



Joint wellness program

Hip and knee replacement surgery

Welcome

Thank you for choosing Baylor Scott & White Medical Center - Uptown and allowing us the opportunity to assist you in returning to a higher quality of life! The team welcomes you to our hospital. We have developed a comprehensive program for the course of your recovery process.

You play a key role in ensuring a successful recovery, and therefore our goal is to have you involved in each step of your treatment program. Having a family member or friend with you, as your designated coach, is highly recommended. Your coach will help speed up your recovery. He/She can help build confidence, offer support, help with your care while in the hospital, help you meet your goals, improve your results and ultimately get you home earlier.

You will have exercise and educational sessions during your stay.

This booklet is intended to give you all the necessary information for a comfortable, informed and successful surgical outcome.

We appreciate the chance to partner with you on your road to recovery.

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Important appointments

Your knee/hip surgery is scheduled at:

Baylor Scott & White Medical Center - Uptown
2727 E. Lemmon Avenue, Dallas, TX 75204

Your wellness program educational class will either be on the 2nd floor or virtual.

Please call to schedule this class prior to your surgery date.
Call the therapy services department at **214.443.3000 ext. 3137**

Date: _____ Time: _____

Your pre-operative testing is on the 2nd floor.

To schedule, please call **214.443.3010**

Date: _____ Time: _____

On the day of surgery, please check in on the 3rd floor.

Check-in date: _____

Your surgeon is: _____

Please bring with you:

- Insurance/Medicare cards and photo ID
- List of all previous surgeries
- All current medications in their original bottles or a list with names and doses
- Emergency contact information including names with phone numbers
- Copy of advance directives if you have them

Quit smoking- speak with your doctor about quitting smoking, call 1-800-NO-BUTTS (1-800-662-8887)

Planning for your operation - List of things to bring

Toiletries

- ▼ Toothbrush/paste
 - ▼ Comb/brush
 - ▼ Shampoo
 - ▼ Makeup
 - ▼ Deodorant
 - ▼ Razor
- ▼ Please leave jewelry, valuables and large amounts of money at home
- ▼ Do not wear make-up
- ▼ Please do not EAT anything past midnight the night before your procedure.
- ▼ You may have water or gatorade (if not diabetic) up to 2 hours before you leave your home to come to the hospital.

Comfortable clothing*

- ▼ Loose shorts
- ▼ Loose fitting Capri pants
- ▼ Pajama bottoms
- ▼ T-shirts
- ▼ Sweatshirt (if you tend to get cold)
- ▼ Lounge wear
- ▼ Pajamas or a robe for the evening if you would like

*Please note: your pants/shorts must be loose enough to pull up and over your knee / hip dressings so the staff has access to your incision site.

You will be dressed in your own clothes by the second hospital day so bring enough clothes for 1-3 days.

You will be up and out of bed and sitting in a recliner chair most of your time in the hospital.

You will have exercise sessions twice a day. We recommend you have someone attend therapy sessions with you if possible.

Supportive shoes

- ▼ Nothing tight (if your shoes are tight now they will not fit after surgery)
- ▼ Good non-skid sole

Special equipment

- ▼ Prosthesis, shoe inserts, or regular assistive devices (that you use regularly)

Medications in their original bottles

Planning for your operation - exercises to start before surgery

Exercise will become a part of your routine after surgery. However the stronger you are before surgery, the easier your rehab will be. Familiarize yourself with the post-op strength and range of motion exercises. These can be found in this booklet.

Plan for your return home

A little planning before you leave home will help you while you're in the hospital and when you get back home.

- ▼ Plan easy meals in advance.
- ▼ Organize your kitchen so that supplies are at shoulder or waist level to avoid excessive lifting, bending or reaching.
- ▼ Prepare a room downstairs if you live in a two-story house to reduce the amount of stair climbing.
- ▼ Clear your house of obstacles and remove any throw rugs for safe walking.
- ▼ Install night lights.
- ▼ Have a firm chair with arm rests and good height available - higher than 18 inches is recommended.
- ▼ **Arrange for help from a friend or family member to assist with housekeeping, shopping and driving.**
- ▼ Plan a place for pets to keep them out of the way for your safe walking.
- ▼ Consider your home environment and potential obstacles (shower ledges, narrow doorways, etc.), hazards (loose hand rails, etc.) or special surfaces (thick carpet, marble flooring, gravel entry, etc) so you can prepare for a safe return home. Discuss any obstacles with your physical therapist.

Before you leave the hospital, be sure you have been given enough information about the following:

- ▼ Medications
- ▼ Diet
- ▼ Activity and exercise
- ▼ Going back to work
- ▼ Rest
- ▼ Incision care and removal of stitches / staples (if applicable)
- ▼ Follow-up visits with your surgeon
- ▼ Driving

Going home / discharge goals*

You should be able to :

- ▼ Perform the home exercise program with physical assistance if needed.
- ▼ Communicate understanding of any post-op precautions for activity, positioning and weight-bearing limits.
- ▼ Get in and out of bed without assistance.
- ▼ Move from the bed to a chair, and walk to the bathroom with the aid of an assistive device.
- ▼ Walk 150 feet with the aid of assistive device, but without physical assistance.
- ▼ Climb and descend curbs/stairs (if needed) with the aid of an assistive device and supervision.
- ▼ Dress yourself independently
- ▼ Perform safe bathroom transfers
- ▼ Be independent with toileting or with minimal assistance (if available)
- ▼ Demonstrate appropriate use of adaptive equipment (if needed)

*Goals may change based on individual patient needs.

Having orthopaedic surgery

As a patient undergoing orthopaedic surgery at Baylor Scott & White Medical Center – Uptown, we want your experience to be as stress-free as possible. This booklet will explain the procedures, equipment, the operation, as well as the pre and post-operative care. When you know what to expect and when to expect it, you are less likely to feel anxious.

We individually plan your care and then adjust it according to your needs. By the time you leave the hospital, you will know how to better help yourself during your recovery process at home.

Straight talk with MDs and RNs

You are not a statistic or a number while you are at Baylor Scott & White Medical Center – Uptown. You will benefit from interaction with many different hospital employees; physicians and specialists like anesthesiologists, nurses, physical therapists, and other members of the health care team, whose job it is to care for you.

Again, please do not be shy about asking questions and tell someone if you are feeling anxious at any time. Certainly, many people will be asking you questions and talking to you about a variety of topics. Your feedback helps plan your operation and follow up care. Please be thorough when you answer a question from anyone caring for you. All information is strictly confidential.

