

# Hip and Knee Total Joint Replacement Discharge Education

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A Member of Trinity Health



Thank You for Choosing St. Joseph's Health for  
Your Total Joint Replacement Surgery.



# Discharge Education



A HIGHER LEVEL OF CARE

## Purpose

- Provide necessary information about your discharge after hip or knee joint replacement surgery.



# Discharge Education



## Your Discharge is Very Important to Us!

**PLEASE SET ASIDE AT LEAST 10 MINUTES TO GO OVER YOUR DISCHARGE PAPERWORK WITH THE NURSE**

Your discharge instructions will include the following information:

- Diet
- Activity
- Restrictions
- Incision care
- Medications
- Preventing complications
- When to call your surgeon

The Joint Replacement Surgery Handbook received at your Pre-admission testing appointment has further information to help you with recovery after discharge.

Prescriptions will be electronically prescribed at the time of discharge. You should be prepared for upfront cost of narcotics at discharge.



# Discharge Education



## Preparing to Return Home

**YOU CAN EXPECT TO BE DISCHARGED AS EARLY AS THE DAY OF SURGERY, DEPENDING ON YOUR SURGERY AND YOUR SURGEON.**

- We encourage your coach, family, or friend to be present for the discharge instructions, or they can listen via your cell phone speaker
- Your surgeon and clinical affiliate will assess your ability to be discharged
- Coordinate anticipated discharge time with your nurse
- Have someone on standby to provide you transportation home
  - You will be brought down to the front circle via wheelchair at the time of discharge – 301 Prospect Ave
- The discharge lounge is available for patients with a later transportation availability



# Discharge Education



## Home Discharge Plan

- All patients are encouraged to have a home discharge plan
- Patients recover better at home, and we want you to return home as soon as you are safely able to
- Shorter hospital stay can reduce the risk of infection
- Ask your coach, family member, or friend to help you for the first few days up to one week following surgery



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## Short Term Rehabilitation

In special circumstances a short-term rehab facility may be appropriate. You must qualify according to Medicare or your insurance company's guidelines to go to short term rehabilitation.

Please note, living alone is not enough to qualify for short-term rehabilitation. Your insurance company will need to authorize short term rehabilitation depending on your physical needs



# Discharge Education



## Discharge Criteria

You must meet the following criteria prior to being discharged:

- Vital signs stable
- Pain is controlled at a tolerable level with oral medications
- Physical Therapy evaluation
- Eat and drink without nausea or vomiting
- Urinating appropriately





# Discharge Education



## Diet

- Resume your previous preoperative diet unless otherwise instructed by your surgeon
- Consume a well-balanced diet and strive for healthy proteins to assist with healing
- Stay hydrated!
  - Incorporate decaffeinated and non-carbonated beverages throughout your day
- Continue to take iron (ferrous gluconate) tablets if prescribed by your surgeon



# Discharge Education



## Activity

- Maintain weight bearing and precautions specific to your surgery as instructed by Physical Therapy
- DO NOT walk without a walker or crutches until cleared by your surgeon to do so
- Get up and walk for at least 5 minutes once every hour that you are awake
- Increase your activity as tolerated
- Do not drive for 4-6 weeks, until cleared by your surgeon
  - This will be discussed at your follow-up appointment with the surgeon



# Discharge Education



## Cold Therapy

- Apply ice packs to the affected joint for discomfort or swelling for 20 - 30 minutes every hour
- Use a barrier such as a pillowcase or other clean fabrics between the ice pack/cold therapy and your skin
- Do NOT use heat until you discuss it with your surgeon at your follow up appointment.



