Preparing for

JOINT REPLACEMENT SURGERY
MILLIONS OF PEOPLE ARE TREATED FOR ARTHRITIS PAIN EACH YEAR. It is hard to do your everyday work and tasks when your joints hurt. Total joint surgery is one way to alleviate some of the pain of an arthritic joint.

What you do before and after surgery can help get you back on your feet sooner. There are things you can do to keep from having problems related to the surgery. This book helps you prepare for surgery and heal faster.
CONGRATULATIONS! Your decision to have joint replacement surgery is the first step to regaining a more active and independent lifestyle. You will have the best results if you plan ahead and actively participate in the whole process.

We have included a checklist at the end of sections 2–4 to help you prepare for your surgery. Be sure to bring this book with you to the hospital—we will be adding to it. If you have questions, call the nurse educator at 651-326-3205.

Remember, this is just a guide. Your doctor, nurse or therapist may add to it or change some of the recommendations. Keep this book as a handy reference for at least the first year after your surgery.

YOUR ORTHOPAEDIC TEAM

Orthopaedic Surgeon
- Assesses your need for surgery
- Performs your surgery and directs your care
- Visits you in the hospital (this will be done by your surgeon, his/her partner or physician assistant)
- Evaluates you at follow-up appointments

Primary Care Physician/Internist
- Assesses your medical condition in preparation for your surgery
- Performs pre-admission testing for your surgery
- Assesses your medical condition during your hospital stay

Hospitalist
- Manages medical conditions while in the hospital

RN Care Manager/Social Worker
- Identifies discharge needs
- Coordinates your discharge plans with your nurse and physical therapist
- Makes arrangements for continued care after discharge
- Assists with questions you may have about insurance and financial concerns

Nurse
- Your nurse delivers direct nursing care
- Provides supervision for patient care assistants (PCAs)
Physical Therapist
- Evaluates your physical abilities and home needs
- Assists you with an exercise and walking program
- Provides instructions for home activity

Occupational Therapist
- Teaches you how to manage day-to-day activities following surgery
- Demonstrates temporary lifestyle changes that are needed

ABOUT OUR JOINT REPLACEMENT PROGRAM
Here at HealthEast we have an exciting and one-of-a-kind recovery program created for patients in need of a hip or knee replacement. This program is called **JOINT CAMP** or **JOINT JOURNEY**. It focuses on a wellness approach to joint replacement. This program includes:

- Individualized care from nurses and therapists who specialize in caring for joint replacement patients.
- A wellness philosophy which introduces normal daily activities as soon as possible. This includes getting you out of your hospital gown and into your own clothes.
- Education for your family and friends on how they can participate and guide you during your recovery. One family member or friend should plan on attending at least one of your physical therapy sessions during your hospital stay. He or she is welcome to attend all sessions.

Your responsibilities as a joint replacement patient
- Refer to this book to help you learn about your care.
- Ask questions about anything you do not understand.
- Let the team members know about any concerns.

Do as much for yourself as permitted before, during and after your hospital stay. This will help you stay as independent as possible.
I’ve decided to have joint replacement surgery!
I need to go to class!

In the hospital 1-2 days

Walking, stairs, transfers, home equipment and instruction
Increase sitting and walking
Pain control and devices to prevent complications

At home

Discharge home
Physical therapy, follow home exercises and precautions
Appointment with surgeon at 10-14 days, staples out
Improvement continues for up to a year – Remember, it’s a journey!
Getting my body ready

Dental work up to date

Physical exam, review of medications (10-30 days before surgery)

Hibiclens showers at home

In the hospital

Therapy starts, sit up, stand and exercise

Surgery

Anesthesia: regional or general

Finish

I can be more active than I have been in years!
PREPARING FOR SURGERY

GETTING YOUR BODY READY

Nutrition
Good nutrition is important for healing and helps prevent infection. The following are tips to keep in mind before and after surgery:

Before surgery:

■ Eat nutritious foods
  − Choose foods from all food groups.
  − Eat fruits, vegetables and whole grains. Foods high in protein are important. Try lean meat, chicken or fish. Protein is also found in beans, peas and nuts. Include dairy products, such as low fat milk, cheese and yogurt. Avoid processed snack products and soft drinks.

■ Calcium is very important
  − If you do not tolerate dairy products, try soy milk or rice milk.
  − Ask your doctor if you should be taking a calcium supplement.

■ If you need to lose weight, now is not the time to restrict calories. Choose healthier foods.
  − Do not restrict calories for a quick weight loss before surgery.
  − If you are missing nutrients in your diet talk to your doctor. He may suggest taking a multivitamin.

Health exam
Before surgery you will need a physical exam to be sure you are in good health.

