

Joint Replacement Program

Educational Resource Guide



*Get Your
Swing Back*

*Helping You
Step Back
Into Life*



Sacred Heart Hospital *on the*
Emerald Coast
Joint Replacement Program

A black rectangular box with a white border containing the word "Welcome!" in a white, elegant cursive script.

to the Joint Replacement Program

Welcome to the Joint Replacement Program at Sacred Heart Hospital on the Emerald Coast! The joint replacement team hopes you find this patient education guide very resourceful and encourages you to use it as a roadmap to help you before, during, and after surgery.

About Joint Replacement Surgery

The number of patients undergoing total joint replacement surgery increases every year. Joint replacement patients typically have experienced chronic pain and limitation of daily activities such as walking, exercising, working, etc. The overall goal of the joint replacement program is to improve your quality of life by reducing or completely relieving pain. Patients tend to recover relatively quickly following total joint replacement surgery and can walk the first day after surgery, drive four to six weeks after surgery, and resume other activities within six to twelve weeks.

About the Joint Replacement Program

The Joint Replacement Program at Sacred Heart Hospital on the Emerald Coast provides comprehensive care for patients receiving knee, hip or shoulder surgery. Using the latest techniques and state-of-the-art equipment, the healthcare team of orthopedic surgeons, specially trained nurses, social workers, and physical and occupational therapists provides patients with individualized treatment plans to help patients return to a higher quality of life.

This program has been designed to assist you in making a successful recovery, and you will be involved each step of the way. Open communication between the patient, family, and joint surgery team is very important. Your healthcare team may add or change some of the recommendations in this guide in order to personalize your care. Patients are encouraged to keep their guides as a reference for at least one year following surgery.

Keys to Success

- Support: It is strongly recommended to have a family member or friend that can assist you during the joint surgery process
- Education: All joint surgery patients must attend the pre-operative education class (Joint Camp)
- Medication Safety: You need to take any medications prescribed by your surgeon as preparation for surgery
- Preparation: Make all the suggested preparations (such as around your home, nutritional, smoking cessation, etc.) to ensure that you have the best chance for success

Joint Replacement Guide

Please bring this resource guide with you anytime you come to the hospital, including preoperative appointments, surgery day, rehabilitation sessions, and follow-up appointments. The guide includes useful information about joint replacement surgery, surgery preparation guidelines, pre- and post-operative instructions, your inpatient stay, discharge planning information, and care at home.

Table of Contents

| | |
|--|----|
| Our Mission..... | 3 |
| Meet Your Health Care Team..... | 4 |
| Anatomy/And Your Surgery..... | 6 |
| What’s Wrong With My Joint..... | 9 |
| Risks of Joint Surgery..... | 9 |
| Surgery Preparation Checklist..... | 11 |
| Preparing for Surgery..... | 12 |
| Smoking Cessation..... | 13 |
| Home Preparation..... | 14 |
| Nutrition..... | 15 |
| Medications..... | 16 |
| Packing for the Hospital..... | 17 |
| Discharge Planning..... | 18 |
| Surgery Day..... | 19 |
| Pain Management..... | 22 |
| After Surgery..... | 24 |
| Fall Prevention Guidelines..... | 27 |
| Physical and Occupational Therapy..... | 29 |
| Home Instructions After Discharge..... | 30 |
| Visitor Information..... | 31 |
| Pre-operative Exercises..... | 33 |
| Shoulder Exercises..... | 41 |
| Post-operative Exercises and Movement..... | 42 |



Our Mission at Sacred Heart

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Our Core Values

At Sacred Heart, we are called to:

- Service of the Poor: generosity of spirit, especially for persons most in need
- Reverence: respect and compassion for the dignity and diversity of life
- Integrity: inspiring trust through personal leadership
- Wisdom: integrating excellence and stewardship
- Creativity: courageous innovation
- Dedication: affirming the hope and joy of our ministry

Pastoral Care

Sacred Heart recognizes that patients and their families often have spiritual and emotional needs in addition to their physical needs. The Pastoral Care Department consists of staff chaplains, pastoral care volunteers, Eucharistic Ministers, Stephen Ministers, and on-call chaplains and priests from the community.

Pastoral support for you and your family may include:

- Prayer and regular visitation
- Support for spiritual questions
- Sacramental services for our patients upon request
- Advanced Directives/Living Wills
- Bibles in each patient room
- Hospital Chapel located on the first floor

Leaders from many faith traditions are welcome and available to minister to the spiritual needs of members who are hospitalized. If information regarding your church affiliation was not requested during the admitting process, and you wish your religious leader to be notified of your hospital admission, call the Pastoral Care Department at (850) 278-3639.



St. Vincent de Paul

Meet Your Health Care Team

At Sacred Heart Hospital on the Emerald Coast, we use a team effort approach to get you on the road to recovery. Each member of the team is specially trained to help you in the recovery process. There are many people participating in your care:

Orthopedic Surgeon: Your orthopedic surgeon is the physician who will perform your surgery and will manage your care throughout your hospital admission.

Physician Assistant: Your surgeon may employ a physician assistant (PA). The PA may come see you in your hospital room to check on your progress and works hand in hand with your surgeon to ensure that you receive the very best care.

Joint Replacement Coordinator: This registered nurse coordinates care each step of the process, from conducting preoperative education to assisting patients during recovery, inpatient stay, discharge and follow-up, in addition to coordinating efforts with the physician offices and the rehabilitation team.

Anesthesia Team: You will meet the members of your anesthesia team the morning of surgery where they will assess you and answer your questions about the anesthesia process. Your anesthesiologist, together with a Certified Registered Nurse Anesthetist (CRNA), will administer the medicines required to keep you asleep during your surgery.

Hospitalist: You may have a doctor, in addition to your surgeon, who will monitor your care during your admission. Hospitalists work together with your surgeon to make sure you have a successful recovery from surgery.

Nurses: From the moment your surgery is scheduled at SHHEC, to your day of departure, you will have many nurses participating in your care. You will receive a pre-admitting phone call from a nurse who will interview you about your health history. When you arrive to the hospital on your surgery day, you will meet several pre-operative nurses who get you ready to go to the operating room. There will be a designated nurse who will care for you the entire time you are in surgery. After surgery, you will have another nurse in the recovery room. Finally, when you are in your hospital room, you will have a team of nurses dedicated to your care and recovery.

Patient Care Technician (PCT): Your PCT will help you with basic activities such as bathing, getting dressed, and using the bathroom. They are also able to help your nurse with duties such as checking your vital signs.

Physical Therapist: Your physical therapist is trained to help you gain strength and motion in your joint and will help ensure that you do your exercises correctly. Your physical therapist will also help teach you how to properly and safely ambulate, using a walker after surgery if needed.

Occupational Therapist: Your occupational therapist is trained to help you learn to safely and effectively perform activities of daily living like bathing and dressing. Your occupational therapist will also teach you to use special equipment like grabbers or shoe horns to help make your recovery easier. Your therapy team will make sure you incorporate good posture and safe body mechanics into your movements.

Social Services: Social Services will usually visit you on the first day after your surgery. They will assist you in the discharge planning process to make sure your care needs are met. They can help you choose a facility for rehabilitation, set up a visit from a home health nurse, or arrange for assistive devices if necessary.

Pastoral Care Representative: Our chaplains are specially trained to serve your spiritual needs, as well as those of your family, regardless of your religious denomination.

Support Person: Having support always makes for a smoother recovery! It will be beneficial for you to designate a person who is able to participate in your joint surgery process, from attending Joint Camp with you, to helping you recover at home after discharge. It can be anyone such as a spouse, family member, or friend, or you can have multiple people helping you!

Behind-the-Scenes: There are many people participating in your recovery process that you may never get to meet. At Sacred Heart, there is a whole team of people working together to ensure you get the best care possible such as lab personnel, x-ray technicians, surgical personnel, environmental service workers, and many more.

Our Goal Is Helping You Step Back Into Life!



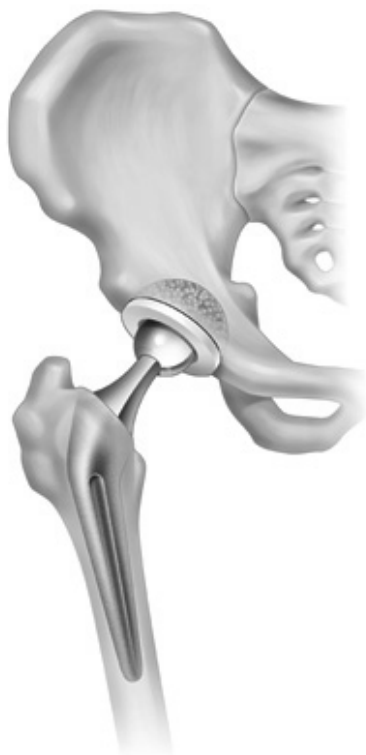
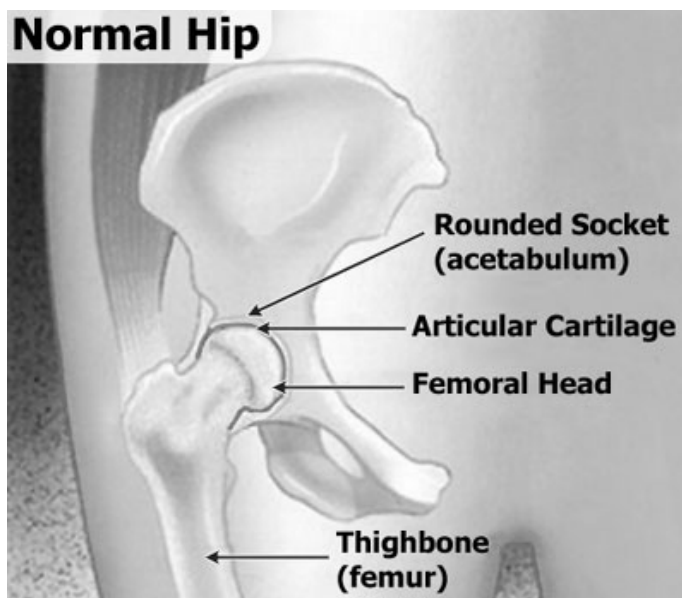
Anatomy/And Your Surgical Procedure

YOUR HIP

The hip is one of the largest weight-bearing joints in your body. It is shaped like a ball and socket. The ball is the top of the thigh bone, which is called the *femoral head*. The socket, which is cup-shaped, is called the *acetabulum*. It sits in the pelvis.

Both sides of the joint are covered by a smooth white substance called *cartilage*. Joint fluid lubricates the joint. The hip is held in place by a group of *ligaments* called the *capsule*.

When the cartilage wears down, the ball can no longer move smoothly against the socket. The hip joint may become stiff and painful. This is arthritis.



Hip replacement surgery (Total Hip Arthroplasty)

In a hip replacement, the head of the femur (the bone that extends from the hip to the knee) is removed along with the surface layer of the socket in which it rests (called the acetabulum).

The head of the femur, which is situated within the pelvis socket, is replaced with a metal ball and stem. This stem fits into the shaft of the femur.

The socket is replaced with a plastic or a metal and plastic cup.

Recently there has been a return to the earlier version of the operation when the hip was 'resurfaced'. Rather than remove the head of the femur it is covered by a metal cover. The socket is replaced with a metal socket

YOUR KNEE

The knee is the largest joint in the body and having healthy knees is required to perform most everyday activities.

