



Atlantic General Hospital Joint Surgery Center
9733 Healthway Drive • Berlin, MD 21811
410-641-0730

Total Joint Replacement Patient Guide



Table of Contents

Vision and Mission of Atlantic General Hospital	2
Foreword and Welcome	3
Important dates; Contact information; Sign up for Joint Replacement Class	4
Your goals and questions	5
Parking, visitor policy, and important phone numbers	6
Are you ready for surgery?	7
Preparing for surgery; Is everything ready at home?	8-11
Exercises for Success! (Before surgery)	12-17
3-10 days before surgery	18
3 days before surgery	19
Day before surgery	20
Day of surgery	21
Arrival to hospital; what to expect in pre-op	22
Anesthesia	23
What to expect in the operating room (OR)	24
What is a Total Knee Replacement?	25
What is a Total Hip Replacement?	26
What to expect post-op in the hospital	27
Post-op pain control	28
Equipment	29
What to expect after surgery	30
What if I have to stay overnight; discharge planning	31-33
Caring for yourself at home	34
Potential risks and complications	35-38
Walking with a walker	39
Sitting in and standing from a chair	40
Getting in and out of bed	41
Using the toilet	42
Using a shower chair	43
Getting in a car	44
How to get dressed using assistive equipment	45
Long-term care of joint replacement	46
Frequently Asked Questions (FAQ)	47-49

This guide is meant as a reference. Your surgeon, nurses, or therapists may add or change any of these recommendations to create an individualized plan of care for you. Always follow your care givers' recommendations first.

VISION AND MISSION

At Atlantic General Hospital, we are committed to putting our community and our patients first. Our hospital was built in 1993 with the efforts of a dedicated community. Our award-winning services are just part of what we offer: Our most important distinction is our caring team of professionals who have devoted their careers to caring for patients on the Eastern Shore of Maryland, Virginia, and Delaware.

Our Vision

To be the leader in caring for people and advancing health for the residents of and visitors to our community.



We are a community-centered organization, proud to serve patients of Worcester, Wicomico, Somerset, Accomack, and Sussex counties. Our associates are active members of the community who care about the health and wellbeing of our fellow community members.

Our Mission

To provide a coordinated care system with access to quality care, personalized service and education to create a healthy community.

Our mission and values go hand in hand. We become the leaders in caring through these values:

- Compassion
- Accountability
- Respect
- Error-Free

Foreword from Atlantic General Hospital

We wish to thank you for choosing Atlantic General Hospital's Center for Joint Surgery. We are here as the first step in your journey to restoring mobility, joint function, and a higher quality of life. Our physicians, nurses, and therapists, together with all of our care givers, are dedicated to making your stay as comfortable as possible and to helping you get well quickly. Please feel free to ask any member of our staff for assistance. We welcome any suggestions that you believe will improve our services.

Every year over 750,000 American choose to have a joint replacement. Many studies show that even if you are older, a joint replacement can significantly increase quality of life. A painful joint can interfere with both routine and fun activities such as walking, working, golfing, tennis, and bicycling. Joint replacements aim to decrease your pain and restore your independence. No matter what your age, replacing a painful joint can increase your mobility, allowing you to feel better.

The Center for Joint Surgery at Atlantic General Hospital would like to convey that your participation is the key to increasing your function and to having a successful recovery. Therefore, it is your responsibility to be honest with your healthcare team, do your best every day, participate with physical therapy, attend the pre-operative class, and read this guide. Our responsibility is to provide the best possible pre-operative education, after surgery care, and teach you the skills you need to succeed. Our goal is to involve you in every aspect of your care and work with you through each step of your journey.

We have a dedicated team trained in the care of joint replacement patients. All team members will work closely with you and your family to ensure that you are given only the best care. Remember, the single most important participant is your healthcare team is YOU. Much of the success of your surgery depends on your motivation and commitment to a rapid recovery.

Sincerely,

Atlantic General Hospital Associates and Medical Staff

Important Dates and Contact Information

Date of surgery:

Arrival time at the hospital:

Time of surgery:



Patients who participate in preoperative education have better functional outcomes.

Date and time of Preoperative Class: _____

Classes are offered several times throughout the month at Atlantic General Hospital.

To schedule, please call the Nurse Navigator for The Total Joint Program as soon as you have a surgery date at 410-641-0730. If you are unable to attend class, please call to discuss your options. We encourage your family member or support person attend the class with you.

The class will discuss:

- What to expect before, during, and after your surgery
- Explain the required pre-operative scrub
- Discharge planning
- Insurance concerns
- Question and answer review

My support person who will be my capable caregiver (family member or friend):

Telephone number:

What is your goal for your surgery?

This is an important part of your recovery. Write down a goal you want to reach after you recover from surgery. Share your goal with your family and caregivers.



For example, you might want to be able to:

- Attend my grandson's wedding this June
- Play a full round of golf by September

My goal for recovery is to be able to:

What questions do I have for my joint replacement team?



We are here to answer any questions that you may have. Write down any questions that you may have so you don't have to stress about remembering them.

For example, you may want to ask:

- How long will my surgery take?
- What type of metal is used for my prosthesis?

My questions are:

Quick Hospital Reference

Parking:

Free parking for patients and visitors is available 24 hours a day, seven days a week. Please be sure to lock your car.



Visiting policy:

- Same day discharge patients: At this time, patients are allowed to have one loved one come with them to surgery. This person must be well and over 18 years of age. All patients and loved ones are required to wear a face mask. *This policy is subject to change. The Pre-Admission Testing (PAT) Nurse will provide you with the most current information regarding visitation.*
- Overnight stay patients: If the patient is spending the night in the hospital, Atlantic General Hospital has a flexible 24-hours-a-day visitation policy in effect.
 - If visitors plan to come into the hospital before 6 am or after 9 pm, they must use the Outpatient Services/Emergency Room entrance. Our front lobby entrance opens at 6 am and the doors are locked at 9 pm.
 - Please be mindful that quiet hospitals help heal.

Important Phone Numbers:

Pre-Admission Testing (PAT) Nurses	410-641-9814
Nurse Navigator for Total Joint Program/Patient Pre-Operative Class	410-641-0730
Nurses Station on 2 nd floor	410-641-9244
Director of Surgical Services	410-641-9266

Are You Ready for Surgery?

Being in the best health possible lowers your risk of complications during and after surgery.

- ☐ If you smoke, QUIT! You should quit smoking for at least 4 weeks before surgery and 6 weeks after. Those who quit heal better. There are resources available to help you.
- ☐ Managing your blood pressure, blood sugar, and other conditions is essential to a successful surgery. If you have diabetes, making sure that your hemoglobin A1c is less than 7.0 will help your wound heal faster.
- ☐ DO NOT USE alcohol or illegal drugs. Both can seriously impact how you react to anesthesia and medications. If your surgeon prescribes Coumadin (to prevent blood clots), you will also need to avoid alcohol and illegal drugs for a few weeks after surgery.
- ☐ Do daily strengthening exercises for your lower body (see pages 14-19) to give your muscles a head start on your recovery. Try walking, water aerobics, or swimming for about 30 minutes a day, 5 days a week.
- ☐ If you are overweight, try to lose a few pounds. For every pound you lose, you take four pounds of pressure off of your joints, which will make it easier to get around after surgery. Plus, eating healthy food (more fruit, vegetables, and whole grains plus less fat, sugar, and red meat) will also help speed your recovery.
- ☐ If you need any medical or dental procedures, ask your doctor how far in advance you should schedule these. Any medical procedure through the skin (such as a biopsy, Moh's surgery for skin cancer, or colonoscopy) can introduce bacteria into your body. This puts you at higher risk for an infection that could impact your new joint. Just like medical procedures, dental cleaning and having root canals, a tooth pulled, or a crown exposes you to risky bacteria.