■ See your family doctor 10–30 days before surgery for this exam.
■ Your doctor will do some blood tests and may run other tests to ensure that you are healthy enough for surgery.

■ Talk with your doctor about all of your medicines before surgery. Some medicines need to be taken the day of surgery, some should not be taken the day of surgery and others should be stopped for a period of time before surgery (see box on left).

■ Bring a list of all medications, including any vitamins, herbal remedies or over-the-counter medicine that you take regularly.

IMPORTANT!
If you have not had your preoperative physical appointment yet by two weeks before your surgery, make sure to call your doctor’s office and schedule immediately. Ask your doctor or clinic if you are taking any medicines that “thin your blood”

■ Most times it will be important to STOP any medicine that thins your blood for a period of time before having surgery.

■ These medicines can cause extra bleeding during and after surgery.

■ Any changes or adjustments to these medicines should be done only with a doctor’s direction.

Medicines or supplements that thin the blood include:

■ Aspirin
■ Ibuprofen (Advil, Motrin)
■ Anti-inflammatories (Aleve, Naprosyn)
■ Fish oil
■ Vitamin E
■ Herbal Medicines (Gingko, Glucosamine, etc)
■ Blood thinners (Coumadin)
■ Anti-platelets (Plavix)
■ Over the counter weight loss medication (Ephedra)

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Pain control before surgery
Controlling your arthritis pain is very important. Tylenol may be used to help manage your pain. If Tylenol is not effective, call your surgeon or family doctor for a prescription.

Ice packs or warm packs can also help with arthritis pain. It’s most helpful if you use either ice or heat for about 20 minutes at a time, several times a day.

Smoking
If you smoke (or use other nicotine products)—Stop! Nicotine hinders your body’s ability to fight infection, increases respiratory difficulties and slows healing of your bones.

There are many ways to help you stop smoking:
- Over the counter and prescription nicotine replacements (for use only before surgery)
- Pills without nicotine, such as Wellbutrin and Chantix
- Acupuncture offered at Woodwinds
- Tobacco counseling programs

Discuss options with your primary care doctor.

Dental/medical procedures
Make sure your dental work, including cleaning, is up-to-date before surgery. Most of our surgeons recommend planning dental appointments about 2 to 4 weeks before surgery. Any procedure causing bleeding or trauma may allow bacteria (germs) into your blood. This increases the chances of an infection in your new joint.

Following surgery, your doctor may recommend that you take antibiotics before and after any dental or invasive procedure, including routine dental cleanings.

It’s important to do your exercises every day.
Studies have shown that the stronger your muscles are before surgery, the faster and easier your recovery can be after surgery.
- Practice each exercise 10 times on each leg, at least twice a day.
- Do as much as you can.

Insurance pre-authorization
Call your insurance company before surgery. Some insurance companies require pre-authorization before surgery. Contact them directly if you have any questions. Ask what services are covered during your recovery.
PRE-SURGERY EXERCISES

The following exercises should be done before your surgery:
At least two times per day, 10 repetitions each leg

1. Ankle pumps
   - Bend your ankles up and down.

2. Quad sets
   - Push your knees down and hold five seconds to tighten muscles on top of your thigh.

3. Straight leg raises
   - Bend one of your legs.
   - Lock your other knee straight, then lift it six or seven inches.
   - Hold this position for five seconds.
   - Lower your leg slowly.

4. Chair push up
   - Sit on a chair with arm rests and no wheels.
   - Place hands on arm rests and push body up.
   - Keep arms straight and hold for 5 seconds
   - Slowly lower yourself to a seated position
DEVELOPING A PLAN FOR GOING HOME

Home
The majority of our joint replacement patients go directly home 1-2 days after surgery. You will be more comfortable in your own bed and eating your own food. You will also have less exposure to infection than if you go to a facility. To help you continue with your rehabilitation efforts, your doctor may order home physical therapy or outpatient physical therapy. A social worker or RN care manager can help arrange for these and other home services to help you once you are home.

Who will be my support system?
Having the support of family, friends and even neighbors will help make your return home from the hospital much smoother and less stressful.

Start looking for someone to help you when you go home. For the first couple of weeks you may need someone to:
- drive for you
- take care of your pets
- help with housework
- help with cooking
- help do your shopping

A HealthEast social worker and RN care manager will meet with you during your stay in the hospital. Working with your doctor, he or she will help you create a plan for when you leave the hospital.

