

# GUIDEBOOK

for Anterior Approach Hip Replacement Patients



**Deaconess**  
BONE & JOINT CARE

— IN ASSOCIATION WITH —  
**ARTHOPAEDIC ASSOCIATES**




PATIENT

PROCEDURE

SURGERY DATE

SURGEON

## IMPORTANT NUMBERS

Joint Replacement Program Office

**812-842-3990**

*Please remember, don't hesitate to call your Program Coordinator with any questions you may have. If you are unsure who to direct your specific question to, your Coordinator can guide you to the correct person to speak with.*

Orthopaedic Associates, Inc.

**812-424-9291**

Deaconess Gateway Joint Replacement Center - Nursing Unit

**812-842-2955**

Deaconess Gateway Pre-Admission Testing

**812-842-3737**

**812-842-3780**

Deaconess Gateway Same Day Surgery

**812-842-3646**

Social Services-Gateway

**812-842-4502**

Orthopedic Nurse Navigator

**812-842-3699**

# WELCOME TO THE JOINT REPLACEMENT PROGRAM

*for Anterior Approach Hips*

Thank you for choosing the Joint Replacement Program to help restore you to a higher quality of living with your new hip. The surgery aims to relieve pain, restore your independence, and return you to work and other daily activities.

The Joint Replacement Program is a comprehensive planned course of treatment that began in March 2006 with the mission of providing our community with a dedicated joint replacement program that will give our patients high quality care in a unique healing environment. Our orthopaedic surgeons are Board Certified and actively take part in this efficient, state-of-the-art surgical program that best utilizes resources and delivers a higher quality, efficient experience for our patients.

In addition, our surgeons are all specially trained in many different types of total joint replacement surgery and are leaders in their professional organizations. They have collectively published many articles on a variety of joint replacement and orthopaedic topics in nationally respected medical journals.

More than 1,500 total joint replacements are performed annually within the Joint Replacement Program. Our inter-disciplinary team receives ongoing, state of the art training in the area of joint care. This expertise has earned the Joint Replacement Program designations as a Center of Excellence for Joint Replacements.

You play a key role in promoting a successful recovery. Our goal is to involve you and your coach in your treatment through each step of the program successfully.

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### Your team includes:

- You and your coach
- Your orthopaedic surgeon
- Internal medicine specialist
- The anesthesiologist
- The program coordinator
- The case manager
- The nursing staff
- The dietician
- The physical therapy staff
- The occupational therapy staff
- The discharge planner/social services
- The ancillary staff
- Advanced practice providers for medical management

*All specializing in total joint care at a location convenient for you.  
Visit our web site: [www.deaconess.com/joint](http://www.deaconess.com/joint) or [www.oaevansville.com](http://www.oaevansville.com)*



**Gateway Campus**  
4011 Gateway Blvd  
Newburgh, IN 47630

## PROGRAM CERTIFICATIONS

### **Blue Distinction Center for Knee and Hip Replacement<sup>SM</sup> Anthem Blue Cross Blue Shield**

Blue Distinction designation is awarded by the Blue Cross Blue Shield companies to medical facilities that have demonstrated expertise in delivering quality healthcare in the area of knee and hip replacement. The program is part of The Blues® efforts to collaborate with physicians and medical facilities to improve the overall quality and safety of specialty care. Designation as Blue Distinction Center means this facility's overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations recommendations. Our patient-focused approach to joint replacement services we provide means we are continually seeking ways to improve the quality and outcomes of our care. It's an honor to have our hard work and commitment recognized by Anthem Blue Cross and Blue Shield, and it's fulfilling to know that our patients are receiving care that meets their strict criteria.

### **AETNA**

Deaconess Hospital has been designated an Aetna Institutes of Quality® (IOQ) for Orthopaedic Surgery for 2016 Total Joint Replacement. This means that Deaconess has demonstrated excellence in care, a commitment to continuous improvement, and represents exceptional value to Aetna members. The Aetna Institutes of Quality goal is to assist their members in choosing facilities that provide consistent high-quality and high-value care.

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## Instructions for Guidebook Use

Your care will vary according to your individual needs. Preparation, prehab, education, continuity of care, and a pre-planned discharge are essential for optimum results in joint surgery. Communication is essential to this process. The guidebook is a communication and education tool for patients, physicians, advanced practice providers, physical and occupational therapists, and nurses. It is designed to be used in conjunction with the preoperative class to educate you so that you know:

- What to expect every step of the way
- What you need to do to prepare
- How to care for your new joint

Remember, this is just a guide. Your physician, advanced practice provider, therapist, or nurse may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your guidebook as a handy reference for at least the first year after your surgery.

### Using this Guidebook

#### Instruction for use:

- Read entire book prior to surgery
- Review Preoperative checklist and check each item as you complete them
- Review Surgical and Postoperative information
- Review Coach’s Checklist before discharge from hospital
- Bring this book with you to the hospital to use as a reference

# OVERVIEW OF THE PROGRAM

The Joint Replacement Program is unique. All Joint Replacement Program patients will receive education, aggressive therapy, team support and have the goal to be discharged to home on Post-Operative Day 1 (POD 1). However, some patients may require an additional length of stay.

### ACRONYMS

Day of Surgery	DOS
Post-Operative Day 1	POD 1
Post-Operative Day 2	POD 2

### The Joint Replacement Program features:

- Staff who specialize in the care of joint patients
- Private rooms
- Coaches to learn and assist the patient with therapy
- Comprehensive guidebook for you to follow from beginning to end
- Coordinated discharge planning via Case Management/Social Services

# ROLE OF THE JOINT PROGRAM STAFF

The Joint Replacement Program Coordinator acts as your liaison throughout your joint replacement experience from the preoperative course, hospitalization through discharge, and post-discharge follow-up.

### The Joint Replacement Program Staff will:

- Assist you as needed with planning for your specific care and discharge needs
- Assist you in getting answers to insurance questions
- Be available to answer questions and address concerns through the course of treatment from preoperative through postoperative discharge
- Coordinate your hospital care with the Joint Replacement Program staff

You may call the Joint Replacement Program Coordinator at any time to ask questions or raise concerns about your surgery. You may leave a message to call you back if the Coordinator is not available.

*Joint Replacement Program Office*  
812-842-3990

*Orthopaedic Associates*  
812-424-9291

# BEFORE YOUR SURGERY

## Choose a Coach

Choose a family member or friend who can act as your coach throughout your surgery and recovery period, a coach is an invaluable part of your surgery as they are there to help motivate you and provide moral support. They will learn the exercises along with you to help you do them at home as well as how to take care of your incision as it heals. Your coach, or another trusted individual will need to be available to assist you for 1-2 weeks following your surgery. They will need to come to as many pre- and post-op appointments as possible and provide transportation.

## Coach's Checklist

Before discharge time, we want to be sure you know the following:

- What are the signs and symptoms of infection?
- What exercises should the patient follow at home?
- How do I help the patient manage pain?
- What are the signs of blood clots?
- What are the signs of pulmonary embolus? What should I do?
- What are anticoagulants?
- What is the patient taking as an anticoagulant?
- Who monitors the anticoagulant therapy and prescribes the dose?

## Shaving

You should stop shaving the area you are going to have surgery on five days before surgery. Shaving and chemical hair removers cause microabrasions to your skin which house bacteria. If your surgeon makes an incision, this bacteria can get into your new joint causing infection. **It is important to stop shaving five days before surgery.**

## Smoking

If you smoke or use tobacco products, you will need to quit before your surgery. The nicotine in the tobacco slows down healing time which can delay your recovery. Smoking also makes it harder for your lungs to work, increasing the risk of complications with surgery.

## Contact Your Insurance Company

As a general rule, Medicare does not require pre-certification prior to surgery and you would not need a pre-certification from them. However, most private insurances do require pre-certification prior to surgery. Your surgeon's office typically completes this pre-certification for you. You should verify your coverage and limits, verify need for pre-authorization, pre-certification, referrals, and/or second opinions. It is very important to make this call because failure to clarify these questions may result in a reduction of benefits or delay of surgery. After your procedure, you will receive separate bills from the anesthesiologist, the hospital, the radiology and pathology departments, and surgeon. If your insurance carrier has specific requirements regarding participation status, please contact your carrier.

If you are a member of a Health Maintenance Organization (HMO), you will go through the same registration procedure. However, you will need to call your HMO once your procedure has been scheduled to arrange for pre-admission lab studies that must be completed. You will need to contact your insurance for a list of home care and equipment providers in your network.

If you do not have insurance, please notify the registration staff that you will need help in making payment arrangements.

