



KNEE REPLACEMENT HANDBOOK



MISSION STATEMENT

At Unity Medical and Surgical Hospital our Mission is to provide a state-of-the-art hospital with a dedicated healthcare team to unite patients and physicians through innovations that transcend traditional healthcare, maximizing the patient's outcome, allowing us to provide exceptional, compassionate care.

OUR VALUES

- U** UNIFIED We are united in providing a great patient experience
- N** NURTURING Our helpful, healing staff nurtures the patient to optimal health by including the body, mind and spirit in our care
- I** INSPIRE We strive to inspire our staff to deliver unparalleled care
- T** THOUGHTFUL Each person we encounter is thoughtfully cared for
- E** EXCELLENCE We will accomplish excellence in all we do
- D** DEDICATED We are dedicated to meeting the needs of our patients, physicians, families and staff

OUR VISION

At Unity Medical and Surgical Hospital, we are committed to continually improve the quality of services we provide. Our partnership with physicians is leading us on a journey of delivering cutting edge medicine to become THE premier surgical hospital.



**A Letter From
the CEO**



The physicians and multi-disciplinary team of Unity Medical and Surgical Hospital welcome you! We take pride in serving our patients, families, and we are committed to offering the best care and support to achieve your wellness goals.

Thank you for choosing Unity Medical and Surgical Hospital as your starting point for a better and pain-free tomorrow. We hope you notice we do things differently, and that's what distinguishes us as the healthcare provider of choice. By choosing Unity Medical and Surgical Hospital in your journey to better health, you have made a wise decision that will impact your total health and well-being for many years to come.

You as the patient have the right to:

Receive the highest quality care

Receive appropriate assessment and pain management

Be admitted only if we can provide the care you need.

A handwritten signature in black ink, which appears to read "John M. Day". The signature is stylized and cursive.

John M. Day
President and CEO



**The Multi-disciplinary
Team**

YOUR MULTI-DISCIPLINARY TEAM CONSISTS OF THE FOLLOWING HEALTHCARE PROVIDERS:

- **Orthopedic Surgeon:** This physician performs your total knee replacement and directs your care. The surgeon guides your care from the moment you see him/her in the office, throughout the hospitalization and with follow-up care.
- **Hospitalist:** This hospital physician works closely with the surgeon to manage your care while in the hospital.
- **Nursing Team:** These Professional Nurses and Nurse Aides will care for you at the bedside during your stay. A Registered Nurse (RN) oversees the treatment plan of care and is a patient advocate for you.
- **Occupational Therapist:** The Occupational Therapist will help teach and guide you to complete your everyday home activities and will offer suggestions for making your home environment safer. The Occupational Therapist partners with the Physical Therapist.
- **Physical Therapist:** A Physical Therapist focuses on maximizing range of motion, balance and strength. The Physical Therapist will work with you during Joint Camp and in individual sessions to get you up and moving quickly.
- **Case Manager/Discharge Planner:** Our Case Manager/Discharge Planner will assess your needs for follow-up care and equipment prior to and during your hospitalization. This starts even before you come in for surgery.
- **Pharmacist:** The Clinical Pharmacist is the team member who offers education regarding all of your medications. They keep a close watch on the medications you receive while in the hospital.

MULTI-DISCIPLINARY TEAM ROUNDING

Unity Medical and Surgical Hospital wants you and your family members to have access to your entire team. The Multi-disciplinary Team will visit you in your room each day. Please feel free to ask any questions and to discuss your individualized plan of care.

Our goal is to ensure you feel safe, have your pain controlled and receive education about your medications. Your care team will review your individual plan of care. You are important to us!



General Information

GENERAL INFORMATION

Rooms - Private rooms are available for all of our patients. Each room is a spacious private suite that has a sofa which can be converted into a bed. For your comfort each room has its own thermostat.

Televisions - Each room is equipped with a flat panel color TV.

Telephones - A telephone is provided for each patient. Local calls may be made at any time from the room by dialing "9" and the number. Guests may reach you directly by dialing the number located on your phone. Phone service is available 24 hours a day.

Restrooms - Each patient room is equipped with a private restroom and shower unit. They are also equipped with hair dryers for your convenience.

Visitors - Visiting hours are 9am to 9pm. We reserve the right to amend these hours on an individual basis in order to maximize patient care. A family member is welcome to spend the night in your room.

Parking - Free parking is provided everyday on the hospital campus.

Wireless Communications and Cell Phones - Our facility is equipped with WIFI for wireless internet use. Cell phones can be used in most hospital rooms, waiting rooms, reception areas, and in public areas except those with posted restrictions.

Interpreters - The hospital has access to interpreters for a number of foreign languages if a patient requires it.