Your doctor already knows a great deal about your medical history. However, to learn even more about you, pre-operative tests may be ordered. The following tests are common: blood, urine, electrocardiogram (ECG), and x-rays.

Prior to your operation, hospital protocol requires each patient to sign a consent form for anesthesia and surgery. Please try to have questions about your surgery and anesthesia answered before it is time to sign the consent form.

Post operative requirement—simple physical activities

You will be asked to perform these simple activities after your surgery. Exercising will help work off the effects of anesthesia, stimulate blood circulation and keep your muscles strong. Although much of your care will be handled by doctors and nurses, it is your job to do these exercises. You will recover faster—so be familiar with the following before your surgery:

Deep breathing

After surgery, deep breathing is crucial for expanding and clearing the lungs. To practice, lie on your back, set a tissue box on the middle of your chest and slowly inhale through your nose. Observe how the box rises and make sure to breathe deeply enough so that your whole chest expands. Let the air out through your mouth and watch the box descend. You can begin deep breathing any time after surgery.

Coughing

Fluid or mucus may collect in the lungs during surgery. Coughing is the best way to get rid of it. After taking three deep breaths, cough several times as hard as you can. Do not be discouraged if it is difficult at first.

Hand and foot exercises

Even the smallest movements with your hands and feet help improve your circulation.

Do the following simple movements several times a day.

1. Point your toes away from your body.
2. Roll your ankle.
3. Point your toes towards your head.
4. Swivel your ankle.
5. Clench your fists.
6. Straighten your fingers.
7. Wiggle your fingers.

Walking

Walking is very important for your recovery. You will begin walking with your therapist or nurse as early as the day of surgery.

You may think the last thing you will want to do after surgery is exercise; however, these simple activities are critical for your recovery. We understand that you may feel some discomfort when doing them, but please remember the benefits are well worth the effort. Studies have proven that people who exercise heal faster and better than those who do not.

Surgery day

- ▶ You will be instructed to shower or tub bathe before surgery. You may use a germ killing soap, but do not use any lotion, powder, or deodorant.
- ▶ Please do not wear make-up or nail polish to surgery. Natural skin color is an important indicator of your condition, especially in the face and hands.
- ▶ Please enter the hospital through the main entrance and take the elevators to the 3rd floor.
- ▶ You will be given a hospital gown to be worn during surgery. No other clothing is allowed. Your privacy and modesty will be respected and protected at all times.
- ▶ All personal items must be removed, including hair accessories, jewelry, glasses, contact lenses, hearing aids and prostheses (such as artificial limbs or eyes).
- ▶ Remove any artificial dental work unless otherwise instructed by your doctor. We recommend that you let family or friends hold your valuables.
- ▶ About an hour before surgery, you may be given medication to help you relax. Just before receiving this medicine you will be asked to empty your bladder. The medication may cause drowsiness or light-headedness. Your mouth may become dry and your eyesight may seem blurred. For your safety, the side rails on your bed will be raised. Please do not get out of bed without asking the nurse for help.
- ▶ An IV will be started prior to your surgery. To provide you with anesthesia medication, fluid, and other medications as ordered by your physician.

Waking up from surgery

Following surgery you will go to the Recovery Room (PACU—Post Anesthesia Care Unit). Here nurses will be closely monitoring your vital signs. Other recovering patients will be around you, and you may hear sounds like monitors and other machines at work, or the hum of conversations.

You will probably be sleepy and confused upon waking up as the medication used during surgery has not completely worn off. You may feel yourself drifting in and out of sleep as you slowly become more alert.

Opening your eyes will be hard at first. Your eyesight may be blurred because of the ointment applied during surgery to keep them moist. The nurse will wipe your eyes for you. Your mouth will be dry, so the nurse may give you ice chips. Your incision will probably feel uncomfortable and your throat may feel sore. The nurse will give you pain medication, as needed.

You may have an oxygen mask on your face or a breathing tube in your mouth. If you have a breathing tube, you will be unable to talk. The breathing tube will be taken out as soon as you are awake enough to take deep breaths. Your recovery nurse will assist you through the process.

Once in your room

When you arrive to your room, your nurse will be waiting for you. He/she will check on you often to make sure you are comfortable and have what you need. For the first 48 hours, vital signs and bandages will be checked frequently throughout the day and night. You may have decreased sensation and/or movement in your operative limb for the first 12–24 hours due to the nerve blocks administered for your surgery.

Tubes

Depending on your surgery you may be connected to a number of tubes.

You will probably still have your IV since it is the most effective way to administer fluids and medications into your body. The nurse will check your IV often, but if you notice the skin becoming red, swollen, or painful at the site, tell your nurse right away.

You may have drainage tubes positioned near your incision. These tubes drain fluids from the area around the incision to promote healing. Your doctor will decide when it is safe to remove the drainage tubes.

Other tubes and equipment commonly used are:

- ▼ Nasal cannula for oxygen delivery
- ▼ Heart monitor (electrodes)
- ▼ Finger sensor to detect blood oxygen levels
- ▼ Lower extremity compression garments to pump and prevent blood clots.
- ▼ Possible an additional pump and catheter tube ("pain pump") for delivery of pain medications directly to the operative limb.

Pain management

The incision area may burn and you may feel stiff, but as soon as your body heals you will continue to feel more comfortable. Pain medication may be given through your IV or in pill form. You may also have a pain pump that can help control pain at the surgical site.

Do not hesitate to ask for pain medication at the first sign of discomfort. If you have had a local nerve block, you may have some tingling in your operative limb as sensation returns and the nerve block wears off. The nurse will frequently ask you what your pain level is, 0 being no pain and 10 being worst possible. Asking for the medication early is better than letting the pain become more severe. If it is too soon for more medication, the nurse may change your position, turn your pillow or try other alternatives until it is safe for more medication. Ice packs are often helpful.

Pain medication may not completely stop the pain, but it will assist in making you more comfortable. When pain is manageable, you will be more inclined to get started with the simple exercises you have been taught – which can also assist somewhat with pain management.

Adjusting - knowing your limits

The post-operative healing process may be hard work for your body. During this period, you may feel strange sensations such as mood swings, night sweats, bad dreams, and some people run a low grade fever. You may know you do not feel well, yet lack the ability to describe how or where. If those feelings persist or worsen, tell your nurse or doctor.

