



Total Joint Replacement Program 101

South Texas Spine & Surgical Hospital
18600 N. Hardy Oak Blvd. | San Antonio, TX 78258
210-507-4090 | JointProgram@stssh-sa.com

Dear Patient,

Welcome and thank you for choosing South Texas Spine and Surgical Hospital for your total joint replacement. Our mission is to improve the health and quality of life of the individuals and communities we serve. To achieve this we provide high quality and efficient care in an environment that is clean, safe, comfortable, focused on caring and customer service and committed to continuous improvement.

This guide is designed to give you the important information you need to achieve the best outcome from your joint replacement surgery. This guidebook will help you navigate your total joint replacement journey. It discusses:

- How to prepare for your upcoming surgery
- What to expect before, during and after surgery
- What to expect during your hospital stay
- What to expect long-term and how to continue your successful recovery at home.

We appreciate the opportunity to care for you and feel privileged to be a part of your journey!

Sincerely,

The Staff at South Texas Spine and Surgical Hospital



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Welcome to the **Joint Replacement Program** at South Texas Spine & Surgical Hospital

We are a physician owned hospital. This is an innovative approach to healthcare which creates an integrated and holistic path to a successful surgery, pleasant hospital stay, and speedy recovery.

This is one of the many reasons why South Texas Spine & Surgical is consistently ranked as one of the top hospitals in the nation for patient satisfaction and clinical effectiveness, per the Centers for Medicare &

Our Vision:

The South Texas Spine & Surgical Hospital will be the hospital of choice for orthopedic, spine surgery, related pain management and other services we provide.

Our Mission:

To improve the health and quality of life of the individuals and communities we serve. To provide our patients, stakeholders, and community high-quality and efficient care in an environment that is clean, safe, comfortable, focused on caring and customer service and committed to continuous improvement.

Medicaid Services. (CMS) At our hospital, we specialize in orthopedic, spine, and pain management procedures. Our staff members are specifically trained and have extensive expertise in caring for these patients.

This Joint Guidebook will help provide you with information regarding your total joint replacement surgery. We do request that you bring this book with you to the hospital at time of surgery.

South Texas Spine & Surgical is proud of the achievement in **The Joint Commission's Gold Seal of Approval® for Advanced Certification for Total Hip and Total Knee Replacement.**



Important Disclaimer: There may be instances where the information in this guidebook is not the same that was provided by your surgeon. If that does occur, please always follow the directions from your surgeon.

If you have any questions, please contact your surgeon or the Joint Navigator.

Contact Us

Orthopedic Nurse Navigator

Angelique Hall BSN, RN, CMSRN
18600 N Hardy Oak Blvd. | San Antonio, TX 78258
Office: 210-253-6727 (8am-4pm)
Weekends/After hours: 210-507-4100
Email: Angelique.Alonzo@stssh-sa.com

Pre-Admission Testing

Testing Hours:
Monday-Thursday: 8:30 am - 4:00 pm
Friday: 8:30 am - 3:00 pm
210-253-6724

Surgeon's Office

San Antonio Orthopaedic Specialists
225 E. Sonterra Blvd. Suite 220
San Antonio Texas 78258
210-614-5100

TruOrtho
18626 Hardy Oak Blvd. Suite 101
San Antonio, Texas 78258
210-878-4113

Creedmoor Orthopedics
8019 S. New Braunfels Ave Suite 105
San Antonio, Texas 78235
210-448-1140

Sports Medicine Associates
3303 Rogers Rd. Suite 205
San Antonio, TX 78251
210-642-4952

Dr. Harris
Dr. Broome
Dr. Marx

Dr. Marshall

Dr. Schroeder

Dr. Anderson

Section 1

Getting Ready for Surgery

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- Total Knee Replacement Overview
- Total Hip Replacement Overview
- Preparing For Surgery
- Home Safety Preparation Checklists
- Pre-admissions Testing
- Joint Pre-Op Education



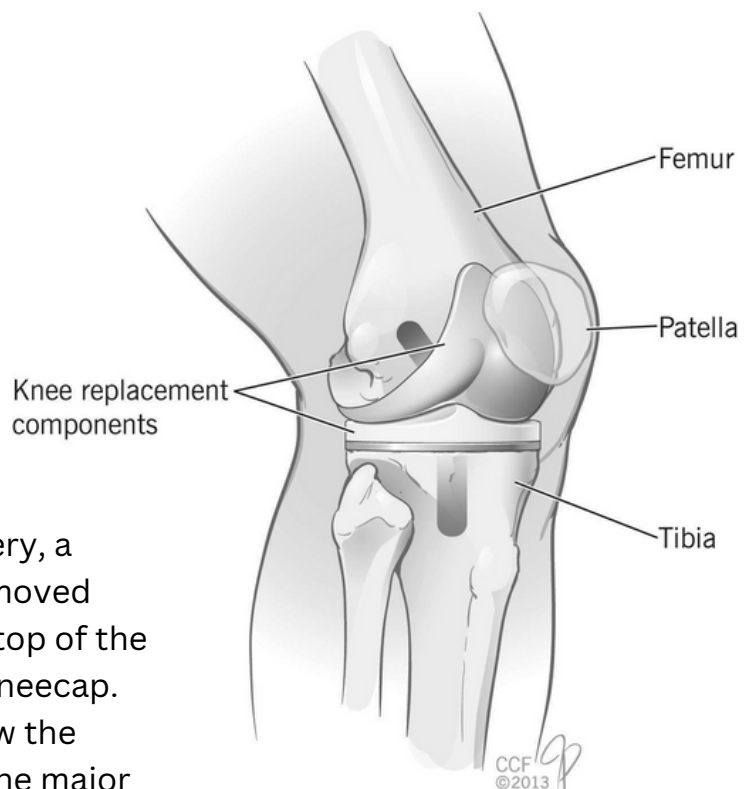
Total Knee Replacement Overview

The knee joint is the largest joint in the body. It is the “hinge” joint of the leg. It’s the joint that allows the leg to bend and straighten. The knee joint is located at the meeting point of the thigh bone (femur) and the shin bone (tibia). The kneecap (patella) covers the area where the two bones meet.

During total knee replacement surgery, the damaged surfaces are removed and replaced with implants. Implants are made of various materials: various metal alloys of titanium, chrome, cobalt, or polyethylene. Bone cement may also be used in the repair.

The choice of implants varies from person to person. Factors considered are your age, activity level, body type, and the amount and strength of your bone and bone tissue. Your surgeon will choose the implant that is best suited for your needs and lifestyle.

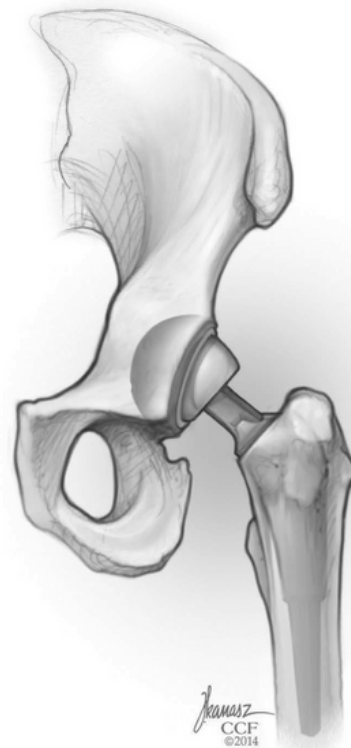
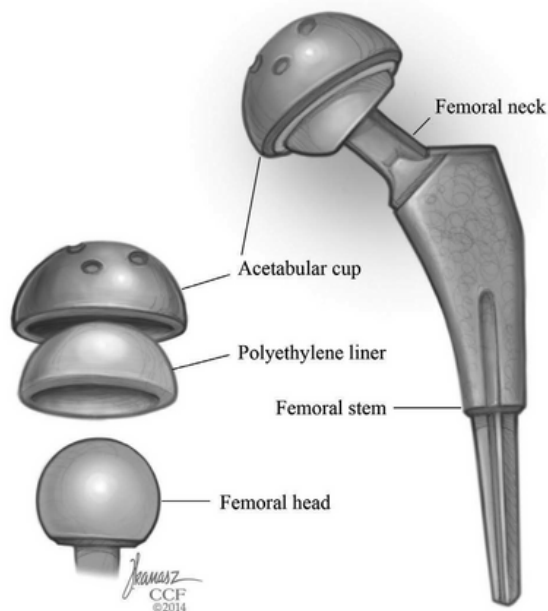
During total knee replacement surgery, a relatively thin amount of bone is removed from the end of the thigh bone, the top of the leg bone, and the underside of the kneecap. This creates bone surfaces that allow the implant to have a good fit. Most of the major ligaments and tendons of the knee are left in place so that the knee can bend and straighten yet remain stable.