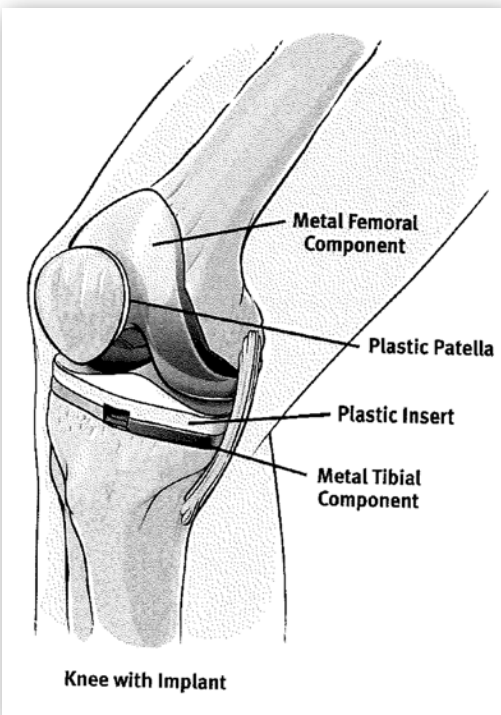
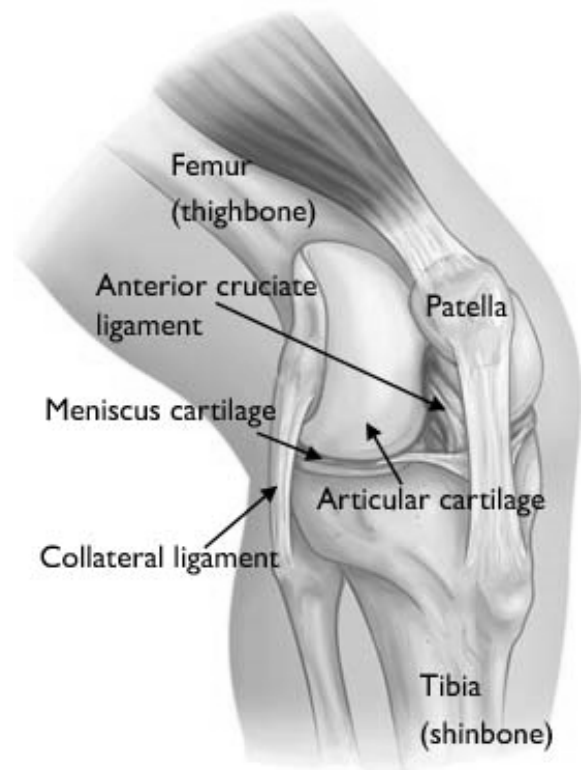
The knee is made up of the lower end of the thighbone (femur), the upper end of the shinbone (tibia), and the kneecap (patella). The ends of these three bones where they touch are covered with articular cartilage, a smooth substance that protects the bones and enables them to move easily.

The menisci are located between the femur and tibia. These C-shaped wedges act as "shock absorbers" that cushion the joint.

Large ligaments hold the femur and tibia together and provide stability. The long thigh muscles give the knee strength.

All remaining surfaces of the knee are covered by a thin lining called the synovial membrane. This membrane releases a fluid that lubricates the cartilage, reducing friction to nearly zero in a healthy knee.

Normally, all of these components work in harmony. But disease or injury can disrupt this harmony, resulting in pain, muscle weakness, and reduced function.



Total Knee Replacement (Total Knee Arthroplasty)

A total knee replacement is a surgical procedure whereby the diseased knee joint is replaced with artificial material. The knee is a hinge joint which provides motion at the point where the thigh meets the lower leg. The thighbone (or femur) abuts the large bone of the lower leg (tibia) at the knee joint. During a total knee replacement, the end of the femur bone is removed and replaced with a metal shell. The end of the lower leg bone (tibia) is also removed and replaced with a channeled plastic piece with a metal stem. Depending on the condition of the kneecap portion of the knee joint, a plastic "button" may also be added under the kneecap surface. The artificial components of a total knee replacement are referred to as the prosthesis.

YOUR SHOULDER

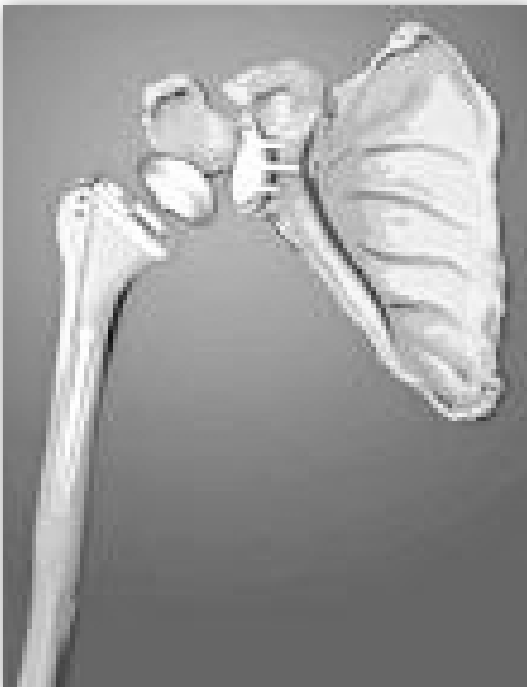
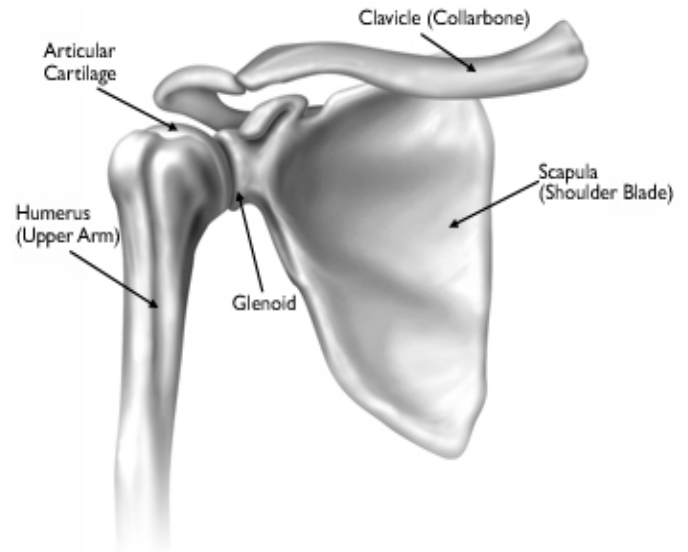
Your shoulder is made up of three bones: your upper arm bone (humerus), your shoulder blade (scapula), and your collarbone (clavicle). The shoulder is a ball-and-socket joint:

The ball, or head, of your upper arm bone fits into a shallow socket in your shoulder blade. This socket is called the glenoid.

The surfaces of the bones where they touch are covered with articular cartilage, a smooth substance that protects the bones and enables them to move easily. A thin, smooth tissue called synovial membrane covers all remaining surfaces inside the shoulder joint. In a healthy shoulder, this membrane makes a small amount of fluid that lubricates the cartilage and eliminates almost any friction in your shoulder.

The muscles and tendons that surround the shoulder provide stability and support.

All of these structures allow the shoulder to rotate through a greater range of motion than any other joint in the body.



Shoulder Replacement Surgery (Total Shoulder Arthroplasty)

In shoulder replacement surgery, the damaged parts of the shoulder are removed and replaced with artificial components, called a prosthesis. The treatment options are either replacement of just the head of the humerus bone (ball), or replacement of both the ball and the socket (glenoid).

What's Wrong With My Joint?

Severe pain and decreased movement can result as the cushion of cartilage wears away in a knee/hip joint affected by osteoarthritis or other diseases. The joint bones rub against each other, becoming rough, pitted and irritated. Some of the diseases that can cause a painful joint include:

1. Osteoarthritis - Osteoarthritis is the most common reason why people need a total hip replacement. Osteoarthritis is a result of wear and tear. It is common in older patients. Most often it occurs in one joint at a time. When osteoarthritis develops, the joint surfaces break down. The joint space between the bones narrows and spurs may form. The surfaces become hard, or sclerotic. The joint can no longer move as easily as it once did.
2. Rheumatoid arthritis - Unlike osteoarthritis, RA affects many joints throughout the body at the same time. Multiple joints become swollen, painful, and stiff. The bone becomes soft and the joint surfaces are destroyed.
3. Posttraumatic arthritis - If a bone breaks (fractures) within or near a joint, the joint surface may be damaged. This may lead to arthritis in that joint years after the injury.
4. Avascular necrosis - An injury to the hip such as a joint dislocation or femoral neck fracture, may limit the blood flow to the femoral head. Some diseases may also cause this to happen. The lack of blood may cause the joint surface of the femoral head to collapse, and arthritis will result.

Risks and Complications

The complication rate for total joint surgery is low. Most problems are minor and can be easily treated. Major complications occur in less than 2% of cases. It is important that you know and understand the risks before you make a decision to have surgery. Possible surgical complications include:

- **Infection** - You will be given antibiotics before the start of your surgery and these will be continued for about 24 hours afterward. This is done to help prevent infection. A superficial infection may involve only the skin and soft tissues. A deeper infection may enter the hip joint and bone. Infections can occur right after surgery or years later if bacteria enter the bloodstream from another part of the body. For this reason it is recommended that you take antibiotics before you have dental work or cleaning. You should also take antibiotics if you have an open wound, are having surgery, or have an infection in any other part of your body. Many infections can be treated with antibiotics. A deep infection may require a procedure to remove all of the hip replacement components. This would be followed by antibiotic treatment, and then a second surgery to implant a new ball and socket.
- **Blood Clots** - Blood clots in the large veins of the leg and pelvis (deep venous thrombosis, or DVT) can occur after joint replacement surgery. To minimize the risk of developing blood clots, your doctor will start you on blood thinning medication that you will take for several weeks following your surgery. In addition, you will be given compression stockings to keep the blood in the legs circulating. Early movement (sitting, standing and walking), as directed by your physical therapist and physician, will help prevent blood clots from forming.

Signs of a clot include unexplained pain, swelling, and redness in one or both legs. If your surgeon suspects a clot he or she will order a special test called an ultrasound. If the test is

positive you may need to stay on blood thinners for several weeks. Rarely, a clot may break off from the legs and go to another area such as the lungs.

- **Lung Congestion** - Pneumonia is always a risk following major surgery. While you are in the hospital, you will be instructed to do deep-breathing exercises on a regular schedule.
- **Stiffness and Scarring** - After surgery, your body's natural response is to make scar tissue. This is true both on the surface of your skin and deep inside the joint. If you develop scar tissue, your joint may become stiff and difficult to move.

Because of this, it is important to begin activity as soon as possible after surgery. Regular physical therapy must be continued, as prescribed by your doctor, following the surgery. If stiffness persists despite physical therapy, a manipulation under anesthesia may be performed. This breaks up scar tissue, but it will require you to again be vigilant in following through with your prescribed physical therapy.

- **Implant Loosening/Failure** - Over time, implants wear out and may loosen. Newer materials have helped implants last longer. Most hip and knee replacements last an average of about 20 years. Some last less than 10, some more than 30, but every implant eventually wears out. This is more of a problem in younger patients, who live longer with the implant and typically place more demands on the artificial joint. If the joint wears out, a revision surgery may be performed. (If you are concerned about the likelihood of a revision, discuss the pros and cons with your orthopedist.)
- **Hip Dislocation (for those with hip replacement)** - Dislocation of a hip replacement occurs when the ball dislodges from the socket. This can occur for many reasons, but often occurs after a fall. Dislocation can even occur with simple activities such as sitting down on a low seat. For this reason, you will be instructions to follow certain precautions, especially during the early recovery phase. These include:
 - Not crossing your legs
 - Using elevated seat
 - Not bending your hip more than 90 degrees (toward your chest)
 - Sleeping with a pillow between your legs
 - Avoiding turning your foot inward.

Other Complications - Other, less common, orthopedic complications include injury to nerves and vessels around the hip, and fracture (break) of the femur or the socket. In a small number of patients, pain may continue after surgery, or new pain can develop.

Major medical complications such as pneumonia, heart problems, stroke, or death, are unusual but can occur following any type of major surgery.

SMOKING CESSATION CAN GREATLY REDUCE THE RISK OF COMPLICATIONS FOLLOWING ANY SURGERY!!!

Preparing for Surgery

(Please note: Most of these items are described in detail on the following pages)

2-3 Weeks Prior to Surgery

- ☐ Attend Total Joint Education Class
- ☐ Schedule your pre-operative history and physical with your primary care physician
- ☐ Schedule your pre-operative testing (blood work, EKG, x-ray, etc.)
- ☐ Obtain special pre-operative clearance if necessary (such as from a cardiologist, etc.)
- ☐ Stop smoking
- ☐ Begin making home preparations
- ☐ Begin making arrangements with family and/or friends to assist you in your recovery

1 Week Prior to Surgery

- ☐ Pre-admitting phone call
- ☐ Discontinue medications as instructed per your surgeon or primary care physician
- ☐ Consider options for care after discharge from SHHEC (home health, rehab facility, etc.)
- ☐ Reduce or stop alcohol consumption
- ☐ Practice post-operative movement

Day Before Surgery

- ☐ Wash with chlorhexidine or Hibiclens as instructed by your surgeon unless your surgeon has given you a special solution to wash with you.
- ☐ Do not apply any lotions, creams, powders, or perfumes afterwards
- ☐ Do NOT shave or wax around the surgical site area
- ☐ Make sure you have your bag packed for your hospital stay
- ☐ Do not eat, drink, or smoke after midnight

Day of Surgery

- ☐ Nothing to eat or drink!
- ☐ Take any medications as instructed by your doctor with the smallest sip of water possible
- ☐ You may brush your teeth (be mindful not to swallow any toothpaste/mouthwash)
- ☐ Wash once more with chlorhexidine or Hibiclens soap
- ☐ Do not wear make-up or dark finger nail polish
- ☐ If instructed by your surgeon apply ointment to nostrils
- ☐ Please arrive on time to the Admitting Department at SHHEC

Preparing for Surgery

Total Joint Education Class

Preparation for surgery, recovery and a pre-planned discharge are an important part of your care. For this reason, an education class is available to all our patients undergoing total joint replacement. The class will give you a better understanding of what to expect, before, during, and after surgery. It is important that you attend this class. We encourage you to bring a family member or a friend, particularly the person who will be helping to take care of you when returning home after the surgery.