The can and can't do's of post-op activities

Breathing exercises

Your breathing muscles may be relaxed after anesthesia, your lungs may be congested, or you may run a slight fever. All of these things will respond favorably to deep breathing exercises. You will be instructed on how to use a breathing exerciser called an Incentive Spirometer. Using this device when you return from surgery will decrease your need for supplemental oxygen quickly.

Diet

Hospital dietitians are very aware of your digestive system's response to anesthetic. As your meals gradually transition from liquid to solid, they may give you diet instructions or help you make food choices that will work well with certain medications. For example, some blood thinners, for the prevention of blood clots, do not work well with a diet containing green leafy foods. If this affects you, the dietary department will provide you with a special menu to choose from, and you will be given education on how to correctly modify your diet at home. Your appetite may be irregular, but eat as healthy as you can. Without good nutrition, it takes longer to heal and begin feeling better.

Getting up and around

When you are allowed to resume activity, you will be instructed on how much you can do. Remember, it is imperative that you do your exercises. You may be weak and uncomfortable at first, but the earliest movements are necessary for healing and recovery. Your nurse or therapist will help you gain strength. Do not attempt to sit up, stand, or walk without help or clearance from therapy/nursing staff.

Options for care after leaving the hospital

After surgery, all patients will participate in rehabilitation to strengthen and increase mobility in their new joint. Since every patient is different, the length and level of rehabilitation may vary. Most patients will walk out of the hospital and return home with outpatient therapy or the services of a home care agency. Other patients may require a focus on prior medical problems in addition to their rehabilitation. This usually occurs in a skilled nursing facility. Some patients may require more intensive rehabilitation which would occur in an acute care rehabilitation facility. Your physician, in consultation with the health care team members and you, will decide which level of care is best for you.

The majority of patients undergoing joint replacement will return home immediately following their hospitalization. Patients without serious medical conditions can return home either the same day or next day.

Outpatient therapy

If you are not home bound upon discharge, your physician will order therapy service in an outpatient clinic. Your doctor's office or the hospital can help you select an outpatient therapy clinic that is best for your recovery.

Home health care

Home health is a service that allows a therapist to come to your home to help with your rehabilitation. A nurse may also be necessary to monitor medical needs. The home health care nurse or home health care therapist will continue the orders started by your doctor while you were in the hospital. This service will allow you to make a smooth transition back to your prior level of functioning. Home health care services are offered for patients who are unable to leave their home for continued therapy. In this case, a case manager will help make arrangements for your home health care before you leave the hospital.

Skilled nursing facility

A skilled nursing facility (SNF) offers patients with more complex medical situations additional care after surgery. For instance, a patient who has diabetes or heart disease may recover more slowly than someone who has no medical problems. SNF level care is offered by a number of different facilities, and it is appropriate for patients who can participate in at least one hour of rehabilitation a day. If you and your doctor believe that you may need extra time to recover after your surgery, it is recommended that you consider two or three options for SNF care prior to coming into the hospital. You can locate a SNF in your area in several different ways. You may look online at "www.extendedcare.com". This website will lead you through steps to find a SNF. Planning ahead will allow your caregiver to concentrate on you during your hospitalization, and will provide you greater assurance that you will be comfortable with the facility you choose. Once your doctor feels you are ready for SNF level care, the case manager on staff will assist in making the transition.

Acute rehabilitation facility

Acute rehabilitation facilities are available for patients who need extra focus on rehabilitating their joint. An example would be a patient who has had a stroke in the past, and may need more directed rehabilitation after joint replacement, or an individual who has undergone a double joint replacement. At an acute rehabilitation facility, patients must be able to participate in a minimum of three hours of therapy a day. There are likely several acute rehabilitation facilities in your area. Your case manager will work with you to make arrangements to be admitted to the acute rehabilitation hospital that best meets your needs.

Equipment you may need

Many assistive devices may not be covered by your insurance for your particular surgery. Check with your insurance company for coverage. If you did not receive a list of places that sell appropriate equipment, your therapist can assist you.

- ▼ Walker (Standard or 2-wheeled)*
- ▼ Crutches*
- ▼ 3-in-1 (Bedside Commode / Elevated Commode Chair / Shower Seat)*
- ▼ Shower Chair/Tub Bench
- ▼ Raised toilet seat
- ▼ Reaching and Dressing Equipment

*Our hospital has crutches, 2-wheeled walkers and 3-in-1's. These will be billed to your insurance. You may want to check with your insurance for coverage of these items.

After you leave the hospital – caring for yourself at home

Control your discomfort

1. Take your pain medication at least 1 hour before your therapy or exercise sessions.
2. Gradually wean yourself from prescription medication as you heal and your pain improves. in consultation with your surgeon.
3. Change your position every 45 minutes throughout the day.
4. Use ice to help pain control. Applying ice to your affected joint will decrease discomfort, but do not use the ice pack for more than 20 minutes at a time each hour. You should apply ice after your exercise program.

What to watch for after joint replacement

Body changes

- ▼ Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- ▼ You may have difficulty sleeping. This is not abnormal. It is helpful not to sleep or nap too much during the day.
- ▼ Your energy level may be lower than your normal for the first month.
- ▼ Pain medications contain narcotics which promote constipation. Use stool softeners or laxatives such as milk of magnesia, colace (stool softener) or metamucil if absolutely necessary.
- ▼ Leg swelling – Although the amount of swelling can vary from patient to patient, the swelling itself, in the leg, knee, ankle, or foot can be normal and will usually resolve gradually over several months. Perform ankle exercises frequently, and elevate the operated leg (foot above the knee, knee above the hip) often.

Infection control

Infection in your total joint replacement is one of the most dreadful complications after this operation. Although the risks are low for post-op infections, it is important to realize that the risk remains. Efforts are taken by your surgical team to prevent an infection in surgery and immediately post-op, but infections still occur at a rate of about 1% of all first time joint replacements (there is a higher risk in revision joint surgery).

In addition, a prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of 101.5 degrees or more, or sustain an injury such as a deep cut or puncture wound, you should clean it as best as you can, put a sterile dressing or band-aid on it and notify your surgeon or primary care doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your surgeon if the injured area becomes painful or reddened.

Signs of infection

- ▼ Increased swelling, redness at incision site
- ▼ Change in color, amount or odor of drainage
- ▼ Increased pain at surgical site
- ▼ Fever greater than 101.5 degrees F

*Do not start any antibiotics specifically for surgery site unless instructed by your surgeon.

