

# Joint Orientation Booklet

YOUR GUIDE TO JOINT REPLACEMENT

Preparing for your surgery,  
hospital stay, and recovery.



**Community Memorial**  
Quality Healthcare Close to Home

Patient and Family Education  
[CommunityMemorial.org](https://www.CommunityMemorial.org)

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## FLAG CODE

 **Red Flag:** STOP and call your surgeon

 **Yellow Flag:** Remember/use caution before proceeding

 **Green Flag:** This is okay

# WELCOME TO Community Memorial Joint Orientation

Community Memorial Joint Orientation is very unique. It is a dedicated center within Community Memorial Hospital.

Preparation, education and a pre-planned discharged plan are vital for exemplary results in joint replacement surgery. Communication is also an extremely important part of this process.

This patient guide is designed to take you through the process of having your joint replacement surgery. We, the staff, facilitate your care and provide you with education about what you can expect at every stage of your joint replacement journey. It is also a reference tool for you to capture important information that you can go back to when needed.

We will be available to meet your needs along the way. Our team of skilled physicians, nurses, therapists and support staff has put every effort into making your experience a seamless process. We consider ourselves partners in your care and recovery and know that together we can make your time with us a positive experience, with a great outcome.

## **Features of the program include:**

- Physician and nurses who specialize in the care of joint patients.
- Therapists to educate how assistive devices, joint protection and energy conservation techniques can be used during activities of daily living (ADLs).
- Family and friends educated to participate as “coaches” in the recovery process.
- A Certified Case Manager who coordinates patient discharge planning process; if needed.

Remember that this is meant to be a guide. Your surgeon, nurse or therapist may add to or change some recommendations. Always follow their recommendations and ask questions if you are unsure of any information. Keep this guide as a reference for at least the first year after surgery.

Thank you for choosing us to be your partners in care.

Jackie Parker RN, PAT Nurse  
Community Memorial Hospital  
315-824-6630 (office)

# PREPARING FOR SURGERY

Optimizing your health possibly lowers your risk of complications during and after surgery. Your surgeon will assess your overall health and determine if you should have a total joint replacement. Certain risk factors may result in a greater chance of having complications after surgery. These include obesity, uncontrolled diabetes, and smoking. These risk factors should be addressed before total hip or knee surgery as much as is reasonably possible.



## Avoid Non-Nutritious Foods:

Do not consume foods that are of no nutritional value during the days leading up to surgery. Processed, high sugar, trans-fatty foods and drinks may delay wound healing and put you at an increased risk for infection.

## Having A Care Partner

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Before your surgery, you should decide on someone to be your care partner. This could be a family member or friend. The role of your coach is an important one. This person will support you as you prepare for, and recover from surgery, keep you motivated, assist you with your exercises and remind you of your postoperative precautions.

### A Care Partner Is Responsible For:

- Providing motivation and encouragement.
- Assisting in preparing home for a safe return.
- Being knowledgeable of home exercise program.
- Reviewing medication type, dosage and frequency with the nurse prior to discharge.
- Encouraging attendance at all follow-up physician and therapy appointments.
- Recognizing the signs or symptoms of complications.
- Providing motivation and encouragement: worth mentioning twice!
- Being able to understand all discharge instructions.
- Being present at the time of discharge, when home instruction and care are reviewed.

Sometimes a person has more than one care partner and that is fine!

**We strongly recommend that you have a responsible adult at home for a minimum of three days after discharge. You will need to arrange for someone to drive you home from the hospital when you are discharged.**

## Your Joint Replacement Team

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**Attending Physician/Surgeon:** A senior member of the medical staff who directs your care, performs your surgery and is responsible for your overall care throughout your stay.

**Hospitalist:** General medical physician, available for consult if needed.

**Anesthesiologist:** A physician who administers anesthesia to you during your surgery, monitors your vital signs and may oversee pain control after surgery.

**Physician Assistant (PA):** A healthcare professional trained to assist doctors with your procedure and aftercare.

**Physical Therapist (PT):** A health care professional who will assist you in regaining your ability to move and walk after your surgery. The PT will help you regain motion in your new joint and will determine if you are safe to return home.

**Respiratory Therapist:** A health care professional who is trained in caring for your respiratory needs.

**Nursing Team:** Health care professionals with varying degrees of training and education who will provide most of your hands on care.

**Department Manager:** A nurse responsible for collaborating with the nursing team for the best outcome and experience for patients after a joint replacement.

**Case Manager or Social Worker:** A specialist who helps you and your family manage the logistics of your care, answers your questions and ensures that quality care is being delivered. A social worker also finds resources and helps plan your home care.

**Occupational Therapist:** A health care professional that can assist/educate you in possible adaptive equipment needed to perform your activities of daily living (i.e. dressing, bathing, toilet hygiene, etc).

## Why Have Surgery?

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Over time, our joints can begin to wear down, resulting in pain, decreases in mobility and arthritis.

### Benefits Of Joint Replacement Surgery:

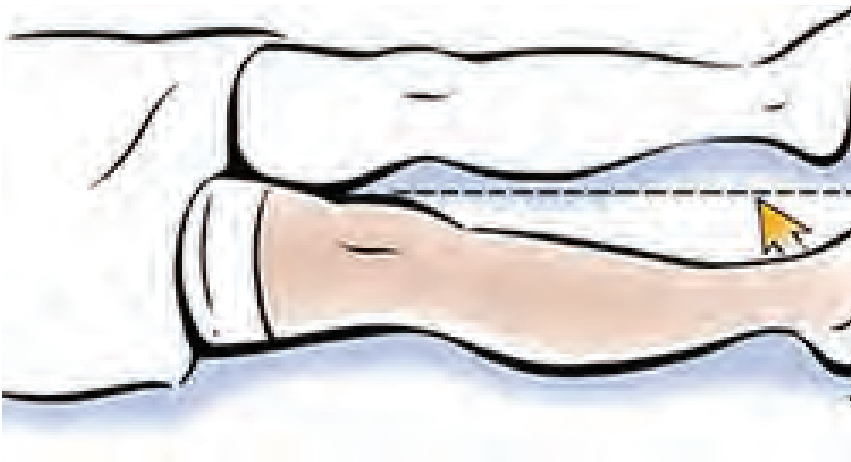
- Decreases in pain
- Improvements in mobility
- Improvement in overall function
- A return to daily activities
- Improvement in overall health

## What Happens During My Surgery?

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### Total Knee Replacement

- The surgeon removes damaged cartilage from the knee.
- Then the surgeon attaches metal implants to the ends of the thigh and shin bones.
- A plastic spacer goes between the metal implants to promote smooth joint movement.



