



Thank you for choosing the Human Motion Institute at Gaston Memorial Hospital for your upcoming total joint replacement.

In an effort to help you get the most out of your hospital experience, we have developed this Patient Guide to assist in your preparation for your surgery and hospital experience. It is important that you and your coach read this guide carefully and refer to it throughout your hospitalization. Please remember that this is only a general guide to your recovery from surgery and that not all patients have the same medical conditions or needs. Therefore, your physicians, nurses and/or therapists may change any of the recommendations to better suit your needs.

Your success is very important to us. We will strive to make your stay with us an exceptional experience. Please let us know if you have any special needs you would like us to help you with.

Again, thank you for choosing the Human Motion Institute.

Sincerely,

The HMI Team

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The Human Motion Institute

The Human Motion Institute (HMI) is a concept of care for musculoskeletal patients which includes joint replacement, spine surgery, sports medicine and rehabilitation. It is also the name of two dedicated units within Gaston Memorial Hospital that provide orthopaedic and neurosurgery patient care services. Our Joint Care*Plus* Program has been designed specifically for joint replacement patients. We follow a “continuum of care” approach to joint surgeries that produce outstanding clinical outcomes and patient satisfaction results. By combining extensive clinical expertise with a compassionate, caring treatment philosophy, we have created a program known for its quality of care. Our multidisciplinary team of physicians, nurses, therapists and other health care professions are committed to help you return to maximum function as quickly and safely as possible.

Features of the **Joint Care*Plus* Program** include:

- Pre-Operative education class and exercise program
- This guidebook which will help you prepare for your recovery following surgery
- A hospital stay of only 4 days
- A large private room
- Group therapy sessions, twice daily
- Orthopaedically-trained staff, dedicated to the care of patients with total joint replacements
- Daily information about expectations and activities

Contact Information

Gaston Memorial Hospital

2525 Court Drive
Gastonia, NC 28054

Bea Burgio RN, Joint Care*Plus* Coordinator.....(704) 834-3036
Human Motion Institute ~ Orthopaedic Unit.....(704) 834-3000
Patient Information.....(704) 834-2000

Please visit our website at www.caromont.org

Orthopaedic Surgeons:

Carolina Orthopaedic & Sports Medicine Center.....(704) 865-0077

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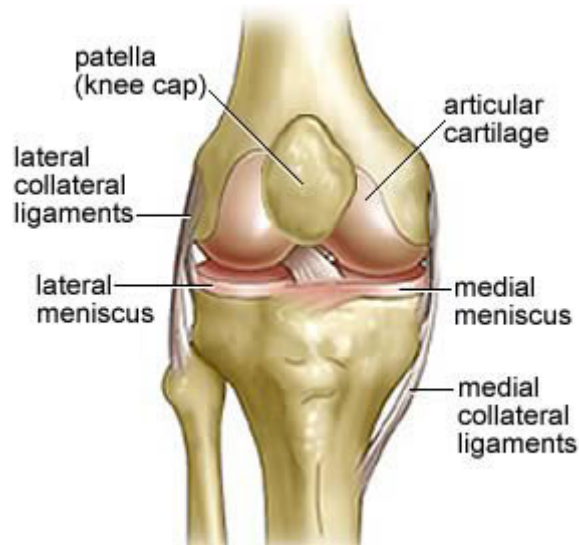
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Map

Total Joint Replacement Surgery

The Knee Joint



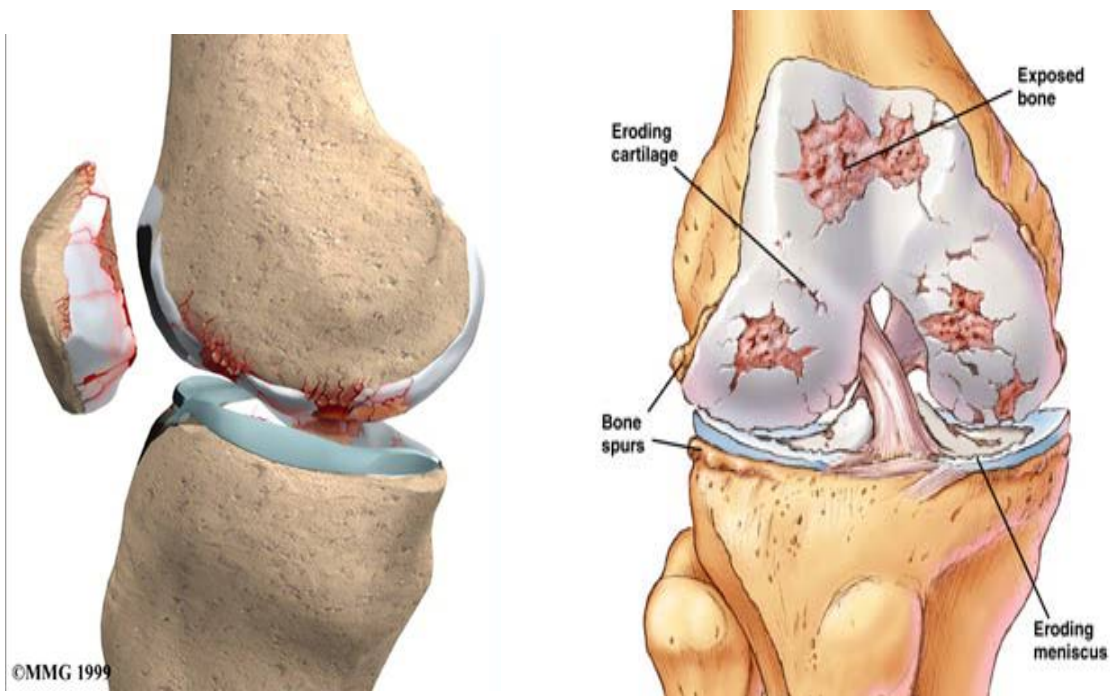
The knee joint is formed at the meeting point of the two major leg bones, the **femur** (thigh bone) and the **tibia** (shin bone). Covering the knee is another bone, the **patella** (kneecap). The three bones form a joint that moves like the doors in your home; thus, the knee is known as the hinge joint.

