- Your recovery

To watch the presentation, visit caromonhealth.org/totaljoint.

After completing the video, please inform the orthopedic coordinator via email at brooke.thomas@caromonhealth.org.



Pre-Anesthesia Screening Services (PASS)

Pre-Anesthesia Screening Services (PASS) will perform a nursing assessment, obtain your medical history and prepare your chart for surgery. Your visit may take up to two hours.

PASS is located in the Gaston Professional Building at Entrance C at 2555 Court Drive, Suite 120 in Gastonia. See map on page six.



ITEMS TO TAKE TO YOUR APPOINTMENT:

- Medication bottles (including vitamins, over the counter medications, eye drops, and/or medicated lotions used on a regular basis)
- List of physicians you see on a regular basis
- Knowledge of medical history, including past surgeries
- Copy of recent lab work from your primary care provider, if completed within the past 60 days
- List of medicine allergies and your reactions to those medications

ITEMS PASS WILL GIVE YOU:

- List of medications to take the morning of surgery
- Chlorhexidine wash with instructions on how to apply
- Pre-operative surgery instructions

Pre-Operative Lab Work

WHAT ARE MRSA AND MSSA?

MRSA stands for methicillin-resistant staph aureus. MSSA stands for methicillin-sensitive staphylococcus aureus or staph aureus. Staphylococcus aureus (staph) is a bacteria commonly found on the skin of healthy people. It is carried in the nose or on the skin of approximately 30% of the population. Occasionally, staph can get in to the body and cause an infection. Most people who have MRSA or MSSA are colonized, which means that the bacteria is present in the nose and on the skin but doing no harm to the person.

WHY DO WE SCREEN FOR MRSA AND MSSA?

People can carry MRSA or MSSA without any symptoms. MRSA/MSSA screening before surgery will help us to determine if you are carrying the bacteria and will help us provide treatment.

HOW IS THE SCREENING DONE?

A nasal swab will be obtained at a pre-operative appointment. If the results are positive, the treatment is simple and consists of a nasal ointment. This does not mean you have an infection.

OTHER LABS

- Urine specimen: You will be given an antibiotic if bacteria is found.
- General blood work: To look at your electrolytes, blood levels and overall health.



Preparations Before Surgery

ONE WEEK BEFORE SURGERY:

PREPARE YOUR HOME

- Remove throw rugs.
- Put in nightlights.
- Move commonly used items where you can reach them easily.
- Keep pathways clear so a walker can fit through easily.
- Plan ahead for easy meals.
- Make plans to sleep on the first floor for a few days if your bedroom is upstairs.
- Make a list of commonly used phone numbers to keep close by.
- Have your phone and chargers nearby.
- Get medications filled before surgery.
- Have extra pillows available.
- Consider having someone care for your pets for one to two weeks after you return home.
- Plan to use a cold product whether it be ice packs or a cold machine.

TIP: HOW TO PREPARE ICE PACKS

Mix one cup of rubbing alcohol with two cups of water in a zip-lock bag and freeze. Use a second bag to prevent leakage.

PACK YOUR SUITCASE

▪ Clothes

- One to two days of loose, comfortable clothes, if your doctor plans for you to stay overnight.
- Shorts are easiest to get on and off. Pants should be loose enough to put on over a bulky bandage and be loose around the ankle.
- Choose non-slip, flat, supportive walking shoes with a closed toe and heel.
- Dresses, skirts or night gowns cannot be worn to therapy.

▪ Personal Items

- Glasses, dentures, hearing aids.
- Toothbrush/toothpaste, brush/comb, deodorant, denture cleaner/adhesive.
- Bring your CPAP/BIPAP mask for sleep apnea. You do not need to bring the hoses or machine.
- Books, magazines or headphones.

You do not need to bring a walker or wheelchair. There is one in each room.

THREE NIGHTS BEFORE SURGERY

- Chlorhexidine shower/bath. Wash your entire body from the neck down with Chlorhexidine soap. Rinse thoroughly. See instructions on page 24.

TWO NIGHTS BEFORE SURGERY

- Chlorhexidine shower/bath. Wash your entire body from the neck down with Chlorhexidine soap. Rinse thoroughly. See instructions on page 24.

DAY BEFORE SURGERY

TAKE ACETAMINOPHEN (TYLENOL):

Taking acetaminophen 24 hours before surgery will help you to feel less pain after the surgery and decrease the need for IV pain medication after surgery.

- You will take two regular strength acetaminophen (equal 650 mg) by mouth, every six hours. Start taking the day before surgery.
- Day before surgery: 11:00 a.m. 5:00 p.m. 11:00 p.m.
- Day of surgery: 5:00 a.m.

ATTENTION: DO NOT TAKE ACETAMINOPHEN IF:

- You are already taking medication containing acetaminophen. If you are not sure, please ask your pharmacist or the office nurse.
- Another physician has ever advised you not to take acetaminophen in the past. If they have, please let your surgeon know.
- You have liver disease.

DRINK FLUIDS:

We also encourage you to hydrate yourself well on the day before your surgery by drinking plenty of fluids. We recommend 64 ounces or eight glasses of non-caffeinated fluid to help prevent dehydration after surgery. If you have a history of renal failure or heart failure, please continue your normal fluid intake.

