



# Anterior Hip Replacement Patient Education

Memorial Hospital is dedicated to restoring a higher quality of living to your life with a new joint.

This patient guide will give you the necessary information needed for a safe and successful recovery.



Take the following medication(s)  
the day of surgery with your  
Gatorade:

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Stop the following medication(s)  
**7 DAYS** prior to surgery:

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Sun	Mon	Tues	Wed	Thu	Fri	Sat

**Please Note:**

- If you tested positive for Staphylococcus aureus, MRSA, MSSA (bacteria in the nostrils) - See page 11 for Mupirocn Nasal Ointment instructions.
- Complete CHG Skin Prep 3-5 days before your surgery **and** the morning of your surgery - See page 12 for skin prep instructions.
- If it's necessary that you stay in a Skilled Nursing Facility and you have commercial insurance or managed Medicaid/managed Medicare, please call your provider prior to surgery to see what your benefits are and which facilities are in your network.
- \* Don't forget to bring your Incentive Spirometer (breathing device), standard walker, and this binder. See page 17 for additional items to bring.



# Welcome to Memorial

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## A Message from our Chief Executive Officer

On behalf of Memorial Hospital and Health Care Center, our professional doctors, nurses, and all other staff members, I would like to welcome you and thank you for choosing us for your orthopaedic surgery.

Our goal is to ensure the highest standards of medicine as well as achieve the best orthopaedic experience for our patients. We are committed to keeping you informed while providing comprehensive and compassionate care. It is our goal to make your stay with us as pleasant as possible.

In this patient education binder, you will find important instructions and information to help prepare you for your surgery. Once again, thank you for choosing us for your orthopaedic surgery. Best wishes for a speedy recovery!

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## Memorial Hospital's Orthopaedic Program Achieves Excellence!



Memorial Hospital has earned The Joint Commission's Gold Seal of Approval<sup>®</sup> for its hip fracture and knee and hip replacement programs by demonstrating compliance with The Joint Commission's national standards for health care quality and safety in disease-specific care. This certification award recognizes Memorial Hospital's dedication to continuous compliance with The Joint Commission's state-of-the-art standards.

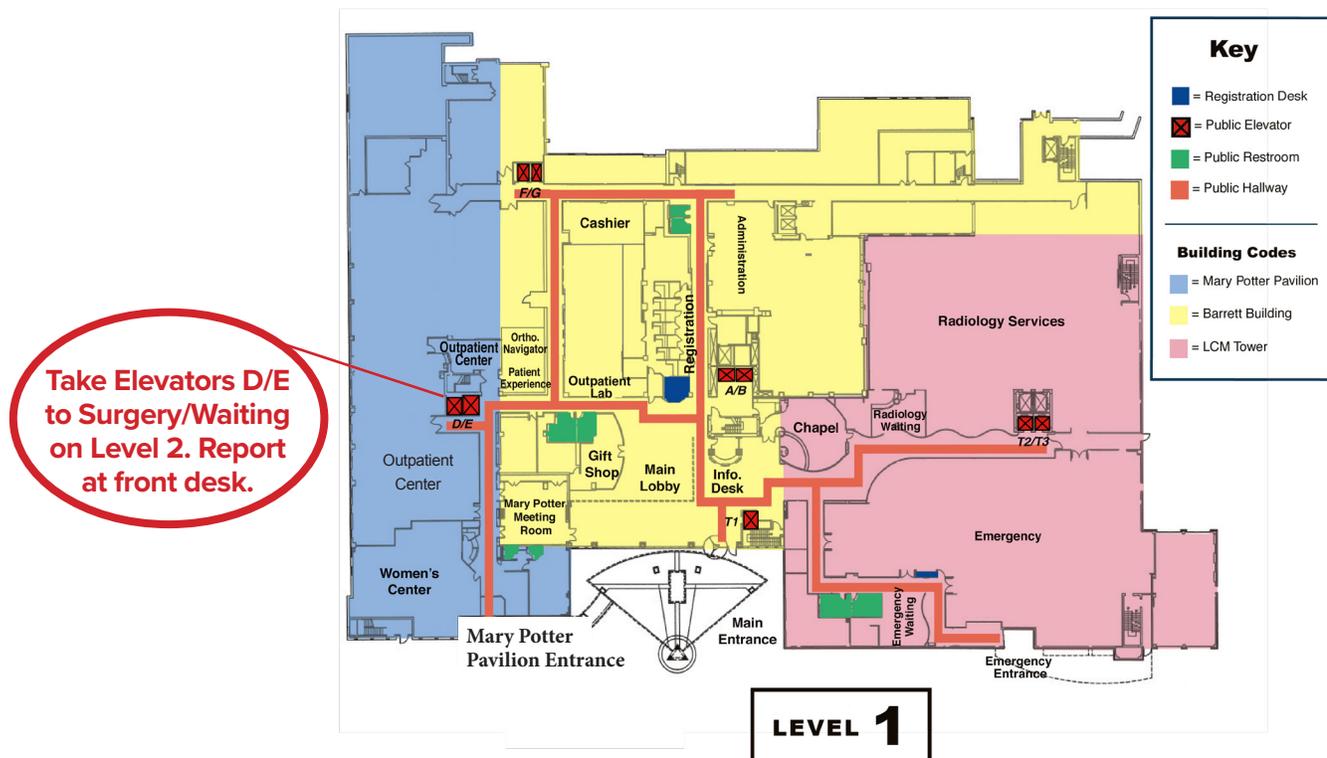
Memorial Hospital has undergone a rigorous, on-site review for the knee and hip replacement programs since March 2015, and was recertified in February 2017, February 2019, and March 2021. A Joint Commission expert evaluated Memorial Hospital's orthopaedic program for compliance with standards of care specific to the needs of patients and families, including infection prevention and control, leadership, and medication management.