## Pre-Admission Screening

You will be contacted by our Pre-Admission Department. Please be sure to have your medication list available to expedite your admission day of surgery.

## Pre-Operative Therapy

You will be scheduled a prehab appointment with our therapy department at least one month before surgery. If you are less than one month out from surgery and have not attended prehab therapy, please call 812-253-2136.

## Begin Preoperative Exercises

Many patients with arthritis favor their joints and thus the muscles become weaker, which interferes with their recovery. It is important that you begin the exercise program before surgery. You can find the exercises in this guidebook.

It is important to be as fit as possible before undergoing a total joint replacement. This will make your recovery much faster. Begin doing the exercises listed as "Before Surgery," twice a day, twenty repetitions of each, or as you can tolerate. You should be able to do them in 15-20 minutes. Consider this a minimum amount of exercise prior to your surgery.

Remember that you need to strengthen your entire body, not just your leg. It is very important that you strengthen your arms by doing chair push-ups because you will be relying on your arms to help you get in and out of bed, in and out of a chair, walk, and to do your exercises post-operatively.

Stop doing any exercise that is too painful, which may cause an increase in inflammation of your joint before surgery. Just try to do a little more each time you exercise. Do what you can do, and try to increase your repetitions of the exercises each time until you are able to do twenty repetitions of each exercise twice a day.

## Attend Joint Class/Pre-Testing

A special class designed for patients scheduled for joint replacement surgery is presented every week. Your surgeon's office will schedule this class for you, usually three to six weeks prior to your surgery.

It is strongly suggested that you bring your "coach" to your appointment with pre-admission testing. Topics we will cover include:

- Discharge Planning/Insurance/Obtaining Equipment
- What to Expect
- How to Prepare for Surgery
- You may be scheduled for additional clearances (i.e. Cardiology, Pulmonology, Rheumatology, etc.) if needed. *It is very important to keep these appointments as scheduled.*
- Importance of Staying Active After Surgery
- Role of your "Coach" or Caregiver
- Medication instructions
- Recognizing and preventing complications post-operatively
- Learn About Assistive Devices and Joint Protection
- Questions and Answers
- Complete required pre-op testing
- Medical management consultation

The information you will receive in the pre-operative class is an overview of information in this Guidebook. It is important that you read this entire book. As you read, if you have questions or clarifications, you may call the Joint Replacement Program Office for guidance at 812-842-3990 .

## Advance Directive

On admission to the hospital you will be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your medical record. Advance Directives are not a requirement for hospital admission.



## Medications

Before surgery, our pre-testing staff will need to obtain a complete medication list from you including prescription medications, over-the-counter medications, herbal supplements, and vitamins. Your surgeon or our pre-testing staff will review these medications prior to surgery. As a general guide, you should stop taking:

### Medications that Increase Bleeding

Certain medications, such as aspirin-containing products, NSAID's (non-steroidal anti-inflammatory drugs) and other antiplatelets or anticoagulants can increase your risk of bleeding and need to be stopped before surgery. Generally, any NSAID's and aspirin-containing products should be stopped 7-10 days prior to surgery. Some common examples of NSAID's are ibuprofen, naproxen, ketorolac, oxaprozin, etc. Some common examples of aspirin-containing products are Midol®, Bufferin®, Percodan®, Norgesic®, Fiorinal®, and some over-the-counter cold and flu medicines. This is not an all-inclusive list. If you have any questions about the medications you take, speak with your pharmacist or physician. If you take Coumadin®, Plavix®, Aggrenox®, Persantine®, Effient®, Ticlid®, or aspirin, speak to your physician for specific instructions about stopping these medications. Your surgeon will instruct you about what to do with your other medications. To learn more about these medications, turn to the appendix beginning on page 44.

### Herbal Medications

There are certain herbal medications that can interfere with medical procedures, so you should let the Nursing staff know if you are taking any. As a general rule, these medications should be stopped 2-3 weeks before surgery. The following is a list of common herbal products that may cause problems in surgery:

- |             |            |              |                   |
|-------------|------------|--------------|-------------------|
| • Diet aids | • Garlic   | • Gingko     | • Metabolife      |
| • Dong quai | • Feverfew | • Goldenseal | • St. John's Wort |
| • Echinacea | • Ginseng  | • Kava       | • Valerian        |
| • Ephedra   | • Ginger   | • Licorice   | • Willow Bark     |

Some warnings say you may need to taper off of valerian in a few weeks before surgery, rather than abruptly stopping it. Speak with your physician about this. This is merely a list of commonly used products and is by no means all-inclusive. If you have specific questions about any of these or other herbal products you may use, you can speak with your physician, pharmacist, or the Joint Camp staff.

Do not take medications for diabetes the morning of your surgery (i.e. insulin or hypoglycemic medications such as Glucophage), unless otherwise instructed to do so.

If you take heart medications, beta blockers, and/or thyroid medications, and you normally take these in the morning, take them with just a sip of water (only enough to swallow the pills) the morning of your surgery.

## Final Preparations

Obtain any adaptive equipment you may need for your return to home. Usually this equipment is given to you at your lab appointment with Orthopaedic Associates, but if you need additional help obtaining these items Social Services can assist you. There is also a list of suggested vendors that carry these items in stock in the “Resource List” section of this book. The following equipment can be purchased to help you complete your personal care after surgery.

**Note:** *These items are not typically covered by insurance. See Resource List on page 41 for a list of local vendors that carry medical and adaptive equipment.*

### Begin Iron Supplement

Prior to your surgery, you **may** be instructed by your surgeon to take multivitamins as well as iron. Iron helps build your blood supply, which is especially important to prevent the need for a transfusion (although blood transfusions are rare). Be aware that constipation is a side effect of taking iron supplements for some patients. If you have not specifically been instructed about the above directions, do not worry about these supplements.

### Prepare Your Home

Have your house ready for your arrival back home. Clean your home and do the laundry. Put clean linens on the bed. Prepare meals and freeze them in single serving containers. Cut the grass, tend to the garden, and finish any other yard work. Pick up throw rugs and tack down loose carpeting. Remove electrical cords and other obstructions from walkways. Install night lights in bathrooms, bedrooms, and hallways. Arrange to have someone collect your mail and take care of pets or loved-ones, if necessary.

### Packing for the Hospital — What to bring:

- Clothing - at least 3 changes of comfortable, loose fitting clothing (*Please note that your clothes may get dirty during your stay.*)
  - T-Shirts, sweat pants, cotton shorts, sweater, button-up shirts/shirts that zip
  - No slide-on shoes
- Personal Care Items
  - Hygiene items (toothbrush, deodorant, electric razor, etc.)
  - Cases and supplies for dentures, contacts, glasses, or hearing aids
- C-pap machine if used at home
- Other items
  - This guidebook
  - Advance directives
  - Insurance card, photo ID, and co-payment (if any)
  - Current medication list with time of last dose (You may find it helpful to go to your local pharmacy and have them print out a list, with proper dosages, of what you currently take.)
  - \*Coaches may want to bring money for lunch delivery.*

### Packing for the Hospital — What NOT to bring:

- Large amounts of money
- Jewelry
- Prescription medications
- Open-backed shoes including slippers, sandals, or flip flops

### Do NOT report to surgery wearing the following:

- Makeup
- Self tanner
- Nail polish/Acrylic nails
- Lotion
- Perfumes
- Deodorant

### Bathe with HIBICLENS®

- Bathe with the anti-bacterial soap HIBICLENS® beginning five days before surgery including the morning of your surgery. You can find HIBICLENS® at local pharmacies.
- **Do not eat or drink anything after midnight prior to your surgery including water, chewing tobacco, gum, mints, etc.**

# WHILE IN THE HOSPITAL

## *What to Expect*

### **Day of Surgery (DOS)**

When you arrive to the Hospital, enter through the Orthopedic and Neuroscience Hospital and take the elevator to the second floor waiting room. Your admission will be expedited and you will be escorted to the Same Day Care Center (SDCC) for your admission and preparation for surgery. At SDCC, you will be prepared for surgery. This includes checking your height/weight/vital signs, signing consents, starting an IV, washing your operative site, drawing blood for any lab work needed and for a Type and Cross to have blood ready for your surgery, if needed, review of current medications, and review of health history. If any changes have occurred since your visit with your surgeon, inform SDCC staff. You will be sent to surgery from SDCC.

Following surgery, you will be taken to the Post-Op Anesthesia Care Unit (PACU) where you will stay for approximately 45 minutes to an hour. During this time, your vital signs will be monitored closely, you may have an X-ray taken of your new joint, and measures to augment your comfort and prevent complications will be implemented as necessary. You will then be taken to the Ortho Neuro 5th Floor, Tower D where your joint replacement team will care for you.