Family Medical Leave Act
Please have all of your FMLA and insurance paperwork completed by your surgeon at least two weeks before your scheduled surgery date.
GETTING YOUR HOUSE READY

It is a good idea to have your house ready for your return before you have surgery. Some simple changes will help prevent falls. These tips can make your home safer and make it easier for you to do your daily activities:

- Tie up phone cords, so you don't trip on them.
- Remove throw rugs, so you don't slip on them.
- Be aware of things on the floor that could cause you to trip or fall, things like small objects, pets and uneven surfaces.
- Keep your stairs and walkways free of clutter.
- Make sure there is adequate lighting throughout the house, especially for walking areas such as hallways, stairs and bathrooms. Put non-slip strips or mats in the shower or tub.
- You may need grab bars near the toilet and shower areas.
- Store frequently used items at waist level, so you can access them easily.
- Find a chair with:
  - a firm cushion
  - arm rests
  - a seat at knee level

Plan ahead for your meals

Plan ahead for your meals. Talk to family and friends about helping with meals or make sure you have easy-to-prepare items on hand. You may want to prepare and freeze food before surgery. Meals on Wheels can be ordered if needed.

Identify equipment you already have available

You may need items such as a cane, crutches, a walker, raised toilet seat, shower bench, or reacher. If you already have them you will not need to obtain them at the hospital.

Handicapped parking permit

You may be eligible for a temporary disability/handicapped parking permit from the Department of Transportation—Motor Vehicle Division. Call them with any questions at 651-297-3377. An application is available in the pocket of this book. This needs to be filled out by both you and your doctor/surgeon.
GETTING READY FOR YOUR HOSPITAL STAY

Health care directive
A health care directive (living will) makes your medical wishes known. If you already have one, please bring a copy to the hospital. It will be added to your medical record.

If you do not have a health care directive but wish to fill one out before admission, call 651-232-4498. A form will be mailed to your home along with a simple workbook called Honoring Choices. It will allow you to simply indicate what your choices are and who you would like to make health care decisions for you. To learn more visit healtheast.org/honoring-choices.

Pre-registration
You will receive 2 calls from the hospital before surgery.

- The admitting department will call you three to five days before surgery to discuss registration and insurance information before you come into the hospital. If we haven’t reached you before your admission, this will be done the morning of surgery.

- An admitting nurse will call you regarding health information and instructions before the day of your surgery. If you haven’t been contacted by the last business day before your surgery, you may call the admitting nurse:
  St. Joseph’s Hospital  651-232-3453
  Woodwinds Health Campus  651-232-0839

The night before surgery and morning of surgery
- Your stomach must be completely empty before surgery. The admitting nurse will give you instructions for when to stop eating and drinking.

- You may brush your teeth the morning of surgery.

- If you have special instructions to take a regular medication the morning of surgery, do so with small sips of water.

- Check in to the hospital 2 hours before your scheduled surgery time. Report to admitting at St. Joseph’s. Report to the Welcome Desk at Woodwinds Health Campus.

- Leave valuables at home, such as watches, jewelry, cash, and credit cards.
Parking information

**St. Joseph’s**
45 West 10th Street
St. Paul, MN 55102

Park in the 10th Street ramp.
Take the elevator to the first floor and enter the de Paul tower through the double doors. Proceed to the main lobby.

**Woodwinds Health Campus**
1925 Woodwinds Drive
Woodbury, MN 55125

Enter through the main entrance. Go to the Welcome Desk.

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**My Checklist**

**Preparing myself for surgery:**
- **☐** Attend physical exam with family doctor 10-30 days before surgery
- **☐** Review medications with doctor
- **☐** Update dental work at least 2-4 weeks before surgery
- **☐** Perform the exercises I learned at class every day
- **☐** Take a hibiclens shower each day for the three days prior to surgery

**Is my house ready?**
- **☐** Find someone to assist you at home post-surgery
- **☐** Remove throw rugs, electrical cords, clutter, etc.
- **☐** Install handrails by stairs
- **☐** Plan ahead for meals
- **☐** Identify any equipment I already have available (cane, walker, raised toilet seat, shower bench, etc)
- **☐** Get a supply of 4 inch square bandages and paper tape
- **☐** Apply for a temporary handicapped driving permit, if needed

**My coach/support person should plan to:**
- **☐** Accompany me to therapy in the hospital to learn what to expect and how to help
- **☐** Be with me at discharge to help get all my instruction for going home
- **☐** Help with meals, shopping, driving
- **☐** Stand by in case I need help to move from bed to chair, into a car or walking up stairs
- **☐** Support and encourage me through all the hard work

**What to bring to the hospital:**
- **☐** My list of medications, dosages and how often I take them
- **☐** A book
- **☐** Shoes and stockings I normally walk in
- **☐** Toiletries
- **☐** Comfortable clothing such as stretchy/sweat pants or walking shorts
- **☐** My Health Care Directive
- **☐** CPAP machine for sleep apnea
- **☐** Preparing for “Total Joint Replacement” book
- **☐** Cash or a check, if you plan to purchase adaptive equipment from the hospital
SURGERY ADMIT UNIT (SAU)

You will get ready for surgery here. You will receive a gown, bathrobe, allergy band and identification band.

