

Total knee and hip replacement teaching manual

A guide to help support you through your
orthopedic surgery and ongoing recovery



**Ascension
Seton**





Welcome

We are so glad to have the opportunity to meet and talk with you before your surgery.

Our hope is that by providing you with more information and teaching prior to your surgery, you will feel more comfortable with your hospital stay and more knowledgeable about decisions regarding your healthcare.

This manual is intended to be a general guide. Your doctor may order additional specific restrictions or limitations (not listed in the manual). You are responsible for following your surgeon's specific directions.

Sincerely,
Total Joint Replacement Team at Ascension Seton

What to do before joining a Bone and Joint Teaching Class

1. Review the contents of the manual prior to the class.
2. Please have the manual with you at class.
3. Invite one family member or friend who will be your surgery buddy to assist you when you go home from surgery.

Plan for the pre-operative visit to take approximately three hours to complete:

- a. Pre-admission visit and instructions
— 1 ½ hours
 - b. Pre-op class — 1-1 ½ hours
4. Please contact The Bone & Joint Team at Ascension Seton if you have questions before coming to class.
 5. Preoperative YouTube videos are available: seton.net/SMCAurgery
 - Click on left side of page: **“Orthopedic Services”** then **“Joint Replacement Surgery Video & Quiz”**
 - Watch the appropriate video(s) for your surgery.
 - Take the online video quiz to receive credit.



Table of contents

Preoperative surgery visit	5
What you should know before surgery	6
What you should know during surgery	10
What you should know after surgery	10
Your orthopedic care team	11
The orthopedic floor	12
Ascension Seton Rehabilitation Services	13
Exercises	15
Pain management expectations	19
Prevention of complications	20
Discharge planning	22
Patient checklist for upcoming total hip or knee replacement surgery	26

Preoperative surgery visit

You will receive a call from an Ascension Seton scheduler to arrange your preoperative visit.

Your scheduler will provide parking information and check-in instructions.

Your pre-surgery visit will include stops at the following stations:

1. **Registration**

You will speak with an admissions counselor and pre-register for your hospitalization.

2. **Preoperative class or video education***

A registered nurse will guide you through the preoperative visit, and provide you with pre-operative teaching that will describe what to expect before, during and after surgery. The nurse will explain how conditioning and preparation prior to surgery can speed up the recovery process.

3. A physical therapist will instruct you on exercises to do before and after surgery; teach movement precautions; and provide you with transfer and gait information.

4. An occupational therapist will discuss ways to make your home a safe environment after surgery, and will further instruct you on movement precautions and use of assistive devices.

5. *Please note: Preoperative education may not be available at your location.

6. **Anesthesia**

You will be seen by the anesthesia group who will review your planned procedure, medical history and laboratory studies. Additional tests may be ordered at that time as well.

7. **Tests**

If your doctor or anesthesiologist has ordered specific tests (blood work, X-rays, EKGs), these will be done at this time.

8. **Optimization clinic**

You may visit with an advanced practice nurse who will evaluate your readiness for surgery and make referrals as needed. This is done approximately 4-6 weeks before your surgery, and you will be notified if you need to attend this clinic at another date.

Pre-surgery visit: Be sure to bring your:

- Surgery guide (given to you in the doctor's office)
- List of your current medications
- Insurance information
- Copy of advanced directives (durable power of attorney, living will)
- Surgery buddy

We expect you to have a family member or friend accompany you to the pre-operative teaching class so that he/she can participate in your care. This person should be whomever will be available to help you during your recovery process at home.

If you are a smoker

- Be sure to quit smoking as early as possible prior to surgery (if you are currently a smoker).
- Complete abstinence from nicotine for several weeks before surgery.

Compared to non-smoking patients, patients who smoke prior to surgery have been shown to experience more problems. Smoking has been associated with wound, lung and heart complications, as well as an increased length of stay in the hospital.

Seton NC3 committee requires complete abstinence for at least six weeks prior to surgery and a negative urine test.

What you should know before surgery

Items you might want to bring to the hospital on the day of surgery are listed below. The person who accompanies you will take responsibility for these items while you are in surgery:

- Toothbrush and toothpaste
- Shaving equipment
- Deodorant
- Eyeglasses/contact lens case
- Loose-fitting, comfortable clothing (examples include robes, loose-fitting shorts, T-shirts, pajamas, sweatpants, etc.). Encourage clean or freshly laundered clothing.
- A pair of comfortable, non-skid shoes
- Books, puzzles, magazines if you desire

What to leave at home

- Valuables: Do not bring cash over \$5, keys, credit cards, jewelry or any valuables.
- Medicines: Medication will be provided by the hospital. Only in rare circumstances will the hospital not have the medication you need in stock. By keeping your medications at home, it is safer for you because it will help eliminate any confusion.

What you should know day of surgery

Diet

- **Instructions on EATING, DRINKING or taking medications** will be given to you by the nursing or anesthesia staff during your preoperative visit.

Preparations

- Relax and get a good night's rest!
- **Do not shave your legs.**
- Wear easy-to-remove, comfortable clothing.

- Your surgical team has instructed you to do a surgical scrub to keep your skin as clean as possible and to help prevent surgical site infections. This antimicrobial soap is called HIBICLENS (also known as CHG).
- Shower for five evenings prior to the surgery and the morning of surgery to total six showers.
- Do your regular shower routine first then start your HIBICLENS shower.
- Use a clean damp washcloth.
- Turn shower water off, but stay in the shower.
- Wash your body from chin to toes and leave it on for five minutes; DO NOT use the soap above chin or on genitals.
- Turn water back on and rinse.
- DO NOT shave. The hair on/around your surgical area will be clipped by clinical staff. (Shaving can increase your risk of infection)
- DO NOT use any lotion, powders, deodorants or perfumes the night before the surgery and on day of surgery.
- YOU WILL DO THIS SHOWER AT NIGHT BEFORE AND MORNING OF SURGERY.
- USE A CLEAN TOWEL TO DRY EACH SHOWER.
- WEAR CLEAN CLOTHES AFTER EACH SHOWER.
- SLEEP IN CLEAN SHEETS AT NIGHT the night before the surgery and WHEN RETURNING HOME FROM SURGERY.
- DAY OF SURGERY WE WILL GIVE YOU WIPES TO USE PRIOR TO PUTTING YOUR GOWN ON.
- INSTRUCTIONS WILL BE GIVEN TO YOU ON THE WIPES IN PREOP.
- The goal is SURGICAL SITE INFECTION PREVENTION.
- You may find more information on the soap at hibiclens.com.