Meals - Exceptional meals are designed and prepared by our trained dietary staff. Guest trays are available for family members upon request. Contact the nursing staff for further details. Meals times are as follows: Breakfast 7:00am, Lunch 12:00 noon and Dinner 5:00pm. Vending machines are available in the second floor family waiting area.



What to Bring
to the Hospital

WHAT TO BRING TO THE HOSPITAL

- A current list of your medications including all prescription and over-the-counter medications, herbal supplements and vitamins that you currently take. Please include the name of the medication, dosage (or strength), how often you take it and the time(s).
- A list of your allergies, including those to food, medications and/or latex.
- Your medical insurance, Medicare and/or other insurance card(s).
- A copy of your living will or advance directive, if you have one.
- Important phone numbers that you may want to call from the hospital. Glasses, contact lens, hearing aids, if applicable.
- Personal care items such as toothbrush, comb, deodorant, etc. *We can provide these toiletries, if needed.*
- You will be supplied with a T-shirt and shorts with our joint camp logo. Feel free to bring other loose-fitting clothing for both day and night.
- A pair of good walking shoes (non-skid, no open heels, with back support).
- Items to keep you busy (books, magazines, crossword puzzles, etc.).

PLEASE LEAVE ALL YOUR VALUABLES AND MEDICATIONS AT HOME!



**What to Expect When
You Arrive for Surgery**

WHAT TO EXPECT WHEN YOU ARRIVE FOR SURGERY

AT HOME

- On the morning of your surgery or the night before, please take a shower at home before coming to the hospital.
- Do not wear make-up, deodorant, perfumes, shaving lotions or skin lotions.
- Please remove all hair pins, nail polish (fingers and toes) and jewelry. Wedding rings may be left on, but will be taped on.
- Please give all of your valuables to your family - the hospital cannot be responsible for them.
- DO NOT eat or drink anything after the designated time given. Your stomach must be empty. Medications that you have been instructed to take may be swallowed with a sip of water.
- If you are diabetic and use insulin, please ask your doctor about pre-surgery insulin dosage.
- Do not chew gum or smoke. You may brush your teeth the morning of surgery.
- Do not use alcohol or tobacco within 24 hours of your surgery.
- Please make sure you bring your up-to-date list of current medications.

AT THE HOSPITAL

- You will be asked to arrive 2 hours before your scheduled surgery time.
- Enter through the main sliding glass doors and stop at the front desk to let them know you have arrived for surgery.

IN THE ADMITTING UNIT (PRE-OP)

- A registered nurse in the admitting unit will help get you prepared for surgery by:
 - Helping you change into a hospital gown.
 - Obtaining a current set of vital signs (temperature, pulse, blood pressure, respirations, pain level) and weight.
 - Starting an IV (intravenous line) for medications and/or fluids. Labs may be drawn also.
 - TED hose may be placed on your non-operative leg.
 - Taking X-rays or an EKG to check your heart if they have not been done already at the pre-admitting appointment. This will depend on your surgeon's preference and will be performed only if necessary.
 - Having you sign necessary consents for surgery and blood transfusion.
 - Gathering important health information such as your medical and surgical history and any current medications you may be on.
 - Starting antibiotics before your surgery through the IV to prevent infection.
 - Having you initial your surgical site/side/leg with a marker.
 - The surgical area will be shaved by a surgical staff member.
 - Dentures, hearing aids and glasses will be removed right before you leave for the operating room.
- Your surgeon will visit you in the pre-op unit the morning of surgery. This is the time for you to ask any last minute questions.
- You will speak with an anesthesiologist about post operative pain management. He/She will answer any questions you have regarding anesthesia for the surgery. You will then sign a consent for the anesthesia.
- An epidural may be placed by the anesthesiologist pre-operatively.

***FAMILY MEMBERS WILL BE ALLOWED TO STAY WITH YOU UNTIL
YOU ARE TRANSPORTED TO THE OPERATING ROOM.***



What to Expect During and After Surgery

IN THE OPERATING ROOM/POST-ANESTHESIA CARE UNIT (PACU)

- In the operating room, you will be placed on oxygen and connected to devices that will monitor your heart rate, blood pressure and respiratory status. A light sedative will be given to aid you to sleep.
- After you are asleep, a tube will be placed in your bladder to drain urine. This will be removed usually within a day.
- During surgery, your family will be asked to wait in the surgery waiting area.
- The average surgery time is between 1 and 2 hours.
- The surgeon will speak with your family and update them of your condition after surgery is complete.
- After surgery, you will be transported to the PACU for recovery from the anesthesia via your bed.
- You will remain in PACU for a minimum of one hour or until your vital signs are stable and your pain is under control.
- You will be placed on oxygen via a nasal cannula in your nose. Your vitals will be taken frequently and your dressing will be checked often.
- An X-ray of your new joint will be taken.
- You will be encouraged to cough, breathe deeply, do ankle pumps and try to move your feet and legs, if able. *You may not feel your legs or they may feel numb if you have had a femoral nerve block.*
- Please inform the nurses of how you are feeling.
- When your blood pressures are stable and your pain is under control, the recovery room nurses will notify nurses on the in-patient (2nd) floor of your status.