Total Hip Replacement Overview

The hip joint helps us keep our balance and supports our weight in all of its movements. The upper end of the leg bone (femur) has a rounded head (femoral head) that fits into a socket (acetabulum) in the pelvis to form the hip joint.

During total hip replacement surgery, the damaged part of the hip is removed and replaced with implants called components. Your surgeon selects the implants that are best for you based on your age, activity level and body type.



Preparing for Surgery

Find your 'Support Coach'

South Texas Spine and Surgical Hospital provides family-centered care. How you define family is up to you. We believe their involvement is important for you to have a positive experience and successful recovery. We encourage you to start planning now for who will be helping you throughout this time. We encourage you to have your support coach come with you to your appointments and classes before surgery. You will also want to start thinking about your support system after you leave the hospital.

We think your home is the best place for you to recover. You will need to have a support person to help you. Every patient recovers at a different speed. How much care you will need depends on how you feel and how well you are moving.

You should have someone to help assist you for 1 to 2 weeks after surgery. You will also need someone to drive you to therapy and doctor's appointments. It is helpful to have your support coach with you during your therapy in the hospital. That way, the therapist can teach them how to give you support at home.

If you are worried about going home after your surgery, please let your surgeon and care team know before you schedule your surgery.

We can help you set up an alternate plan if home is not the best or safest plan for you.



Goal Setting

At South Texas Spine and Surgical Hospital, we feel it is important to set goals to better assess your progress after surgery. Take some time to complete this next section and think about what you would like to accomplish after having your joint replacement surgery:

What is your reason for having this surgery? Think beyond just pain relief or walking better; What do you want to be able to enjoy doing again that the pain has held you back from? (i.e. playing golf, taking walks on the beach, shopping, exercise)

My goal after surgery is: _____

Diet and Nutrition

Good nutrition before surgery aids the healing process. It's also important to work toward a healthy body mass index (BMI) to ensure your joint replacement lasts as long as possible. Body mass index is a measure of your weight versus your height. You can learn more about getting to a healthy weight and your BMI at: www.cdc.gov/healthyweight

To get started with reaching or maintaining a healthy weight, try to balance your plate with the proper amounts of lean proteins, fruits, vegetables, healthy grains and low-fat dairy products. Use the “My Plate” method to ensure you are getting the proper portions of each food group. Refer to the food lists on the next page for the healthiest options from each food group.

It's also important to limit certain items like salt, butter and oils to reduce your overall calorie intake and keep your heart healthy.



Diet and Nutrition Continued

Here are some more tips to get you as healthy as possible before your total joint operation:

- Drink plenty of fluids and stay hydrated
- Eat more fiber to help avoid constipation (often caused by pain medications). Foods that contain fiber include: corn, peas, beans, avocados, whole wheat pasta, whole wheat bread, broccoli and cauliflower.
- Eat foods rich in iron, such as lean red meat, dark green leafy vegetables, raisins, and prunes.
- Eat foods high in Vitamin C to help your body absorb iron. Foods that are high in Vitamin C include oranges, cantaloupe and tomatoes.
- Make sure you are getting enough calcium which is needed to keep your bones strong. Foods that are high in calcium include milk, cheese, yogurt, dark leafy greens and fortified cereal.
- Eat light meals, especially the day before surgery. The combined effects of anesthesia and your medication may slow down your bowel function. This can cause constipation after surgery.
- Protein shakes can help supplement an already healthy diet or be used as a meal replacement if you experience a poor appetite.

Diabetes Guidelines and Blood Glucose Management

Managing your blood glucose is always important, but it is extremely important before surgery. In fact, managing your blood glucose before surgery can help reduce the risk of problems after surgery, such as infection and poor wound healing. Surgery can affect your blood glucose control in many ways. Stress before and after surgery can cause your body to release hormones that may make it more difficult to manage blood glucose levels. Surgery can also affect your normal diet, and may change your usual medication routine. Your diabetes will be managed throughout the entire surgical process, starting with a thorough review during the pre-admission testing and continuing through the post-op period.

Smoking and Alcohol Use

Smoking

Smoking causes breathing problems, increases the risk of medical complications, and slows the recovery. Smoking also increases the risk of infection and blood clots after surgery. Individuals who smoke are at significantly higher risk for impaired wound healing. If you smoke, we encourage you to quit at least 6 weeks before surgery. Talk to your doctor about smoking cessation options if you currently smoke.

Alcohol Use

Before surgery, it is important to be honest with your health care providers about your alcohol use. Tell your health care provider how many drinks you have per day (or per week). This information helps determine if you are at risk for alcohol withdrawal or other alcohol-related problems that could occur after surgery and affect your recovery. We are here to help you prepare and recover from your surgery as quickly and safely as possible.

Medications

Some medications thin your blood, increase the risk of bleeding after surgery, or interfere with healing. These medications may need to be stopped before surgery. If you take medications that contain aspirin, anti-inflammatories (such as ibuprofen, Motrin, Advil), naproxen (Aleve), blood thinners (such as warfarin [Coumadin], or arthritis medications, ask your surgeon when to stop taking these medications. Other medications can interfere with the medications given by the anesthesiologist. This will be reviewed with you either at your pre-admission visit or by your surgical team. If you have any questions about your medications, please contact your surgeon's office.

Home Safety Preparation

Setting up your home for your return before you have surgery will help keep you safe, make your life easier, and aid in your recovery. Listed below are suggestions for preparing your home for a safe recovery.

Traffic Pattern

Move obstacles such as throw rugs, extension cords and footstools out of your walkway. Create a wide, clear path from your bedroom to your bathroom and kitchen so you can easily move about with a walker.

Sitting

It will be easier to get in and out of chairs that keep your knees lower than your hips. Choose a firm, straight-back chair with armrests. A dining room chair may work if you don't have other chairs. Add a foam cushion or folded blanket if you need to raise yourself up but avoid sitting on a soft pillow. Also, avoid sitting in rolling chairs.

Children and Pets

Small children and pets can pose a safety hazard. Small children may need to be taught how to interact with you in ways that keep you safe. If you have pets, make arrangements to keep pets in another area of the house when you arrive home. Pet hair and dirt can cause infections at the incision site, so we encourage you to keep pets out of your bed and launder your bed linens prior to surgery. Wear clean pajamas to bed each night until your incision is completely healed.

Access to Items

To avoid reaching or bending, keep frequently used items within easy reach, especially in the kitchen, bathroom and bedroom. For example, keep food and medications within arm's length. It's also a good idea to carry a cell phone or portable phone with you at all times during your recovery.

Stair Climbing

It's okay to climb stairs without assistance, if you are able. However, you may need help with climbing stairs when you first get home. Consider installing handrails or make sure existing handrails are secure. Talk with physical therapy, so they can teach you the proper stair climbing techniques.

Laundry and Cleaning

Get help with cleaning and laundry. Have a few weeks of clean clothes available.

Meals

Arrange for help with your meals and perishable food (milk, salad, fruits, and vegetables). Freeze pre-made dinners before surgery. Stock up on non-perishable foods (boxed, canned, and frozen) to make it easier to prepare meals after surgery. Have protein shakes on hand for your return home just in case your appetite is poor.

Driving

Arrange for someone to drive you to your after-surgery appointments. Do not drive until your surgeon tells you it's okay to do so. Do NOT drive while taking narcotic medications. There is no objective measure of who is safe to drive even if they have not had surgery. Talk with your doctor about when to resume driving.

Adaptive or Durable Medical Equipment

A walker is standard equipment used by all patients recovering from joint replacement surgery. Your assigned case-manager will help assist you with ordering a walker if you do not have one already.

To Complete Before Surgery

- I have verified with my insurance company that I have coverage for surgery and have all my financial responsibilities taken care of.
- I have watched both PowerPoint's, 'Joint Replacement 101' and 'Understanding your Medicines & Possible Side Effects'.
- I have completed the Pre-Functional Assessment Survey from AAOS (American Academy of Orthopedic Surgeons; refer to page 19)
- I have made my Pre-Admission Testing Appointment prior to my surgery date for pre-operative testing
- I have scheduled to see the Orthopedic Nurse Navigator prior to surgery date
- I have completed all lab work requested from my surgeon's office
- I have talked to my surgeon about discharge options
- I have not shaved or wax my legs 10 days before my surgery
- I have arranged someone to drive me home when I leave the hospital
- I have arranged someone to drive me to my follow-up appointments
- I have a support coach/support system in place
- I have chosen my goal for having total joint replacement surgery

To improve my health before surgery

- I quit smoking to improve healing and reduce the risk of infections after surgery (if applicable)
- I had a dental check-up to make sure all my dental needs are taken care of before surgery
- I am eating lightly the week before my surgery to help reduce the risk of constipation.
- I have increased fluids and fiber in my diet
- I had my diabetes checked, and it is under control (if applicable)
- I am exercising regularly (3 or more days per week)

Pre-Admission Testing (P.A.T.)