Patient pathway: hip and knee replacement

	Before surgery	In the hospital	After surgery, at home
Physical therapy and occupational therapy	<ul style="list-style-type: none"> Start on the exercises provided in this book if they are not too painful. Staying active, going for walks helps to improve circulation, lung health, and prepares your body for surgery. 	<ul style="list-style-type: none"> Expect to get up within hours after your surgery with hospital staff. Learn how to walk with your walker. Goal is to walk about 150 feet or more by discharge. Practice leg exercises taught by your physical therapist. Learn how to use the stairs. Depending on your needs, an occupational therapist will help evaluate your dressing, grooming, showering, and review home safety measures. 	<p>Each day:</p> <ul style="list-style-type: none"> Gradually increase your walking distance. Gradually increase the repetitions of the leg exercises found in this manual and taught by your hospital physical therapist. Plan your day so to avoid multiple trips up/down stairs. Be sure to balance activity with frequent intervals of rest with leg elevated.
Complication prevention	<ul style="list-style-type: none"> As soon as possible and at least 30 days prior to surgery, quit smoking. Starting five days before surgery and on the morning of surgery, you will begin daily Hibiclens showers for a total of six showers (avoid your face, ears and private areas); see instructions on page 6. Sleep on freshly washed sheets before and after surgery. <p>Starting seven days before surgery:</p> <ul style="list-style-type: none"> Do not shave your legs . Do not drink alcoholic beverages. <p>In addition to actions above:</p> <ul style="list-style-type: none"> Wash your hands or sanitize a lot. Distance yourself in public places. Hydrate well each day. Eat healthy protein and fiber-rich foods. Get your rest. 	<p>To prevent blood clots in your legs:</p> <ul style="list-style-type: none"> Pump your ankles 20-30 times every hour. If ordered, wear support stockings during the day and remove at night. Continue taking the ordered blood-thinning medication each day for as long as your surgeon orders. Wear leg compression devices while in bed. <p>To prevent complications in your lungs:</p> <ul style="list-style-type: none"> Use your incentive spirometer (IS): 10 deep breaths every hour while awake. <p>To decrease joint stiffness and swelling:</p> <ul style="list-style-type: none"> Use cold therapy to operated area. Elevate leg when lying or sitting down. Knee patients avoid pillow directly under the knee. Pump ankles hourly. Squeeze your bottom and thigh muscles hourly. Lie flat in bed frequently to stretch the hip/groin area. <p>Help prevent infection:</p> <ul style="list-style-type: none"> Ask staff to wash their hands if you did not see them do it. Do not touch around your dressing or incision. Let the staff know if the dressing is not dry and sealed. Hydrate well and eat vegetables and protein if not nauseated. Use your IS hourly as described in treatments. 	<p>To prevent blood clots in your legs:</p> <ul style="list-style-type: none"> Pump your ankles 20-30 times every hour. If ordered, wear support stockings during the day and remove at night. Continue taking the ordered blood-thinning medication each day for as long as your surgeon orders. <p>To prevent complications in your lungs:</p> <ul style="list-style-type: none"> Use your incentive spirometer (IS): 10 deep breaths every hour while awake. <p>To decrease joint stiffness and swelling:</p> <ul style="list-style-type: none"> Use cold therapy to operated area. Elevate leg when lying or sitting down. Knee patients avoid pillow directly under the knee. Pump ankles hourly. Squeeze your bottom and thigh muscles hourly. <p>Watch for signs of infection</p> <ul style="list-style-type: none"> Look for increasing redness, swelling, and foul-smelling drainage. Fever greater than 101.5. Continue deep-breathing exercises. Stay well hydrated. Eat healthy. Wash hands A LOT. Hand hygiene is one of the most important steps we can take to avoid getting sick and spreading germs. Do not touch around the incision. Sleep on clean sheets. Keep pets away. Always have clean hands when near incision. Have dedicated towels for showering.

	Before surgery	In the hospital	After surgery, at home
Pain management	<p>Starting seven days prior to surgery:</p> <ul style="list-style-type: none"> • Limit narcotic use. • Do not take any NSAIDS (such as: ibuprofen, naproxen, Meloxicam, Celebrex, Advil, Diclofenac, indomethacin). • Take Tylenol for pain if needed. 	<p>Pain control:</p> <ul style="list-style-type: none"> • Expect to have some pain after surgery. <ul style="list-style-type: none"> - Your pain should be tolerable to complete activities and exercises. • You may receive medication in surgery to numb your hip or knee temporarily. • You can have pain pills routinely as needed. • You may need to be awakened during the night to stay on the pain pill schedule. • Take pain pills with crackers/ food. • Keep stiffness and swelling controlled (see treatment section). • Alert the nurse if your pain is not controlled. <p>Knee surgeries may have a nerve block catheter that goes home with you, to help numb the top of the knee.</p>	<p>Pain control:</p> <ul style="list-style-type: none"> • Expect pain to increase when at home due to being more active. • Take the pain pills routinely to keep pain at a tolerable level to be able to walk and exercise. Continue to take the pain pills with food. • Elevating leg on pillows when lying and sitting (for knee surgeries, avoid a pillow directly under knee; place more under mid-calf area). • Applying ice to operated area with skin barrier between at least four times a day for 15 minutes. • For knee patients: You may go home with a nerve catheter for a few days. If so, the pain management team will: <ul style="list-style-type: none"> - send you home with instructions. - call you to follow up and answer questions.
Diet/ prevention of constipation	<ul style="list-style-type: none"> • As soon as possible, begin eating a healthy diet of fruits, veggies and high-protein, low-fat foods to help with healing and to prepare your body for surgery. • Drinking a high-protein shake of your choice the night before surgery helps prevent low blood pressure issues after surgery. • Purchase over-the-counter stool softeners and a mild laxative to have on hand after surgery. 	<p>You will start with clear liquids (ice chips, water, juice, Jell-O) and advance to regular foods as tolerated, unless otherwise ordered by your doctor.</p> <p>Prevention of constipation:</p> <ul style="list-style-type: none"> • Begin drinking fluids if not nauseated. • Stool softener and a mild laxative may be started. • Get up and move (with staff assistance). 	<ul style="list-style-type: none"> • Regular/high-fiber diet • Include protein, fruits and vegetables in your diet. • Drink lots of fluids. • Keep your body in motion. <p>While taking narcotics:</p> <ul style="list-style-type: none"> • Take stool softener twice a day while taking pain medication. • If no bowel movement within 3-4 days, please consider taking a strong laxative like Dulcolax for this temporary problem.