NIGHT BEFORE SURGERY

- No food, liquid, ice chips, candy or mints after midnight.
- Do not smoke, chew tobacco or dip after midnight.
- Repeat Chlorhexidine shower/bath. Dry off with a clean towel. Wear clean clothes or sleepwear, and sleep in clean sheets. See instructions on page 24.
- Do not shave your legs. Small nicks or cuts can allow bacteria to enter your blood stream. We will use clippers on the day of surgery, if necessary.
- If you are diabetic, follow the instructions given at your Pre-Anesthesia Screening Services appointment. Review additional information on page 25.

Chlorhexidine Instructions

Skin is not sterile, so it is important to prepare your skin before surgery to reduce the risk of infection. Chlorhexidine wash is an antiseptic soap that kills germs on contact and continues to kill germs afterwards.

Follow these instructions daily starting three days before your surgery. Use a new mitt every time your shower.

DIRECTIONS



1

Use regular soap and shampoo to wash your body, face and hair.



2

Rinse off the soap and shampoo.



3

Wet your mitt and apply the special soap to it. Use about 1/3 of the bottle.



4

Turn the water off.



5

Use the mitt to gently wash your body from the neck down for two minutes. Do not use on your private area (genitals).



6

Turn the water on and lightly rinse your body.



7

Pat your body dry with a clean towel. Do not use lotions, moisturizers or powders after your shower.

Instructions for Patients with Diabetes

When you have diabetes, managing your blood sugars is important, especially before surgery. This can help you avoid problems and recover more quickly. Surgery is stressful. Stress usually increases before, during and after surgery. Unfortunately, stress makes your body release hormones that make it even more difficult to regulate blood sugars.

In the hospital, your medication routine may change temporarily. Depending on what you take, you may need to switch to a different medication or adjust your doses as instructed by your physician.

DAY AND EVENING BEFORE SURGERY

- Continue your usual meals and insulin dose or oral diabetic medication.

AT BEDTIME, IF YOU TAKE INSULIN

- Check your finger stick blood sugar at bedtime.
- If your blood sugar is greater than 180, take your insulin according to your normal routine.
- REMEMBER you're not going to eat or drink anything after midnight.** If you become hypoglycemic (low blood sugar), treat it with glucose gel. Be sure to tell the nurse when you arrive for surgery.

MORNING OF SURGERY

- Follow instructions provided at your Pre-surgical Screening appointment. The nurse will check your blood sugar when you arrive to the hospital and throughout your hospital stay.

Insulin Pump Patients

- Continue your basal rate.
- Change your insulin, insertion site and pump tubing.

Patients on Oral Diabetic Medication

- Do not take any oral diabetic medications (Byetta, Bydureon, Victoza).

Patients on Short Acting Insulin

- Do not take any short acting insulin (Novolog, Humalog, Apidra, or regular).

Day of Surgery

The CaroMont Health staff will call you 24 to 48 hours prior to surgery to let you know where to go and when to check in on the day of surgery. Your surgery will be done at the hospital or at CaroMont Outpatient Surgery Center. If no one has called you by 3:00 pm the day before surgery, please call 704.834.2821.

If you are scheduled to have surgery at CaroMont Regional Medical Center (hospital), you should park in the Visitor Parking Deck. Enter the hospital through the basement level and check in at Registration located to the right of the entryway.

If you are scheduled to have surgery at CaroMont Outpatient Surgery Center, go to Entrance D on Court Drive. Park in the CaroMont Outpatient Surgery parking lot on your right. The address is 2545 Court Drive in Gastonia. Check in at the front desk when you arrive.

If you are staying overnight you will be admitted to the Human Motion Institute, located on the third floor of CaroMont Regional Medical Center. We recommend that someone bring your belongings in the hospital after you've been assigned a room here. (Reference map on page six)

DO NOT EAT OR DRINK.

- Take the medications you were instructed to take with a sip of water.
- If you are a diabetic, please follow the instructions on page 25.
- Brush your teeth/rinse your mouth, but do not swallow the water.
- DO NOT wear or bring jewelry to the hospital. If you are unable to remove your wedding band, it will be taped to your finger.
- Instruct family and friends that wish to see you before surgery to arrive at least one hour before your surgery.



The Human Motion Institute (HMI)

Our orthopedic program specializes in the care of the total joint patient. The Joint CarePlus Program was developed in 2005 and has been producing outstanding outcomes with excellent patient satisfaction. Our team is dedicated to helping you meet your goals so that you can enjoy a more active lifestyle as quickly and safely as possible.

FEATURES OF THE JOINT CAREPLUS PROGRAM:

- Pre-Operative Education Class/Video
- Large, private room on a designated orthopaedic unit (for patients staying overnight).
- Same-day surgery for appropriate patients.
- Physical therapy sessions
- Education and involvement with your coach/support person
- Orthopaedic Coordinator to educate you and answer your questions
- Patient Guide



Your Orthopaedic Team

ORTHOPAEDIC SURGEON

Performs the procedure to repair your damaged joint and is responsible for your overall care in the hospital.

HOSPITALIST

Doctor who manages your medical needs in the hospital.

ORTHOPAEDIC COORDINATOR

Registered Nurse who provides education and guidance pre-operatively through discharge. Will act as a resource to you and your support system.

REGISTERED NURSE (RN)

Ensures the orders given by your physician are completed including medications, treatments, assessments and monitoring.