*An independent, not-for-profit organization, The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care. Learn more about The Joint Commission at [www.jointcommission.org](http://www.jointcommission.org).*

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# Maps + Directions



## Orthopaedic Surgeons

1. **Christine Stairs, M.D.**  
695 W 2nd Suite 2A, Jasper  
(812) 996-5950
2. **Brian Blessinger, M.D.**  
1900 St. Charles Street, Jasper  
(812) 634-1211
3. **Daniel Eby, D.O.**  
600 West 13th Street, Jasper  
(812) 482-7441
4. **Randall Norris, M.D.**  
1900 St. Charles Street, Jasper  
(812) 634-1211
5. **Brian Wuebkenburg, M.D.**  
1900 St. Charles Street, Jasper  
(812) 634-1211

# Before Your Surgery

- Prepare your home for after surgery.  
• Read the Home Safety Checklist (page 9) for details regarding home preparation.

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- If you take routine medication, you will be instructed on what to take the day of your surgery. During your stay, you will not be taking your home supply of medications. For your safety, medications will be supplied from the hospital pharmacy and given by nurses.

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- You may have lifetime prophylactic (preventative) antibiotic use prior to certain procedures following your total joint replacement. Please check with your surgeon, doctor, and/or dentist for additional details.

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- It is important to consider your discharge plans before you have surgery. If your goal is to return home upon discharge, plan to have someone available to care for you. The length of time you will need help varies with each type of surgery. Plan on needing help for several days to at least one week after returning home, depending on progress.

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- Plan to have someone available to be your driver. You will not be permitted to drive for several weeks following surgery. You will need a ride home when you are discharged, as well as to and from doctor and physical therapy appointments until you are cleared to drive.

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- Begin your exercises as soon as possible. Refer to the “Rehabilitation” tab in this binder for exercises.

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- You will be given an Incentive Spirometer. Begin using it as soon as possible. See “Using Your Incentive Spirometer” handout for additional details.

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- Apply for a temporary disabled parking permit from the Bureau of Motor Vehicles. (Optional)

**Call your surgeon if you become sick within 48 hours of your surgery. (i.e. fever, flu symptoms, sore throat, rash, sore/infected tooth, or if you have an open skin break at or near your surgical site.)**

<p>Drink your first Gatorade <b>before</b> midnight the night before your surgery. Do not eat or drink anything after midnight (including water, chewing gum, and hard candy). <b>* Any other eating or drinking after midnight could result in your surgery being delayed or cancelled.</b></p>
<p>Drink the second Gatorade on the morning of your surgery with any medication instructed by your physician. Drink all of the Gatorade before leaving your home.</p>
<p>Leave jewelry and valuables at home.</p>
<p>Remove ALL make up and nail polish before arriving for your surgery.</p>
<p>Do not have beer, wine, or other alcoholic drinks the day before surgery.</p>
<p>Do not smoke, chew, vape, or use any tobacco or nicotine products the morning of surgery.</p>



# Home Safety Checklist

## To Minimize Fall Risks:

- Remove all throw rugs.
- Wear supportive shoes or non-slip socks.
- All walking paths need to be wide and free of obstacles to allow you to walk with a walker.
- A walker bag/basket may be used to carry items such as a cordless phone.
- Be cautious of pets. They are a common trip hazard.
- Use a night light to ensure good lighting throughout the house, specifically from the bed to bathroom.
- Make sure all handrails along stairs are secure.

## Bathroom Safety:

- Use non-slip mats in your tub or shower.
- Install grab bars near your tub/shower and toilet as needed.
- Do not use towel racks for support.
- Store your most needed items in an easy-to-

reach location. Generally, this is NOT under the sink.

## Other:

- If you sleep on the second floor, consider moving a bed to the main level. Avoid sleeping on the couch.
- Sleeping in a recliner is okay, but avoid sitting on low, soft surfaces. (Recliners can be built up with firm cushions or can be placed on a stable platform).
- If your vehicle has cloth seats, plan to sit on a garbage bag to make getting in and out of your vehicle easier. Also, avoid traveling in a low-profile vehicle.
- Prior to surgery, apply for a temporary disabled parking permit from the Bureau of Motor Vehicles.
- When you travel, stop and change positions hourly.
- Stock your pantry, refrigerator, and freezer with plenty of easy, healthy snacks and/or commonly used items.
- See the “Rehabilitation” tab for possible equipment needs.

# Infection Prevention: Your Role

A Surgical Site Infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients do NOT develop an infection. If an infection does develop, most can be treated with antibiotics. However, some require additional surgeries.

Memorial Hospital's number one priority is your health and safety. We strive to keep you safe by focusing on the prevention of such infections. All members of the health care team are important and need to be involved. This includes you, your family, and friends. We want you to have a voice in your care!

## Before Your Surgery

- Tell your surgeon about any medical problems you may have. Health problems such as diabetes and obesity could affect your surgery and treatment.
- Tell your surgeon if you have any infections.
- If you are diabetic, control your blood sugar.

Research has shown better outcomes with decreased risk of post-operative infection when blood sugars are controlled before surgery.

- If possible, lose the extra pounds if you are overweight.
- Quit smoking, if you smoke. Patients who smoke get more infections. Talk to your surgeon about how you can quit before your surgery.
- Make sure you are eating nutritiously.
- Do not shave near the surgical area for at least 7 days prior to surgery. Shaving with a razor can irritate your skin and make it easier for germs to get into your body.
- The night before surgery, change your bed sheets and wear a clean set of pajamas/clothes.

## Checking for Bacteria in the Nostrils

At your pre-assessment appointment, the nurse will swab your nostrils with a cotton swab to obtain a sample of the bacteria that grows there. Staphylococcus Aureus is a type of bacteria commonly found on the skin and/or in the nostrils of healthy people. Although it is usually harmless

at these sites, it may occasionally get into the body through breaks in the skin such as abrasions, cuts, wounds, surgical incisions, or indwelling catheters and cause infections. These infections may be mild, such as pimples or boils, or serious, such as infections of the bloodstream, bones, or joints.

If this bacteria is found in your nostrils, an antibiotic ointment called Mupirocin (which will be provided to you) should be applied inside your nose twice a day – once in the morning and once in the evening – for five days before your surgery. This helps to decrease the bacteria and reduce the risk of the bacteria spreading to other sites on the body where they might cause infection.

If the results are not ready prior to leaving your pre-assessment appointment, a nurse will call you at home to tell you whether or not you need to begin using the Mupirocin. If she tells you not to start it, throw it away.