How to wash your hands

- Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean towel or air-dry them.

How do you use hand sanitizers?

- Apply the product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the product over all surfaces of your hands and fingers until your hands are dry.

	Before surgery	In the hospital	After surgery, at home
Activities	<p>Begin preparing your home:</p> <ul style="list-style-type: none"> • Wash sheets and towels. • Stock up on hand soap and hand sanitizer. • If you have a multi-level home, consider adapting a space downstairs for a temporary bedroom to conserve your energy. • Rearrange furniture to create pathways for your walker. • Have night lights in bathrooms and hallways. • Pick up small rugs that can be trip hazards with a walker. • Add pillows to low chairs. • Keep hallways and doorways clear of objects. • Get a bag or basket for your walker to transport items. • Store food and commonly used items at waist to shoulder level to prevent bending over and straining hip/knee. • Stock up on easy-to-prepare foods and items you will need. • Make plans for your pets as they can increase risk of falls or infections. <p>Prepare your bathroom:</p> <ul style="list-style-type: none"> • Install grab bars in your shower to support you as you go in and out. • Use a non-slip mat to keep the floor dry, and also one in the shower or tub. • Consider installing a hand-held shower hose. • If your toilet seat is low, consider purchasing a toilet seat riser. • Store toiletry items within easy reach. • Consider purchasing a "hip kit" that has items to help with dressing. 	<p>All patients are to mobilize out of bed shortly after arrival to the room:</p> <ul style="list-style-type: none"> • Staff will assist you to stand, transfer to a bedside commode, or walk to the bathroom if you are stable. • Alert staff before your bladder feels full. • DO NOT attempt to get up without staff assistance. • CALL, DON'T FALL. <p>Showering:</p> <ul style="list-style-type: none"> • Staff will assist you by using antibacterial wipes to bathe. 	<ul style="list-style-type: none"> • Gradually increase your walking distance each day. • Each day, gradually increase the repetitions of the leg exercises found in this manual and taught by your hospital physical therapist. • Plan your day so to avoid multiple trips up/down stairs. • Be sure to balance activity with frequent intervals of rest with leg elevated. <p>Showering:</p> <ul style="list-style-type: none"> • It is important to be clean after surgery. • Prepare for sponge-bathing if you don't have the energy to get into a shower. • Clean washcloths and bath towels. • Do not submerge your wound in water. • If you have a nerve catheter, please wait until the medication has completed. • Follow dressing instructions by your surgeon. • If your surgeon prefers keeping a dressing on, keep it dry by placing a press-and-seal covering on the dressing's borders.
Discharge planning	<p>Planning for your discharge begins before you enter the hospital. Please plan ahead for:</p> <ul style="list-style-type: none"> • A family member or friend (surgery buddy) available for 24 hours of overnight care for at least the first three days after you return home. • Prearrange who will be taking you to and from the hospital. • Family/friends to help you with preparing meals, shopping, laundry and other errands that require driving for at least two weeks. • If your surgeon prefers outpatient physical therapy, begin looking for one near you that accepts your insurance. 	<p>If not taken care of before surgery, a case manager will discuss —</p> <ul style="list-style-type: none"> • Rolling walker for home use • Confirm care arrangements for physical therapy visits, whether through telehealth, outpatient or home health <p>Have a family/friend scheduled to pick you up after:</p> <ul style="list-style-type: none"> • You have your walker. • Your surgeon and hospitalist have visited. • Physical therapy says you are safe to mobilize. • Nursing has given/explained your discharge instructions. • You have signed and understand your discharge instructions. • Nursing has given/explained your discharge prescriptions. <p>Transport staff will assist you and your belongings to your car.</p>	<p>Congratulations; patients heal better at home!</p> <ul style="list-style-type: none"> • Remember to make your follow-up appointments. • Wash hands A LOT. Hand hygiene is one of the most important steps we can take to avoid getting sick and spreading germs.

What you should know during surgery

- Surgery usually lasts 1-2 hours for a single joint and 2-3 hours for two joints or a revision. You will stay in the Post-Anesthesia Care Unit (recovery room) for a couple of hours.
- During your surgery, your family will wait in the Surgery Center Waiting Room until a room assignment is given. Room assignments on the orthopedic unit can be delayed due to late discharges of other patients. Your family should be prepared that most of their waiting time will be spent in the waiting room.
- When your family does get your room assignment, they are welcome to wait in the room and watch TV, use the telephone, and wireless Internet.
- You may not arrive in the room until later. Nursing staff will keep your family informed.

The Surgery Center Waiting Room

- Waiting during a surgical procedure can seem like a very long time for your family. At Seton, we will take care of your family while we are taking good care of you!
- A reception desk is located in the Surgery Center Waiting Room. The staff is available to answer questions and offer directions to you if needed. We ask that your family or friends remain in the Surgery Center.
- The surgeon will contact your family in the Surgery Center Waiting Room to inform them of your condition after surgery is completed.

What you should know after surgery

- After your surgery is finished, you will be taken to the PACU (Post-Anesthesia Care Unit) for a couple of hours. The nurses in PACU are specially trained to care for you.
- When you wake up, the nurse will be reminding you where you are and that your surgery is over.
- You may begin to feel pain in your hip or knee. Your nurse in the recovery room will help you to keep it under control.
- As you wake up, you will notice your nurse checking your bandage, blood pressure, pulse, respiratory rate, etc. You will be attached to a heart monitor and an oxygen monitor. You may notice these monitors beeping.
- You may begin your deep-breathing and ankle pump exercises.
- When you are released from PACU, the surgery personnel will take you to your hospital room. Your family may already be there waiting for you to arrive.

