A Total Knee Replacement Surgery Handbook

Please bring this book with you to the hospital.

October 2011; updated February 2013
Welcome

Thank you for choosing St. Joseph’s Hospital for your joint replacement surgery! You are about to become a member of an elite group of people who have received a new joint from the hospital that does more joint replacements than any other in Upstate New York.

Our team of doctor, nurses, rehabilitation therapists, case managers, and many others are here to help you achieve the best results from your operation.

The most important person on this team is you!

This book and the Total Joint Information Session (class) will help you:

• Get your home and yourself ready for surgery
• Learn about what to do in the hospital
• Do the exercises that will help you
• Prepare for your discharge from the hospital

Please ask any questions that will help you!
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Your Total Knee Replacement

A total knee replacement is an operation to replace the worn or damaged parts of your knee joint. The surfaces of the diseased joint are removed and replaced with a mechanical, artificial joint that is called a prosthesis. This surgery can relieve the pain and stiffness in your knee joint. Pain in your knee or leg prevents you from doing your usual activities. Your x-rays show irregular surfaces at the knee. When more conservative treatments such as medication and physical therapy can no longer relieve your pain and disability, it is time to consider having a total knee replacement.

Your orthopaedic surgeon will encourage you to use your new joint as soon as possible after your operation. Patients often stand and begin walking the day of or the day after surgery. Physical therapy (PT) will begin in the PT department the afternoon of surgery or the day after. You will walk with a walker, then crutches or cane at first as you recover. Most patients have some temporary pain after joint replacement as the tissues heal and muscles regain strength. This pain should go away in a few weeks or months. Pain medication will be ordered for you and your pain level will be monitored. Your health care team will make every effort to keep you comfortable.

With your new knee replacement and the help of your orthopaedic team, you may be able to resume some of the activities you once enjoyed. You may be permitted to go on long walks, dance, play golf, garden and ride a bicycle. Total joint replacement has an excellent track record for improving quality of life, allowing greater independence and reducing pain.
The Normal Joint

Your knee is a hinge joint where the end of the thigh bone (femur) meets the beginning of the large bone in your lower leg (tibia). A healthy knee has smooth cartilage that covers the ends of the femur and tibia. The smooth cartilage lets the surfaces of the two bones glide smoothly as you bend your knee. The muscles and ligaments around the knee joint support your weight and help move the joint smoothly so you can walk without pain.

The Degenerated Knee Joint

The smooth cartilage layers can wear down on the ends of the femur and tibia. This degeneration can happen because of injury, arthritis, or as a side effect from medicines, such as steroids. When the smooth surfaces become rough, the surfaces are like sandpaper. Instead of the joint gliding when you move your leg, the bones grind and you have pain and / or stiffness. When pain in your knee or leg prevents you from doing your usual activities and your x-rays show irregular surfaces at the knee, your doctor might suggest that you have a knee replacement.
Your Replacement Knee Prosthesis

To create a new knee joint, the ends of the bones forming the joint are surgically removed. They are replaced with parts like the pieces shown here. The parts of the prosthesis are made of metal and very strong plastic. The pieces may be cemented in place with a special bone cement, or the metal may have a porous surface that bone will grow into to create a tight fit.

Talk to your doctor or other knowledgeable members of your health care team if you have questions or concerns. We hope that the written materials provided will help to answer many of the questions that you may have.
PART 1: PREPARE FOR YOUR SURGERY

Important Dates and Times:

1. Your Surgery is on
   Date: ________________
   Time: ________________
   The final time will be verified with you via the phone on the evening before your surgery. If you have not received a phone call by 6PM, please call 315-448-5520 and ask to speak with a nurse.

   Use the “Get Ready for the Hospital Checklist” (pg. 8)

2. On the day of surgery you must arrive at the hospital by ______.
   • Go to the Main Lobby
   • Check in at the Registration/Cashier window
Get Ready for the Hospital Checklist

- Do not eat solid food after midnight the night before your surgery. You will be instructed about liquids and pills.

- Take any medications as instructed on the morning of surgery with a very small sip of water.

Please bring the following with you to the hospital:
- Eye glasses, dentures, hearing aid
- Personal toiletries if you prefer to use your own
- This book
- Well-worn pair of lace-up rubber soled shoes if you have them. No backless footwear. You may use these in PT. Most of the time you will wear the slipper socks that the hospital supplies
- Loose fitting clothes, shorts, or sweat suit to wear in PT (no jeans)
- A credit card for the phone &/or TV service
- Your Health Care Proxy form if you have not already given it to us

Do not bring anything valuable!
Prepare Your Home

Tips to get ready

1. Prepare your home: Our goal is to discharge you to home after your elective joint replacement surgery.  
*Start planning for your discharge prior to your admission for your surgery.*

☐ Get furniture and equipment ready before you come for your surgery. Make a path through your furniture wide enough for a walker (about 3 feet).

☐ Take all throw rugs, clutter and telephone wires out of this path. Make sure this path is not on waxed or slippery floors.

☐ Plan to keep your dog or cat away from you while you are walking. They can trip you and cause a fall.

☐ Plan on limiting use of stairs. Move bed to first floor if no bathroom upstairs or move frequently used items to where the bed and bathroom are located.

☐ Make sure your bathroom door is wide enough to get a walker through or you will need a commode.

2. Borrow or buy the equipment you need (We have a company and can supply you with a walker or crutches if you need them upon discharge).

☐ A wheeled walker

☐ Put a purse or a bike basket on your walker to carry supplies like your water bottle or insulated cup with a lid, cordless phone,
snacks or TV remote. This will help keep both your hands free to use the walker properly.
- You may need a bath chair or a grab bar in your shower.
- A night light for bathroom trips.
- A firm chair with arm rest.
- A captain’s chair works great. The seat should be high enough to touch above the back of your knee. You may need to place a pillow or pad on the seat to make it high enough. This will make it easier to sit down and get up from the chair.

3. Prepare Yourself

**Do**
- Ask a family member or friend to help you for the first week or two.
  This does not have to be 24 hours a day.
- Freeze prepared meals or buy frozen meals that can be cooked in the microwave. If friends are looking for some ways to help they can bring over meals.
- Place your clothes at waist level – either on a counter or a high drawer.
- Plan on wearing loose fitting clothing and comfortable rubber sole shoes such as sneakers.

**Do Not**
- Do not shave the area to be operated on for 3 days before the day of surgery.
- Do not use any skin care products (lotion) or hair care products (gel, hairspray) on the day of surgery.
PART 2: YOUR HOSPITAL STAY

Day of Surgery

Before Surgery:
• You will change into a hospital gown.
• An IV (a tiny catheter) will be inserted into a vein in your hand or arm. This will be connected to a bag of fluid.
• Your surgical area will be scrubbed with a cleansing soap.
• You will receive medicines such as antibiotics, antacids, pain medications, and/or medications for nausea.
• You will be taken to the Operating Room approximately 1 hour before your scheduled time.