Preparation for Surgery is Key to Your Success!

☐ **Contact your Insurance Company.**

Your surgeon's office will contact your insurance company for pre-certification and pre-authorization. If issues arise, you will be contacted by your surgeon's office. **You are encouraged to contact your insurance company** and notify them of your upcoming surgery. You will want to ask your insurance company several questions:

1. After surgery, what home health and home physical therapy agencies in my area work with my insurance? How many visits will be covered? Is there a co-pay?

2. After surgery, if I have to go to an inpatient rehabilitation center, what inpatient physical therapy rehabilitation centers work with my insurance? What qualifying criteria would I need to meet to be covered?

3. Are the surgeon and hospital part of my insurance network and plan? What will my out of pocket cost be?

4. What equipment is covered by my insurance (such as walker, elevated toilet seat)?

You should talk to your surgeon about your discharge options **BEFORE** you have surgery.

☐ Identify a Capable Support Person

A responsible friend or family member can be your capable caregiver. They are strongly encouraged to:

- Go with you to the pre-operative class
- Take you home from the hospital and stay with you until you are safe walking and doing daily living activities on your own. You may need their support for a week or so.
- Drive you to your post-surgical appointments and therapy sessions

☐ Pre-register

After your surgery has been scheduled, you will be contacted by the pre-operative nurse to pre-register you. You will need the following information available when you are contacted. It is essential that you be available to answer these questions.

- Name of insurance holder, his or her address and phone number
- The insurance company name, mailing address, policy & group number
- The name, address, and phone number of someone to notify in case of emergency
- A list of all prescription medications, over-the-counter medications, vitamins and herbal supplements that you take
- Your medical history including:
 - Obstructive sleep apnea and/or oxygen use at home
 - Pacemaker or defibrillator
 - History of deep vein thrombosis (DVT) or pulmonary embolus (PE)
 - History of chronic infection such as MRSA, VRSA, VRE, C-diff, etc.
 - Allergies to medicines or food, materials such as latex
 - The habitual use of alcohol, nicotine products and recreational drugs

☐ Obtain medical and anesthesia clearance

Your surgeon might request that you see another physician or specialist prior to surgery. If you are asked to see another doctor before surgery, it is important that you make an appointment to see that doctor. If you do not see the physician for clearance prior to surgery, your surgery may be canceled.

☐ **Pre-operative testing**

When you schedule your surgery, the surgeon will give you an order for testing. Complete all of your testing and medical appointments 3-4 weeks before surgery as ordered.

If you were asked to see another physician for clearance prior to your surgery, you may require additional testing. All of this testing is for your safety.



☐ **Start pre-operative exercises**

People with arthritis can still exercise. Exercise is essential for success and will help loosen up stiff joints. Regular moderate exercise does not exacerbate arthritic pain. You need to start exercising now for success after surgery. Suggested exercises are included in this guide, but always check with your surgeon prior to beginning any exercise program. (see pages 14-19)

☐ **Review and complete your Advanced Directive and Living Will**

An Advanced Directive and Living Will allow you to make your own health decisions even if you are incapacitated. We do not plan on having to use your Advanced Directives during your hospital stay. We provide this information and the forms to you because we feel it is important that you make your own medical decisions.



If you already have an Advanced Directive or a Living Will please bring it to the hospital with you. We will make a copy and place it in your medical record.

Is Everything Ready at Home?

Planning for discharge is just as important as planning for surgery. When you come home after surgery, you will need to be extra careful to prevent falls and injuries while you recover. There are many small changes you can do at home now to make your recovery as safe and speedy as possible.

- ☐ Clear pathways, remove clutter and leave space around furniture for walking using a walker
- ☐ Ensure that chair seats are high enough to get into and out of easily. Avoid low, heavily-cushioned chairs and couches. A sturdy chair with arms works best.
- ☐ Use your walker as directed by the therapist. Don't risk injuring yourself or your caregiver!
- ☐ Improve lighting. Add lamps and night lights.
- ☐ Manage your pets. They may be excited to see you and be curious about the walker. Make a plan to keep them from tripping you or jumping on you. You may need to consider boarding your pets or having them stay with a friend or family member when you first come home.
- ☐ Stock up on supplies, groceries and meals that can be prepared easily.
- ☐ Move commonly used items to lower shelves or counters.
- ☐ Prevent slips and falls in the bathroom by using a non-slip mat in the shower
- ☐ Consider using a shower chair or bench while you shower.
- ☐ Use an elevated toilet seat to raise the height of your toilet and to have arms to steady yourself when sitting and standing up from the toilet

Exercises for Success!

This section will show exercises that are essential to do every day prior to surgery. Doing exercises prior to surgery will speed up your recovery. These exercises can be done at any time during the day and usually only take about 15 minutes. We recommend you do these exercises 10 times each, 2-3 times daily.

Exercises:

- Ankle Pumps
- Quad Sets
- Straight leg raise
- Glute Sets
- Long Arc Quads
- Short Arc Quads
- Heel Slides
- Hip Abduction/Adduction)
- Arm Dips
- Hamstring stretch

You may feel your muscles working during these exercises but you should not feel pain. If you do, you may be moving your leg too far out or trying to stretch too far. If it hurts to do an exercise, listen to your body, and do not move your body beyond what it can safely do.

Ankle Pumps

1. Lie down with your legs out straight.
2. Point your toes up and down.
3. Repeat up to 10 repetitions, 2-3 times daily.



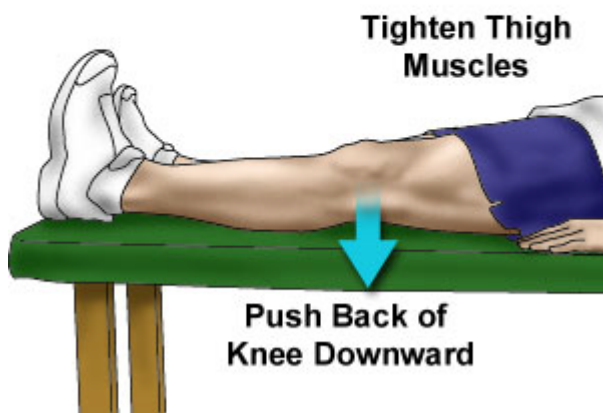
Ankle Pumps

Bend ankles to move feet up and down, alternating feet.

Quad Sets- The quadricep is the primary stabilizer of the knee muscle. This muscle plays a key role in your recovery.)

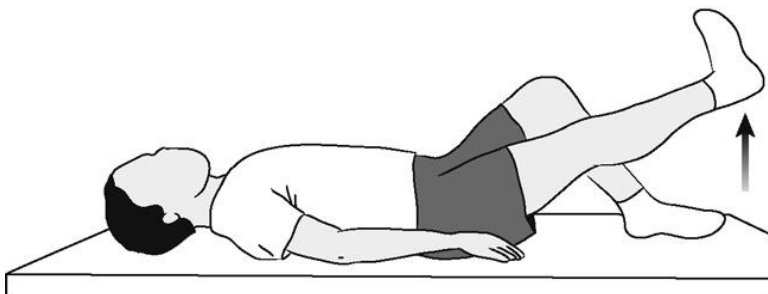
1. Sit or lie with your legs straight in front of you.
2. Tighten muscle on top of your leg.
3. Try to push your knee flat.
4. Hold muscle tight for 5 seconds then relax.