Your orthopedic care team

At Ascension Seton, we are committed to providing care to you and your family that will be individualized to suit your needs and exceed your expectations. Our group of caregivers will work together as a team to ensure that this happens. Some or all of the following caregivers may be involved in your plan of care:

Orthopedic surgeon/physician assistant/nurse practitioner

- Performs your surgery and directs your care.
- Sees you daily on hospital rounds.
- Checks on your progress at follow-up appointments.

Internal medicine doctor

- May help with medical care as requested by your surgeon.

Anesthesia team

- Administers anesthesia to you during the surgery.
- Monitors your condition during surgery.
- May help direct your pain management in the postoperative period.

Bone & joint RN coordinators

- Provide pre-operative teaching.
- Assist the orthopedic nursing staff in coordinating your care.
- Provide follow-up after you are discharged to home.

Orthopedic floor nursing staff

- Includes RNs, LPNs, clinical assistants.
- Plans and coordinates your care based on doctor orders and nursing expertise.
- Communicates information about your condition and progress to other team members.
- Teaches you and your family about your care needs.
- Assists you with your personal care needs.

Case manager/social worker

- Coordinates your plan of care for discharge.
- Arranges for discharge needs, including equipment and any home health needs.
- Interacts with other team members and insurance companies as needed.

Physical therapy

- Provides pre-operative teaching.
- Instructs and assists you with pre-/post-operative exercise programs.
- Instructs you in transfers, walking and stair climbing.

Occupational therapy

- Assists you with adapting to temporary daily living changes.
- Assesses needs for adaptive equipment for self-care.
- Trains caregivers as needed.



The orthopedic floor

Your return to maximum physical functioning is our primary goal. Nurses and support staff are here to care for you 24 hours a day. Our orthopedic team is available to help you with your questions, concerns or special needs.

Visiting hours

At the recommendation of the Centers for Disease Control and Prevention (CDC), we may enact visitor restrictions to protect our patients and staff. Please contact the hospital operator for information on our current visitor guidelines.

If no visitor restrictions are in place, please limit your visitors to one or two at a time. Encourage visitors to come later in the day so you can participate in your therapy with fewer distractions. If a member of your family would like to stay the night, cots are available upon request. Let us know as soon as you arrive on the orthopedic floor to ensure cot availability.

Meals

A nutritional host/hostess will visit you daily to discuss your meal requests. Please let the host/hostess know if you need a special diet. Kosher, vegetarian, low-sodium, calorie-restricted or carbohydrate-restricted (diabetic) diets are available upon request. Also, coffee, tea, juices, milk, Popsicles and Jell-O are normally kept in the department and can be given upon your request.

Call button

Our staff makes hourly rounds during the daytime and every two hours during the night to proactively assist you with your needs. Use the call light for urgent or emergent needs; otherwise, be aware that your nurse will be back for the next rounding.

When you press your call button, or call your nurse or clinical assistant on their portable phones, it may take them a few minutes to arrive as they may be attending to other patients, so we encourage you to anticipate your needs.

Care board

The erasable white board in your room will be used to communicate your plan of care; activity goal

needs; reminders, your care team names and phone numbers; and any other information that is important to you. We will use this board to communicate your daily goals.

Activity

Early and frequent mobility are the keys to a successful recovery. Expect to get out of bed within hours of your surgery with assistance from our staff. We expect to assist you each and every time you get up until you are discharged. Please press your call button for help. Our goal is that you **“Call, don’t fall!”**

Medication

The hospital purchases medications from a variety of drug companies, so the pills we will give to you may not look like the pills you take at home. Please ask your nurse if you have questions about the medications you are receiving.

We are unable to use any medications that are brought from home. Please send home any medicines you may have with you, unless otherwise directed. This is for your safety.

Bathing

We encourage you to bathe daily and to actively participate in the bathing process because the activity will greatly assist in healing. We will assist you by using antibacterial wipes to bathe. Please alert staff when you are ready.

Getting dressed

We encourage you to get dressed as soon as you feel able. Being in your own clothing will help you feel better and more able to participate in your activities. The movements during dressing also greatly assist in your healing. We will help you as needed, and occupational therapy (OT) may be working with you on this as well.

Special services

If you have hearing or visual impairments or other special needs that we can help you with, please let us know.

Ascension Seton Rehabilitation Services

Welcome to the Bone & Joint Center

Ascension Seton Rehabilitation Services is committed to providing you with the resources you will need to help prepare you for your surgery.

The following information is meant to assist you with your preparation:

- Begin the exercises shown to you as soon as possible. Improved muscle strength before surgery can decrease the time you spend recovering after the surgery.
- You will rely tremendously on your upper body and arms after surgery with the use of an assistive device, so any prehabilitation you can do before surgery to strengthen your upper body will help.
- Inspect your home environment and implement any safety suggestions recommended in this book. Completing these changes before you go home from the hospital will ease your recovery and ensure your safety.
- You play an important role in your recovery. We encourage you to do your best with the physical and occupational therapists. Success of this surgery is a TEAM effort, and YOU are a critical member of this team.

We look forward to working with you.

Sincerely,
Rehabilitation Services
Physical and Occupational Therapists

Starting your exercise program

Before your surgery, perform the exercises 1-2 times each day.

Start with 10 repetitions and gradually increase by 1-2 repetitions each day until you can perform 15-20 repetitions. If you can tolerate this, continue to perform 15-20 repetitions of each exercise until your surgery.

Perform each exercise with slow and controlled movements. You may rest in between each exercise to prevent over-exerting yourself.

Do not hold your breath. Breathe out during the most difficult part of the exercise. Before your surgery, remember to exercise within the limits of your pain tolerance.

If pain or discomfort increases with an exercise, stop performing the exercise. Stop all exercise if you experience any chest pain, dizziness or excessive perspiration, and call your doctor immediately.