Prevention of infection

- ▼ Take proper care of your incision as explained.
- ▼ Notify all physicians and your dentist that you have had a total joint replacement.
- ▼ When having dental work, or other potentially invasive procedures such as colonoscopy or endoscopy, prophylactic antibiotics are required for a minimum of two years but your surgeon may request longer.

Blood clots in the legs

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot or what is called a “deep vein thrombosis” (DVT). This is why you take blood thinners after surgery to prevent DVTs. If a clot occurs despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complication of a pulmonary embolus (explained in the next page).

In general, extended travel by car or airplane within the first six weeks of surgery is considered more risky in the development of a blood clot. If you must travel, stop and change position hourly to prevent your joint from tightening. It is also important to drink plenty of water, perform frequent ankle pumps and plan frequent bathroom breaks. If you are traveling by air, drink plenty of water to keep hydrated, which will result in your need to use the bathroom, and force you to get up and walk. Pressurized airplanes, cramped seats and immobility are a set up for a DVT.

Signs of blood clots in legs

Blood clots are hard to diagnose by physical exam. When suspected, an ultrasound test is performed.

- ▼ Swelling in the thigh, calf or ankle that does not go down with elevation
- ▼ Pain, tenderness in calf

Note: Blood clots can form in either leg.

Prevention of blood clots

- ▼ Foot and ankle pumps
- ▼ Walking
- ▼ Blood thinners such as Coumadin or Lovenox

Pulmonary embolus

This is a serious (but rare) complication where a blood clot in a leg vein grows big enough to a point where a piece breaks off, floats in the vein and travels to the heart and lungs.

This is an **emergency** and you should **CALL 911** if any of the following symptoms are noticed or suspected:

Signs of a pulmonary embolus

- ▼ Sudden chest pain
- ▼ Difficult and/or rapid breathing
- ▼ Shortness of breath
- ▼ Sweating
- ▼ Confusion

Prevention of pulmonary embolus

The best prevention of a pulmonary embolus is preventing blood clots in the legs. If you have symptoms of a blood clot in either leg, call your physician immediately.

“Dos” and “Don’ts” for the rest of your life

Whether you reach all the recommended goals in three months or not, it is important to continue a regular exercise program to maintain your fitness and to promote the health of the muscles around your joints.

With both your orthopedic and primary care physician’s permission, you should be on a regular exercise program three to four times per week lasting 20–30 minutes. Impact activities such as running and singles tennis may be too much load on the joint, and are not recommended. High-risk activities such as downhill skiing are likewise discouraged because of the risk of fractures around the prosthesis.

Everyday living

Climbing stairs

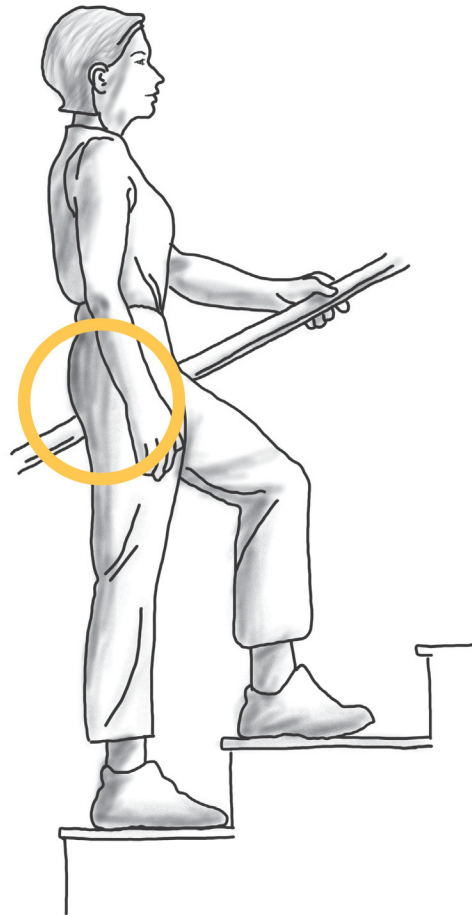
Up with the good, down with the bad

Going up stairs:

1. Using the handrail for support, start by placing the non-operated leg up on the first step.
2. Bring the operated leg up to the same stair.
3. Repeat until you reach the top.
4. Until your surgeon or therapist tells you it is safe, **DO NOT** climb the stairs in a normal foot over foot patterned step.

Going down stairs:

1. Using the handrail for support, place the operated leg down on the first step.
2. Bring the non-operated leg down to the same stair.
3. Repeat until you reach the bottom.
4. Until your surgeon or therapist tells you it is safe, **DO NOT** climb the stairs in a normal foot over foot patterned step.



Getting in and out of a car

1. Move the front passenger seat all the way back to allow more legroom.
2. Lean the seat back if needed.
3. If you have cloth seat covers, put a plastic trash bag on the seat cushion to help you slide once seated.
4. Using your walker, back up to the front passenger seat.
5. Steady yourself with one hand on the walker.
6. With your other hand, reach back for the seat and lower yourself down, keeping your operated leg straight out in front of you as shown in **Figure 1**, below. Be careful not to hit your head when getting in.
7. Turn frontward and lift your operated leg into the car, as shown in **Figure 2**, below.
8. Return the seat back to a sitting position.
9. To get out of the car, reverse these steps.