# UNDERSTANDING YOUR JOINT REPLACEMENT SURGERY

## Why Have Surgery?

Over time, our joints can begin to wear down, resulting in pain, decreases in mobility and arthritis.

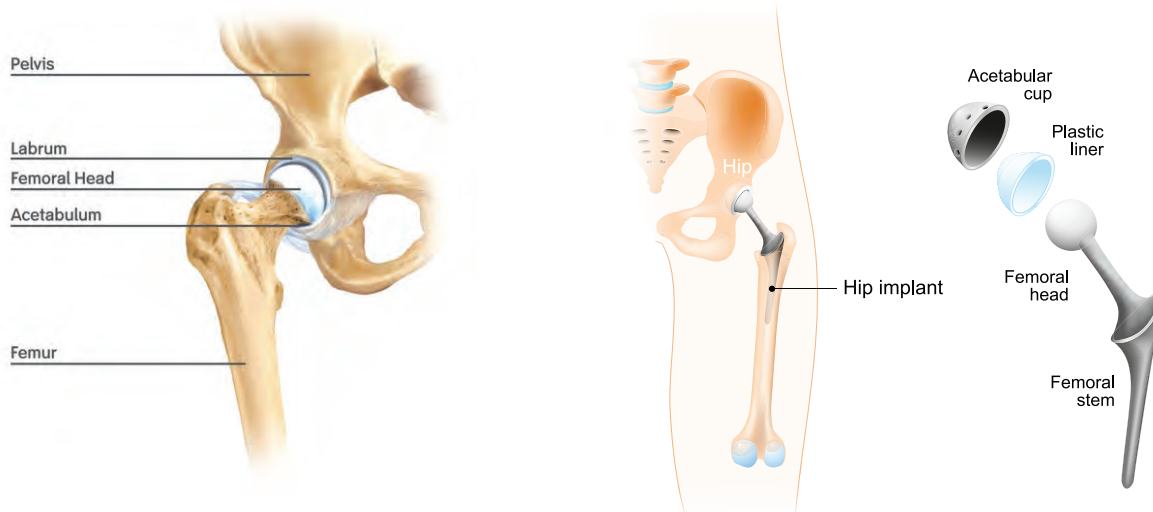
### Benefits Of Joint Replacement Surgery:

- Decreases in pain
- Improvements in mobility
- Improvement in overall function
- A return to daily activities
- Improvement in overall health

## What Happens During My Surgery?

### Total Hip Replacement

- The surgeon removes the damaged cartilage from the top of the thigh bone and the socket.
- The surgeon then attaches a metal implant to the top of the thigh bone and also replaces the socket.
- The metal implants will function the same way as your normal hip does.



# UNDERSTANDING YOUR JOINT REPLACEMENT SURGERY

## Getting Your Body Ready For Surgery

Here is a list of things you can do to improve the outcome of safely coming out of anesthesia and to optimize your health for surgery:

### QUIT smoking...

Your surgeon may require you to quit smoking prior to surgery. Continued tobacco use puts you at a higher risk to develop blood clots, infection, and pneumonia that can result in death.

### Get control of any other health conditions!

Managing your blood pressure, blood sugar, and other conditions are essential to a safe surgery and healthy recovery. If you have diabetes, ask your surgeon about your A1C to avoid delayed wound healing.

**DO NOT USE alcohol or street drugs, including marijuana.** These substances can interfere with anesthesia and may result in severe complications.

### Start daily strengthening exercises.

Program your muscles early to help your body after surgery. Try walking, water aerobics, or swimming for about 30 minutes a day, 5 days a week.

### If you are overweight, try to lose weight.

The extra weight on your joints cause stress and inflammation to the joint resulting in pain. Eating more fruit, vegetables, and whole grains and less fat, sugar, and red meat will help with your recovery. You are responsible for what you put in your body.

If you need any invasive procedures, ask your surgeon how far in advance you should schedule these.

- **Invasive medical procedures.** Any procedure that requires a cut in the skin can introduce bacteria (germs) into your body. This puts you at higher risk for an infection that could impact your new joint.
- **Dental procedures.** Just like medical procedures, dental cleaning and having root canals, a tooth pulled, or a crown exposes you to bacteria.

Talk to your surgeon **BEFORE** getting a steroid injection. This can increase the risk of infection and related complications.

If you take any opioid pain medications, try to cut back. Decrease your use of these medications as much as possible so your care team can effectively control your pain after surgery. If your body is tolerant of high doses of pain medication, discuss this with your surgeon, as your pain may be more difficult to control.

### Various circumstances may cause your surgery to be postponed.

#### They include but are not limited to:

- Eating or drinking after a specified time
- Fever of 100° F (38.1° C) or higher
- An open wound or break in the skin
- Diabetic patients elevated A1C (ask your surgeon about the appropriate range)
- A recent illness or infection that is not healed
- Failure to stop taking medication as directed by your prescribing physician prior to surgery (i.e. aspirin or other blood-thinning medications)
- Recent dental surgery or invasive procedures

Ask your surgeon's office to confirm receipt of all necessary medical records to avoid a delay



# UNDERSTANDING YOUR JOINT REPLACEMENT SURGERY

## Exercises Before And After Joint Replacement



### Ankle Pumps

- Lie on back
- Move foot up and down, pumping the ankle
- Can hold foot back to achieve a stretch in the back of your knee/calf muscle



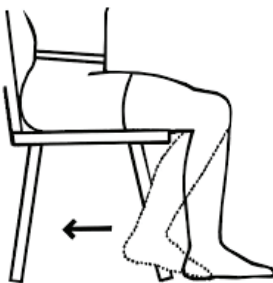
### Quad Sets

- Lay down with leg extended
- Tighten the quad muscles on front of leg, trying to push back of knee into bed
- Hold for 5 sec each



### Heel Slides

- Sit/lay down with legs straight
- Wrap long towel/sheet around foot and pull heel towards buttocks, thus bending the knee
- Pause at the top of stretch
- Return to start position
- Try to increased range each repetition



### Heel Slides In Sitting

- Sit in chair with knees bent
- Move heel of operated leg under chair
- Use non-operated leg and place over operated leg and pull back to achieve increased stretch
- Hold for 5 seconds
- Return to start position

### Special Instructions

- Can place a pillowcase/wash cloth under foot for easier sliding



### Sitting Knee Extension Stretch

- Lay down with legs straight
- Pull heel towards buttocks, in order to bend knee
- Make sure to maintain hip precautions
- Return to start position

# UNDERSTANDING YOUR JOINT REPLACEMENT SURGERY

## Understanding the Risks of Surgery

Joint replacement surgery is a major surgery, and although advances in technology and medical care have made the procedure very safe, there are still some risks/complications associated with the surgery.