### **Anesthesia and You**

You will meet your anesthesiologist the day of your admission prior to your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies, and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you as an individual. He or she will also answer any further questions you may have.

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and preoperative medications may be given, if needed.

The Operating Room, PACU, and Intensive Care Units at the hospital are staffed by board certified and board eligible physician anesthesiologists. Each member of the service is an individual practitioner with privileges to practice at this hospital.

Decisions regarding your anesthesia are tailored to your personal needs. A few of the types available are:

- General Anesthesia
- IV Sedation
- Regional Anesthesia  
*involves the injection of a local anesthetic to provide numbness, loss of pain or loss of sensation to a large region of the body*
  - Spinal blocks
  - Femoral blocks
  - Other blocks  
(your anesthesiologist will discuss with you if necessary)
- A combination of anesthesia types

### **Pain and Nausea Control**

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses can help relieve pain with medications, but do not expect to be totally pain-free. The staff will teach you the pain scale (0-10) to assess your pain level. The goal is to keep your pain managed at a '5' or less on that pain scale.

Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG, and other devices for your safety. At this point, you will be ready for anesthesia.

Your anesthesiologist is responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature, and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary. After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where specially trained nurses will watch you closely. During this period, you may be given extra oxygen and your breathing and heart functions will be observed closely. An anesthesiologist is available to provide care as needed for your safe recovery.

# ON-Q PAIN PUMP

## On-Q Pump Functions

- This is a numbing agent and **not** a narcotic.
- The pump automatically delivers your medicine that blocks the area of your procedure very slowly, the tubing will look clear and you will not see the medicine moving through the tubing.
- Place the pump on a bedside table or on top of bed covers while you are sleeping, do not place on floor or hang pump from a bed post
- Do not submerge the pump in water, your doctor will tell you when it's ok for you to bathe or shower.

Do not change the flow rate on the dial unless instructed by your doctor. Changing the rate without your doctor's instruction may result in the wrong dose of medicine delivered which could cause serious injury.

## Your Physician may be sending you home with your On-Q Pain Pump

- DO NOT SHOWER until your On-Q pain pump has been removed to decrease the chances of dislodgement.
- You will remove your ON-Q pain pump at home when it is empty. You will be able to tell it is empty by its shape. Instead of looking like a round ball, it will resemble a completely deflated plastic bag with a core running down the center of it. The core looks similar to an apple core.
- At this time you may remove the occlusive dressing that is holding the catheter down tight to your skin. You will take gauze and place it over the site where the catheter enters the skin. Pull the catheter completely out of your skin and put tape over the gauze that is in place.
- A black tip should be present on the end of your catheter. A small amount of drainage is to be expected from the site.
- For additional questions regarding removal of your On-Q pain pump, please refer to the On-Q Catheter Removal sheet (in your discharge packet).
- If you do not feel comfortable pulling out your ON-Q catheter please phone our charge nurse at 812-842-3610.

## Troubleshooting

- If you do not see the black tip when you remove the catheter, phone your surgeon at 812-424-9291.
- If the pump tubing accidentally becomes disconnected from your catheter, DO NOT reconnect it. Close the clamp on your pump tubing and call your doctor for instructions.
- If leaking from the pump or pump tubing occurs: close the clamp on the tubing and call your doctor, please save the pump for your doctor.

## Close the clamp and phone your physician if any of the following occur:

- Numbness and/or tingling around your mouth, fingers or toes
- Redness, warmth, discharge or excessive bleeding from the catheter site
- Pain, swelling or a large bruise around the catheter site
- Increase in pain
- Fever, chills, sweats
- Bowel or bladder changes
- Difficulty breathing
- Metal taste in your mouth
- Confusion, drowsiness
- Blurred vision
- Ringing, buzzing in your ears



## After Surgery

Below is a sample schedule of your activities while you're in the hospital. As you can see, you will be very busy during your stay. Sometimes the schedule varies, depending on the number of patient groups, but our staff will keep you up to date with changes to the schedule.

Time	Activity	Location
3:00 a.m. – 4:00 a.m.	Assessments, Labs, Vital Signs	Your Room
5:30 a.m. – 6:30 a.m.	You may use this time to take your bath	Your Room
6:30 a.m.	Breakfast Shift change & bed side report	Your Room
7:00 a.m. – 9:00 a.m.	Assessments Vital Signs Daily Medications Baths	Your Room
7:00 a.m. – 8:30 a.m.	Physical and Occupational Therapy Evaluations (if not done date of surgery)	Your Room
9:00 a.m. – 11:30 a.m.	Group Physical Therapy Sessions taking place	Group Therapy Gym
11:00 a.m. – 12:00 p.m.	Vital Signs	Your Room/Group Therapy Gym
12:00 p.m. – 1:00 p.m.	Lunch	Your Room
1:00 p.m. – 2:30 p.m.	Group Physical Therapy session	Group Therapy Gym
2:30 p.m. – 10:00 p.m.	Baths - you may also receive a bath at any time during this time period	Your Room
3:00 p.m. – 4:00 p.m.	Vital Signs	Your Room
5:00 p.m. – 6:00 p.m.	Dinner	Your Room
6:30 p.m.	Shift change & bed side report	Your Room
7:00 p.m. – 9:00 p.m.	Assessments Vital Signs Daily Medications	Your Room
10:30 p.m. – 12:00 a.m.	Assessments Vital Signs	Your Room

Each day will begin around 5-5:30 a.m. starting with your dressing/grooming, daily lab work, check your vital signs, get you up to your recliner, and serving your breakfast all by 6:30 a.m. Each day after breakfast, your therapy will begin for the day. The actual schedule for therapy may vary due to various factors, but staff will keep you apprised of the planned time for your therapy sessions each day. If you have surgery in the morning you may be assessed by a physical therapist this afternoon and most patients will begin therapy on the day of surgery.

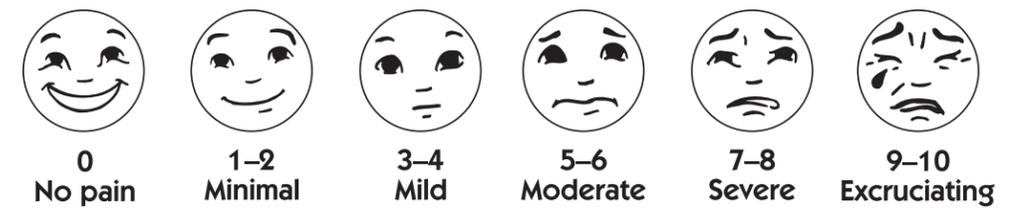
Periods for resting will be provided throughout the day. You are encouraged to walk as tolerated and recommended by your therapist with assistance in the hallways. It is very important that you begin ankle pumps on this first day. This will help prevent blood clots from forming in your legs. You should also begin using your Incentive Spirometer and doing the deep breathing exercises. To help prevent post-operative respiratory complications such as pneumonia, you may be assisted with sitting on the side of the bed.

We will be in your room frequently to check on you. You may feel very sleepy from your anesthesia and/or pain medications. Sleep when you have the opportunity. If it is necessary, staff will wake you. However, **DO NOT SLEEP DURING THERAPY SESSIONS.** Doing your therapy is key to your successful joint replacement experience.

**Discharges typically occur anything between 3:00pm – 4:00pm depending on your status.**

### Post-Op Pain Control

As expected, you will experience postoperative pain and discomfort. This means you will not be pain free. The goal is to keep you at a tolerable level and to stay ahead of the pain. Pain that is allowed to get out of control is difficult to treat and can hinder the recovery process. We will help you manage your pain and keep your pain level at a 5 or less on the pain scale. It is important to communicate your pain level and the effectiveness of the pain control method with staff so we may help you to manage your pain. If your current pain control method doesn't seem to be working effectively, there are often other measure that can be implemented to help. Controlling your pain is a key factor to effectively doing your therapy, which is vital to a successful joint replacement. Your method of pain control will be determined by your surgeon's orders and your individually assessed needs for pain control. Several options may be available.



**Note:** Please see Pain Scale Description in the Appendix for a brief explanation of each of the six categories.

### **Itching Control**

Some patients also experience severe itching after surgery, which can be a result of the anesthesia. This itching is intense and can hinder your therapy progress. If you do experience this, please let your nurse know immediately so we can give you some medicine to get it under control.

