



Reclaiming Your Quality of Life

The Patient's Guide to Rapid Recovery Total Joint Replacement

MEMORIAL  HOSPITAL

And Health Care Center

Sponsored by the Little Company of Mary Sisters - USA

Reclaiming Your Quality of Life

Welcome

Today, an estimated 30-40 million adults have osteoarthritis (O.A.). O.A. is the most common cause of disability in adults. As we age, doing the things we love to do without arthritis pain often becomes a challenge. The Orthopaedic Care Team at Memorial Hospital and Health Care Center is working hard to help people with arthritis pain reclaim their quality of life.

For many, an improved quality of life is having less pain doing the things we love: spending time with family, walking, biking, or playing a round of golf. No matter what your definition, being able to walk and move without pain is an important part of living well.

When choosing to have surgery at Memorial Hospital and Health Care Center you will have a dedicated multidisciplinary Orthopaedic Care Team. Members of your hospital team include:

- Orthopaedic Surgeon & PA/NP
- Orthopaedic Nurse Navigators
- Registered Nurses
- Internal Medicine
- Physical/Occupational Therapists
- Case Manager
- Anesthesiologist and/or CRNA
- Social Worker/Discharge Planner
- Nursing Assistants

Total Joint Replacement involves replacing the damaged joint, and is one of the most effective ways to reduce pain and restore mobility. Your surgeon has spent their professional life studying how to combat the effects of arthritis, and has advanced surgical techniques to reliably help you renew your life.

Our Rapid Recovery Total Joint Replacement Program for total knees and total hips eliminates hospital stays and supports your recovery at home.

With pre-surgical patient education, a supportive coach, and comprehensive continuum of care, this program is designed to ensure you have the information, care, and support you need every step of the way.



Memorial Hospital's Orthopaedic Center of Excellence holds certification through The Joint Commission in the following:

- Joint Replacement - Hip
- Joint Replacement - Knee
- Hip Fracture

Blue
Distinction®
Center+

Reclaiming Your Quality of Life

Partnering for Success

You and your surgeon have agreed that surgery is necessary. You will be an active participant in a unique treatment model that begins at diagnosis, continues with surgery, and is completed at home.

Understanding what is happening will make your time spent with us—and the time spent throughout your entire orthopaedic journey to a better quality of life—smoother and more comfortable.

We ask you to arrange for a responsible adult to be your coach. This should be someone who can attend pre-surgical visits, take you home after surgery, and help you once you've returned home.

We encourage you to share information with your coach and all the other important people in your life who will assist you. Your understanding, participation, and commitment—and that of your coach—are important to the success of your total joint replacement.

Please read and complete everything given to you. Items we ask you to complete play a significant role in helping us better understand your lifestyle, objectives, and current health.

1. Our goal is to help you achieve a great result!

We are committed to helping you reclaim your quality of life.

2. The coach's goal should be to learn the steps needed to ensure your smooth recovery.

Example: Reviewing this binder, staying with you, preparing meals, home readiness, etc.

3. Your Goal: _____

What are you ready to get back to doing but haven't been able to because of your joint pain?

IMPORTANT:

As soon as you get this binder, begin doing pre-surgical exercises to build strength and stamina. If a particular exercise causes pain, do not do that exercise.

Reclaiming Your Quality of Life

Rapid Recovery Total Joint Replacement

What is it?

A rapid recovery joint replacement is an advanced alternative to traditional inpatient care to replace the damaged components of your joint in the outpatient setting. The surgery can eliminate joint pain while allowing for complete recovery at home.

How is it scheduled?

Most insurance companies require pre-authorization prior to scheduling surgery. Your surgeon's office will do this for you. The surgeon's office will also schedule the surgery time. The time will be given to you one business day before your surgery. Most planned same day discharge patients will be the first or second surgery of your surgeon's day.

How long will surgery take?

Your surgery will take 1-1 ½ hours on average. Surgery will be in the morning and discharge to home will be in the evening.

How is the joint replaced?