Anesthesia

The anesthesiologist or nurse anesthetist administers any regional or general anesthesia during surgery. He or she also monitors your breathing, blood pressure, heart rate and the amount of oxygen in your blood. You will meet with your anesthesia specialist before surgery to talk about the different kinds of anesthesia, risks, benefits and any problems you may have had from anesthesia with previous surgeries.

The types of anesthesia most often used for this surgery are:

- **Spinal anesthesia**, in which you are numb from the waist down.
  You may also be given medication to make you drowsy or help you sleep through the surgery. You may feel no sensation in the surgical area for a few hours after the procedure, and then regular sensations will gradually return.

- **General anesthesia**, in which you go to sleep.

Surgery holding area

In preparation for surgery, your hair is covered with a cap. An intravenous catheter (IV) for fluids and medication will be started.

Your surgeon checks on you and answers any questions. By this time it may seem like many people are repeating the same questions, but it’s important for us to check and recheck even the smallest detail. It also gives you many opportunities to ask questions or clarify anything you may not fully understand. When ready, you are moved into your surgery room.

RECOVERY ROOM POST ANESTHESIA CARE UNIT (PACU)

When surgery is finished, you are taken to the PACU. You may feel sleepy, thirsty, cold and have a dry mouth. These feelings are normal. You may also have a sore throat which is from a tube used during surgery to assist your breathing. Specially trained nurses monitor your heart rate, blood pressure, breathing, your level of pain and incision site often.

As you wake up you may be connected to pieces of equipment. This varies from one patient to another, depending on the type of surgery. You may have a tube to drain extra fluid from the area around your new joint. An IV (a tube inserted in your vein) will give you fluids.

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**IMPORTANT!**

If you had spinal anesthesia:

- Your legs will feel heavy and numb after surgery.
- It is much like the numbness you feel when a dentist gives you Novocaine.
- You will have muscle weakness in your leg until the block wears off.
- Because of the weakness in your legs, you are at risk for falling. To make sure you do not get hurt or delay your recovery:
  - Do not get out of bed by yourself.
  - Always call your nurse for help to get out of bed.
While you are in the hospital

This IV will also be used to administer your pain medicine. When you are awake enough, you will be transferred to the orthopaedic nursing unit—usually within an hour or two.

NURSING CARE
You will recover on the orthopedic unit of the hospital. Our nursing team will check your vital signs often. This includes blood pressure, pulse, breathing and temperature.

Your nurse will also be looking at your surgical incision and checking your circulation (blood flow).

When you first arrive after surgery:
- You will have an IV line that gives you fluids.
- You will start with a clear liquid diet. Solid foods will be added as you return to your usual diet.
  - Tell your nurse if you have special food requests.
- You should eat slowly after surgery.
  - You may not be able to eat as much as you normally do at one meal.

Respiratory therapy professionals will monitor your breathing.
- You may have a pulse reader taped to your finger for the first 24 hours.
- You will also be shown how to use a breathing aid (incentive spirometer) to help keep your lungs healthy after surgery.
- It is important for you to take deep breaths and cough to clear your lungs. The nurses will remind you to take deep breaths and cough frequently.
PAIN MANAGEMENT

You have just had major surgery and you will have pain after surgery. This is normal and is part of the recovery and healing process. The amount and type of pain differs from patient to patient—even for those who have had the same operation. Pain medication will help reduce your pain, but will not take away all of your discomfort.

There are different medications and methods for delivering pain relief for you after surgery. These methods include:

- **Oral:** Medications are in pill form and are taken by mouth.
- **Intravenous (IV) push medication:** Pain medication will be administered by the nurse through your IV. You will have to tell your nurse when you are having pain, and the nurse will administer the needed medication when it is available.

Your surgeon selects the medication and method of pain control. He or she will discuss the benefits and risks of the methods and medications before you receive them. As you recover after surgery, your doctor will give you different pain control methods to provide you with the best pain relief. Talk to your surgeon about your pain and pain control if you have any questions or concerns.

You are the key to getting the best pain control. How can you help manage your pain?

- Ask for pain relief medicine when pain begins. It is easier to prevent or relieve pain before it has taken hold. You may be on a schedule of pain medication in the hospital. You may also be able to take pain medication as you need them. It is recommended you take the medication on a regular schedule to keep your pain in control.
- Ask for pain medicine before your therapy sessions. Pain may increase with activity.
- Tell the nurse if you continue to have pain despite the pain medication. The medicine or method you are receiving may need to be changed.
- Help the doctors and nurses “measure” your pain. Reporting pain as a number helps them to know how well your plan is working and if any changes need to be made. You will be asked to rate your pain on a scale of zero to 10.