### **Diet**

You may eat whatever you feel like after surgery. Most patients do not have much of an appetite after surgery for a week or two. Only eat what you feel like eating and do not force yourself or allow friends or family to influence you to eat just like you did prior to surgery. Doing so could cause you to become very nauseated. It is important, however, to drink plenty of fluids to keep you from becoming dehydrated. Should you have any nausea, notify your nurse right away so we can quickly get it under control. It is a good idea to order breakfast for the next morning each evening by 6:30 p.m.

### **Bladder Issues**

Some patients experience difficulty with emptying their bladder for a short period of time after surgery. If this occurs, you may need a catheter placed to help empty your bladder.

### **Fall Risk**

Due to your medications, anesthesia after effects, and your instability with a new joint, you will be listed as a fall risk during your stay in the hospital. If you need something or would like to get out of bed or your chair, it is important that you ask for assistance from a staff member. We are here to help and prevent any injury to your new joint.

### **Visitors**

While in the hospital, you are welcome to have guests and visitors to your room. We recommend you let them know that the best time of day for them to visit is around 3:30 in the afternoon as you will be busy with your therapy sessions earlier in the day. Coaches are welcome to stay with you continuously while you are in the hospital. Each room is private and we will make every effort to accommodate you and your coach.

## **Discharge**

The social worker/discharge planner from the Case Management Department will visit you to discuss your discharge needs and preferences and make referrals to arrange for your discharge from the Hospital. The Discharge Planner will also arrange the delivery of any equipment you may need to care for yourself at home to be delivered to you. When you go home, someone responsible needs to drive you there. Your therapists and nurses will be reviewing the information you have learned while in the Hospital, and preparing you for your return to home. If you will be going home, you will learn how to navigate stairs, how to get in and out of a car and other activities specific to your needs.

Written discharge/home care instructions will be reviewed with you by your nurse at discharge. This will include numbers for you to call should you have any additional questions.

## CARING FOR YOURSELF AT HOME

When you go home, there are a variety of things you need to know for your safety, your recovery, and your comfort.

### Control Your Discomfort

- Take your pain medicine as prescribed by your surgeon.
- Take your pain medicine at least 30 minutes before physical therapy.
- Change your position every 45 minutes throughout the day.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort. Your surgeon recommends 20 minutes at a time, six times a day, but you can apply more often as needed. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack.
- Gradually wean yourself from prescription medication to Tylenol®. You may take two extra-strength Tylenol® in place of your prescription medication up to four times per day.

### Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping. This is normal. Do not sleep or nap too much during the day. If this persists for more than two weeks, let your doctor know.
- Your energy level will be decreased for the first month.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives such as MiraLAX® if necessary.

### Caring For Your Incision

- Keep your dressing in place after your surgery. Your incision will be assessed at your surgeon follow up appointment
- You may shower with your Aquacel dressing in place as shown on your Aquacel patient information sheet. *(Although, if you have an On-Q pain pump in place, DO NOT shower until it has been removed.)*

**\*If your dressing comes off or becomes saturated, please phone your surgeon for further instruction.**



## RECOGNIZING AND PREVENTING POTENTIAL COMPLICATIONS

### Infection

Due to the short duration of your hospital stay, we likely will not see signs/symptoms of an infection. So, it is very important that you watch for signs/symptoms of an infection after you leave the hospital.

### Signs of infection

- Increased swelling and redness at incision site
- Persistent redness, hardness, or heat at site
- Change in color, amount, odor of drainage
- Fever greater than 101°F if not alleviated by Tylenol

### Prevention of infection

- Take proper care of your incision as explained.
- If your surgeon instructs, take prophylactic antibiotics when having dental work or other potentially contaminating procedures. This needs to be done for your lifetime after your surgery. Call or follow post-op instructions.
- Your surgeon recommends you take antibiotics prior to dental procedure for the first year following surgery. Patients who are immunocompromised or have diabetes should take antibiotics prior to dental procedures for life. Our office protocol is Amoxicillin 500mg, 4 tabs, 1 hour prior to procedure/dental cleaning. If the patient is allergic to PCN then we recommend Clindamycin 300mg, 2 tabs, 1 hour prior to procedure or cleaning. Notify your physician and dentist that you have a total joint replacement before having any procedures or dental work done.

**If you suspect you may have an infection or problem with your incision, DO NOT attempt to treat yourself, call your surgeon and let him/her know.**

## Blood Clots in Legs

After surgery, you likely won't be as active as you were prior to surgery. This decrease in activity may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. If a clot occurs, (after you go home) despite measures to prevent them, you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complication of pulmonary embolus.

**If you have one or more symptoms of a blood clot in your legs please contact your Orthopaedic Associates surgeon immediately at 812-424-9291.**

### Signs of blood clots in legs

- Swelling in thigh, calf, or ankle that does not go down with elevation.
- Pain, heat, and tenderness in calf, back of knee, thigh, or groin area. Note: blood clots can form in either leg.
- Increased pain when bending your ankle, pulling your toes upward.

### Prevention of blood clots

- Foot and ankle pumps-devices (SCD's)
- Walking
- Blood thinners such as Coumadin®, Lovenox®, Xarelto®, Eliquis® or Aspirin
- Ankle pumps-exercises

## Pulmonary Embolus

An unrecognized blood clot could break away from the vein and travel to the lungs. It is then called a pulmonary embolus or PE. If you have one, some, or all of the symptoms of a PE you should immediately CALL 911 if suspected.

### Signs of a pulmonary embolus

- Sudden chest pain
- Difficult and/or rapid breathing or shortness of breath
- Unusual nervousness or anxiety
- Rapid Heart rate
- Sweating
- Cough which may produce a bloody or frothy sputum
- Confusion
- Fainting

## Goals and Activity Guidelines

Exercising is important to obtain the best results from total joint surgery. You need to continue with an ongoing home exercise program, as well as any sessions with a Physical Therapist. After each therapy session, review with your therapist the exercises appropriate to your individual progress. These "Goals" are intended to be general guidelines. Your individual progress may differ.

### Weeks One and Two

By Postoperative Day 1 to 2, you should be ready for discharge from the hospital. Your goals at the end of two weeks post op are:

- Continue with walker or two crutches unless otherwise instructed.
- Walk at least 300 feet with support.
- Climb and descend a flight of stairs (12-14 steps) with a rail once a day.
- Hip replacements-straighten your hip completely.
- Independently sponge bathe or shower and dress.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises you learned while in the hospital four times a day, with or without the therapist.

### Weeks Two to Four

Weeks 2-4 will see you recovering to more independence. Even if you are still seeing your Physical Therapist three times a week, you will need to be very faithful to your home exercise program to be able to achieve the best outcome.

Your goals for the period are to:

- Achieve 1-2 week goals not yet achieved.
- Wean from full support to a cane or single crutch as instructed
- Walk at least 1/4 mile
- Climb and descend a flight of stairs (12-14 steps) more than once daily
- Hip replacements-straighten your hip completely.
- Independently shower and dress.
- Resume normal homemaking tasks.
- Do 20 minutes of home exercises twice a day, with or without the therapist.
- Begin driving (if you had left joint surgery). You will need permission from your surgeon. Often patients can begin driving two weeks after surgery.

## Weeks Four to Six

Weeks 4-6 will see much more recovery to full independence. Your home exercise program will be even more important as you receive less supervised therapy.

Your goals for this time period are to:

- Achieve 1-4 week goals not yet achieved.
- Walk ¼-½ mile with a cane or single crutch
- Begin progressing on stairs from one foot at a time to regular stair climbing (foot over foot)
- Hip replacements-Straighten your hip completely
- Drive a car (either right or left joint surgery). You will need permission from your surgeon.
- Continue with home exercise program twice a day.

## Weeks Six to Twelve

During weeks 6-12 you should be able to begin resuming all your activities.

Your goals for this time period are to:

- Achieve 1-6 week goals not yet achieved.
- Walk with no cane or crutch and without a limp
- Climb and descend stairs in normal fashion (foot over foot)
- Walk ½-1 mile
- Hip replacements-Straighten hip completely
- Improve strength to 80%
- Resume all activities including dancing, bowling, and golf

# EXERCISES, GOAL, AND ACTIVITY GUIDELINES AFTER SURGERY

## “Before Surgery” Exercises

Ankle pumps	20 reps, 2 times/day
Quad sets - Knee push-downs	20 reps, 2 times/day
Gluteal sets - Bottom squeezes	20 reps, 2 times/day
Hip abduction and adduction (Hips only)	20 reps, 2 times/day
Heel slides	20 reps, 2 times/day
Short arc quads	20 reps, 2 times/day
Long arc quads	20 reps, 2 times/day
Armchair push-ups	20 reps, 2 times/day
Seated hamstring stretch (Knees only)	5 reps, 2 times/day
Straight leg raises (Knees only)	20 reps, 2 times/day
Knee extension stretch (Knees only)	20 minutes, 2 times/day
Mini squats	20 reps, 1 time/day

## “After Surgery” Exercises

Ankle pumps	20 reps 2 times/day
Quad sets - Knee push-downs	20 reps 2 times/day
Gluteal sets - Bottom squeezes	20 reps 2 times/day
Hip abduction and adduction (Hips only)	20 reps 2 times/day
Heel slides	20 reps 2 times/day
Short arc quads	20 reps 2 times/day
Straight leg raises (Knees only)	20 reps 2 times/day
Knee extension stretch (Knees only)	20 minutes 2 times/day
Seated knee flexion	20 reps 2 times/day

\*These exercises are pictured in this guidebook.