IN-PATIENT UNIT - 2ND FLOOR

- From the recovery room you will be transported to your room on the 2nd floor.
- When you wake up from surgery, you can expect to feel tired and groggy. You will have a dressing on the operative site. There may be a drain tube in place to collect blood and fluid from the operative site. This drain will be removed on day 1 or 2 of your hospital stay. Not all surgeons use drains.
- Your nurse on the in-patient unit will take your vital signs frequently for the next few hours, perform a nursing assessment, including monitoring your pain rating scale of 0-10, monitor your IV fluids and check your surgical dressing frequently.
- Post-operative instructions will be reviewed with you and your family members after surgery.
- You will be instructed and reminded in breathing exercises, ankle pumps and pain management. Perform breathing exercises and ankle pumps which are required in order to prevent pneumonia and blood clots.
- Sometime during the day or evening of surgery, you may be assisted to sit on the side of the bed. You will be taught how to stand with and use a walker. If you have a physician's order for a Continuous Passive Motion (CPM) machine, the RN will measure and fit your CPM. This machine gently bends your knee. This will be used a minimum of 4 hours per day while you are in the hospital.
- The physical therapist will give you a list of exercises and will explain how to do them and how many times a day you need to exercise. Exercise helps you stretch and strengthen your muscles and will help you become confident in using your new joint.
- Your diet will include clear liquids the rest of the day after surgery and progress to regular food when you are ready. You will have a regular diet the next morning. Please let the nurse know if you experience any nausea and cannot tolerate food and fluids adequately.
- Family and friends may visit. If your family is large, one or two family members should do the calling and share information with the rest of the family. This allows the nurses to give all of their attention to the care of their patients.
- Please let the nurses frequently know how you are doing.

PAIN CONTROL IS IMPORTANT FOR REHABILITATION AND HEALING. PLEASE LET US KNOW IF YOUR PAIN IS NOT CONTROLLED OR IF YOU EXPERIENCE ANY SIDE EFFECTS.

PAIN MANAGEMENT

- We can't eliminate all pain, but we will work with you so you can be as comfortable as possible after surgery and while doing your exercises and deep breathing. Your pain will be assessed frequently by nursing staff, but please inform your nurse about how you feel and your need for pain medication. Your pain will decrease and you will be able to make progress in your recovery and healing.
- Nurses will ask you what your pain goal is upon admission. This will be your comfort goal while you are hospitalized. Our goal is to keep you at your comfort level or with less pain so you can actively participate in therapy and rehab. Please tell us about your pain and do not let it get out of control or become unbearable. It is more difficult to get pain under control if it has become unbearable. Uncontrolled pain also impairs the healing process, making for a slower recovery time. Please assist us in keeping your pain under control and keeping you comfortable. If your medicine is causing you any discomfort or unusual feelings, please tell your nurse.
- Your hospital staff will use a pain scale to help you tell us about your level of pain. The scale ranges from 0 to 10 - 0 means you have "no pain", while 10 means "worst possible pain". Please remember you will not be pain-free in the hospital, but you should feel comfortable enough to participate in daily activities and therapy exercises.
- Pain control options differ according to the patient, procedure and physician involved. You and your physician will discuss your options. They may include:
 - Femoral Nerve Block – a regional anesthesia, placed by the anesthesiologist prior to knee surgery, to provide complete numbness from the groin down past the knee into the lower leg. It is used in addition to general anesthesia to help with pain control post-operatively.
 - Knee Potion – While in surgery your surgeon may also add a combination of medications into the area surrounding your new knee that helps to decrease the sensation of pain once you are awake.
 - Oral Medications - medications taken by mouth that we will use as soon as you can tolerate them and will continue throughout hospitalization and when you go home.

OUR GOAL IS TO MANAGE YOUR PAIN EFFECTIVELY AND MAXIMIZE YOUR COMFORT!