An incision is made. The damaged bone is cleared away. The surfaces are prepped and shaped to hold the new components. The new components are aligned and secured in place.



What kind of anesthetic will I have?

In most cases, a spinal anesthetic will be administered by an anesthesiologist or CRNA. In addition, medications for sedation will be given through an IV line. Total knee replacement patients will also receive a nerve block.

Reclaiming Your Quality of Life

Anesthesia

You will speak with 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 physical exam. At that time, the anesthesiologist or CRNA will discuss the options you have for anesthesia during surgery and the risks and benefits of these options. 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 anesthesiologist or CRNA may suggest one particular anesthetic technique. There are also several options for pain control following surgery. These include intravenous pain medication, oral pain medication, and nerve block (knees only).

Spinal Anesthesia

Spinal anesthesia is often the preferred method of anesthetic for those undergoing joint replacements. Spinal anesthesia temporarily takes away the ability to feel pain and move from the abdomen down to your toes, and usually lasts approximately 1-2 hours. This is done in the operating room, often after a mild sedative or “relaxing” medication has been given. During the procedure a small amount of local anesthetic or “numbing medicine” will be injected into your spinal fluid. After the spinal procedure is finished, you will be kept comfortable and unaware of your surroundings with IV medications until the end of surgery. Upon waking, you will likely still be numb from the spinal anesthetic which will wear off soon after (time varies from patient to patient). Several advantages of spinal anesthesia include improved operating conditions for the surgeons (less bleeding, decreased transfusions), reduced risk for blood clots, and typically a breathing tube is avoided.

General Anesthesia

General anesthesia is a technique in which you will be unconscious, referred to as “being put to sleep”. When you arrive to the operating room, monitors will be placed, and you will be asked to breathe oxygen through a mask while medications are given to you. Once you are completely asleep, a breathing device will be placed in your airway and you will stay asleep with inhalational gas, IV medications, or a combination of both. When the surgery is finished the medications are discontinued and the breathing device will be removed. You will be monitored in the recovery room until you are more awake and ready to go to your post-surgical room. General anesthesia is a good option when spinal anesthesia cannot be performed due to medical reasons or is not desired by the patient. Again, an anesthesiologist or CRNA will be available to cover the risks and benefits of your options for anesthesia. Please reach out to them for any questions or concerns.

Options for postoperative pain control -- nerve block (knees only): Your anesthesiologist or CRNA will discuss options for pain control after your surgery. Most often, a nerve block is performed that provides numbing to the knee following surgery. This procedure allows a multimodal approach to pain management which can reduce the amount of other pain medications you may need to take and allow you to better participate in therapy and the recovery process.

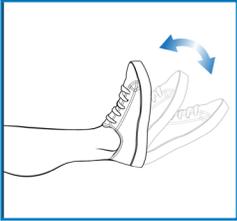
The adductor canal block provides relief from pain on the front side of lower part of your thigh and knee. The block is done under ultrasound guidance which allows detection of the nerve and adjacent structures. When the femoral nerve is located, numbing medication is injected to surround the nerve. Often, a nerve catheter (On-Q® pain ball) is then placed for a continuous infusion of medication (typically for up to 3 days post-surgery). The nerve block will be performed by the anesthesiologist or CRNA in a holding area prior to your surgery.

Preparing for Your Surgery

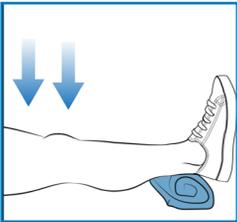
Pre-op Exercises

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. You may also refer to your mymobility® app on your phone, if applicable.

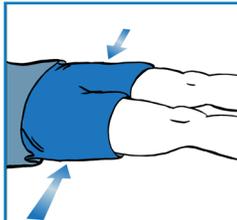
Ankle Pumps: Bend and straighten ankle.



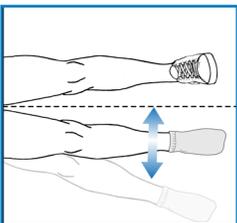
Quad Sets: Press knee into bed, tightening muscle on top of thigh. Hold 5 seconds.