The rough surfaces at the end of the femur and tibia are protected with **cartilage** (elastic tissue) which cushions the joint for movement.

Large **ligaments** attach to the femur and tibia to provide stability. The long thigh muscles give the knee strength.

Normally, all of these components work in harmony. But disease or injury can disrupt this harmony, resulting in pain, muscle weakness, and less function.

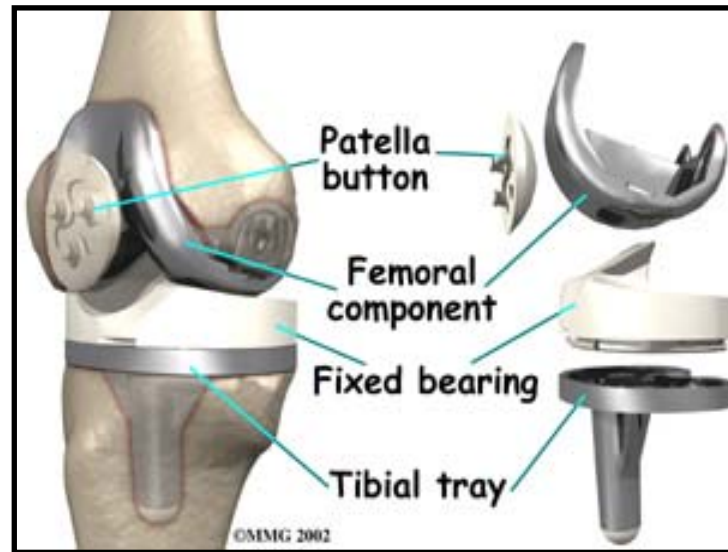
Problem Knee



Osteoarthritis, or degenerative joint disease, affects the cartilage lining on the ends of bones. The cartilage, a clear elastic tissue, becomes worn, no longer allowing smooth movement inside the joint. With osteoarthritis, you may experience a painful, grinding sensation as the joint works, indicating that the bone surfaces are rubbing against each other. Pain, stiffness, swelling and loss of function are common as the cartilage continues to wear away, causing the bones to grind together whenever movement of the joint occurs.

If your knee is severely damaged by arthritis or injury, it may be hard for you to perform simple activities such as walking or climbing stairs. You may even begin to feel pain while you are sitting or lying down. In fact, it may be that medications, change in your activity level or using walking supports are no longer helpful. Since no other treatment has been effective in relieving your pain or improving your mobility, your physician has recommended a total knee replacement.

Knee Replacement Surgery



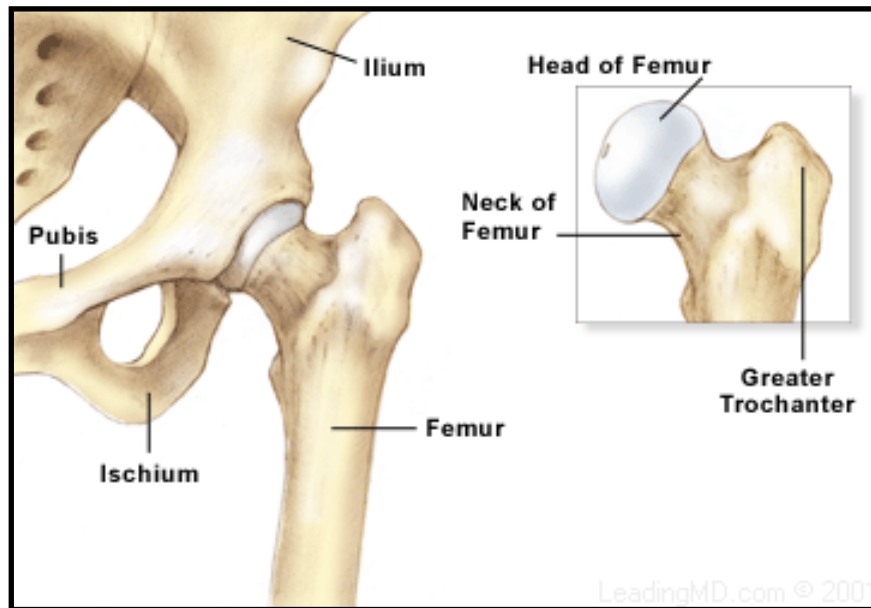
Your Orthopaedic surgeon will remove the damaged cartilage and bone and then position the new metal and plastic joint surfaces to restore the alignment and function of your knee. Your surgeon will be careful to protect your ligaments and tendons, keeping as much of your joint as possible. The procedure itself takes about one to two hours.

Many different type of designs and materials are currently used in total knee replacement surgery. Nearly all of them consist of three components: the **femoral** component, the **tibial** component and the **patellar** component.

The **tibial component** (bottom portion) replaces the top surface of the lower bone, the tibia. The **femoral component** (top portion) replaces the bottom surface of the upper bone (the femur) and the groove where the patella fits. The patellar component (kneecap portion) replaces the surface of the patella where it glides in the groove on the femur.

You will be in the hospital approximately 3-4 days depending on your rehabilitation progress and your clinical recovery. The goal is to go home by the end of your stay. If the HMI team feels that you are not ready to go home, we will discuss other options with you and your family and help make those arrangements.