## Mupirocin Nasal Ointment

If you are notified by the nurse to begin treatment, Mupirocin nasal ointment should be applied to the front of the nostrils twice a day for 5 days. It is very important these directions be followed. Surgery may be delayed if the steps are not completed as directed.

1. Place a match-head amount of ointment on a cotton swab and apply it to the inside of each nostril.
2. Squeeze your nostrils closed from each side to spread the ointment throughout your nostrils.
3. Avoid contact of the medication with your eyes.
4. Discard the container after using for 5 days; do not reuse.
5. Please read the information sheet provided with the Mupirocin. Discontinue usage of the medication and call your surgeon if the area becomes sensitive or severe local irritation occurs.

# Infection Prevention: Your Role



## Skin Prep

To reduce the risk of infection at the surgical site, Memorial Hospital has chosen chlorhexidine gluconate (also known as CHG) in the form of disposable wipes. Because water and ingredients in personal care products can reduce the antiseptic effects of CHG, do not shower or bathe immediately following the application of CHG; do not apply lotions or moisturizers once you have started your skin prep. Please avoid makeup the morning of surgery. Temporary skin irritation such as an itching sensation and/or redness may occur. In order to prevent additional irritation, do not shave areas closest to the surgical site at least two days before beginning your skin prep. If itching or redness persists, rinse affected area, discontinue use and notify your surgeon or the Orthopaedic Navigator at 812-996-5220.

## Disposable Wipe Directions:

*\*Package instructions may differ from this orthopaedic binder instructions.*

*Please follow the skin prep instructions that are below.*

One cloth should be used every day beginning 3 days before your scheduled surgery and again on the morning of your surgery. If you are positive for MRSA and/or MSSA in your nose, you will be instructed to start the CHG wipes 5 days before surgery. Shower/ bathe in warm (not hot) water at least 1 hour before skin prepping begins. Your skin should be completely dry/ cool when applying the CHG wipe. Apply the cloth to the surgical area first, cleaning it thoroughly, then continue to use the cloth on the rest of your body closest to the surgical area. Do not use the wipe around your face, eyes, or private areas. Allow area to air dry for one minute. It is normal for

the skin to feel tacky for several minutes after the wipe has been applied. Do not rinse off the solution. Allow it to dry before putting on clean clothes. This is to help reduce germs on the skin. The antiseptic solution continues to work as it remains on the skin.

## While in the Hospital

- Make sure anyone who comes in contact with you cleans their hands with either soap/water or an alcohol-based hand rub. This includes doctors, all staff of Memorial Hospital, family, friends, and other visitors. If you do not see them clean their hands, please ask them to do so.
- Family and friends who visit you should not touch the surgical incision or dressing.
- Before you go home, make sure you know whom to contact if you have questions or problems.

## After Returning Home

- Before you go home, your doctor or nurse should explain how to care for your wound. Make sure you understand. **If you don't, ask questions!**
- Continue the practice of good hand hygiene. This is the best way to prevent an infection. Handwashing with soap and water for at least 15 seconds and/or using alcohol-based hand rubs must be a habit before eating, after using the bathroom, and before and after any dressing changes or procedures.
- Cover your mouth/nose with a tissue or with your sleeve when coughing or sneezing. Throw away used tissues and wash your hands or use alcohol-based hand rubs.
- Avoid clutter to limit areas where dust and dirt can collect.
- Avoid touching your eyes, nose, or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches the eyes, nose, or mouth.
- Ask friends and family members to stay away from you if they are sick.

- Change soiled linens and wash promptly and separately in hot water with detergent and bleach.
- Wash your towels daily. Do not use the same bath towel twice without washing.
- Avoid sharing personal items such as towels or razors.
- Do not use loofahs.
- Dispose of soiled dressings in a double plastic bag.
- Lay your leg on a clean towel or sheet when changing your dressing.
- Keep pets away from the surgical incision until it is completely healed.
- Remove pets from the room during dressing changes.
- Do not sleep with your pets until the

wound is healed.

- Designate a friend or family member to help with pet care such as cleaning or changing kitty litter, brushing fur, or giving baths.
- Do not soak your incision: no swimming pools, lakes, hot tubs, or tub baths until it is ok with your surgeon.
- Infections can occur from days to months after surgery. If you have symptoms of an infection, call your doctor immediately. Some of the common symptoms of a surgical-site infection are redness and pain around the area where you had surgery, drainage of cloudy fluid from the surgical wound, and/or fever.

## What to Look For

Be sure to closely observe your incision as you recover from your surgery. If you begin to see an increase in redness, swelling, drainage, warmth and pain around the knee, contact your surgeon right away. Consult the Stoplight Zone Tool handout in the front pocket of this binder for your surgeon's name and phone number. You may also find a contact listing of orthopaedic surgeons on page 6.



**Healthy Incision**



**Infected Incision**

Sources: <http://bjgp.org/content/67/655/88>, [www.orthobullets.com/recon/5004/prosthetic-joint-infection](http://www.orthobullets.com/recon/5004/prosthetic-joint-infection)

# Anesthesia Information

You will be seen by an anesthesiologist or CRNA (Certified Registered Nurse Anesthetist) and a pre-operative nurse before your total joint replacement surgery. They will review your medical history and perform a brief physical exam. At that time, the anesthesia provider will discuss with you the options you have for anesthesia during surgery. In general, there are two types of anesthesia used: spinal anesthesia or general anesthesia. Based on your history, physical exam, type of surgery, and other factors, your anesthesia provider may suggest one particular anesthetic technique. There are also several options for pain control following surgery. These include intravenous pain medications and oral pain medications.

## Spinal Anesthesia

The most common anesthesia for total joint replacements at our hospital is spinal anesthesia. Spinal anesthesia temporarily takes away the ability to feel pain and move from the abdomen to your toes. This is done in the operating room, usually after intravenous sedation has been given. You will be placed in the sitting position or lying on your side after all appropriate monitors are placed on you. A sterile solution will be used to clean your back, and a sterile drape will be placed. A numbing medication will be used to numb your skin; usually only a minor sting is felt during this step. Once you are numb, a small needle is used to inject the anesthetic into your back. Once this medication is injected, you will be positioned on your back. The anesthesia provider will make sure you have no feeling, and that surgery can be performed safely without pain. You will also be sedated so that you are comfortable and unaware of your surroundings. You may be numb for several hours after the spinal anesthesia is

performed. Spinal anesthesia is sometimes used with general anesthesia as well.