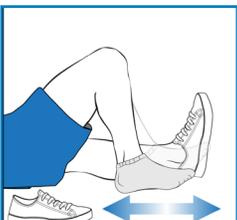
Buttock Squeezes: Squeeze bottom together and hold 5 seconds



Hip Abduction: Slide leg out to side and back.

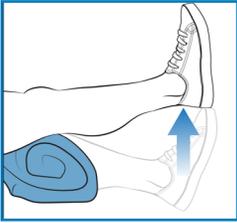


Heel Slides: Bend and straighten knee.

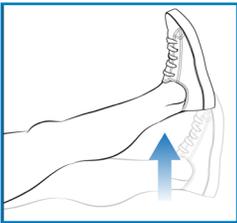


Preparing for Your Surgery

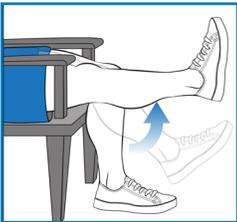
Short Arc Quads: With knee bent over bolster, lift foot up, straightening knee. Be sure to keep back of knee on bolster.



Straight Leg Raises: Tighten muscles on top of thigh, then lift leg straight up off bed, approximately 12 inches. Lower slowly. Your therapist will advise you whether to continue this exercise following surgery.



Sitting Knee Extension: Bend and straighten knee.



Sitting Knee Flexion (Knee only)



Preparing for Your Surgery

Getting Your Home Ready

It is important that you have a safe environment at home to prevent injury and speed recovery. The following are some of the things to do in preparation for your surgery.

- Clean your house—a clean house decreases bacteria and lowers your risk for infection
- You will go home with a walker—all walking paths need to be wide enough to get through with a walker and free of obstacles
- Remove anything you might trip over (rugs, cords, shoes)—this may include moving furniture around
- A walker bag/basket may be used to help carry items
- Use night lights to ensure good lighting at nighttime
- Make sure all handrails are secure
- Plan for childcare, if needed
- Plan for pet care, if needed—pets are a common trip hazard and increase risk for infection
- Use a non-slip mat inside/outside of your shower/tub
- Install grab bars near your shower/tub and toilet (do not use shower racks as support)
- Keep things within easy reach
- Plan to have household chores done by someone else after surgery
- Stock your pantry, refrigerator, and freezer with easy and healthy meals/snacks
- Plan to sleep on the main level/floor and avoid sleeping on the couch after surgery
- Sleeping in a recliner is okay, but avoid sitting on low soft surfaces. If sleeping in a recliner, use a clean sheet to cover and lay on top of.
- Have an ample supply of your prescription medication available
- Plan to carry a cellphone or portable phone after surgery, if you are going to be alone for part of the day

Preparing for Your Surgery

Timeline

7 Days Prior to Surgery

- Stop medications, as instructed, at time of pre-assessment
- Continue pre-surgical exercises to build strength and stamina
- Obtain over-the-counter medications: Laxatives/stool softeners, Extra-Strength-Tylenol 500mg, probiotic, coated Aspirin (if instructed), acid reducer (Pepcid®, Prilosec®, Zantac®)
- STOP SMOKING!!!
- Start CHG wipes and Mupirocin (Bactroban®) ointment 5 days before surgery, if you are MRSA+ and/or MSSA+ see Infection Prevention insert for instructions

3 Days Prior to Surgery

- Continue pre-surgical exercises to build strength and stamina
- Start the chlorhexidine (CHG) wipes if you haven't started them already

1 Day Prior to Surgery

- Eat a regular size dinner—the day before surgery is not the time to “feast” on large quantities of heavy or rich foods
- Drink your first Gatorade before midnight the night before surgery
- Have nothing to eat or drink after midnight—including mints, gum, or water

Any other eating or drinking after midnight could result in your surgery being delayed or cancelled

- Take all routine medications except those already stopped—if there is any question about which medications to take, please check with your Orthopaedic Nurse Navigators or the Outpatient Center (812-996-0123)
- Use CHG wipes
- If you have been using Mupirocin (Bactroban®), complete the last 2 doses

Day of Your Surgery

Morning of Surgery

At Home

- Drink your second Gatorade while taking only the medications you were instructed to take at time of pre-assessment. See instructions on page _____

Any other eating or drinking after midnight could result in your surgery being delayed or cancelled.