The Operating Room:
• You may first stay in the “pre-induction” or “holding area.” Here your Anesthesiologist will talk with you about the type of anesthesia for your surgery. A spinal may be placed in your lower back for pain control/anesthesia.

Family Surgical Waiting Room/Visiting Hours:
• Your family will be directed to the family surgical waiting room located on the first floor. Your surgeon will call there to speak with your family after your surgery. A volunteer in the waiting room will tell your family what room you will be returning to on the orthopedic unit 4-1/4-2.
• Visiting hours on 4-1/4-2 are open and we encourage family members to visit and stay with you as long as possible if it will aid in your recovery.
• We have a mix of private and semi-private rooms. Our goal is to renovate the units to increase the number of private rooms for our joint replacement patients.
After Surgery:

After surgery you will be taken to the Post Anesthesia Care Unit (PACU) where you will stay until you are ready to go to your room.

_You will have this equipment:_
- Oxygen given through small tubes in your nose (nasal cannula) or a mask on your nose or mouth.
- An IV in your arm with fluid running. We can also use this for pain medication if needed.
- Foley Catheter (a tube into your bladder to drain urine).
- Intermittent Compression System includes sleeves which are placed on your feet to help circulation and prevent clots.
- Elastic stockings (anti-embolic) are used to decrease swelling and prevent clots.

_You may have this equipment:_
- Hemovac is a small accordion shaped container to drain fluid from your surgical wound.
- Your nurses will explain what you have if it differs from the information in this book.

When you are in your room:

- You should take deep breaths and cough.
- Use your incentive spirometer device 10x/hr to help you breathe deeper, this will help to prevent post-operative pneumonia.
- Your diet starts with fluids moving to solids when you are ready.
- You may stand at the bedside or walk with assistance.
- Please let your nurse know about your pain, while we give medications to help with pain they do not always work for everyone the same way.
After Surgery:

Day 0 (day of surgery)
- You may get up out of bed this day depending on what time you return to the unit after your surgery
- Pain control is important please talk with your nurse about your pain

Day 1
- Use incentive spirometer 10x every hour while awake
- IV bag may be removed but the tiny catheter will remain in your arm for medication
- Your Foley catheter will be removed
- Diet should be advanced to solid food
- Bathe yourself except places you cannot reach
- Pain level should be at or below 3
- Nurse Case Manager will visit to discuss your plan for discharge
- Begin Physical Therapy – Exercise is very important!
  - Do arm exercises
  - Do first three leg exercises
  - Walk with help

Day 2 (you could be discharged on this day)
- Bathe yourself except places you cannot reach
- Get out of bed for meals
- Pain level should be at or below 3
- Continue Physical Therapy
- Walk at least twice with assistance
- Stair training (if needed)
- Exercise

Day 3 (day of discharge)
- Out of bed for meals
- Pain level should be at or below 3
- Independent as possible in bathing
- Continue Physical Therapy
- Walk at least 100 feet with assistance
- Stair training (if needed)
- Exercise
My Recovery Book
Total Knee Replacement

I _____________________ agree to be an active participant in my recovery from joint replacement surgery. This book contains key components crucial to my recovery. I understand that I will be working along with my Care Team to ensure positive outcomes post joint replacement surgery, and as a team we will work to make the environment comfortable and conducive to healing while you are at SJHHC. My Care Team consists of Doctors, PAs, Residents, Nurses, Physical Therapists (PT), Occupational Therapists (OT), Case Managers, Discharge Planners, Social Workers, Pharmacists, Nutrition, and many other dedicated healthcare professionals.

Name: ____________________
Surgeon: ____________________
Date of surgery: ___________

You will check off key points in this booklet as you participate in your care.

*Please show completed book to your nurse on your discharge day for a complimentary gift for participating in your post-operative care

Thank you for choosing us for your joint replacement needs.
Day 0:

☐ Pain control: let nursing know your pain level (scale 0-10). If the meds you receive are not controlling your pain, ask for an alternative. While you may not be pain free, we want you to be comfortable so you can participate in physical therapy.

☐ Incentive spirometer (IS): use frequently (10x every hour). If the device is not within reach, ask nursing for it. Helpful hint: if you do this 3 times during every commercial, you will have done it 10x an hour without realizing it.

☐ If applicable: participate in a PT evaluation.

☐ CPM machine: use this to the level of your comfort. If this helps with pain control use it more frequently, if it does not or causes more pain let your nurse know.

☐ Cold therapy: ice will be changed every 4 hours on the operative knee to help with comfort.

☐ Questions: write down questions for your providers:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

We understand that you may be groggy and tired immediately postoperatively we will take this into consideration when we work with you to complete this booklet.
Post Op Day #1:

☐ Pain control: let nursing know your pain level (scale 0-10). If the meds you receive are not controlling your pain, ask for an alternative. While you may not be pain free, we want you to be comfortable so you can participate in physical therapy.

☐ Incentive spirometer (IS): use frequently (10x every hour). If the device is not within reach, ask nursing for it. _Helpful hint: if you do this 3 times during every commercial, you will have done it 10x an hour without realizing it._

☐ PT: participate in PT twice a day, ask for pain meds prior.

☐ CPM machine: use this to the level of your comfort. If this helps you with pain control you will use it more frequently, if it does not or causes you more pain, let your nurse know.

☐ Foot Pumps: use these at all times while in bed, if nursing or PT does not put them on, remind them to do so.

☐ Cold therapy: ice will be changed every 4 hours on the operative knee to help with comfort.

☐ Discharge: review pre-printed discharge instructions this evening. Ask your nurse any questions that you may have.

☐ Questions: write down questions for your providers:

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
Post Op Day #2:

- Pain control: let nursing know your pain level (scale 0-10). If the meds you receive are not controlling your pain, ask for an alternative. While you may not be pain free, we want you to be comfortable so you can participate in physical therapy.

- Incentive spirometer (IS): use frequently (10x every hour). If the device is not within reach, ask nursing for it. Helpful hint: if you do this 3 times during every commercial, you will have done it 10x an hour without realizing it.

- PT: participate in PT twice a day, ask for pain meds prior.

- CPM machine: use this to my level of your comfort. If this helps you with pain control use it more frequently, if it does not or causes you more pain, let your nurse know.

- Foot Pumps: use these at all times while in bed, if nursing or PT does not put them on, remind them to do so.

- Cold therapy: ice will be changed every 4 hours on the operative knee to help with comfort.

- Discharge: you may go home this day, ask your nurse any questions you may have about discharge. Make sure you have a walker for discharge.

- Questions: write down questions for your providers:

  __________________________________________________________
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________
Post Op Day #3:

☐ Pain control: let nursing know your pain level (scale 0-10). *Around the clock meds stop now...ask for pain meds***!! While you may not be pain free, we want you to be comfortable so you can participate in physical therapy.