# Discharge Education



## Pain Medicine

### ACETAMINOPHEN (TYLENOL)

- **DO NOT** take more than a total of 4 grams (4,000 mg) of acetaminophen (Tylenol) in a 24-hour period
- Some pain medications have acetaminophen (Tylenol) in them, it is important to know this when you are calculating your daily dose
- Check with your surgeon or pharmacist to be sure



# Discharge Education



## Pain Medicine

### PRESCRIBED PAIN MEDICATION

- You will be prescribed a 5-7 day supply
  - Call the office 2-3 days before you are out of pain medication, if you need a refill
- Do not drink alcohol or drive while on pain medications
- Do not take more than your maximum daily dose of pain medication
  - Call your surgeon if you are having uncontrolled pain NOT relieved by your pain medication or if you are unable to perform the prescribed exercises

More information will be listed on your discharge instructions.



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## Incision Care

### CHECK YOUR INCISION EVERY DAY

- Keep incision clean/dry and call the office if there is any redness, drainage, worsening pain
- All dressings are to be removed within 7 days of your discharge
- You may have one of the following types of dressings:
  - Aquacel
  - Prevena negative pressure therapy
- You may have a skin closure product that is open to air
  - DO NOT remove this at home. This will be removed in the office at your follow-up appointment.



Aquacel



Prevena



# Discharge Education



## Preventing Complications

### PREVENTING INFECTION

- Handwashing is the best way to prevent the spread of infection
- Wash your hands before meals and after using the bathroom
- Encourage your family and visitors to wash their hands before visiting with you
- Continue using your incentive spirometer at home



# Discharge Education



## Preventing Complications

### PREVENTING BLOOD CLOTS

- You will be at an increased risk for blood clots several weeks following surgery
- Keep TED stockings or compression stockings on for 4-6 weeks, or until cleared by your surgeon
  - Wear during the day and remove at night (12 hrs. on/12 hrs. off)
  - Hand wash regularly as needed with soap and water, hang to dry overnight
  - TED stockings also help with swelling
- Short, frequent walks are recommended





# Discharge Education



## Preventing Complications

### ANTICOAGULATION MEDICATION (BLOOD THINNERS)

- An anticoagulation medication will be prescribed by your surgeon
- Your medications will be listed on the After Visit Summary (AVS) given to you at discharge
  - Please reach out to the surgeon's office with questions regarding your anticoagulation medication
- Do NOT take any additional anticoagulation medications or NSAIDS unless directed by your surgeon including ibuprofen (Advil or Motrin), naproxen (Aleve), or aspirin
- Avoid razors, use electrical shaver for safety
  - If you get a cut, apply pressure and call your doctor if bleeding does not stop



# Discharge Education



## Preventing Complications

### SWELLING

- Swelling is common following a total joint replacement
  - Areas most likely to become swollen are the foot, ankle, knee, and thigh
- You may have swelling while you're at the hospital, or begin to notice swelling once you're home and more active



# Discharge Education



## Preventing Complications

### SWELLING (CONTINUED)

- To reduce swelling, elevate your feet higher than heart level while you are lying down (toes above heart level) for 30 minutes, every 1 – 2 hours
  - Do NOT place pillows under bent knees, place pillow the long way under the leg, to keep the knee straight
- Do not sit with legs in downward position or feet on floor for long periods of time
  - Sit with your legs extended out straight or elevated when ever possible
- Pumping your feet and rotating your ankles improves circulation and helps reduce swelling
- Call your surgeon if swelling does not improve



# Discharge Education



## Preventing Complications

### PREVENTING CONSTIPATION

- Constipation can be a side effect of pain medication
- You will be prescribed a bowel regimen, listed on your After Visit Summary (AVS) instructions
- Stay hydrated by increasing fluids
- Increase fiber with fruits, vegetables, bran, prunes or prune juice
- Increase walking....get moving!
- Notify your surgeon if you do not have a bowel movement within 3 days