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<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
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<td>10</td>
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While you are in the hospital

Other methods may also help in preventing or relieve your pain, such as:
- Relaxation—slow deep breathing
- Massage
- Cold packs
- Music or other things that help you relax
- Positive thinking
- Repositioning
- Essential oils
- Acupuncture
- Guided Imagery
- Healing Touch

Many people use more than one method to get the best pain relief.

ACTIVITY AFTER SURGERY

Rehabilitation starts the day of surgery. The nursing staff will help you get out of bed on the day or evening you had surgery. You will also have therapy starting the day after your surgery.

Your first priority in the hospital is to work hard in therapy.

Family members and friends are an important part of your recovery. We encourage family and friends to take an active role in helping guide you through each day, not only while you are in the hospital but also as you return home.

One family member or friend should plan on attending at least one or more of your physical therapy sessions during your hospital stay.

Usual schedule of activity is as follows:

Day of surgery:
- Exercise
- Sit at the edge of the bed
- Walk short distances

IMPORTANT!

Due to the surgery, medications, and unfamiliar surroundings, you are at risk for falling.

Always ask for assistance when getting up.

CALL DON'T FALL

For your safety, please call the nurse before getting out of bed.
While you are in the hospital

1st day after surgery
■ Go to physical therapy for exercises and walking
■ Increase sitting and walking time

2nd day after surgery
■ Increase sitting and walking activity with occupational therapy
■ Review of precautions
■ Assessment of activities of daily living
■ Receive assistive devices and home instruction
■ Discharge from the hospital

The occupational therapist will help you determine which assistive devices you may need at home, such as a raised toilet seat, reachers and stocking aides. You will need a walker, crutches or cane to take home with you as well.

For hip replacement only:
A big foam wedge or pillow may be placed between your legs while you are in bed. This is to keep your hip in proper alignment, promote healing of muscles and tissues around the new joint and prevent dislocation of your new hip. There may be limits on how far you can bend your hip, and you will be taught this in the hospital.

PREVENTING COMPLICATIONS
You will play a key role in helping to prevent complications.

Falls
After surgery there are many reasons why you are at risk for falling in the hospital. Some of these reasons are:
■ pain medication
■ cords/IV
■ unfamiliar room/environment
■ weakness from surgery/anesthesia

Getting out of bed and moving around as much as possible is very important to your recovery and rehabilitation after joint replacement surgery. But we also want to keep you safe while you’re here with us in the hospital. Here are some things you can do to help prevent a fall in the hospital.
■ Do not get up on your own. Always ask for assistance.
■ Use walker, crutches or another walking aid when walking.
■ Follow weight bearing recommendations set by your surgeon.
  - For hip patients: follow any hip precaution guidelines set by your surgeon and therapist.
While you are in the hospital

**Blood clots**
After joint replacement surgery, you are at risk for getting a blood clot. This happens due to the surgery. It also happens because you are less active than before surgery, which slows the blood flow to your legs.

To prevent blood clots, you should:
- Wear tight elastic support stockings called TEDs.
- Use a foot pump or SCD machine in the hospital. These are worn on your feet like boots or on your legs while you are in bed. They will squeeze and release using air; this will help keep the blood moving in your legs.
- Do “ankle pumps” and other leg exercises.
- Walk frequently, even short distances.
- Report any pain or tenderness in the back of your calves.
- Take blood thinning medicine as prescribed.

**Infection**
- You will be given antibiotics through your IV while in the hospital.
- Keep incision clean and dry after surgery.
- Antibiotics will be recommended prior to any dental work or other medical procedure. Notify your dentist and doctors of your joint replacement.

**Constipation**
Constipation is a common problem after joint replacement surgery. Pain medications, less activity, and anesthesia can all cause constipation. It’s very important to try to prevent constipation before it occurs.
- Limit fluids with caffeine, like coffee or soda pop
- Drink plenty of water
- Eat foods high in fiber
- Take stool softener as recommended by physician
- Walk

Talk to your nurse or doctor about what you can do at home to keep from getting constipated.

**Pneumonia**
- Use the breathing aid (incentive spirometer) as directed.
- Breathing deeply helps ensure your lungs are working properly after surgery. Do breathing exercises as follows:
  - Breathe in slowly and deeply through your nose.
  - Hold your breath for a count of three and breathe out slowly.
While you are in the hospital

- Coughing helps clear secretions from your air passages. Do coughing exercises as follows:
  - Take two to three slow deep breaths and cough two times.

**Pressure ulcers**
Pressure ulcers (bed sores) can develop over bony body parts. This includes your elbows, heels or buttocks. Your nurse will work with you to prevent pressure ulcers by:
- Helping you change positions frequently.
- Turning and rubbing your skin with lotion.
- Encouraging you to eat and drink.
- Encouraging you to be out of bed and walking.
- Elevating your heels off the bed with pillows.