The education class will review the material in this education packet, which includes:

- ✓ A review of total joint replacement surgery
- ✓ Information to help you before and after surgery
- ✓ Written exercise instructions
- ✓ Nutritional information
- ✓ A view of your hospital and surgical experience

History and Physical Exam

For your safety, your doctor may advise you to see your family doctor, dentist, or specialist for a check-up prior to surgery. This doctor will make sure that you have no medical issues which will prevent you from safely having joint surgery. The exam usually consists of a complete medical history as well as a physical exam. Your surgeon will review these results to create a plan of care with the anesthesiologist and surgery team, in addition to making sure you are healthy and ready for surgery.

If you see a specialist for any reason, make sure they are aware of your impending joint surgery, and obtain their clearance if necessary!

Pre-Admission Screening

Your surgeon's office will give your instructions for pre-admission screenings at the hospital, including lab work or imaging studies. These screenings usually take place the week before your scheduled surgery, but are sometimes done up to 30 days in advance. Please contact your surgeon's office if you do not receive any information regarding pre-admission screenings.

Additionally, the anesthesia team may require further testing if they feel it is necessary to ensure a safe procedure.

You may be asked to see your primary care doctor prior to surgery. Ask your surgeon which tests are preferred prior to surgery so you can tell your primary care doctor.

Examples include:

- EKG (electrocardiogram)
- Lab work
- Chest x-ray
- Urinalysis

Pre-Admission Phone Call

Within one week prior to surgery, a nurse from the hospital will call you to collect all of the necessary pre-operative information, including:

- Patient's Social Security Number
- Name of primary person on insurance card, address and phone number
- Name of insurance company, mailing address, policy number and group number
- Secondary insurance information, if applicable
- Patient's employer, address, phone number and occupation
- Emergency contact person's name, address and phone number
- Medical history information
- ALL current medications including supplements

The nurse will also provide you with any final pre-operative instructions, as well as give you a time to arrive at the hospital. Should your arrival time change due to changes in the surgical schedule, you will receive an additional phone call the day before surgery.

Smoking Cessation

Smoking impacts your blood vessels and lungs, and can slow your recovery from surgery. Every attempt to quit the use of nicotine should be made at least two weeks prior to your scheduled surgery. Nicotine use greatly impacts the outcomes of joint surgery. Adequate blood circulation is necessary for proper wound healing. When circulation is negatively impacted by nicotine, wound healing is delayed and you are at greater risk for developing an infection. Infection can result in the need for further antibiotic treatment, and/or additional surgery. Many studies have shown that nicotine use has negative effects associated with pain management, rehabilitation, infection, and overall success of the surgery. Do YOUR part in the joint surgery process and quit smoking as soon as possible!

If you are identified as a current smoker upon admission, you will be referred for a consultation from our Respiratory Care Services.

Smoking Cessation Help

Talk to your primary care physician about your desire to quit smoking. They can help you develop a plan that will work for you. Please refer to these resources for additional help:

- ✓ American Cancer Society
www.cancer.org
- ✓ MedlinePlus – Quitting Smoking Resources
<http://www.nlm.nih.gov/medlineplus/quittingsmoking.html>
- ✓ American Heart Association – Smoking Cessation
www.heart.org
- ✓ American Lung Association
www.lung.org

Sacred Heart Hospital on the Emerald Coast is smoke-free facility. Smoking is NOT permitted anywhere on SHHEC grounds.

Home Preparation

Support Person(s)

One of the most important factors contributing to your success is the designation of a support person(s) to help you along the road to recovery. Discuss your needs with family, friends, or a neighbor and designate a supportive person(s) who can help you through the entire process, from making home preparations, to attending Joint Class with you, to helping you when you return home.

Consider Your Home Environment

There are several things that you (or a friend or family member) can do before entering the hospital to make your home safer and more comfortable upon your return:

Around the house:

- ✓ Rearrange items in your house so your most commonly needed items are within easy reach. In the kitchen and elsewhere, place items that you use regularly at arm level so you do not have to reach up or bend down. Check your cabinets for items you routinely use and place them at a level where you will not need to bend or get on a step stool to reach them.
- ✓ Arrange furniture so you are able to easily move around your house Rearrange furniture to give yourself enough room to maneuver with a walker
- ✓ Remove loose rugs Remove all throw rugs, loose rugs, and clutter from hallways/walking areas to make wide pathways for using a walker. These pose a risk for falling.
- ✓ Remove or tape down electrical cords/telephone cords to prevent tripping
- ✓ Purchase night lights for your bathrooms and hallways.

In the bedroom:

- ✓ If your bedroom is upstairs, you may need to set up a temporary sleeping area on the first floor. Stairs are not impossible but can be a challenge if you have to go up and down them several times each day immediately after discharge.
- ✓ Use nightlights – especially if you usually get up during the night
- ✓ Keep your phone at your bedside
- ✓ Keep your walker and other assistive devices at your bedside
- ✓ Always sit at the edge of the bed for a few moments before standing up (to prevent dizziness and falls)

In the bathroom:

- ✓ Use non-skid bathmat
- ✓ Make sure all personal care items are within easy reach
- ✓ Use a seat booster for low toilets
- ✓ Consider a shower hose for bathing, and a shower chair or tub bench so you are able to sit in the shower.
- ✓ Do not soak in the bathtub after surgery!

- ✓ Consider installing safety bars (there are both permanent and removable types available through medical supply stores or drug stores) in the shower and near stair railings.

Chores:

- ✓ Cook and freeze meals ahead of time in order to avoid standing for long periods while cooking (choose lean PROTEIN, low-fat foods, drink plenty of water)
- ✓ Arrange for someone to help you with chores involving bending, lifting, twisting (cleaning, laundry, grocery shopping, etc.)
- ✓ Arrange pet care if necessary (especially if you have a large pet requiring vigorous walks or frequent bathing) Consider temporary placement of a small pet with a loved one. A pet running around your legs could cause you to fall.
- ✓ Set up a “recovery center” in your home, with the phone, television remote control, radio, facial tissues, wastebasket, pitcher and glass, reading materials, and medications within reach.
- ✓ Transportation - Confirm how you will get to and from the hospital. You are not allowed to drive yourself home from the hospital. Assure that the passenger seat reclines and can fully move backward. Take a pillow along if you plan to travel home by cab.

Nutrition

Pre-operative Nutrition - Eat well balanced, nutritious meals. Just before surgery is not the time to diet, however, or to add any new over-the-counter herbs, supplements or medications. Eat healthy foods and drink adequate water in the time leading up to surgery. Protein will help your bones and muscles recover from surgery.

Making healthy choices at home BEFORE surgery can help increase your chances of success. Begin increasing protein intake a few weeks before surgery to build up both your strength and your tissues. Eat high quality proteins such as fish, poultry, eggs, nuts and seeds. High-fiber foods (whole grains, vegetables, fruits and legumes), calcium-rich foods (nuts, fruits, some leafy greens, molasses and small amounts of dairy products), and foods containing essential fatty acids (some nuts, seeds, or vegetable oils) are also helpful.

Remember, NOTHING to eat or drink 8 hours prior to surgery (usually, nothing after midnight)! This includes NO water, ice, coffee, candy, gum, mints, etc.

Post-operative Nutrition - Eat fresh, healthy foods that are rich in nutrients and trace minerals. Protein is particularly important as it will help build your tissues. A protein-rich multivitamin shake may be a good way to start getting more protein after surgery. Eating fiber can help prevent constipation. Good natural sources include prunes, prune juice, figs, apricots, berries and other fruits, vegetables, legumes, and whole grains.

Aim for eight 8-ounce glasses of fluids a day unless your doctor tells you that you need to restrict fluids. This helps prevent dehydration, helps fiber work better and flushes out the bladder. Drink caffeinated

beverages sparingly. Avoid junk food, especially foods that contain processed fats such as hydrogenated oils. Olive oil is excellent for easing inflammation following surgery.

Nutrition in the Hospital - Your nutrition while staying with us is carefully planned in a joint effort between your surgeon, a registered dietician, and food services. Your surgeon may order a special diet for you depending on your health care needs. You may dial FOOD (3663) from your room to order meals from the menu provided. Hours of service are from 7:00 a.m. to 6:00 p.m.

One Week before Your Surgery

Discontinuing Medications

Be sure to inform your doctor of ALL the medications you are taking, including vitamins, over-the-counter drugs (aspirin, antacids, pain relievers, etc.), and even herbs and “natural” products. These can all have unwanted effects when combined with medications or anesthesia. Some medications may cause bleeding, and your doctor may ask you to stop taking them up to one week before surgery. Examples include aspirin products, Coumadin, Vitamin E, Anti-inflammatory drugs, Motrin, Ibuprofen, Plavix, Aggrenox, Ticlid, Toradol, Excedrin, herbal supplements, etc. If you are currently taking Tylenol for pain, do not take more than 3,000mg or 6 extra strength Tylenol in 24 hours. Please check with your doctor before discontinuing any medications. Discuss with your surgeon your options for pain relief before surgery. Also, discontinue all herbal supplements one week before surgery. Discuss ALL medications you routinely take with the pre-admitting nurse when they call you for a phone interview. The nurse will review which medicines you should discontinue, as well as tell you which to take the morning of surgery.

Medications that are often stopped prior to surgery include:

- Aspirin
- Some anti-inflammatory medicines (like Motrin[®], Aleve[®], etc.)
- Some vitamins
- Fish oils
- Herbal supplements (such as ginseng, ginkgo biloba, garlic pills)
- Herbal teas
- Fortified cereals that contain vitamin E
- Pain medications that contain aspirin
- Some over the counter and prescription pain medications can continue until the time of surgery.
- Please be honest about your drug and alcohol use. It is important to know as it can relate to your anesthesia and pain management.

Day/Night Before Surgery

Items to Pack in Your Bag

Please use the following list as a guide of suggested items to bring with you to the hospital. You may either leave these items in the car or ask one of your family members or friends to hold them for you until you are moved to your inpatient room following surgery.

- Educational Resource Guide
- Personal care items such as toothpaste, toothbrush, mouthwash, deodorant
- Hairbrush or comb
- Makeup, if desired
- Loose fitting clothing, such as gym shorts, tops, t-shirts, exercise pants, socks, etc. (do not bring anything excessively baggy that might tangle around your feet or ankles)
- Comfortable shoes with non-slip soles and closed heels for your discharge home (do not bring flip flops or open back shoes or slippers)
- If you use a CPAP or BIPAP machine, please bring it with you to the hospital (upon arrival, it will be checked by our BioMed services for approval of use in the hospital)
- Assistive device(s) if you use one (cane, walker, etc.)

Items to Bring to the Pre-operative Area:

- Glasses, hearing aid and any other item you use on a daily basis as well as their protective case (never wrap dentures in paper towels/napkins as they can be mistaken for trash by staff)
- Picture ID, insurance information, Living Will/Advance Directive
- A list of any allergies and associated reactions to medicine, food, clothing, latex, etc.
- A list of any medicine you take at home, including the strength of each dose
- Something to occupy your time such as a book, magazines, or tablet/laptop (the hospital does provide complimentary Wi-Fi access. Please leave valuable items with your support person or security as they CANNOT go to surgery with you)

DO NOT

- Do NOT eat or drink anything after the time you were instructed. Ice chips, gum, coffee, chewing gum, mints, etc. are not allowed.
- Do NOT bring valuables - no jewelry, credit cards, checkbooks, cash >\$20
- Do NOT bring your own medications

DO Shower

The night before and the morning of surgery, wash your hair and rinse it well. Shower using the chlorhexidine or Hibiclens soap.