Figure 1

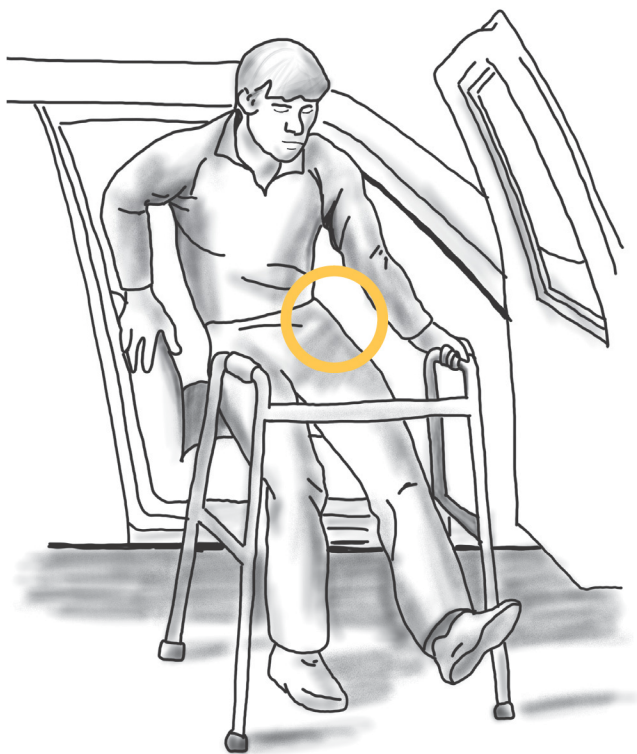
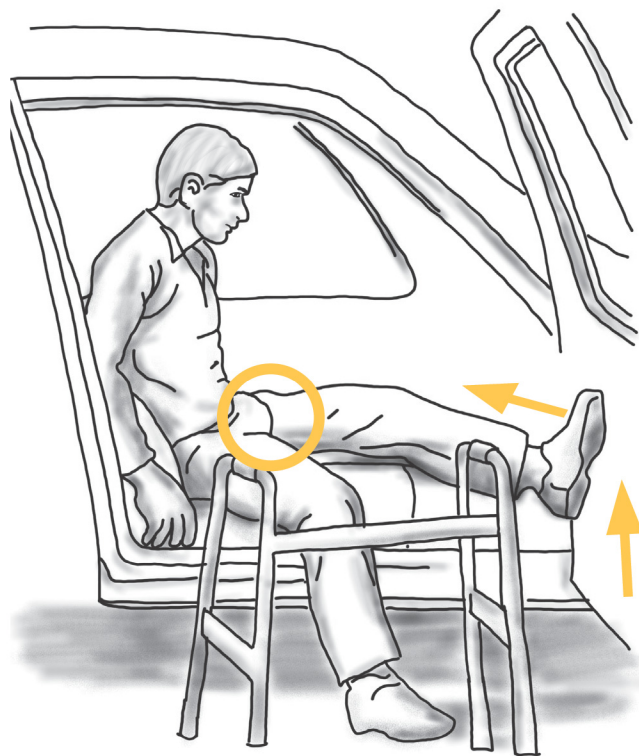


Figure 2



Getting in and out of a chair

Use a chair with arms for 12 weeks after surgery.

Getting into a chair:

1. Take small steps and turn until your back is toward the chair.
2. Slowly back up to the chair until you feel the chair against the backs of your legs.
3. Slide your operated leg forward.
4. Hold the arm of the chair with one hand and hold the walker with the other hand. Slowly lower your body into the chair.
5. Move the walker out of the way, but keep it within reach.

Getting out of a chair:

1. Scoot your hips toward the front edge of the chair.
2. Hold the arm of the chair with one hand and hold the walker with the other hand. **DO NOT** put both hands on the walker while getting out of the chair.
3. Lift yourself off the chair.
4. Balance yourself before trying to walk.



Getting in and out of the bathtub

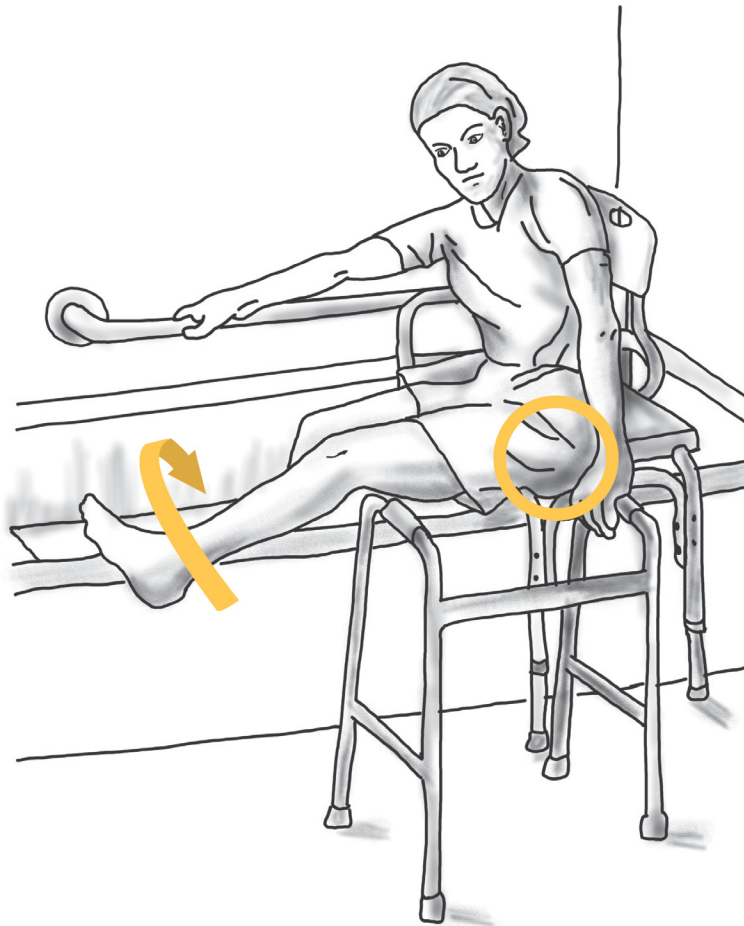
Getting into the bathtub:

Always use a rubber mat in the tub. If you do not have one, put nonskid adhesive strips in the bottom of the bathtub or shower stall.

1. Place the bath seat in the bathtub with the seat facing the faucets.
2. Stand in front of the bath seat and back up to the bathtub until you can feel the bathtub behind your legs.
3. Reach back for the bath seat with one hand. Keep your other hand on the walker.
4. Keep your operated leg out straight and slowly lower yourself to sit on the bath seat.
5. Move the walker out of the way, but keep it within reach.
6. Lift your legs over the side of the bathtub getting in.