The Hip Joint



The **hip joint** is a true ball-and socket joint. This arrangement gives the hip a large amount of motion needed for daily activities like walking, squatting, and stair-climbing.

The bones of the hip are the **femur** (the thighbone) and the **pelvis**. The top end of the femur is shaped like a ball. This ball is called the **femoral head**. The femoral head fits into a round socket on the side of the pelvis. This socket is called the **acetabulum**.

The femoral head is attached to the rest of the femur by a short section of the bone called **femoral neck**. A large bump juts outward from the **greater trochanter**, it can be felt along the side of your hip. Large and important muscles connect to the **greater trochanter**. One muscle is the **gluteus medius**. It is a key muscle for keeping the pelvis level as you walk.

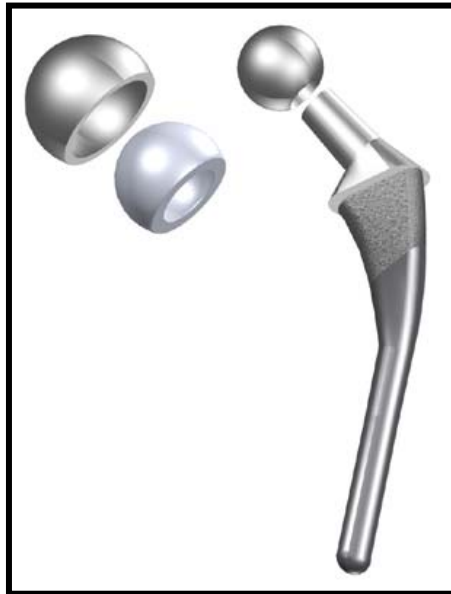
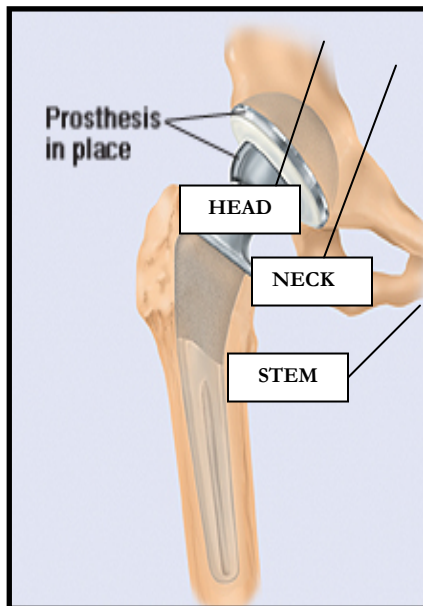
The Problem Hip



Osteoarthritis, or degenerative joint disease, affects the cartilage lining on the ends of bones. The cartilage, a clear elastic tissue, becomes worn, no longer allowing smooth movement inside the joint. With osteoarthritis, you may experience a painful grinding sensation as the joint works, indicating that the bone surfaces are rubbing against each other. Pain, stiffness, swelling and loss of function are common as the cartilage continues to wear away, causing the bones to grind together whenever movement of the joint occurs.

If your hip is severely damaged by arthritis or injury, it may be hard for you to perform simple activities such as walking or climbing stairs. You may even begin to feel pain while you are sitting or lying down. In fact, it may be that medications, change in your activity level or using walking supports are no longer helpful. Since no other treatment has been effective in relieving your pain or improving your mobility, your physician has recommended a total hip replacement.

Hip Replacement Surgery



The procedure itself takes about one to two hours. Your orthopaedic surgeon will make an incision on the side of your thigh to allow access to your hip joint where the surgeon will dislocate your hip, remove cartilage from your **acetabulum**, and cut through the **femoral head** to remove. Your surgeon will then insert the **stem** into the **femoral head**.

Anesthesia

Total joint replacement surgery requires that either spinal or general anesthesia be administered before surgery. A very small number of patients have problems with anesthesia. These problems can be reactions to the drugs used, problems related to other medical complications, and/or problems due to the anesthesia. You will meet your anesthesiologist prior to surgery in the pre-op holding area. The anesthesiologist will review your history and discuss options for anesthesia.

What is General Anesthesia?

General anesthesia is a type of anesthesia where you are put in a deep sleep by means of various medications. This anesthetic prohibits you from breathing adequately so the anesthesiologist must assist your breathing during the course of surgery. This is done by placing a small breathing tube (endotracheal tube) into your windpipe (trachea) after you are anesthetized. Minor side effects from general anesthesia and surgery are common. These include nausea, sore throat, headache or a generalized “hang-over” type feeling.

What is Spinal Anesthesia?

Spinal anesthesia is placed in the low back (lumbar region). Local anesthetic is placed in the skin to numb the area where the Spinal needle will be placed. Once the needle is placed, medicines, including a local anesthetic and sometimes a narcotic, are dispensed via the needle. The needle is then removed. The entire process usually takes anywhere from 5-20 minutes. You will be sedated via intravenous medications during the surgery and before your spinal procedure. Minor side effects can occur from the narcotics: itching, nausea, vomiting and/or diminished respiratory rate.

Total Joint Replacement Surgery Event Calendar

1. Total Joint Replacement Education Class

Date: _____ **Time:** _____

Place: Gaston Memorial Hospital (3rd Floor) Human Motion Institute
Rehab Gym

What to Bring:

- This *Guide*
- Coach

2. Pre-Operative Surgeon's Appointment

Date: _____ **Time:** _____

Place: Your surgeon's Office

What to Bring:

- List of Questions

3. Pre-Surgical Testing Appointment

Date: _____ **Time:** _____

Place: Gaston Professional Center, 1st Floor, Hospital Entrance C

What to Bring:

- Packet that your surgeon has given you
- Completed "*Patient Home Medication List*"
- List of all the physicians you see on a regular basis
- List of your allergies and your reactions to them
- List of your medical/surgical information
- Insurance Card

4. Surgery

Date: _____

The GMH Operating Room staff will call you 24 hours prior to your surgery to let you know of what time you should arrive at the hospital. You may call 704-834-2821 if you have not been contacted by 4 pm the day before your surgery.