A pre-operative work-up is mandatory for all joint replacement patients. Your pre-surgery appointments help get you ready for surgery. We will gather important information about your health so we can safely care for you.

What to Expect at this Visit:

- Meet with the Orthopedic Nurse Navigator
- You may be asked to give a urine sample
- You may have blood drawn to check your lab levels
- You may have an EKG (wear comfortable clothing)
- You may have a chest x-ray
- You may have a CT scan
- A nurse will review your medical history, current medications, previous surgeries, illnesses and your current state of health
- A physical exam
- You should bring a list of your current medication list for accuracy

Health Questionnaire form can be found on www.southtexassurgical.com under the Joint Program Tab

Please bring completed form to your P.A.T. appointment OR you can email/fax your completed form.

**Email: JointProgram@stssh-sa.com
Fax: 210-507-4183**

WE RECOMMEND EMAILING COMPLETED FORMS AHEAD OF YOUR SCHEDULED APPOINTMENT

The pre-admissions testing process can take 1-3 hours to complete so please plan accordingly. It is recommended you make an appointment in advance.

You DO NOT need to fast for lab work.



American Joint Replacement Registry (AJRR/AAOS)

South Texas Spine & Surgical Hospital participates in the American Joint Replacement Registry (AJRR/AAOS). By collecting and reporting data, the AJRR provides information to guide physicians and patient decision making to improve care.

You will receive an email from AJRR/AAOS (noreply@aaos.org) and will be asked to fill out a survey regarding your hip or knee surgery and how your joint pain/discomfort, affects your overall health.

Three months after your surgery, you will receive the post-operative functional assessment survey via email. This survey shows your physician how you were feeling before and how you are feeling after your orthopedic surgery.



Total Joint Preparation Education

Completing this self-paced joint education prior to your surgery will provide valuable information that will help make your joint replacement experience a success. Please have your support coach watch the video's as well, so he/she will know how to best assist you after surgery.

Online PowerPoint's

Visit www.southtexassurgical.com to register and watch at your convenience. Under the **Joint Program tab**, you will find the **Self-Paced Joint Class (Online)**. Enter your information (First & last name, phone number and email). From there it will direct you to two PowerPoint's, *Joint Replacement 101 & Understanding Your Medicines and Possible Side Effects*.

You can also register by using the QR code provided.

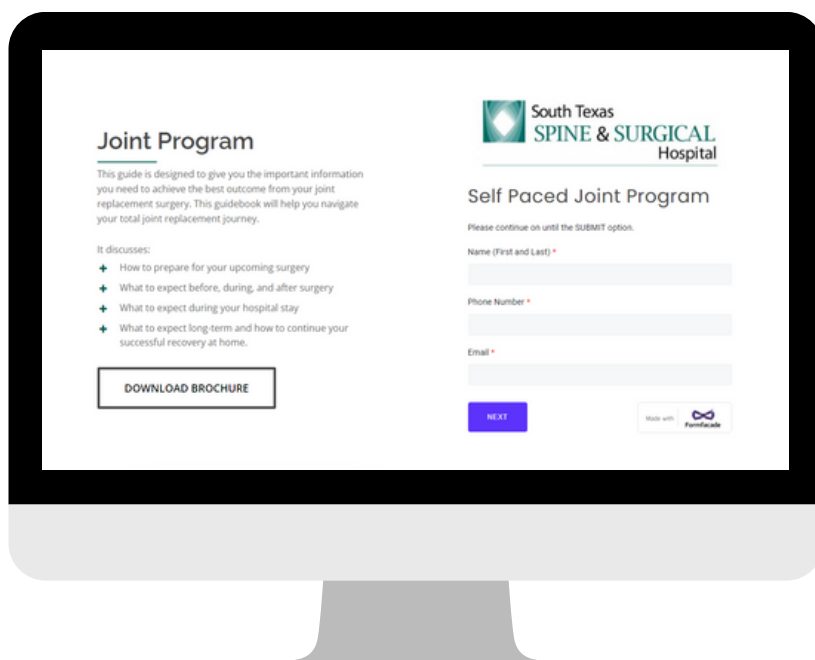
Use your phone camera to scan.



Total Joint Education PowerPoint's are also provided in Spanish if needed.

You will receive a text message from us as well (# 54086).

Make sure you Opt In to receive future text messages. We will send out link for the Self-Paced Joint Class PowerPoint's 14 days prior to your scheduled surgery date.



Pre-Operative Exercise

Exercising up to the day before your surgery, helps to improve your strength, range of motion and endurance. This helps lead to a successful outcome and recovery. Talk with your surgeon about a referral to physical therapy if you would like help developing an exercise program. In addition, see the exercises at the end of this guide.

The Night Before & Morning of Surgery

Shower and wash your hair the night before surgery. Wash with antiseptic liquid soap Hibiclens (Chlorohexidine) night before surgery and repeat in the morning day of surgery.

Refer to your Pre-Admission instructions about the date, time and location to arrive the day of surgery. It is important to arrive on time to your surgery so that nursing staff has plenty of time to answer questions/concerns as well as prepare you for surgery. We do ask for you to arrive 2 hours prior to your surgery time.

Do not eat or drink anything after midnight the night before surgery. You may continue to drink plain water only from midnight until 4 hours before your arrival at the hospital unless, you were told otherwise. Do not use lotions or powders on the operative leg. **Not following these instructions can result in cancellation of your surgery.**

Heart and blood pressure medications may be allowed and taken with small sip of water. Only do this if the nurse or doctor instruct you to do so.

WHAT TO BRING TO THE HOSPITAL

- Your Joint Guide Book
- Medication List (name/dose & frequency). Please do not bring your actual medications, unless you were instructed to do so
- Insurance card & Driver's license or Photo ID
- Copy of your Advance Directives
- Your CPAP machine if you have one, even if not consistently used
- Personal care items such as hairbrush, eyeglass case, phone, phone charger, toothbrush, etc.
- Slippers with backs and rubberized sole or walking shoes with Velcro closures or elastic shoe straps
- Loose fitting pajama pants, sweats, shorts or knee length robe
- Do NOT bring valuables (jewelry, cash, etc.)

Section 2

Day of Surgery and Hospital Stay

2

- The Day of Surgery
- Anesthesia
- Hospital Stay
- Total Joint Precautions
- The Days after Surgery
- Hospital Discharge
- First Days Following Surgery



The Day of Surgery

Pre-Operative Room:

- One person can accompany you in the pre-operative area.
- You will be asked to change into hospital gown and remove any jewelry, glasses, dentures/partials and hearing aids.
- Advanced Directives will be noted
- Vital signs and Neurovascular status will be assessed.
- Your operative site will be prepped and surgeon will review procedure.
- Nursing staff will answer questions you may have as well as review consents. Once physician and anesthesiologist visit with you, you will then be asked to sign consents.
- An intravenous (IV) line will be started to give you fluids and medications

Operative Room:

- Your surgical nurse will review your medical history and confirm your surgery details (procedure, surgeon, correct side of surgical site). Repeated questions may be asked, but this is for your safety to ensure full communication between all team members.
- You will meet your anesthesiologist; they will also review medication history and answer any further questions you have. At this time, they will review the different types of anesthesia that are available.

Anesthesia

Regional Anesthesia – During regional anesthesia, your anesthesiologist injects medication near a cluster of nerves to numb only the area of your body that requires surgery. You may remain awake, or you may be given a sedative.

There are 2 types of regional anesthesia: Spinal and nerve block. Both techniques may be used in combination during your surgery.

- **Spinal-** numbs the lower part of the body. The anesthesiologist puts numbing medicine into the spinal fluid but not the spine itself. In the operating room, your anesthesiologist will put monitors on you before placing the block. He/she may also give you some medicine to help you relax. You may be asked to sit up or lie on your side. The anesthesiologist will numb the skin with a local anesthetic. When the spinal needle is in the right spot, the anesthesiologist will inject the medicine and your lower body will go numb within a few minutes.
- **Nerve block-** A nerve block is a way to block the signals that travel along nerves. Your anesthesiologist can inject local anesthetic, a numbing medicine into the fluid around the spinal nerves. The anesthesiologist will use an ultrasound to find the nerve they intend to block and to make sure the needle is in the right place.