What to Expect During Your Hospital Stay

WHAT TO EXPECT DURING YOUR HOSPITAL STAY

Day 2

- The dressing over your incision will be changed and may be removed after several days when there is no more drainage.
- If you have a tube in your bladder (Foley catheter) it will be removed today.
- You may change into your own, loose-fitting clothing.
- Continue using your incentive spirometer, coughing and deep breathing and ankle pumps every hour while awake.
- Physical and Occupational Therapy will begin/continue therapy. Your physical therapy is never done for you, but along with you. You will have therapy two times a day, both group and individual therapy. You will be expected to complete your independent exercises between therapy sessions. Nursing can and will assist you if needed.
- You will probably be able to sit, stand and/or walk with assistance by today or tomorrow. These activities will always be to your tolerance and you will never be forced to do something you are unable to do. You will be encouraged to sit up for meals and at other times of the day. You may feel stiff if you sit longer than an hour at a time without changing positions.
- An occupational therapist will meet with you individually for an evaluation. You will practice putting on your pants, socks and shoes with the use of an assistive device.
- The occupational therapist will also recommend assistive equipment you may use at home.
- Physical and occupational therapy will instruct and assist you in techniques to be used in carrying out activities of daily living. The therapist will give you a list of “Joint Replacement Exercises” and will explain how to do them. You will also be told how many times a day you need to exercise.
- A case manager will continue with the discharge planning and discuss transportation, medical equipment and home care (if necessary).
- Be sure to wear loose-fitting and comfortable clothing during therapy sessions.

Day 3

- Continue breathing exercises and ankle pumps 10 times every hour while awake.
- Continue with therapy exercises on the “Joint Replacement Exercises” sheet 3 times a day or as instructed.
- Physical and occupational therapy will continue to prepare you to return home, including instructing you on exercises to continue and assistive devices to use at home. Try to remain out of bed as much as possible. They will answer any questions or concerns you have before you are discharged home.
- A case manager will finalize all discharge plans.

ANTICOAGULATION

PREVENTION OF BLOOD CLOTS

- With any type of surgery, including your upcoming replacement surgery, there is an increased risk for developing blood clots. There are two main reasons for this increased risk. First, the nature of surgery itself increases the risk of clots forming. Secondly, people are less active after surgery. This inactivity slows circulation in the legs and can lead to blood clot formation. There are multiple steps your physician, the hospital staff and you, yourself, can take to prevent harmful blood clot formation.
- Anticoagulation drugs such as Coumadin, Lovenox or Xarelto may be prescribed by your physician to thin your blood and reduce the risk of blood clot formation. Your physician will choose the best medication for you. Talk with him or her about any concerns or questions you may have about anticoagulation therapy.
- In the hospital, you will wear compression/TED hose and/or sequential compression devices (SCDs) to further reduce the risk of blood clots. You will also be encouraged to move and exercise as this can help reduce blood clots as well.
- TED hose are support stockings that are like long, tight-fitting socks that keep mild pressure on your legs to prevent blood from clotting. They work by preventing blood from sitting inactive in your legs, which can in turn lead to clots. TED hose help by assisting blood flow and decreasing swelling. TED hose are sized to fit your individual leg and are placed on the non-operative leg before surgery. TED hose should be worn continuously for 4-6 weeks after surgery unless instructed otherwise by your physician. The stockings may be removed once daily for up to one hour for bathing and skin care.
- Sequential compressing devices (SCDs) are cloth-like sleeves wrapped around your calves to prevent pooling of blood in your legs after surgery. These sleeves are attached by tubes to a compressor that pushes air into the sleeves to make them inflate and deflate. The inflating and deflating massages your legs and encourages blood flow and prevents blood pooling in your legs that may form clots. The SCDs will inflate every few minutes and will stay inflated for a few seconds before deflating. This device mimics how blood flows in your body like when you are active during walking or activity. You will likely only wear the SCDs for the first post-operative day, and then will wear the TED hose continuously thereafter.

- Performing ankle pumps 1 set every hour during waking hours helps keep blood flowing and prevents blood clot formation. We will also encourage you to move your legs and feet frequently while resting in bed. Sometime later in the day or evening of your surgery, we will encourage you to dangle your legs on the side of the bed. The more mobile you are, the less likely you are to develop surgical complications.

ANTICOAGULATION THERAPY

The drugs of choice for anticoagulation therapy after total joint surgery are Coumadin, Lovenox and Xarelto. Your physician will prescribe either Coumadin, Lovenox or Xarelto to help reduce the risk of blood clot formation and the complications that may develop from a clot.