Place: Gaston Memorial Hospital, (3rd Floor), Human Motion Institute

What to Bring:

- This *Guide*
- Copies of Advance directives (living will, health care proxy), if you have them
- Loose comfortable clothes, enough for 4 days
- Flat supportive walking shoes that are non slip

Pre-Operative Checklist

1. Pre-Register

After your surgery is scheduled, **please call (704) 834-2914** to pre-register. The pre-registration department is open from 8:30 am until 9:00 pm. It is important to have the following information available to assist with pre-registration:

- Name, Address, Phone number
- Date of birth
- Your Orthopaedic surgeon's name
- Date of your surgery
- Insurance company name and policy number

2. Choose a Coach

The Human Motion Institute staff recommends that you identify a coach to help you reach your rehab goals. Your coach should be available to accompany you to the pre-operative education class and post-operative therapy sessions, as well as assist you at home as needed throughout your recovery. Right after surgery you may not remember many instructions due to anesthesia and pain medication. Having someone designated to help with exercise, mobility and general moral support is very important and aids in a faster recovery.

3. Attend the Total Joint Replacement Education Class

It is our expectation that you attend our total joint education class prior to your surgery. Your surgeon's office will schedule you to attend our class 3 weeks prior to your surgery day. **Please call 704-834-3036 if you have any questions about the class.** The class is provided to give you and your coach valuable information about the surgery experience and to help decrease some of the anxiety that you might be experiencing. You will receive a reminder letter in the mail along with a parking pass.

The class will last for approximately 2 hours. The first half will cover how to prepare for surgery, what to expect when you are in the hospital and what to expect when you go home. It will give you an opportunity to meet the staff who will care for you, meet patients who will be having surgery the same day as you, and to take a tour of the HMI unit.

During the second half of the class, our occupational and physical therapists will do a functional assessment and review the basic and advanced exercise program that you should be doing to strengthen and prepare your body for surgery.

Parking: Park in the **Emergency Room** parking lot, enter at the Emergency Room entrance and take the elevator to the HMI unit on the 3rd Floor. Signs will be posted to direct you the Rehab gym, where the class is held.

5. Pre-Surgical Testing Appointment

Your surgeon's office will schedule you for a Pre-Surgical Screening at Pre-Surgical Services (PSS) in the **Gaston Professional Center**. This office building is located on the Hospital Campus at Entrance C.

Please bring this booklet with you, with the completed **“Patient Home Medication List”** that is located on page 6 of this booklet. Also bring a list of physicians whom you see on a regular basis.

This visit may take up to 2 hours. Common medical test will be done to provide your doctor with important information. These tests include: a blood test (you do not have to be fasting), a urine sample, a nose swab, an EKG, and possibly a chest x-ray. The nurse will also review your medical/surgical history with you.

The nurse will provide a list of medications that you need to stop taking and indicate which medications you need to take the morning of surgery. You will also be given a bottle of *Hibiclens Soap*, an antimicrobial soap, with a set of instructions. Please follow them carefully. *Hibiclens Soap*

may also be purchased at any pharmacy if you require an additional bottle.

6. The Night Before Surgery

- Do not eat or drink anything after midnight, including water, chewing gum or candy.
- Brush your teeth or rinse your mouth as frequently as you wish, but do not swallow.
- Shower with the Hibiclens soap before going to bed.

7. The Day of Surgery

- **DO NOT EAT OR DRINK.**
- Sips of water may be allowed with your medications.
- If you are **diabetic**, please follow the “*PreOperative Instruction for Patients with Diabetes*” sheet that will be given to you at the education class.
- Shower again with the Hibiclens Soap.
- You may brush your teeth and rinse your mouth; do not swallow the water.
- Bring the items listed on page 14 with you to the hospital.
- DO NOT wear or bring jewelry to the hospital. If you prefer not to remove your wedding band, it will be taped to your finger during surgery.
- Arrive at the hospital 2 -3 hours prior to your scheduled surgery time; please instruct family/friends that wish to see you before surgery to arrive at least 1 ½ hours before your scheduled surgery time.
- Park in the Emergency Room Parking Lot. Enter through the Emergency Room entrance. Go left at the registration desk and continue down the hall to the HMI elevator. Take the elevator to the HMI Unit, located on the 3rd Floor.

Housekeeping Items

The following are suggestions to prepare you for your return home after you are discharged from the hospital:

- Move all throw rugs out of your path.
- Move all footstools, plant stands and other low floor items a safe distance from walkways.
- Remove or tape down any cords or wires.
- Prepare a space at home for your pets so they can be out of your way when you return home and while you are getting settled.
- Move things you might need (medications, magazines, phone, cooking utensils) to areas where you can reach them easily.
- Widen pathways so that you may get your walker through. Do not rearrange furniture.
- Have a chair with arms (without wheels), of recommended height, to help you get up and sit down easily.
- Have telephone numbers of helpful friends, your doctor, etc., by each phone in case of an emergency.
- Have some nutritious meals in the freezer to simplify cooking after you get home.
- Refill any medications you take on a regular basis to avoid trips to the pharmacy
- If your bedroom is upstairs, make arrangements to sleep downstairs for a few days. Chances are you will not be able to manage one full flight of stairs as soon as you go home.

Controlling Risk Factors

With any major surgery there are certain risks. It is important that you understand the risks and things you can do to minimize them to prevent post-operative complications.