CERTIFIED NURSING ASSISTANT (CNA)

Assists the nurse with various tasks and helps you with daily needs such as bathing, going to the bathroom, changing your linens, etc.

PHYSICAL THERAPIST (PT)

Helps improve your functional mobility skills and teach exercises designed for strength and motion. They will instruct you in safe transfer techniques, walking with an assistive device and stair training.

OCCUPATIONAL THERAPIST (OT)

Teaches you how to perform daily tasks yourself, such as bathing and dressing.

DISCHARGE PLANNING SPECIALIST AND/OR SOCIAL WORKER

Works with you, the HMI team and your insurance company to make arrangements for equipment and therapy needs after you leave the hospital.



Your Surgery Experience

DAY OF SURGERY UNIT OR OUTPATIENT SURGERY

- You will change into a hospital gown.
- Remove dentures, contacts/glasses, jewelry/piercings and hair pins/pieces.
- Use antiseptic Chlorhexidine cloths to remove the germs from your body.
- Verify consents, medical history, allergies and medication information.
- Get your blood sugar checked.
- Start an IV.
- Apply an antiseptic to your nostrils.

PRE-OPERATIVE HOLDING

- Meet with your surgeon, anesthesiologist and surgical team.
- Mark your operative leg.
- Review medical/surgical information/paperwork.
- Receive relaxing medication.
- Some patients will receive a pain block near their joint.

OPERATING ROOM

- Surgery lasts approximately one to two hours.
- Most patients have spinal anesthesia which is a local anesthetic injected into the lower back to numb the legs. A sedative is given so you will “sleep” during the entire procedure.
- A urinary catheter may be placed.
- After surgery, your surgeon will speak to your family in the surgical waiting area.

POST ANESTHESIA CARE UNIT

- Recover until you are more awake.
- You might have a drain coming from your incision.
- An x-ray may be performed.



SAME DAY SURGERY PATIENTS

If you were a candidate for same-day surgery, you will go back to the Day of Surgery Unit until it is time for discharge. A physical therapist will work with you and ensure you are able to walk safely with a walker. We encourage you to have a support person with you so they can listen to the instructions from the physical therapist. A Discharge Planning Specialist will make sure you have plans for physical therapy after discharge, proper equipment and your prescriptions. For your safety, we recommend that someone stays home with you for at least the next few days.

Before discharge, the nursing staff will make sure you are able to:

- Walk safely with a walker.
- Achieve adequate pain control.
- Drink fluids.
- Urinate.
- Maintain stable vital signs.

OVERNIGHT HOSPITAL STAY PATIENTS

Patients staying overnight at the hospital will go to the Orthopedic Department on the third floor of the hospital. This unit is called the Human Motion Institute. Most patients are ready for discharge the day after surgery if their vital signs are stable, their pain is controlled and they are meeting their physical therapy goals. While you're in the hospital, physical therapy may be done one-on-one with the therapist or in a gym with other patients who had joint replacement surgery.

Your surgeon and hospitalist will oversee your medical care in the hospital. The hospitalist will focus on your general medical conditions and your surgeon will focus on anything related to the surgery. You will also work with a Discharge Planning Specialist to finalize plans for physical therapy after discharge and ensure you have the proper equipment and prescriptions.

KEEPING YOU SAFE

OUR HMI TEAM WILL DO THE FOLLOWING:

- Ask your name and birthday before giving medications.
- Assist you to the bathroom to prevent falls.
- Wash/sanitize hands to prevent infection.
- Have two nurses double-check high-risk medications.
- Scan your name bracelet to ensure correct identification.
- Make sure you have proper equipment in your room – walker, wheelchair.
- Scan your medication to double-check the correct medication and dosage.
- Write information on the dry erase boards in your room to keep you informed.

For Overnight Patients: Your room in HMI

THERMOSTAT: Located next to the door. You are welcome to adjust.

BED: Has an airflow mattress, bed alarm and trapeze bar to help you reposition yourself in bed.

PHONE: Dial “19” + area code + number for external calls.

PATIENT INFORMATION BOOK: Located on the bedside table.

HAND SANITIZERS: Available in your room for staff, visitors and you.

BATHROOM: Elevated toilet seat/bars to help you sit. Pull cord to call the nursing staff when you are ready.

WALKER/WHEELCHAIR: For you to use while in the hospital.

RECLINER: Recommended to use during the day instead of lying in bed.

WHITE BOARDS: Includes information about your caregivers and care plan.



Post-Operative Experience Checklist

DAY OF SURGERY

- Ask for pain medication, if needed.
- Drink liquids and eat light food.
- Physical therapy will evaluate you.
- Do daily exercises (tighten thigh/buttocks muscles, ankle pumps).
- Sit in a recliner or on the side of the bed.

POST-OPERATIVE DAYS

- Foley catheter removed, if you have one.
- Walk to the bathroom with less difficulty and urinate on your own.
- Attend physical therapy.
- IV fluids disconnected if you are eating or drinking.
- Oxygen removed from your nose.
- Use incentive spirometer every hour.
- Bandage changed, if ordered by your surgeon.
- Use ice packs or cold therapy machine.
- Do daily exercises.
- No nausea or vomiting.
- Pain controlled with oral pain medication.
- Finalize therapy arrangements for after discharge.
- Equipment arrangements made, if needed.
- Discharge instructions, prescriptions given.
- Be discharged and go home.