### Risks/Complications Associated With Joint Replacement Surgery:

#### Nerve, blood vessel, ligament injuries

- Numbness around incision site is normal.
- Clicking while performing exercises and/or walking is normal, UNLESS it causes you pain.
- 🚩 Inform nurse/therapist/physician, IMMEDIATELY, if new/persistent numbness/burning is felt in lower leg and/or foot.
- 🚩 Toes that are very cold, that can't get warmed up, warrants a phone call to the surgeon

#### Loosening of the prosthesis

- Joint replacement surgeries are lasting up to 30 years now. It is up to you to promote a long life expectancy of your new joint.
  - Maintain a healthy body weight.
  - Stay active, but avoid high impact activities like running/jumping.
- 🚩 Inform physician if you feel a "loosening" of your joint prosthesis.

#### Constipation

- Anesthesia, narcotic pain medications and a decrease in mobility can decrease bowel function after surgery.
- 🚩 To help lessen the chance of constipation we recommend the following:
  - Early mobilization – getting up to a chair and walking as often as possible.
  - Stay hydrated – drink plenty of fluids, especially water.
  - Eat plenty of fiber-vegetables/fruits.
  - While you are in the hospital, you will be on a daily stool softener. You may want to continue this when you go home.

#### Pneumonia

- 🚩 To help lessen the chance of pneumonia we recommend the following:
  - Early mobilization – Getting up every hour that you are awake to walk.
  - Use your incentive spirometer – take 10 slow deep breaths once every hour you are awake.



# UNDERSTANDING YOUR JOINT REPLACEMENT SURGERY

## Understanding the Risks of Surgery

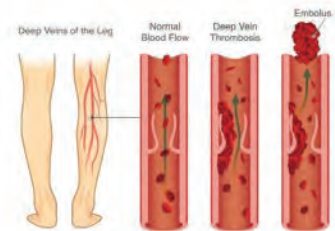
### Risks/Complications Associated With Joint Replacement Surgery:

#### Blood Clots (DVTs) and Pulmonary Embolus (VTEs)

- Anticoagulation therapy (blood thinners): Some of you will be given Aspirin for 30 days after surgery, while others are already on a blood thinner and will be instructed by their prescribing physician how to proceed.
  - Compression devices (SCDs): These squeeze your calves and encourage blood flow. They will be worn at all times in the hospital, except when walking or during physical therapy. Once you return home, they must be worn for 23 hours out of the day, for 14 days.
  - Leg exercises: While you are awake, you should perform your ankle pumps, about 10–20 times an hour.
  - Early mobilization: You will get up and walk with a walker to the bathroom, with assistance, within the first 24 hours after surgery.
  - A blood clot can occur during the first several weeks after surgery. It commonly occurs in the calf or thigh. There is a risk of this clot traveling to other parts of your body, such as the lungs. This is known as a pulmonary embolus or PE.
  - Your surgeon may prescribe aspirin or blood thinner to reduce your risk of blood clot.
  - To reduce the risk of blood clots:
    - Continue the foot pump exercises often.
    - Be mobile. Do not sit for long periods of time (greater than one hour).
- 🚩 Take your blood thinners as prescribed and complete lab tests as indicated.

### 🚩 Notify your surgeon's office immediately if you develop any of these signs.

- Warning signs of possible blood clots in your leg:
  - Warmth, swelling, increased pain that is not relieved by pain medications, tenderness, redness in the thigh, calf, ankle or foot.



- Warning signs that a blood clot has traveled to your lung (pulmonary embolism) include:
  - Sudden increased shortness of breath.
  - Sudden onset of chest pain.
  - Localized chest pain with coughing.
  - Blood or blood streaks in sputum when you cough.
  - Feelings of anxiety.



### 🚩 Seek medical treatment immediately if you have symptoms of a pulmonary embolism. Call 911.

## Hip Precautions Following Surgery

The 3 Hip Precautions Are As Follows:

- Do NOT bend the hip past 90 degrees.
- Do NOT twist the leg in.
- Do NOT cross surgery side leg over non-surgery side leg.



Other Important Guidelines Follow Hip Replacement Surgery:

- If you are to lie on your side, you have to have a pillow in between your legs.
- Do NOT lie on your operative hip.
- Make sure your chairs and toilet are at a proper height to maintain hip precautions.
- Use adaptive equipment to put on/off shoes and socks.

# UNDERSTANDING YOUR JOINT REPLACEMENT SURGERY

## Understanding the Risks of Surgery

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### Risks/Complications Associated With Joint Replacement Surgery:


#### Surgical site infection

- WASH YOUR HANDS!
- Preventative antibiotics are given just before surgery and are continued for 24 hours afterwards.
- Do not shave legs for one week prior to surgery.
- Do not have any type of waxing procedure for 2 weeks prior to surgery.

 Increased redness around the incision warrants a phone call to surgeon.

#### Illness: Call you surgeon with any of these symptoms prior to surgery:

- Body chills with fever
- Flu like symptoms
- Body aches
- New onset of cough
- Nausea, vomiting, or diarrhea

 If you are experiencing any respiratory or urinary symptoms, reach out to your PCP.

**\*\*All staff members should complete proper hand hygiene prior to and leaving patient rooms. Encourage visitors to use hand sanitizer or hand wash as they enter and leave your room.\*\***

### Risks/Complications Associated with Joint Replacement Surgery:

#### Other possible complications:

- Wound infection/delayed wound healing
  - Some medical conditions, such as rheumatoid arthritis, diabetes, or if you are a smoker, can affect the immune system, thus causing slow wound healing.
- Limited range of motion
  - If you had a stiff hip prior to surgery, this can affect your range of motion after surgery. Beginning exercises right after your surgery will be very important.
- Urinary Infection
  - If you cannot urinate after surgery, sometimes a catheter is placed in your bladder. This can sometimes cause an infection.
- Bleeding/blood loss – sometimes requires a blood transfusion.
- Skin blisters
  - Usually from swelling, sometimes aggravated by the dressings placed over your incision.

# UNDERSTANDING YOUR JOINT REPLACEMENT SURGERY

## How You Can Reduce The Risk Of Complications

### Reducing Or Eliminating Tobacco And Alcohol

- If you smoke/vape or use smokeless tobacco, we strongly encourage you to stop at least 2-3 weeks (or more) before your surgery
- Ask your nurse or doctor if assistance is needed to stop smoking. [www.nysmokefree.com](http://www.nysmokefree.com).