Benefits of Regional Anesthesia:

Typically, there is less nausea from regional anesthesia and patients usually awaken faster. Regional blocks can also be used to reduce the pain after surgery. They also provide better pain control than intravenous or intramuscular opioids (narcotics). Patients who opt for spinal anesthesia tend to have earlier recovery of bowel function, less need for narcotics, less breathing problems, and easier participation with physical therapy.

General Anesthesia – Puts you to sleep following an injection of medications into your IV. The anesthesiologist will then insert a breathing tube in order to administer the gases used to keep you asleep. You will not feel pain and will be completely asleep throughout your surgery. When the surgery is over the tube will be removed, the gases turned off, and you will wake up.

Post Anesthesia Care Unit (PACU)/ Recovery Room

You will recover in the Post-Anesthesia Unit (PACU) and be cared for by a nurse before being taken to your hospital room. The average time in this unit is 2 hours. The nurse will continue to monitor you by taking vital signs, addressing any pain you are experiencing, and asking you questions to assure the anesthesia is wearing off. You will be provided with warm blankets if you are cold and you may be given oxygen. You might also have a urinary catheter in place to empty your bladder.

Visitors are not allowed in the PACU. However, once you arrive and are settled in your room, your family and/or significant others may visit you.

Hospital Stay

After your stay in the PACU, you will be moved to your private room, at which time you will be allowed visitors. It is normal to drift in and out of sleep until the anesthesia completely wears off. Because it's important to rest as much as possible, we encourage friends and family to limit their visits.

While in your hospital room, your nurse will:

- Monitor your vital signs frequently
- Check your incision/dressing
- Give IV fluids, antibiotics, and pain medications
- Check your urinary catheter (if one is present)
- Check your oxygen level
- Help you use an incentive spirometer (this breathing device helps keep your lungs clear and helps prevent pneumonia)
- Check your compression devices that help prevent blood clots.
- Administer blood-thinning medications
- Assist you out of bed, out of the chair and/or up to the bathroom

Your surgery takes about **one to three hours** to complete.

While you are in the operating room, your loved ones may wait in the surgical waiting room. The surgeon will speak with your family once you are in the recovery room.

REMEMBER: Do not get out of your bed without assistance. Although getting up on the day of surgery aids in your recovery and helps prevent complications, you **MUST** not do so without assistance. **Call, don't fall!**

Hospital Stay Continued

Within 24 hours after arriving to your hospital room you will receive a visit from a physical therapist to begin mobility exercises. You may also receive a visit from:

- Your surgeon
- An anesthesiologist
- Hospitalist
- Orthopedic Nurse Navigator
- Case manager

The goal is to get out of bed on the same day as your surgery.



Recovery/Rehabilitation Process

A physical therapist or nurse will help you with bedside activities. Also, remember to perform the circulation exercises at the end of this guide. Physical therapy after your joint replacement surgery is a critical part of your recovery, as well as to help you regain range of motion and strength. Although you may feel slight pain during and after your therapy sessions, it is necessary for your recovery.

Your physical therapist will teach you how to

- Lay in bed in comfortable positions
- Move from sitting to standing
- Walk with a walker
- Comply with hip and knee precautions
- Perform a home exercise program on your own
- Walk up and down stairs with appropriate assistive devices

Your Hospitalist

Some surgeons have chosen to focus on the clinic role and to use a Hospitalist to care for their patients when they are admitted. They trust that we will provide quality care for their patients and return them to their care upon discharge from the hospital. We will be in regular contact with your orthopedic doctor. We will make sure that they know you have been admitted to the hospital, what your medical issues are, when you are discharged and anything significant that happens to you while you are here. When you are discharged, we will send information to your doctor informing them of your medications at the time of discharge and any needs that you may have.

Total Joint Precautions

While recovering from surgery, you will follow specific precautions provided to you by your therapists/surgeon. These precautions allow you to heal properly and help prevent potential complications. Make sure to ask your surgeon when it is safe to stop following these precautions:

Note: Precautions if any may vary, depending on the surgical approach. Your surgeon and therapist will discuss your specific precautions.

Anterior Surgical Approach - Total Hip Arthroplasty

- There are no precautions. Please follow the instructions and guidance recommended by your surgeon.



CALL YOUR SURGEON IMMEDIATELY IF ANY OF THE FOLLOWING OCCUR

- Persistent temperature of 101.5 F or higher
- Bleeding or drainage from incision site
- Redness or increased swelling from incision site
- Calf (lower leg) pain, chest pain or shortness of breath
- If you fall down or injure yourself - specific to your new joint
- If you have an infection in any area of your body
- If you need emergency dental work and need to see a dentist.

OR IF YOU NOTICE ANY OF THESE SIGNS OF DISLOCATION

- New onset of intense hip or groin pain
- A turning in or out of your leg that is new
- You are unable to walk or put weight on your leg
- Increased numbness or tingling
- Change in length of the leg
- Swelling

Total Joint Precautions Continued

Bed Mobility after Total Knee Replacement

- Bend your unaffected leg to help push yourself to a new position
- Use a pillow between your knees while you're lying on your side
- Placing a pillow under your knee can promote blood clots and loss of range of motion. Elevate your leg above the level of your heart by placing pillows (lengthwise). Only place pillows from calf down or at ankle to help elevate.

Total Knee Arthroplasty Precautions

- DO NOT pivot or twist your operated leg
- DO NOT kneel or squat

CALL YOUR SURGEON IMMEDIATELY IF ANY OF THE FOLLOWING OCCUR

- Persistent temperature of 101.5 F or higher
- Bleeding or drainage from incision site
- Redness or increased swelling from incision site
- Calf (lower leg) pain, chest pain or shortness of breath
- If you fall down or injure yourself - specific to your new joint
- If you have an infection in any area of your body
- If you need emergency dental work and need to see a dentist.

OR IF YOU NOTICE:

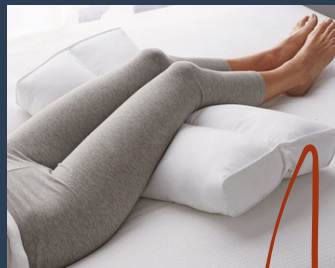
- New onset of severe knee pain
- You are unable to walk or put weight on your leg
- Increased numbness or tingling of the leg
- Change in length of the leg

Yes



Place pillow under your calf or ankle for elevation or comfort

DO NOT place a pillow under your knee to relieve pain.



The Days Following Surgery

Your goal is to keep moving. We encourage you to get up for meals, go to the bathroom, and get out of bed—all with assistance. You will continue to have physical therapy and your activity level will be increased with each therapy session.

Pain is an expected part of recovery. Pain levels vary per person. We will give you cold packs or wraps to manage your pain and reduce swelling. Oral pain medication will be prescribed for you and administered as ordered upon request. While in the hospital, we ask you to rate your level of pain several times a day.

It's important to tell us if you've had any problems with pain medications in the past. Knowing this will help us better manage your pain.

Medication: After surgery we will give you medication to thin your blood. This medication, also called an anti-coagulant, lessens the chance of harmful clots forming in your blood vessels. Blood thinning drugs may be given by mouth or by injection.

Pain Management

Joint replacement surgery is designed to reduce the amount of pain you are currently experiencing. You will have some discomfort for a while after surgery. We will do all we can to help you be comfortable. Not all pain can be taken away, but pain medications can help to lessen the pain you feel after surgery. You should be comfortable enough to do your physical therapy and rest.