Quadricep Setting



Straight Leg Raises

1. Tighten muscle of the top, inside portion of the knee.
2. With muscle tightened, raise leg 1-2 inches off of the bed and hold for 1-2 seconds.
3. Repeat over the course of the day.



Glute Sets

1. Sit or lie with your legs straight in front of you.
2. Squeeze your buttock muscles.
3. Hold muscles tight for 5 seconds then relax.



Seated Long Arc Quads

(Seated kicks)

1. Sit with your back against a chair.
2. Kick one leg straight.
3. Relax.
4. Repeat at least 10 times on each leg, 2-3 times daily.



Short Arc Quads

1. Sit or lie on your back with your legs straight in front of you.
2. Place a rolled-up towel under your knee.
3. Tighten the muscle on top of your leg and raise your foot off the bed.
4. Hold muscle tight for 5 seconds then relax.

Do not raise knee off rolled-up towel



Heel Slides

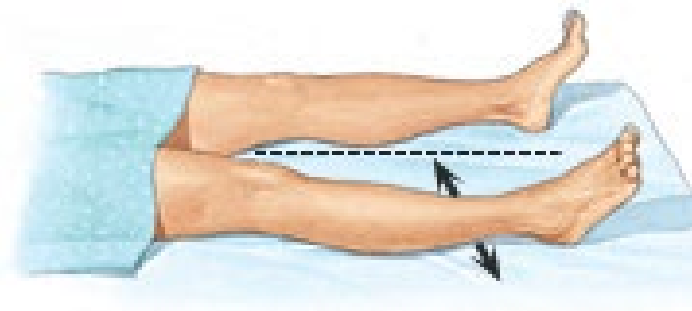
1. Lay on your back on your bed.
2. Bend your right knee so your foot is flat on the bed.
3. Slide your foot toward your bottom.
4. Hold for 10 seconds and then slide it away from your bottom.
5. Repeat at least 10 times on each leg, 2-3 times daily



Hip Abduction and Adduction

(scissors)

1. Lay on your back in bed.
2. Keep your legs straight.
3. Keep your toes pointed towards the sky.
4. Open and close your legs.
5. Repeat at least 10 times each, 2-3 times daily.



Arm Dips

1. Sit in a chair with strong arm rests.
2. Place hands on arm rests.
3. Push down with your arms until your bottom rises off the chair.
4. Repeat at least 10 times, 2-3 times daily.



Hamstring Stretch

1. Sit on your couch or bed.
2. Extend one leg on the couch or bed.
3. Lean forward to touch your toes (don't worry if you can't reach them).
4. Hold the stretch 20-30 seconds.
5. Relax.
6. Repeat 10 times on each leg, 2-3 times daily.



3-10 Days before surgery

☐ **Stop medications as directed by your surgeon**

☐ **Receive a call from the pre-operative nurse**

The pre-operative nurse will call you and review your medication list and health history; provide instructions on when to stop taking any medication and when you need to arrive at the hospital for your surgery.

☐ **Start to prepare for your return home:**

- Roll up throw rugs and remove trip hazards: electrical cords, cluttered floors, loose rugs
- Arrange a living space on the first floor
- If needed, install railings on stairs
- Install nightlights
- Get and install hand held shower head (optional)
- Make final arrangements for your pets to be kenneled or cared for

☐ **Continue to do your Exercises for Success!**

☐ **DO NOT shave your legs or get a pedicure one week prior to your surgery.**

The leg and knee that you are having surgery on should be free of open lesions, cuts, bug bites and scraps.

2 Days before surgery



☐ **Start your pre-operative scrubs and linen changes.**

Did you get your antimicrobial scrub?

If not ask for them, they help protect you from getting an infection.

Why wash with the antimicrobial scrub?

The soap in the scrub is very strong. It cleans the skin and kills potentially harmful or dangerous bacteria. Thoroughly cleansing your skin before surgery decreases your chance of infection.

Do not use if you are allergic to or have sensitivity to chlorhexidine gluconate (CHG) or any of its components.

Our protocols are based upon the most current treatment protocols. Your pre-operative preparation will include three antimicrobial scrubs.

Beginning 2 nights before your surgery: For example, if your surgery is scheduled on Monday morning, you would start the CHG scrubs on Saturday evening. You would repeat the process again on Sunday evening and Monday morning.

1. Change your bed linens prior to going to bed for the evening.
2. Get in the shower or bath tub and moisten your skin with water.
3. Apply only enough of the scrub to cover the area you are treating.
The bottle provided is enough for 3 uses.
4. Gently wash your body, beginning with the surgical hip or knee, using the antimicrobial scrub. Do not forget to scrub under your nails.
5. DO NOT wash your face or genital area with the scrub.
6. Rinse your body with water.
7. Wash your body one more time with the same scrub.
8. Rinse your body thoroughly with water. Do not leave any soap in your skin.
9. Use a CLEAN towel to dry off.
10. Put on clean night clothes.

☐ **Continue to do your Exercises for Success!!!**

The Day before surgery

☐ **No Eating or Drinking after midnight:**

No eating or drinking unless told to do so by your surgeon or the pre-operative nurse. If you are told to take medications the day of surgery, it is ok to take them with a sip of water.



☐ **Eat a light dinner and have a bedtime snack on the day before surgery:**

A heavy meal on your stomach can cause you to be nauseated after surgery. We suggest you eat light. Soup and a sandwich or a salad is a great idea.

☐ **Try to have a bowel movement:**

After surgery, constipation can be a concern. You will feel more comfortable after surgery, if you resolve this issue prior to surgery. Many patients ask if it is acceptable to take a laxative prior to surgery. If you know exactly how that medication will work with you, then it is ok to take it. If you do not know exactly how the medication will work with you, then we do not recommend taking it.

☐ **Pack a small bag. Things to Bring:**

- Loose clothing: pants, shirts, underwear, socks. Bring a change of clothing in case you have to stay in overnight.
- Shoes: NO clogs or slip-on shoes! They should be flat shoes with non-skid soles.
- Entertainment objects: handheld games, books, electronic devices
- Cell phone and charger
- C-PAP or Bi-Pap and your mask
- Personal care items are available at the hospital, but you may bring your own
- A case for your glasses, contacts, hearing aids and/or dentures
- Your own walker if you already have one

Things NOT to bring:

- Money, check books, or credit cards
- Jewelry or watches. Remove and leave them at home because you will not be able to wear them in the operating room.
- Anything you would not want to leave unattended in a public area

☐ **Complete your second shower with the cleanser**

☐ **Finish getting last minute things in order**

The Day of Surgery

Complete your final shower with the cleanser:

- Make sure to shower the morning of surgery using the antimicrobial cleanser.
- DO NOT use any lotions, creams, fragrances, makeup, powders, oils, or nail polish
- DO NOT shave the area where you will have surgery

Before you leave the house:

- No eating or drinking, unless told to do so by your surgeon or the pre-operative nurse
- Take medications as instructed by the pre-operative nurse
- Try to have a bowel movement
- Wear or bring your glasses if you need them to read
- BRING your ID and insurance card
- Leave all your valuables at home

When you arrive at the hospital:



Enter the hospital through the Main Entrance. You will be escorted to the pre-operative area. One loved one may remain with you during registration and pre-op. Once you go off to surgery, your loved one may either wait in the surgical waiting room near the main lobby or go home until you are ready for discharge. We allow one loved one in the discharge area.

Please have your photo ID and insurance cards available.