## Advantages of Spinal Anesthesia

There are several advantages of spinal anesthesia. This method is fairly easy to perform and provides excellent operating conditions for the surgeon. With spinal anesthesia, the use of a breathing tube is avoided, which decreases the chance of lung complications that are more common with general anesthesia. Spinal anesthesia also decreases the chance of blood clots in your legs as well as those that may travel to your lungs. In general, your blood pressure is lowered with spinal anesthesia, which results in less blood loss during surgery and reduces the need for blood transfusions.

In addition, spinal anesthesia helps to avoid the common side effects related to general anesthesia, such as nausea, vomiting, somnolence (sleepiness), and confusion (especially in older patients). Spinal anesthesia also reduces the need for intravenous pain medications, which can have similar effects.



# Anesthesia Information

## Disadvantages of Spinal Anesthesia

There is a possibility that your spinal anesthetic may not work, even under skilled hands. If that is the case, general anesthesia would then be used.

A headache may develop after spinal anesthesia for some patients. Your anesthesia provider will be able to evaluate your headache and determine if the cause is from the spinal anesthesia.

Other rare events include: spinal hematoma (bleeding), backache, infection, seizure, high block (you are numb above your abdomen), low blood pressure, nerve injury, or a medication reaction.

Your anesthesia provider can discuss these risks in more detail if needed.

## General Anesthesia

General anesthesia is a technique during which you will be unconscious, generally referred to as “being put to sleep.” General anesthesia is started in the operating room. You will be asked to breathe oxygen through a mask for several minutes once the monitors are placed on you. You will then be given a medication through your intravenous line (IV) that will put you asleep. At this point, a breathing tube, or a device known as a laryngeal mask airway (LMA), will be placed on you. You will stay asleep by an inhalational gas (a gas in which you breathe), IV medications, or a combination of both. Once surgery has finished, the medication will be discontinued, and the breathing tube, or LMA, will be removed.

## Advantages of General Anesthesia

General anesthesia is a good option when spinal anesthesia cannot be performed. Patients on certain types of blood thinners or

patients with low platelets cannot have spinal anesthesia due to the risk of bleeding. Patients with certain neurological conditions also may not be candidates for spinal anesthesia. General anesthesia causes unconsciousness; therefore, you will not be aware of your surroundings during surgery.

## Disadvantages of General Anesthesia

There are side effects related to general anesthesia. The most common side effect is nausea and vomiting. This occurs more frequently in patients who have a history of nausea and vomiting after anesthesia, those who have motion sickness, females, or are smokers. You may also have a sore throat from having the breathing tube/LMA placed. Confusion is commonly seen in elderly patients after general anesthesia.

During placement of a breathing tube, there are several rare risks such as aspiration (contents from your stomach going into your lungs), pneumonia, or dental injury. Lung risks such as hypoventilation (not breathing well), blood clot traveling to your lungs, or the need to be placed on a breathing machine may also occur.





# What to Bring Day of Surgery

While you are in the hospital, we understand there are certain belongings that you will NEED to ensure your recovery goes smoothly. However, there are some things that may be better left at home. Below are suggestions of things to bring and others that should be left at home.

Don't forget! When you arrive for surgery, you will be prepped in a separate area that is different from your inpatient room during your stay. If you have personal belongings, please leave them with your family/friends or in the car until after you are taken to your inpatient room.

**If you have a Health Care Power of Attorney, Advanced Directive, and/or Living Will, and you did not bring a copy to your preassessment appointment, please bring it with you the day of surgery.**

Items to bring to use while you are prepped for surgery:	Items you may bring but leave with a family member/friend until you need them:	Items you should leave at home on day of surgery:
<ul style="list-style-type: none"> <li>Glasses</li> <li>Hearing Aids</li> <li>Dentures</li> </ul> 	<ul style="list-style-type: none"> <li>Personal hygiene products (<i>shampoo, toothbrush, deodorant, etc.</i>)</li> <li>Freshly cleaned loose-fitting shorts and t-shirts or loose shirts to wear once IV is removed</li> <li>Shoes from home that fit well, <i>such as walking shoes or sneakers</i></li> <li>Standard folding walker with fixed/swivel wheels, but not a walker with a seat</li> <li>CPAP machine (breathing machine for sleep apnea) <i>if you normally use one</i> - REQUIRED</li> <li>Cell phone/charger</li> <li>Incentive Spirometer (breathing device/ volumetric exercises): Do not forget to bring your incentive spirometer with you as you will need it after surgery.</li> <li>This patient education handbook</li> </ul> 	<ul style="list-style-type: none"> <li>Cash</li> <li>Keys</li> <li>Credit cards</li> <li>Jewelry/other valuables</li> <li>Wedding rings may be left on but will be covered with tape by staff</li> <li>All medications</li> </ul>

### General Information

- Take only the medications as instructed by the nurse during your preassessment testing appointment.

*\* If you have heart stents and are currently taking a blood thinner, do not stop taking blood thinner medication until instructed to do so by your cardiologist or the medical doctor at your preassessment appointment.*

- Drink your Gatorade®/G2® as instructed.
- Do not use any lotions, powders, or perfumes.
- Do not shave the area of the body where the surgery will take place.
- Do not wear makeup, jewelry, hairpins, or nail polish to hospital.
- Wear loose-fitting clothing that is easy to get on and off.
- Remove all piercings.
- Please arrive at the time you have been instructed.  
This may be 2-3 hours before your surgery starts.  
This gives us time to get you ready for your surgery.

### Pre-Op Holding Area

- A nurse will perform an assessment and an evaluation.
- You will change into a hospital gown; underwear must be removed.
- An IV will be started.
- Your skin will be prepped with a CHG cloth as a final infection prevention step, if this wasn't already completed at home.
- Vital signs will be taken.
- Lab work or additional testing will be completed if necessary.
- Medications will be given as needed.
- From here you will go to a holding area in surgery where an anesthesia provider will discuss your anesthesia plan and review your

medical history.