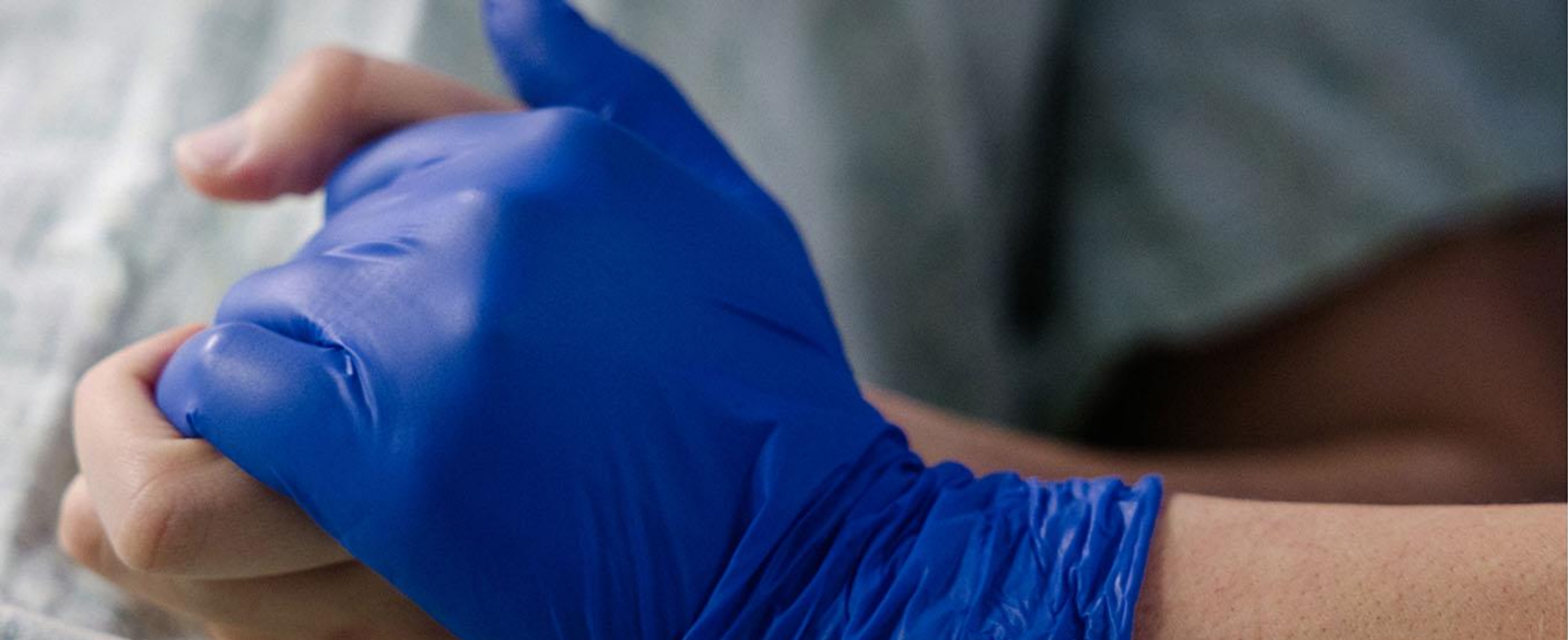
# Discharge Education



## Bathing

- You may shower after surgery
- Do not scrub incision
- Do NOT soak in tubs, hot tubs, pools or bodies of water
- If you have a battery pack connected to your dressing, disconnect during your shower and reconnect afterwards to avoid getting the device wet
- Do NOT use lotions or powders on or around your incision





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# PLEASE CALL

If you have questions or concerns



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## Who to Call

### NON-LIFE THREATENING ISSUES

For non-life threatening issues call the office before going to the Emergency Room:

- Temperature > 101.0 F
- Increased redness, swelling or drainage from or around your incision
- Pain not relieved by pain medication or a brand-new pain since your time in the hospital
- Nausea or vomiting



# Discharge Education



## Who to Call

### NON-LIFE THREATENING ISSUES (CONTINUED)

For non-life threatening issues call the office before going to the Emergency Room:

- Edges of the wound start to separate
- Coldness of the leg
- Leg turns pale or blue in color
- Tingling or numbness
- Questions/concerns