- Use last CHG wipe –avoid deodorant, powders, perfume, and lotion
- Wear loose-fitting clothes and tennis shoes
- Leave jewelry and valuables at home
- Remove all piercings
- Remove all make up before arriving to surgery
- Write down any questions you may have for your surgeon and bring them with you

At Hospital

What to Bring in With You

- Health Care Power of Attorney, Advanced Directive, and/or Living Will if you have one
- Glasses, hearing aids, dentures
- Incentive Spirometer (breathing device)
- Walker
- This patient guide binder

Leave medication, cash, keys, credit cards, and jewelry/valuables at home

Day of Your Surgery

Perioperative

Pre-op/Surgery/Recovery room

- Your surgeon will meet you and your coach in the pre-op area, confirm and mark the surgical site, and answer any last minute questions. Have your questions ready. You will likely not see your surgeon before going home later in the day.
- An anesthesiologist or CRNA will meet with you to discuss your anesthesia options. See anesthesia section for more details.
- You will be given IV antibiotics and IV sedation
- In surgery, you will be monitored closely by an anesthesiologist and/or CRNA
- In the recovery room, you will be monitored closely by a registered nurse

Post-op (after surgery)

- You will be moved to the post-surgical floor
- You will continue to be monitored closely by a registered nurse and an internal medicine physician
- You will have your first physical therapy/occupational therapy session within hours of surgery
- Your orthopaedic care team, including your coach, will assist in getting you walking once your anesthesia has worn off

Coach—be sure to be present for patient's post-op therapy sessions

Day of Your Surgery

Preparing for Home

Home (within 4-6 hours after arrival to the post-surgical floor)

- Recovering at home is more comfortable and reduces your risk of infection, promotes independence, and reduces your hospital fees.
- Your discharge time will be later in the afternoon/early evening
- Your safety is our priority!!!
- Your orthopaedic care team will help you meet discharge criteria before sending you home
- We will assist in making arrangements for any follow-up therapy or equipment needs
- You will receive written instructions about your follow-up care needs
- Prescriptions will be sent to your pharmacy
- Someone will need to drive you home
- If you go home with a nerve block catheter (On-Q® pain ball), an anesthesiologist or CRNA will call to evaluate if your pain is well controlled and to address any questions/concerns.

Discharge Criteria

- Able to walk safely with home environment in mind (e.g. distance to your bathroom, navigating stairs)
- Coach participation in therapy session before discharge
- Drink at least 240ml (8oz) before discharge
- Void after surgery
- Tolerable nausea with oral intake
- Tolerable pain
- Vital signs stable
- You and your coach verbalize understanding of managing nausea, pain, and use of Stoplight Tool
- Coach will be staying with you until you are able to walk to the bathroom and throughout your home independently. This time frame may vary and could be several days after discharge home.
- Understanding of expected abnormalities: *Swelling, bruising, and pain, pain, pain*

After Your Surgery

Now that You're Home

First Night

- Get your Stoplight Tool out
- Get your Medication Checkoff Tool out to help you keep up with your medication times/doses
- Take blood thinner as instructed
- Stay ahead of pain by taking your pain medication before pain becomes severe

If nauseous, continue aromatherapy and/or medication for nausea, as instructed

- Take one dose of an over-the-counter laxative to prevent constipation
- Keep ice on
- Keep the surgical dressing intact (x1 week)—No peeking!
- If you have a nerve block, the muscle in your leg may be weak for about 12-24 hours or until the nerve block catheter comes out
- Be careful getting in/out of bed and chairs (see Reminders for All Patients)

Day 1 (next day)

- If you haven't done so already, get your Stoplight Tool and Medication Checkoff Tool out
- Resume fluids and a healthy diet
- Bowel management as instructed/as needed
- Take blood thinner as instructed
- Probiotic as instructed
- Continue post-op exercises (use your mymobility app)
- Start outpatient therapy (ordered 2-3 times per week)
- Out of bed to chair
- Walk with a walker
- Remove ace wrap per discharge instructions, if applicable (total knees only)
- Incentive Spirometer (I/S) as instructed
- TED hose/compression stockings as instructed

Expect increase in pain, swelling, and bruising!