Lifetime joint replacement precautions

1. You should **not** engage in collision sports, e.g. rodeo, rugby, martial arts. Check with your surgeon prior to snow or water skiing. Any activity where there is a high likelihood of falling can potentially damage the prosthesis and may require you to have surgery redone prematurely. **Do not fall!** Most all other activities are encouraged.
2. Current guidelines do not recommend antibiotics prior to dental work after a total joint replacement. However, it is important to tell your dentist/doctor that you have an artificial joint before any procedures. Any infection can cause bacteria to get into your bloodstream and possibly to your artificial joint; therefore, it is important to seek medical care quickly if you think you have any type of infection.
3. **DO NOT RUN** for the sake of exercise. **Walking for the sake of exercise is beneficial.** Running will increase the wear and tear on the prosthesis, causing it to need early replacement.

Use of walker

Proper fit

Your walker will be adjusted to fit you in the following position: Standing within the walker with your shoulders relaxed and your hands on the handgrips, the handles should be even with the crease of your wrist when your arms are at your sides.

If you change the heel height of your shoes by an inch or more, please make the appropriate adjustment to the walker by using the push-button located on each leg of the walker.

Walking

The goal is to walk fluidly and without a limp. To walk with the walker, place the walker forward and flat on the floor while placing your "surgical leg" forward, the length of a normal step. Distribute your weight between your hands and involved leg according to the weight-bearing instructions from your doctor. Step forward with your "good leg" so that the steps are the same lengths.

Repeat the sequence.

Physical therapy will work with you to advance your gait pattern as your recovery progresses.

Again, the goal: Develop a normal walking rhythm without a limp.

Remember: For the best outcome from surgery, you must follow the recommendations regarding how much weight to put on your surgical leg (also called your weight-bearing status).

Getting in/out of the car

1. Approach the vehicle so that the door can swing clear of the walker.
2. Open the door and step forward. Pivot to back up to the seat.
3. Once you feel the car frame behind you, grasp the doorframe, dashboard or seatback, and gently lower yourself to the seat.
4. From a seated position, scoot your hips back, then pivot to bring your legs into the vehicle.

5. To exit the vehicle, simply reverse the process. Pivot in the seat to bring your legs out, and scoot to the edge before you attempt to stand.
6. Never hold onto a car door as it will move.

Going up/down a curb or step

Do not attempt to climb a set of stairs with a walker unless your physical therapist has instructed you in the appropriate method.

Up with the good*

1. Approach a curb or step head-on. Stand close to the step.
2. Set all four posts of the walker up on the higher level.
3. Step up with your strongest leg to lift you up against the force of gravity. Follow up with your operated/weaker leg.

*Alternate techniques may be taught by your physical therapist.

Down with the bad

1. Step so the toes of both feet are at the edge of the curb/step. Set all four posts of the walker down on the lower level.
2. Step down with the operated/weaker leg first. This way your strongest leg is under you, controlling how quickly you descend.
3. Support your weight on your arms and step down with the stronger leg.

Use caution near:

- Electrical cords in your path
- Throw rugs
- The corner of your bedspread
- Toys on the floor
- Water or oil on the floor
- Family pets
- Changes in floor surfaces; example: carpet to tile

Note: Temporary disabled parking permits are available from the Texas Department of Motor Vehicles. A doctor's prescription is required to obtain a permit.

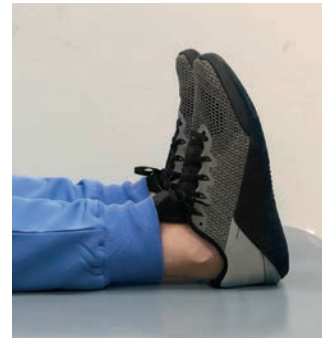
Knee exercises

Ankle pumps

- Lift ALL toes up and down.
- This uses the calf muscles and shin muscles and can increase blood flow in your legs 200 percent!

Perform

- As often as you can remember — at least 20 times an hour!



Quad set

- Push the back of your knee down toward the ground.
- Hold this contraction for five seconds.

Perform

- 10 sets twice a day in the hospital
- 10 sets three times a day at home



Short ARC quad

- Place bolster of pillows or towels underneath your knee.
- Slowly lift your heel up and down with as much control as possible.

Perform

- 10 sets twice a day in the hospital
- 10 sets three times a day when at home



Heel slides

- This is an exercise to increase your flexibility (also known as range of motion).
- Slide your heel toward your hip.
- You should feel a stretch in your top thigh muscle (also known as your quadriceps).
- **Goal:** Total knee replacement patients can bend their knee to around 90 degrees by the time they leave the hospital.

Perform

- 10 sets twice a day in the hospital
- 10 sets three times a day when at home



Extension block

- Place ankle on towel roll.
- Relax leg and allow gravity to straighten leg.
- **GOAL:** Tolerate a zero-degree bend or have your leg lie perfectly straight.

Perform

- 15-minute hold 3-4 times a day in the hospital and at home.



Straight leg raise

- Tighten/squeeze your thigh muscle.
- Slowly lift your heel off the ground from 8-12 inches off of the bed and control your leg on the way down.

Perform

- 10 sets twice a day in the hospital
- 10 sets three times a day when at home



Hip patients should not do this exercise.

Hip exercises

Ankle pumps

- Lift ALL toes up and down.
- This uses the calf muscles and shin muscles and can increase blood flow in your legs 200 percent!

Perform

- As often as you can remember — at least 20 times an hour!



Quad set

- Push the back of your knee down toward the ground.
- Hold this contraction for five seconds.

Perform

- 10 sets twice a day in the hospital
- 10 sets three times a day at home



Short ARC quad

- Place bolster of pillows or towels underneath your knee.
- Slowly lift your heel up and down with as much control as possible.

Perform

- 10 sets twice a day in the hospital
- 10 sets three times a day when at home



Heel slides

- This is an exercise to increase your flexibility (also known as range of motion).
- Slide your heel toward your hip.
- You should feel a stretch in your top thigh muscle (also known as your quadriceps).
- **GOAL:** Stretch the thigh and hip muscles so that tasks like sitting are more comfortable.