### Maintaining A Healthy Diet

- Eat health, well-balanced meals
- Lots of fruits, vegetables and whole grains
- Minimize saturated fats
- Tell your surgeon if you have been following a physician-prescribed diet prior to surgery

### Managing Your Health Conditions, Such As Diabetes

- If you are diabetic, it is important to check your glucose (sugar) levels and follow the diet recommended by your physician

### Wash Your Hands

### Perform Your Exercises As Directed By Your Physical Therapist Or Surgeon

### Dental Health

- Inspect your teeth for any loose teeth or painful gums. If you have either, please consult your dentist before surgery.
- Problems with your teeth can cause complications during surgery, as bacteria from a dental infection can travel to your new joint.
- Your anesthesiologist will want to know about any dental prostheses (false teeth, bridges and implants), tooth or gum disease, or cosmetic dentistry.
- Brush and floss your teeth twice daily.

🚩 No cleanings 1 week prior to surgery. Inform your surgeon of your last and or next dental appointment.


🚩 No dental work once surgery is scheduled.


# PREPARING YOUR JOINT REPLACEMENT SURGERY

## Medications To Stop Before Surgery

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- Stop all erectile dysfunction medications for 4 days prior to surgery: Viagra, Sildenafil, Tadalafil, Cialis, Levitra, Vardenafil. Failure to do increases adverse complications during surgery.
- Stop 7 days prior to surgery
  - All over the counter herbal supplements, vitamins and anti-inflammatory medications that include, but not limited to:
    - Ibuprofen, Motrin, Advil, Aleve, Naprosyn, Naproxen
  - If you are on a blood thinner, your prescribing physician will give you special instructions for stopping the medications before surgery.
  - STOP Aspirin 7 days prior to surgery, unless otherwise stated by prescribing physician.
  - You may take Tylenol or acetaminophen the day before surgery. Do NOT take Tylenol the AM of surgery as you will be receiving Tylenol on admission to the hospital.

 Mobic/Meloxicam and Celebrex can be continued on the day before surgery.

 Your surgeon is responsible for ordering your post-operative medications. Please pick up your post-operative medications prior to your surgery date. If they are not available within four (4) days prior to surgery please call your surgeon's office. You are not take the post-operative medications until after the surgery. If you have been prescribed a narcotic pain medication a prescription for Narcan, the antidote to prevent an overdose, may also be included in your medications to obtain from the pharmacy.

## Packing For Your Hospital Stay

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### What To Bring

- Your patient guide.
- Your folder or packet from your surgeon's office
- Your insurance cards, license, and advanced directive (Health Care Proxy, MOLST Form).
- Your co-pay amount if applicable, you will want to confirm with you insurance provider.
- Loose fitting clothing, especially over the operative site. Supportive footwear with backs.
- Glasses, if you wear them. Do NOT wear contacts on the day of surgery, but you may bring them for the following day.
- Hearing aids
- Mobile compression devices, if you are using them.
- CPAP machine, if you use one at home.
- **Bring only the medications that your pre-op nurse told you to bring.**

### What Not To Bring

- Large amounts of money or credit cards.
- Jewelry – for your safety, jewelry and body piercings will be removed prior to surgery.
- Large electrical items, such as heaters or fans.
- Smoking paraphernalia.

# PREPARING FOR YOUR JOINT REPLACEMENT SURGERY

## Preparing for Your Home

### Tidy Up Walking Area

- Remove throw or area rugs that could cause tripping or slipping hazards.
- Secure floor mats with non-skid backing.
- Rearrange furniture in order to clear traffic path in the house.

### Prepare Your Bathroom

- Get a raised toilet seat so you can get up and down easily.
- Get a stool for sitting in the shower.
- Make sure that shampoo, soaps, and bath products are within reach without bending or reaching.

### Prepare Easy Meals

### Set Up A Recovery Station

**\*Pre surgery bathing–Follow your specific surgeon’s instructions if applicable\***

**Purpose:** CHG cloths are used for patient bathing before surgery to help reduce the risk of infection.

### Important information:

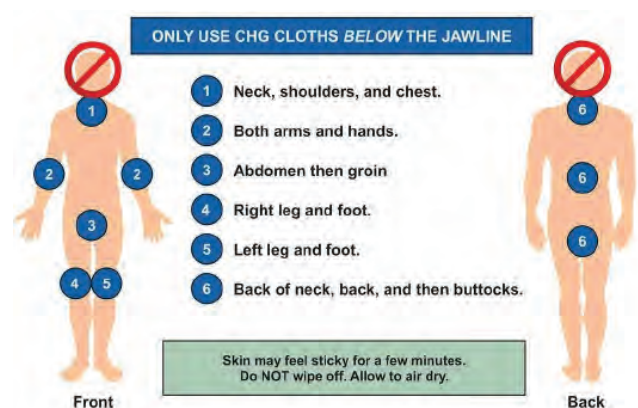
Before using chlorhexidine (CHG) cloths– bathe or shower with your regular soap using a clean washcloth. Rinse off completely and towel dry with a clean towel. Bathe with CHG cloths the night before surgery at home. The morning of surgery at the hospital your nurse will have you wipe down again with another packet of CHG wipes that they will provide on admission. Do NOT shave the surgical area for five days prior to your surgery.

### How to use CHG wipes?

- After showering and skin is dry use the CHG cloths using the guidelines below.
- Use **ONE** Sage–bathing package (6 wipes) per pre-op sponge. Additional packages may be required. Ensure you wipe all skin fold areas.
- Gently rub the cloth in a back and forth motion over their skin.

### DO NOT USE ON FACE/HEAD

1. Cloth 1: Neck, shoulders, chest
2. Cloth 2: Both arms, hands, fingers, axilla (armpits).
3. Cloth 3: Abdomen and then groin crease (avoid genitals).
4. Cloth 4: Right leg, right foot, toes.
5. Cloth 5: Left leg, left foot, toes.
6. Cloth 6: Back of neck, back, and then buttocks.
7. Do NOT rinse or wipe off. Let AIR DRY ONLY.
8. Do NOT flush, dispose in trash.



Dispose of each washcloth in the trash.



Do NOT flush washcloths in the toilet.





# PREPARING FOR YOUR JOINT REPLACEMENT SURGERY

## Medical Equipment

You Are Responsible For Getting Your Walker And Cane Prior To Surgery.

Walker



Cane



Reacher



Long Shoe Horn



Commode



Raised Toilet Seat



Toilet Hygiene Aides



Shower Chair



Tub Bench



Sock Aide



### Other Recommended Equipment for Total Knee Replacement:

Commode, Shower Chair, Reacher

### Other Recommended Equipment for Total Hip Replacement:

Commode, Shower Chair, Sock Aide, Shoe Horn, Toilet Hygiene Aides


# PREPARING FOR YOUR JOINT REPLACEMENT SURGERY

## Special Instructions – Day Before Surgery

A Nurse will call you the business day before your surgery between 2:00–5:00 PM to inform you of **your arrival time**.