☐ Incentive spirometer (IS): use frequently (10x every hour). If the device is not within reach, ask nursing for it. *Helpful hint: if you do this 3 times during every commercial, you will have done it 10x an hour without realizing it.*

☐ PT: participate in PT twice a day, ask for pain meds prior.

☐ CPM machine: use this to my level of your comfort. If this helps you with pain control use it more frequently, if it does not or causes you more pain, let your nurse know.

☐ Foot Pumps: continue to use while in bed.

☐ Cold therapy: ice can be used on the operative knee to help with comfort as needed.

☐ Discharge: you should go home this day. Make sure that you have a walker to be discharged with. Discuss discharge questions or concerns with nursing.

☐ Questions: ___________________________________
________________________________________________
________________________________________________
________________________________________________

*Show this book to your nurse.*
*Congratulations on a job well done!*
Pain Control…*Do not expect to be pain free*…

Pain Scale
- 0: no pain
- 10: the worst pain you could imagine

We use various oral medications.

You will have a pain management plan which will include around-the-clock pain medications for the first 24-48 hours after surgery, as well as, pain medications that are available as-needed.

We encourage you to take pain medication before your PT classes.

Ask your nurse!

We also use cold therapy/ice packs on your surgical site to help with pain management.
**PART 3: Activity**

The next section of this book has pictures and descriptions of the exercises that your surgeon will want you to do as you recover. If you receive this book prior to your surgery it is a good idea to become familiar with the exercises and to start practicing them prior to your knee replacement if you are able to do so.

Ankle Pumps  
Quad Sets  
Glut Sets  
Heel Slides  
Hip Abduction  
Short Arc Quads  
Seated Hip Adduction  
Seated Knee Extension  
Seated Knee Flexion Stretch  
Heel and Toe Raises  
Hip Flexion  
Hip Abduction  
Hip Extension  
Knee Curl  
Mini Squats

Regaining strength and motion after knee replacement surgery is dependent on you. The exercises described in the next few pages will speed your recovery, helping you to return to your daily activities quicker. You may need your coach to help you with these exercises at first. If excessive swelling occurs, slow down, rest, and allow the swelling to decrease.

Apply an ice pack to your knee after you complete the exercises or anytime in between exercises. Leave ice on for no more than 20 to 30 minutes, and leave it off for 20 to 30 minutes before you reapply it. Ice will help with the swelling as well as aches and pains. These exercises can also be done on your non-operative side to help you regain overall strength and balance.
**Weight Bearing Status**  
*(to be completed by your Physical Therapist after surgery)*

-Based on the surgery performed and what happens during your surgery, your physician will decide after surgery how much weight you can put on your surgical leg. This is called your Weight Bearing Status (WB Status). This may change throughout your hospital stay and your recovery from joint replacement surgery.

Your WB Status is

____________________________________________________

-After surgery, you will need the extra support of an assisted device like a walker, crutches or a cane. Some surgeries require the support of a walker and your surgeon may decide that you need to use a walker for a few weeks after surgery. With other surgeries, you can often move to crutches or a cane depending on how well you are moving after surgery.

You will be using

____________________________________________________

-Because you had knee surgery, your physician may want you to use a machine that will bend and straighten your knee for you. This is called a Continuous Passive Motion machine (CPM). This will keep your knee from getting stiff and make it easier for you to get out of bed and walk. Using this machine on a regular basis will be an important part of your stay in the hospital.
Ankle Pumps

• With your legs stretched out in front of you, point your toes and hold for one second
• Bend your ankles to bring your toes toward your shin and hold for one second
• Repeat 30 times
Quad Sets

- With your legs stretched out in front of you tighten your thigh muscle pressing your knee down to the bed
- Hold for 5 seconds
- Repeat 10 times
Glut Sets

- While lying down, tighten your buttocks muscles
- Hold for 5 seconds
- Repeat 10 times
Heel Slides

- Lie down with your legs stretched out in front of you
- Slowly bend your hip and knee
- Hold for 5 seconds
- Repeat 15 times
Hip Abduction

- Lie down with your legs stretched out in front of you
- Slowly bring your surgical leg out to the side without bending your knee
- Repeat 15 times
Short Arc Quads

- Lie on your back with a towel roll under your surgical leg at the knee
- Use your thigh muscle to straighten out your knee
- Hold for 5 seconds
- Repeat 15 times
Seated Hip Adduction

- Sit with both feet on the floor
- Place a plastic ball between your knees
- Squeeze your knees together and hold for 5 seconds
- Repeat 15 times
Seated Knee Extension

- Sit with both feet on the floor
- Straighten your surgical knee as far as possible and hold for 5 seconds
- Repeat 15 times
Seated Knee Flexion Stretch

• Sit with both feet on the floor
• Pull your surgical leg back under the chair as far as you can
• Hold for 15-20 seconds
• Repeat 5 times
Heel and Toe Raises

• Stand with your feet at shoulder width holding a counter or chair for balance
• Slowly raise up on your toes and lower to flat
• Slowly pull your toes up in the air without rocking your body backwards and lower to flat
• Repeat 15 times
Hip Flexion

• Stand with your feet shoulder at width holding a counter or chair for balance
• Lift your surgical leg bending at the hip and knee
• Repeat 15 times
Hip Abduction

- Stand with your feet shoulder width apart holding a counter or chair for balance
- Slowly bring your surgical leg straight out to the side without bending your knee
- Do not lean your body to the side
- Repeat 15 times
Hip Extension

- Stand with your feet at shoulder width holding a counter or chair for balance
- Slowly bring your surgical leg straight back without bending your knee
- Do not lean forward
- Repeat 10 times
Knee Curl

• Stand with your feet at shoulder width holding a chair or counter for balance
• Bend your surgical leg at the knee towards your buttocks
• Repeat 15 times
Mini Squats

- Stand with your feet at shoulder width holding a counter or chair for balance
- Slowly lower your body bending your knees keeping your weight through your heels
- Repeat 15 times
- *Never let your knees go past your toes when doing this exercise
PLANNING FOR YOUR DISCHARGE

Most people stay in the hospital 2 or 3 days after surgery. Because your stay is short, you will need a plan for the first few weeks after discharge. We encourage you to recover at home if possible. Your plan may be either to go home or to short term rehabilitation at an area nursing home.

Home
If you want to go home after discharge it is important that you arrange for someone to assist you the first several days, this does not have to be 24hrs a day. You may have home care services ordered by your surgeon. A Nurse Case Manager will set up these services before your discharge and home PT will be set up unless you choose outpatient PT. Home care services may include visits from:

- Nurse
- Physical Therapist
- Home Health Aides

Outpatient Physical Therapy
You may require outpatient physical therapy for several weeks to achieve full function of your new joint. Most insurance companies and Medicare reimburse for treatment. Ask your doctor if he feels you could benefit from outpatient therapy to maximize your recovery.