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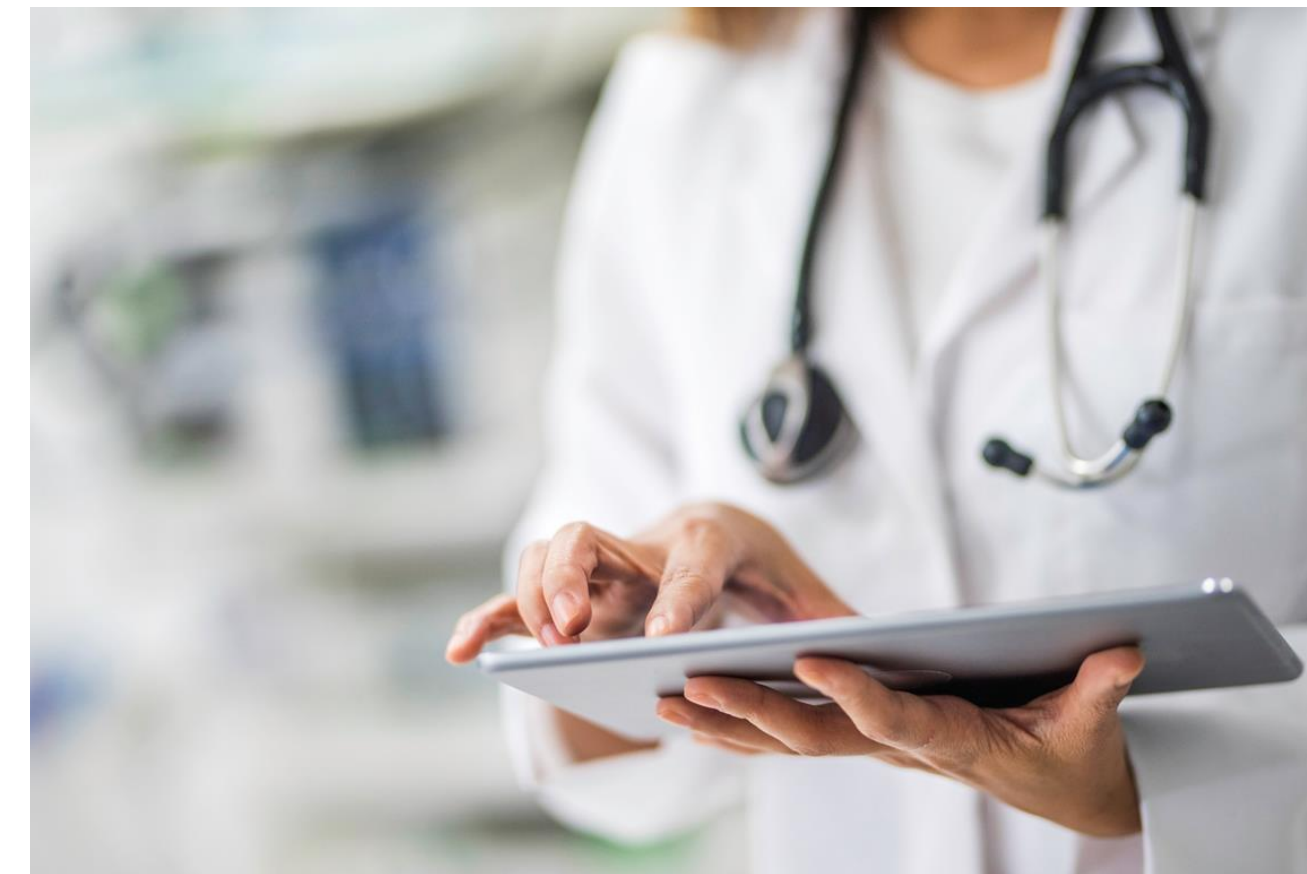


## Who to Call

### MEDICAL ISSUES

Call your medical doctor for any of the following:

- Weight Gain
- Cold Symptoms
- Fatigue
- Changes in urinary or bowel function
- Gradual worsening of existing health issues (i.e. heart, lungs)