Exercises will be reviewed with you individually by your Physical Therapist as you progress through your rehab.

# RANGE OF MOTION AND STRENGTHENING EXERCISES

## Ankle Pumps

PreOp and PostOp



Move ankle up and down, point toe down and pull up. It is not necessary to lift the leg off the bed.

Repeat 20 times.

## Quad Sets – Knee Push Downs

PreOp and PostOp



Lie on back, press knee into bed, tightening muscles on front of thigh. Do not hold breath. Hold for 5 seconds.

Repeat 20 times.

## Gluteal Sets – Bottom Squeezes

PreOp and PostOp

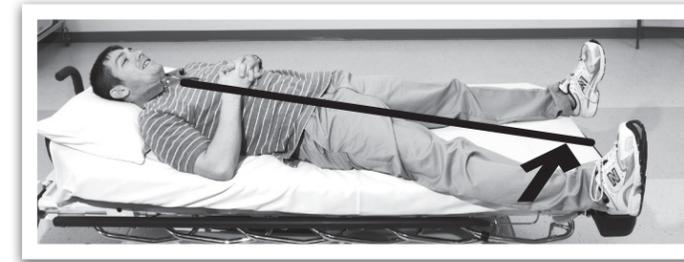


Tense muscles and squeeze buttocks together. Keep legs and buttocks flat on bed. Do not hold breath. Hold for five seconds.

Repeat 20 times.

## Hip Abduction and Adduction

PreOp and PostOp

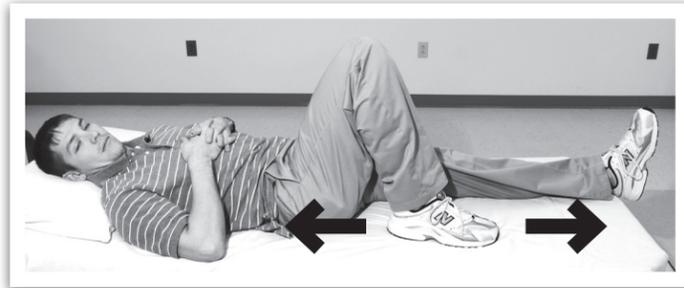


Lie on back, slide legs out to side, and back to midline. Keep toes pointed straight up and knees straight.

Repeat 20 times.

## Heel Slides

PreOp and PostOp



Lie on back. Slide heel toward your bottom as close as you can. Slide heel to straighten leg to neutral again.

Repeat 20 times.

## Short Arc Quads

PreOp and PostOp

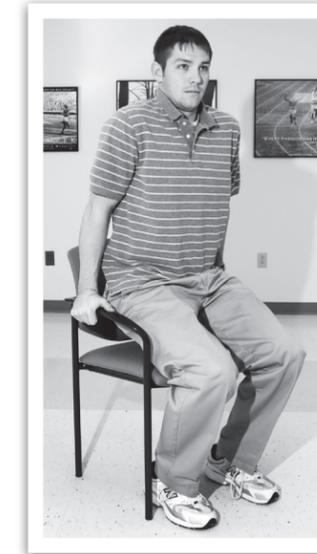


Lie on back, place towel or blanket roll under thigh. Lift foot, pivot at knee, straightening leg. Do not raise thigh off roll. Hold five seconds. Slowly relax, returning to flexed position.

Repeat 20 times.

## Armchair Push-Up

PreOp and PostOp



This exercise will help strengthen your arms for walking with crutches or a walker. Sit in an armchair. Place hands on armrests. Straighten arms, raising bottom up off chair seat if possible. Feet should be flat on the floor.

Repeat 20 times.

## Straight Leg Raises

PreOp and PostOp

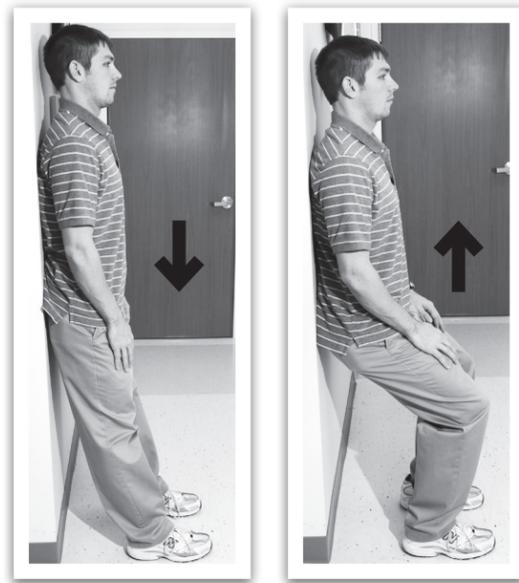


Lie on back, unaffected knee bent and foot flat. Lift opposite leg approximately 12 inches off bed. Keep knee straight and toes pointed up. Hold for five seconds. Relax.

Repeat 20 times.

## Mini Squats

Preop



With back flat against solid wall, slightly bend knees, sliding downward against the wall, and slowly straighten, sliding upward against the wall.

*Repeat 20 times.*

## Resources for Exercise Classes After the Wound has Healed

Some facilities offer aquatic therapy programs to improve flexibility, muscular strength and endurance. In some cases, your doctor's referral may be required. Below is a list of a few local facilities that offer such classes:

Lloyd Pool	812-435-6085
YMCA - Downtown Evansville	812-423-9622
Dunigan YMCA - Evansville East	812-401-9622
The Rehab Center	812-479-1411
Encompass	812-476-9983

### Things to Remember for the Rest of your Life

- Your surgeon will want to see you back in his/her office one year after surgery and every 2-3 years after that. It is important to attend these visits. It is much easier to catch and resolve any issues with the implant early.
- It is important to stay active. Talk with your surgeon and primary care provider before beginning any exercise programs.

# ACTIVITIES OF DAILY LIVING

## Precautions And Home Safety Tips

### Standing Up From Chair

Do NOT pull up on the walker to stand. Sit in a chair with arm rests when possible. Scoot to the front edge of the chair. Push up with both hands on the armrests. If sitting in a chair without armrest, place one hand on the walker while pushing off the side of the chair with the other. Balance yourself before grabbing for the walker.



Correct



Incorrect

### When getting into bed

- Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed).
- Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets, or sitting on a plastic bag may make it easier.)
- Move your walker out of the way, but keep it within reach.
- Scoot your hips around so that you are facing the foot of the bed.
- Lift your leg into the bed while scooting around (if this is your operated leg, you may use a cane, a rolled bed sheet, a belt, or your theraband to assist with lifting that leg into bed).
- Keep scooting and lift your other leg into the bed.



### Transfer - In/Out of Bed

- Scoot your hips towards the center of the bed.

### When getting out of bed:

- Scoot your hips to the edge of the bed.
- Sit up while lowering your un-operated leg to the floor.
- If necessary, use a leg-lifter to lower your operated leg to the floor.
- Scoot to the edge of the bed.
- Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
- Balance yourself before grabbing for the walker.

### Transfer - Tub

#### Getting into the tub using a bath seat:

- Place the bath seat in the tub facing the faucets.
- Backup to the tub until you can feel it at the back of your knees. Be sure you are in front of the bath seat.
- Reach back with one hand for the bath seat. Keep the other hand in the center of the walker.
- Slowly lower yourself onto the bath seat, keeping the operated leg out straight.
- Move the walker out of the way, but keep it within reach.
- Lift your legs over the edge of the tub, using a leg lifter for the operated leg, if necessary.

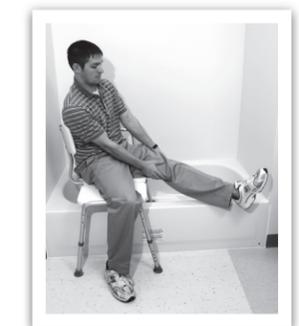


#### Hold onto back of shower seat.

- Note: Although bath seats, grab bars, long-handled bath brushes and hand-held showers make bathing easier and safer, they are typically not covered by insurance.
- Note: Always use a rubber mat or non-skid adhesive on the bottom of the tub or shower.
- Note: To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attach it to the bath seat.