Conditions that may increase your risk for post-operative complications include obesity, smoking, lung disease, heart conditions, diabetes, and any recent infections. If you see a primary care physician or a specialist on a routine basis please inform them of your upcoming surgery.

The following activities are important to help you prepare for surgery, to ensure a speedy recovery and to help prevent complications after surgery.

Healthful Eating

- Tell you surgeon if you have been following a physician-prescribed diet before hospitalization.
- Eat a healthy well-balance diet. If you are overweight or obese, we recommend you start a weight loss program. Losing weight will help reduce the pressure on your joints and may reduce your pain.
- If you are **diabetic**, it is extremely important to follow your physician's recommended diet. To maintain a normal blood glucose level, check your blood sugars at least twice daily and take your medications as prescribed. For more information on diabetes, please contact the **CaroMont Diabetes Center** at **704-671-7830**.

Medications

- Continue to take your medications
- Review all medications with your surgeon including herbal supplements, vitamins, and minerals
- Check with your surgeon regarding blood thinners and when you should discontinue taking them.

Smoking Cessation

If you smoke, we strongly encourage you to stop three to five days (or more) before your Total Joint Replacement surgery. This will decrease the chances of lung problems and speed your recovery. Gaston Memorial Hospital, the entire hospital campus and all CaroMont health facilities are Tobacco Free, which means tobacco use of any kind is prohibited indoors or outdoors.

The Cardiac Health and Fitness Center offers smoking cessation classes. If you would like more information on their “Fresh Start” Classes, call 704-671-7930.

Pre-operative Exercises

Prior to surgery, it is **important** for you to strengthen your muscles because they may have become weaker due to arthritis and decreased activity. Performing these exercises before surgery will improve your muscle strength and help you become more familiar with the exercises you will do following surgery.

Start the **Basic Exercise Program** and/or the **Advanced Exercise Program**, based on your ability. When you attend your Pre-Operative Total Joint Replacement Education Class, the therapist will review these exercises.

Guidelines:

1. Stop exercising if you experience severe pain at any time.
2. Perform each exercises, in the **Basic Exercise Program**, 5 to 10 minutes, 2 to 3 times a day. If these are too easy, do 15 to 20 of each exercise 2 to 3 times a day.
3. If the exercises in the **Basic Exercise Program** are too easy, progress to the **Advanced Exercise Program**, using the same guidelines.

Day of Surgery

Pre-Op on the HMI Unit

- An HMI staff member will greet you and escort you to your room. You will remain in the same room until you are discharged. She/He will explain to you the pre-operative procedure and what you and your family/friends can expect for the rest of the day.
- You will be asked to remove all clothing, change into a hospital gown, and remove dentures, contact lenses/glasses and jewelry.
- Your vital signs (temperature, pulse, blood pressure) will be taken.
- An IV will be started to hydrate your body.
- The nurse will review your medical/surgical history and medications as well as the results of your pre-surgery testing. Additional testing might be required at this time if ordered by your physician.
- Two operating Room technicians will greet you and transport you to the Pre-Op Holding Area. Your family/friends will be escorted to the Surgical Waiting Area on the first floor and asked to sign in at the reception desk. If your family and/or friends decide to leave the surgical waiting area, they should tell the receptionist how they can be reached.

Pre-Op Holding Area

- This is the “meet and greet” area where you will get a chance to talk to your surgical team.
- The Pre-Op Holding Nurse will review your medical history with you and provide additional instructions.
- You will meet your two Operating Room (OR) nurses.
- Your surgeon will be there to answer any last minute questions. With your assistance, he will mark the leg on which he/she will operate.
- An anesthesiologist will speak to you about your anesthesia options. You will receive medication to help you relax and then be transported to the Operating Room (OR).

Operating Room (OR)

- The OR nurses and anesthesiologist will prepare you for surgery.
- Surgery times are sometimes delayed or changed due to emergencies or cancellations. You and your family should not be alarmed if your surgery takes longer than anticipated.

Post Anesthesia Care Unit (PACU)

- You will be moved directly from the Operating Room to a special recovery room, PACU (Post Anesthesia Care Unit).
- The PACU staff will continue to monitor you as you gradually wake up. You will remain there until your vital signs are stable – about 2 hours.
- You will wake up with an oxygen tube in your nose, a blood pressure cuff on your arm and a pulse oximeter (a device to detect your oxygen level) on your finger.
- You will have a catheter in your bladder to drain your urine.
- You may have a drain with a collection device (hemovac) inserted into your incision. The drainage will look bloody. The nurse will empty the container and measure the drainage approximately every 8 hours. This will remain in place for one to two days.
- You will receive pain medication and /or nausea medication if needed.
- An x-ray may be taken of your new joint replacement.
- After your surgery is complete: your surgeon will speak with your family/friends in the surgical waiting area.
- The receptionist will let your family and/or friends know when you are transferred back to your room on the HMI Ortho Unit. Please ask your family to be considerate of your need to rest on the day of surgery.

HMI Orthopaedic Unit

You will be transported back to the HMI Orthopaedic Unit where a registered nurse and a patient care technician will be assigned to care for you until you are discharged home.

Managing Your Discomfort

Managing your pain is crucial to your recovery. Our goal in managing your pain is for you to be able to move easily, get in and out of bed, participate in therapy and rest comfortably. Our Healthcare team will work with you to keep you as comfortable as possible following surgery.

In order for your pain to be treated effectively, it is important for you to:

- Come to the patient education class ready to be informed and to ask questions.
- Be sure to tell the nurse completing your medical history about what medications have or have not worked for you in the past.
- **Request pain relief on a timely basis** – ask your nurse for pain medication when you begin to feel any discomfort.
- Help the doctor and nurses assess your pain and report whether the pain relief measures are adequate.
- Tell your nurse if you are experiencing itching all over. This is a common side-effect of some medicines.