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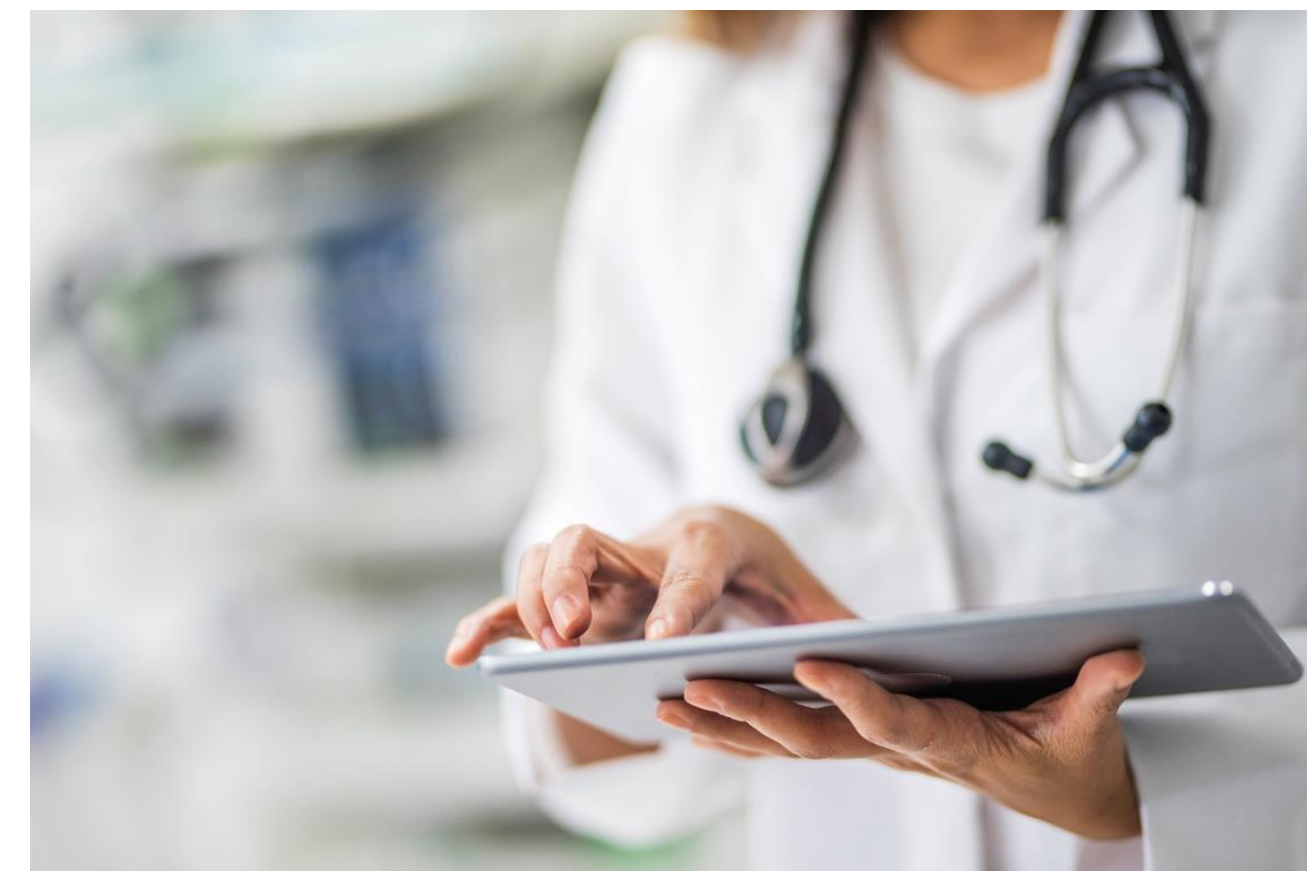


## Who to Call

### EMERGENCIES

Call 911 for any of the following:

- Chest pain
- Shortness of breath
- Difficulty breathing



# Discharge Education



## Follow-Up Appointments

Keep all required post-op appointments.