- Continue to stay ahead of pain by taking your pain medication before pain becomes severe
- Continue ice therapy protocol

After Your Surgery

Day 2

- Same as day 1
- Check On-Q® pain ball—Remove if empty and if you were sent home with one
- Start outpatient therapy if not done Day 1
- Refer to your Stoplight Tool if you have concerns

Day 3

- Same as day 2
- Check On-Q® pain ball, if you have not already done so, remove if empty and if you were sent home with one
- You may shower—Remember to cover your dressing as instructed
- Start outpatient therapy if not done Day 1 or 2
- Refer to your Stoplight Tool if you have concerns

Day 4 through 13

- Continue home exercise program (use your mymobility® app)
- Continue your outpatient rehab
- Increase activity as tolerated
- Continue TED hose/compression stockings
- Continue Incentive Spirometer (I/S)
- Continue blood thinner as instructed
- Continue to stay ahead of your pain by taking your pain medication before pain becomes severe

*You may consider weaning off of your narcotic pain medication if your pain has been well controlled.
If not, you may wait until next week to try weaning off of them.*

- You can use your Medication Checkoff to help with your weaning process
- Day 7- change your dressing—You may take your dressing with you to your rehab appointment if you'd prefer they change it for you
- Refer to your Stoplight Tool if you have concerns

After Your Surgery

2 Weeks Post-op And Beyond

- Continue your outpatient therapy
- Continue your home exercises (use your mymobility® app)
- Continue blood thinner until 4 weeks
- Continue probiotic for 3 months
- Begin trying to wean off of your narcotic pain medications if you haven't already started. If you are having any trouble stopping them, please reach out to a member of your care team. You may also refer to your opioid pamphlet in your discharge folder.
- You may start taking a NSAID (e.g. Ibuprofen) for pain after you have completed your blood clot prevention medication (after 4 weeks)
- Follow-up visit with your surgeon or physician assistant/nurse practitioner
- X-ray, incision check, assess progress with outpatient therapy, level of discomfort
- Keep your follow up appointments with your surgeon
- Follow-up with your primary care provider as needed
- Refer to your Stoplight Tool if you have concerns

After Your Surgery

Rehab

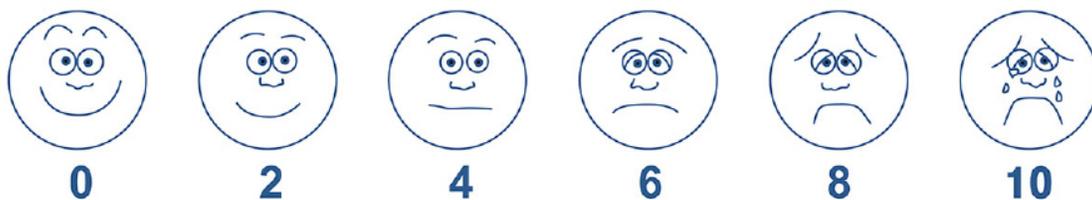
- Attend your outpatient physical therapy sessions
- It may be helpful to take pain medication prior to your outpatient physical therapy sessions
- Continue your home exercises as instructed
- Use the tools provided to you to help track your progress (e.g. mymobility®, Exercise Checkoff Tool)
- Most activities from day 1 will be repeated. Each day you will become more independent.
- You will be increasing the distance you walk each day (see Walking and Early Activity and Reminders for All Patients)

Pain Management

Why is pain management important?