For additional pain relief, we provide cold therapy in form of ice packs. We will apply the ice pack to your operative leg. This will reduce swelling and relieve pain. When your bulky dressing is removed, we will apply ice for 20 minutes each hour, as needed for relief.

You will be able to better participate in your own recovery activities if you are relatively comfortable.

Preventing Complications

As with all major surgical procedures, complications can occur. The following information is **not** a complete list of the possible complications, but highlights some of the most common ones. Extreme precautions are taken to reduce the chances of any surgical complication from occurring.

Blood Clots (Thrombophlebitis)

Your decreased mobility following surgery and normal postoperative swelling put you at risk for blood clot formation in your legs. Many steps will be taken to prevent this from happening:

- Anticoagulant therapy: You will be receiving medication (by mouth or by injection) to thin your blood. This will require that you have daily blood tests done in order to closely monitor your blood so that the proper doses can be given.
- Foot Pumps: You will have special wraps placed on your feet. The foot wraps attached to a compression device and help circulate blood in your legs. They should be worn at all times while you are in bed. If they are removed for care or therapy and not reapplied, you should call the nurse to put them back on.
- Antiembolic stockings (TEDS): Your surgeon may order these support stockings for you to wear.
- Leg Exercises: Soon after surgery, you will be asked to perform gentle exercises. These exercises, such as ankle pumps, quad sets and gluteal sets, will help prevent circulation problems. The nurse will review these exercises with you. **To enhance your circulation, you will be encouraged to perform the exercises 10 times each, every hour while awake.**
- Early ambulation: Every effort will be to get you up and moving as soon as possible. In most cases, you will be encouraged to dangle your legs or stand up on the evening of surgery.

Infection

Infection can be a very serious complication following a joint replacement surgery. The chance of getting an infection following a joint replacement surgery is less than one percent but infection can spread into the artificial joint from other infected areas. Your surgeon may want you to take antibiotics when you have dental work or other surgical procedures to reduce the risk of spreading germs to the joint.

At HMI, we are committed to preventing surgical site infections:

- **Hand Hygiene:** A hand gel sanitizer is mounted to the wall at the entrance of every patient's room. Please ask your visitors and/or hospital personnel to use it before entering your room.
- **Antibiotics:** Prophylactic antibiotics are administered prior to surgery and continued up to 24 hours.

Pneumonia

After surgery, it is important to exercise your lungs by taking deep breaths. Prior to surgery, the nursing staff will provide you with an incentive spirometer and will instruct you to use it immediately after surgery.

An incentive spirometer is a plastic apparatus that will force you to take deep breaths. By taking deep breaths, the air sacs of your lungs expand and help clear the air passages. This helps prevent post operative fever and pneumonia.

With the incentive spirometer in an upright position, exhale normally. Next, place your lips tightly around the mouthpiece, take a deep breath, remove the mouthpiece from your lips and exhale normally. We recommend that you use your incentive spirometer 10 times every hour while awake.

Bowel Function

Your bowel activity may be slow to return to normal due to anesthesia and/or pain medication. To prevent distension in your abdomen, your first meal will be clear liquids (juice, broth, gelatin). You will also be given a daily stool softener to prevent constipation from occurring; which is a common side effect of pain medication. A laxative is also ordered if you should require it prior to discharge. Please ask your nurse for a laxative if you have not had a bowel movement.

Rehabilitation after Surgery

Physical therapy and occupational therapy are an important part of your post-operative care at HMI. Our rehabilitation team will work with you to improve your functional abilities.

- **Physical Therapist:** He/She will assist you with exercises, transferring, walking and stair climbing.
- **Occupational Therapist:** He/She will instruct you on tub/car transfers, self care activities and use of adaptive equipment like sock aids and reachers.

Do not bring your walker with you to the hospital. Every patient will have a loaner walker and wheelchair to use while you are in the hospital.

Group therapy is scheduled twice a day, 10 am and 2 pm. Your sessions will last approximately one hour. Please remember to bring comfortable clothing for your group therapy sessions. We recommend baggy-legged shorts, loose long pants, sweat pants (without elastic bottoms) and t-shirts or other loose shirts or blouses. No pajamas, night gowns or hospital gowns are allowed during group therapy. Men and women will be exercising together.

Your motivation and participation in the therapy program are important to the speed and success of your long-range rehabilitation, as well as getting you ready to go home. This means you are the driving force toward a successful recovery. As rehabilitation progresses, you will experience less pain and stiffness. Remember: **activity and exercise are necessary for full recovery.**

Your rehabilitation goals at HMI are simple:

- Straighten your knee completely (knee replacement only)
- Bend your knee to 90 degrees or greater (knee replacement only)
- Get in and out of bed safely
- Walk safely with a walker, crutches, or cane as determined by your therapist/physician.
- Dress yourself with minimal assistance.



It is anticipated that you will be discharged from the hospital 3-4 days after surgery. In all cases, it is dependent upon your physical and clinical status. Our goal is for you to go directly home, and the majority of patients do. However, there are occasions when a patient is not mobile enough to go directly home.

Your progress and your readiness for discharge will be assessed daily. Your case manager and/or social worker will discuss your discharge plan with you and your family and order any equipment you may need at home.

On the day of your discharge, your nurse will review your discharge instructions with you. Follow the instructions carefully to ensure that your joint will function smoothly. You will also be instructed when to follow up with your surgeon's office. If you have any questions after you are discharged, please contact your surgeon's office directly.