- Your arrival time, is the time that you arrive to the hospital, not your surgery time. The nursing staff needs given sufficient time to start IVs, prepare you for surgery and answer questions.
- It is important that you arrive on time because sometimes the surgical time is moved up at the last minute and your surgery could start earlier.
- If you are late, it may create a significant problem with starting you surgery on time. In some cases, late arrival could result in moving your surgery to a much later time or cancellation of your surgery.
- Plan for the full day at the hospital. It is possible that you may have to stay overnight for continuous monitoring or if you are a late surgery time.
- It is very important to follow your medication list instructions provided by the PAT nurse from your pre-op interview. For some specialty medications you need to follow your prescribing physician instructions, like: blood thinners, autoimmune medications, long acting diabetic medications etc.

**Home Medication List**

 Community Memorial Quality Healthcare Close to Home	Name:	MRN:
	DOB:	Acct:
	Atn Dr:	
	AdmDT:	
	Allergies:	

Status: Complete    Collected On:    By:    RN

Comments:

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**Home Medications**

A COMPLETE MEDICATION LIST WILL NEED: THE NAME OF MEDICATIONS YOU TAKE, DOSAGE OF THE MEDICATION, AND THE TIME OF DAY YOU TAKE THE MEDICATION. IT IS VERY IMPORTANT YOU HAVE THIS INFORMATION AVAILABLE FOR YOUR PREOP INTERVIEW WITH THE PAT NURSE FROM COMMUNITY MEMORIAL HOSPITAL.

ALL ERECTILE DYSFUNCTION MEDICATION: CIALIS, TADALAFIL, VIAGRA, SILDENAPIL, LEVITRA, VARDENAFIL WILL NEED TO BE STOPPED FOR 4 DAYS PRIOR TO SURGERY

ALL OVER THE COUNTER HERBAL SUPPLEMENTS, VITAMINS, NSAIDS: IBUPROFEN, ADVIL, MOTRIN, NAPROSYN, NAPROXEN, ALEVE WILL NEED TO BE STOPPED FOR 7 DAYS PRIOR TO SURGERY

ASPIRIN PRODUCTS THAT ARE PRESCRIBED BY A PHYSICIAN YOU WILL FOLLOW THEIR INSTRUCTIONS ON WHAT TO DO PRIOR TO SURGERY. ASPIRIN THAT IS NOT PRESCRIBED BY A PHYSICIAN SHOULD BE STOPPED FOR 7 DAYS PRIOR TO SURGERY

IF YOU SEE A PAIN MANAGEMENT SPECIALIST PLEASE BE SURE TO NOTIFY THEM YOU ARE HAVING SURGERY AND WHAT TO DO ABOUT YOUR PAIN MEDICATION NEEDS

TYLENOL IS FINE TO CONTINUE TO TAKE UP TO THE DAY OF SURGERY. DO NOT TAKE AM OF SURGERY AS YOU WILL RECEIVE TYLENOL ON ADMISSION

YOU MAY CONTINUE TO USE ALL INHALERS AND EYE DROP MEDICATION PLEASE BRING THEM WITH YOU THE DAY OF SURGERY

- 🚩 Do not eat or drink anything after midnight, including water, chewing gum or mints/candy, unless you are instructed to take any medications with a sip of water. You may brush your teeth or rinse your mouth as frequently as you wish. Do not swallow the water.
- 🚩 NO alcoholic or caffeinated beverages after 6PM the night before surgery.
- 🚩 Please refrain from smoking, vaping and using smokeless tobacco for 24 hours prior to surgery.
- 🚩 No recreational drugs are to be consumed/smoked/vaped/injected/snorted/ingested to avoid dangerous interactions with the anesthesia. If you have an addiction please notify your surgeon for your safety.

# UNDERSTANDING YOUR HOSPITAL STAY

## The Day Of Surgery

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- Take your medications that are listed on your medication instruction list that you completed during your PAT interview with a SIP OF WATER ONLY, no other drinks allowed.
- You may shower the AM of surgery; however do not use deodorant, lotion, ointments, powders, creams, makeup/face products, hair products, or perfume/cologne. Jewelry is NOT to be worn day of surgery—leave your jewelry at home. No false eyelashes or fake nails day of surgery.
- Report to door number nine (**#9**) at Community Memorial at your scheduled arrival time.
- Register with the admissions clerk with your license, insurance card, and co-pay amount.
- Once registered you will be guided to the ambulatory surgery department.  
A nurse will greet you.
- You will be asked several questions to verify your identity, your surgeon's name and type of surgery you are having so that the information we have is correct.
- You will then sign your consent for the surgery.
- You will be given a packet of CHG wipes to cleanse with approximately one (1) hour prior to OR.
- Your nurse will apply a nasal antiseptic to clean your nose.
- Your vital signs (blood pressure, heart rate, respirations, oxygen saturation, temperature and level of pain) will also be recorded.
- An intravenous (IV) catheter will be placed in one of your veins to allow fluid (intravenous fluids) and medications to be given to you during and after surgery.
- If applicable, pre-op medications as prescribed by your surgeon will be administered by your nurse.
- The nurse will answer any questions you may have.
- You will meet your surgical nurse. They will review your medical records and ask questions.
- The surgeon, anesthesiologist, physician assistant and circulating nurse will review all your information.
  - Your surgeon will mark the spot of surgery with their initials.
  - The physician assistant will also review your medications.
  - The anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. He/she will also answer any further questions you may have.
  - The circulating nurse will be with you throughout your entire procedure in the OR.
- If you are not the first patient of the day, you will follow the patient ahead of you. Sometimes surgeries take longer than anticipated, please be patient if you have to wait longer than expected.

# UNDERSTANDING YOUR HOSPITAL STAY

## The Day Of Surgery

### Anesthesia Options

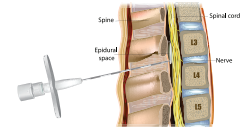
#### General Anesthesia

- Provides a loss of consciousness.
- A tube assists you in breathing throughout the surgery.



### Spinal Anesthesia

- Involves the injection of a local anesthetic to provide numbness and loss of sensation to a large region of the body.
- Techniques include spinal blocks.
- Additional medications will be given to sedate you
- Research has indicated that regional anesthesia may result in less blood loss, pain and less incidence of blood clots.