What to expect in the pre-operative area:

- We will obtain an accurate weight and take a set of vital signs (blood pressure, heart rate, oxygen saturation level, rate of respiration, and temperature)
- Change into a hospital gown
- Staff will review your information again and verify key items
- You will talk to your surgeon, sign surgical consent, and the surgical site will be marked
- An IV line will be placed in your arm. This will be used for antibiotics before and after surgery as well as fluids and medicines during the surgery
- You will meet with your anesthesiologist and together you will decide what plan is best for you
- After all your questions are answered, you will go into the Operating Room

Anesthesia

The goal of our team of board-certified anesthesiologists is to optimize your pain management following surgery and to help you be more comfortable throughout your recovery and rehabilitation.

Prior to your arrival on the day of surgery your anesthesiologist has completed a review your history and will work with you to address any concerns while devising an “anesthetic plan” based on your type of surgery. We utilize various pain management modalities to provide a balanced approach throughout your surgical experience. Some of our techniques are started prior to surgery in the form of “preemptive” pain medications, which target pain’s various sources such as inflammation and nerve related discomfort.

Controlling your pain after surgery is a team effort. Although your surgeon will be primarily responsible for your care after surgery, we will provide them with insight on how to best meet your pain management needs. Our anesthesiologist, pharmacist, nurses and physical therapist will continue to work as a team to effectively manage your pain.

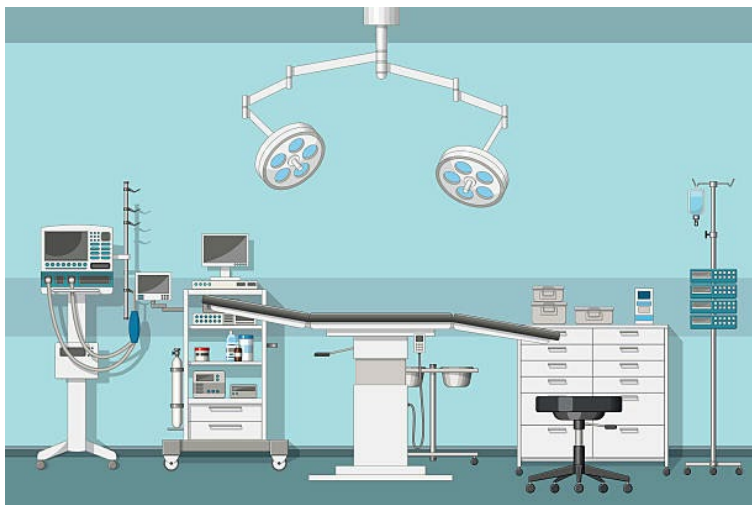
You may receive general anesthesia, spinal anesthesia, and/or peripheral nerve block.

- **General anesthesia**- combination of medications that put you in a sleep-like state for surgery. You will be completely unconscious with a tube down your throat for breathing.
 - Side effects may include: Nausea, vomiting, dry mouth, sore throat, muscle aches, itching, shivering, sleepiness, and/or mild hoarseness
- **Spinal anesthesia**- an injection of medication directly into the spinal canal that reduces sensitivity to pain in certain parts of the body without loss of consciousness

- Side effects may include: Allergic reaction, bleeding/hematoma of spinal column, difficulty emptying bladder, drop in blood pressure, infection, nerve damage, and/or severe headache
- **Peripheral Nerve Block**- an injection of medication near the nerve controlling sensation or movement to the area of the body requiring surgery
 - Side effects may include: tingling, itchiness, nausea, pain at injection site, and/or muscle spasms
- **Local Anesthesia**- an injection of medication that temporarily numbs a small area of the body
 - Side effects may include: soreness at the injection site, tingling, ringing in the ears, headache, dizziness, confusion, and disturbances or the heart rhythm and blood pressure

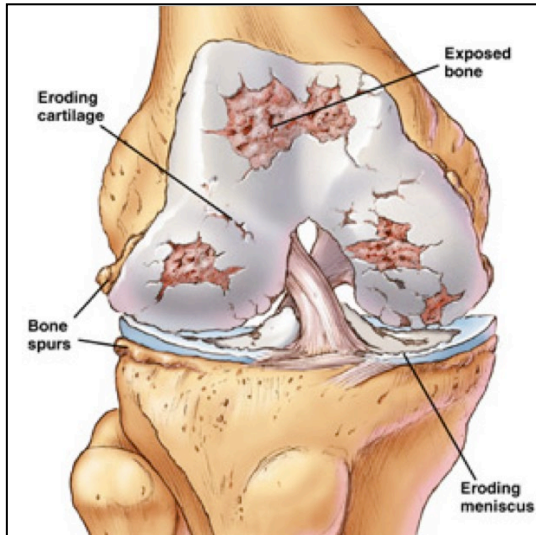
What to expect in the Operating Room:

You will be given a medicine to help you relax. Your anesthesia will be started; antibiotic administration will be completed, and a final surgical scrub of your surgical site will be completed. The surgeon will perform your total knee replacement.



What is a Knee Replacement?

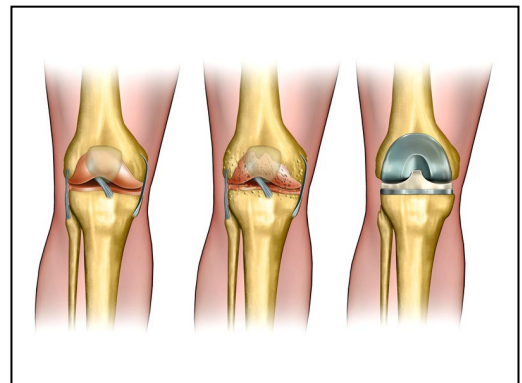
What is arthritis and why does it affect my knee?



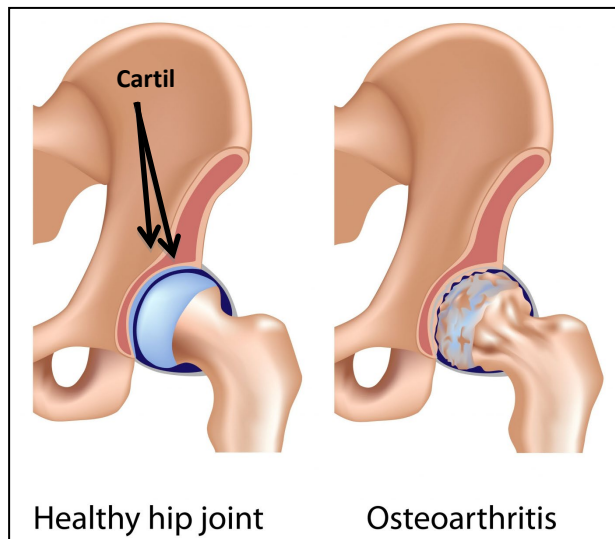
Arthritis is a disease of the articular cartilage, the smooth cushion that pads and protects joints. In a healthy knee, this cushion or cartilage located between the end of the thigh bone (femur) and the shin bone (tibia) prevents the two bones from rubbing against each other. Over time, or following injury, the cartilage begins to wear away leading to bone-on-bone contact. The nerve endings surrounding the bones become irritated resulting in the pain, swelling and stiffness associated with arthritis.

What is a total knee replacement?

The term total knee replacement is misleading since the knee itself is not replaced. The ends of the femur and tibia are shaped and capped with an implant device referred to as prosthesis. The process is similar to having a crown put on your tooth. A plastic spacer is attached to the prosthesis, creating a smooth cushioning effect much like the original cartilage. By replacing the diseased and painful surface, the bone-on-bone articular pain is eliminated and allows you to return to an active, healthy lifestyle.