Perform

- 10 sets twice a day in the hospital
- 10 sets three times a day when at home



Windshield wipers

- Lie on back with legs straight and hips, knees and ankles aligned.
- Move the surgical leg out to side without moving the opposite leg.
- Return leg back to start position.
- **GOAL:** To increase the strength of your hip muscles so you will be able to get your leg in and out of bed and cars.

Perform

- 10 sets twice a day in the hospital
- 10 sets three times a day when at home



Glute squeezes

- Lie on back with legs straight and hips, knees and ankles aligned.
- Squeeze bottom together and hold for five seconds.
- Relax.
- Repeat.

Perform

- 10 sets twice a day in the hospital
- 10 sets three times a day when at home



Pain management expectations

We will start with a pain regimen that has been designed for you by your surgeon and anesthesiologist. It is expected to have pain after surgery, but we want to make your pain manageable to accomplish your activity goals. **We will try to avoid IV pain medications as you are not able to go home with them, and they may prolong your stay in the hospital.**

Adjustments will be made to your regimen based on your pain status and ability to meet your therapy goals. If you feel that your pain is not satisfactory, or you are not able to meet your therapy goals due to pain, your regimen will be adjusted. Additionally, your pain medications can be decreased if you are not tolerating them well.

Some oral pain medications **may be** scheduled by your surgeon or anesthesiologist, meaning you will not need to ask for them. Other pain medications **will be ordered on an "as-needed" basis.** These are available upon your request, usually available every four hours as needed. **It's best to take your "as-needed" pain medications before your pain becomes intense.**

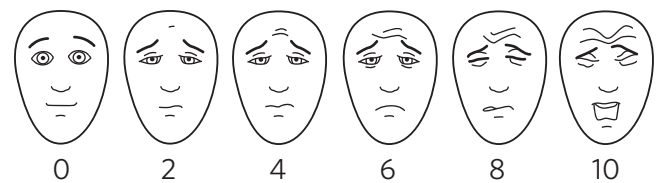
This is especially important before your therapy sessions.

Remember that most pain medications are more easily tolerated with some amount of food in your stomach.

Other pain-relieving techniques that your surgeon may encourage are elevation of the operative extremity, and cold therapy to the surgical site. These techniques help to decrease swelling and the pain that is associated with swelling. Movement of the legs, feet and ankles also helps to reduce stiffness and swelling.

Our expectations regarding pain

- Let the nurses know as soon as you feel the pain beginning, because it gets harder to ease the pain once it intensifies. By requesting your pain medication routinely, you will keep your pain under control.
- Utilize the pain scale to describe your pain as a number when communicating your level of pain. This will help the care team to know if their methods are effective or if changes need to be made.



Faces Pain Scale-Revised (FPS-R) — CCC Ref: Reprinted from Pediatrics Vol. 126 No. 5; Deborah Tomlinson, MN; Carl L. von Baeyer, PhD; Jennifer N. Stinson, PhD; and Lillian Sung, PhD. Systematic Review of Faces Scales for the Self-report of Pain Intensity in Children, page nos. e1168-e1198, 2010. Reproduced with Permission from copyright holder.

- Remember that your pain is now a positive, healing pain and that the faster you are able to get up, walk and exercise, the faster you will heal and go home.
- Actively perform the range of motion exercises every hour to decrease pain and stiffness, and work the excess fluid out of your limb.
- Remember to take your pain medications with food to avoid an upset stomach. Crackers are available at all times, and it is best to keep some at your bedside for nighttime medication doses.
- The use of cold packs will help decrease pain and swelling.

What can you expect from us

- Our care team will work together to respond promptly to your pain needs.
- We will utilize all options available to ensure satisfactory pain relief, including repositioning and relaxation techniques.

Precautions related to opiate (narcotic) use

- Do not drive or operate heavy machinery. Opiates can slow your reaction time. Call your doctor immediately if you experience any unexplained rashes or unusual sensations.
- **Acetaminophen (Tylenol):** Do not take more than 4 grams (4000mg) of acetaminophen (Tylenol) in a 24-hour period. If you have any known liver problems, consult with your doctor about the maximum amount that is safe for you. It can be toxic to your liver in large doses, and is an ingredient in many pain medications.

Prevention of complications

Infection prevention

Hygiene

- Wash hands A LOT. Hand hygiene is one of the most important steps we can take to avoid getting sick and spreading germs.
- Do not touch around the incision.
- Sleep on clean sheets.
- Keep pets away.
- Always have clean hands when near incision.
- Have dedicated towels for showering.

Infection signs and symptoms

- Look for increasing redness, swelling, and foul-smelling drainage.
- Fever greater than 101.5.

Blood clot prevention — Keep your blood flowing!

Deep vein thrombosis (DVT): DVT is a disorder in which clots can form in the veins, especially the legs, causing the veins to become inflamed. DVT can become life-threatening if the clot breaks loose and travels to other parts of the body. Factors that can contribute to DVT are injury, surgery and immobilization.

To prevent the development of blood clots in your legs, your doctor will order a blood-thinning medication for you to take. This medication may be in the form of a pill or small injection.

You may be required to wear support stockings to prevent swelling and fluid from pooling in your legs. Additionally, compression sleeves will be placed over the stockings while in the hospital to keep the blood in your legs moving by inflating and deflating air within the sleeves.

Blood that is moving is less likely to clot. One way to prevent clot formation is to actively exercise your ankles at least 20-30 times every hour. Because this is so important, the staff will remind you to perform your ankle pumps routinely and continue until after discharge from the hospital.

Another way to prevent clot formation is early and frequent mobility:

- Mobilize out of bed with staff assistance within hours of leaving the recovery room.
- Sit up in the chair for meals.
- Use the bedside commode or bathroom with assistance.
- Walk in the halls with the physical or occupational therapist.
- If not nauseated, drink lots of fluids before and after surgery to keep your veins healthy.

DVT symptoms:

- Swelling
- Warmth or heat in the swollen area
- Tenderness or pain
- Redness or bluish-purple discoloration of the skin

Keep your lungs healthy

There are a few things you can do to keep your lungs healthy during the postoperative period:

- The medications given to relieve your pain combined with a decrease in your overall physical activity can cause you to breathe less deeply and increase your risk of lung problems.
- The best way to help your lungs stay healthy is to slowly deep-breathe and hold your breath a few seconds. This should be done as often as possible during your hospital stay.
- You will be taught to use an incentive spirometer (IS). IS exercises the lungs and improves blood flow through your body, which helps prevent complications and helps you heal faster. IS should be done at least 10 times every hour in the hospital and continued for a few weeks at home.