Physical Therapy

Physical Therapy is a crucial part of your recovery after surgery. Your participation in the therapy program is important to the speed and success of your new total joint replacement.

- The day of surgery you will have a one-on-one evaluation with a physical therapist.
- A staff member will help you get washed, dressed and ready for therapy.
- Your main physical therapy sessions will begin the day after surgery.
- If you are staying the night, your coach/support person is encouraged to be a part of your physical therapy sessions. Children are not allowed in the gym.
- Some patients will have group therapy, where therapy is done with other patients who had joint replacement surgery.
- You must be dressed in regular clothing if you attend group therapy. No gowns, dresses or skirts are allowed. See page 22 for a list of appropriate clothes.
- We recommend using ice before or after your therapy session to help with pain and swelling.

GROUP THERAPY WILL TEACH YOU TO:

- Strengthen affected muscles
- Get in and out of a bed or chair safely
- Climb stairs
- Get in and out of a car
- Follow appropriate precautions
- Walk safely using a walker



Taking Care of Yourself After Surgery

PREVENTING BLOOD CLOTS

- Sequential Compression Devices (SCDs) are wraps on your legs that are attached to a compression device to help circulate blood in the legs.
- Antiembolic Stockings: Support stockings used to help with circulation/swelling.
- Leg Exercises: Tighten thigh/buttocks muscles and do ankle pumps.
- Early Activity: Get out of bed, sit in the recliner and participate in therapy.
- A medication will be prescribed at discharge to prevent blood clots.

PREVENTING INFECTION

- Antibiotics will be given through your IV before and after surgery.
- Sanitizers are in the rooms for you, the staff and your visitors.
- Blood sugar will be managed using insulin, if needed, to improve wound healing.
- A special bandage is used to protect your incision.

PREVENTING FALLS

- Use the call bell when you need to go to the bathroom or walk so a staff member may assist you.
- Wear provided socks with non-skid bottoms. Thrombo-Embolus Deterrent (TED) hose can be slippery on hardwood floors.
- Do not get out of bed or stand up too quickly. If your blood pressure has been low, be especially careful when you get out of bed.
- Make sure the wheels are locked on your wheelchair or bed before sitting down.
- Let the nurse or therapist know if you have numbness in your legs when they help you get up. This can be caused by the medications that were used with your anesthesia.



CONSTIPATION

- Take stool softeners and laxatives as ordered by your surgeon.
- Choose foods high in fiber such as fruits, vegetables and cereal.
- Drink plenty of fluids.

MANAGING NAUSEA

- Start with ice/clear liquids after surgery.
- If you tolerate liquids without feeling sick, then try regular food.
- Nausea medications are available, if needed.
- Try to eat a few bites at a time, don't force too much food. Decreased appetite is common after surgery.

CONTROLLING PAIN

- Most medications will not alleviate all pain after surgery.
- Some patients will receive a pain block that will last one to two days.
- You will be asked to rate your pain on a scale of zero to 10. Zero being no pain and 10 being the worst pain you can imagine.
- We would like to keep your pain less than a five so you can do your exercises and participate in physical therapy effectively.
- Let your nurse know you need pain medication before your pain becomes severe. We can control your pain better if we catch it early.
- Other ways to reduce pain are distractions (e.g., watching TV, listening to music), deep breathing, meditating, using ice and repositioning yourself.

PNEUMONIA

- Use the incentive spirometer provided to you 10 times per hour while you are awake.
- Take deep breaths and cough if your incentive spirometer is not within reach.
- When taking deep breaths you should expand the muscles in your chest and stomach. Breathe in slowly through your nose and out through your mouth.
- Sit up during the day and for meals.

Using Your Incentive Spirometer

Deep breathing clears out your air sacs and prevents them from collapsing. This helps prevent pneumonia. Exercising your breathing muscles helps make them stronger. An Incentive Spirometry Device helps you see how much air you are breathing in. The goal is to increase the amount over time.

TO USE AN INCENTIVE SPIROMETER:

1. Sit comfortably upright in the bed or chair.
2. Slide the arrow up to 500 ml to start.
3. Breathe out. Then place your mouth around the mouthpiece.
4. Take in a slow, deep breath and watch the indicator move between the arrows.
5. Hold breath for three seconds or longer.
6. Release the mouth piece and breathe out.
7. Place your lips around the mouthpiece and take in another slow deep breath.
8. Watch the indicator rise. You want to reach at least the 500 ml mark.
9. Repeat these steps 5 to 10 times every one to two hours while awake. You want to work your breathing muscles until they become strong enough to move up to 1000 ml, then 1500 ml, then 2000 ml (or higher).



Discharge

Patients may be discharged the day of surgery or 1-2 days later. Your progress and readiness for discharge will be evaluated daily. After you leave the hospital, it is very important that you continue your hard work and physical therapy!

In the past, it was common for total joint patients to go to a skilled nursing facility or rehabilitation center after surgery. However, this has changed significantly over the past few years, and now less than 10% of patients go to a facility after discharge. Insurance providers have very strict criteria for who they will approve. Being a certain age or having certain health conditions does not guarantee approval.

We recommend you make plans as if you will return home after surgery and have Outpatient Physical Therapy.