#### Getting out of the tub using a bath seat:

- Lift your legs over the outside of the tub.
- Scoot to the edge of the bath seat.
- Push up with one hand on the back of the bath seat while holding onto the center of the walker with the other hand.
- Balance yourself before grabbing the walker.



## Transfer – Toilet

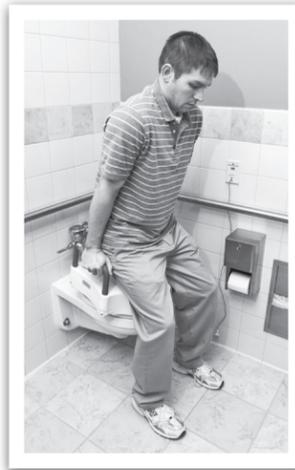
You may need a raised toilet seat or a three-in-one bedside commode over your toilet after surgery.

### When sitting down on the toilet:

- Take small steps and turn until your back is to the toilet.
- Never pivot.
- Back up to the toilet until you feel it touch the back of your legs.
- If using a commode with armrests, reach back for both armrests and lower yourself onto the toilet. If using a raised toilet seat without armrests, keep one hand on the walker while reaching back for the toilet seat with the other.
- Slide your operated leg out in front of you when sitting down.

### When getting up from the toilet:

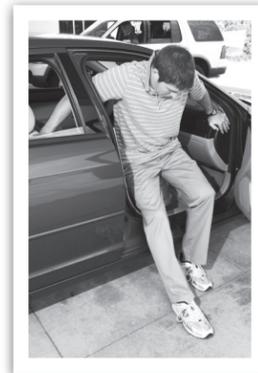
- If using a commode with armrests, use the armrests to push up. If using a raised toilet seat without armrests, place one hand on the walker and push off the toilet seat with the other.
- Slide operated leg out in front of you when standing up.
- Balance yourself before grabbing the walker.



Three-in-one Toilet Seat

## Transfer – Automobile

- Push the car seat all the way back; recline it if possible, but return it to the upright position for traveling.
- Place a plastic trash bag on the seat of the car to help you slide and turn frontward.
- Back up to the car until you feel it touch the back of your legs.
- Reach back for the car seat and lower yourself down. Keep your operated leg straight out in front of you and duck your head so that you do not hit it on the door frame.
- Turn frontward, leaning back as you lift the operated leg into the car.
- To get out of car, get out legs first.
- Slide to the edge of the seat and stand.



## Walking

- Move the walker forward.
- With all four walker legs firmly on the ground, step forward with operated leg. Place the foot in the middle of the walker area. Do not move it past the front feet of the walker.
- Step forward with the un-operated leg.
- NOTE: Take small steps. Do not take a step until all four walker legs are flat on the floor.

## Stair Climbing

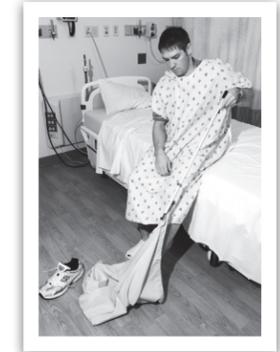
- Ascend with non-operated leg first (Up with the good).
- Descend with the operated leg first (Down with the bad).
- Face forward if you have railings. Face backward if using walker with assistance.



## Personal Care – Using a reacher.

### Putting on pants and underwear:

- Sit down.
- Put your operated leg in first and then your unoperated leg. Use a reacher to guide the waist band over your foot.
- Pull your pants up over your knees, within easy reach.
- Stand with the walker in front of you to pull your pants up the rest of the way.



### Taking off pants and underwear:

- Back up to the chair or bed where you will be undressing.
- Unfasten your pants and let them drop to the floor. Push your underwear down to your knees.
- Lower yourself down, keeping your operated leg out straight.
- Take your unoperated leg out first and then the operated leg. A reacher can help you remove your pants from your foot and off the floor.

### How to use a sock aid:

- Slide the sock onto the sock aid.
- Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
- Slip your foot into the sock aid.
- Straighten your knee, point your toe, and pull the sock on.
- Keep pulling until the sock aid pulls out.



### If using a long-handled shoehorn:

- Use your reacher or long-handled shoehorn to slide your shoe in front of your foot.
- Place the shoehorn (shown on page 20) inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
- Lean back, if necessary, as you lift your leg and place your toes in your shoe.
- Step down into your shoe, sliding your heel down the shoehorn. Note: Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoe laces. Do not wear high-heeled shoes or shoes without backs.



## Around The House

### Energy Conservation

- Plan ahead. Gather all your supplies at one time. Then, sit to prepare your meal or complete self-care.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To provide a better work height, use a stool or put cushions on your chair when preparing meals.
- Use a mop or other long-handled brush when cleaning.
- Use a reacher to get clothes out of washer and dryer.

### Safety and Walker Use

- Always use a walker. Don't be tempted to leave your walker and use the countertop to hold on to.
- Do not carry anything in your hands. Both hands need to be firmly on your walker when you are walking.
- In order to move items in the kitchen, refer to some of the following ideas:
  - Tie a plastic bag on the front of your walker or get a walker basket.
  - Slide items along the countertop/table, then move your walker, and slide the item again until you get it where you need it.
- Buy canned drinks, cups with lids, or water bottles. These will be easier to transport unopened in walker bag.
- Serve food in containers with lids. This will be easier to transport in walker bag.
- Keep cordless telephone with you at all times.

## Safety and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do not run wires under rugs, this is a fire hazard.
- Do not wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position so as not to get light-headed.
- Do not lift heavy objects for the first three months and then only with your surgeon's permission.
- Do not walk in sock feet on non-carpeted floors.
- Keep walker height adjusted so that handles are at wrist level when standing fully upright and arms are at sides.
- Stop and think. Use common sense.

## Dos and Don'ts For the Rest of Your Life

Whether they have reached all the recommended goals in three months or not, all joint patients need to have a regular exercise program to maintain their fitness and the health of the muscles around their joints. With both your orthopaedic and primary care physicians' permission, you should:

- Be on a regular exercise program 3-4 times per week lasting 20-30 minutes
- Impact activities such as running and singles tennis may put too much load on the joint and are not recommended
- High-risk activities such as downhill skiing are likewise discouraged because of the risk of fractures around the prosthesis and damage to the prosthesis itself.

## What To Do In General

- Take antibiotics one hour before you are having dental work or other invasive procedures for your lifetime after surgery.
- Although the risks are very low for postoperative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 101° (if not alleviated by Tylenol), or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or Band-Aid on it, and notify your doctor. The closer the injury is to your prosthesis, the bigger the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area becomes painful or reddened.
- When traveling, stop and change position hourly to prevent your joint from tightening.
- See your surgeon yearly unless otherwise recommended.

## What To Do For Exercise

- Choose a low impact activity such as golf, bowling, walking, gardening, dancing, etc.
- Recommended exercise classes
- Home program as outlined in the Guide Book
- Regular 1-3 mile walks
- Home treadmill (for walking)
- Stationary bike
- Regular exercise at a fitness center

## What Not To Do For Exercise

- Do not run or engage in high-impact activities
- Do not participate in high-risk activities such as downhill skiing, etc. They may lead to falls and injuring your new joint.

## The Importance of Lifetime Follow-Up Visits

Over the past several years, orthopaedic surgeons have discovered that many people are not following up with their surgeons on a regular basis. The reason for this may be that they do not realize they are supposed to or they do not understand why it is important.

When should you follow-up with your surgeon? These are some general rules;

- Every year, unless instructed differently by your physician.
- Anytime you have mild pain for more than a week.
- Anytime you have moderate or severe pain. There are two good reasons for routine follow-up visits with your orthopaedic surgeon:
  1. **If you have a cemented hip or knee, we need to evaluate the integrity of the cement.** With time and stress, cement may crack. You probably would be unaware of this happening because it usually happens slowly over time. Seeing a crack in cement does not necessarily mean you need another surgery, but it does mean we need to follow things more closely. Why? Two things could happen. Your hip or knee could become loose and this might lead to pain. Or, the cracked cement could cause a reaction in the bone called "osteolysis," which may cause the bone to thin out and cause loosening. In both cases you might not know this for years. Orthopedists are constantly learning more about how to deal with both of these problems. The sooner we know about potential problems, the better chance we have of avoiding more serious problems.
  2. **The second reason for follow-up is that the plastic liner in your knee or hip may wear.** Little wear particles combine with white blood cells and may get in the bone and cause osteolysis, similar to what can happen with cement. Replacing a worn liner early and grafting the bone can keep this from worsening. X-rays taken at your follow-up visits can detect these problems. Your new X-rays can be compared with previous films to make these determinations. This should be done in your doctor's office. If you are unsure how long it has been or when your next visit should be scheduled, call your doctor.