NOTE: For the first few days after surgery (especially late afternoon and into the evening), it is normal to run a slight elevation in your body temperature. DO NOT be afraid. This does not mean you have an infection or that something is wrong. This is the body reacting to the process of surgery.

We encourage you to do the following to keep your temperature down:

- Drink lots of fluids.
- Deep-breathe often and use the incentive spirometer hourly.
- Move around *a lot*.
- Keep your body working — see next column.

Keep your body working (including your bowels)

The medications given to relieve your pain, the anesthesia sedation, and the decrease in overall physical activity can cause your stomach and colon function to slow down and put you at risk for **constipation**.

The best ways to prevent constipation are to **drink a lot of fluids, eat high-fiber foods, and exercise your body** as much as possible. This includes:

- Walking the halls with assistance
- Getting in and out of bed as much as possible
- Actively participating in your daily activities
- Performing your ankle pumps 20-30 times every hour

Your doctor will order a stool softener to be given every day while in the hospital, and if needed, laxatives can be given before discharge to help you feel more comfortable.

It is recommended to continue a daily stool softener at home until the narcotics are discontinued and you are more active. These can be bought over-the-counter.

Discharge planning

Prepare your home

- Remove throw rugs and move electrical cords out of the way.
- Add pillows to low chairs, and use chairs with arms.
- Hip surgery patients should avoid all low-lying soft chairs, including rocking chairs.
- Rearrange furniture to allow enough clearance for a walker.
- Keep hallways and doorways clear of objects.
- Place the phone within easy reach, move the cord out of the way, or consider a cordless phone/cell phone instead.
- Install night lights in hallways and bathrooms.
- Get a bag, basket or tray for your walker to transport items.
- If possible, prepare a bed in the main living area if you normally sleep upstairs.
- Store foods and other items at waist- to shoulder-level to prevent bending over and straining your hip or knee.
- Stock up on easy easy-to-prepare foods and items that you will need.
- Plan ahead and discuss with family and friends who would be able to help you with activities of daily living, including picking up groceries.

Prepare your bathroom — Consider the following as needed:

- Clean towels and shower.
- Stock up on hand sanitizer.
- Installing grab bars in your shower or tub for support as you get in and out.
- Use a long-handled sponge to wash hard-to-reach areas including your legs (available at any discount store).
- Use a non-slip mat to keep the floor dry, and place a rubber mat or decals in the tub or shower floor.
- Place a commode chair or elevated commode seat over the toilet to raise the seat height.
- Relocate the position of your toilet paper to be within reach.
- Consider installing a hand-held shower hose.
- Store toiletry items within easy reach.
- Consider purchasing a long-handled “grabber” to help you pick things up and assist with dressing.

Durable medical equipment

Please be advised that:

- Your occupational therapist or physical therapist will help you determine if any items are needed.
- If an Ascension case manager arranges for equipment delivery to Ascension Seton and you take it home, you become financially responsible for those items whether they are covered by insurance or not.
- A rolling walker is covered by most insurance plans.

Mobility devices

Two-wheeled walker



Shower/tub chair



Shower/tub bench



Tub transfer bench



Standard bedside commode



Toilet seat riser



- Shower and toilet items are not covered by insurance.
- You can purchase them at most medical equipment stores, online retailers, pharmacies, grocery and drug stores.

Hip or knee surgery patients may want a Hip Kit to assist in dressing themselves. A Hip Kit should have at least four basic pieces: reacher, long-handled shoe horn, sock aid and long-handled sponge.

Hip Kit



Some pharmacies/drug stores also carry toilet elevation devices.

During your hospital stay

We want you to be prepared when you go home; therefore, we will begin teaching you about home preparation at your pre-operative teaching class or through online video education and this teaching manual. Our care team members will then follow up with you during your hospital stay to ensure that you have what you need including equipment, supplies and help.

On discharge day

- Joint replacement patients should make transportation arrangements to be ready to leave the hospital on the day of discharge. Prepare to have your family pick you up in a vehicle that would be easy to get into and out of, without being too low to the ground or too high to get into.
- Before you are discharged:
 - Have family take home excess belongings prior to discharge day if possible.
 - Work with physical therapy (and occupational therapy as needed).
 - Surgeon and internal medicine hospitalist visit and write discharge orders.
 - Discharge instructions given/explained.
 - Receive an extra dressing for home dressing change.

Case managers

Case managers/social workers help patients and their families plan for discharge from the hospital.

- Your surgeon will determine when you will be released from the hospital.
- Please have your transportation and care arrangements made.

Social worker/financial counselor

The social worker or financial counselor can assist you in obtaining information about various federal, state and local financial assistance agencies. These agencies can answer questions regarding applying for Social Security, disability, food stamps and other assistance programs.

- Financial assistance and referrals are handled on an individual case basis. Questions about your hospital bill should be referred to a financial counselor.

Discharge instructions

Incision care:

- **Dressing:** Keep the original surgical dressing in place until your follow-up appointment, or seven days after your surgery (whichever comes first). Change your original surgical dressing and replace with the Mepilex dressing provided to you at discharge if:
 - It has been seven days after your surgery.
 - The original surgical dressing becomes more than 50 percent soiled with drainage, or you notice pooling of drainage under the dressing PRIOR to seven days after your surgery.
 - If this new dressing becomes more than 50 percent soiled with drainage, replace it with gauze and tape daily and as needed to keep incision clean and dry until your follow-up appointment.
- **Showering:** If you had a total knee replacement, you must wait to shower until after the nerve catheter is removed, typically three days after surgery. Otherwise, you may shower two days after surgery with your dressing ON AND COVERED with plastic wrap and tape to ensure it stays dry. Keep it dry and covered until your surgeon allows you to leave it open to air.
- **Do not use:** lotions, ointments, creams or powders on your incision.
- **Do not submerge** incision in water such as a bath or pool until cleared by your surgeon.