Discharge Checklist

YOU WILL RECEIVE:

- Surgeon-specific instructions
- Therapy instructions
- Hospital instructions
- Medication instructions
- Prescriptions
- Equipment, if needed
- Arrangements for therapy
- Incision care instructions
- Incentive spirometer
- Follow-up appointments with your surgeon and primary doctor



Outpatient Physical Therapy

You doctor strongly recommends that you attend Outpatient Physical Therapy, as patients who do tend to have better outcomes. Advancements in surgery and pain management have enabled patients to become more mobile sooner, making it the most appropriate option. Outpatient Therapy also gives patients access to different types of exercise equipment they may not have at home.

- Physical therapy will be done at your doctor's office or at a clinic closer to your home. The first appointment will be made for you, before you leave the hospital. You'll be able to make the rest of your appointments, to best suit your schedule. If you need to use an Outpatient therapy clinic closer to your home, the hospital will need to know the exact name and location so arrangements can be made.
- Therapy sessions are typically two to three days a week and last about an hour.
- Transportation will be required to and from these appointments.
- Some insurance providers will require a co-pay. We recommend that you call your insurance company to find out what your co-pay will be for outpatient physical therapy so you can prepare.

What if Outpatient Therapy is not an option?

- Sometimes your doctor and insurance provider will approve home health services two to three days a week, if outpatient therapy is not appropriate.
- A therapist would come to your home and sessions typically last 30 to 45 minutes.
- Sessions focus on physical therapy. They will not help cook, clean, bathe you, etc.
- After the post-operative follow up appointment with your surgeon, you should plan to start Outpatient Therapy.

I don't have anyone to help me during the day. Can I go to a rehab or skilled nursing facility?

Insurance providers do not consider this a health issue and will not approve you to go to a rehab or a skilled nursing facility for this reason. They consider joint replacement an "elective" surgery and expect you to make arrangements to have someone help you when you go home. If you do not have someone to stay at your home, we recommend you stay with someone for a couple days after discharge.

Can I call my insurance company before surgery to find out if they'll let me go to rehab or skilled nursing facility?

Your insurance provider can only tell you whether your plan includes coverage for a rehab facility, **if it is needed**. They **cannot** tell you whether or not you will be approved until you've had surgery, and they've had a chance to review your chart.

How will I set all this up?

A Discharge Planning Specialist will speak with you after surgery and make therapy and equipment arrangements for you.

When to Call Your Surgeon

SIGNS OF INFECTION

- Fever over 101.5°F
- Shaking and chills
- Increasing redness, tenderness at surgery site
- Drainage from wound that smells bad
- Increasing pain with both activity and rest

SIGNS OF BLOOD CLOT IN YOUR LEG

- Calf pain/tightness that feels different or has increased
- Increased swelling/redness around your calf that is not relieved by rest or elevation

SIGNS OF A BLOOD CLOT IN YOUR LUNG ***MEDICAL EMERGENCY***

- Difficulty breathing/fast breathing
- Sudden onset of chest pain
- Coughing with blood-tinged phlegm
- Sweating

OTHER

- If you have trouble getting your blood thinner prescription filled
- Sudden sharp pain with a clicking or popping sound in your joint
- One leg is shorter and turned outward (after total hip surgery)
- Chest pain ***MEDICAL EMERGENCY***

If it is not a true emergency, please contact your surgeon's office with questions before calling your Primary Care Provider.

In case of an emergency, call 911 or go to the nearest Emergency Room.

My Surgeon _____

Phone Number _____

Caring for Yourself at Home

SWELLING

- You may notice an increase in swelling for a few days after leaving the hospital due to an increase in activity. This is normal.
- Most people continue to have swelling for the next three to six months.
- Ways to help reduce swelling:
 - Lie in bed for 20 minutes periodically during the day.
 - Move your ankles up and down (ankle pumps).
 - Do not sit with your feet on the floor longer than 45 minutes to an hour at any given time. Get up, walk around and then return to sitting.
 - Use ice packs or your cold therapy machine.
 - Use support hose/TED stockings if recommended by your surgeon.
 - If you've had a total knee replacement, elevating the leg can help. Just be sure not to bunch up pillows behind the knee, allowing it to bend. Place the pillows under the lower leg so that it stays straight.

ICE/COLD THERAPY

Ice Packs

- Use three to four times a day to help with pain and swelling.
- Use for 15 minutes at a time.
- Do not place directly on skin. Place in a pillowcase or over clothing.
- Mix one cup of rubbing alcohol with two cups of water in a Ziploc bag and freeze. Use a second bag to prevent leakage.

Cold Therapy Machine

- If you ordered a cold therapy machine, you can wear it as often as you would like. You can even wear it through the night.
- Do not place the wrap directly on your skin. Place over clothing or a thin cloth.

ANTIEMBOLIC STOCKINGS/TED HOSE

- These stockings help with circulation in your legs and help prevent blood clots. Please wear them as directed on your surgeon's discharge instruction sheet.
- You may remove them periodically during the day to let your legs air out for 20 minutes at a time.
- Notify your physician if you see bruising or blistering around the elastic band.