- Do not shave at or near your surgical site
- Pat dry with a clean towel
- Do NOT use lotions, deodorant or powder near your surgical site

Discharge Planning

Discharge planning begins on admission! We want you to return home to your usual life and activities as soon as possible. We want you to achieve the following goals before discharge from SHHEC:

- ✓ Get in and out of bed safely using proper technique
- ✓ Get up and down from chair and toilet safely
- ✓ Get in and out of shower safely
- ✓ Walk with walker, if needed, on level surface for 150 feet
- ✓ Be able to go up and down stairs if you have them at home or wherever you will be recovering
- ✓ Get dressed (if you have help at home they may assist)
- ✓ Get in and out of your car safely

There are several options when it comes to your continued recovery after leaving the hospital. Choosing the best option for you will be a joint effort between your nurses, doctor(s), physical therapist, social services representative, and YOU.

— Home Health

Some patients are able to return home but may need some additional assistance with tasks such as bathing and dressing changes. Arrangements can be made for a home health nurse or physical therapist to come visit you in your home

— Skilled Nursing Facility**

If you require a more inclusive level of care after discharge from the hospital, a skilled nursing facility may be appropriate. You may be unable to walk functional distances, unable to perform personal care tasks, or unable to tolerate extended rehabilitation activities beyond what you did at the hospital.

— Inpatient Rehabilitation

These facilities are helpful when you require extra assistance with your daily care and it is too much of a burden for your support person. You may require assistance with getting in/out of bed, toileting, and walking.

— Outpatient Rehabilitation

Patients who have met their goals and have enough support are typically able to return home. They travel to and from physical therapy rehabilitation with transportation help from a support person.

**If possible, arrange to call or visit a facility before your surgery so you can make the best choice.

Surgery Day

Personal Care

On the morning of surgery, take an additional shower with chlorhexidine or Hibiclens soap. Do not put anything on or around the surgical site following your shower, including lotion or powder. Brush your teeth but do not swallow any water or mouthwash. Do not wear make-up and/or dark finger nail polish. Follow any pre-admission instructions regarding medications to take the morning of surgery. If you are diabetic, do not take your oral medications or insulin unless otherwise instructed.

Scheduled Arrival

During your pre-operative phone call, the nurse will tell you when to arrive at the hospital, which is usually around two hours before your scheduled surgery time. If you are late, your surgery may be delayed or cancelled. Please call the pre-operative nurse if something comes up unexpectedly prior to your arrival. Upon arrival to the hospital, please check in at the Admitting area in the main entrance.

Pre-Operative Area

After arrival, you will be taken to the pre-operative area of the hospital. One person may stay with you, the rest of your family will be asked to wait in the waiting room located directly outside the pre-operative area. Several tasks will be performed in pre-op:

- Change into hospital gown (ALL items of personal clothing must be removed)
- Assessment by pre-op nurse(s)(the nurse will check vital signs, perform a quick health assessment, listen to your heart/lungs)
- Sign necessary paperwork (consents, fall risk agreement, etc.)
- You and your surgeon will identify your surgical site and you surgeon must mark the site with a “YES” prior to your surgery.

The pre-op area is very crowded with many team members verifying the final details of your procedure, once all the preparations are complete, additional family members may come back to say hello. **For your safety, you will be asked many of the same questions repeatedly (your name, date of birth, procedure).** Also, you will talk to many people in the pre-op area (several pre-op nurses, anesthesiologist and CRNA, operating room circulating nurse, joint coordinator, and surgeon).

Anesthesia

The anesthesia team consists of several anesthesiologists and CRNAs (certified registered nurse anesthetist) who will thoroughly assess and interview you prior to your surgery. They will participate in your care before, during, and after your procedure and their goal is to tailor the anesthetic to the individual patient in order to provide you with the safest anesthesia and the most sufficient amount of pain relief. The anesthesiology team works closely with the other members of the team to provide you with high quality care.

The anesthesia team will review their process with you, explain the risks associated with anesthesia, and answer any questions you may have before you go to surgery. They will also require that you sign a consent giving your permission to receive anesthesia.

Several factors must be considered when selecting anesthesia, including:

- **Your past experiences and preferences.** Have you ever had anesthesia before? Did you have a reaction to the anesthesia? How do other members of your family react to anesthesia?
- **Your current health and physical condition.** Do you smoke? Are you overweight? Are you being treated for any condition other than your joint replacement?
- **Your reactions to medications.** Do you have any allergies? Have you ever experienced bad side effects from a drug? What medications, nutritional supplements, vitamins, or herbal remedies are you currently taking?
- **The risks involved.** Risks vary, depending on your health and selection of anesthesia, but may include breathing difficulties, allergic reactions and nerve injury. Your surgeon and anesthesiologist will discuss specific risks with you.
- **Your healthcare team.** The skills and preferences of your surgical and anesthesia team play an important role in the selection of anesthesia.

Types of Anesthesia

There are three broad categories of anesthesia: local, regional and general.

Local Anesthesia

Local anesthesia numbs only the specific area being treated. The area is numbed with an injection, spray or ointment that only lasts for a short period of time. Patients remain conscious during this type of anesthesia. This technique is reserved for minor procedures. For major surgery, such as hip or knee replacement, local anesthesia may be used to complement the main type of anesthesia that is used.

Regional Anesthesia

Regional anesthesia involves blocking the nerves to a specific area of the body, without affecting your brain or breathing. Because you remain conscious, you will be given sedatives to relax you and put you in a light sleep.

The two types of regional anesthesia used most frequently in joint replacement surgery are spinal blocks, and peripheral nerve blocks.

- **Spinal Block.** In a spinal block, the anesthesia is injected into the fluid surrounding the spinal cord in the lower part of your back. This produces a rapid numbing effect that wears off after several hours.
- **Peripheral Nerve Block.** A peripheral nerve block places local anesthetic directly around the major nerves in your thigh, such as the femoral nerve or the sciatic nerve. These blocks numb only the leg that is injected, and do not affect the other leg. The peripheral block is done by perform a one-time injection around the nerves in order to numb the large muscle on the front of the leg. This will help provide postoperative pain relief up to 18 hours.

Advantages to regional anesthesia may include less blood loss, less nausea, less drowsiness, improved pain control after surgery, and reduced risk of serious medical complications, such as heart attack or stroke that — although rare — may occur with general anesthesia.

Side effects from regional anesthesia may include headaches, trouble urinating, allergic reactions, and rarely nerve injury.

General Anesthesia

General anesthesia is often used for major surgery, such as a joint replacement. General anesthesia may be selected based on patient, surgeon, or anesthesiologist preference, or if you are unable to receive regional or local anesthesia. Unlike regional and local anesthesia, general anesthesia affects your entire body. It acts on the brain and nervous system and renders you temporarily unconscious.

- **Administration.** With general anesthesia, the anesthesiologist administers medication through injection or inhalation. The anesthesiologist will also place a breathing tube down your throat and administer oxygen to assist your breathing.
- **Risks.** As with any anesthesia, there are risks, which may be increased if you already have heart disease, chronic lung conditions, or other serious medical problems.

General anesthesia affects both your heart and breathing rates, and there is a small risk of a serious medical complication, such as heart attack or stroke.

The tube inserted down your throat may give you a sore throat and hoarse voice for a few days.

Headache, nausea, and drowsiness are also common.

Operating Room

When you are wheeled into the operating room, you will notice immediately that it is very cold (usually around 66°), your nurse will provide you a warm blanket. Your surgical team will be making final preparations around the room and will wear scrubs and facemasks to help keep the environment free from germs and bacteria. You will also notice bright lights and a variety of instruments and equipment.

The anesthesiology team will give you any additional pain medicine necessary as discussed previously prior to your surgery beginning. You will be attached to monitoring equipment via cold stickers and you will be watched closely by anesthesia throughout the entire procedure.

After you are sedated, the nurse will insert a Foley catheter into your bladder, you will be carefully positioned, and your surgical site will be thoroughly cleaned. Although the surgeon will give you the best estimate of HIS working time (add roughly a half hour to his estimate for beginning and ending preparations), joint replacement surgery usually lasts approximately 1.5 to 3 hours. The nurse will keep your family updated throughout the procedure. Either the surgeon or a nurse will notify your family that the surgery has ended and you are headed to the recovery room.

Post Anesthesia Care Unit (PACU)

After your surgery is complete, you will be placed on your hospital bed and woken up while still in the operating room. Most people do not remember this, instead remember 'waking up' in the recovery room, or PACU. Here, the nurses will closely monitor your vital signs and pain level before sending you to your hospital room. In the PACU, you can expect the following:

- A Foley catheter will be in place – many people report the sensation of the urge to urinate
- Oxygen – you may have a nasal cannula or oxygen mask in place
- You may have a drain tube at the surgical site
- You will have SCD (sequential compression device) cuffs on your legs from knees to ankles
- There will be a dressing over your surgical incision
- If you have just had a total knee replacement, Physical Therapy will place you in a CPM (Continuous Passive Motion) machine while you are still in PACU.
- Ice chips/water provided as tolerated

In the recovery process, you may have side effects from the anesthesia such as drowsiness, nausea, vomiting, headache, dry mouth, thirst, sore throat, shivering/coldness, soreness, and/or general discomfort. PACU nurses will do their best to alleviate the symptoms.

After Surgery

After surgery, you will be taken to your private hospital room. The first evening after surgery is mainly dedicated to rest and recovery. Depending on the time you arrive on the unit, Physical Therapy will help you stand at the bedside and take several steps or our nursing staff may have you sit on the side of the bed or in a chair. The primary focus is on stabilization and pain control.

Pain Management

The goals of postoperative pain management are to minimize discomfort and allow you to move with less pain in order to participate in physical therapy after surgery. Most surgical procedures will result in pain of some kind. Joint replacement surgery can be especially painful. The pain tends to be the worst immediately following surgery and on the first post-operative day (POD1).

Postoperative pain relief may be achieved using a combination of oral medications and/or intravenous medications. A common method of pain control is called "patient-controlled anesthesia" or "PCA." With a PCA, you will be able to control the flow of intravenous medication, within preset limits, as you feel the need for additional relief.

You will be closely monitored to avoid complications, such as excessive sedation or falls.

Unfortunately, your health care team is unable to take away ALL of your pain; however, we don't want you to be in so much pain, that it impedes your recovery process. With less pain from the surgery, you can increase your daily activities, sleep better, eat better and feel more positive overall. Our goal is to work with you towards a pain level that is MANAGEABLE. We want your pain to be at an acceptable level that is compatible with your activities of daily living.

Some steps that you should take as a patient to achieve proper pain control are to:

- Ask your doctor or nurse what to expect
- Discuss pain relief options with your doctors and nurses to let them know what has or hasn't worked well for you in the past in addition to sharing any side effects from pain medicine that you have experienced before
- Work with your doctor and nurse to make a pain relief plan
- **ASK FOR PAIN RELIEF WHEN PAIN FIRST BEGINS**
- Help the doctor and nurse to measure your pain (see scale below)
- Tell the doctor or nurse about any pain that will not go away or becomes more severe
- If you are worried about developing an addiction to pain medication, please talk to your doctor or nurse

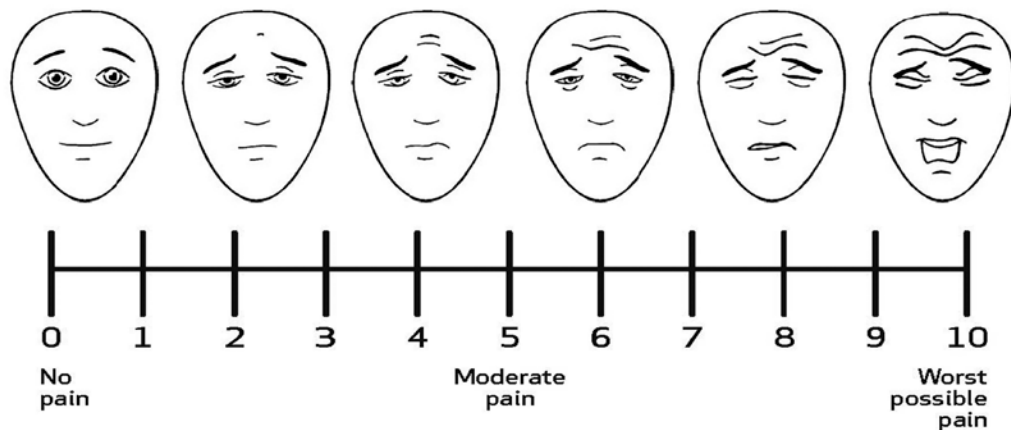
A variety of healthcare workers may be involved in your pain management plan, including your physician, your nurse, a rehabilitation specialist (physical or occupational therapist), a social worker, a pharmacist, a spiritual or religious counselor, and a dietitian. In addition to physical pain, a person's pain can also include his or her emotions and attitude. Positive feelings and thoughts may keep a person from focusing on pain or help him or her take more steps to control it. To create a pain management plan, your healthcare team will most likely ask you the following questions:

- When and where do you have pain?
- What does your pain feel like?
- Have you had any other types of pain?
- How is the pain affecting your daily activities, including working, sleeping, taking part in physical activities, etc.?