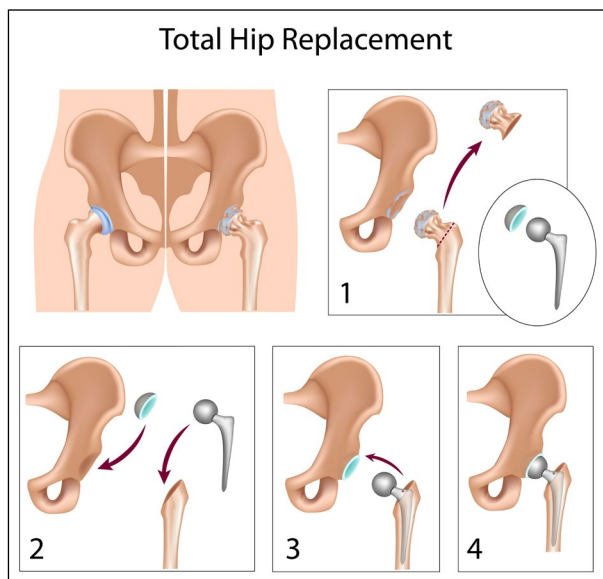


Total Hip Replacement



What is a Total Hip Replacement?

The hip is made up of two parts, a ball and a socket. The ball (part of the femur) fits into the socket (part of the pelvis), and a layer of cartilage covers the ends of each bone. Osteoarthritis is when this smooth cartilage is worn away and the bones rub on each other. Pain is caused by the bones rubbing on each other. Bony spurs may also develop due to the bones rubbing on each other.



A total hip replacement is a surgical procedure that removes the damaged cartilage from the ball of the upper leg bone (femur) and socket of your pelvis. The ball of your femur will be replaced with a metal ball. The socket in the pelvis will be replaced with a plastic liner or ceramic cup and metal shell. The metal ball and the smooth plastic or ceramic liner create a smooth joint.

What to Expect in the Recovery Room

After surgery, you will be taken to the recovery room. The goal of the recovery room staff is to get you awake, get your pain and any nausea under control, and safely get you up and moving with physical therapy.

Most patients are in the recovery room for about 45 minutes to 1 ½ hours. Your surgeon will go into the waiting area and speak to your loved one to let them know how you did during surgery. Our goal is to get you home on the same day as surgery. However, if you have nausea, sleepiness, or are not progressing safely with physical therapy, we will keep you overnight or longer to make sure you are safe and well after surgery.

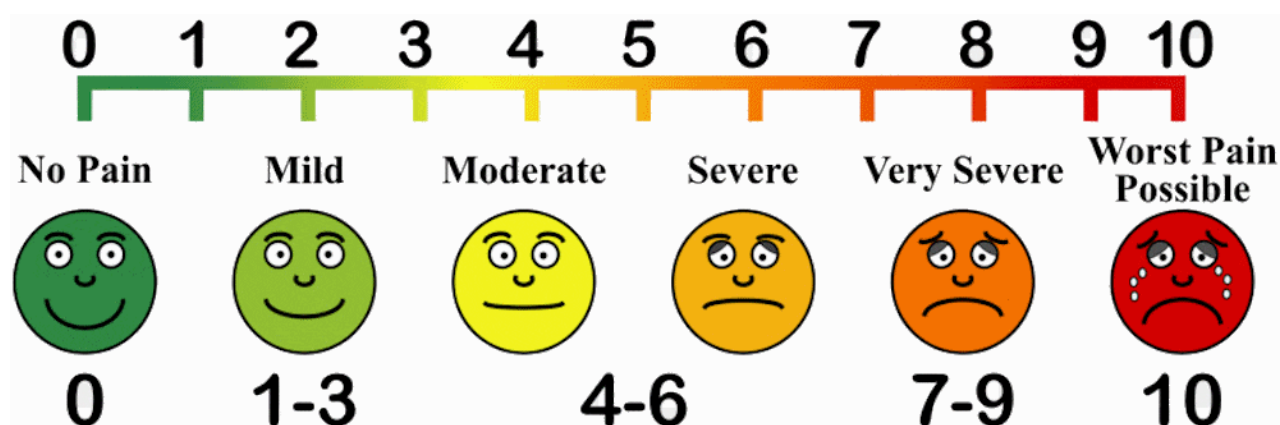
When you get to the recovery area, you will:

- Be greeted by your nursing team
- Have frequent blood pressure and temperature checks
- Have frequent nursing assessments (wound, limb, skin, heart, lung, IV, pain checks)
- Be offered something to drink
- Case Management will meet with you to talk about discharge plans
- Our goals are to get you comfortable and manage any pain or nausea you may have. Also, another goal is for our patients to get out of bed the day of surgery.

Post-operative pain control

Pain Management:

Pain control is important after surgery as our goal is to make you as comfortable as possible in order for you to fully participate in therapy and meet your goals. The team uses a multi-modal approach to manage pain. After you have recovered from anesthesia, your pain is usually managed with oral medications. Your pain control is important to us. You will be asked to rate your pain on a scale of 0-10, 0 being no pain and 10 being the worst pain you've ever felt.



Your surgeon will order IV pain medication and pain pills after surgery. You will start with the IV pain medication in the hospital and progress to the pain pills when you are able to tolerate a diet (meaning you are able to drink and eat without nausea or upset stomach).

Please let your nurse know if:

- The pain medication does not decrease your pain. Although we do not expect the pain medication to eliminate all of your pain, we do expect the medication to control your pain to a tolerable level.
- The pain medication makes you feel nauseated or itchy. The nurses have medications available to help with this

Equipment for after surgery

The one piece of required equipment is a front-wheeled rolling walker. Physical therapy will progress you to a cane when appropriate.



How long will I use a walker?

You can expect to use a front-wheeled rolling walker or cane for about 4-6 weeks. Some people may use assistive devices longer.

Will I need any other equipment?

There are a few pieces of equipment we highly recommend. Not all of them are covered by your insurance. Recommendations include:

A three in one commode

Or

Elevated toilet seat and a shower chair



Please do not purchase any equipment until you have spoken with your insurance company or the case manager after surgery.

What to Expect after Surgery

What to expect:

- Physical Therapy will work begin to work with you very quickly after surgery.
- You will get out of bed, walk, and transfer to the chair with nursing and/or Physical Therapy. You may practice climbing a couple stairs if applicable. We encourage early mobilization after surgery.
- Nurses will help you get any pain or nausea under control and review instructions for your care at home.
- Case Management will meet with you to review discharge plans.

What we need from you:

- Do your best! Only get out of bed or walk with a staff member. After joint replacement surgery, all patients are at a high risk for falling regardless of your age or physical ability.
- Be honest with your nurses, surgeon, and caregivers
- Keep on top of your pain. If something isn't working, please let us know
- Do ankle pumps frequently
- Use your incentive spirometer at least 10 times every hour while you are awake
- Shift your weight every 1-2 hours
- Stay hydrated!

Other things to note:

Physical therapy may ask your family to leave the room for their first visit. This may be a good time for your family to take a break or have a snack. This helps to eliminate any distractions and allow you to focus on safely using the equipment and getting out of bed. After this session, we encourage them to be present so they can also learn how to assist you at home.

Urinary catheters (Foley catheters):

- Urinary catheters are used occasionally- this is up to the discretion of the surgeon
- If you have a catheter, it will generally be removed on the evening of surgery or 1st morning after surgery
- It is not uncommon to have slight bleeding or irritation after removal. If irritation last more than a few hours to a day, let your team know.

If you stay beyond the day of surgery ...

Sometimes patients need to stay in the hospital overnight or for 1-2 days. If you stay, you can expect:

- A phlebotomist to draw blood sample in the morning
- Staff to assist you with bathing and toileting
- Therapy twice a day
- Similar to your caregiver at home, staff will provide reminders to complete your exercises on your own, including the use of the incentive spirometer
- The surgeon, and in some cases a doctor from the hospitalist staff, will complete an assessment and review your progress
- The case manager will continue to work with you on your discharge plan

Discharge: Who is Responsible for What?