PAIN MANAGEMENT

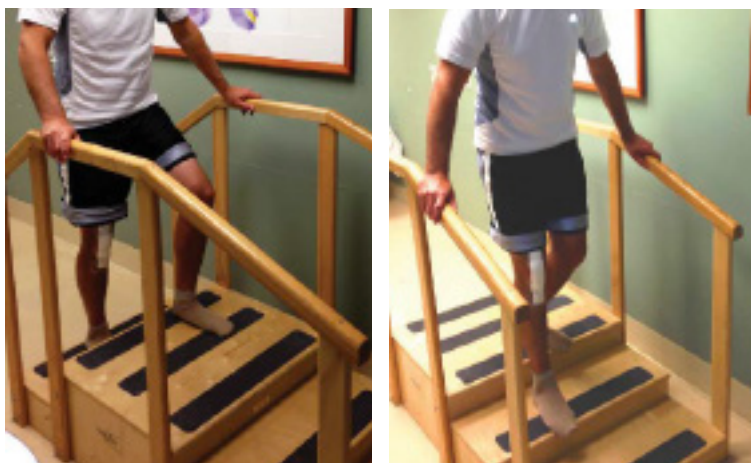
- You may notice an increase in pain for a few days after leaving the hospital due to the pain block wearing off and an increase in activity. This is normal.
- Take your pain medication as prescribed.
- Some pain with activity and at night is common for several weeks after surgery.
- You may need to continue taking prescription pain medication before therapy sessions in order to fully participate.
- Acetaminophen/Tylenol is recommended instead of your pain prescription if you want something mild for pain. Do not take Acetaminophen/Tylenol products if another physician has instructed you not to.
- Often times pain medication causes constipation. You can take an over-the-counter stool softener or laxative.

FALL PRECAUTIONS

- Use your walker or cane as directed by your surgeon or therapist.
- Use hand rails when available.
- Put loose rugs away.
- Keep cords away from the floor where you walk.
- Remove clutter, keep pathways clear, and keep your floors clean and dry.
- Wear shoes that are secure on your feet with rubber or non-skid soles. If you have hardwood floors, wear non-skid socks or shoes over your TED hose so you do not slip.
- Use nightlights, in case you go to the bathroom at night.

STAIRS

- If you are going upstairs, step up with your stronger leg first and then bring your surgery leg up to meet it.
- If you are going down stairs, step down with your surgery leg first then bring your stronger leg down to meet it.
- Remember “up with the good, and down with the bad” to help you lead with the correct leg.



USING A WALKER

- Look straight ahead when walking, not down at your feet.
- When walking, start with your weaker leg. This is your surgery leg.
- Push your walker an arm's length in front of you. Step forward with your weak leg first.
- Do not step too close to the front of the walker or you may lose your balance.

ACTIVITY/THERAPY

- Therapy is an important part of your recovery, especially during the first few weeks after surgery.
- You will be expected to perform specific exercises several times a day on your own to restore movement and strengthen your joint.
- You will also work with a physical therapist for the first few weeks after discharge.
- Be careful not to overdo it and follow restrictions for six weeks to allow proper healing and minimized swelling.
- No lifting, carrying, pushing or pulling more than ten pounds.
- See your Home Schedule and exercise instructions on page 46.

INCISION CARE

- Your bandage is designed to cover, seal and protect your surgery incision.
- **Do not remove your bandage.** It will be removed at the post-operative appointment with your surgeon. It is important that you do not peel it back to look at your incision. If you do, the bandage will not stay on and germs can get on your incision.
- It is normal to have drainage underneath the bandage.
- **Please call your Surgeon's office if drainage is leaking outside the bandage, if it is coming off, or if you are worried about your incision or the bandage.**
- You may or may not have staples or stitches that need to be removed. If you do, they will be removed at the follow up appointment with your surgeon in approximately 7 to 14 days. After those are removed, your surgeon may ask you to wait a couple days before getting your incision wet.
- Usually patients are not allowed to get in a pool, jacuzzi, ocean or lake for at least six weeks. It is important that your incision is healed first so you do not get an infection.
- If scabs form near your incision, do not pick at them. Try to keep your hands away from your incision as much as possible.
- It is normal to have some numbness around your incision from the nerves being cut. Most of that numbness will go away within nine months.

Healing Normally



Call Your Surgeon



SHOWERING

- You may shower if you have a waterproof bandage in place, but do not soak your leg under water in a tub, pool, Jacuzzi, lake, or ocean.
- When showering, use liquid soap instead of bar soap.
- Do not use a loofah or sponge because they can collect germs.
- When you wash your body, use a clean washcloth for your surgical leg. Do not use the same washcloth that you used on the rest of your body because it will be dirty.
- Clean your shower and shower head using Clorox spray or a cleaner that kills mold.

PREVENTING INFECTION

- It is recommended that you wait three months after surgery before having dental work done; when it's done too soon after surgery it could increase your risk for infection. Inform your surgeon whenever you make a dentist appointment. They will often prescribe an antibiotic beforehand.
- If you are diabetic, it is important to keep your blood sugar controlled. Please inform your primary/diabetic doctor if it's routinely over 180. If your blood sugar was elevated during your hospital stay, let your primary care doctor know when you follow up with them after discharge.
- Notify your surgeon if you experience fevers greater than 101°F, chills, increasing drainage, drainage with a foul odor, increasing.
- Redness or tenderness or increased pain that is not relieved by rest or activity.

HYGIENE TIPS

- Wash your hands often, especially after using the bathroom.
- Wear clean clothes, especially pants.
- Change your bed sheets at least once a week.
- Do not let pets lie near your incision and do not let them lick your wound.