- If your physician prescribes Coumadin:
 - You will take Coumadin the night before surgery
 - You should have been given a prescription for Coumadin. You will take Coumadin for about 3 weeks after your surgery.
 - You will be educated regarding the use of Coumadin.
- If your physician prescribes Lovenox:
 - Lovenox will be started the day after surgery.
 - Lovenox is an injection with a very small needle. You will be on Lovenox for 1-3 weeks.
 - You will be educated on the use of Lovenox and how to do the self-injection of Lovenox.
- If your physician prescribes Xarelto:
 - Xarelto will be started the evening of or the day after your surgery, typically 6-10 hours following surgery.
 - *Your surgeon will give you a prescription for Xarelto.* You will take Xarelto for about 12-35 days after your surgery, depending on the type of surgery you had.
 - You will be educated regarding the use of Xarelto.

GENERAL KNEE PRECAUTIONS

Because of positional limitations following your total knee replacement, you will have to perform certain daily activities differently than you previously did until your physician tells you otherwise. This is to prevent the new prosthesis from loosening. These are only general precautions – your surgeon will provide specific precautions for you.

LIFETIME KNEE REPLACEMENT RESTRICTIONS

- DO NOT twist the operated leg inward with quick or exaggerated movements.
- DO NOT pivot when standing. Take small steps to turn around instead.
- DO NOT jerk the operated leg. For instance, if your foot gets stuck in mud, do not try to forcefully pull it out. Instead, take your foot out of the shoe and have someone else pull the shoe out of the mud.
- DO NOT participate in sports that require jumping, jerking, pulling, twisting or running.
- DO NOT jump on your new joint.
- DO NOT participate in contact sports.
- Be cautious of infections. Before having dental work or certain medical procedures performed for the first two years, it will be necessary for you to take an antibiotic. The antibiotic will help prevent bacteria from getting into the bloodstream and thus into your knee joint.

SITTING

- Continue sitting in a firm, straight-back chair with armrests. Use armrests of chair to help lift yourself out of the chair when rising.
- Sit on a tall chair and/or use a cushion to sit on.
- DO NOT sit in chairs lower than your knee height because they require excessive bending when sitting down and standing up.
- DO NOT squat to pick up objects from the floor - use a reacher.
- DO NOT cross your legs when sitting, standing or lying.
- No extreme knee bending. Do not force your new knee to bend. It is not designed to bend into extreme positions.



What to Expect the Day
You are Discharged

DAY OF DISCHARGE

Hospital staff will assist you with your personal needs and help you pack your belongings.

- Please use the discharge checklist and home safety checklist to assist you with discharge and a smooth transition back home.
- Discharge instructions will be reviewed with you and your family.
- You will be given a prescription for pain medication to relieve discomfort, as well as any other medications your doctor may have prescribed. You may take oral pain medication before you leave the hospital to relieve your discomfort and to make your trip home as comfortable as possible.
- Continue with your breathing exercises and ankle pumps at home.
- Continue with your “Joint Replacement Exercises” as instructed.

EXPECTATIONS UPON DISCHARGE

Upon discharge from the hospital, you should be able to:

- Anticipate walking throughout your home with appropriate assistive devices.
- Walk while using your walker or crutches on level surfaces (with or without help) and on steps (with help).
- Be independent with bed mobility and transfers in and out of chairs and on and off the toilet.
- Be independent with basic activities of daily living.
- Understand the Lifetime Replacement Restrictions.

YOU SHOULD HAVE RELIEF FROM JOINT PAIN. YOU WILL STILL HAVE DISCOMFORT FROM THE INCISION AND SWELLING, BUT THIS IS TOTALLY NORMAL AND WILL IMPROVE OVER TIME.

DISCHARGE INSTRUCTIONS

Activities to avoid and limit:

- No driving. Wait for further instructions from your physician.
- No smoking. Smoking decreases circulation and interferes with healing.
- Avoid soft, low chairs, sofas or rockers.

Activities allowed and encouraged:

- Do as much for yourself as you can while following the total joint replacement precautions, without jeopardizing your personal safety.
- Try to walk in your home at least 3 times daily.
- Do your exercises as instructed per your therapy team.
- Take deep breaths and cough often throughout the day.
- Drink lots of fluids. Water and fruit juice are the best.
- Monitor yourself for constipation.
- Rest frequently.
- Plan to wash up at the sink or with a basin until your surgeon approves a shower.

Wound care:

- Inspect wound daily for redness, swelling and drainage. Have a friend or family member assist you in inspecting the wound so you do not have to bend. You may also use a hand-held mirror to visually inspect the incision. Notify your physician if any of these problems develop.
- Change dressing daily with a clean bandage until your physician tells you otherwise.
- Dry incision well after a shower. Only shower after your physician tells you it is OK to do so. Do not rub area to dry.
- No tub baths or hot tubs until allowed by your physician.