Getting out of the bathtub:

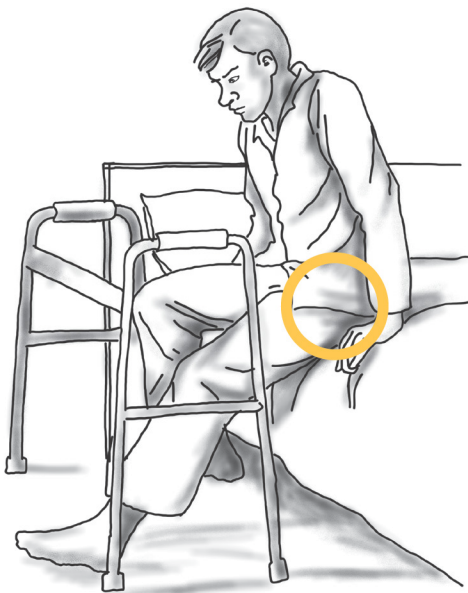
1. Lift your legs over the side of the bathtub.
2. Scoot your hips to the edge of the bath seat.
3. Turn your body so you are facing the walker.
4. Hold onto the walker with the hand closest to the side of the bathtub where you are getting out. Use your other hand to push up on the back of the bath seat.
5. Balance yourself before grabbing the walker.
6. Lift yourself off the chair.
7. Balance yourself before trying to walk.



Getting in and out of bed

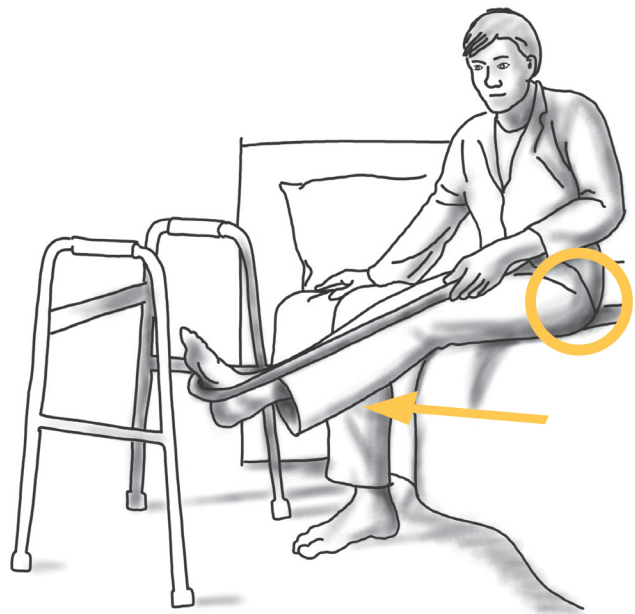
When getting into bed:

1. Stand at the side of the bed halfway between the head and foot of the bed.
2. Back up to the bed until you feel the edge of the bed touch the backs of your legs.
3. Reach back, put your hands on the bed and slowly sit down on the bed.
4. Scoot your hips back toward the middle of the mattress. You can wear silky or nylon pajamas or sit on a plastic bag to make sliding easier.
5. Once you are stable on the bed, move the walker out of the way, but keep it in reach.
6. First lift one leg and turn so your leg is on the bed. Then lift your other leg onto the bed. You can use a cane, rolled bed sheet, or belt to help lift your operated leg.
7. Move your hips toward the middle of the bed.
8. Lie back.



When getting out of bed:

1. Sit up in the bed by pushing yourself up using both arms.
2. Move your legs toward the side of the bed and turn your body to face the same direction.
3. Scoot your hips to the edge of the bed.
4. Lower your feet to the floor. You can use a cane, a rolled bed sheet, or a belt to help you lower your operated leg.
5. Use both hands to push yourself up off the bed. If your bed is low, put one hand on the walker as you push yourself up off the bed with your other hand.
6. Stand at the side of the bed with both hands on the walker before you start walking to make sure you are stable.



Using the toilet

When sitting down on the toilet:

1. Take small steps and turn until your back is toward the toilet.
2. Back up to the toilet until you feel it touch the back of your legs.
3. Slide your operated leg out in front as you sit down.
4. If using a toilet with arm rests, reach back for both arm rests and lower yourself onto the toilet.
5. If using a raised toilet seat without arm rests, keep one hand on the walker as you reach back for the toilet seat with your other hand.

When getting up from the toilet:

1. Slide your operated leg out in front of you before you stand up.
2. If you are using a toilet with arm rests, place your hands on the arm rests and push yourself up, then move your hands to the walker.
3. If you are using a toilet without arm rests, put one hand on the walker and push off the toilet seat with your other hand.
4. Balance yourself before you start to walk.



Putting on pants

Use a “reacher” or “dressing stick” to pull on pants and underwear:

1. Sit down. Have your walker within reach.
2. Grab the underwear or pants with the reacher.
3. Move the reacher so your clothing is by your feet.
4. First put your foot from your operated leg into the clothing, then put your other foot in.
5. Pull the reacher up toward yourself to guide the waistband up over your feet and legs.
6. Pull your pants up over your knees where you can reach them.
7. Stand up with your walker, then pull your pants up the rest of the way.

Taking off pants and underwear:

1. Back up to the chair or bed where you will be undressing.
2. Undo your pants and let them drop to the floor.
3. Push your underwear down to your knees.
4. Keep your operated leg straight and lower yourself to sit on the chair or bed.
5. Use the reacher to help get your non-operated leg and foot out of the pants and underwear. Next take out your operated leg.
6. Use the reacher to move the pants and underwear off the floor so you do not trip over the clothes.



Putting on shoes and socks

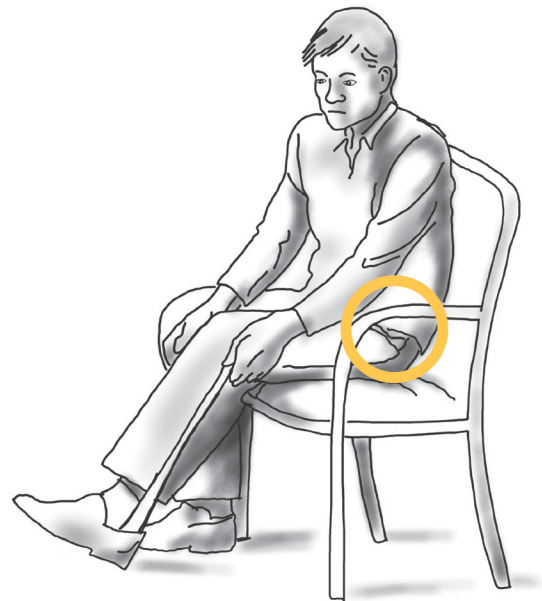
Use a sock aid to put on socks.

1. Sit on a chair or bed. Slide the sock all the way onto the sock aid.
2. Hold the cords and drop the sock aid in front of your foot. It is easiest to do this if your knee is bent.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toe, and pull the sock on.
5. Keep pulling until the sock is on your foot and the sock aid hangs free.