DIET

- Some loss of appetite is common for several weeks after surgery.
- A balanced diet, often with an iron supplement, can help promote tissue healing and restore muscle strength.
- Drink plenty of fluids to prevent dehydration.



DEPRESSION

- This is a normal feeling after surgery and it is likely to resolve on its own.
- Expect that your progress and recovery will be slow. You are not alone.
- Talk to your primary care physician for short-term management solutions if needed.

DRIVING

- You must wait for your surgeon's permission, which may be up to four weeks following surgery before you can drive.
- You are not allowed to drive while taking narcotic pain medication.
- You must be able to move your right leg without difficulty allowing for adequate reaction time to brake or accelerate.

INTIMACY

- Can usually be resumed approximately four to six weeks after surgery, with your doctor's permission.
- The incision, ligaments and muscles around the joint need time to heal.
- Usually the most comfortable position in missionary or lying on your back.
- Be sure to follow your hip precautions if you've had total hip surgery.



Hip Precautions

Your surgeon chose the surgical approach most appropriate for you. Make sure you are aware of your appropriate precautions if you had a total hip replacement surgery. Your surgeon will tell you how long you will need to follow these precautions.

ANTERIOR HIP PRECAUTIONS

- × Do NOT bend backwards at the waist
- × Do NOT extend leg backwards
- × Do NOT turn leg outward
- × Do NOT twist at the waist

POSTERIOR HIP PRECAUTIONS

- × Do NOT cross legs
- × Do NOT bend at the waist more than 90 degrees
- × Do NOT turn leg inward
- × Do NOT twist at waist
- ✓ Keep a pillow between your legs (when lying down)



Home Therapy Schedule

EARLY MORNING TIME: 7:00 A.M.

- Wake up, get cleaned up and dressed. Take pain medicine, if needed.
- Eat breakfast.
- Home Exercise Program.
- Ice for 10 minutes (total knee surgery should also do extension hang).
- Walk in your home - count laps and try to increase them at least daily.
- Complete incentive spirometer 10 to 15 times.

LATE MORNING TIME: 10:00 A.M.

- Exercises: Quad sets, Glute sets and Ankle pumps.
- Walk around the house.
- Ice for 10 minutes (total knee surgery should elevate the surgical leg above the heart).
- Complete Incentive Spirometer 10 to 15 times.

LUNCH TIME: 12:00 P.M.

- Eat lunch.
- Home Exercise Program.
- Ice for 10 minutes (total knee surgery should also do extension hang).
- Walk in your home - count laps and try to increase them at least daily.
- Complete Incentive Spirometer 10 to 15 times.

LATE AFTERNOON TIME: 3:00 P.M.

- Exercises: Quad sets, Glute sets and Ankle pumps.
- Walk around the house.
- Ice for 10 minutes (total knee surgery should elevate the surgical leg above the heart).
- Complete Incentive Spirometer 10 to 15 times.

EVENING TIME: 5:00 P.M.

- Exercises: Quad sets, Glute sets and Ankle pumps.
- Walk around the house.
- Ice for 10 minutes (total knee surgery should elevate the surgical leg above the heart).
- Complete Incentive Spirometer 10 to 15 times.

If you have therapy, you can count that session as one of your exercises for the day.

Home Exercises

ANKLE PUMPS

1. Bend ankles up and down alternating feet.
2. Repeat 20 times per set.
3. Do one set per session. Do two sessions a day.



QUAD SET

1. Slowly tighten thigh muscle of straight surgical leg while counting out loud to 10. Relax.
2. Repeat 20 times per set.
3. Do one set per session. Do two sessions a day.



KNEE EXTENSION

For total knee surgery only.

1. Place surgical ankle on stool and let knee extend.
 - Do not place anything behind your knee or calf to support it.
2. Hold this position for 5-10 minutes.



STRAIGHT LEG RAISE

1. Tighten the muscles on the front of the surgical thigh, then lift leg three to five inches from the surface. Keep leg straight.
2. Repeat 20 times per set.
3. Do one set per session. Do two sessions per day.
 - Coach: Support under ankle and knee.

Tip: Bend non-surgical knee to reduce back strain.



Home Exercises

GLUTEAL SQUEEZE

1. Squeeze buttocks muscles as tightly as possible while counting out loud to 10. Relax.
2. Repeat 20 times per set.
3. Do one set per session. Do two sessions a day.



LONG ARC QUAD

For total knee surgery only.

1. Straighten surgical leg and try to hold it out for 10 seconds. Relax.
2. Repeat 20 times per set.
3. Do one set per session. Do two sessions a day.
 - Coach: Support under ankle and knee.



HEEL SLIDE

1. Slide the surgical heel towards your buttocks until a gentle stretch is felt.
2. Hold five seconds. Relax.
3. Repeat 20 times per set.
4. Do one set per session. Do two sessions a day.
 - Coach: Support under ankle and knee.



ACTIVE ASSISTED KNEE FLEXION

For total knee surgery only.

1. Keep feet on the floor. Slide the foot of the surgical leg backwards, bending the knee.
2. Hold for 10 seconds. Relax.
3. Repeat 20 times per set.
4. Do one set per session. Do two sessions a day.



Frequently Asked Questions

When will my therapy start?

The therapist will evaluate you one-on-one the afternoon of surgery. If you do not work with them that day, it will be the next morning.