Short Term Rehabilitation at an area Nursing Home
At short term rehabilitation you will receive physical therapy twice a day in addition to 24 hour nursing care. You must qualify according to Medicare or your insurance company’s guidelines in order to go to short term rehabilitation. This means that you still need significant help getting out of bed and walking. Living alone is not enough to qualify for short term rehabilitation. If you have private insurance your benefits will be checked. Your insurance company will need to authorize short term rehabilitation depending on your physical needs.
PART 4: TIPS FOR HOME

Managing Your Pain
Make sure that you take your pain medication before you exercise. This will help to ease any pain you may feel when you exercise. You should feel a little better every day as you get stronger and your body heals.

• If you have new pain or swelling that is different from the pain you had in the hospital, please let your doctor and/or physical therapist know.

• When you are at home, use your ice packs to help with pain. Use these to the level of your comfort.

How to go from one place to another

Getting into and out of the bed:
• Use a firm, high bed.
• You may need a strap to help lift your affected leg on and off the bed.
• Sit down about one-third of the way down the bed. Do this as if sitting in a chair.
• Lift your legs one at a time onto the bed as you are lying down. When moving in bed, try to move your body as a whole, keeping your legs apart.
• To get out of bed, move your legs off the bed as you slide your body toward the edge of the bed. Stand up just like getting out of a chair (see instructions below).

Getting in and out of a chair:
• Remember to keep your affected leg out in front of you at all times. You may bend your knee if tolerated.
• To sit down, back up to the seat until you can feel the back of your knees touching the chair. Reach back for the armrests. If you are using crutches put both crutches in one hand and use your other hand to reach for the armrest. Sit down slowly.
• To stand up, move forward in the seat. Push up to standing using the armrests. If you are using crutches hold both crutches in one hand and use your other hand to push from the armrest.

Walking:
• Make sure that you keep the proper weight-bearing on your affected leg. Your doctor and/or physical therapist will tell you how much weight you can put on your leg.
• Do not take a step until all four (4) walker legs are touching the floor.
• Do not pivot on your affected leg. Take small steps to turn.
• To go up and down stairs, remember that “the good go up to heaven, the bad go down to h---.” This means to go up the stairs, your “good” leg goes first, then your “bad” leg and the cane or crutches. To go down the stairs, the cane or crutches go down first, then your “bad” leg, then your “good” leg.

Getting On and Off the Toilet or Commode:
• Do it the same way as you did getting in and out of the chair.
• Get your balance before grabbing the walker or other crutch when you stand up.

Getting Into and Out of the Shower:
• If you have a shower tub, you may need a strap to help lift your affected leg over the side of the tub.
• Walk to the other side of the tub and turn to face away from the tub.
• Reach back with one hand for the back of the tub chair. Keep the other hand on the walker or crutches.
• Sit down by keeping your affected leg in front of you at all times.
• Lift your legs one at a time over the side of the tub. Turn to sit facing the faucet.
• To get out of the tub, turn in your chair and lift one leg at a time over the side of the tub. Stand up by pushing with one hand on the tub chair and the other on the walker or crutches.
• If you have a walk-in shower, get in and out just like the bathtub
Getting into the Car:
• Put a plastic trash bag on the car seat to help you get in and out of the seat.
• If you are able, get in the front passenger seat of a 4-door car with the seat pushed back as far as possible and semi-reclined.
• Do it the same way as you did getting in and out of the chair.
• When you sit down you need to duck your head. Remember to keep your affected leg out in front of you at all times.
• Lift your legs one at a time into the car. You may need a strap to help lift your affected leg into the car.
• To get out of the car, lift your legs one at a time out of the car using a strap to lift your affected leg if you need to. Stand up like you would get out of a chair, just don’t bump your head.
If you have any questions or concerns, please talk with your doctor or physical therapist.

How to get dressed
Please remember these points when you are getting dressed:
• When putting on slacks or underwear, dress your affected leg first. When taking off slacks or underwear, undress the affected leg first.
• Wear slip-on shoes or shoes with elastic shoelaces to make it easier to put them on and take them off.

Helpful homemaking tips
• Use an apron with many pockets. The pockets will hold small items that you may need.
• Put hot liquids in containers with covers. An insulated cup with a lid works well.
• Slide objects along the countertops, instead of carrying them.
• If you have a cart with wheels at home, use this to move supplies (like laundry, dishes, food, etc.) from one place to another. This can be placed in front of your walker, keeping your hands free to use your walker safely.
• Sit on a high stool when preparing meals or doing work at a countertop.
Returning Home After Total Joint Replacement

In these past weeks, you have been waiting to enter the hospital for surgery. Now your surgery is done and you start a period of readjustment as you return home. For the next 6 to 8 weeks, your new joint will continue to heal. You will need to learn to balance your exercise periods and with your rest periods.

Do not overdo or push yourself beyond the limits of pain!

Discharge Information

• You will be discharged about 2 to 3 days after surgery. When you leave the hospital will be decided by all of your team members including doctors, nurses, case manager, and physical therapists. We will go over your specific discharge instructions with you and a follow up appointment will be scheduled. We strive to discharge you in a timely manner to get you home as soon as possible.

Your follow up appointments are very important.

• You will be given prescriptions for medicines you will need at home. Start taking any medicines you were taking before surgery unless your doctor instructs you not to take them.

• You may need some help when you go home. We will help you choose what is needed for you to be discharged safely. Some patients are discharged to a short term rehab facility for additional therapy. If you need such therapy, your case manager and nurse will help with the arrangements.
• You must be home bound to receive home care services for nursing or therapy. Tell your home care therapist or nurse if you will be out for any doctor’s appointments so they can adjust the time of your visit.

• It is also very important to use your walking devices as instructed. While you are in the hospital, you will use various assistive devices. What you need at the time of discharge will be determined by your team of physical therapists, nurses, and you.

Care of Your Wound
• Your incision may be closed with staples or stitches you can see, or be closed under the skin.
• Your wound may have special tapes called steri-strips holding the incision edges together. These will loosen and peel off in 4 to 10 days. If the tapes have not peeled off after 10 days, you should remove them.
• Please follow instructions for care of your wound as ordered by your doctor.

• Please report any of these signs to your doctor:
  • Redness
  • Swelling
  • Drainage at the incision site
  • Fever of ≥101 degrees
  • Edges of the wound start to separate
  • Coldness of the leg
  • Leg turns pale or blue in color
  • Tingling or numbness
  • Leg pain

Your Care after Discharge
• Be sure to tell all doctors or dentists you see that you have had a joint replacement.
• An infection in another part of your body such as in the lungs, kidneys, mouth or skin can spread to the new joint through the bloodstream.
• Contact your family doctor for general medical problems such as any infections. As a preventative measure, you may need to take an antibiotic.
• You will need antibiotics before having any surgical procedure and some medical procedures.
• Dental care on a regular basis every 6 months is important to prevent infection from your teeth. Do not neglect this important aspect of health care. Before your dental appointment, contact your dentist to get a prescription for a preventative antibiotic.