## IMPORTANT NUMBERS

Joint Replacement Program Office **812-842-3990**

*Please remember, don't hesitate to call your Program Coordinator with any questions you may have. If you are unsure who to direct your specific question to, your Coordinator can guide you to the correct person to speak with.*

Orthopaedic Associates, Inc. **812-424-9291**

Deaconess Gateway Joint Replacement Center - Nursing Unit **812-842-2955**

Deaconess Gateway Pre-Admission Testing **812-842-3737**  
**812-842-3780**

Deaconess Gateway Same Day Surgery **812-842-3646**

Social Services-Gateway **812-842-4502**

Orthopedic Nurse Navigator **812-842-3699**

## APPENDIX

### Coumadin

Coumadin® is an anticoagulant. The purpose of this medication is to prevent harmful clots from forming or growing. The medication works by decreasing the amount of active clotting factors in the bloodstream.

Coumadin® remains in the body for a very long time and, therefore, needs to be taken once daily. You should learn and understand the following facts about taking Coumadin®. Take Coumadin® at the same time every day. Take Coumadin® exactly as the physician or pharmacist prescribes. NEVER take more or less of the Coumadin® unless specifically told to by your physician or pharmacist. If you forget to take your dose, do not double your dose the next day but, take your regularly prescribed dose. Missing only one dose will not cause a clot to form. Missing more than one dose may cause problems while taking more than the prescribed dose may cause bleeding.

### Determining the Dose of Coumadin®

While you are taking Coumadin®, a blood test will be done each day that you are in the hospital to monitor the effectiveness of the medication. This blood test is called the prothrombin time, or the PT. When you are discharged from the hospital, the blood test monitoring is decreased to two times a week or as determined by your surgeon. Coumadin® therapy will normally continue for three weeks. If you have a history of blood clots, then therapy will continue for six weeks.

When you are discharged from the hospital, you may need to have periodic checks of your prothrombin time. These checks will be scheduled for you by Social Services or your physician's office, if necessary. If needed, your dosage may be adjusted by your physician.

### Signs of Adverse Effects

Because one of the signs of too much Coumadin® is bleeding, you should be aware of the signs and symptoms of bleeding. Call your doctor right away if any of these signs and symptoms is present. Also, call your doctor if you sustain any falls or injuries while taking Coumadin®.

- Excessive bleeding from your gums while brushing your teeth
- Frequent and severe bruising
- Nose bleed for no reason
- Dark or bloody urine
- Black or tarry stools or obvious blood in your stools
- Unusual bleeding

### Drugs to avoid while taking Coumadin®

Aspirin, aspirin-containing, and nonsteroidal medications can all increase the effect of Coumadin® and, therefore, should be avoided unless prescribed by a physician. Inform all of your doctors that you are on Coumadin® and consult your pharmacist before taking any over-the-counter medications.

### How diet affects Coumadin®

Changes in diet may also affect the way Coumadin® works. It is important to maintain a steady, well-balanced diet. Too many dark green leafy vegetables on consecutive days may alter the prothrombin time. Therefore, maintain the same weekly balance of vegetables. Alcohol consumption should be avoided while on Coumadin® because it can also increase the prothrombin time.

### Lovenox®

Lovenox® is also an anti-coagulant medication. It is an injection given once or twice a day in your abdomen. Your physician will determine which type of anticoagulation you will be given. Should your physician determine that Lovenox® is appropriate for you, you will be instructed about the medication and its use before you go home. If you have a prescription plan with your insurance, we recommend that you check with your insurance carrier see if Lovenox® is covered on their formulary. If it is not covered, this medication is a very expensive out-of-pocket cost for you. It averages approximately \$300-\$400 for a ten day therapy prescription. If you do not have coverage for this medication, but have financial need for assistance to obtain your Lovenox®, let Social Services know and they will assist you to obtain your medication.

### Xarelto®

Xarelto® is an additional anti-coagulant that may be prescribed after surgery. This medication is a pill that will be taken once daily. Your physician will determine if this medication is appropriate for you.

### Aspirin

Aspirin can be used not only to treat pain and fever, but is often used as an anticoagulant or blood thinner.

As part of your postoperative medication regimen you will likely be placed on aspirin to decrease the chance of blood clots. Aspirin lowers the chance of clots by decreasing blood platelets.

This medication should be taken as prescribed. It will likely be prescribed twice a day. Here are a few things to keep in mind while on aspirin:

- Be sure all of your doctors know that you are on aspirin.
- In the rare event that you experience any excessive bleeding, asthma or difficulty breathing, notify your health care provider right away or call 911.
- Keep this and all medication stored securely, preferably in the bottle or package that it came in, and keep it in a dry place at room temperature. Excessive heat, cold or moisture may alter its effectiveness. Store your medication in the bathroom is not recommended. Keep medications out of reach of children.
- You may take aspirin with or without food.
- Ask your pharmacist or physician if you have any questions about your medication.

### Pain Scale Description

For the pain scale listed on page 16 of the guidebook.

#### 0 - No Pain; Minor

Feeling perfectly normal; Does not interfere with most activities. Able to adapt with medication or devices such as cushions.

#### 1 - Very Mild

Very light, barely noticeable pain; Like a mosquito bite.

**2 - Discomforting.** Minor pain, like lightly pinching the skin.

#### 3 - Tolerable; Moderate

Very noticeable pain, like an accidental cut, but still manageable; Interferes with many activities. Requires lifestyle changes, but still independent. Unable to adapt.

#### 4 - Distressing

Strong, deep pain, like an average toothache or stubbing your toe really hard.

#### 5 - Very Distressing

Strong, deep piercing pain, such as a sprained ankle when you stand on it wrong or mild back pain.

#### 6 - Intense; Severe

Strong, deep piercing pain so strong it seems to partially dominate your senses, causing you to think somewhat unclearly; Unable to engage in normal activities. Feeling disabled and unable to function independently.

#### 7 - Very Intense

The same as 6 except the pain completely dominates your senses causing you to think unclearly about half of the time.

#### 8 - Utterly Horrible

Pain so intense that you can no longer think clearly at all.

#### 9 - Excruciating, Unbearable

Pain so intense that you cannot tolerate it.

#### 10 - Unimaginable, Unspeakable

Pain so intense that you will go unconscious shortly.



0  
No pain



1-2  
Minimal



3-4  
Mild



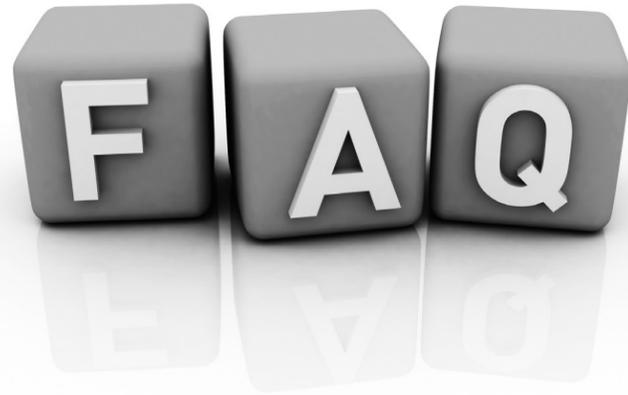
5-6  
Moderate



7-8  
Severe



9-10  
Excruciating



## FREQUENTLY ASKED QUESTIONS

We are glad you have chosen the Joint Replacement Program to care for your joint. Patients have asked many questions about total joint replacement. Below is a list of the most frequently asked questions along with the answers. If there are any other questions that you need answered, please ask your surgeon or the Joint Program Coordinator. We want you to be completely informed about this procedure.

### **What is arthritis and why does my joint hurt?**

In the joint there is a layer of smooth cartilage on the joint surfaces; HIP- the ball of the femur (thighbone) and within the hip socket (acetabulum) This cartilage serves as a cushion and allows for smooth motion of the joint. Arthritis is a wearing away of the smooth cartilage. Eventually, the cartilage wears down to bone. Rubbing of bone against bone causes discomfort, swelling, and stiffness.

### **What is a total joint replacement?**

Total joint replacement is a surgical procedure in which parts of an arthritic or damaged joint are removed and replaced with a metal, plastic or ceramic device called a prosthesis. The prosthesis is designed to replicate the movement of a normal, healthy joint.