Wound Care

- Check your surgical site daily for signs of wound infection.
- Your incision will have staples. The staples will be removed approximately 2 weeks after surgery.
- You may feel some numbness in the skin around your incision.
- Avoid soaking the wound in water until the wound is thoroughly sealed and dried.
- Keep your knee incision dry until your doctor tells you otherwise.

If you are a patient of:

Dr. Archibald: Change your bandage every other day with Covaderm.

Dr. Maitra: Change your bandage with Covaderm or dry gauze everyday or every other day, depending on how much drainage you have from your incision.

Dr. Thomason: Change your bandage everyday. Place the dry gauze under your Ted hose.

Preventing Infection

The most common cause of infection following total joint replacement surgery are from bacteria that enter the bloodstream during dental procedures, from urinary tract infections or skin infections. These bacteria can lodge around your joint replacement and cause infection.

For the first two years after your joint replacement, you must take preventive antibiotics before dental or surgical procedures which could allow bacteria to enter your bloodstream. After two years, talk to your orthopaedist, dentist and/or urologist to see if you still need preventive antibiotics before any scheduled procedures.

Warning signs of a possible joint replacement infection are:

- Persistent fever (higher than 100 degrees orally)
- Shaking chills
- Increasing redness, tenderness or swelling of the knee wound
- Drainage from the surgical incision
- Increasing pain with both activity and rest

Notify your surgeon immediately if you develop any of these signs.

Blood Clot Prevention

A blood clot can occur during the first several weeks of your recovery. Your surgeon may prescribe medication to prevent blood clots from forming. Two of the most common are Coumadin and Lovenox. Please follow the specific dosing instructions.

Lab work (PTT/INR) may be necessary to closely monitor blood clotting levels. Your surgeon will tell you when/where to go for your lab work.

Warning signs of possible blood clots in your leg include:

- Increase in pain in your calf, ankle and/or foot.
- Increase in swelling in your calf, ankle and/or foot
- Tenderness or redness above or below your knee

Warning signs that a blood clot has traveled to your lung include:

- Sudden increased shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing

Notify your surgeon's office immediately if you develop any of these signs.

Coumadin

Coumadin is an anticoagulant (blood thinner) medication used to prevent blood clots from forming in your body.

(*If your physician orders Coumadin upon discharge, your discharge nurse will complete this form.)

How do I take Coumadin?

- Take Coumadin at the same time every evening.
- If you miss a dose of Coumadin, take the dose as soon as possible on the same day. **Do not** take an extra dose the next day to make up for a missed dose.
- Do not stop taking Coumadin unless you talk to your healthcare provider first.

It is very important that you take this medication per your surgeon's instructions.

Your Coumadin prescription is for _____mg pills. Sometimes, your physician may write for two different strengths of Coumadin; this is so your dose can be adjusted up or down based on your lab results.

At 5:00 pm on the day of your discharge, you will take _____mg. Refer to the table below for the following day's doses:

<i>Day/Date</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>*Coumadin Dose</i>							

What type of lab work is needed while I am taking Coumadin?

A blood test called an INR will be checked at least weekly when first starting Coumadin. A high INR means you may be at risk of bleeding and a low INR means you may be at risk for a blood clot. For these reasons, it is very important to have your INR checked while you are taking Coumadin.

You will have lab work drawn on: _____

Your lab test results will be reported to your surgeon's office. His/her staff will contact you about how much of your medication you will need to take from that point on.

What are the side effects of Coumadin?

The most common side effect of Coumadin is bleeding. The bleeding risk is lowered by keeping the INR within correct range for you.

Coumadin slows the time it takes for blood to clot, so it will take longer for bleeding to stop if you are injured or cut. Follow these additional guidelines while taking Coumadin:

- Take the Coumadin at the same time each day
- Never miss your appointment to have your INR checked
- Use a soft bristled toothbrush
- Use an electric razor

Call your surgeon's office if you:

- Fall or hit your head
- Have bleeding that does not stop
- Have bleeding when you brush your teeth
- Have pink, red, or dark brown urine
- Have blood in your stool or the stool is black
- Throwing-up blood
- Nose bleeds

Lovenox

Your surgeon may place you on Lovenox injections to help prevent a blood clot from forming. It is very important that you follow these specific instructions.

Lovenox is the injection that you have been receiving in your stomach once or twice a day. When you go home from the hospital, you will receive one injection each day. It is important to take your injection at the same time each day. At discharge you will be given a kit which includes: An instructional video, an instructional booklet, alcohol swabs to clean your skin and a syringe box for your used syringes.

If you or a family member is administering your Lovenox, remember to:

- Alternate sides with each injection.
- Never inject Lovenox within 2 inches of the belly button.
- Cleanse the site of the injection with alcohol swab and let it dry
- Pinch the area receiving the injection up and keep it pinched up while injecting the syringe.
- Inject the needle at a 90 degree angle and pull straight out.
- Do not massage the area of the injection.
- Correctly dispose of a used needle by placing it in the provided needle box. You may return the needle box to your physician's office or pharmacy for proper disposal.

Precautions

Lovenox slows the time it takes for blood to clot, so it will take longer for bleeding to stop if you are injured or cut. Follow these additional guidelines while taking Lovenox:

- Use a soft bristled toothbrush
- Use an electric razor

Call your surgeon's office if you:

- Fall or hit your head
- Have bleeding that does not stop
- Have bleeding when you brush your teeth

Ted Hose/Stockings

Ted hose are long, tight fitting stockings that place mild pressure on the legs to help your legs circulate the blood. This will help prevent blood from clots from forming in your legs.

It is very important to remove them periodically to let your skin air out and to assess your skin.

Please notify your surgeon if you see any area of the skin that is discolored and/or bruised.

If you are a patient of:

Dr. Thomason: Continue wearing on **both legs** until you for your follow-up appointment. You do not need to wear your hose at night.