- It is important to control your pain at a level you can tolerate
- Pain that is managed allows for walking, resting, and participating in your rehab activities
- You may hear us say “comfort goal” in place of pain rating. This is the level of comfort you are able to perform quality exercises as well as being able to rest. A realistic comfort goal may be anywhere from 4-6 out of 10 following total joint replacement.
- Patient comfort level is rated on a scale from 0 to 10. 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



After Your Surgery

Pain Management

There are many ways to decrease pain. Below is a list of options. Work with your orthopaedic care team to find what works best for you.

Ice

Cold Therapy Protocol		
Day 1-14	<ul style="list-style-type: none">○ While Awake: continuously, as tolerated, for pain and swelling○ While Asleep: continuously	<p>Inspect skin under pad every 1-2 hours.</p> <p>Inspect skin upon waking</p>
Beyond 2 Weeks	<ul style="list-style-type: none">○ As needed for pain and swelling.○ 15-20 minutes following exercises/activity	<p>Same as above.</p>

Stay Active

- Get up and move

Relaxation

- Breathing exercises (slow deep breaths)
- Music
- Guided imagery/meditation
- Aromatherapy
- Reading
- Get enough sleep
- Do things you enjoy

Medication

(Use your Medication Checkoff Tool to help keep track)

• **Narcotic (opioid) pain medicine**

- Expect to use for the first 1-2 weeks following surgery
- Stop using as soon as possible after surgery
- You may need to wean off of them slowly to prevent withdrawal symptoms

• **Acetaminophen (Tylenol®)**

- If you have a history of liver problems or acetaminophen allergy, talk with your doctor before taking acetaminophen
- You can take up to 3,000 mg. of acetaminophen each day.
- Some opioids contain acetaminophen (Percocet®, Norco®, etc.). Be sure to count any acetaminophen in your narcotics toward your daily 3,000 mg. dose limit.

• **Non-steroidal anti-inflammatory drugs (NSAIDs)** control pain differently from narcotics and Tylenol®

- The most common NSAIDs are ibuprofen (Advil®) and naproxen (Aleve®).
- We recommend you complete your blood clot prevention regime (Aspirin, Eliquis, Xarelto, Coumadin.) before starting a NSAID
- NSAIDs can be taken with acetaminophen and narcotics (opioids). NSAIDs can help decrease the amount of narcotics used
- Talk with your doctor before using if you have a history of kidney problems, bleeding problems, or NSAID allergy

After Your Surgery

Additional Medications

Supplements

- An over-the-counter probiotic is encouraged for 3 months after surgery
- An over-the-counter multi-vitamin / iron supplement is encouraged for 2-4 weeks after surgery. Please note: iron supplements may cause constipation.

Constipation Management

- Constipation is common with less activity and use of narcotic pain medication
- You may need a laxative if you become constipated
- Prunes and prune juice are a natural laxative
- Some over-the-counter laxatives may include:
 - Milk of Magnesia (MOM) 30- 60ml daily as needed
 - Bisacodyl (Dulcolax®) 10 mg. daily as needed
 - Polyethylene Glycol (Miralax®) 1-4 capfuls daily as needed
- Get up and move
- Stay hydrated
- Decrease the amount of narcotics used

Blood Clot Prevention

- Your physician will determine which blood thinner is best for you
- Take your blood thinner for 4 weeks, unless otherwise specified by your physician
- Most commonly used blood thinners following joint replacement include: Aspirin, Eliquis, Xarelto, or Coumadin
- Do your exercises
- Get up and move
- When you travel, stop and change positions/walk hourly

*You may consider an over-the-counter stomach acid reducer (Pepcid, Prilosec, Zantac.)
If your blood thinner causes you stomach irritation.*

After Your Surgery

Your Role in Infection Prevention

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, however, most can be treated with antibiotics. Few may require additional surgeries.

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

While in the Hospital

- Anyone around you should clean their hands with soap and 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 that visit you should not touch the surgical incision or dressing.
- Before you go home, your nurse will explain how to care for your wound. Make sure you understand. If you don't, ask questions. And know who to contact if you have questions or problems.
- 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.
- Remove pets from the room during dressing changes. Keep pets away from the surgical incision until it is completely healed. 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.
- 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 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.
- Avoid clutter to limit areas where dust and dirt can collect.
- Avoid sharing personal items such as towels or razors. Do not use loofahs.