Your family will go to the surgery waiting area at this time, or they may take this opportunity to visit the Tower Café for something to eat.

- From here, you will go to surgery!

### Surgery

- You will be placed on monitors.
- Warm blankets will be available.
- The correct patient and procedure will be confirmed.
- You will be positioned for your surgery.
- Family members will be updated during your surgery by both the waiting room attendant and the large monitor screen.
- Following the surgery, the surgeon will talk with your family.

### Post-Anesthesia Care (Recovery room)

- You will be monitored closely by a registered nurse.
- Monitors will be placed to check your vital signs frequently.
- Oxygen may be applied to help your breathing.
- An X-ray may be taken of your new joint.
- Pain and nausea medication will be available.
- Normal recovery time in this area is 45 minutes to one hour.
- You will be moved from the recovery room to your patient room when you meet criteria based on your condition.



### Post-Operative Care

- You will be moved on a cart to your room in the Post-Surgical Unit.
- Your family will be able to see you after the staff has been able to get you settled and evaluate you.
- You may need to wear oxygen after surgery.
- Your vital signs will be checked frequently for the first few hours, then every four hours.
- You will have a surgical dressing at the surgical site.
- Ice may be applied to your surgical site.
- You may have special sleeves on your legs attached to a pump at the end of your bed to help move the blood from your legs back to your heart.
- You will have an IV in place for one to two days.
- You will be asked to turn and reposition every 2 hours.
- You will be asked to take deep breaths every 2 hours while you are awake.
- You may eat a light meal later in the day.
- You will have your first physical therapy session, which will include getting up and walking in your room.

**Quiet Time**

We understand how important rest is for healing, and we also know how busy you can be as a patient! The Post-Surgical Unit is happy to be able to offer you a quiet time each day from 1:00 p.m. – 1:30 p.m. This is your time to use however you prefer. Feel free to take a nap, watch TV, or just relax knowing you will not be bothered during this time! Please know, you may call for assistance at any time if it is needed.

**Pain Management**

We are committed to managing your pain! During your stay, staff will ask you about your pain level. We rate patient pain level on a scale from 0 to 10. The staff will ask you frequently, “On a scale of 0 to 10, how would you rate your pain?” The 0 is equal to no pain and 10 is the worst possible pain you can imagine. Another way to visualize the pain scale is by the FACES pain rating scale:

**Wong-Baker FACES® Pain Rating Scale**



**GOAL**  
Following your joint  
replacement

Why is pain management important during your stay at Memorial Hospital and Health Care Center?  
It is important to control your pain to a tolerable level in order for you to carry out functions comfortably and participate in your rehabilitation. Pain that is managed allows for walking, doing breathing exercises, and performing other activities that promote strength and prevent complications during your hospital stay.

You can be involved in your pain management by doing the following:

- Discuss pain management options with your physician or nurse.
- Let your physician know what pain medications have worked best for you in the past or if you had any adverse reactions to any medications that should be avoided.
- Discuss any concerns that you have about taking pain medications.
- Let your physician and nurse know what makes your pain more tolerable and what makes the pain worse.
- Discuss your comfort goal. This is the level of comfort you need to be at in order to carry out your activities of daily living, deep breathing, getting in and out of bed, and walking.

Every person has an individualized response and reacts differently to pain medication. It is important to let your physician and/or nurse know if you are not getting pain relief to a tolerable level with the medications that are given.

<p><b>Post-Op Day of Surgery</b></p>	<ul style="list-style-type: none"> <li>• After your surgery, once your anesthesia has worn off, the nurses and physical therapists will work with you to get you out of bed. Part of our goal for you is getting you out of bed within a few hours (always with staff assisting you).</li> <li>• Rehab will work more with you in the following days.</li> <li>• You will be on medications to help control your pain. It is important that you are aware of your pain goal in order for staff to help you best control your pain at an acceptable level. Your pain medication will be continued throughout your stay and will be managed accordingly.</li> </ul>
<p><b>Post-Op Day One</b></p>	<ul style="list-style-type: none"> <li>• Your blood will be drawn early in the morning around 4-5 a.m. This is to ensure that your results will be available when your doctor comes to see you so he/she will have all of the necessary information to best care for you.</li> <li>• You will be started on blood thinner medication to prevent complications from blood clots.</li> <li>• Continue your exercise program and breathing exercises.</li> <li>• You will be assisted with bathing as needed.</li> <li>• You will have a physical therapy session in the morning and afternoon.</li> <li>• You may have an occupational therapy session if ordered by your surgeon.</li> <li>• Your Surgeon or physician assistant will visit you, as well as a Medical Doctor if needed.</li> <li>• You will have time to rest after lunch from 1:00-1:30 p.m. during Quiet Time. <i>(See Quiet Time information, page 20)</i></li> <li>• You may sit up in a chair during the day and/or evening.</li> <li>• A Social Service/Discharge Planner will meet with you to discuss the plan of care tailored to your needs.</li> <li>• Depending on your progress, you may be discharged on day one.</li> </ul>
<p><b>Post-Op Day Two</b></p>	<ul style="list-style-type: none"> <li>• Don't be surprised if you're already home. Many patients are discharged post-op day one. But if you are here:</li> <li>• Most activities from the previous day will be repeated to regain strength.</li> <li>• Each day you will become more independent.</li> <li>• You will be increasing the distance you walk each day.</li> <li>• You may need a laxative if you become constipated, which is a common side effect of narcotic pain medications.</li> <li>• Depending on your progress, you may be discharged on day two.</li> </ul>
<p><b>Going Home</b></p>	<ul style="list-style-type: none"> <li>• Someone will need to drive you home.</li> <li>• You will receive written instructions about your follow-up care needs.</li> <li>• We will assist in making arrangements for any follow-up therapy or equipment needs.</li> <li>• If going home is not the best option for you, other options for extended recovery will be discussed with you by Social Service/Discharge Planner on the Post-Surgical Unit.</li> </ul> <p>* Remember, plan for someone to stay with you around-the-clock for several days after surgery.</p>

# Your After-Surgery Goals

These goals may not always be met due to unforeseen circumstances; however, your orthopaedic team will modify these goals to meet your personal needs.