It is important that you follow your surgeon's instructions

Joint replacement surgery is major surgery, but is considered to be an elective surgical procedure. It is your responsibility to ensure that you have a safe home environment including a caregiver to assist you for at least 2 weeks after surgery. Most patients are discharged to home on the same day as surgery or after one overnight stay.

If you are going home:

- You are responsible for finding a safe ride home.
- You will receive written discharge instructions and any prescriptions you may need to have filled. We suggest filling them at the hospital pharmacy whenever possible.
- Your nurse will discuss your discharge instructions with you and answer any questions you may have.
- We will arrange for an in home physical therapist to come see you. Some patients may elect to begin outpatient therapy after being discharged. We will help you determine the best fit for you.
- Case management will work with you to obtain any necessary equipment before you leave.
- Make sure you and your caregiver understand how to get you safely in and out of bed, chair and bathroom. How to go up and down stairs and how to walk with a walker.
- You will receive a prescription for pain medication, but once at home, you should begin to decrease the number of pills you take and increase the interval of time between doses. Pain medication should be taken before therapy and sometimes prior to bed as needed for comfort. A non-narcotic medication, as directed by your surgeon, can be used in between.
- You will also be given a prescription for a medication to help prevent blood clots. Remember, one of the best ways to prevent blood clots is to stay active!

In Home Physical Therapy:

Your home physical therapist will see you in 1-2 days after you are discharged from the hospital. They will come to your home for about an hour 2-3 days a week. They will review your home exercise program and discuss home safety with you. You are expected to do your home exercises every day. Most patients have in-home therapy for 2-4 weeks.

Outpatient Physical Therapy:

If the surgeon feels you are strong enough and can safely transition to outpatient therapy 2-3 times a week, he or she will give you a prescription for out-patient physical therapy. You will choose the Physical Therapy office and set up your first appointment. They will provide updates on your progress to your surgeon. They will help you get stronger, move from a walker to a cane, and then teach you to walk without any assistance. In general, most patients will have outpatient physical therapy for 1-3 months. Some patients want to participate in water therapy. Your surgical incision must be completely healed and have no scabs or open areas before you may participate in water therapy. Please speak to your surgeon before starting water therapy.

Please note: After a total joint replacement, you can expect to be walking quickly after surgery. You should be able to return to completing easy tasks over the next couple weeks, go back to work after 4 to 6 weeks, and drive or play golf in as little as 6 to 12 weeks at the direction of your surgeon. Your surgeon will be able to give you a more precise timeline of activity at your follow up appointment.

Caring for Yourself at Home

Managing your Pain:

- Consider taking your pain medication 1 hour before physical therapy.
- Getting up after laying or sitting is usually the worst. Get up frequently to help decrease stiffness.
- You should walk at least 4 to 5 times a day, increasing your distance each day
- Slowly wean yourself from your prescription pain medications. Talk to your surgeon about pain management and what over the counter medications are right for you.
- Shift your weight and change your body position at least every one to two hours.
- Apply ice packs to your knee for 20 minutes several times during the day.

Incision Care:

- You will have a dressing in place when you leave the hospital. Some patients may have a special dressing, a negative pressure wound vacuum, covering their wound at discharge. Your nurse will provide you will specific care instructions.
- Depending on your surgeon your incision may have staples. Staples will be removed 10-14 days after surgery. Otherwise, suture closure is absorbable and will not require further care.
- When you shower, let the water run over your incision and pat dry with a clean towel. **DO NOT soak, scrub, or submerge** your incision. You may shower 48 hours after surgery.
- Do not put lotions, oils, or ointments on your incision until you discuss it with your surgeon.
- It is common to have swelling and bruising after surgery. These can be significant and can appear anywhere from the thigh to the toes. Swelling is typically worse at night. It is important to maintain your exercise routine, but take rest breaks and elevate and apply ice throughout the day. This will help with the swelling. Compression stockings or ace wraps may be helpful for reducing swelling.

Potential Complications after Surgery

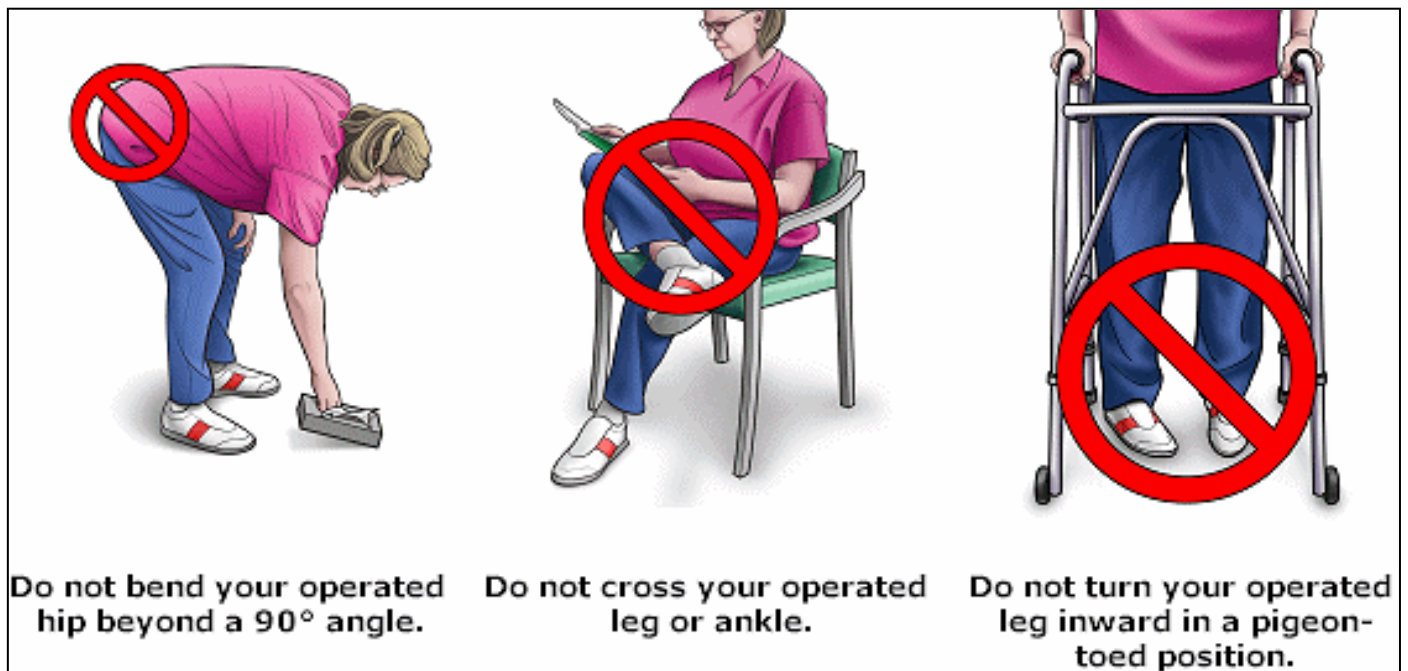
Hip Dislocation (Total Hip Replacement Patients ONLY)

Your surgeon, nurses, and physical and occupational therapists will discuss specific things, known as HIP Precautions, that you can do to prevent dislocation. If your doctor uses an anterior approach for hip replacement these precautions are not necessary.