Pain Scale

At Sacred Heart, we use a standard pain scale throughout the hospital to help everyone who cares for you understand your level of pain. The pain scale also helps your healthcare team know how much medication you need and how often you need it in order to have adequate pain control. Our goal is to keep your pain at a tolerable level. You are the only one who knows how much pain you feel, so please be honest with your healthcare team. A tolerable pain level for you is also called your “Comfort Function Goal.” Once the pain treatment begins, your nurse will periodically reassess your pain. Your comfort function goal number helps your nurse to tell how well your pain management plan is working. To assess your pain, your nurse, physical therapist and doctor will ask you:

- What is the intensity of your pain right now on a scale of 0 to 10?
0 means no pain and 10 means the worst possible pain.
- What is your comfort function goal on a scale of 0 to 10?
3 to 4 is a reasonable goal for many patients after surgery.



Managing Pain at Home

Prior to discharge, take time to talk to your doctor or nurse about how to manage your pain at home. Prescriptions for pain medications should be obtained from your doctor before discharge.

After Surgery

Nursing Units

When you leave the PACU, you will be sent to a nursing unit. Nursing assessments are performed regularly around the clock to closely monitor your vital signs and pain level. Please refer to the end of this book for the SHHEC visitation policy and hours. All patient rooms at SHHEC are private, and you may have one person stay with you if you wish.

What to Expect

In general, most joint replacement patients can expect the following:

- Dietary – After surgery, you will be given ice chips, water, and clear liquids your diet will then advance as you are able to tolerate it.
- IV Meds – You will receive antibiotics for 24 hours after surgery. If you a PCA pain pump, it will be discontinued the morning after surgery. You will also receive IV fluids and pain medicine. Once you are able to tolerate oral medication and food, your IV's will be discontinued. However, your IV port(s) will be left in place to ensure venous access if needed.
- Oxygen – Once your blood oxygen levels are stabilized after surgery, your oxygen can be removed (usually the next day).
- PT/OT – Physical therapy and occupational therapy will see you the morning after surgery to start getting up, moving and performing daily activities as soon as possible. Participating in your scheduled therapy is very important for recovery.
- Lab Work – Blood samples are drawn in the early morning, and also as ordered by your doctor, each day.
- Foley Catheter and Surgical Drain – A urinary catheter may be inserted into your bladder during surgery while you are sedated; this will be removed after your first session with Physical Therapy. You may have a drain inserted into your wound during surgery, this will be removed the morning after surgery
- Dressing Change – A nurse will change your dressing every day.
- Incentive Spirometer – Respiratory Therapy will instruct you on the proper way to use this. It should be used every hour to keep your lungs fully active. Continue to use it after discharge as well.
- Anti-coagulation Prevention of clotting is extremely important after total joint replacement. Different medications are used for anticoagulation. These medications may be injected or taken by mouth, depending on the type of anticoagulant your physician orders. Your doctor will prescribe this medication upon discharge. Most patients take this medication for about one month after discharge. It is important to use a soft toothbrush, electric razor, and to be careful not to cut yourself while on blood thinners.
- Ice pack/Cryocuff – Your surgeon may order an ice pack to place over your incision. Ice helps decrease bleeding, swelling and pain.

First Day After Surgery

Making Progress

In general, most total joint replacement patients will experience the following activities the first day following surgery:

- Blood samples may be drawn starting around 4:00 a.m.
- Your oxygen may be removed if your blood oxygen levels are satisfactory
- The pain control pump may be removed as you switch to oral pain medication; remember to keep your nurse informed of your pain level
- Drains and urine catheters may be removed
- Your nurse will assist with your dressing change, and it is strongly encouraged for your support member to be present to learn how to change the dressing when you go home
- Your IV fluids may be stopped, but an IV access device will be left in place for the length of your hospital stay in case IV fluids become necessary again
- You will receive assistance with a sponge bath
- You may dress in your regular clothes
- Depending on how well you are doing your surgeon may discharge you home after your afternoon session of Physical Therapy.

Joint Replacement Team Specialists

A variety of specialists may visit you during your hospital stay to evaluate your needs and help ensure a timely recovery, including a physical therapist, occupational therapist, dietitian and social worker.

Second Day After Surgery

Making Progress

Most total joint replacement patients will experience the following activities on the second day following surgery:

- Any remaining tubes and drains will likely be removed
- Your dressing will be changed
- You may dress in your regular clothes
- Physical therapy sessions will continue in the morning and afternoon
- You will walk with your walker or crutches much farther than the first day
- You should be able to go to the bathroom instead of using the bedside commode
- Depending on how well you are doing your surgeon may discharge you home after your afternoon session of Physical Therapy.

Nursing

Bedside Reporting

At Sacred Heart Hospital on the Emerald Coast, we conduct a bedside report to keep you better informed about your plan of care, medications, tests and progress while you are here. This involves the nurses doing bedside reporting in your presence at each shift change to ensure proper communication of all important information and to introduce you to your new nurse.

In the event that you have visitors in your room at the time of the bedside report, or any time you feel uncomfortable about any information being discussed, please let your nurse know and other arrangements will be made at that time. If you are sleeping during the shift-change report, a nurse will check on you later, and the verbal report will be done elsewhere to permit your continued rest, unless you have asked us to wake you for the report.

We know the bedside report will benefit you, the patient, by keeping you better informed of your condition. It also allows us to continue to maintain the high quality of care that you expect as a patient at Sacred Heart Hospital on the Emerald Coast.

Patient Safety

Your safety, and that of all our patients, is one of our top priorities at SHHEC. For this reason, you may notice nurses performing the same practices repeatedly. You will be asked your name and birthdate before every procedural interaction. You will notice staff implementing fall risk precautions after surgery. You should notice staff members either washing their hands, or utilizing the hand sanitizing foam every time they enter or exit your room.

If, at any time, you notice that these practices are not being performed, it is your right as a patient, or a family member, to request that they be done. It is also your right to expect the best care possible at SHHEC.

Fall Prevention Guidelines

Your safety is important to us, and we need your help in preventing falls. Some patients are at greater risk of falling than others, and the risk is highest during the first few days in the hospital. Falls may occur even with patients who do not have a history of falling or who were independent and safe before coming to the hospital. Patients will be asked to sign a “Fall Prevention Agreement” upon admission.

Falls Are More Likely in the Hospital Because:

- You are recovering from surgery and may feel weak.
- Fall risk rises with age, especially if you are 70 years old or older.
- Certain medications may make you at high risk for falls
- Certain diagnoses may also make you at high risk for falls, including previous falls.
- You may have tubes or machines hooked up that keep you from moving around on your own.
- The toilet may be further away than you are used to at home.
- It may be darker in the room than you are used to at home.
- The lights are in a different place.
- You are away from your loved ones.
- The people helping you are unfamiliar to you.

Help Prevent Falls By:

- When you need to get up to go to the bathroom, **ALWAYS** press the nurse call button and wait for your nurse to arrive. Your nurse will also help you get back in bed.
- Take your time when you need to get up from the bed or a chair. Before you get up from bed, sit on the side a few minutes to make sure you do not get dizzy.
- Try to give yourself enough time to get to the bathroom, including allowing time for your nurse to arrive. Use the bathroom before going to sleep at night.
- Learn where things are in your room, especially the nurse call button.
- For your safety, do not lean on your bedside table or stand for support. Only lean on heavy, stable objects.
- For your safety, do not wear loose fitting shoes or socks when walking that might cause you to slip accidentally. Non-skid slippers are available if you need them.
- Please keep the top two side rails up on your bed at all times.
- Be careful when opening doors.
- Go around corners slowly.
- Report any spills on the floor.
- To prevent from getting dizzy, do not tilt your head back sharply.

We ask that all visitors join with us in our efforts to promote and maintain a safe environment of care. If your family member has been evaluated and identified as a person who may be at risk for falling, please pay special attention to the following information.

Fall-Risk Initiatives

In order to reduce the risk of falls and prevent potential injury to our patients, Sacred Heart is joining the nationwide effort to make all fall prevention warning signs and labels a standardized bright yellow, signaling CAUTION. During your visit, you will notice a number of fall risk initiatives used to alert healthcare workers, family members and visitors of the patient's increased risk of falling, including:

- Fall-risk patients will wear yellow socks at all times.
- Fall-risk patients will wear a yellow armband displaying "FALL RISK".
- A yellow "CALL, DON'T FALL" sign will be located in the patient's room to remind patients to hit the call button when they need assistance getting up.
- The healthcare team will ask fall-risk patients about the "4 P's" before leaving the room, including Pain, Potty, Position and Possessions.

How Can Family Members and Visitors Help?

At the end of your visit with the patient, please assist us with the following:

- Notify the nurse or technician that you are leaving.
- Make sure the patient has useful items within reach, including eyeglasses, hearing aid, telephone, etc.
- Alert the nurse if the bed is not in the lowest position or if the upper side rails are not in the raised position.
- Make sure that chairs and other obstacles are not in the way, especially in the path between the patient's bed and the bathroom.
- Let the staff know if you notice that there is not a light on in the patient's room or bathroom at night.
- Please notify a staff member if you notice any unattended patients with yellow socks so that we can assist them back to a safe location.
- Please share any comments or concerns you may have regarding the patient's safety with a nurse.

Physical and Occupational Therapy

It is important that you fully participate in therapy in order to make a full and speedy recovery. Inactivity after surgery can lead to serious complications such as pneumonia. Please refer to the end of this manual for descriptions and pictures of exercises and proper body mechanics.

Physical Therapy

Physical therapy is an important part of the recovery process. The physical therapist will see you on the first day following your surgery to evaluate your strength and range of motion. In order to set rehabilitation goals for you to achieve before leaving the hospital, the therapist will ask you several questions about your home environment, including:

- Are you already using a cane or a walker?
- Do you have steps or stairs to climb as you enter your home or within your home?
- Do you live alone or do you have help at home?

Inpatient physical therapy generally focuses on walking and learning how to safely transfer from the bed to a chair in order to safely move around at home. Your physical therapist will teach you exercises to begin strengthening and improving your range of motion. The physical therapist will show you how to use special equipment during the recovery process.

As your therapy progresses, you will become more independent getting in and out of a bed or a chair, and you will begin walking greater distances with a walker. You will also become more independent with your exercise program. After leaving the hospital, patients discharged to home will continue physical therapy under the supervision of a physical therapist. Patients who are discharged to a rehabilitation facility will continue physical therapy sessions as well until they are able to independently perform daily activities.

Occupational Therapy

The goal of occupational therapy is to educate patients and encourage independence in daily activities. If you are recovering from joint replacement surgery, it can be difficult to pick things up off the floor, reach your feet, or to get dressed without some type of assistance. Occupational therapy helps patients with reduced reaching and bending capabilities continue to maintain independence at home.

Home Instructions After Discharge

Follow all discharge instructions provided by your surgeon's office and discharge nurse. If you have any questions, call your surgeon's office. If you have a medical emergency, dial 911.

Follow-up Appointment

Regardless of where you go upon discharge from the hospital (home, rehabilitation facility, etc.), call your surgeon's office to schedule/confirm your first post-operative follow-up appointment. It is usually scheduled for 10-14 days after surgery. Your stitches/staples will likely be removed at this appointment.

Medications

You will likely be sent home with medication prescriptions; have them filled wherever it is most convenient for you. Take all prescriptions as indicated by your doctor. It is normal to occasionally feel nauseated (take medication with crackers), drowsy, and/or constipated with narcotic pain relievers (use a stool softener or laxative if needed).