1. Your orthopaedic team will assist in getting you **out of bed on the day of surgery** once your anesthesia has worn off. *It's possible to still be experiencing some numbness in your legs at this time, but you will still have control of your muscles. Also with this numbness, you may experience some urinary incontinence upon standing for the 1st time so staff will place you in a brief just in case. This is normal and will resolve.*
  - Early activity will improve your mobility and reduce your risk for postoperative complications (which may include: pneumonia, blood clots, urinary tract infection, and constipation).
2. Your orthopaedic team will help you **walk** with assistance before you are discharged. Your physical therapist will help set your personal goal based on your prior level of function.
  - Walking encourages independence, increases your active range of motion, and improves muscle strengthening.
3. **Return to normal bowel regimen.** *(This will be discussed with you in further detail while you are in the hospital.)*
  - Constipation is common after surgery. This is due to pain medications and decreased movement. It is recommended to stay on stool softeners as long as you are taking pain medication (including after hospital discharge) and/or until your bowel regimen has returned to normal. You may need a laxative if you become constipated. If you do not return to your normal bowel regimen, contact your primary care provider.
    - While you are in the hospital, you are welcome to order prune juice on your meal tray when you place your orders.
  - Some over-the-counter laxatives include: Milk of Magnesia (MOM) 30-60ml daily as needed, Bisacodyl (Dulcolax) 10mg daily as needed, or Miralax 1-4 capfuls daily as needed.
  - An over-the-counter probiotic is encouraged for 3 months after surgery. This may be started before surgery as well.
4. The average hospital **length of stay is about 1-2 days**. A shorter or longer stay is possible depending on if your goals are met and your surgeon approves discharge. However, your length of stay may be dependent on insurance. Our case manager and discharge planner will review this while you are in the hospital.
  - A decreased length of stay can reduce the incidence of postoperative complications. Recovering at home reduces your risk of infection, promotes independence, and may reduce your hospital fees.
5. **Discharge to home**, if appropriate.
  - Plan to have someone available to care for you for several days upon returning home.
  - Recovering at home reduces your risk of infection, promotes independence, and may reduce your hospital fees.
  - Your discharge time will most likely be later in the afternoon/early evening; your surgeon may request a second therapy session before you go home.
  - The ultimate goal is to be discharged home. However at times, a Skilled Nursing Facility (SNF) will be more appropriate. You, your surgeon, and the orthopaedic team will determine whether it is appropriate for you to return home upon discharge from the hospital or if a SNF will be ideal for you.
    - If you have commercial insurance or managed Medicaid/managed Medicare, please call your insurance provider prior to surgery regarding your benefits and which SNF facilities are in your network.



## HIP WRAP

### Cold Therapy For Your Comfort and Rehabilitation

Your SMI Cold Therapy HIP Wrap is effective and simple-to-use, and you will be encouraged to apply it throughout your hospital stay and home after discharge.



The Compression HIP Wrap and 3+ HourGet Bags provide on-going cold therapy with GelBags being changed out about every (4) hours. Once your post-op bandages are removed, your cold therapy applications will be a more casual cold therapy approach. You will be encouraged to use your cold therapy after your Physical Therapy exercises.

### Cold Therapy Home Instructions

- Once frozen, slide Gel Bags into the gel pouch and secure your wrap to the affected area with the straps.
- 1. The gel pouch acts as a protective barrier. **NEVER** place frozen Gel Bags directly onto skin, as this may cause frostbite injury.
- The SMI Cold Therapy Wrap is designated to be able to be worn while ambulating. The compression straps can be secured well enough so that the Wrap won't fall off while moving.
- Wrap Application Videos can be viewed at [smicoldtherapywraps.com](http://smicoldtherapywraps.com)
- An additional protective barrier such as clothing, as washcloth, hand-towel or pillowcase may be used during prolonged treatment applications.
- Gel Bags freeze the best when laid flat in your freezer, side-by-side instead of stacked.
- The Gel Pouch and HIP Wrap are both Latex-Free and the Gel Bag ingredients are non-toxic.
- The SMI Cold Therapy HIP Wrap can be hand/machine washed and air-dried.

Cold Therapy Protocol		
Treatment Period	Frequency/Duration	Skin Inspection
<b>Day 1-14</b>	<p><i>While Awake:</i> Continuously, as tolerated, for pain and swelling.</p> <p><i>While Asleep:</i> Continuous</p>	<p><i>Inspect skin under pad every 1-2 hours</i></p> <p><i>Inspect skin upon waking.</i></p>
<b>Beyond 2 Weeks</b>	<p><i>While Awake:</i></p> <ol style="list-style-type: none"> <li>1. As needed for pain and swelling</li> <li>2. 15-20 minutes after exercise/activity</li> </ol> <p><i>While asleep:</i> May be used as needed for pain and swelling.</p>	<p><i>Inspect skin under pad after use.</i></p> <p><i>Inspect skin upon waking.</i></p>

**SMI Re-Order Information**

Additional SMI body specific Wraps and/or Gel Bags can be re-ordered from [smicoldtherapywraps.com](http://smicoldtherapywraps.com) or call 877-ICE-WRAP (877-423-9727)

**DISCHARGE WOUND CARE INSTRUCTIONS**

**PATIENT INFORMATION SHEET FOR USE OF:**

- Mepilex® Border**  
post-op sizes
- Mepilex® Border Ag**  
post-op sizes

**Mepilex® Border (Ag)** is a dressing that has been ordered by your healthcare provider. It will help your wound to heal

- This dressing will not stick to your wound
- You may shower with this dressing in place

**DISPOSABLE GLOVES SHOULD BE WORN TO PROTECT YOURSELF AND OTHERS**

**STEP 1.** Preparing to care for your wound:

- Clean your work area before changing your dressing
- Gather your supplies as listed under **PATIENT DIRECTIONS**
- Wash and dry your hands

**STEP 2.** Removing your soiled **Mepilex® Border (Ag)** dressing:

- Remove the **Mepilex® Border (Ag)** dressing by gently lifting a corner and peeling away from your wound
- Discard in a plastic bag and remove your gloves
- Wash and dry your hands