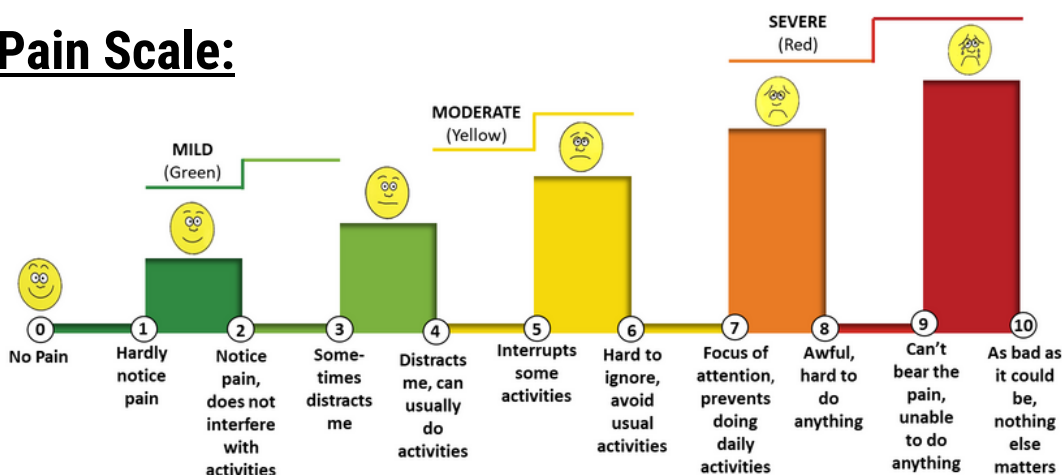
Be sure to talk with your healthcare team. Tell them how you feel and if you are in pain. We need to know how much pain you are having when you are moving your joint, not just at rest. We will talk about options for pain relief. We will also talk about what you can expect from different pain-relieving interventions. This communication is especially important the first 24 hours after surgery.

Pain Management Continued

When you first return from surgery, you may be surprised at how little pain you have. This is because of the anesthesia. We cannot be sure how long this will last. Please let your nurse know as soon as you begin to feel pain. You can receive pain medicine in different ways. Intravenous line, or IV medicines work quickly, but generally do not last very long. Oral medications, or pain pills, last longer. These medications work best if you take them when the pain begins. Right after surgery, you may need a combination of IV and pain pills. By the time you leave the hospital, you will take only pain pills. You will get a prescription for pain medication before you leave the hospital.

You can also help manage your pain with ice therapy, repositioning, movement and simple relaxation techniques. The pain will lessen as you get better and recover from your joint replacement.

Pain Scale:



Your Hospital Discharge

Discharge planning starts the moment you decide to have surgery. One of the first things you need to do is arrange a ride for the day of discharge. Most patients are ready to be discharged from the hospital one to three days after surgery; however, specific criteria must be met. You will be discharged from the hospital when:

- Your medical condition is stable
- You are able to eat, drink and urinate
- Your pain is controlled with oral pain medications
- Your home is prepared for your safety
- You successfully meet physical therapy goals

If you have not met the criteria to be discharged home, your surgeon will discuss other options with you.

Section 3

Going Home and Life-long Care

3

- At Home Instructions
- The First 48 hours
- 1 to 6 Weeks at Home
- 6-12 Weeks at Home
- 3 Months and Beyond
- Potential Complications



At Home Instructions

After surgery you can expect gradual improvement over the coming months. You should expect less pain, stiffness and swelling, and a more independent lifestyle. Returning to work depends on how quickly you heal and how demanding your job may be on a new joint.

After you are discharged from the hospital you will be scheduled for or asked to call and schedule a follow up with the surgeon. This period of time is critical in your rehabilitation and for positive life-long results from your surgery.

In general, patients do very well after discharge. However, it's important that you contact the surgeon's office if any of the following occur:

- You have increasing pain in the operative site.
- There is new or increased drainage from your incision.
- Your calf becomes swollen, tender, hot or reddened.
- You have a temperature above 101 degrees or higher for more than 24 hours.
- For total knee replacement, your ability to flex (bend your knee) has decreased or remains the same as when you were discharged from the hospital.

Incision Care:

Your incision will be covered with a dressing. Before you go home, your surgeon or nurse will explain how to take care of your wound and when to remove your dressing. Make sure you understand these instructions before you leave the hospital and who to contact if you need assistance. Note: How to care for your wound will be included in your hospital discharge instructions.

Call your surgeon if you have: A sudden increase in drainage, drainage that lasts more than 5 days, or drainage that is foul smelling.

Managing Pain and Discomfort

We encourage you to take your pain medication as soon as you begin to feel pain. Do not wait until the pain becomes severe. Follow the instructions on the prescription label. Remember to take your pain medication before activity and bedtime, and do not take pain medication on an empty stomach.

If you need to have stitches or staples removed and you are still taking pain medications, be sure to have a friend or family member drive you to your surgeon's appointment.

All medicines have side effects. If you don't tolerate your pain medicine because of side effects (nausea for example) contact your surgeon's office.

If you need additional pain medication or run out of pain medication, please contact your surgeon's office. Please plan ahead, especially for holidays and weekends.

Also remember:

- You are not permitted to drive a car while taking narcotic pain medication.
- It may take several days to have a bowel movement. Anesthesia and pain medication often cause constipation. Drink plenty of fluids and eat whole grains, fruits, and vegetables. A stool softener should be taken every day and a laxative can help bowel function return to normal.
- Please do not hesitate to call your surgeons office with any questions or concerns.

Walker

Use your walker for balance as instructed by your surgeon or therapist. Discuss with your surgeon and your therapist how and when to wean from the walker.

Reminder. Your assigned case-manager will help assist you with ordering a walker if you do not have one already.

The First 48 hours at Home

Activity

Continue your exercise program and increase activity gradually; your goal is to regain strength and function.

- Follow all therapy instructions.
- Resume activity as you gain strength and confidence.

For total knee replacement, swelling of the knee or leg is common with an abrupt increase in activity.

If this occurs:

- Elevate the leg above the level of your heart (place pillows under the calf, NOT behind the knee joint)
- Apply ice directly to the knee. When using ice therapy, it is recommended to ice up to 20 minutes at a time, several times a day.
- Continued exercise at this early stage is important to achieve the best outcome with your new joint replacement.
- You will be given an exercise program to continue exercising at home.

Icing and Elevation Continued

Ice Packs: Think about what you will be using for ice packs and have them ready in the freezer before you come to the hospital.

Ex: gel packs/ ice in a bag/frozen peas



Activity Continued:

Do not sit for longer than 30 to 45 minutes at a time. Use chairs with arms. You may nap if you are tired, but **do not stay in bed all day.** Frequent, short walks—either indoors or outdoors—is the key to a successful recovery.

You may experience discomfort in your operated hip or knee, and you may have difficulty sleeping at night. This is part of the recovery process. Getting up and moving around relieves some of the discomfort.

You should climb stairs with support. Up with the non-operated leg. Down with the operative leg. Handrail may be used on either side if available.

There is no consensus on when it is appropriate to resume driving after joint surgery. The decision to resume driving your vehicle is made by your surgeon.

Lifting: Do not lift anything heavy after surgery. Avoid lifting objects in a position where you need to squat or bend. Avoid climbing ladders. Your surgeon will let you know when it's okay to lift heavy objects.

NOTES:

Weeks 1 to 6 at Home

Our health team members are available to assist you 24 hours a day, 7 days a week. You or a family member can call and receive answers to general questions as well as instructions in the event of an emergency. Do not hesitate to call your surgeon's office regardless of the issue.

The Orthopedic Nurse Navigator will be contacting you 1 week after surgery to assess your recovery process via text/email.

During the first six weeks after discharge, you should be making progress week by week. Most patients are eager to report their progress at follow-up visits and are ready to move to the next level in their recovery. Most patients can accomplish the following during the first six weeks after total joint replacement:

- Walk without assistance on a level surface with the use of a walker or cane as appropriate.
- Climb stairs as tolerated.
- Get in and out of bed without assistance.
- Get in and out of a chair or car without assistance.
- Shower with minimal to no assistance.
- Resume your activities of daily living including cooking, light chores, walking, and going outside the home. You should certainly be awake and moving around most of the day.
- Some patients return to work within 6 weeks of surgery. This is approved on an individual basis and should be discussed with your surgeon.

Weeks 1 to 6 at Home

Icing and Elevation

After a joint replacement, swelling is expected. Swelling can cause increased pain and limit your range of motion, so taking steps to reduce the swelling is important. Continue using ice packs or some form of cold therapy to help reduce swelling. *It is recommended to apply ice to operative joint no more than 20 minutes, 2-3 times a day.*

You may use pillows to elevate; however, it's important to elevate the entire leg, down to the ankle. Never put a pillow only behind your knee so your knee is in a bent position. Your knee should be straight when elevated.

Sexual Activity after Joint Replacement

Many people worry about resuming sexual activity after a joint replacement.

Hip – Sexual activity may be resumed when approved by your surgeon.

Knee - Talk with your physical therapist or surgeon about any specific concerns.