Do NOT take Aspirin or NSAIDs (such as Motrin, Advil, Ibuprofen, Naprosyn, etc.) until directed by your surgeon. You MAY take Tylenol, as directed on the package (do not exceed 3000mg/day).

Driving

Do not drive until cleared by your surgeon (typically, 4 weeks). Arrange for transportation to and from all follow-up and physical therapy appointments.

Exercise

Light exercise is an important part of the recovery process. In addition to the exercises given to you by PT, walking is the best exercise you can do after joint replacement surgery.

Wound Care

Your dressing needs to be changed daily until your follow-up appointment. Keep the dressing dry, and do NOT use ointments such as Neosporin. A small amount of bloody drainage is normal for the first few days following surgery. Keep the wound covered until the staples/sutures have been removed. You may shower 5 days after surgery by removing the dressing and just allowing the water to run over the incision, do not scrub or soap the incision. Once you are out of the shower, pat the area dry with a clean towel and immediately reapply your dressing. Never apply lotions, powders, or perfumes over your surgical wound. Never soak your wound in baths, pools, hot tubs, ocean, etc. until your surgeon gives you the okay. Notify your surgeon if you notice redness around the edges of your wound or any thick, yellow or green drainage or odor. Report any fever or chills (temperature over 101°).

What to Avoid Following Joint Surgery:

As with any surgery, there will be some slight limitations when you return home. There are several actions you should avoid to ensure a successful recovery.

- Housework: Avoid heavy housework, especially that involving bending, lifting, and twisting (laundry, mopping, grocery lifting, etc.). Try to arrange for someone to help you with these tasks.
- Sports/Strenuous Exercise: Do not participate in recreational activities that cause strain/pain to your joints until permitted by your surgeon. Comfortable walking and light exercise are permitted.
- Traveling: If you must travel long distances, you should change position or stand every hour.
- Low Furniture: Avoid chairs, sofas, beds, and toilets that are excessively low to the ground as it can be difficult to get up.
- Smoking: Smoking has a negative impact on the healing process.
- Sexual Activity: Do not have sexual relations for the first 4-6 weeks following surgery. Resume after being cleared by your doctor.
- Soaking: Avoid soaking/submerging your wound until permitted by your surgeon! This includes NO pools, bathtubs, hot tubs, oceans, lakes, etc.! Hot tubs can be cesspools for bacteria and the ocean and lakes contain many micro-organisms that can cause an infection of your surgical site.

Visitor Information

We know how important it is for patients to have the support of friends during their hospital stay. Our visiting policies have been designed to meet the needs of our patients and their visitor, while also ensuring our patients receive the rest and care they need. Visiting hours are as follows:

Medical/Surgical Unit

Open visitation hours are from 7 a.m. to 9 p.m.

One visitor is permitted to stay after 9 p.m. with the patient if needed.

Sacred Heart is a smoke free campus and smoking is not permitted anywhere on SHHEC grounds.

We ask that children be at least twelve years of age in order to visit patients at the hospital. Exceptions to this policy may be granted by discussing it with one of the Patient Care Managers or House Supervisors. We ask that you take special care to allow your loved one to get rest, which will help promote recovery. We welcome members of the clergy to visit at any time.

Paradise Café

Located on the ground floor of the hospital just beyond the main lobby, the café offers nutritious and delicious dining options for visitors and staff. Hours of operation:

| | Monday-Friday | Saturday & Sunday |
|---------------------|--|--------------------------|
| Breakfast | 7:30am-10:30am | 9:00am-10:30am |
| Lunch/Dinner | 11:15am-2:30pm (full service) 2:30pm-4:30pm (limited) | 11:15am-4:30pm (limited) |

Dining On Call

Our goal is to provide you with freshly prepared, healthy meals while a patient at Sacred Heart Hospital on the Emerald Coast.

Some foods may be restricted due to your diet prescription. Gluten free and vegetarian meals are available. Trained personnel are available between the hours of 7am and 6pm to assist you with any dietary requests. After hours nurse has access to beverages and snacks from the pantry on your unit.

**TO PLACE YOUR REQUEST
PLEASE DIAL (FOOD) 3663**

Your order will arrive within 45 minutes.

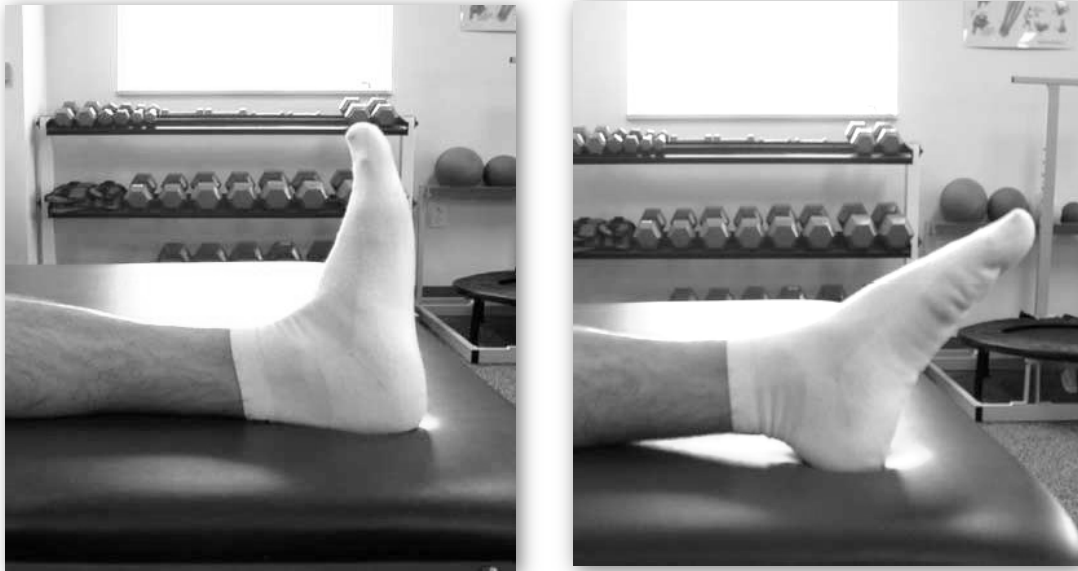
To order outside the hospital please dial 850-278-3663

Hours of Service for Dining On Call: 7:00am to 6:00pm



Pre-Operative Exercises

Ankle Pumps



Range of Motion – Ankle Pumps Relax leg - gently bend and straighten ankle. Move through full range of motion. Repeat 10 times. Do three sessions per day. Increase repetitions as tolerated.

Quad Sets



Tighten muscles on top of thigh (quads) by pushing knees down into bed or floor. Hold 3-5 seconds. Repeat 10 times. Perform this exercise three sessions per day. Increase reps by 5 over next 4 weeks.

Glut Sets



Tighten bottom muscles by squeezing cheeks together. Hold 3-5 Seconds. Repeat 10 times. Perform this exercise three sessions per day. Increase reps by 5 over next 4 weeks.

Straight Leg Raise



Lying on back, bend uninvolved leg. Tighten muscles on front of thigh then lift leg 8-10 inches from surface, keeping knee locked. Hold for 2 seconds. Repeat 10 times. Do three sessions per day. Increase repetitions as tolerated.

****DO NOT USE FOR HIPS****

Heel Slides



Lying on back with legs straight, slide the heel of your involved leg along the bed toward your bottom. Return to the starting position. Repeat 10 times. Perform three sessions per day.

Short Arc Quad



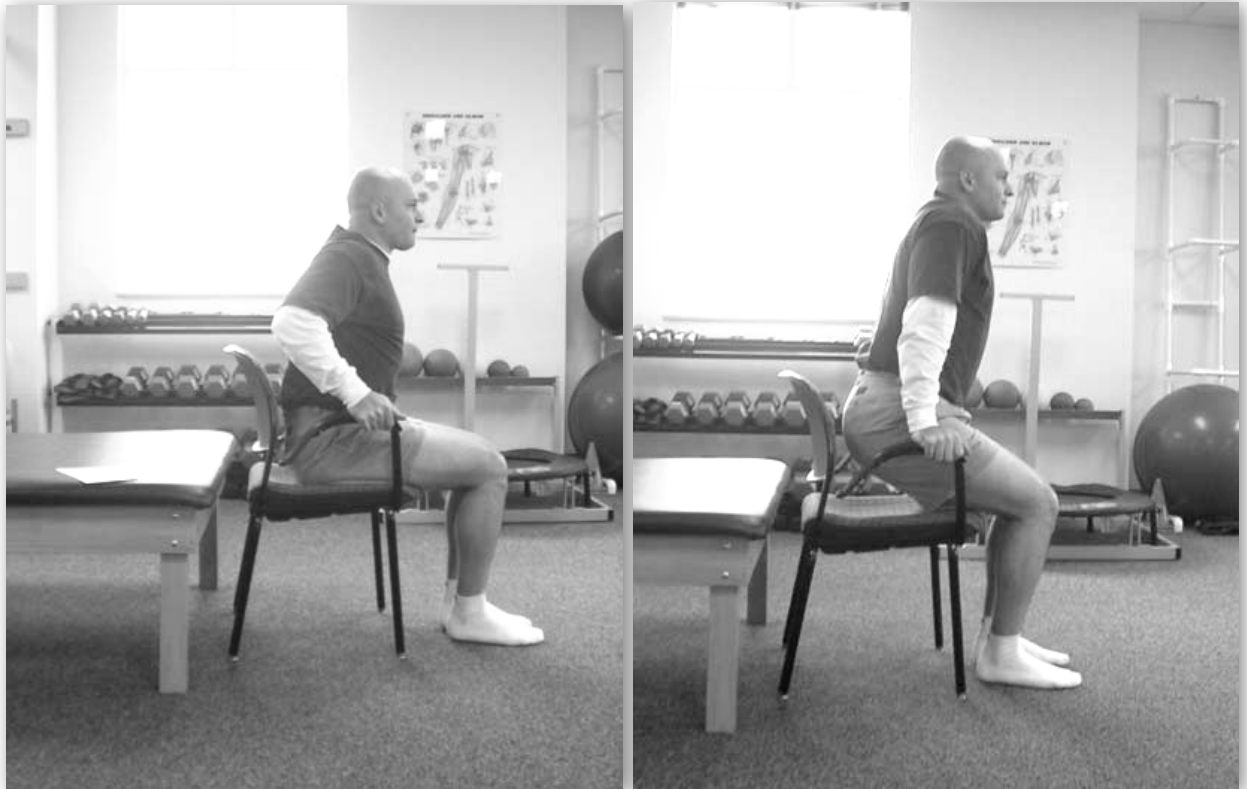
Lie on back with 2-liter empty soda bottle or 8-inch towel rolled under affected knee. Straighten knee by tightening quads. Be sure to keep back of knee on roll. Hold for 3-5 seconds. Repeat 10 times. Perform 3 sessions per day. Increase reps as tolerated.

Long Arc Quad



Sit on a firm chair with both feet flat on the floor. Lift your foot slowly until your leg is completely straight. Repeat 10 times. Perform 3 sessions per day.

Chair Push-Ups



Sit in firm chair with hands on armrests. Straighten elbows to lift bottom off chair without using legs. Repeat 10 times. Perform 3 sessions per day.

Shoulder Exercises

SHOULDER - 25 ROM: Pendulum (Side-to-Side)

Let right arm swing freely from side to side by rocking body weight from side to side.



Repeat 10 times per set.
Do 1 sets per session.
Do 2 sessions per day.

SHOULDER - 26 ROM: Pendulum (Circular)

Let right arm move in circle clockwise, then counterclockwise, by rocking body weight in circular pattern.



Circle 10 times each direction per set.
Do 1 sets per session.
Do 2 sessions per day.

SHOULDER - 97 ROM: Pendulum (Flexion / Extension)

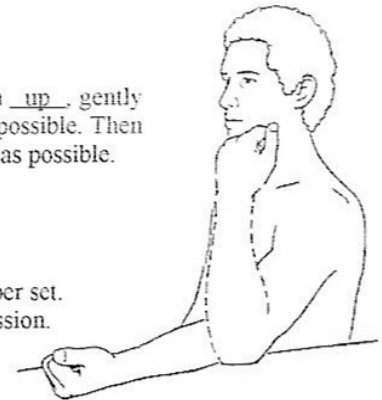
Let right arm hang and use momentum from body to swing arm forward and back. Progress from small to larger swings.



Repeat 10 times per set.
Do 1 sets per session.
Do 2 sessions per day.