Use a shoehorn to put on shoes.

1. Sit on a chair or bed.
2. Wear sturdy shoes or shoes with Velcro® closures or elastic shoelaces. DO NOT wear high heeled shoes or shoes without backs.
3. Use the long-handled shoehorn to slide your shoes in front of your feet.
4. Put the shoehorn inside the shoe against the back of the heel. Line up the curve of the shoehorn with the inside curve of the shoe heel.
5. Lean back if you need to, lift your leg and put your toes in your shoe.
6. Step down into your shoe and slide your heel down the shoehorn.



Frequently asked questions

How long will I be in the hospital?

The goal is 1-2 days.

Can a family member stay with me in the hospital?

Yes. We encourage your family member or friend to stay with you while you are here. All rooms are equipped with a recliner for their sleeping comfort. This person will also assist you with your therapy sessions.

How long will my new joint last?

We expect most joints to last more than 15 to 20 years. However, there is no guarantee, and 10 to 15 percent may not last that long. A second replacement can be done if necessary.

How long does the surgery take?

Approximately 1.5-2 hours.

What are the major risks?

Most surgeries go well, without any complications. However infection and blood clots are two serious complications that concern us the most. To avoid these complications, we use antibiotics and blood thinners. We also take special precautions in the operating room and with your care after the surgery to reduce risk of infections.

Will I need blood?

You may need blood after the surgery. You may donate your own blood (if you are able) or use the community blood supply.

When will I start rehab?

The day of surgery. You may sit or stand at the bedside the first day or will begin walking.

When can I drive?

It is recommend you wait until you no longer need prescription pain medication and can walk with a cane or less - typically 2-4 weeks. However this will vary depending on whether its your right hip or knee. Your doctor will let you know when you can drive.

Will I need help at home?

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

When can I shower?

You may shower the next day, with a waterproof dressing. You must not tub bathe until the skin is completely healed. Check with your doctor before taking a tub/ bath to see if you are allowed to do so. We recommend using a shower chair in tub/shower initially. Your nurse and therapy team will give you instructions.

When can I resume sexual activity?

The time to resume sexual activity should be discussed with your orthopedic surgeon.

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

You are encouraged to participate in low impact activities such as walking, dancing, golf, hiking, swimming and bowling. However check with your doctor before starting any of these activities.

What items will be sent home with me to use after discharge?

This depends on what has been ordered by your surgeon. It may include any of the following: ice units, a walker or crutches, an elevated commode chair, sample of dressing supplies. Please check with your nurse or therapist about what your surgeon has ordered for you.

Will I notice anything different about my knee?

Yes, you may have a small area of numbness to the outside of the scar, which may last a year or more and is not serious. Do not kneel until approved by doctor. Some patients notice some clicking when they move their knee. This is the result of the artificial surfaces coming together and is nothing to be concerned about. Check with your doctor if you have any questions.

Your total knee replacement operation

When your knee has become diseased or injured, simple movements such as standing or walking may be painful. You and your doctor have decided that a total knee replacement operation may be right for you.

How the knee works

The knee is a hinge joint, which means it moves something similar to like a door hinge opening and closing. The bottom of the thigh bone (femur) rests on the top of the lower leg bones (tibia and fibula). Articular cartilage covers the ends of the knee bones.

Articular cartilage is a body tissue that cushions the joint. If the knee is healthy, the cartilage is smooth. When you move, the parts of the joint that touch slide smoothly against each other.

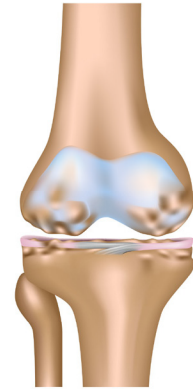
When a knee is diseased or injured, the cushion wears out and the bones rub together. They become rough and grind against each other causing stiffness or pain.

Total knee replacement

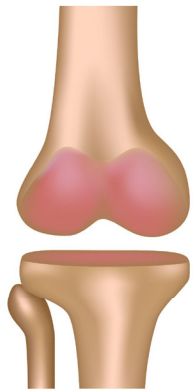
The operation you are having takes out the diseased or injured knee joint and an artificial knee joint replaces it. This artificial knee joint is called a prosthesis and is composed of specialized plastic and metal components.

The prosthesis works like a normal knee. It replaces the rough bone parts and cartilage. The prosthesis is made of two parts. One part covers the top of the lower leg bones and has a stem that goes down into the center of the lower leg bone to secure it in place. The second part covers the bottom of the thigh bone.

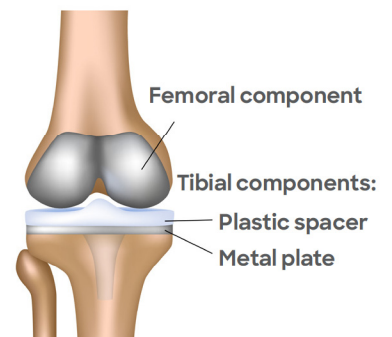
The parts of the prosthesis that touch are smooth and they move easily against each other as a healthy knee would.



Diseased joint



Bones cut and shaped



Implants in place

Total knee replacement exercises

Exercising before and after surgery is very important. Exercise brings back your strength and flexibility to walk smoothly and get well faster. You have an early window of opportunity to gain flexibility for normal daily activities before scar tissue stiffens the knee. You may exercise any time of day but you should perform all exercises 2-3 times a day, 10-20 repetitions for each exercise. Start slowly, and gradually increase the number of repetitions. Exercises should be performed lying on a bed. Do not attempt to get down on the floor after your surgery. Also remember to exercise your arms as well. You will be relying on your arms to help you walk, get in and out of bed and up and down from chair. Chair push-ups will help!

By starting these exercises before surgery, you can enhance your recovery after surgery.