Where will I do my therapy?

Sometimes patients will go to a rehab gym located down the hall from their room. They will have therapy with other patients who had surgery the same day as them. Other times patients will have therapy in their hospital room.

Do I have to do physical therapy?

Yes! It is very important to do physical therapy to regain strength and motion in your joint replacement. It also helps decrease the chances of developing blood clots or pneumonia.

What if I have to miss a therapy session due to a medical reason?

Your therapist will work with you in your room as soon as you are medically ready.

When can I eat regular food after surgery?

Whenever you are tolerating liquids without nausea or vomiting, a regular meal will be ordered for you.

Why are they checking my blood sugar? I'm not diabetic.

If your blood sugar was elevated before surgery, the care team will continue to check it before meals and at bedtime. They will give you insulin if your blood sugar is high. Keeping it well controlled will decrease your chances of developing complications and allows your wound to heal more effectively. You will be asked to have your primary care doctor check your blood sugar after you leave the hospital.

Do I have to wear the SCDs on my legs?

Yes! It is important to wear these whenever you are sitting or lying in bed because they prevent blood clots that could travel to your heart or lungs and become life-threatening.

Why are some of my medications different then what I take at home?

There are some medications the hospital automatically substitutes. Once you go home, you can go back to taking your regular home medication. You may also take certain medications in the hospital that you didn't take at home, like stool softeners, anti-inflammatory, pain medications, vitamins/supplements, etc. If your doctor wants you to take these at home, they will write a prescription for you.

When will this post-operative bandage be removed from my leg?

Depending on your doctor's orders it will either be the morning after surgery or the following morning. Once the bulky post-operative bandage is removed, a thin, waterproof bandage will be placed.

When can I get my incision wet?

Typically your surgeon will let you get it wet after your follow-up appointment in approximately 10 to 14 days, after the incision is healed.

Will I set off the airport detector at the security checkpoint?

Chances are you will set off an airport security alarm. You may want to add a few extra minutes to your travel time because it will be likely that airport security will ask you to step aside and wand the operative joint.

Am I able to have a MRI (Magnetic Resonance Imaging)?

YES. The metal alloys used today for the total joint replacement are usually compatible with MRI machines because they are not ferrous (iron) based.

How long will I need a walker or cane?

Recovery depends on your age and overall health. Usually, a walker is used for the first few weeks. Then patients will start using a cane. You will use the cane or walker until your therapist or surgeon determines you no longer need it. Generally, after three months, you will be able to return to your normal activities.

Will I need a blood transfusion after surgery?

You may need blood after surgery, although this is becoming less frequent. Patients who have chronic anemia are more likely to need a transfusion.

When can I return to work?

If your job involves mostly sitting activities, you may be able to return to work in four to six weeks. This will be discussed at your first post-operative visit. If you have a more strenuous work situation involving standing, walking or bending, you will likely be able to return to work three months after surgery. Again, this will be discussed with your surgeon before a determination is made.

Can I kneel on my new knee?

Yes. You may kneel as early as six weeks after surgery, based on your comfort level.

What happens if I feel/hear clicking in my knee/hip after surgery?

Clicking may occur after surgery, especially as your activity increases, due to fluid between the plastic and metal pieces. This is normal and should not be painful.

Why is my knee/hip is numb on the outside?

When the surgical incision was made, the small nerves in your skin were cut. It could take 9 to 12 months for this numbness to subside, but likely will not completely resolve.

When can I see the dentist after the total joint replacement?

If there is a dental emergency, you should have it addressed immediately. If your dental work is routine, it is best to wait 12 weeks after surgery. Make sure to inform your surgeon before going to dental appointments so he can decide if you should take an antibiotic beforehand.

What are the types of joint implants?

Implants may be either press-fit (this allows the bone to grow into a rough surface of metal on the implant) or cemented (bone cement is used to attach the implant to bone). Your surgeon will determine which option is best for you.

May I put a pillow underneath my operative knee?

You may put a pillow underneath your lower leg or ankle to help straighten your knee, but do not put a pillow under your knee. Placing it under your knee can increase scar tissue, interfering with your range of motion.

How long will my new joint replacement last?

This varies from patient to patient. It can depend on many factors, such as physical condition, activity level and weight. It is useful to keep in mind that prosthetic joints are not as strong or durable as a natural, healthy joint and there is no guarantee on how long a prosthetic joint will last. At least 90% of modern total joint replacements last 20 years or more.

Following these recommendations could increase the longevity of your new joint:

- Avoid repetitive heavy lifting.
- Avoid excessive stair climbing.
- Maintain appropriate weight.
- Stay healthy and active.
- Avoid high impact sports, such as jogging, downhill skiing and aerobics.
- Avoid any physical activities involving quick stop-start motion.
- Don't lift or push heavy objects.

Frequently Requested Locations



SURGERY WAITING AREA

The surgery waiting area is located on the first floor of CaroMont Regional Medical Center. Follow overhead signs from main elevators.



THE TERRACE CAFE

The Terrace Cafe is located on the second floor and is open seven days a week. It is closed for brief periods between meals.



GIFT SHOP

The Gift Shop is located on the first floor in the main lobby.



CHAPEL

The William McKinley Roberts Memorial Chapel is located on the second floor by the elevators and is open for personal meditation and reflection 24 hours a day.