**Delirium**
Delirium is a condition that comes on quickly and changes a person’s awareness and how they think. With delirium, patients may suddenly become confused and unaware of what is going on around them. They may become agitated, restless or withdrawn.

Delirium can be caused by many different things. This can include stress to the body from illness, surgery, medications, infections, pain, and low oxygen levels. Even just being in a new place like a hospital can cause delirium or make it worse.

Things you can do to help prevent delirium:
- Bring your glasses, hearing aids with fresh batteries, and dentures.
- Make sure the nurse or doctor has a complete list of all the pills you are taking, including over the counter pills, dietary and herbal supplements.

Try not to use sleeping pills and other relaxing drugs.

Things family members can do to help:
- Let the nurses or doctor know if you begin to notice changes in your loved one’s behavior- this could be an early sign of delirium.
- Keep normal day and night room lighting.
- Turn off the TV.
- Bring objects from home that are familiar to your loved one and that might help comfort and reassure them.
- Stay with your loved one as much as possible. If delirium does develop, try to arrange for family members or friends to stay with your loved one during the day and at night.

**IMPORTANT!**
Tell your nurse if you have pain on your heels or buttocks. This may mean you have too much pressure on your skin.
Dislocation (hip only)
With your new hip, bending greater than 90 degrees may be prohibited for several weeks. You may be taught specific precautions while you are in the hospital. It is important that you follow these precautions to avoid dislocating your new joint.

My Checklist
☐ My first priority is to work hard in therapy!
☐ I will always ask for assistance when getting up.
☐ I will tell my nurse or doctor before pain becomes too severe and take pain medicine before therapy.
☐ To prevent pneumonia, I will do deep breathing, coughing exercises and use the spirometer.
☐ To prevent blood clots, I will wear support hose, do ankle pump exercises, and use foot pumps as directed by staff.

For hip replacement only:
☐ To prevent dislocation, I will follow any precautions as given.

ACTIVITY
As you continue your journey after joint replacement at home, remember that increasing your activity is the most important thing you can do to help give you the best possible outcome!

You may have physical therapy in your home, or at an outpatient physical therapy facility. Follow all instructions and precautions the therapist gives you.

Other things you can do on your own:
- Take short, frequent walks throughout the day.
- Try to walk a little farther each time.
- Continue to do the exercises you were taught in the hospital every day! These exercises will help the muscles supporting your joint to get stronger which will help with range of motion and allow you to get back to your regular activities much more quickly.
- Make sure to take frequent rest breaks. It’s important to also give your body time to rest and recover after joint replacement surgery.
INCISION CARE

- If you have staples, they will be removed sometime between the 10th and 14th day following surgery.
- Keep your dressing clean and dry. Change as needed.
- To change the dressing:
  - Wash your hands.
  - Carefully remove old dressing.
  - Check for signs of infection:
    - Redness
    - Swelling or hardness
    - Warm to the touch
    - Odor
    - Yellow or green drainage from the incision or more than a small amount of bloody drainage
    - Persistent temperature greater than 101 degrees
  - Do not touch the incision.
  - Apply 4” x 4” gauze bandage with tape.
  - Wash your hands again.

WHEN TO CALL YOUR SURGEON

If you experience any of these symptoms or problems, call your surgeon:

- Pain in your calf, tenderness or increased swelling in calf.
- An increase in drainage or pain from your incision.
- Signs of infection.
- Change in feeling in your affected leg.
- Chilling or your temperature over 101°F.
- Problems urinating; burning or itching on urination.
- If you fall.
- Any other concerns.

For any episode of shortness of breath or chest pain or tightness, call 911.
PAIN MEDICATION
It is normal to have pain after your surgery. Pain medication will help reduce your pain, but will not take away all of your discomfort. It’s important to take your pain medication before your pain becomes too severe. Remember to take pain pills before therapy or exercising. This will help you continue your therapy or exercise without getting too painful.

Your pain will decrease gradually over time and you will not need to take as much medication. Once your joint becomes less painful, try to cut back on your pain medication. For example, if you are taking two pain pills every four hours and are having very little pain, try taking one pill every four hours. If this works, after one or two days try taking one pill every six hours and then one pill every eight hours.

ICING AND ELEVATING YOUR NEW JOINT
If it makes you more comfortable, you may ice your incision. This will also help reduce swelling. Limit icing to 20 minutes at a time, so that your skin doesn’t freeze. The ice pack system you received in the hospital works well, or you may choose to use ice cubes in Ziploc bags. You may crush them in a blender if you prefer.

Elevating or raising your new joint can also help reduce swelling. While you are icing, try raising your new joint on a couple of pillows. Laying down on a couch or bed will also help to raise your joint and to reduce swelling.