- Make sure you are seen at your surgeon's office within 10 – 14 days
- Call your surgeon's office if you are not aware of your post op appointment date and time



# Discharge Education



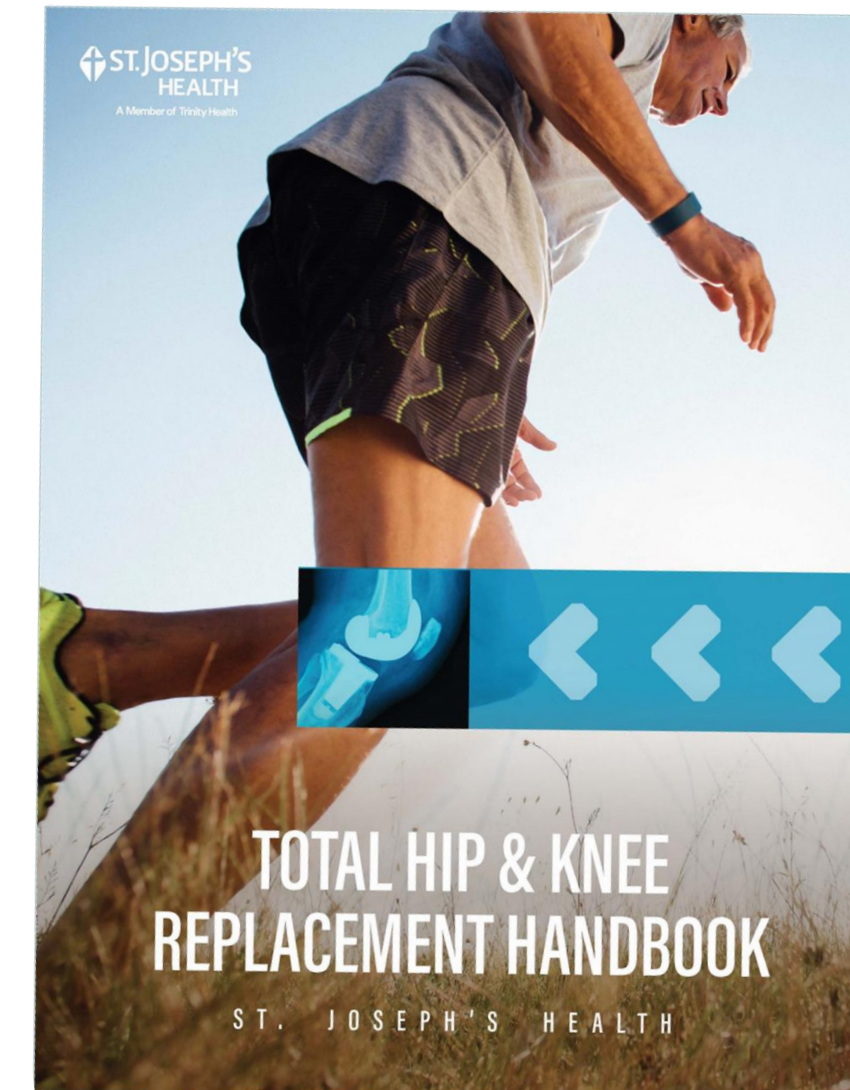
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## More Helpful Information

### HIP AND KNEE REPLACEMENT HANDBOOK

Please refer to your Hip and Knee Replacement Handbook for more information.

- Exercises for Hip and Knee Replacement, see page 11
- Tips for Home/Discharge, see page 15
- Frequently Asked Questions, see page 21



# Discharge Education

## Questions or Concerns



Syracuse Orthopedic Specialist

 (315) 215-3100

Available 24/7

Orthopedic Patient Navigator: Stephanie Proctor BSN, RN

 (315) 726-9169  [Stephanie.Kelly@sjhsyr.org](mailto:Stephanie.Kelly@sjhsyr.org)

Weekdays 7 am – 3:30 pm, evenings and weekends leave a message.



THANK YOU



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