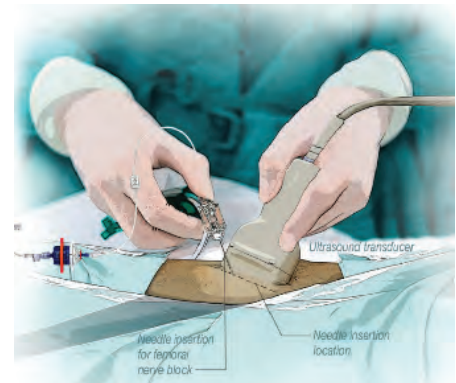
LYING POSITION



SITTING POSITION

### Nerve Block Or Regional Anesthesia

- Administration of a local anesthetic to produce numbness in specific nerves targeting the surgical site.
- In combination with other anesthesia to help reduce pain after surgery.
- Longer duration, may provide relief for 6 to 24 hours after injection.
- Designed to decrease need for opioid medications.



### Other Important Information

- Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as, any complications or side effects that can occur with each type of anesthetic.
- Nausea and vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients.
- Medications to treat nausea and vomiting will be given if needed.
- The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses can relieve or reduce pain with medications. Your discomfort should be tolerable.
- Prior prostate problem can cause difficulty with urination after surgery.

## After Surgery

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### Post Anesthesia Care Unit (PACU)

Your surgery will last 1-2 hours. Afterwards, you will awaken from anesthesia and will be transferred to the PACU. You may not remember much until you reach the recovery room.

- You will awaken in the PACU wearing an oxygen mask. Nurses will monitor your vital signs and pain.
- You may have a catheter, however, this is very rare.
- There will be a surgical dressing covering your incision.
- You will also have sequential compression devices (SCD) on each calf, which will alternate squeezing and releasing pressure on your legs to reduce the risk of blood clots.
- You will receive medication for pain and nausea, as needed.
- You will remain in the PACU you until your vital signs are stable, pain is controlled and you are awake and alert.
- Your surgeon will talk to your family in the waiting room and answer their questions.
- Family members may visit you when you arrive at your designated Unit.  
(In line with the current visiting regulations)

### Outpatient Surgery

- Return to the ambulatory unit where you started prior to surgery.
- Care will resume with your care team from admission.
- Get out of bed and to the bathroom, with walker.
- Perform ankle pumps and thigh tightening exercises.
- Take deep breaths and cough hourly.
- Frequent assessment to manage your pain.
- Drink beverages and eat foods that you can tolerate and that seem appetizing.  
(in accordance with your diet order)
- PT/nursing evaluation for mobility and safety.
- Review discharge instructions; including printed education sheets regarding side effects of your new meds
- Discharge time varies depending on your progress.
- Must have transportation home.

## Inpatient Surgery

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### Inpatient Room

- Your nursing care team will consist of a registered nurse and a nursing assistant.
- Frequent monitoring of your vital signs, incision site, level of pain and overall comfort will occur in the immediate hours following your arrival to your room.

### Post-op Goals

- Meet your care team.
- Get out of bed and to the bathroom, with a walker.
- Perform ankle pumps and thigh muscle tightening exercises.
- Take deep breaths and cough hourly.
- Perform your incentive spirometer exercises to encourage deep breathing (pneumonia prevention).
- Frequent assessment to manage your pain.
- Drink beverages and eat foods that you can tolerate and that seem appetizing.
- Work with Physical Therapy
- Review discharge instructions; including printed education sheets regarding side effects of your new meds.
- Transition to appropriate care level (Home vs. Inpatient rehabilitation).

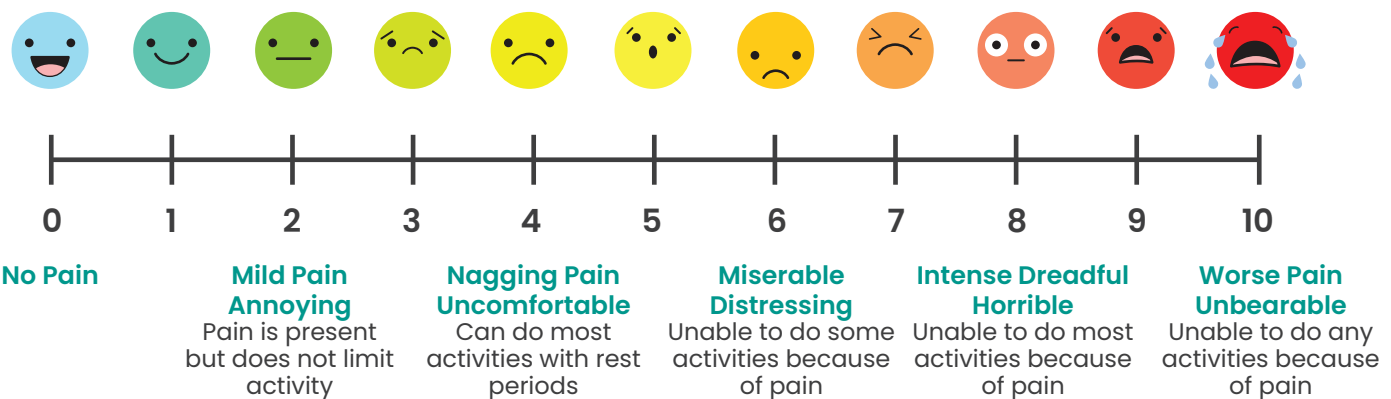
# UNDERSTANDING YOUR HOSPITAL STAY

## Managing Your Pain

Some pain is expected, but we have many ways to minimize it.

- We use a Pain Rating Scale that enables patients to rate their pain from 0-10.
- We will ask you frequently to rate your pain, especially before and after you are given pain medication.
- We try to avoid giving you pain medication by injection because there is a greater chance of nausea with injections versus pills.

### Pain Scale



- We provide intermittent cold therapy in the form of ice bags to your operative site. This will help reduce swelling and pain after activity.
- Being mobile is helpful in reducing pain.
- Do not wait until your pain is severe before asking for pain medications.
- **We encourage you to communicate with your nurse about pain control options.**
- Unfortunately, anesthesia and pain medication can cause nausea and vomiting as a side effect.
  - Our anesthesiologists carefully adjust the medications during your surgery to minimize nausea.
  - Antiemetics are available, as needed, to prevent/treat post-operative nausea and vomiting.
  - Getting out of bed to a chair and starting to walk on the day of surgery, is the single most effective way to minimize nausea.

# UNDERSTANDING YOUR HOSPITAL STAY

## Rehabilitation While In The Hospital

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- Our rehabilitation team will work with you to improve your functional abilities.
- The physical therapy staff will assist you with exercises, walking with a walker and stair climbing.
- Your motivation and participation in the therapy program are important to the speed and success of your long-range rehabilitation, as well as, getting you ready to go home. This means that you are the greatest factor in a successful recovery.
- Your rehabilitation goals for discharge:
  - Get in and out of bed and chair safely.
  - Walk safely with an assistive device, as determined by the therapy staff, usually a walker.
  - Go up and down stairs safely (with or without assistive device).