Dr. Archibald: Continue wearing on **both legs** until you go for your follow-up appointment.

Dr. Maitra: Continue wearing the Ted hose on the leg you had surgery. You do not need to wear your hose at night.

Daily Activities

Plan each day by setting priorities and eliminating unnecessary tasks. Perform only light task and rest as needed.

Driving

You can begin driving when you have good mobility, can enter and sit comfortably in your car, and when your muscle control provides adequate reaction time for braking and acceleration. Most individuals resume driving about four (4) to six (6) weeks after surgery.

DO NOT DRIVE if you are still taking any pain medication.

Sex

Intercourse can be resumed safely approximately two weeks after surgery. Though individual recovery time varies greatly, this timeframe allows the incision and the muscles around the knee to heal. Usually the most comfortable position right after joint replacement surgery is the bottom position. You may bend the knee as comfort allows.

“Sex after Total Joint Replacement” is a booklet that provides you with additional information about safe sexual positions that you can use to protect your new joint and which will make sex more comfortable while your new joint is healing. This booklet is available to you. Please ask the nurse for a copy if you would like one.

Meal Preparation

Arrange work centers for convenience. Place all utensils and pots near the stove.

Plan easy meals. Use countertop appliances whenever possible to avoid bending to reach the oven. Slide objects or use a utility cart to avoid lifting objects.

Shopping

Plan your menu in advance to avoid frequent shopping. Shop when the stores are not busy and in stores where you do not have to empty the shopping cart yourself.

Housekeeping

Arrange for assistance with household chores (vacuuming, laundry, etc.).

Safety

Your new joint may activate metal detectors required for security in airports and other buildings. If an alarm is activated, tell the security agent about your knee replacement. Your surgeon's office will give you a small identification card that confirms you have an artificial joint.

If another doctor schedules an MRI (Magnetic Resonance Imaging), tell them about your total joint replacement.

Fall Precautions

A fall during the first few weeks after surgery can damage your new joint and lead to further surgery. You should use a walker, cane, crutches, hand rails or have someone to help you until you improve your balance, flexibility and strength. Your surgeon and your physical therapist will help you decide what assistive aides you will need following surgery and when those aides can be discontinued.

To prevent falls:

- Remove throw rugs and tape any loose edges of room size rugs
- Do not use bath oils while in the shower or tub
- Wear proper footwear with non-skid bottoms (no scuffs or heel-less shoes)
- Check your walker, crutches or can to make sure that the frame bolts are tight and suction tips are on all legs. Be sure that there is no dirt, dust or lint on the rubbery tips
- Use proper working conditions with good lighting, ventilation, work heights and good posture

Medications

Continue medication at home as prescribed by your Primary Care Provider (PCP). A list of medications that you have been on in the hospital will be sent to your PCP. If you have any questions about your medications, following up with your PCP.

You will receive prescriptions for pain medication. If your pain medication is not effective enough, or you experience unpleasant side effects, do not hesitate to call your surgeon. Pain medication may cause constipation; a stool softener is recommended.

Continuous Passive Motion (CPM)

If you had a *Total Knee Replacement*, your surgeon may order a CPM for you to use at home. If so, it will be delivered to your house when you are discharged.

What is a CPM?

CPM stands for Continuous Passive Motion. It is a mechanical device used to mobilize the knee joint to keep it from becoming stiff after joint replacement surgeries.

Why do I need a CPM?

Often people tend to avoid moving the operative leg after total knee replacement surgery. If you continue to avoid moving the leg for a long period of time the joint will become stiff and non-functional. Using the CPM will avoid the stiffness and it will help with increasing the range of motion.

Do I need to lay flat when I have the CPM running?

As long as the lower half of your body remains flat so as not to change the alignment of your CPM, you do not have to lay flat in bed.

How many hours a day do I need to use the CPM?

Use the CPM for as long as you are comfortable to do so. However, this does not take the place of exercise.

If you are a patient of:

Dr. Thomason: Use for 3-4 hours daily. Increase your flexion until you reach 110 degrees. Try to reach this goal by the time you for your follow-up appointment in 2 weeks.

ICE THERAPY

If you had a total ***Total Knee Replacement***, your surgeon may request that you continue ice therapy at home to help with pain and swelling. Please use the following instructions for proper use:

- You may use ice 3 to 4 times a day as needed.
- Do not leave the ice pack on your knee for more than 20 minutes at a time.
- Use a thin cloth between the ice pack and your skin or wear it over pants so that it does not become too cold for your skin.
- Keeping the ice pack on your skin for an extended amount of time may cause tissue damage.

When To Call The Doctor

- Increase in pain in your thigh, calf, or ankle
- Increase in swelling in your thigh, calf, or ankle
- Sudden increased shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing
- Persistent fever (higher than 100 degrees orally)
- Shaking chills
- Increase in redness, tenderness or swelling of the wound
- Drainage from the surgical incision
- Increase in pain with both activity and rest
- Severe pain that prescription medication does not control
- Sudden sharp pain with a clicking or popping sound at your joint
- Leg shortening with your foot turning outward
- Loss of control over leg motion or complete loss of leg motion

FREQUENTLY ASKED QUESTIONS

When can I shower?

You may shower after staples are removed and incision is thoroughly sealed and dry. Do not scrub surgical site. Pat it dry.

When can I resume sexual intercourse?

Approximately two (2) weeks after surgery; as you feel comfortable.

When can I drive?

You can begin driving when you have good mobility, can enter and sit comfortably in your car and when your muscle control provides adequate reaction time for breaking and accelerating. Most individuals resume driving about 4 weeks after surgery. **DO NOT** drive if you are still taking pain medication.