Discharge and Home Safety Checklist

DISCHARGE CHECKLIST

- Stock up on necessary food/supplies/medications.
- Arrange for someone to watch or help care for pets when first discharged.
- Someone is available to assist you at home during the first week (does not have to be 24 hours/day).
- Discharge instructions provided and reviewed.
- Prescriptions for medications given and reviewed.
- Appropriate transportation home from the hospital and for follow-up appointments.
- Home safety checklist completed.

HOME SAFETY CHECKLIST

It is preferable to complete this checklist before discharge to get your home ready and safe for your return. Please have a friend, family member or neighbor assist you in preparing your home if you are unable to do so yourself. If you cannot complete this checklist before discharge, please let the case manager know so he/she can make proper arrangements before discharge.

CLEAR PATHWAYS

- You will need a clear pathway between the bedroom, kitchen, bathroom and living room.
- Remove excess clutter and tripping hazards such as wires, cords and objects.
- Tape down loose carpet edges that stick up and remove throw rugs until you are more stable.
- Arrange for someone to help feed and water your pets until you are able to bend over.
- Have a list of emergency phone numbers located by your phone just in case.

LIGHTING

- You may be unsteady on your feet after surgery. Make sure you have a well lit environment to prevent trips and falls.
- Place a lamp or flashlight on a table beside your bed.
- Take your time when you walk. Do not rush.
- Do not walk around in a dark room. Turn on lights before entering rooms or install night lights in frequently traveled areas.

KITCHEN

- Move frequently used kitchen items from high or low areas to storage areas that are at waist or chest level so you don't have to bend low or reach high for items.
- Stock up on basic, easy to prepare foods. Freeze casseroles and soups that you can reheat and serve easily. Enlist a family member, friend or neighbor to assist you with meal preparation, if needed.

BATHROOM

- Consider getting a raised toilet seat to assist you in getting up from the toilet.
- If your bathroom is small and cramped, consider putting a commode or portable toilet chair in another larger room of the house so it is more easily accessible.
- Put a non-skid rubber mat in the bottom of the bathtub to prevent you from slipping.
- Consider a shower chair or bench for you to sit on when showering. Also consider a hand-held showerhead for ease of bathing and handrails for the tub or shower.
- Think about installing grab bars by the toilet to assist you in sitting and standing up from the toilet.

BEDROOM

- Move clothing and toiletries in your bedroom from high or low areas to storage areas that are at waist or chest level so you don't have to bend low or reach high for items.
- If practical, consider setting up a temporary bedroom on the same floor as your bathroom and kitchen to avoid multiple trips up and down steps.
- Place a lamp or flashlight next to your bed in case you get up in the middle of the night.

You may need the following items at home:

- Walker
- Crutches
- Bath bench or chair
- Elevated toilet seat/riser
- Reacher or dressing stick
- Long-handled sponge
- Sock aid

FURNITURE

- Sit at either end of the couch where you have armrests to help you stand.
- Put a chair with armrests in each room you plan to sit in after surgery. The armrests will make it easier to push yourself up to a standing position.
- Avoid chairs that are lower than 24 inches. It is often difficult to stand after sitting in a chair that is very low.
- Avoid furniture on wheels, such as chairs or beds. All furniture needs to be stable and secure.

MANAGING PAIN AT HOME

- Use your medication only as directed by your physician. If your pain is not relieved by medication or becomes worse, please let your physician know. If pain lessens, which it will over time, try taking your medication less often.
- Remember that medications need time to work. Oral pain medications take at least 20-30 minutes to begin taking effect.
- Consider keeping a log as to when you have taken pain medication and how many.
- Ask your physician/nurse/pharmacist if you should take the medication with food or on an empty stomach.
- Try to time your medication so that you can take it before an activity, such as dressing or light housekeeping.
- Eat lots of fruits and vegetables. Eat a well-balanced diet and drink plenty of fluids, such as water, to reduce constipation (a side effect of some pain medications).

RELAX TO REDUCE PAIN

When you are relaxed, pain medications work better. This is because your muscles aren't tense and signals of fear and anxiety are not flooding your brain. Try following the relaxation methods below to increase your overall well-being and help reduce pain. You may be surprised to find how effective these methods can be:

- Position yourself comfortably and for easy breathing. Place a pillow or rolled up towel against the incision site for support.
- Lower or dim nearby lights and try to reduce outside noises that may be distracting. Shutting a door or moving to a separate room often works well.
- Breathe deeply. By focusing on your breathing, you can relax tense muscles. Concentrate on taking a deep breath in through your nose, hold it for a few seconds, then exhale slowly by blowing the air out of your mouth.
- Listening to soft, soothing music may also help you relax. Your favorite kind of music just may help ease your pain. Consider a CD that plays nature sounds such as rain, ocean waves against the shore, or crickets chirping.
- Imagine yourself at your favorite spot or at an unforgettable vacation destination. Visualize the sights you saw, the smells you smelled, the sounds you heard, etc. Imagine yourself relaxing at your destination of choice.