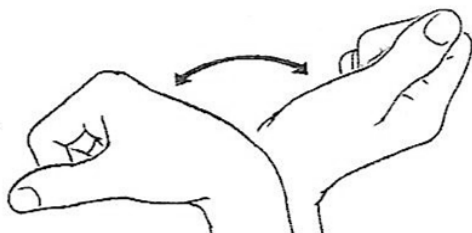
HAND - 39 AROM: Elbow Flexion / Extension

With right hand palm up, gently bend elbow as far as possible. Then straighten arm as far as possible.



Repeat 10 times per set.
Do 1 sets per session.
Do 2 sessions per day.

HAND - 17 AROM: Wrist Flexion / Extension



Actively bend right wrist forward then back as far as possible.

Repeat 10 times per set. Do 1 sets per session.
Do 2 sessions per day.

HAND - 41 AROM: Wrist Radial / Ulnar Deviation



Gently bend right wrist from side to side as far as possible.

Repeat 10 times per set. Do 1 sets per session.
Do 2 sessions per day.

Post-Operative Exercises

Weeks One & Two

Activity Guidelines

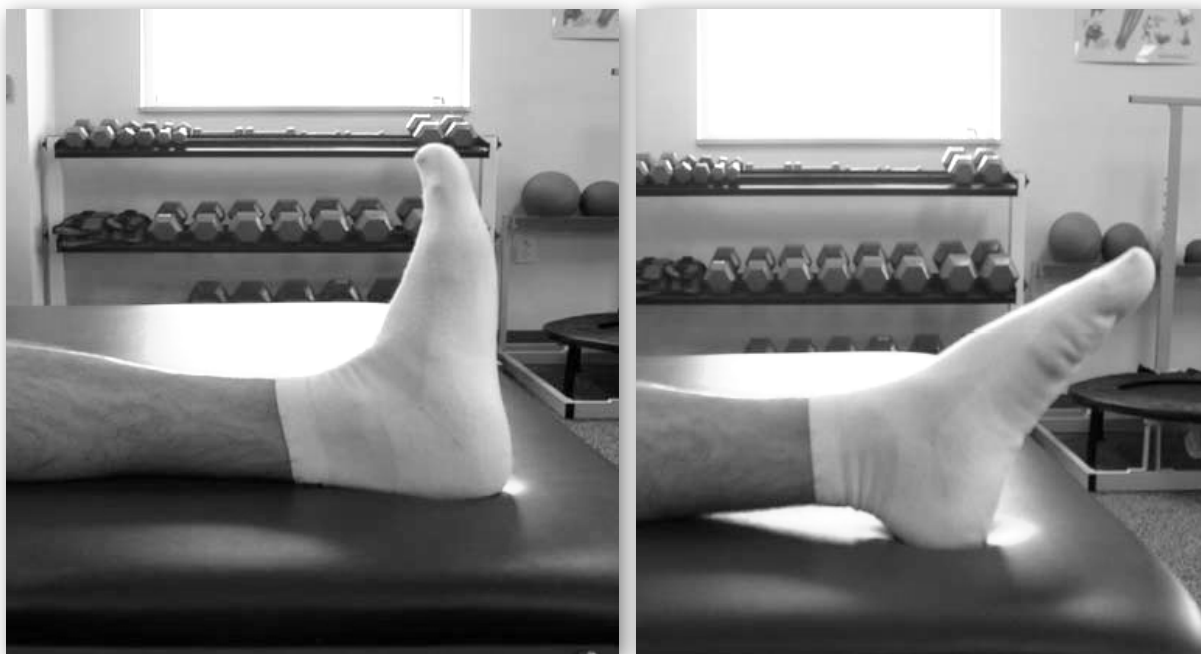
Exercise is the most important aspect of your ongoing rehabilitation program to achieve the best results from your joint replacement surgery. You will need to continue your home exercise program daily as directed and record your progress in the exercise log provided. The goals and guidelines are listed and the exercises are lettered in order of the weekly functional progressions.

Goals for Weeks One & Two

- ☐ Continue walking with a walker or two crutches unless otherwise instructed
- ☐ Walk at least 300 to 500 feet
- ☐ Climb and descend a flight of stairs with a rail once a day if necessary
- ☐ Sponge bathe or shower and dress independently
- ☐ Perform a total of 20 minutes of the following exercises:
 - ✓ Ankle Pump
 - ✓ Quad Sets
 - ✓ Glut Sets
 - ✓ Heel Slides
 - ✓ Chair Push Ups
 - ✓ Short Arc Quad
 - ✓ Long Arc Quad

✓ Seated Knee Flex

ANKLE PUMPS



Range of Motion – Ankle Pumps Relax leg gently - bend and straighten ankle. Move through full range of motion. Repeat 30 times. Do three sessions per day. Increase repetitions as tolerated.

QUAD SETS



Tighten muscles on top of thigh (quads) by pushing knees down into bed or floor. Hold 3-5 seconds. Repeat 30 times. Perform this exercise three sessions per day. Increase reps by 5 over next 4 weeks.

GLUT SETS



Tighten bottom muscles by squeezing cheeks together. Hold 3-5 seconds. Repeat 30 times. Perform this exercise three sessions per day. Increase reps by 5 over next 4 weeks.

HEEL SLIDES



Position yourself on your back with legs straight. Slide the heel of your involved leg along the bed towards your bottom. Return to the starting position. Repeat 30 times. Perform three sessions per day.

CHAIR PUSH-UPS



Sit in firm chair with hands on armrests. Straighten elbows to lift bottom off chair without using legs. Repeat 30 times. Perform 3 sessions per day.

SHORT ARC QUAD



Lying on back with 2-liter empty soda bottle or 8-inch towel rolled under affected knee, straighten knee by tightening quads. Be sure to keep bottom of knee on roll. Hold for 3-5 seconds. Repeat 30 times. Perform 3 sessions per day. Increase reps as tolerated.

LONG ARC QUADS



Sit on a firm chair with both feet flat on the floor. Lift your foot slowly until your leg is completely straight. Repeat 30 times. Perform 3 sessions per day.

Post–Operative Exercises Weeks Three & Four

Goals for Weeks Three & Four

You will begin gaining more independence, and it is very important to continue performing your home exercise program, even if you are receiving outpatient physical therapy. Please continue the following:

- Achieve the goals for weeks one and two
- Walk more than 500 feet
- Climb and descend a flight of stairs more than once daily if needed
- Shower and dress independently
- Begin to resume homemaking tasks
- Do a total of 20 minutes of home exercises three times a day, including the following:

Previous Exercises:

- ✓ Ankle Pump
- ✓ Quad Sets
- ✓ Glut Sets
- ✓ Heel Slides
- ✓ Chair Push Ups Short
- ✓ Arc Quad Long Arc
- ✓ Quad Seated Knee Flex

New Exercises:

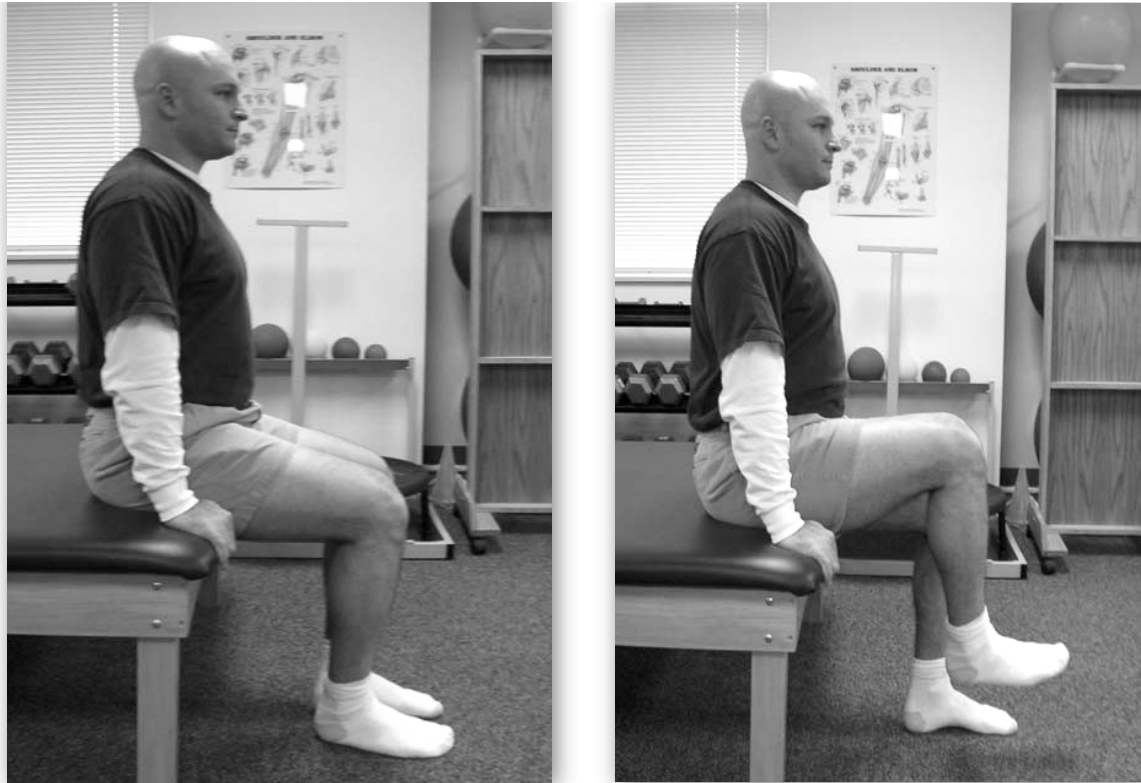
- Heel and Toe
- Raises Seated
- Hip Flexion
- Seated Knee Flexion
- Standing Hip Straight Leg Raise
- Standing Hip Flexion
- Standing Hip Extension

HEEL RAISES AND TOE RAISES



While standing - hold onto a firm surface, raise up on toes as high as you can - then rock back on heels raising toes. Repeat 30 times. Perform 3 sessions per day.

SEATED HIP FLEXION



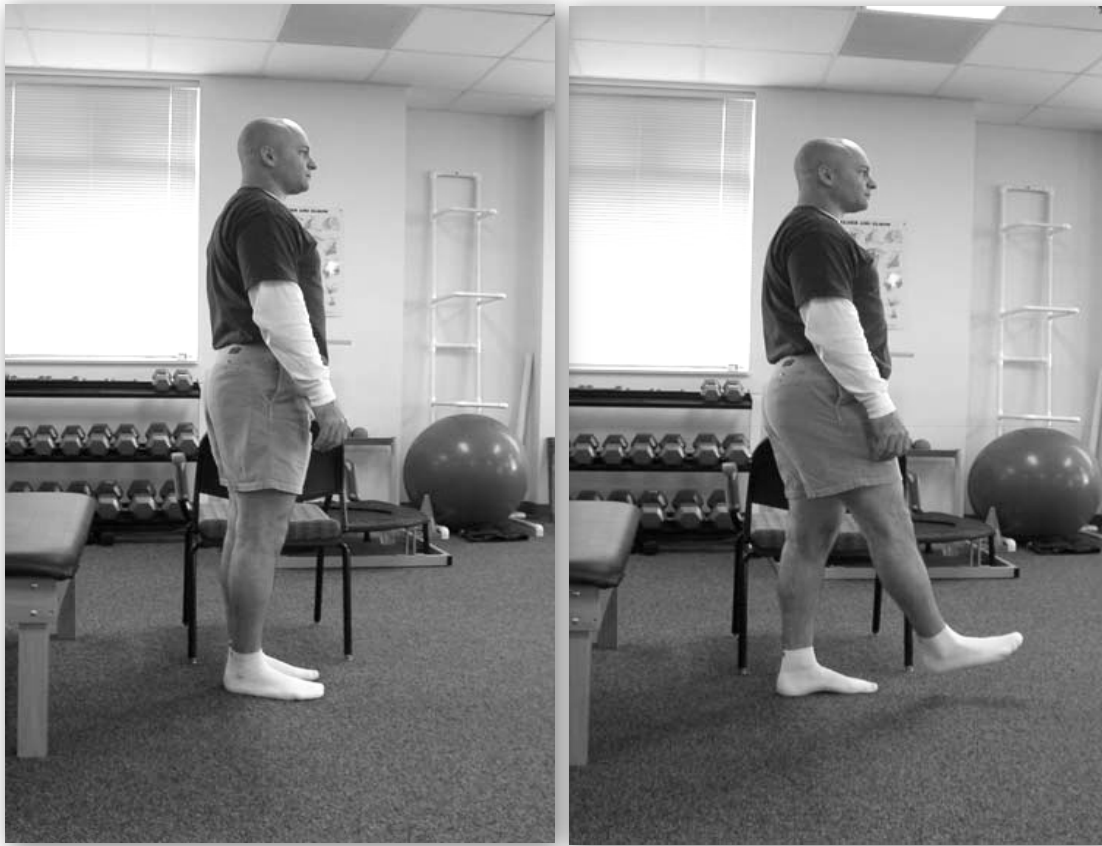
While sitting and with your knee bent, lift your leg off the floor. Hold for 2 seconds. Repeat 30 times.