MEDICATION INSTRUCTIONS
- Take all medications as prescribed.
- If your medication seems to be causing nausea or itching, call your surgeon.
- If you need a refill on your pain medications, call at least one or two days before you run out. Narcotic pain medication will not be refilled on the weekend, so please call and make your request by Thursday afternoon.
- Do not drink alcohol while taking pain medication.

SEXUAL ACTIVITY
If you have questions regarding sex, feel free to talk to your occupational therapist at the hospital.
DIET
- Choose healthy eating habits. For example:
  - Choose foods from all food groups.
  - Eat fruits, vegetables and whole grains. Foods high in protein are important. Try lean meat, chicken or fish. Protein is also found in beans, peas and nuts. Include dairy products, such as low fat milk, cheese and yogurt. Avoid processed snack products and soft drinks.
  - Do not restrict calories after surgery.
  - Your body needs adequate nutrition to promote healing.

OTHER SUGGESTIONS
Support stockings
- Wear support stockings all day and evening until your surgeon advises you to stop.
- It is okay to take them off at bedtime and put them back on in the morning.
- Wash stockings in mild detergent and hang to drip-dry.

Bathing
It is OK to shower with your incision covered. Use plastic wrap and paper tape. Your doctor will tell you when it is OK to shower without the covering over your incision.
No going in tubs, baths, swimming pools, hot tubs or lakes until your doctor tells you it is safe to do so.

Other instructions
COMMON QUESTIONS AFTER JOINT REPLACEMENT SURGERY

When is it safe to start losing weight after surgery? I heard that being overweight can affect the health of my new joint.

It is important not to think about losing weight or restricting calories right after surgery. You need calories and nutrient from food to help with healing. If you think you’re ready to start losing weight or changing your diet, talk to your doctor before starting any new diets or changing your eating habits.

If you are overweight, meeting with a registered dietitian or participating in the HealthEast Ways to Wellness program is suggested to help you lose weight. Excess weight will put an undue burden on your new joint. Losing weight will improve the outcome of your surgery. For more information on Ways to Wellness, go to healtheast.org/waystowellness.

“Choose my Plate”

- Try to include foods from every food group on your plate at meals
- Vegetables should cover about half of your plate
- Limit processed fats and oils as much as possible

Can I drive?

Your physician will tell you when you may drive—depending on which side you had your joint replaced, you may be able to drive as soon as you are not taking any more pain medication, others may have to wait longer. You must be able to safely operate and stop a motor vehicle, especially in an emergency. Check with your doctor first!

It may be beneficial to also call your insurance company before you start driving.

How do I get into the car?

Have the car parked several feet away from the curb. Push the front passenger seat all the way back. Place a plastic trash bag on the seat of the car to help you slide and turn forward.

1. Turn your back to the car and back up until you feel the car touch the back of your legs.
2. Place your right hand on the back rest of the seat and lower yourself down. Keep your operated leg extended out in front of you and duck your head so that you don’t hit it on the door frame.
3. Turn frontward, leaning back as you lift the operated leg into the car.

Your occupational therapist will go over this with you before you leave the hospital.
**Will I set off metal detectors?**
Your prosthesis is a strong piece of metal that may set off the metal detectors at the airport or in other places. It will not harm you.

**How long will I have to exercise?**
For many, a regular program of exercise increases the function and strength of the new joint. You should see improvement each month. (Your doctor looks to your physical therapist to outline a continuing program of exercises, which you should do at regular intervals after discharge from the hospital.) Your doctor will order either home physical therapy or outpatient physical therapy. Your physical therapist will help outline a unique program of exercises for you and you should make sure to follow this program everyday! Your hard work and exercise is the key to your success. The doctor may want to add or change these, or may arrange for continued visits to therapy in the months following your surgery.

**My hip and knee are quite painful after I exercise. Why is this?**
Most patients experience aching in the operative leg after exercises. Severe pain and cramps or muscle spasms that are not relieved by rest should be brought to the attention of your surgeon. If you are feeling nervous or unsure about continuing to exercise, stop the exercise until she or he has assured you that no problem exists.

**My hip/knee is swollen. Is this normal?**
Swelling (also called edema) is common after surgery. You may have swelling around the hip/knee and down the leg. This is normal. It can continue up to six months or longer. To help decrease swelling, place a cold pack on the affected area for 20–30 minutes. Do this three to four times a day.

**When can I sleep on my operated side?**
You may not find this comfortable for several weeks or even months. It should be safe, if not comfortable, after six weeks.

**How should I bathe and do my toileting?**
Use a **bath bench** in the tub or take a stall shower. A long-handled sponge may be useful to reach your legs and feet when bathing.