### **What are the results of total joint replacement?**

Results will vary depending on the quality of the surrounding tissue, the severity of the arthritis at the time of surgery, the patient's activity level, motivation, and adherence to the therapies taught.

### **When should I have this type of surgery?**

Your orthopaedic surgeon will decide if you are a candidate for the surgery. This will be based on your history, exam, X-rays, and response to conservative treatment. The decision will then be yours.

### **Am I too old for this surgery?**

Age is not a factor if you are in reasonably good health and have the desire to continue living a productive, active life. You may be asked to see your Primary Care physician or specialists such as a Cardiologist, Pulmonologist, or Rheumatologist for his/her opinion about your general health and readiness for surgery.

### **How long will my new joint last?**

All implants have a limited life expectancy depending on an individual's age, weight, activity level, and medical condition. A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time.

### **Why might I require a revision?**

Just as your original joint wears out, a joint replacement will wear over time as well. The most common reason for revision is loosening of the artificial surface from the bone. Wearing of the plastic spacer may also result in the need for a new spacer. Your surgeon will explain the possible complications associated with total joint replacement.

### **What are the major risks?**

Most surgeries go well, without any complications. Infection, blood clots, and pneumonia are the most common serious complications. To decrease the risk of these complications, we use antibiotics preoperatively as well as postoperatively, and anticoagulants (blood thinners). We also take special precautions in the operating room to reduce the risk of infections.

### **Should I exercise before the surgery?**

Yes! It is recommended that you begin the exercises in the Exercises, Goals, and Activity Guidelines section immediately. Ideally, you should do twenty repetitions of each exercise twice a day. If at first you are not able to do all of the exercises, just do what you can and try to advance each time you exercise.

**Will I need blood?**

Although the incidence of blood transfusion after joint replacement is relatively low, you may need blood after the surgery. Your surgeon will determine if you are a candidate to donate your own blood before your surgery. If you do not donate before surgery, but need blood after surgery we have Blood Bank blood available. Most patients will not need to donate blood. There are strict guidelines to determine if you are a candidate. If your physician requests you to donate your own blood, it will be arranged by your surgeon's office. Donations are done at the Main Campus and/or at the Red Cross.

**How long will I be in bed after surgery?**

This will depend on the time of day your surgery is performed and the time you arrive to your Post Op unit room, your surgeon orders, and if you aren't experiencing any complications or adverse effects. As a general rule, if you return to the post op room prior to 11am, your physical therapy evaluation will most likely be on the day of your surgery. Even if you are not evaluated by a therapist on the day of surgery and if your condition permits, the nursing staff may transfer you to a chair or walk you around the room. You will sit on the side of the bed with assistance from the staff caring for you. You may begin your therapy exercises.

**What if I live alone?**

The goal is to return home and receive help from a coach, family member, friend and most likely outpatient therapy. In the event that there's a need to transfer to a sub-acute or short-term skilled nursing facility, you will stay there for 3-5 days.

**Will I need a second opinion prior to the surgery?**

The hospital will contact your insurance company to pre-authorize your surgery. If a second opinion is required, you will be notified. However, you may contact your private insurance carrier to verify that your case has been pre-certified.

**What steps should I take after my surgery is scheduled?**

After your surgeon has scheduled your surgery, appointments to prepare for your surgery will be scheduled for you. This may include: lab work, EKG, chest-x-ray, health/medication history, exam, prehab, and a class to help you better prepare. If there are questions about the preadmission process, you should contact the Joint Replacement Office at 812-842-3990.

**How long does the surgery take?**

We reserve approximately two hours for surgery. Some of this time is needed for the operating room staff to prepare for the surgery.

**Do I need to be put to sleep for this surgery?**

Your anesthesiologist will meet with you the morning of your surgery, and discuss your options for anesthesia he/she feels is best for you as an individual.

**Will there be much pain after surgery?**

Yes. You will experience pain following the surgery, but we will try to keep you comfortable with the appropriate medications. Our goal is to keep your pain level at a '5' on a 0-10 pain scale. (0=little to no pain to 10=the most severe pain you have ever experienced). Communicating constantly with your nurse about pain control is paramount to keeping your pain under control.

**Who will be performing the surgery?**

Your orthopaedic surgeon will perform the surgery. An assistant surgeon and trained OR staff will help during the surgery.

**How long, and where, will my scar be?**

The scar will be approximately three to four inches long. It will be along the anterior, or front, portion of your hip.

**Will I need a walker, crutches, or a cane?**

Your Physical therapist will evaluate you to determine the safest option for you. You may need a walker, a cane, or crutches. We will provide a walker to you while you are a patient in the Hospital. Social Services/Case Management will arrange for the appropriate equipment to be delivered to you in your room to take home, if necessary. The amount of time these devices are necessary after surgery will vary with each patient.

**How do I make arrangements for discharge?**

The goal is to go home with help from a coach, family member and most likely outpatient therapy in case you need more help. The Social Worker/Case Manager will be available to assist you with this after surgery. You should check with your insurance company to verify coverage.

**Will I need help at home?**

Yes, for the first several days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. The amount of assistance needed varies from person to person. Family or friends need to be available to help, if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals will help reduce the need for extra help.

**Will I need physical therapy when I go home?**

Yes, you will need to do your therapy exercises twice a day. You should do them with your Coach's assistance, and you may have either outpatient or in-home physical therapy, this will vary according to your Physical Therapist's recommendations. Patients are encouraged to utilize outpatient physical therapy, as necessary. The Social Worker/Case Manager will arrange for therapy visits as appropriate for you.

**How long until I can drive and get back to normal?**

The ability to drive depends on whether surgery was on your right leg or your left leg and the type of car you have. If the surgery was on your left leg and you have an automatic transmission, you could be driving at two weeks. If the surgery was on your right leg, your driving could be restricted as long as six weeks. Getting "back to normal" will depend somewhat on your progress. Consult with your surgeon or therapist for their advice on your activity. You, however, should not drive while taking narcotics for pain control.

**When will I be able to get back to work?**

We recommend that most people take at least one month off from work unless their jobs are sedentary and they can return to work with assistive devices. A therapist can make recommendations for joint protection and energy conservation on the job. You should discuss your specific circumstances with your surgeon prior to your surgery.

**When can I have sexual intercourse?**

A brochure will be provided as a guide for hip replacements. The time to resume sexual intercourse should be discussed with your orthopaedic physician.

**How often will I need to be seen by my doctor following the surgery?**

Approximately two weeks after discharge you will be seen for your first postoperative office visit. This is usually when staples are removed (if you have them). The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, twelve weeks, and then yearly.

**Do you recommend any restrictions following this surgery?**

Yes, high-impact activities, such as running, singles tennis, and basketball are not recommended. Injury-prone sports or activities such as downhill skiing are also dangerous for the new joint.

**What physical/recreational activities may I participate in after my recovery?**

You are encouraged to participate in low-impact activities such as walking, dancing, golf, hiking, swimming, bowling, and gardening. Your therapist can make recommendations about adapting your hobbies to any restrictions you may have.

**Will I notice anything different about my joint?**

Yes, you may have a small area of numbness around your scar, which may last a year or more. However, we always recommend avoiding extreme position or high-impact physical activity. Some patients notice some clicking when they move their joint. This is the result of the artificial surfaces making contact. Most patients think that their new joint feels completely natural. Some hip replacement patients may experience aching for a few months after surgery.







**Upon your discharge from the Joint Replacement Program, Orthopaedic Associates would like to remind you of a few post-operative guidelines for your return home or admission to inpatient rehabilitation.**

- **DO NOT** call or see your family doctor with any problems pertaining to your hip surgery. Please remember that if you experience any problems/concerns with your hip, contact our office at 812-424-9291 and discuss with a nurse or make an appointment.
- **DO NOT** allow another physician or ER to start you on antibiotics or any other treatment without discussion with our office first. This can be detrimental to you and keep you from the best possible outcome for your replacement.
- Swelling of the extremity post-replacement is normal and is to be expected up to six months after surgery. If you notice a sudden increase in swelling in the leg or calf, please contact our office.
- Drainage from the incision site is to be expected up to a week after the surgery. If the drainage persists beyond the seven day post-operative period, or at any time soaks through several bandages a day or onto your clothing, please contact our office.
- A low grade temperature is a normal inflammatory response after surgery. If you develop a fever of greater than 101° especially if accompanied with an increase in pain or drainage, please contact our office.
- If at any time after surgery you are unable to pump your foot or raise your foot up, please contact our office.