⇒ **Signs and Symptoms of a hip dislocation:**

- Leg is shortened and externally rotated
- Groin pain
- Loss of feeling in foot or ankle

⇒ **Prevention of hip dislocation for posterior hip replacement:**



Blood Clots

All surgeries increase your risk for developing a blood clot in the veins of your legs. A blood clot in a patient's leg is called a Deep Vein Thrombosis or DVT. Your surgeon will prescribe a medication after surgery to help prevent the formation of blood clots. Some patients may develop a blood clot in their leg even with preventative treatment. Some blood clots can travel from a patient's leg and become lodged in their lungs. This is called a Pulmonary Embolism or PE.

⇒ Signs and Symptoms of a Deep Vein Thrombosis (DVT):

- Excessive swelling in the calf or ankle
- New pain in the calf or behind the knee
- Redness and warmth in the calf

⇒ Signs and Symptoms of a PE:

- Sudden chest pain
- Sudden difficulty breathing or shortness of breath
- Sweatiness or clamminess
- Confusion

⇒ Prevention of a DVT and PE:

- Do ankle pumps frequently
- Take your medication as prescribed
- Walk frequently and maintain your exercise routine
- Recognize the signs and notify your surgeon immediately

Infection

An infection occurs when bacteria enters your incision and reproduces in the wound. Infections usually become noticeable 48 hours after surgery. Every surgical procedure has a risk for infection. To reduce this risk, every orthopedic patient will get IV antibiotic therapy before and after surgery.

⇒ Signs and Symptoms of Infection:

- A building pain that keeps increasing is the first sign of infection.
- Increased swelling and redness at the incision particularly if it is tracking upwards from the incision
- Wound drainage: change in color, amount, or odor
- Fever or feeling ill

⇒ Prevention:

- The #1 way to prevent infection is to wash your hands frequently and remind those caring for you to do the same
- Do not touch your incision
- Notify your dentist and other medical providers that you have an artificial joint replacement

Constipation

Constipation can become a big problem very quickly and become out of control. It is essential that you notify your nursing team or your surgeon if you are unable to have a bowel movement every 2 days.

⇒ Prevention:

- Use stool softeners daily if alright with your surgeon
- Increase your fluid intake
- Increase your fiber intake
- Walk frequently



Pneumonia

When patients are inactive, they are at an increased risk to developing pneumonia. If you are concerned that you have pneumonia, contact your surgeon, primary care physician, or go to the Emergency Room.

⇒ Signs and Symptoms:

- Shortness of breath
- Persistent cough
- Lung/chest pain
- Fever or chills

⇒ Prevention:

- Use your incentive spirometer frequently
- Walk frequently and stay out of bed during the day

Call your surgeon immediately if:

- You develop a fever greater than 101 degrees
- You experience excessive swelling, redness, warmth or drainage from the operative area
- Your calf becomes numb, difficult to move or painful to touch
- Your moderate pain becomes severe or constant
- You develop exaggerated ankle swelling or pitting edema

Call 911 or go to the emergency room if:

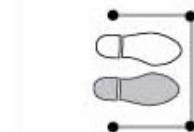
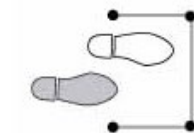
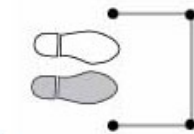
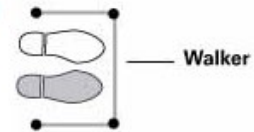
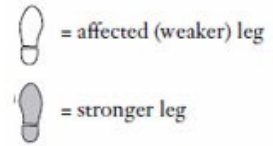
- Difficulty breathing
- Shortness of breath
- Chest pain



How to Walk with a Walker Properly

- 1) Stand tall, do not bend forward.
- 2) Hold on to the handles.
- 3) When you are standing still, your elbows should be slightly bent when you are holding onto the walker's handles.
- 4) Move your walker out from your body.
- 5) Slide the walker if it has front wheels.
- 6) Step forward with your operative leg and place your foot in the middle of the walker area.
- 7) Using your arms for support, press down into the walker with your hands.
- 8) Move your good leg up to meet your operative leg.

As you become stronger, you will be able to alternate your feet as you walk.



How to Sit and Stand Up from a Chair

Sitting down

- 1) Using your walker, back up to a chair until you feel it against your legs.
- 2) One hand at a time, reach back and feel for the arm rests.
- 3) Keep your operative leg straight out in front of you.
- 4) Keep a straight back as you slowly lower yourself into the chair.

Standing up

- 1) Straighten your operative leg in front of you.
- 2) Scoot your bottom to the edge of the chair.
- 3) Keep a straight back. Push up with both hands on the arm rests.
- 4) Steady yourself before grabbing the walker.

Remember:

A walker is called a walker because you use it for walking. It is not called a stander. You do not use the walker for leverage to stand because it has wheels and can slide out from under you.



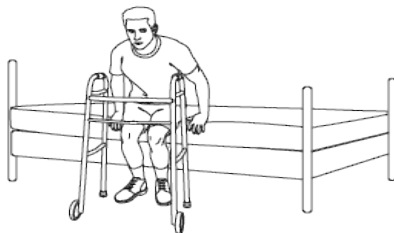
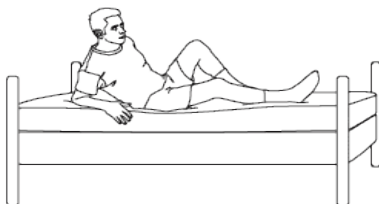
How to Get In and Out of Bed

Getting into bed

- 1) Using your walker, back up to the bed until you feel it against your legs.
- 2) Reach back, one hand at a time to touch the bed.
- 3) Sit down on the edge of the bed slowly without “plopping”
- 4) Scoot your hips toward the center of the mattress.
- 5) Move your walker out of the way, but still within your reach.
- 6) Lift your first leg into bed while scooting your hips around so you are facing the foot of the bed.
- 7) Keep scooting and then lift your other leg into the bed.
- 8) Once in bed, position yourself away from the edge.

Getting out of bed

- 1) Scoot your hips to the edge.
- 2) Sit up using your arms for support.
- 3) Slowly lower the outside leg off the bed.
- 4) Rotate your hips and scoot until your other leg is off the bed.
- 5) Sit on the edge of the bed for a minute to get your bearings.
- 6) Reach for your walker and position it in front of you.
- 7) Push up off the bed with both hands.
- 8) Stand slowly, get your balance then grab for your walker.



Using the Toilet

We recommend you use a raised toilet seat for the first 3 months after surgery.

Sitting down

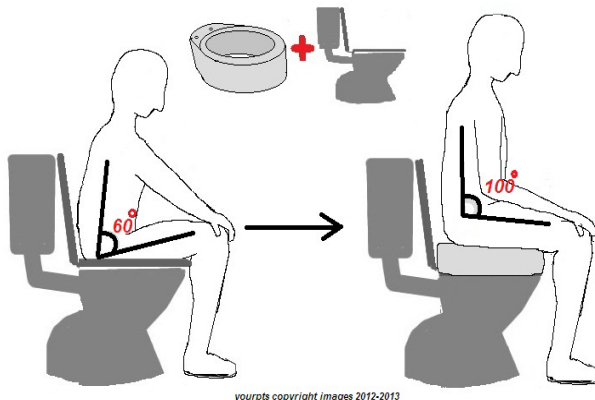
- 1) Back up to your commode using your walker until you feel the commode against your legs.
- 2) Reach back to grab onto the commode, one hand at a time.
- 3) Before you sit, straighten your operative leg.
- 4) Use your arms and non-operative leg to lower yourself on to the commode.

Cleaning up

- 1) If you are wiping yourself from behind, always turn away from your surgery. For example, if you had surgery on your right knee, you would use your left hand to clean up. If you had surgery on your left knee, you would use your right hand to clean up.