## Tips For Transitions

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### Getting out of bed

- Move yourself closer to the side of the bed.
- Pivot your hips, place arms behind you, to help move to a sitting position, on the edge of the bed.
- Extend your operative leg out in front of you or hook your good leg under your operative leg to assist moving it out of bed.
- Push from the bed, with at least one hand. One hand may be on the walker.
- PT encourages patients to avoid the use of the overhead trapeze when entering and exiting the bed, as most of you do not have this at home.

### Transferring to a chair

- Use a firm chair with arm rests and a high seat.
- Back up until you feel the chair touching the backs of your legs.
- Reach for the chair, with at least one hand.
- Let your operative leg slide out in front of you.
- Lower yourself to a seated position, using your arms, and then scoot back in the chair.

### Standing

- Scoot forward to the edge of the chair.
- Slide the operative leg out in front of you. Push up from the chair, using the armrests and your non-operative leg.
- Move hands to the assistive device and stand up straight.

### Stair climbing and descending

- Use a handrail for support on one or both sides, if available. If only one handrail is available, use a cane in the opposite hand.
- Take one step at a time, leading with your non-operative leg.
- When coming down the stairs, lead with your operative leg.

**\*\*Up with the good, down with the bad.\*\***



## Planning For Discharge

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Most patients go home the next day, but there are three paths that you can take:

### Outpatient Therapy (recommended)

- The therapy provided in this setting is more advanced. The therapist will work with you to restore your range of motion, strength, balance and walking ability so you can return to the activities that you love to do.
- You will see a physical therapist 2-3 times a week and they will let you know when you no longer need therapy. Must have appointment with Physical Therapist set up prior to surgery.

### Home Health Care Services (if qualified)

- Therapy will come to your home to provide care for you.
- The Care Coordination will arrange authorization from your insurance. You will see a physical therapist 2-3 times a week.
- The therapist will come for a limited time based on your progress. Your therapist will advise you when and if you need further therapy in the outpatient setting.

### Sub-acute and Acute Rehabilitation Facilities (if qualified)

- Some patient will go to an inpatient facility or skilled nursing facility at another care facility before going home.
- Your Care Coordinator will help you, your care partner determine your insurance benefits and whether or not you qualify for any aftercare facilities, keeping your safety as our first priority.
- If you do qualify for sub-acute rehabilitation, you will be discharged home once you are deemed safe and independent in transfers, ambulation and self-care ADLs.

**Not all patients qualify for in home care or inpatient rehab. Confirm with your insurance provider if this is approved for you**

### Going home, you're discharged!

- At discharge, the nurses will fill out your discharge instructions. They will include the following:
  - Your follow-up appointment with the doctor, if not made prior to admission.
  - The medications you need to take.
  - Signs and symptoms of complications to report to your doctor.
- The best vehicle for transport home, is a 4-door sedan or average sized SUV.
  - Patients following a total knee replacement can sit either in the front seat, or back seat, with their leg stretched out along the seat.
  - Patients following a total hip replacement have to sit in the front seat.


**Remember, you are responsible for your own transport | You CANNOT drive yourself home**

## Daily Activity

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### Fall Prevention. To reduce the risk of falls:

- Wear non-skid shoes and use your assistive device when walking.
- As you progress, walking on uneven surfaces, such as grass or gravel, may require the use of an assistive device, even after you no longer use one indoors or on flat surfaces. This should be determined by your outpatient physical therapist.
- Maintain proper lighting.
- Know where your pets are any time you are walking.
- Use adaptive equipment, such as a Reacher and walker, for ease and safety with activities.

 If you fall, even if you don't think you hurt yourself, you need to call the surgeon.

### In the bathroom

- Re-survey the bathroom for safety and ability to maneuver.
- Use an elevated toilet seat or a commode to avoid having to sit too deep. (17-18 inches is recommended for toilet height)
- Use the shower, not bath. Avoid scrubbing your incision and pat dry with a towel.
- A shower chair or tub bench may be purchased to allow you to sit.
- Use a long-handled sponge to reach your feet.
- A rubber mat or strips in the shower or tub will help reduce the risk of falls.
- Avoid bath oils in the tub or shower.
- Handheld shower heads may be helpful.
- Have a stable grab bar to hold onto for safety.

### Around the house

- Arrange for assistance with larger household chores (i.e. vacuuming, sweeping, mopping and laundry).
- No heavy lifting for 6-8 weeks.
- Eat a healthy diet to help you heal, feel better, have more energy and attain a desirable body weight.
- Follow any special diet that your physician has prescribed for you.
- Plan easy meals that do not require a lot of time or effort.
- Arrange kitchen/refrigerator to avoid bending down to reach items.
- Have a chair handy as you may tire easily.
- Arrange work space for convenience.
- Slide objects or use a utility cart to move objects.
- Do not load or unload the dishwasher until instructed.
- Plan menus and make a shopping list.

## Daily Activity

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### Physical Therapy

- Once home, continue with the exercises you learned in the hospital with the physical therapist.
- Practice walking as normally as possible, with the use of an assistive device.
- Walking is the best exercise you can do for yourself.
- Begin walking for 3-5 minutes, every hour, throughout the day.
- Slowly extend the length of time you are walking.
- After your walk, you may want to apply ice and elevate your leg to decrease swelling.

### Driving


- Surgeon likes you to be off the narcotics and on a cane prior to driving.
- If you are having your right leg operated on, it is better to wait a little longer, as decreased range of motion, strength and increased pain can all hinder the reaction time you need to safely and effectively move from the gas to the brake.
- Check with your car insurance and see what their guidelines are for coverage after a total joint replacement.
- Physical Therapy and your Surgeon can help determine when it's safe to drive.

## Managing Swelling And Bruising

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Swelling around surgery site and in the leg is normal after surgery. To minimize this:

- Be mobile. Walking is the best prevention.
- Ice is often used around surgical site to minimize swelling.
- 20-30 minutes on, 90 minutes off, however many times you would like during the day. Just ice after exercise, not before.
- Continue doing your ankle pumps. This is the most important exercise to decrease swelling.
- Elevation, while you are resting is important. You should keep your operative leg at least parallel to the floor when sitting.
- For total knee replacement patients, do NOT place a pillow under your knee while laying down or sitting. To elevate your operative leg apply the pillow horizontally under the ankle area to keep your leg straight.
- For total hip replacement patients, you may apply the pillow lengthwise under you calf.
- Make sure you have a pillows in between your legs to act as a barrier to prevent you from crossing over and avoiding possible dislocation of the hip.

 Excessive swelling, that persists, warrants a phone call to the surgeon.