Diet

Resume your diet as tolerated and include vegetables, fruits, and proteins (such as meats, fish, chicken, nuts, and eggs) to promote healing. It is common after surgery have a lack of appetite. If you are having trouble eating enough throughout the day, try supplementing with protein shakes 1-3 times per day. Also, remember to get adequate fluid intake throughout the day (at least 8 glasses).

Proper nutrition is needed for healing. During the healing process, the body needs increased amounts of calories, protein, vitamins A and C, and sometimes, the mineral zinc. Eat a variety of foods to get all the calories, proteins, vitamins, and minerals you need.

If you have been told to follow a specific diet, please follow it. What you eat can help heal your wounds and prevent infection and potential complications.

If you're not eating well after surgery, contact your healthcare provider about nutritional supplements.

Bowel Movements

It is normal to have some bowel changes after surgery. Patients often experience constipation due to decreased food intake and pain medication. **Once at home, you should not go longer than 4 days without a bowel movement.** You can use any over-the-counter stool softeners (Sennakot, Colace, ect) to alleviate discomfort. If you are having trouble with constipation after your procedure, you may also try other aids over the counter such as:

- Milk of Magnesia
- Laxatives (Dulcolax, Miralax, etc)
- Suppositories or enemas

If constipation persists and over-the-counter aids are not working, contact your surgeon for further instruction.

Weeks 6 to 12 at Home

This period after joint replacement is a time of continued improvement. You will probably notice an increase in energy, a desire to do more activities, and a noticeable improvement in your new joint. Please keep in mind that every patient is different and will improve at a different pace. If you are not happy with the pace of your recovery, please contact your surgeon's office to discuss your concerns.

Walking

Your surgeon or physical therapist will instruct you about when to stop using the walker. You may be told to use a cane or progress to unassisted walking.

Back to Work

Tips to remember for returning to work include:

- Avoid heavy lifting after you return to work
- Avoid standing or sitting for long periods of time
- Avoid activities such as frequently climbing stairs or climbing ladders
- Avoid kneeling, stooping, bending forward or any position that puts the new joint under extreme strain
- Expect a period of adjustment. Most people return to work with few problems. However, you may find the first several days very tiring. Give yourself time to adjust to work again and gradually this should improve.

Continue an Exercise Program

Continue to exercise. Many patients stop working with physical therapy during this time. However, exercising is the most important activity to increase strength and leads to the best outcome. Work or home activities should not replace your exercise program. Daily exercise for 30-45 minutes in length is recommended to help build strong and healthy bones.

Three Month Follow-Up

You will see your surgeon for another follow-up visit about 3 months after surgery. We encourage you to resume normal activities both inside and outside the home.

Helpful tips:

- Be realistic and pace yourself and gradually resume activities
- Increase your walking distance and activities, but not all at once
- Keep a cane in the trunk of your car to aid with discomfort, or uneven or icy ground
- Enjoy the benefits of your total joint
- Continue to call with any questions or concerns. Our staff is always available to assist you

NOTES:

Six Months and Future Follow-Up Visits

Your next appointment is six months after surgery, then once a year unless told otherwise. These appointments give you a chance to discuss any concerns about your total joint replacement or other joints in which symptoms may develop.

Lifelong Fitness

The goal of your surgery is to give you a new joint that allows you to perform everyday activities without pain. However, this joint is not indestructible. Avoid sports or other activities that may put stress on the joint until discussed with your surgeon. Stay as active as you can after recovering from your surgery.

Ask your surgeon or therapist about activities and exercises that are right for you. It may or may not be appropriate to return to the exercise routine that you used before surgery.

An increase in body weight puts stress on the hip and knee joints, so try to maintain a healthy weight.

NOTES:

Best Exercises After Joint Replacement Surgery

- Cycling
.....
- Elliptical
.....
- Walking
.....
- Hiking
.....
- Low-resistance weightlifting
.....
- Low-resistance rowing
.....
- Stationary skiing machines
.....
- Stationary/Recumbent bike
.....

Potential Complications

Blood Clots

Blood clots are potential complications following hip or knee replacement surgery. A blood clot from your leg can travel to your lungs and cause serious health complications. Preventing a blood clot from forming is the best treatment method.

Your surgeon will place you on a blood thinner for 2 to 6 weeks depending on your health history and type of medication your surgeon orders.

- Take blood thinners as directed by your surgeon
- Move around, change positions and walking frequently during the day.
- Perform ankle pumps every hour while travelling or prolonged sitting.
- Compression Stockings (TED Hose) or Compression Devices (SCDs):
Wear as directed by your surgeon.

Signs of Blood Clot in Legs

- Redness in the calf or groin
- Tenderness in the calf or groin
- Pain, heat, or tenderness in calf, back of knee, or groin
- Increased swelling of your thigh, calf, ankle, or foot
- Shortness of breath and chest pain or pain when breathing

Call your surgeon immediately if you develop any of these symptoms

Surgical Site Infections

A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection.

If any of these symptoms occur, contact your surgeon's office immediately.

Preventing Infection

Preventing infection is extremely important for the rest of your life. Your new joint is artificial and does not have your body's natural protection against infection. It is possible to develop an infection in your artificial joint if antibiotics are not taken before certain procedures.

- Always wash your hands before touching near the incision
- Take proper care of your incision site.
- If you happen to obtain a cut, scrap or injury please immediately take care of the site to keep them clean and free from infections.
- Before having any procedures, let the physician or dentist doing the procedure know you have an implant. He or she should provide antibiotics. You may also contact the surgeon who performed your joint replacement to obtain the appropriate prescription antibiotics, if needed.

Some common symptoms of surgical site infection are:

- Increased redness and pain around the incision site
- Any drainage, in particular, green, brown, or cloudy fluid from your surgical wound
- Sharp or increased pain at surgical site
- Fever of 101 degrees or higher for more than 24 hours

Call your surgeon immediately if you develop any of these symptoms

Section 4

Total Joint Replacement Exercises

4

- Pre Surgery- Upper Body Exercises
- Total Knee Arthroplasty Home Exercise Program
- Total Hip Arthroplasty Home Exercise Program



Total Joint Replacement Exercises

These can be performed before and after surgery

Pre-Surgery Strengthening Exercises

Upper Body Conditioning/Strengthening Exercises

Before undergoing joint surgery, it's important to prepare for your rehabilitation. The following exercise program should be started 4 to 6 weeks before surgery. These exercises should be done daily if possible or at least five times per week.

Conditioning/Strengthening Exercises

Move shoulders forward in a circular motion for a count of 10. Then, move shoulders backward in a circular motion for a count of 10.

- Repeat 10 times (1 set).
- DO two sets per day.



Pinch shoulder blades together by pulling arms back toward each other. Remember to keep elbows straight. Hold for 5 seconds, then relax.

- Repeat 10 times (1 set).
- DO two sets per day.



Stand with one arm bent to 90 degrees at side. Slowly bend elbow and raise the weight toward the shoulder. Remember to keep the palm up. Repeat with the opposite arm. Movements should be slow and controlled.

- Repeat 10 times (1 set).
- DO two sets per day.



Stand or sit and bring arm up so elbow is near the ear. Support the arm that is holding the weight with the other hand by the elbow. Now slowly straighten the arm then bend it. Repeat using the opposite arm.

- Repeat 10 times (1 set).
- DO two sets per day.



Keep elbow straight and raise arm above head. Very slowly return arm to side. This exercise may be performed sitting or standing. Repeat with opposite arm.

- Repeat 10 times (1 set).
- DO two sets per day.



Sitting with back against chair, scoot to the edge of the chair, then scoot back. Remember to use both arms during this activity.

- Repeat 10 times (1 set).
- DO two sets per day.



Sitting on the edge of the chair, place hands on arms of the chair and push body up out of chair. Lower body slowly back into the chair. Remember to use both arms during this activity.

- Repeat 10 times (1 set).
- DO two sets per day.



Total Knee Arthroplasty Home Exercise Program:

It is important that you perform your exercises 2-3X per day to achieve the best results possible from your surgery.

Knee range of motion is measured in degrees:

- Fully flexed (knee bent)= 130 to 150 degrees
- Fully straight (knee extended) = 0 degrees (neutral)



Ankle Pumps

REPEAT: 20 times HOLD: 1 second SETS: 2
PERFORM: Throughout the day

Movement: Bend your foot up and down at your ankle joint.

Rationale: This is an important exercise for leg blood circulation, prevents blood clotting and swelling.



Quad Isometric Sets

REPEAT: 10 times HOLD: 5 seconds SETS: 2
PERFORM: 3 times a day

Movement: While lying, tighten your thigh muscles by pushing the back of your knee down towards the bed. This can be done in unison with Glute sets.