**STEP 3.** Cleaning your wound:

- Clean your wound using wound cleanser as listed under **PATIENT DIRECTIONS**
- Dry the skin around your wound with dry gauze or a clean cloth

**STEP 4.** Applying your new **Mepilex® Border (Ag)** dressing:



**A** Remove the release papers

**B** Center the dressing over the wound, place the tacky side down on top of your wound

**C** Gently press the dressing onto your skin being sure all edges are flat. This will help it to be waterproof

**WHEN TO CALL THE HEALTHCARE PROVIDER**  
(doctor, nurse, therapist)

- Any change in the wound that is a concern to you
- If the drainage from the wound increases
- If you have a sudden increase in pain, or new pain in your wound



**NOTE:** The recommendation and information in this material should not be considered a substitute for medical advice or diagnosis. See package insert for full instructions and precautions. Please contact your healthcare provider with any questions regarding the care or condition of your wound.

The suggested **topical management options** and **change rates** are the **treatment choice of XXXXXX** and may not reflect the opinions of Mölnlycke Health Care. The Mölnlycke Health Care, **Mepilex**, and **Safetac** names and respective logos are registered trademarks of Mölnlycke Health Care AB. Distributed by Mölnlycke Health Care US, LLC, Norcross, Georgia 30092. © 2012. Mölnlycke Health Care AB. 1.800.882.4582. 11-0217a

**AT HOME PATIENT DIRECTIONS**

- Change dressing on **Day 7**.
- Follow up with Doctor on \_\_\_\_\_.
- Clean skin surrounding incision with soap and water or normal saline.
- Pat skin dry and apply **Mepilex® Border (Ag)**.

- Rub border into skin for about 10 seconds; make sure the border is smooth with no wrinkles or rolled edges.

**NOTE:** The dressing should be changed if you see the wound fluid is present at the edges of the gray pad.

- You may shower with dressing in place. Pat dressing dry, do not rub. Use foam tape around edges

**POST-SURGICAL UNIT: 4th Floor**  
**812-996-0495**

**NOTES:**

Blank lines for patient notes.



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# Special Instructions

- You will be on a blood thinner for 4 weeks, unless otherwise specified by your physician (your physician will determine which blood thinner is best for you).
- You may consider an over-the-counter stomach acid reducer (Zantac, Pepcid, Prilosec, etc.) if your blood thinner causes you stomach irritation.
- Take your pain medication as instructed. Do not stop taking your pain medications abruptly. Wean off of them to prevent withdrawal symptoms.
- Numbness around the incision is normal. It will decrease over time but won't completely go away.
- Wear elastic hose on involved leg for 4-6 weeks following knee surgery. You may remove for showering.
- Use the Incentive Spirometer every one hour while awake.
- Now that you have had joint replacement surgery, antibiotics are advised prior to dental procedures (including dental cleanings) and all procedures done in the operating room for the rest of your life. It is always best to let your physician and your dentist know that you have had your joint replaced prior to any procedure.
- An over-the-counter multi-vitamin / iron supplement is encouraged for 2-4 weeks after knee surgery.
- An over-the-counter probiotic is encouraged for 3 months after surgery. This may be started before surgery as well.
- If you take a bisphosphonate (Fosamax, Boniva, Actonel, Reclast, etc.) for osteoporosis, ask your surgeon when it can be resumed (you may have to stay off of it for 6 weeks to 6 months).
- If you take estrogen (hormone replacement), wait 2 weeks after surgery before continuing or until your doctor tells you to resume.



# Total Hip Replacement

## Home Exercise Program

**Pre-Surgery:** Below are some exercises to begin *before* surgery to strengthen your muscles and help with your recovery. Begin at 10 repetitions and progress to 20 repetitions (twice a day) as tolerated. Continue these exercises following surgery as instructed by your therapist.

**Post-Surgery:** After surgery, continue doing these exercises twice a day, 20 repetitions each. Be sure to apply ice after you exercise (at least for the first few weeks and longer if needed).

It is also important to straighten your knee by placing a towel/small blanket roll under your ankle at least 3 times per day for 20 minutes (*or as tolerated*).

Cold therapy can help decrease pain and swelling. See Cold Therapy Protocol page.

### 1. Ankle Pumps

Bend and straighten ankle.



### 4. Hip Abduction

Slide leg out to side and back.



### 2. Quad Sets

Press knee into bed, tightening muscle on top of thigh. Hold 5 seconds.



### 5. Heel Slides

Bend and straighten knee



### 3. Buttock Squeezes

Squeeze bottom together and hold 5 seconds.



### 6. Short Arc Quads

With knee bent over bolster, lift foot up, straightening knee. Be sure to keep back of knee on bolster.



**7. Straight Leg Raises**

Tighten muscles on top of thigh, then lift leg straight up off bed, approximately 12 inches. Lower slowly.



**8. Sitting Knee Extension**

Bend and straighten knee.



# Durable Medical Equipment (DME)

These items may be used to increase ease and safety of transfers if needed.



**Commode Extension**



**Tub Transfer Bench**



**Toilet Safety Frame  
Bedside Commode over Toilet**



**Shower Chair**

# Transfer - Tub



## Getting into the tub using a tub transfer bench:

1. Place bench in the tub facing the faucets.
2. Back up to the bench until you feel it at the back of your knees.
3. Reach back for the bench and slowly lower yourself onto the bench, keeping the operated leg straight.
4. Move the walker out of the way but keep it within reach.
5. Lean back and lift your legs over the edge of the tub.
6. Scoot further into tub via bench.

## Getting out of the tub using a tub transfer bench:

1. Scoot out towards edge of the bench.
2. Lift your legs over the outside of the tub.
3. Scoot out further on the edge of the bench if needed.
4. Push up with one hand on bench while holding onto walker or grab bar with the other hand.

### Please 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.
- Always use a rubber mat or non-skid adhesive on the bottom of the tub or shower.
- 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 panty hose and attach it to the bath seat.

# Transfer - Toilet

You may need a commode extension or bedside commode over your toilet after surgery.