Continue to use the **raised toilet seat**, as most toilet seats are lower than desirable. Also use a pillow when sitting in a lower chair to avoid bending too much.

**Why is it important to save my energy after surgery?**
Major surgery and the recovery process takes a lot of energy. It is recommended to take frequent rest breaks to keep up your energy. When your energy level goes down and you are tired accidents can happen (such as falling). However, it is still important to continue being independent and do as much for yourself as possible.
My Checklist
Questions for my surgeon at the clinic visit after surgery:

☐ How much longer do I need to use my walker or cane?
☐ When can I begin driving?
☐ Do I need to continue to wear the TED socks?
☐ Can I resume my walking, biking or exercise program that I had prior to my joint replacement?
☐ When can I return to work? Are there any modifications that I should make, such as reduction in hours, lifting restrictions, position restrictions?
☐ (Hip replacement only) Will I be able to bend my hip more than 90°? If so, when?
☐ Are there any guidelines / precautions about sexual intercourse?
☐ Will I need preventive antibiotics if I have dental work or surgical procedures?

Additional questions I have:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
WEBSITES

healtheast.org
This is a complete guide to services available at HealthEast.

aaos.org
This is the website for American Academy of Orthopaedic Surgeons. Check out the Patient Education Section about Total Joint Replacement and Arthritis.

arthritis.org
This is the website for the Arthritis Foundation. Especially helpful sections:
- Take Action Against Arthritis
- Arthritis Today’s Drug Guide
- Resource Room

choosemyplate.gov
MyPlate illustrates the five food groups that are the building blocks for a healthy diet using a familiar image—a place setting for a meal.
SERVICES

HealthEast Home Care
651-232-2800

If you need assistance at home after surgery, you may want to consider HealthEast Home Care. It is a complete resource for trained home health care professionals and specialized services. Available 24 hours a day, seven days a week, our network of professionals and our track record of quality care has made us a leading provider of home health care services in the Twin Cities metro area and beyond. HealthEast Home Care is a state licensed and Medicare/Medicaid certified home health care agency.

HealthEast Optimum Rehabilitation Clinics (Outpatient Therapy)

HealthEast Optimum Rehabilitation can help the recovery process by providing professional orthopaedic therapy programs. Individual treatment plans are designed to suit your specific needs. Therapeutic and rehabilitative processes emphasize active patient participation. Treatment plans include specific activities or exercises that will hasten your return to normal, pain-free activity.

There are six conveniently located Optimum Rehabilitation Clinics. See page 29 for a list of locations.
OPTIMUM REHABILITATION LOCATIONS

HealthEast Optimum Rehabilitation – Hugo
14688 Everton Avenue
Hugo, MN 55038
651-326-1160

HealthEast Optimum Rehabilitation – Maplewood
Markham Pond Professional Center
1570 Beam Avenue, Suite 200
Maplewood, MN 55109
651-232-7820

HealthEast Optimum Rehabilitation – Midway
1390 University Avenue W.
St. Paul, MN 55104
651-232-5412

HealthEast Optimum Rehabilitation – Oakdale
Tessar Professional Building
1099 Helmo Avenue, Suite 100
Oakdale, MN 55128
651-232-5075

HealthEast Optimum Rehabilitation – Stillwater
2900 Curve Crest Blvd.
Stillwater, MN 55082
651-471-5630

HealthEast Optimum Rehabilitation – Woodbury
Woodwinds Health Campus
1825 Woodwinds Drive
Woodbury, MN 55125
651-232-6767
GLOSSARY

Anesthesiologist – A doctor specializing in care of patients receiving anesthesia.

Nurse Anesthetist – An advance practice nurse specializing in care of patients receiving anesthesia.

Foot Pump – An air pressure device which puts intermittent pressure on the foot. It keeps blood moving to help prevent blood clots.

CPM – Continuous passive motion machine—moves the knee to prevent stiffening and improve circulation.

Dislocation – Occasionally, after hip replacement surgery, the ball can be dislodged from the socket. In most cases the hip can be relocated without surgery.

Hibiclens – An antiseptic cleanser used in the shower each day for the three days prior to surgery to remove germs from the skin.

IV – Intravenous. A tube is placed into a vein to deliver medication.

OT – Occupational therapy

Prosthesis – Your new joint.

PT – Physical therapy

Spirometer – A special device used in the hospital to help you breathe deeply.

SCDs – Sequential compression device (leg wraps)—an air pressure device that uses intermittent pressure on the leg to keep blood moving and help prevent blood clots.

TEDs – Support stockings to help prevent blood clots.

- Leg lifter
- Long-handled shoe horn
  - Plastic
  - Metal
- Long-handled bath sponge

Please note that if you choose to purchase equipment through HealthEast, you will be asked to pay for the equipment by check or cash prior to discharge from the hospital.