Rationale: This exercise is designed to obtain Quadriceps firing, which is important to progress to full knee extension during walking.

****DO NOT PLACE A TOWEL UNDER THE KNEE****

Total Knee Arthroplasty Home Exercise Program:



Glute Isometric Sets

REPEAT: 10 times HOLD: 5 seconds

SETS: 2 PERFORM: 3 times a day

Movement: While lying on your back, squeeze your buttocks and hold. Repeat.

Rationale: This exercise is designed to obtain Glute firing, which is important for the mid stance to push-off phase of walking.



Heel Slides

REPEAT: 10 times HOLD: 5 seconds

SETS: 2 PERFORM: 3 times a day

Movement: Lying on your back with your knees straight, slide the heel of your surgical leg towards your buttock as you bend your knee as far as you can tolerate. Hold & repeat.

Rationale: Heel slides help to work on flexion (bending) of the knee to normalize gait and facilitate functional movements.



Hip Abduction - Supine

REPEAT: 10 times HOLD: 1 seconds

SETS: 2 PERFORM: 3 times a day

Movement: Lie on your back, tighten your quad. Next, tighten your glute. Then, slowly slide your leg out to the side; Keep your knee straight the entire time.

Rationale: This is important for lateral hip stability/strength needed for balance and progression during gait and weightbearing activities.

Total Knee Arthroplasty Home Exercise Program:

Straight Leg Raise (SLR)

REPEAT: 10 times HOLD: 1 second

SETS: 2 PERFORM: 3 times a day



Movement: While lying on your back, tighten your quads. Sustain Quad engagement while raising your leg. Keep your leg straight throughout the entire motion. Keep the opposite knee bent with the foot planted on the ground.

Rationale: This exercise is important for strengthening your quads, hip flexors, and core.

Hamstring Stretch

REPEAT: 3 times HOLD: 30 seconds

SETS: 3 PERFORM: 3 times a day



Movement: Lie on your back and place a stretching strap, thera band, rope, etc. on your foot. Pull on the strap to assist in raising your leg up to stretch to the back of your leg. Try to keep your knee straight.

Rationale: This exercise is designed to improve flexibility on your hamstrings, which will help in obtaining full knee extension.

Gastrocnemius & Soleus Stretch

REPEAT: 3 times HOLD: 30 seconds

SETS: 3 PERFORM: 3 times a day



Movement: Standing with involved leg back and heel on floor, lean towards the mat until you feel a stretch in the calf. Perform with knee straight and with knee slightly bent. Hold 30 seconds.

Rationale: This exercise improves flexibility in your calf, which will help to obtain full knee extension.

Total Hip Arthroplasty Home Exercise Program:



Ankle Pumps

REPEAT: 20 times HOLD: 1 second
SETS: 2 PERFORM: 8 times a day

Movement: Bend your foot up and down at your ankle joint.

Rationale: This is an important exercise for leg blood circulation, prevents blood clotting and swelling.

Quad Isometric Sets

REPEAT: 10 times HOLD: 5 seconds SETS: 2
PERFORM: 3 times a day



Movement: While lying, tighten your thigh muscles by pushing the back of your knee down towards the bed. This can be done in unison with Glute sets.

Rationale: This exercise is designed to obtain Quadriceps firing, which is important to progress to full knee extension during walking.

****DO NOT PLACE A TOWEL UNDER THE KNEE****

Glute Isometric Sets

REPEAT: 10 times HOLD: 5 seconds
SETS: 2 PERFORM: 3 times a day

Movement: While lying on your back, squeeze your buttocks and hold. Repeat.



Rationale: This exercise is designed to obtain Glute firing, which is important for the mid stance to push-off phase of walking.

****DO NOT PLACE A TOWEL UNDER THE KNEE****

Total Hip Arthroplasty Home Exercise Program:



Heel Slides

REPEAT: 10 times HOLD: 5 seconds
SETS: 2 PERFORM: 3 times a day

Movement: Lying on your back with your knees straight, slide the heel of your surgical leg towards your buttock as you bend your knee as far as you can tolerate. Hold & repeat.

Rationale: Heel slides help to work on flexion (bending) of the knee to normalize gait and facilitate functional movements.

Hip Abduction - Supine

REPEAT: 10 times HOLD: 1 seconds
SETS: 2 PERFORM: 3 times a day



Movement: Lie on your back, tighten your quad. Next, tighten your glute. Then, slowly slide your leg out to the side; Keep your knee straight the entire time.

Rationale: This is important for lateral hip stability/strength needed for balance and progression during gait and weightbearing activities.

Bridging

REPEAT: 10 times HOLD: 1 seconds
SETS: 2 PERFORM: 3 times a day



Movement: While lying on your back with knees bent, perform a posterior pelvic tilt and contract your lower abdominals. While sustaining this, squeeze your buttocks and then raise your hips off the floor. DO NOT ARCH YOUR BACK!

Rationale: This exercise is important for the progression of stepping through during mid-stance to push-off phase of walking.

Total Hip Arthroplasty Home Exercise Program:



Hip Internal & External Rotation

REPEAT: 10 times HOLD: 1 second

SETS: 2 PERFORM: 3 times a day

Movement: While lying on your back with your legs completely straight, rotate your leg in and out. The motion should come from the hip, so ensure your entire leg moves.

Rationale: This exercise is important for lateral hip stability/strength needed for balance and gait.

Remember!

- When lying, **DO NOT PLACE ANYTHING BEHIND THE KNEE** (such as a pillow or towel)
 - You may place a towel or rolled towel UNDER THE ANKLE
- Walk every 2-3 hours for 5-10 minutes during the first 2 weeks & slowly progress over time
 - **LISTEN TO YOUR BODY!**
- Avoid keeping knee in one position for prolonged periods throughout the day.
 - **Sitting:** Knee should be bent (in flexion)
 - **Lying:** Knee should be straight (in extension)
- **WALKING MECHANICS:**
 - Heel-to-toe
 - Squeeze quad at initial contact to mid-stance
 - Squeeze glute at mid-stance to push-off

Devyn Phalen Pt. DPT

Section 5

PATIENT RESOURCES AND FREQUENTLY ASKED QUESTIONS

5

- Medication Side Effect
- Information Sheet
- Frequently Asked Questions
- Notes Pages



Medication Side Effect Information

The following list provides information about the most common side effects associated with medications you may receive during your stay. If you have any questions or concerns, please ask your nurse

Use	Medication: Generic (Brand)	Common Side Effects
Pain	<ul style="list-style-type: none"> • Examples: • Fentanyl • Hydrocodone/Acetaminophen (Vicodin, Lortab, Norco) • Hydromorphone (Dilaudid) • Morphine • Oxycodone/Acetaminophen (Percocet) • Tramadol (Ultram) • Acetaminophen (Ofirmev) 	May Cause: <ul style="list-style-type: none"> • Drowsiness or Dizziness • Constipation • Rash • Nausea/Vomiting
Nausea/Vomiting	Examples: <ul style="list-style-type: none"> • Ondansetron (Zofran) • Promethazine (Phenergan) • Scopolamine Patch • Metoclopramide (Reglan) 	May Cause: <ul style="list-style-type: none"> • Headaches • Constipation • Fatigue
Heart Burn/Reflux	Examples: <ul style="list-style-type: none"> • Pantoprazole (Protonix) • Ranitidine (Zantac) • Omeprazole (Prilosec) • Famotidine (Pepcid) 	May Cause: <ul style="list-style-type: none"> • Headaches • Diarrhea
High Cholesterol	Examples: <ul style="list-style-type: none"> • Simvastatin (Zocor) 	May Cause: <ul style="list-style-type: none"> • Diarrhea • Muscle Pain • GI Discomfort
Blood Clot Prevention	Examples: <ul style="list-style-type: none"> • Aspirin • Clopidogrel (Plavix) • Rivaroxaban (Xarelto) • Enoxaparin (Lovenox) 	May Cause: <ul style="list-style-type: none"> • GI Discomfort • Easy Bruising <p style="text-align: right;">Risk of Bleeding</p>
Blood Clots Treatment	Examples: <ul style="list-style-type: none"> • Heparin • Enoxaparin (Lovenox) • Warfarin (Coumadin) • Rivaroxaban (Xarelto) 	May Cause: <ul style="list-style-type: none"> • Bleeding • Easy Bruising <p style="text-align: right;">Risk of Bleeding</p>