## When sitting down on the toilet:

- Take small steps and turn until your back is to the toilet. Never pivot.
- Back up to the toilet until you feel it touch the back of your legs.
- If using a commode with armrests, reach back for both armrests and lower

yourself onto the toilet. If using a commode without armrests, keep one hand on the walker while reaching back for the toilet seat with the other.

- Slide your operated leg out in front of you when sitting down.

## When getting up from the toilet:

- If using a commode with armrests, use the armrests to push up. If using a commode without armrests, place one hand on the walker and push off the toilet seat with the other.
- Slide operated leg out in front of you slightly prior to standing.
- As you stand, bring operated leg back.

# Personal Care Equipment

Depending on your progress, the following equipment may be provided to you while in the hospital. Upon discharge, these items may be purchased to help you complete your personal care at home.

**\*Please note: These items are not typically covered by insurance.**



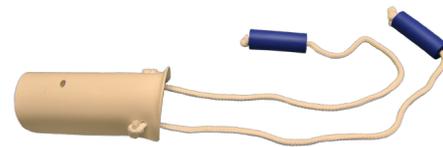
**Reacher**



**Long-handled sponge**



**Dressing stick**



**Sock aid**



**Long-handled shoehorn**

# Lower Body Bathing



- You can use a long-handled sponge to bathe your feet.
- A towel wrapped around the sponge can be used to dry your feet.
- A hair dryer could also be used to dry your feet.
- You can place a washcloth on the floor to bathe the bottoms of your feet.

# Lower Body Dressing

Pants/Underwear

(Total Knee Replacement)

## Putting on pants or underwear:

- Sit down for task.
- Put your operated leg in first and then your unoperated leg.
- Pull the clothing over your knees.
- Stand with the walker in front of you to pull your pants up the rest of the way.

## Taking off pants or underwear:

- Back up to the chair or bed where you will be undressing.
- Unfasten your pants and let them drop down over your hips.
- Push your pants down to your knees.
- Lower yourself down, keeping your operated leg out straight.
- Remove clothing from the unoperated leg first, and then from the operated leg using a reacher to assist, if needed.



**\* A reacher could be used to move clothing over your feet and to get clothing from the floor if needed.**

# Lower Body Dressing-Socks



## Putting on socks using a sock aid:

- Slide the sock onto the sock aid.
- While holding onto the ropes, lower the sock aid to your foot.
- Slide your foot into the sock aid. A reacher can be used to get the sock aid started onto your foot.
- Straighten your knee, point your toe down, and pull on the ropes to pull the sock on.
- Keep pulling on the ropes until the sock aid pulls out of the sock.

\* **A sock aid can be used to put on compression stockings, also.**

## Taking off socks using a reacher or dressing stick:

- While sitting, slide the reacher or dressing stick inside the sock by your ankle.
- Move the reacher or dressing stick behind your heel while it is still down inside your sock.
- Push straight down with the reacher or dressing stick to remove your sock.

\* **A dressing stick can be used instead of a reacher.**

\* **Compression stockings can be removed with the use of a reacher or dressing stick, also.**



# Lower Body Dressing-Shoes

## Using a long-handled shoehorn to put on shoes:

- Use your reacher or long-handled shoehorn to slide your shoe in front of your foot.
- Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
- Lean back, if necessary, as you lift your leg and place your toes in your shoe.
- Step down into your shoe, sliding your heel down the shoehorn.

## Using a long-handled shoehorn or reacher to take shoes off:

- You can use your reacher to unfasten Velcro, if needed.
- Place either your reacher or shoehorn at the back of your heel.
- Push down on the back of your shoe to slide shoe off.

\* A dressing stick can also be used.

**Note: Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoe laces. Do not wear high-heeled shoes or shoes without backs.**



# Stair Climbing



1. When going up the stairs, step up with your non-operative leg first.
2. When going down the stairs, step down with your operative leg first.

**(To better assist you, bring in a photo of your stairs)**

# Transferring In and Out of a Car



1. Prior to getting in the car, move the seat of the car as far back as possible. You may even want to recline it, but return it to the upright position for traveling.
2. Back up until you feel the seat of the car against the back of your legs.
3. Reach back for the car seat or door frame to provide support for lowering yourself down. **DO NOT** use the car door - it may move! Remember to keep your operated leg out in front of you and be watching for the roof of the car so you do not hit your head.
4. Turn to the front, leaning back as you lift your operated leg into the car.



Memorial Hospital recognizes that most of our patient's time in the hospital is spent receiving care and treatment. We allow for the presence of a support person of the patient's choice, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically inadvisable. The individual may or may not be the patient's surrogate decision maker or legally authorized representative.

Limiting the number of visitors may be necessary for the patient's safety. Visitation will not be restricted based on race, national origin, religion, sexual orientation, color, gender identity, or disability. Memorial Hospital encourages families to be involved in the health care of their loved one.

## Guidelines:

Visitors are encouraged to stay with the patient for emotional support during the course of the stay unless the patient's condition or treatment requires a limitation to visitors. Visitation will be limited only if it infringes on the patient's or others' rights and/or safety. Use of tobacco and e-cigarettes on the hospital campus is prohibited.



### Tower Café

(Lower Level of LCM Tower)

Monday through Friday (Except Holidays\*)  
6:30 a.m. - 6:30 p.m.

Saturday and Sunday  
7:00 a.m. - 2:00 p.m.

\* *Easter, Thanksgiving, and Christmas 11:00 a.m. - 6:00 p.m.*



### Chapel Schedule

**MASS:** Every Wednesday at 4:30 p.m. (View on Channel 98)

Please Note: if a Mass is not able to be held, a Holy Rosary will be recited.

The chapel is open 24 hours every day for private prayer and reflection. Please note that occasionally the chapel hosts special services and events.

### The 800 Gift Shop

(Level 1)

Monday - Friday: 9:00 a.m. - 6:00 p.m.

Saturday: 10:00 a.m. - 4:00 p.m.

Sunday: Noon - 3:00 p.m.

*Hours are subject to change. The 800 Gift Shop is closed on holidays.*

### Hotel Discounts:

Be sure to ask if the hotel offers special discounted rates for families of patients at Memorial Hospital.