After Returning Home

- 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.
- Lay your leg on a clean towel or sheet when changing your dressing
- Do not soak your incision: no swimming pools, lakes, hot tubs, or tub baths until it is okay 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.

After Your Surgery

Living with Your New Joint

Your new joint components have resulted from many years of research, but like any device, its life span depends on how well you care for it. To ensure the health of your new joint, it's important you take care of it for the rest of your life.

Sports and Activity

Your new joint is designed for activities of daily living and lower-impact sports. Walking, swimming, and cycling are recommended once your surgeon has cleared them. Aggressive sports, such as jogging or running, jumping, repeated climbing and heavy lifting may impair or compromise the function and long-term success of your joint, and therefore should be avoided.

Infection

Your joint components are made of metal, ceramic, and polyethylene, and the body considers them a foreign object. If you get a serious infection, bacteria can gather around your components and your joint can become infected. If you become ill with an infection or high fever, you should be treated immediately.

Surgical Procedure

If you're scheduled for any kind of surgery, no matter how minor, you must take antibiotics before and after. Please talk to your surgeon about appropriate medication and dosing. Make sure your surgeon is aware that you have a joint implant.

Dental Work

You should take antibiotics before having any dental work completed including routine cleanings. Bacteria present in the mouth can scatter throughout the bloodstream and accumulate around your joint. It's essential you let your dentist know about your joint replacement.

Post-Op Physical Therapy

Post-op Exercises

After surgery, continue doing the same pre-op exercises twice a day, 20 repetitions each. Be sure to apply ice after you exercise at least for the first couple weeks and longer if needed. Cold therapy can help decrease pain and swelling. See Cold Therapy Protocol.

It is also important to extend your knee by placing a towel/blanket roll under your ankle at least 3 times per day for 20 minutes (or as tolerated). While it may feel more comfortable, do not place the towel/ blanket roll under your knee. It should only be placed under your ankle

Walking and Early Activity

Soon after surgery, you may begin to walk short distances and perform light everyday activities. This early activity helps your recovery by helping the muscles around your joint regain strength and movement.

Walking with walker, Full Weight-bearing

- Stand comfortably and erect with your weight evenly balanced on your walker. Move your walker forward a short distance. Then move forward, lifting your operated leg so the heel of your foot will touch the floor first. Remember, touch your heel first, then flatten your foot, then lift your toes off the floor. As your muscle strength and endurance improve, you may spend more time walking. Gradually, you will put more and more weight on your leg.

Walking with Cane

- A walker is often used for the first several weeks to help your balance and to avoid falls. A cane is then used for several more weeks until your full strength and balance skills have returned. Use the cane in the hand opposite of your operated leg. You are ready to use a cane when you can stand and balance without your walker, when your weight is placed fully on both feet, and when you are no longer depending on the walker for support when walking.

Stair Climbing and Descending

- The ability to go up and down stairs requires both flexibility and strength. At first, you will need a handrail for support and you will only be able to go one step at a time. Always lead up the stairs with your non-operative leg and down the stairs with your operated leg. Remember “up with the good” and “down with the bad.” Have someone help you until you have regained your strength and mobility. Stair climbing is an excellent strengthening and endurance activity. Do not try to climb steps higher than those of the standard height of seven inches and always use the handrail for balance.

Intimacy

- Ask your surgeon when it is safe for you to have sex.

Rehabilitation

Precautions

Positioning Precautions (hips only)

Depending upon the exact nature of your specific surgical procedure, and the location of the incision, your surgeon may instruct you to follow some temporary positioning precautions. Your surgeon may feel some short-term restrictions with regard to certain motions and positions are necessary to optimize healing and prevent dislocation.