Swelling
• Swelling (edema) is common following total joint replacement. Some people have swelling while still in the hospital. Others may notice it once they are home and become more active. Some people never have swelling. Areas most likely to become swollen are the foot, ankle, knee and at times, the thigh.
• To prevent swelling, elevate your feet higher than heart level while you are lying down. Your toes should be higher than your nose. Do not place pillows under bent knees. Do this during rest periods for 45 minutes to 1 hour, 2 to 3 times a day. If your swelling does not decrease after sleeping all night and elevating your legs during the day, please call your doctor’s office.
• You may have white elastic stockings to help reduce swelling. Please wear the stockings during the day and remove them at night. Wash the stockings regularly with soap and water and hang them to drip dry over a towel during the night.

Anticoagulation medicines, also called blood thinners
• Some patients will leave the hospital with a prescription for an anticoagulant medicine. This decision is made by your surgeon. Anticoagulants slow down the process of blood clotting. Using controlled amounts of medicine reduces the risk of blood clot formation. This medicine is often taken for 1 to 6 weeks, but your doctor will decide how long you should take it.
- Aspirin and other arthritis medicines are also anticoagulants. **Do not take aspirin or products with aspirin while you are on anticoagulants.** Two anticoagulants should not be combined without a doctor’s approval.

**Sitting**
Do not sit longer than 30 minutes at a time. Get up often, walk and change your position. During long car trips, stop every 30 minutes to get out of the car and move around. If you do not take breaks, you will become stiff and have swelling, which may lead to blood clot formation.

**Walking**
**Do not walk without your walker or crutches until your doctor tells you that it is allowed.** You may feel you can do without these devices, but remember that healing is occurring and it takes time. Use of an assistive device protects the healing of your joint. Walk often on level ground and go outdoors if weather permits or choose a large indoor area such as a shopping mall.

**Walking in a pool**
When your doctor feels your incision is well healed (often 6 weeks after surgery), water walking may be recommended. **Do not walk in water unless you have your doctor’s permission.** If you have access to a pool, water walking is relaxing and strengthens the muscles in the hip and leg. Enter the pool to chest high water. Hold onto the side of the pool and walk for 15 to 20 minutes. Repeat 3 to 5 days each week.

**Climbing stairs**
Stair climbing is allowed in moderation. Follow the directions you have been given on how to climb stairs. During the first few weeks at home, try to limit the climbing of stairs to one round trip a day.

**Driving and riding in a car**
If you are riding in a car, stop every 30 minutes and get out of the car to stretch. Do your ankle pumping exercises while you are riding in the car.
You may drive a car in about 6 weeks after your release from the hospital, with your doctor’s permission. Only drive if you can completely control your operative leg and you are no longer taking pain medicine.

**Air travel**
For the first year after your joint replacement, use these precautions to protect your new joint and reduce your risk of problems.
- When booking your flight, tell them you have a total joint in place and request a bulkhead seat so you have more room to stretch out your leg.
- Be sure to tell the officers at the security check points that you have a total joint in place.
- Request assistance to travel through the airport.
- Wear your TED stockings during any flight if you were instructed to wear them postoperatively.
- Stand frequently and do your ankle pumping exercises during the flight as you are able.

**Long term activity restrictions**
Your new joint can be damaged or worn out by rough treatment. You will always need to exercise to keep your muscles and ligaments strong. You will need to avoid activities that may cause excess stress to the joint and thus cause it to loosen.

- **Activities to avoid include:**
  - Jogging or running
  - Jumping rope
  - Pushing weights with your leg
  - Contact sports
  - Racket sports

- **Recommended activities include:**
  - Exercises taught by your physical therapist
  - Swimming
  - Walking or using treadmill
  - Bike riding
  - Golf

- Excess weight on your joint also should be avoided. Try to keep at a healthy weight. Talk to your doctor about strategies.
Participating in sports
Do not participate in any sports until you have your doctor’s approval. Sports may eventually include golfing, swimming, bowling, bicycling and dancing. Please ask about other sports in which you are interested. Do not use exercise equipment, whirlpools or spas until approved by your doctor. Talk with your doctor about weight lifting with your operative leg.

Using water beds
Do not use a water bed until approved by your doctor.

Sexual activity after total joint replacement
Many patients and their partners have a great deal of anxiety about resuming sexual activity after a total joint replacement. This section will address these issues and hopefully relieve your anxieties and answer your questions.

• Knee Replacement
After knee surgery you may return to sexual activity as soon as you feel able.
Your individual discharge plan will be reviewed with you prior to your discharge from the hospital. Please ask your doctor, nurse, or physical therapist any questions you may have.

Information to Remember
• Name of your surgical procedure:

• Doctor’s name and phone number:

• 4-1: 448-5410
• Equipment supplier’s name and phone number:

• Emergency Number:
(This is a copy of your discharge instructions)

PATIENT INSTRUCTIONS

TOTAL JOINT REPLACEMENT

Please read these instructions and refer to this sheet during the next few weeks. These discharge instructions provide you with general information on caring for yourself after you leave the hospital. Your doctor may also give you specific instructions. While your treatment has been planned according to the most current medical practices available, unavoidable complications occasionally occur. If you have any problems or questions after discharge, please call your doctor. Your binder also has information that may help answer questions you may have.

ACTIVITY

- Your binder has specific instructions for you regarding activity. Your physical therapist has reviewed your limitations with you. Hip precautions are outlined in your binder.
- Weight bear as instructed by your MD or physical therapist (you may progress from a walker to a cane).
- May shower with incision covered (use press and seal over dressing).

INCISION CARE

Proper care of your incision can help prevent infection. It is important to check your incision every day. Wash your hands before touching the incision if you have to touch the incision for any reason.
- Leave dressing applied to incision for 7 days or your first post-op visit.
- Remove Dressing on: _____________
- To shower: Cover dressing with Glad press and seal. Once dressing is off, wash your incision and the skin around it gently with soap and water. Pat incision dry with clean towel. Do NOT rub the towel over your incision. NO tub baths, avoid swimming pools and hot tubs until incision is completely healed. This is about 3 weeks after surgery.
- Do NOT use any creams, lotions, ointments, or alcohol on or near your incision.
- You can remove steri-strips after 2 weeks.
- Avoid smoking while the incision is in the healing phase.
- If you have diabetes; better management of your blood glucose levels will help with wound healing.

INFECTION PREVENTION

- Make sure that you are washing your hands frequently; hand washing is the best way to prevent the spread of infection.
- Wash your hands after using the restroom, coughing, or sneezing and before meals.
- Wash your hands before touching your incision, removing the steri-strips, or changing the dressing.
- Keep fresh incision covered if you are going to be around pets or small children.