CALL YOUR NAVIGATOR OR SURGEON'S OFFICE:

If you develop a sustained temperature greater than 101.5 degrees F; excessive drainage (i.e. multiple soaked bandages), pus (thick cloudy drainage), foul odor and/or expanding redness from surgical incision. Call if you develop excessive swelling, redness, pain or bruising around former IV/blood draw sites.

Controlling pain and swelling:

- Bruising and swelling of the joint, leg and foot are normal after surgery.
- Take pain medication as directed to keep pain at a tolerable level. Managing your pain will help you recover faster because you will be more comfortable doing your exercises and walking.
- Use ice to help reduce pain, swelling and stiffness. Do not place ice pack directly on your skin (use a light towel or pillowcase). Apply ice to surgical site for 20 minutes 4-5 times a day.
- Support stockings (if provided): Continue to wear daily until seen for follow-up or instructed otherwise. Remove stockings at night.
- Be sure to balance activity with frequent intervals of rest with your leg elevated.

CALL YOUR NAVIGATOR OR SURGEON'S OFFICE:
If you develop persistent nausea, vomiting, diarrhea or pink-, red- or brown-colored urine.

Blood clot prevention:

- You will be instructed to take aspirin or prescribed a blood-thinning medication. Take as directed.
- You will be given instructions about the medication chosen for you at your discharge.

Blood clot, DVT prevention:

- Take short, frequent walks on flat surfaces (use your assistive device as needed).
- Continue to do ankle pumps 20-30 times every hour while awake.

Signs and symptoms of a blood clot/DVT can include increased calf pain/swelling/tightness in the affected leg; warm/red skin in the area of the clot; or new thickened veins. If you suspect a DVT, call your navigator or surgeon's office. **CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM IMMEDIATELY IF YOU EXPERIENCE SUDDEN CHEST PAIN OR SEVERE SHORTNESS OF BREATH.**

CALL YOUR NAVIGATOR OR SURGEON'S OFFICE:
If you develop nosebleeds, bleeding gums, cuts that do not stop bleeding after pressure is applied; persistent headache or abdominal pain; or pink, red or black feces.

Prevention of constipation:

- Drink lots of fluids (at least 2 quarts a day). Include fruits and vegetables in your diet. Increase your daily activities.
- You may continue to use stool softeners or laxatives (such as Colace, Milk of Magnesia, Miralax or others). These can be purchased over-the-counter and taken once or twice a day. Follow instructions on the label.

Physical therapy:

- Continue with the exercises and precautions taught by the physical therapist (PT).
- There are several ways to receive physical therapy after you leave the hospital:
 - Outpatient PT
 - Tele-Health PT
 - Home Healthcare PT
 - These options will be discussed with you starting with the surgeon in the office and continuing with the hospital teams. If you receive home healthcare, the agency will call you to arrange the visits.

Special notes:

- Current guidelines do not recommend antibiotics prior to routine dental cleaning after a total joint replacement (anything more extensive is at the dentist's discretion). However, it is important to tell your dentist/doctor that you have an artificial joint before any procedures. Any infection can cause bacteria to get into your bloodstream and possibly to your artificial joint; therefore, it is important to seek medical care quickly if you think you have any type of infection.
- Be aware that after your surgery, you will most likely set off metal detectors at the airport. Tell airport personnel prior to being scanned that you have a joint prosthesis.

Follow-up calls and follow-up appointment:

You will be receiving home follow-up calls to check on your recovery and obtain your feedback about your hospital experience. We need your comments and suggestions to improve our service to you!

Call your surgeon's office to schedule or confirm your follow-up appointment (1-2 weeks from your date of surgery).

Patient checklist for upcoming total hip or knee replacement surgery

START as soon as possible

- Watch Bone & Joint Preoperative Education Video(s) and take the short post-test.
 - Read the Total Knee and Hip Replacement Teaching Manual.
 - Read the Patient Surgery Guide.
 - Find a friend/family member available for the 24 hours of overnight care for at least three days after you return home.
 - Find someone who can give you a ride to and from the hospital.
 - Start doing the exercises in the teaching manual three times per day.
 - Confirm physical therapy plan based on your surgeon preference (pre-therapy, home health, or outpatient therapy).
 - Prepare your home as suggested in the Total Knee and Hip Replacement Teaching Manual.
 - Stop smoking/vaping/dipping (at least 4-6 weeks in advance). ALL Ascension hospitals are tobacco-free sites.
 - Notify your surgeon if you develop any wounds, rashes or infections on your body or bug bites around the surgical area.
 - Stop any pedicures.
 - Limit narcotic use.
-

START seven days before surgery

- Stop shaving around the area the incision will be made.
 - Stop drinking alcoholic beverages.
 - Drink protein shakes 2-3 times/day (unless medically contraindicated, choose no- or low- sugar types).
 - Stop NSAIDs (like Ibuprofen, Aleve, Advil, Naproxen, etc), vitamins and herbal supplements.
 - Take Tylenol for pain if needed.
 - Ask your care team about a plan to stop your aspirin or other blood-thinning medication.
-

START five days before surgery

- Shower **every night** before your surgery and the **morning** of surgery with Hibiclens (Chlorhexidine) liquid given to you at the hospital visit. Follow the detailed shower instructions given from your pre-surgery visit:
 - #1 evening shower
 - #2 evening shower
 - #3 evening shower
 - #4 evening shower
 - #5 evening shower night before surgery
 - #6 morning of surgery — shower before you leave
 - Sleep on freshly laundered sheets and clothing, use freshly laundered towels and washcloths with each shower.
 - Stop sleeping with any pets during this time period and after your surgery until your doctor clears you.
-

START before your surgery (information shared with you from the hospital)

- Know exact time to stop eating and drinking.
- On the day of surgery, take only medications approved by your doctor with a small sip of water.
- Remove all jewelry, piercings, lotions, powders, perfume, makeup and contact lenses.
- DO NOT eat candy, breath mints or chew gum or chewing tobacco.
- DO NOT bring valuable possessions with you into the hospital.
- Complete the pre-registration link via email or text to sign consent forms and resolve any outstanding balances prior to your arrival.



**Ascension
Seton**