CARE AND APPLICATION OF TED HOSE AT HOME

The purpose of TED hose is to prevent blood clot formation and promote an increased blood flow in the legs. Mild compression is applied to the legs by wearing these long, tight-fitting support hose.

- Put clean TED hose on daily. Laundering helps to prolong the wear of the stocking by removing bodily secretions and sweat from the elastic fabric. Hose can be machine washed in cold or warm water using mild detergent. Avoid chlorine bleach. Place in dryer for 15-20 minutes on low heat or delicate cycle. Hose may also be hand-washed and air dried if this is more convenient.
- Do not use ointments or lotions on your legs. You may use powder as it may make application a little easier.
- The TED hose needs to be removed each day during bathing to inspect the skin condition under the support hose. Look for red areas or any signs that the skin may be beginning to break down. Do not leave off for more than 30-60 minutes.
- With proper care, stockings can last 3 to 4 months or over 30 washings.
- You can expect to wear the TED hose for about 4-6 weeks after surgery. Your physician will let you know approximately how long you should continue to wear them.
- You must have the support hose put on before you get out of bed in the morning and you must wear them all day, every day until your follow-up appointment with your physician.

HOW TO APPLY TED HOSE

- Insert hand into stocking as far as the heel pocket.
- Grasp center of heel pocket and turn stocking inside out to heel area.
- Position stocking over foot and heel. Be sure your heel is centered in the heel pocket.
- Pull a few inches of the stocking up and around the ankle and calf.
- Continue pulling the stocking up the leg. The change in the fabric sheerness should fall between 1"-2" below the bend of the knee.
- As the thigh portion of the stocking is applied, start rotating the stocking inward so it is centered over inner thigh.
- Make sure toe inspection window falls at the base of the toes.

AT HOME: DO'S & DO NOT'S

DO:

- Have someone help you with grocery shopping, meal preparation and laundry.
- Shower as desired 4-5 days after surgery or when your physician allows.
- Watch your balance. Have someone with you the first time you shower, if possible.
- Sit in a chair by the sink when you sponge bathe if you do not feel comfortable standing.
- Use an elevated toilet seat after surgery to make transfer and bending easier and more comfortable.
- Sit up for meals and during the day.
- Walk with crutches and/or walker for the first 8 weeks until instructed by your physician or therapist.
- Stand tall with good posture. Walk with your head up and feet pointing straight ahead.
- Walk frequently during the day. This is more important than walking long distances.
- Have someone with you the first time you go up a flight of stairs.
- Lie down for short rest periods as needed.
- Wear your support hose 24 hours a day (except when bathing) for 4 weeks after surgery or otherwise instructed by your physician.
- Take your medication for discomfort/pain that your physician prescribed for you.
- Report any problems associated with your surgery to your surgeon.

DO NOT:

- Sit in the bottom of the bathtub.
- Vacuum, mop your floors or lift heavy laundry.
- Do strenuous yard work such as lawn mowing, raking, kneeling and stooping in the yard or garden.
- Cross your legs.
- Sit for longer than 45-60 minutes at a time without standing or stretching. You may get pain and stiffness in your new joint.
- Walk without crutches or a walker until instructed by your physician or therapist.
- Participate in sports that require any jumping, jerking, pulling, twisting or running.

WHEN TO CALL YOUR DOCTOR

If you have any problems associated with your surgery, please call your surgeon.

These may include:

- A temperature above 101.5 degrees
- An increase in drainage or new drainage from the incision
- Increasing redness around the incision
- An increase in incisional pain
- Excessive leg swelling
- Pain and swelling in the leg that is worsening
- New numbness or tingling in the operative leg
- If it becomes painful to do your ankle pumps

RESUMING NORMAL ACTIVITIES

GENERAL INFORMATION

- Your physician will discuss with you when and how the decision will be made for you to return to work or school.
- Your physician will let you and the hospital staff know when you will be able to shower. It will be after the incision has closed, usually 4-5 days after surgery.
- No baths or sitting in hot tubs for 6 weeks after surgery.
- Do not drive until your physician permits you to.

CARING FOR YOUR INCISION

- You may notice some swelling around the incision. This is normal. Call your doctor if you experience any of the following:
 - Warmth, redness, increased swelling or increased pain around the incision.
 - An increase in drainage or new drainage from the incision.
 - Any thick or foul-smelling drainage from the incision.
 - You have a temperature greater than 101.5 degrees.
 - The edges of the incision begin to separate.
- You will not need a dressing over the incision after the stitches or staples are removed.
- It is important to inspect the incision daily. Ask someone to do so for you or you may use a hand-held mirror so you do not twist or bend.
- Keep the incision clean and dry. Pat dry after a shower.