CALL YOUR SURGEON

Call your surgeon for any of the following:
- Temperature > 101°F
- Increased redness or swelling or drainage from or around your incision
- Pain not relieved by pain medication
- Nausea or vomiting
- Chest pain or sudden shortness of breath
- Severe calf pain
- Questions/concerns

**NUTRITION**
- Resume diet as tolerated
- To prevent constipation
  - Increase fluids
  - Increase fiber (fruits/vegetables/bran)
  - Prunes, prune juice
- May use over the counter laxative if needed (Miralax, Milk of Magnesia, etc)
- Stool softeners will make it easier to have a BM without the laxative effect
- Ambulation will help with constipation

**PHYSICAL THERAPY AT HOME**
- In-home physical therapy for 3 to 7 days after discharge.
- After one week (sooner if comfortable), start outpatient physical therapy.
- Call the office for an outpatient physical therapy prescription when you are ready to start outpatient therapy.

**PHYSICAL THERAPY AT REHAB**
- If you are discharged to a rehab facility you will have physical therapy while you are there as ordered by your MD.
- They will give you instructions for home when you are discharged.

**COMFORT/PAIN**
- Take pain medication as prescribed by your surgeon.
- Apply ice/cold packs to affected hip/knee as much as you can for comfort.
- Pain pills can cause constipation.

**MEDICATIONS**
Medications will be individualized to patient upon discharge. Resume preoperative medications as discussed with RN on day of discharge. See medication form for discharge medications.

**PAIN MEDICATIONS**
There are several options for pain medicine.
Your MD and nurse will discuss what you will be sent home on.

**DO NOT** take more than a total of 4 grams (4000 milligrams) of acetaminophen (Tylenol) in a 24 hour period. Some pain medications have Tylenol in them, it is important to know this when you are calculating your daily dose of Tylenol.

**BLOOD THINNERS** (anticoagulants):
You will be on one of these regimens
1. Lovenox as directed
2. Coumadin as directed
3. EC ASA as directed
4. Other per RN: ____________________________

While on blood thinners:
- Avoid razors-use electric razors
- If you get cut, apply pressure to the site and call your MD if the bleeding won’t stop
Avoid Aspirin unless otherwise instructed by your MD

Do not take any herbal medications until follow up visit (fish oil, glucosamine, etc).

Do not take any non-steroidal anti-inflammatory drugs (NSAIDS) including ibuprofen, Aleve, Advil, or Motrin until follow up visit, unless otherwise instructed by your MD. (Note: hip resurfacing patients will take Indocin for 6 weeks.)

**OTHER INSTRUCTIONS**
Allow extra time at the airport for security reasons.
No dental procedures for 6 weeks (includes teeth cleaning).
For dental procedures, other surgeries, or any test/procedure where bleeding may occur (cardiac cath, biopsy, etc), it is recommended that you take antibiotics prior to the procedure.

- You will be given a card to show your dentist/doctor about the antibiotics when you return for your post-op visit.

**HIP REPLACEMENT PATIENTS ONLY**
- Follow your Hip Precautions per the instructions given to you by your Surgeon and Physical Therapy.

**FOLLOW UP APPOINTMENT(S)**
Follow up with your doctor(s) as scheduled.

**In the event of an emergency:**
Call 911 and/or go to St. Joseph’s Hospital Emergency Department or closest emergency department.

Patient Signature-I have read and understand these instructions.

RN Signature-I have reviewed these instructions with the patient.
(Copy these instructions and place in chart)
PART 5: FREQUENTLY ASKED QUESTIONS

• How long will I be in the hospital?
  You will be discharged from the hospital on the 2nd or 3rd day after your surgery.

• How long will I be in the operative area?
  You will be in the pre induction or holding area about one hour. The surgery takes about one hour. You will be in the recovery room for 1 to 1 1/2 hours. The total time is about 4 hours.

• How soon will I be walking?
  You will start to walk the day of your surgery or the next day with the help of a physical therapist and/or nurse.

• How long will I need to use my walker or crutches?
  You will use your walker or crutches 2-4 weeks after surgery.

• When can I put all my weight on my leg?
  Your surgeon will tell you when you can put more weight on your leg.

• When can I take a shower?
  Unless otherwise directed by your MD, you can shower as soon as you are ready to stand in the shower. You will cover the dressing that is over your incision with “Glad press & Seal”.

• When can I get into the bathtub?
  You can take a bath only when your surgeon says it is okay. You will be taking sponge baths until then. You may wash around your staples with mild soap and water. Pat this dry with a clean towel. See “When can I take a shower?”
• How long does it take to recover from joint replacement surgery? This varies person to person. Short-term recovery takes about 6-12 weeks and long-term recovery could take up to 6 months or longer.

• When can I drive? Do not drive for 6 weeks, unless otherwise instructed by your surgeon. Your surgeon will discuss this with you at your follow up appointment.

• When can I go back to work? You can go back to work in 3-8 weeks depending on what your job is.

• When can I play golf again? You will be able to play golf in 6-12 weeks.

• Are there any activities I will not be able to do? You should not do any activities like running, jumping, or other activities that “pound” on the joint.

• When can I begin having sex again? You can have sex in 4-6 weeks.

• Will I need antibiotics for dental work after my joint replacement? Yes. You will need to take an antibiotic before you have any dental work done.
PART 6: Notes/Questions
KEY PEOPLE TO KNOW

Orthopedic Nursing Unit 4-1: 315-448-5410

Case Manager: 315-448-2772

Person who will assist you at home:
Name: ____________________ Phone: ________________

Other Resources
• St. Joseph’s Home Care Agency 315-458-2800
• St. Joseph’s Hospital Physical Therapy 315-448-5430
• St. Joseph’s Outpatient Physical Therapy:
  • Northeast Medical Center 315-329-7000
  • Lyncourt 315-455-7203

Smoking Cessation NYS Quitline
  1-866-NY QUILTS
  1-866-697-8487

Websites
• www.sjhsyr.org
• www.aaos.org
Again, we thank you for choosing St. Joseph’s Hospital Health Center for your joint replacement needs. We hope that this book serves as a reference for you as you recover from your surgery. Please do not hesitate to ask your experienced team of physicians, nurses, and physical therapists if you have any additional questions.

Pages 14-18 of this book are a workbook for you to complete with your Nurses and Physical Therapists. Upon completion of this, you will receive a gift, please discuss this with staff.

We offer informational sessions about surgery and we encourage you to attend one if you are able to do so. They are about one hour in length. On the next few pages, you will find information about when the classes are, as well as, an outline of the class information.