- Posterior/Lateral Hip
- Do Not bend your hip more than 90°
- Do Not lift your knee higher than your affected hip or lean forward when sitting
- Do Not cross your legs
- Do Not turn your affected leg inward

Rehabilitation

Reminders for All Patients

Safe Use of Your Walker

- Do not use the walker as a support when getting in or out of bed, up from a chair, or off a toilet. It is not stable enough in that position.
- Back up to the chair until you feel the front of the chair on the back of your legs. Reach down for the arms and lower yourself safely into the chair.

In and Out of Bed

- Sit on the edge of the bed in the same manner as you would a chair. Scoot your buttocks back across the bed until hips and thighs are on the bed. Rotate your body until you are straight on the bed.
- Get into bed with the non-affected leg first, get out of bed with affected leg first.
- Use sheets and pajamas made of a slippery fabric to make scooting easier.

Car – Front Seat

- With the passenger seat pushed back, back up to the seat using your walker. Reach back for the car seat or door frame to provide support for lowering yourself down. Then, lower yourself carefully into the seat. Tip: a plastic trash bag can be placed in the seat to help you rotate side to front.
- Avoid traveling in a low-profile vehicle.

Car – Back Seat

- If surgery was on your right leg, enter on the passenger side. If surgery was on the left leg, enter on the driver's side. Back up to the open rear car door with your walker. Reach back for the car seat or door frame to provide support for lowering yourself down. Then, lower yourself carefully into the seat. Scoot across the back seat and have pillows stacked so you can semi-recline.

Toilet

- Do not use your walker to pull yourself up to stand. Push up from the seat, reaching forward with one hand at a time to your walker.
- When out in the community, use the bathrooms that have taller toilets and grab bars.
- Commode Extensions and/or Toilet Safety Frames are available for purchase for convenience.

Rehabilitation

Walk-in shower

- If your walker fits into the shower stall, step in with the affected leg first. If you are unable to fit the walker into the stall, step in backwards with your non-operative leg first.
- Make sure surfaces inside and outside the shower are non-skid to decrease your risk of slipping.
- Use a long-handled sponge or brush to wash and dry legs.

Tub Shower

- If you do not have a walk-in shower, you may have to transfer into a bath tub to shower.

Remember: Do not soak in a bath tub until cleared by your surgeon.

- Make sure surfaces inside and outside the tub are non-skid to decrease your risk of slipping.
- Use a long-handled sponge or brush to wash and dry legs.
- Tub transfer benches are available for purchase to ease transfer in/out of tub shower.

Tips

- Use your walker when walking.
- Slide bowls, containers, pots and pans along the counter. Don't carry them.
- Do not lift or carry things while walking with your walker.
- Avoid small pets, remove throw rugs, and secure electrical and phone cords on the floor where you may walk.
- Do not drive for several weeks or as instructed. You must be off your narcotic pain medication before operating a vehicle.
- Allow for adequate room at the side of your bed to walk.
- Avoid pivoting on your affected leg.
- Avoid slippery or unstable surfaces.
- Do not allow yourself to get exhausted.
- Avoid reaching far overhead or down low.
- It's easier to take out the trash if you use small plastic grocery bags and tie them to your walker.

Rehabilitation

Durable Medical Equipment (DME)

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



Tub Transfer Bench



Commode Extension



Shower Chair



**Toilet Safety Frame/
Bedside Commode**

Personal Care Equipment

Depending on your progress, the following equipment may be provided to you while in the hospital. These items may be purchased on your own 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



Rehabilitation

Using a long-handled sponge to bathe:

- 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.

Putting on pants or underwear using a reacher:

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

Taking off pants or underwear using a reacher:

- 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.

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.

Taking off socks using a reacher or dressing stick:

- While sitting, slide the reacher or dressing stick inside of 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.

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.

Sun	Mon	Tues	Wed	Thu	Fri	Sat

PLEASE NOTE:

- Complete CHG Skin Prep 3 days before your surgery **and** the morning of your surgery.
- If you tested positive for MRSA and/or MSSA (bacteria in the nostrils) start Mupirocin Nasal Ointment and CHG Skin Prep 5 days before surgery.
- Don't forget to bring your a walker, Incentive Spirometer (breathing device), and this binder.

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

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