## Diet and Rest

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- You may have a decreased appetite. This is most likely due to the pain medications. Make sure you are eating healthy to promote healing.
  - Bowel regularity:
    - Eat a diet high in fiber. Examples include: black/kidney beans, lentils, peas, bran cereal and fruits.
    - Drink plenty of water.
    - Being active is important for bowel function.
    - Pain medications with narcotics can slow bowel function. Limit the length of time that you are taking the opioid pain medication.
    - Stool softeners and laxatives can be used as directed.
-  If you experience abdominal pain that is severe or your bowels do not move within 3 days, contact your Primary Care Physician.
-  If you experience significant diarrhea, contact your Primary Care Physician.
- You may have difficulty sleeping, due to pain and discomfort.
  - Take rest breaks during the day.

## Medications


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### Routine medications

- Continue your medications at home, as prescribed by your surgeon and prescribing physician.
- You may begin taking your vitamin and supplements after discharge as long as they do not thin the blood.
- If you have any questions, please call the physician who prescribed the specific medication to discuss.

### Pain medications

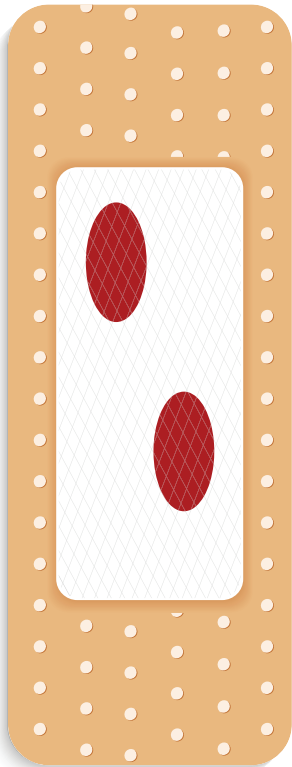
- **Most** patients will be prescribed 3 medications to combat the pain after surgery. (Depending on allergies and other co-morbidities.)
  - Mobic(meloxicam) or Celebrex
  - Tylenol (acetaminophen)
    - 650mg of plain Tylenol.
  - Oxycodone
- Take Mobic/Celebrex as prescribed
- Take Tylenol every 6 hours (do not exceed 3000 mg per day), unless your pain medication is a combination narcotic pain medication with acetaminophen—then do NOT take extra Tylenol.
- Add Oxycodone as needed
- Do NOT take NSAIDs, such as Motrin, Advil, Aleve, etc., unless directed by your surgeon.
- Take pain medication as prescribed and as needed for pain.
- Pain pills take 30-45 minutes to work. Do not wait until the pain is severe.
- Avoid alcohol and driving while on the opioid pain medication.

 If your medication is not effective in reducing your pain, or you experience unpleasant side effects, do not hesitate to call your surgeon.

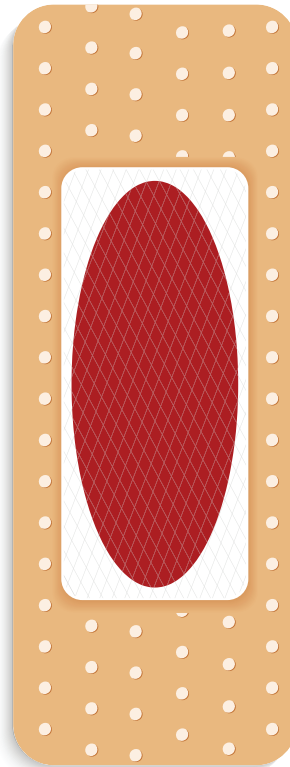
## Dressing and Wound Care

### Wound Care And Preventing Infection

- Keep the incision and dressing clean and dry. To shower, follow your discharge dressing instructions. NO baths until cleared by your surgeon.
- Change your dressing as instructed at discharge, depending on dressing type.
- 🚩 Check your dressing daily for signs of infection and notify your surgeon if you develop any of the following:
  - Redness in the area around the incision.
  - A fever higher than 101 degrees taken orally.
  - Drainage that looks like pus or smells bad or discharge that has changed in color or odor.
  - Increased pain with both activity and rest that is not controlled by pain medications.
- Your staples will be removed at the surgeon's office, by the home care nurse, at an inpatient rehabilitation facility or your physical therapy clinic. You will receive instructions at discharge.
- Feeling numbness along incision site is normal.



🚩 Small amount of drainage that doesn't fill window is normal.



🚩 Large amount of drainage, that fills window, warrants a phone call to surgeon.

## Life After Joint Replacement Surgery

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**If you have ANY chest pain or difficulty breathing – CALL 911, NOT your surgeon.**

### Bathing

- Walk-in showers may work the best, if you have one available, since you can use your walker for stability.
- Utilize the long handled sponge to reach feet.
- A rubber mat or strip in the shower or tub will help reduce the risk of falls.
- Having a shower chair/tub bench promotes safety in the shower.
- Remember not to use bath oils in the tub or shower.

### Returning to everyday activities

- Within a few months after surgery, you will likely be back to your normal routine. This may include returning to work, depending on the type of work, and activities that you enjoy. Discuss with your surgeon those activities that you want to resume.
- You are not able to soak in a tub or get in a pool until your incision is completely healed, meaning no open areas and no areas of scabbing.

### Travel

**For the first three months:**

- Do not sit for long periods of time.
- On car trips, stop every 1-2 hours to stretch your legs.
- Ankle pumps, will help circulation and reduce pain and swelling, as well as, prevent blood clots.
- On plane rides, get up and stretch your legs ever hour.

**Lifetime considerations:**

- Your new joint may activate metal detectors required for security in airports or other buildings. Tell the security agent about your joint replacement.
- You can contact the orthopedic surgeon's office if you need documentation.

## Life After Joint Replacement Surgery

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### Sexual Activity

- Talk to your surgeon about when you can safely resume sexual intercourse, generally 4-6 weeks after surgery.
- This allows for the incision and muscles around the joint replacement to heal and you to function with limited amount of pain.
- It is important that you communicate with your partner about your joint replacement and the limitations that you may have.

### Future dental or surgical procedures

- You will need to take preventative antibiotics before dental or surgical procedures.
- Be sure to mention that you have a joint replacement when talking with a dentist or physician about having procedures done.
- You can contact the orthopedic surgeon's office if you need antibiotics for a procedure.
- Your surgeon recommends waiting 8 weeks after surgery before having any dental work done, including a cleaning.

### Exercise and Activity

- Maintaining an active lifestyle is important.
- Avoid high impact activities, like running and jumping.

## Any Questions??

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P.A.T Nurse: (315) 824-6630

Ambulatory Unit: (315) 824-7062