ASSIST KNEE FLEXION



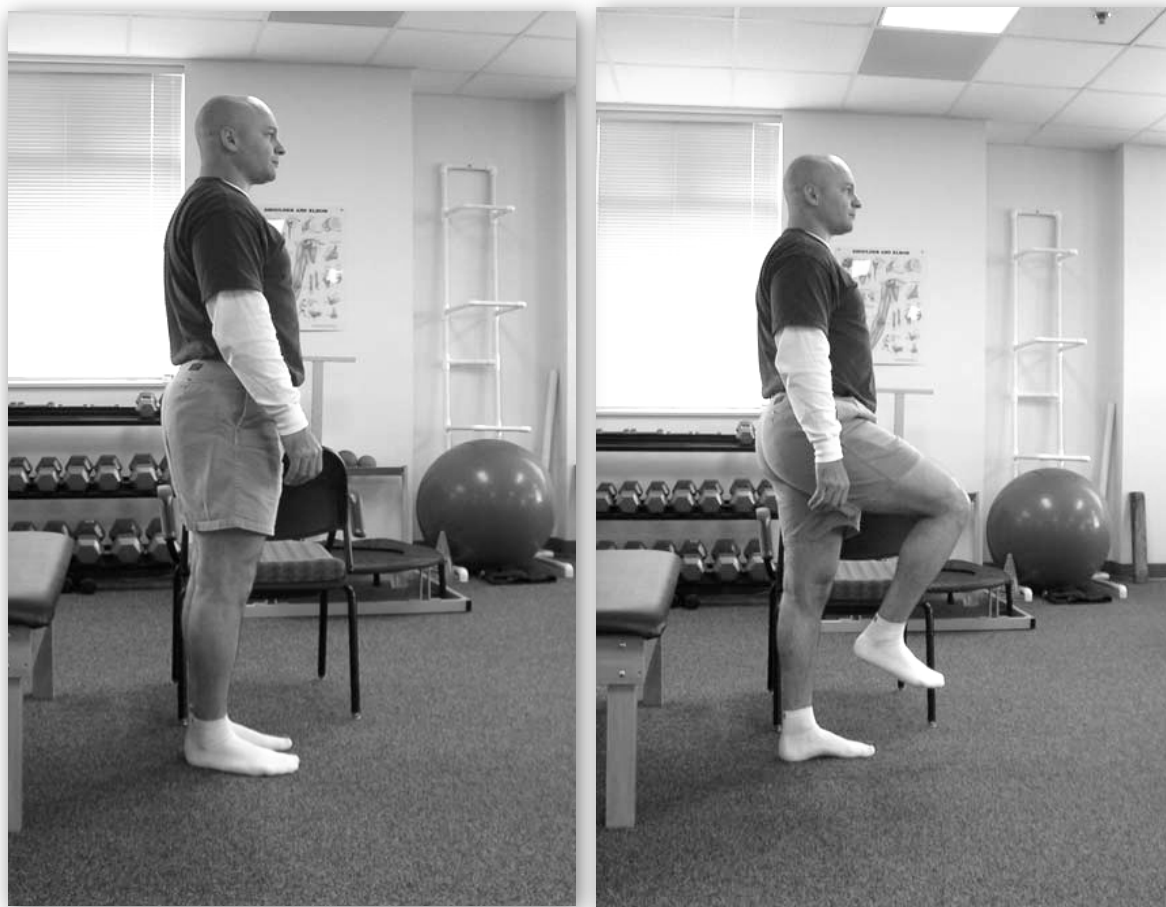
Put your good leg in front of your operative leg, and gently pull your knee back until you feel a stretch. Hold for 10 seconds. Repeat 30 times.

HIP FLEXION – WITH STRAIGHT LEG



Standing - hold onto a firm surface. Bring leg up as far as possible keeping knee straight. Repeat 30 times. Perform 3 sessions per day.

HIP FLEXION



Standing - hold onto a firm surface. Bring leg up as far as possible with knee bent. Repeat 30 times. Perform 3 sessions per day.

HIP EXTENSION



Standing - hold onto a firm surface. Bring leg back as far as possible, keeping knee and trunk straight. Repeat 30 times. Perform 3 sessions per day.

Post–Operative Exercises

Weeks Five & Six

Goals for Weeks Five & Six

You should begin seeing a quicker recovery to full independence now. It is very important to continue performing your home exercise program as directed. Please focus on the following these two weeks:

- Achieve Prior Goals
- Walk with a cane or single crutch
- Walk one quarter to one half of a mile
- Begin progressing on stair from one foot at a time to regular stair climbing if weight-bearing status allows
- Drive a car as long as your pain allows and you are no longer taking pain medication
- Continue the following home exercise program three times a day:

Previous Exercises:

- ✓ Ankle Pump
- ✓ Quad Sets
- ✓ Glut Sets
- ✓ Heel Slides
- ✓ Chair Push Ups
- ✓ Short Arc Quad
- ✓ Long Arc Quad
- ✓ Seated Knee Flex
- ✓ Heel and Toe Raises
- ✓ Seated Hip Flexion
- ✓ Seated Knee Flexion
- ✓ Standing Hip Straight Leg Raise
- ✓ Standing Hip Flexion
- ✓ Standing Hip Extension

New Exercises:

- Wall Slides
- Standing Knee Flexion

WALL SLIDES



With feet shoulder-width apart and back to wall, slide down wall until knees are at 30-45 degrees of bend. Return to upright position. Do this with your therapist first.

(Caution: Do not bend your knees enough to cause pain.)

KNEE FLEXION



Standing – hold onto a firm surface. Bend your lower leg back as far as possible. Repeat 30 times. Perform 3 sessions per day.

Post–Operative Exercises Weeks Seven through Twelve

Goals for Weeks Seven through Twelve

During this time, you should begin resuming all normal activities. Your goals for this timeframe include:

- Achieve prior goals
- Walk with a device and without a limp
- Climb and descend stairs in a normal fashion
- Improve strength adequate to perform desired activities
- Resume all normal activities
- Continue performing the following home exercise program three times a day:

Previous Exercises:

- ✓ Ankle Pump
- ✓ Quad Sets
- ✓ Glut Sets
- ✓ Heel Slides
- ✓ Chair Push Ups
- ✓ Short Arc Quad
- ✓ Long Arc Quad
- ✓ Seated Knee Flex
- ✓ Heel and Toe Raises
- ✓ Seated Hip Flexion
- ✓ Seated Knee Flexion
- ✓ Standing Hip Straight Leg Raise
- ✓ Standing Hip Flexion
- ✓ Standing Hip Extension
- ✓ Wall Slides
- ✓ Standing Knee Flexion

New Exercise:

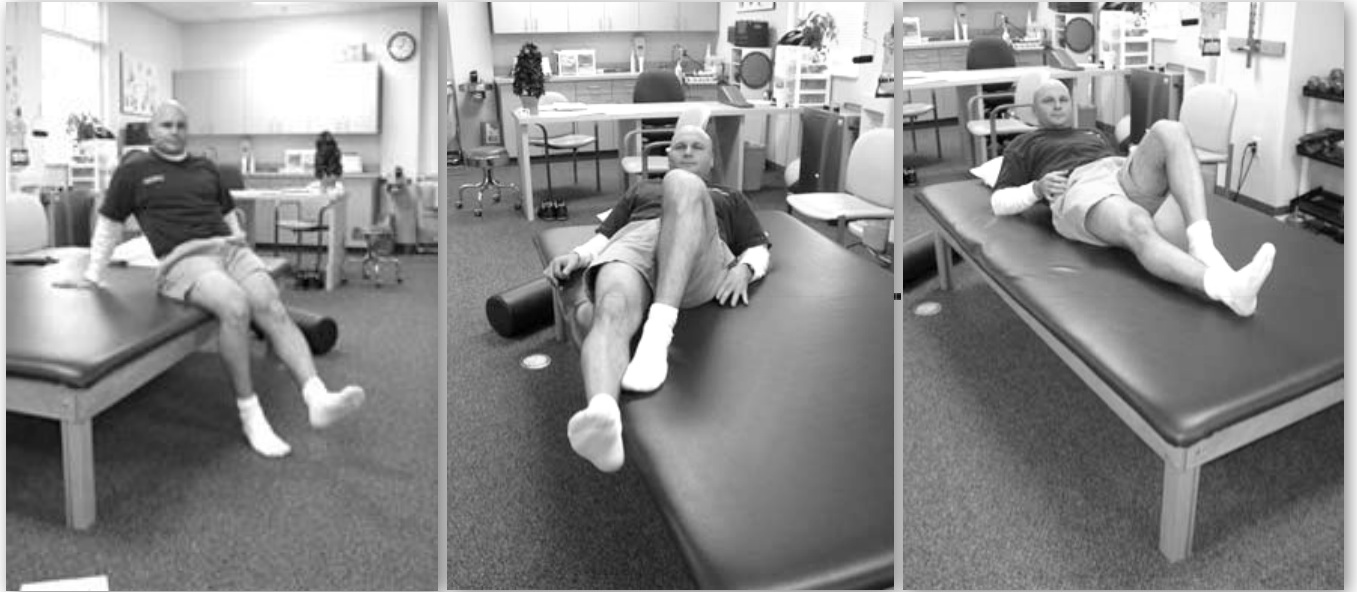
- Single Leg Step-Up

SINGLE LEG STEP-UP



Standing – hold onto a firm surface and, with one leg standing on an elevated surface (such as a telephone book), straighten that leg, and then return to floor. Repeat 30 times. Perform 3 sessions per day.

BED MOBILITY



Sit on bed as described in “Stand to Sit” (on next page). Scoot your hips around so that you are facing the foot of the bed. Lift your leg into the bed while scooting around. Keep scooting and lift your other leg into the bed. Scoot your hips towards the center of the bed.

STAND TO SIT



Back up until you feel the chair touch the back of your legs. With the weight on your good leg, extend your operated leg out in front of you. Reach back for the armrests of the chair. Lower yourself onto the front of the chair, then slide back. **NOTE:** Use sturdy, high-seated chairs with armrests whenever possible.

ROLLING AND SIDE LYING



When rolling from your back to your side, first bend your knees toward you until they are flat on the bed. Then place at least two pillows (bound together) between your legs. With knees slightly bent, squeeze the pillows together between your knees and roll over to the non-operated side.

WALKER AMBULATION



Move the walker forward a comfortable arm's length. With all four walker legs firmly on the ground, step forward with the operated leg. Place the foot in the middle of the walker area. Do not move it past the front feet of the walker. Support your weight on your hands as needed and step forward with your good leg. **NOTE:** Place and plant all four legs of your walker firmly on the ground before you take a step.

Comments & Feedback

At Sacred Heart, we are committed to exceeding expectations and providing very good care for our patients. We strive to continually improve upon our processes and services to better meet the needs of our patients and their families. Therefore, your input regarding your experience is very important to us, both during your stay and following your discharge. If there is anything we can do to make your stay more comfortable, please let our healthcare team know right away.

Comments

If you would like to send a card or letter to recognize any Sacred Heart employees or to share comments regarding your hospital stay in general, please send your note to:

- Administration
Sacred Heart Hospital on the Emerald Coast
7800 US Highway 98 West
Miramar Beach, FL 32550

Patient Satisfaction Survey

After returning home, you may receive a Patient Satisfaction Survey in the mail. We would truly appreciate you taking a few minutes to complete and return this survey in the postage paid return envelope provided with the survey.

Joint replacement Program Coordinator

If you have any questions about the joint replacement surgery process, please contact our dedicated Joint replacement Program Coordinator at (850) 278-3646.

*Thank you for choosing the Joint Replacement Surgery Program at
Sacred Heart Hospital on the Emerald Coast!*



[illegible]