*Best wishes to you for a speedy recovery.*
Classes are offered at various times to try to accommodate many schedules.
*Day Classes are offered every Wednesday and Friday from 11AM to 12PM in Dr Graber’s office. His office is located on the eighth floor (Suite 809) of the Medical Office Building (MOC), or the new parking garage at Saint Joseph’s Hospital. The address for the building is: 104 Union Ave, Syracuse, NY 13203.
*Evening Classes are offered at varying times and the dates and can be found in this pamphlet. These classes will be in Saint Joseph’s Hospital in Room L100B. Please stop at the information desk when you arrive in the lobby and ask for directions.

<table>
<thead>
<tr>
<th>Month</th>
<th>Day Classes</th>
<th>Evening Classes</th>
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| January    | 1/2, 1/4, 1/9, 1/11, 1/16, 1/18, 1/23, 1/25, 1/30  | 11-12: Dr Graber’s Office.  
Evening Classes: 1/7: 530-630PM, 1/17: 5-6PM, 1/21: 6-7PM: Room L100B. |
| February   | 2/1, 2/6, 2/8, 2/13, 2/15, 2/20, 2/22, 2/27  | 11-12: Dr Graber’s Office.  
Evening Classes: 2/4: 530-630PM, 2/20: 530-630PM, 2/21: 5-6PM: Room L100B. |
Evening Classes: 3/4: 530-630PM, 3/18: 6-7PM, 3/21: 5-6PM: Room L100B. |
| April      | 4/3, 4/5, 4/10, 4/12, 4/17, 4/19, 4/24, 4/26  | 11-12: Dr Graber’s Office.  
Evening Classes: 4/1: 530-630PM, 4/17: 530-630PM, 4/18: 5-6PM Room L100B. |
Evening Classes: 5/6: 530-630PM, 5/16: 5-6PM, 5/20: 6-7PM: Room L100B. |
| June       | 6/5, 6/7, 6/12, 6/14, 6/19, 6/21, 6/26, 6/28  | 11-12: Dr Graber’s Office.  
Evening Classes: 6/3: 530-630PM, 6/18: 6-7PM, 6/20: 5-6PM: Room L100B. |
| July       | 7/3, 7/5, 7/10, 7/12, 7/17, 7/19, 7/24, 7/26, 7/31  | 11-12: Dr Graber’s Office.  
Evening Classes: 7/1: 530-630PM, 7/15: 6-7PM, 7/18: 5-6PM: Room L100B. |
| August     | 8/2, 8/7, 8/9, 8/14, 8/16, 8/21, 8/23, 8/28, 8/30  | 11-12: Dr Graber’s Office.  
Evening Classes: 8/5: 530-630PM, 8/15: 5-6PM, 8/21: 530-630PM: Room L100B. |
Evening Classes: 9/2: 530-630PM, 9/16: 6-7PM, 9/19: 5-6PM: Room L100B. |
| October    | 10/2, 10/4, 10/9, 10/11, 10/16, 10/18, 10/23, 10/25, 10/30  | 11-12: Dr Graber’s Office.  
Evening Classes: 10/7: 530-630PM, 10/17: 5-6PM, 10/23: 6-7PM: Room L100B. |
Evening Classes: 11/4: 530-630PM, 11/18: 6-7PM, 11/21: 5-6PM: Room L100B. |
| December   | 12/4, 12/6, 12/11, 12/13, 12/18, 12/20, 12/27  | 11-12: Dr Graber’s Office.  
Evening Classes: 12/2: 530-630PM, 12/11: 530-630PM, 12/19: 5-6PM: Room L100B. |
Class Presentation Information

1. Let Your Journey To Wellness Begin
   Welcome, Thank you for choosing Saint Joseph’s Hospital Health Center for your joint replacement surgery Update December 2012 Amy Gressler Szczeniak, RN, MS CNS-Orthopedics

2. Welcome to Saint Joseph’s Hospital
   Thank you
   
   What is the purpose of this class? This class is designed to give you some basic, important information about joint replacement surgery
   We will cover what to expect before, during, and after your surgery

3. Our Goals for You
   To answer any questions you may have about your upcoming joint replacement surgery
   To inform you of what to expect so you are comfortable with your surgery & your stay at Saint Joseph’s Hospital
   To return you to your own home within 3-4 days

4. What is your Goal?
   Golf?, Walking?, Playing with your children &/or grandchildren?, Gardening?, Vacationing with your family? We will work with you to help you to achieve the goals that you set for yourself

5. Why Joint Replacement Surgery?
   “When a joint becomes painful with every step, when people can no longer get up out of a chair, when they can’t prepare food for themselves or handle their daily tasks, they need to understand that the opportunity exists to return them to a higher level of functioning.” Dr. John Parker, Orthopedic Surgeon

6. Normal Joints: allow for movement between bones, joints are lined with cartilage

7. FYI:
   If you are having a revision of a previous joint replacement, we cannot give you the prosthesis that we remove

8. What is Arthritis?
   Osteoarthritis: Slow developing joint pain, Stiffness, Unilateral & asymmetrical
   Rheumatoid Arthritis: Exacerbations and remissions, Symmetrical

9. How do we treat Arthritis?
   Non-surgical Care
   Medication
   Injections
   Activity modification
   Physical therapy
   Minor Surgery
   Arthroscopy

   Surgical Care: Joint Replacement Surgery

10. Who is having joint replacement surgery?
    There are over 1.1 million procedures done each year in the United States
    Knee & Hip joint replacement surgeries are two of the most common surgeries performed in the United States
With the rise in the number of baby boomers reaching retirement & increasing demands on athletes, the number of total joint replacement surgeries is expected to increase each year.

11. Who is on your Care Team?
   Surgeon
   Physician Assistants
   Anesthesia Care Provider
   Nurses: Registered Nurses & Licensed Practical Nurses
   Physical Medicine & Rehab: Physical Therapists, Physical Therapy Assistants & Occupational Therapists
   Social Worker
   Case Manager
   Discharge Planner
   *You and your Coach*

12. What is the role of the Coach?
   A coach can be… your spouse, a friend, a family member, a neighbor or anyone that can be a support to you as you recover from your joint replacement surgery
   Your coach will help you with
   - Activities of daily living (if needed)
   - Transportation to follow-up appointments
   - Preparing your home
   - Run any necessary errands that you may need help with

13. How do you prepare your home?
   The best way to prevent injury after surgery is by good planning before surgery!
   Most falls occur in the home
   - We want you to be safe while you are in the hospital with us, please call your nurse to get out of bed the first few times
   - Identify potential problems in your home by room; remove any area rugs as they may cause you to trip
   - Watch out for small pets

14. Outside your home
   Assuring outside entrances are properly lit and walk ways are clear and free of debris
   Make sure any handrails or stairs into the home are sturdy and safe
   Let your physical therapist know how many (if any) steps there are leading to your home

15. Bathroom
   - Place skid resistant strips in the tub or bath mat
   - A “Grab bar” is a good thing to install if you do not already have one (approx. $15 for the suction cup removable kind)
   - Remove any slippery throw rugs or area rugs from the bathroom
   - For hip surgery, you may require a raised toilet seat or commode