CONSTIPATION

Almost everyone experiences constipation at one time or another. It usually does not last long and is not serious. There are many steps you can take to prevent constipation.

Constipation is defined as having three bowel movements or fewer in a week. The stool is hard and dry and is sometimes painful and difficult to pass.

Each person has their own normal number of bowel movements. What is normal for one person may not be the same for another. It depends on the food you eat, how many fluids you drink, how much you exercise, medications you take, etc.

THE FOLLOWING ARE SOME TIPS AND SUGGESTIONS FOR PREVENTING AND RELIEVING CONSTIPATION:

- Eat more fiber. Fiber will help form soft stools. Fiber can be found in a variety of foods including many fruits, vegetables and whole grains. Limit foods that have little or no fiber value such as snack and processed foods.
- Drink plenty of water and other fluids such as fruit and vegetable juices. Increasing fluid intake puts liquids into the stool and makes it softer and easier to pass. Try to limit fluids containing caffeine and alcohol as these tend to dry out your system.
- Get enough exercise. Regular exercise keeps your body healthy and aids in relieving constipation. A 20-30 minute walk each day will be helpful, but please remember to not push your body if you are not up to walking that long yet. Any time or distance in walking will help.
- Allow yourself enough time to have a bowel movement. Do not ignore the urge to have a bowel movement. Also, do not strain excessively to have a bowel movement.
- Use laxatives only if your physician says you should. Laxatives are medications that will help you have a bowel movement. Stool softeners are medications that put some fluid into the stool to make it easier and softer to pass. Stool softeners are often ordered after surgery or when patients are taking pain medications. Your physician may recommend either laxatives or a stool softener for you. Discuss with your physician the types of laxatives to find out which type is best for you.
- Check with your physician about any medications you may be taking. Some medications may cause constipation as a side effect. These include, but are not limited to, calcium pills, pain pills, iron pills, medications for depression and diuretics (water pills).

NUTRITIONAL NEEDS AFTER DISCHARGE

- Eat a balanced diet with plenty of protein (such as lean meats, fish, poultry, peas, beans, peanut butter, nuts and eggs) to build bones and fiber (roughage) to help prevent constipation.
- Drink 6-8 glasses of water and other non-caffeinated liquids each day. Water helps you heal and prevents constipation.
- Eat a variety of calcium-rich foods such as leafy green vegetables, milk, cheese, yogurt, salmon, etc. to help build and maintain your bones. Ask your doctor if you should also take a calcium supplement.
- ***People on specialized diets such as diabetic diets should contact their doctor and/or dietician before adding the above mentioned foods to their diets or altering their meal plans.***



Frequently Asked Questions

UPON DISCHARGE FROM THE HOSPITAL, YOU SHOULD EXPECT:

- To walk modest distances with the assistance of a walker.
- To be independent with basic activities of daily living such as toileting and getting in and out of chairs or bed.

2 MONTHS FOLLOWING YOUR JOINT REPLACEMENT, YOU SHOULD EXPECT:

- To walk moderate distances (possibly with a cane if recommended by physician).
- To be independent with bathing/showering, meal preparation and some light housework.
- Your surgeon will recommend when you will be able to resume driving again.

6 MONTHS FOLLOWING YOUR JOINT REPLACEMENT, YOU SHOULD EXPECT:

- To walk without an assistive device and without limitation due to your joint replacement.
- Your physician will tell you when you may resume pre-surgical activities.

REALISTIC EXPECTATIONS FOR JOINT REPLACEMENTS:

Most patients who undergo joint replacement surgery report a dramatic reduction in pain and a significant improvement in the ability to do regular activities of daily living. Joint replacement will not make you Super-Man or Wonder-Woman, nor allow you to do any more than you could do before you developed arthritis.

After surgery, you will be advised to avoid certain activities for the rest of your life. Normal use and activity will produce average wear and tear on the new joint. Excessive activity or weight may accelerate the normal wear and tear and could cause the joint replacement to loosen and become painful.

With proper activity and the following physician recommendations, you can expect your joint replacement to last for many years:

- Dangerous activity after surgery (should be avoided at all costs): Jogging or running, contact sports, jumping sports, high-impact aerobics.
- Activity exceeding usual recommendations after surgery: Vigorous walking or hiking, tennis, skiing, repetitive lifting over 50 lbs., repetitive aerobic stair climbing.
- Expected activity after surgery: Recreational walking, swimming, driving, golf, light hiking, recreational biking, normal stair climbing.