Getting up

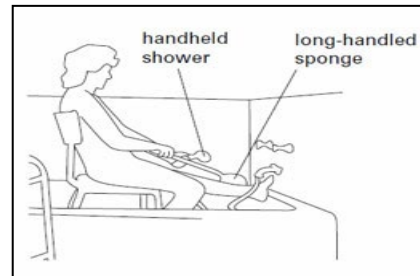
- 1) Straighten your operative leg in front of you.
- 2) Scoot your bottom to the edge of the commode.
- 3) Keep a straight back. Push up with both hands on the arm rests.
- 4) Steady yourself before grabbing the walker.



Using a Shower Chair

We recommend:

- Using a shower chair or bench when bathing for the first 6-8 weeks after surgery.
- Purchasing and using a hand held shower.
- That you always use a rubber mat or non-skid adhesive on the bottom of your tub or shower.



Getting in the shower:

- 1) Place the bath seat facing the faucet.
- 2) Back up to the tub using your walker until you can feel the tub against your legs.
- 3) Reach back with one hand to hold onto the shower bench, keep the other in the middle of the walker.
- 4) Straighten your operative leg out in front of you with your foot on the floor.
- 5) Slowly lower yourself onto the shower chair.
- 6) Lift one leg at a time over the edge of the tub.

Getting out of the shower:

- 1) Dry off before exiting the shower.
- 2) Lift your legs one at a time over the edge of the tub.
- 3) Scoot to the edge of the bath seat.
- 4) Make sure the floor is not wet or slippery.
- 5) Push up with one hand on the back of the seat and the other on the seat.
- 6) Balance yourself before grabbing onto the walker.

Getting in a Car

- 1) Push the car seat all the way back.
- 2) Using your walker, back up to the car until you feel it touching the back of your legs.
- 3) Reach back and feel for the car seat with one hand and hold onto the car door with the other.
- 4) Straighten your operative leg out in front of you.
- 5) Slowly lower yourself into the car. Tuck your head down to avoid hitting your head on the door frame.
- 6) Place one leg in at a time, turning your hips to maneuver.



How to Get Dressed Using Assistive Equipment

Assistive equipment is not required, nor is it necessary for everyone. For those who are using assistive equipment, please see helpful tips below.

Using a dressing stick to put on pants and underwear

- 1) Sit in a chair or on the edge of the bed.
- 2) Put your operative leg in first then your non-operative leg
- 3) Use the reacher or dressing stick to guide the waist band over your feet.
- 4) Pull your pants over your knees with easy reach.
- 5) Stand with your walker in front of you to pull your pants up the rest of the way.



Using a dressing stick to take pants and underwear off

- 1) Back up to a chair or bed.
- 2) Unfasten your pants and let them drop to the floor.
- 3) Push your underwear down to your knees.
- 4) Safely lower yourself to the bed, keeping your operative leg out.

Using a “Sock Aid”

- 1) Sit in a chair or on the edge of the bed.
- 2) Slide your sock on the “sock aid” until the toe of the sock is completely against the aid.
- 3) Hold the cord and drop the sock aid in front of your foot.
- 4) Slip your foot into the “sock aid”
- 5) Straighten your knee, point your toe, and pull the sock on.
- 6) Keep pulling until your “sock aid” is free.



Things to Know for the Long Term Care of My New Joint Replacement

Joint replacements are much like a car. You must keep up on its care. It is important to exercise regularly for the rest of your life to maintain the muscle strength around your new joint. Participating in low-impact exercise for 30-40 minutes 3-4 days a week will help maintain your joint's health and your overall wellbeing.

Antibiotics

Your new joint is made of metal and plastic parts. Bacteria are attracted to rough and abnormal materials. There is a 5% lifetime risk of your artificial joint becoming infected. If you get a bad cold, lung, bladder or skin infection bacteria can get into your blood stream and to your artificial joint. If you begin experiencing pain in your joint following or during such an infection, it is important to contact your surgeon quickly to be evaluated. If a joint infection goes on for more than 3-4 weeks it can require that the entire implant be removed. So treating it quickly is critical.

Setting off Metal Detectors

You may set off metal detectors in the airport or other locations. Be sure to make the screeners aware of your joint replacement. There is currently no governmental arthroplasty card that can be issued that helps you avoid screening at an airport or other security location so be patient and just expect more extensive screening when traveling.

Travel Safety

Whether you have a joint replacement or not it is important to change your position frequently when traveling. If you are traveling by car, stop every hour or two and get out and walk around. Always pump your ankles and move your legs around.

Frequently Asked Questions

How long will your new joint replacement last?

Most joint replacements will last for 15-20 years. However, some may last many years longer. Just like your old knee or hip, the new joint will wear out as it is used. The harder you work your joint, the quicker it may wear out. If it does wear out, a second surgery may be necessary.

Why do joint replacements fail?

There are 3 main reasons:

1. Loosening of the artificial surface is the most common reason.
2. Osteoporosis (weakening of the bones) may loosen the prosthesis.
3. Wearing of the plastic spacer.

How long will I be in the hospital?

Some patients will be discharged to home in the evening after surgery or early the next day. Patients whose medical condition requires an extended hospital stay may remain in the hospital longer.

Who arranges my surgery?

Your surgeon and his office will schedule your surgery. His office will ask you to attend a pre-operative education class. Contact the Nurse Navigator for the Total Joint Program to register for the pre-operative class at 410-641-0730.

What happens if I live alone?

Total Joint Replacement is considered an elective procedure. Make arrangements **PRIOR** to scheduling your surgery for a safe living environment and capable caregiver, a friend or family member, who can stay with you for 1-2 weeks.

How long does the surgery take?

You will be in the operating room for approximately 1 to 1 1/2 hours. Much of that time is used for set up, starting anesthesia, and closing everything up.

How bad will it hurt after surgery?

Every one experiences pain and discomfort after surgery to some extent. The nursing staff will work with the surgeon to help control your pain using a combination of oral medications.

How long will my incision be?

The size of the incision depends on multiple factors including the complexity of the surgery and the size of the patient.

When can I go back to work?

Most people are off of work for at least a month after a total joint replacement. Depending on the type of work you do, you may return sooner or later. Discuss this with your surgeon at your follow up appointment.

What physical activities can I do after my surgery?

We recommend low impact activities such as walking, dancing, golf, hiking, swimming, water aerobics, bowling, and gardening. If you have questions about the safety of an activity, ask your surgeon.

What will I need when I go home?

- Someone with a SUV, minivan, or large car to take you home.
- We encourage you to have a support person at home that can stay with you 24/7 for about 1-2 weeks. They will:
 - Help with house chores
 - Help make meals
 - Encourage you to safely get moving
 - Encourage you to do your home exercises every day
 - Drive you to and from appointments
- Physical Therapy
 - Case management will arrange home physical therapy
 - In most cases, physical therapy will come into your home 2-3 times a week for 2-4 weeks
- A front-wheeled rolling walker and cane
 - Your case manager at the hospital will assist you in obtaining the necessary equipment if you do not already have it

Can I still have sexual intercourse?

Most people are able to resume intercourse after 4-6 weeks. Discuss your ability to resume sexual activity with your surgeon and physical therapist.

How often will I need to be seen by my surgeon?

You see your surgeon 10 to 21 days after surgery to have your wound evaluated. If you have staples, they will be removed at this time. Follow-up appointments are usually at 2 weeks, 12 weeks, and 1 year after surgery. Please keep in mind that everyone is different and the surgeon may choose to see you more or less depending on your progress.

Notes and Questions for your Caregivers



Atlantic General Hospital Joint Surgery Center
9733 Healthway Drive • Berlin, MD 21811
410-641-0730