16. Bedroom, kitchen and hallways
   - Put night lights in hallways, bedrooms, bathrooms
   - Replace worn stair treads
   - Check that handrails are sturdy
   - Place/store clothes and other items such as food, pots and pans, or medications at waist level

17. What should you expect the day before your surgery?
Phone call from hospital about your expected arrival time *(please arrive on time)*
Bathe with the chlorhexadine soap per the instructions in your welcome packet
18. Showering with Hibiclens/Chlorhexidine 3 showers. 3 days. Fewer germs.
   Apply, lather, rinse (repeat, repeat)
   Follow the instructions in your packet that you received in PAT
   Wash from the neck down, spend extra time scrubbing your surgical hip or knee
   Please complete the checklist in your packet & bring it into the hospital with you when you come in for your surgery
19. What should you expect the day of surgery?
   You will be “NPO after MN” which means no food or drink after midnight
   Morning medications will be taken with just a sip of water, enough to get the medication down
   Bathe again with your chlorhexadine soap
   **You are expected to arrive on time;** this time will be earlier than your operation time, as we need time to get you ready for the OR
20. What should you expect before the operating room?
   Nurses will review your medical/surgical history
   Medications will be reviewed
   An IV will be inserted
   You will receive multiple pre-op medications that include medications for pain, nausea, and antibiotics
   You will be transferred to the ‘line-room’ prior to the OR so that the anesthesiologist can insert your spinal for surgery
21. Anesthesia
   You will receive a spinal for your joint replacement
   You will be in a comfortable twilight state while in the OR; although unlikely, you may be able to hear what is happening around you
   You will not feel any pain during your joint replacement surgery
   Please refer to your surgeon for any questions that you may have regarding anesthesia
22. What should you expect after you leave the operating room?
   Arrive in Post Anesthesia Care Unit (PACU); you will be there for approximately 30 minutes – 2 hours
   Arrive to floor; be greeted by your nurses
   Physical Therapy (PT) Evaluation
   Clear liquid diet, advanced to regular food as you can tolerate
   Frequent vital signs and assessments
23. Did you know?
   The physician assistants (PAs) and residents that see you post-operatively are an extension of your surgeon. The bulk of the surgeon’s time with you is spent in the operating room; you may not see your surgeon every day after your operation. **You will be seen daily** by the PAs and residents who work closely with your surgeon to take care of you
24. Pain Control…*Don’t expect to be pain free…*
   Pain Scale
   0: no pain
   10: the worst pain you could imagine
We use various oral medications
You will have an individualized pain management plan
Ask your nurse! We also use cold therapy/ice packs on your surgical site to help with pain management

25. What should you expect on your first postoperative day?
   Case manager will be in to see you and assess your discharge needs
   Group PT will start this day
   Your nurse or PA will remove any drains, catheters, and blood conservation devices
   You will be given a personalized schedule of events depending on your needs, so that you will know what to expect for therapy, meal times, when to expect your next dose of pain medication, etc.

26. Physical Therapy
   Group Therapy
   Following your therapy evaluation, you will start to attend two group sessions per day
   You can get dressed in comfortable, non-restrictive clothing every morning
   You will be wheeled to therapy in a comfortable chair
   Any assistive devices you may need, you will bring to therapy (Walker, cane, etc.)

27. Get Moving…
   PT will be an important part of your recovery that you will go to twice every day
   During your PT group therapy, you will be doing exercises laying down, sitting and standing
   You will learn to walk with an assisted device (walker, cane or crutches)
   You will practice getting in and out of a chair, laying down, getting into a car and going up and down stairs

28. Remember…
   Your surgeon will put your new joint in… but, you are the one who has to move it

29. What should you expect on your second post operative day?
   PT will continue twice per day, or as per your individualized schedule and you are able to get dressed each day in comfortable clothes if you choose to do so
   You will continue to be monitored and assessed
   You may be discharged this day, depending on your progress and physician/PT recommendations

30. What should you expect on your discharge day?
   In the morning, your PA will see you and assess if you are able to go home
   You will attend a morning group PT class
   You should alert your ride prior to this class, because you will be discharged when you return from class (not immediately, you will have discharge instructions to go over with your nurse) Plan to be discharged between 10am & 11am
   Transport will be called when your family is waiting in the front circle by our main entrance
   We do our best to coordinate a timely discharge

31. Discharge…Home vs. Rehab?
   We encourage you to go home if you are able to do so
   We will set you up with home physical therapy and visiting nursing if needed
   We understand that rehab may be an option for those who still require help getting in and out of bed and for those who may not have support at home
Rules and Criteria to be accepted to rehab continuously change; please talk to the case manager while you are here. You can contact your insurance agency prior to your hospitalization to see what the criteria is and what you may qualify for.

32. Additional Information
   Tubes/drain/catheters
   Almost everything is removed POD #1
   CPM machine: Knees only, helps ROM with passive motion of the knee.

33. Diabetic Patients…
   If you have diabetes we may monitor your blood glucose while you are in the hospital more frequently than you do at home and we may give you insulin while you are here. If you currently take insulin at home, we may give you a different insulin while you are in the hospital.

34. Preventing Complications: Infections: what are we doing?
   We wash our hands frequently.
   We clean our equipment & workstations frequently.
   Each room has a dedicated walker so that equipment is not shared between patients.

35. How can you help…
   Preventing Complications: Infections: what can you do?
   Do not shave the surgical site prior to surgery.
   It is a good idea to begin using antibacterial soap for two weeks prior to your surgery.
   Wash your hands before meals and after using the bathroom.
   Wash with the chlorohexidine soap, which you receive in preadmission testing (PAT).
   See your dentist on a regular basis.

36. Preventing Complications: Blood clots and Pneumonia
   Foot pumps & ted stockings
   Prevent post-op blood clots.
   Wear the foot pumps you are in bed or in the chair.
   Various anti-coagulation medications.

37. Voldyne and deep-breathing: Prevent post-op pneumonia; do 10 times every hour while awake.

38. Preventing Complications: Constipation & Ileus
   Pain medications can cause constipation.
   We will start you on a bowel regime post-operatively with various stool softeners.
   Good hydration; we start you on clear liquids first & advance you to solid foods as tolerated.
   Return to activity…get moving!

39. Thank You: Again, we want to thank you for choosing SJHHC for your joint replacement needs. Do not hesitate to ask our knowledgeable team of nurses and physicians any questions that you may have as you recover from your surgery. Questions? Call 315-448-5410. Remember to wash your hands and wash them often.

40. Feel free to contact Amy with any questions- 315-448-6286  Amy.gressler@sjhsyr.org
Thank you!

We welcome your feedback. Please let us know how we are doing. There are suggestion boxes in our rooms and at any time, you can ask to speak to a manager, coordinator, or Amy S. to give us your feedback. Please let us know how we are doing.