Use	Medication: Generic (Brand)	Common Side Effects
Heart Failure, Heart Rhythm Abnormalities	Examples: <ul style="list-style-type: none"> • Amiodarone(Pacerone, Cordarone) • Digoxin (Digitek) 	May Cause: <ul style="list-style-type: none"> • Drowsiness or Dizziness • Headaches
High Blood Pressure	Examples: <ul style="list-style-type: none"> • Diltiazem (Cardizem (CD) • Cartia XT, Tiazac, Dilacor 	May Cause: <ul style="list-style-type: none"> • Drowsiness or Dizziness • Headaches
High Blood Pressure & Heart Rate; Heart Attack and Heart Failure	Examples: <ul style="list-style-type: none"> • Atenolol (Tenormin) • Carvedilol (Coreg) • Metoprolol (Lopressor, Toprol XL) 	May Cause: <ul style="list-style-type: none"> • Drowsiness or Dizziness • Fatigue
High Blood Pressure: Heart Attack and Heart Failure	Examples: <ul style="list-style-type: none"> • ACE Inhibitors or Angiotensin Receptor Blockers • Benazepril, Enalapril, Lisinopril • Valsartan (Diovan) • Losartan (Cozaar) 	May Cause: <ul style="list-style-type: none"> • Dizziness
Bacterial Infections	Examples: <ul style="list-style-type: none"> • Amoxicillin/Clavulanate (Augmentin) • Cefazolin (Ancef) • Ceftriazone (Rocephin) • Cefoxitin (Mefoxin) • Clindamycin (Cleocin) • Ertapenem (Invanz) • Levofloxacin (Levaquin) • Metronidazole (Flagyl) • Piperacillin/Tazobactam (Zosyn) • Vancomycin (Vancocin) 	May Cause: <ul style="list-style-type: none"> • GI Discomfort • Rash/Flushing • Headaches
Inflammation	Examples: <ul style="list-style-type: none"> • Celecoxib (Celebrex) • Dexamethasone (Decadron) • Hydrocortisone (Cortef) • Ibuprofen (Motrin) • Ketorolac (Toradol) • Prednisone 	May Cause: <ul style="list-style-type: none"> • GI Discomfort • Insomnia
Anxiety, Sedation or Insomnia	Examples: <ul style="list-style-type: none"> • Diazepam (Valium) • Lorazepam(Ativan) • Midazolam (Versed) • Temazepam (Restoril) • Zolpidem (Ambien) 	May Cause: <ul style="list-style-type: none"> • Drowsiness • Headaches
Constipation	Examples: <ul style="list-style-type: none"> • Miralax • Dulcolax • Milk of Magnesium 	May Cause: <ul style="list-style-type: none"> • Bloating/Gas • GI Discomfort • Diarrhea

Frequently Asked Questions (FAQ's)

My knee is bruised and swollen after surgery. Is that normal?

Some bruising and swelling in your knee is normal. Your body is recovering from surgery. It may take a while for your tissue and blood vessels to get back to normal.

To treat swelling, elevate your feet above your heart. Put an ice pack on your operative leg. You may want to use ice to help relieve pain and swelling for several weeks after surgery. A balance of activity is key. Walk a little. Sit a while. Lie down with your feet up for a while.

Let your doctor know right away if you have redness, warmth or calf pain. These are signs of a blood clot.

When can I shower?

You can shower once you are home. If you have a dressing, your surgeon may recommend for you to wrap your dressing with saran wrap to keep it dry. After you have showered, remove the saran wrap and pat dry. Please remember to follow your surgeons instructions of incision/dressing care. Do not bath/submerge the incision until fully healed or as instructed by your surgeon.

How will this affect my sleep?

It is very important to get your rest. You will have busy days doing therapy exercises, walking and healing. Sometimes it will be difficult to find a comfortable position to sleep. Your knee will get stiff when it is not moving. Try to change positions while sleeping.

While sleeping on your back, elevate your lower leg with a few pillows. This will also lessen swelling. If you prefer to sleep on your side, put a pillow between your knees to pad them.

How long will I need my walker?

You may bear weight on your surgical leg as you tolerate it. You can use an assistive device, but it can be painful at first. You will need to use an assistive device as long as you are still limping. Practice walking without a limp with the walker. When you can do this without putting pressure on your arms, try to walk without the crutches/walker. This takes one to two weeks for most people.

When can I drive?

There is no consensus on when it is appropriate to resume driving after joint surgery. The decision to resume driving your vehicle is made by your surgeon.

Frequently Asked Questions (FAQ's)

I feel a little depressed. Is that normal?

Yes. You have been through a lot. You are not sick. You probably do not like to be slowed down this much. Remember, your recovery is not a sprint, it is a marathon. Keep track of all your progress. Talk about how you feel with someone. Side effects of the narcotic medications will make these feelings worse. The sooner you can stop taking them, the better. Call your doctor if you continue to feel depressed.

How long will I need to be off work?

If you have a job that is physical in any way, plan to take at least eight weeks off. If you have a sit-down job, you may be able to go back sooner. In either case, you need to take time to recover until you reach your goals.

Can I kneel on my new knee?

You can kneel on your new knee after the incision is completely healed and the swelling is gone. It is not comfortable to kneel on a hard surface. You can kneel on grass while working in the yard. You must have the range of motion needed. If your knee does not bend far enough, you will be uncomfortable.

How long will I need to take pain medication?

It will take a few weeks for your incision to heal. During the first two weeks, you will probably need pain medicine. Your need for the pain medicine will become less over time. You can also take Tylenol in addition to pain medicine. As you heal, you can move toward just taking Tylenol. Please do not take more than the Tylenol package directs. Please check with your surgeon before you use over-the-counter pain medications.

Once your incision heals, you should start to feel better than you did before surgery. Remember to also use ice and elevation to relieve pain. Your knee will tell you when to rest and elevate. Your job will be to listen to it.

Who Should I Call?

	YOUR DOING GREAT	CALL NAVIGATOR	CALL YOUR SURGEON
PAIN	<ul style="list-style-type: none"> • Every day I am getting better • I can perform my exercises and I feel good after taking pain medication or using ice • I am able to sleep at night 	<ul style="list-style-type: none"> • I am moving around ok but have to stop due to pain • My pain is getting worse • Pain medication is not helping as much as it was before • I have difficulty falling and staying asleep 	<ul style="list-style-type: none"> • My pain is so bad that I cannot do much • I have pain that is sharp or stabbing • Medication, ice, or rest do not help my pain • My pain keeps me from sleeping at night
SURGICAL DRESSING/ SITE	<ul style="list-style-type: none"> • My surgical site and dressing are clean and dry • My temperature is normal • My skin is not warm or swollen and looks normal around surgical site 	<ul style="list-style-type: none"> • I see clear drainage • My temperature is 100-100.5 • My surgical site feels and looks different than when I left the hospital 	<ul style="list-style-type: none"> • The skin around my surgical site is bright red and swollen • And/or • The skin is hot to the touch around my surgical site • I have a fever of 101 or higher • I see green or yellow discharge from site
BOWEL MOVEMENT	<ul style="list-style-type: none"> • I have had normal bowel movements since I left the hospital • My appetite is good • The stool softeners are working 	<ul style="list-style-type: none"> • I have hard, small poop within the last 1-2 days • The stool softeners do not seem to help • I eat ½ or less of my meals • I feel bloated 	<ul style="list-style-type: none"> • I have not pooped since I left the hospital or within the last 3 days • The stool softeners are not working • My belly looks bigger • I often feel like I am going to throw up • I am not able to eat much
EXERCISE/ ACTIVITY	<ul style="list-style-type: none"> • I have not had any concerns • I am able to perform all my exercises • I feel like I am progressing as I should be 	<ul style="list-style-type: none"> • I have lost my balance and still need to hold onto things to walk • I don't feel I am where I should be in my recovery • I am doing my exercise, but progressing slowly 	<ul style="list-style-type: none"> • I am not able to do my exercises • I spend most of the day resting • I feel confused, dizzy or weak • I am worried about my movement and don't know what to do

Post-Op Worksheet

DATE/TIME	PAIN SCORE	PAIN MEDICATION/FREQUENCY	PHYSICAL THERAPY/ HOME EXERCISES	BLOOD THINNER	BOWEL MOVEMENT	ICE/ELEVATE	NOTES
EXAMPLE: 01 JAN @ 9AM	EX. 5	EX. 1 TAB EVERY 4 HOURS	EX. WALKING/MOVING AROUND; PT 3X WEEK	EX. ASPIRIN 81MG TWICE A DAY	EX. SMALL	EX. ICE 4 X DAY ELEVATE 3 X DAY	