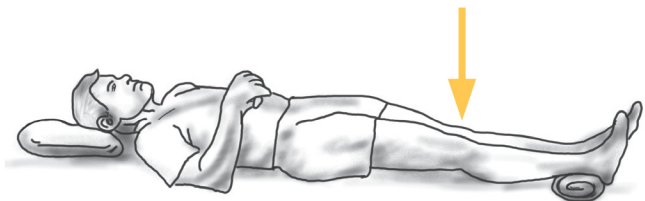
Ankle pumps

1. Lie on your back or sit in a chair.
2. Gently point and flex your ankles.
3. Repeat.



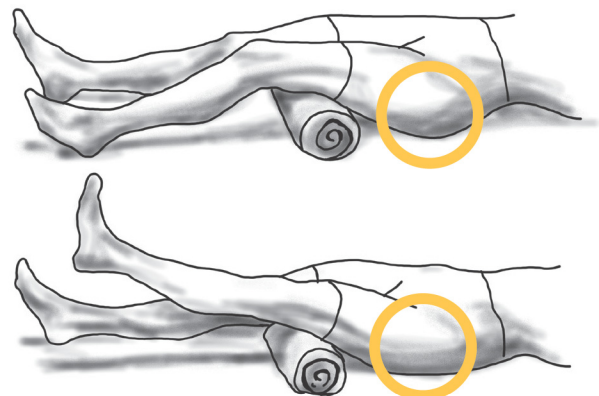
Quad sets

1. Tighten the muscles on top of both thighs, and push the backs of your knees into the bed.
2. Hold 5 seconds.
3. Relax.
4. Repeat.



Short arc quads

1. Lie on your back.
2. Put a towel roll under your operated hip.
3. Keep your thigh on the towel roll. Lift your foot up until your knee is straight.
4. Repeat.



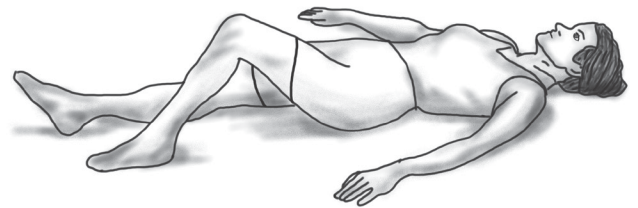
Straight leg raises

1. Lie on your back with your non-operated side knee bent and foot flat.
2. Keep your operated knee straight. Lift your leg 12 inches, with knee and toes pointed toward the ceiling.
3. Lower your leg to the bed.
4. Repeat.



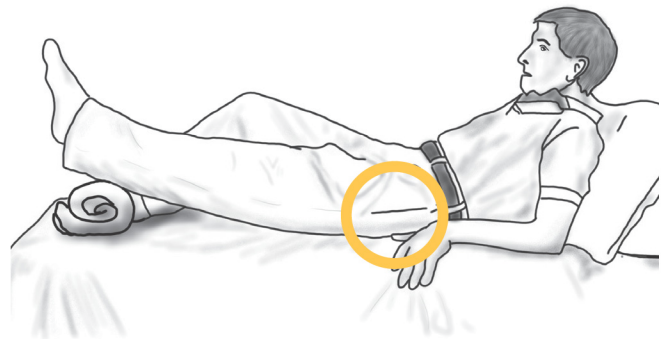
Heel slides

1. Lie on your back with your legs straight.
2. Bend your operated leg and slide your foot toward your body.
3. Straighten your leg slowly.
4. Repeat.



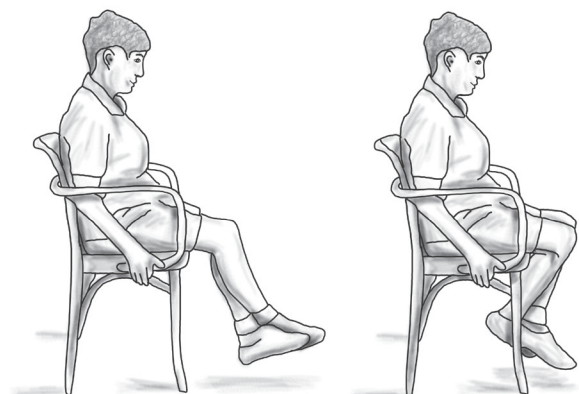
Extension stretch

1. Lie on your back and put a rolled towel under the ankle of your operated leg.
2. Keep your leg stretched in this position for 5 minutes.
3. Slowly build up to 20 minutes in this position.



Assisted knee flexion

1. Cross your ankles with your operated leg behind the other leg. Try to gently push your operated leg back with your good leg.
2. Repeat 5 more times.



Your total hip operation

When your hip has become diseased or injured, simple movements such as standing or walking may be painful. You and your doctor have decided that a total hip replacement operation may be right for you.

How the hip works

The hip is a ball-and-socket joint where the thigh bone joins the pelvis. To see what a ball-and-socket joint is like, make a fist with one hand, (this is like the ball), and cup the fist with your other hand, (this is like the socket). Swivel the fist. This is similar to the way the hip joint works.

Cartilage is a body tissue on the ends of the hip bones. It cushions the joint. If the hip is healthy, the cartilage is smooth. When you move, the parts of the joint that touch slide smoothly against each other.

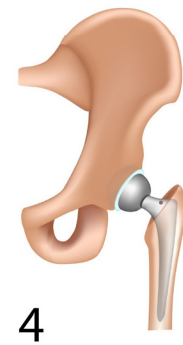
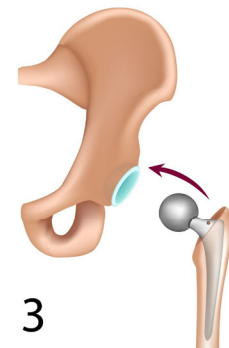
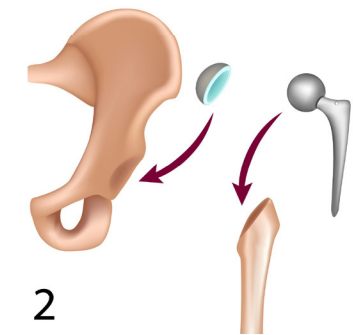
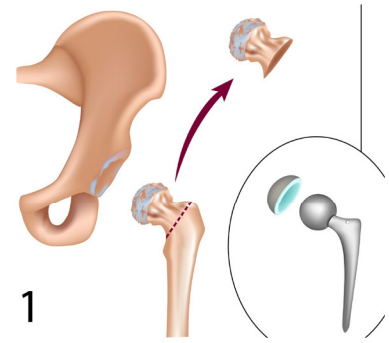
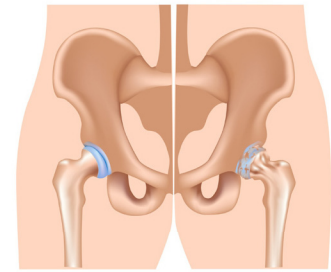
When a hip is diseased or injured, the cushion wears out. The bones rub together. They become rough and grind against each other causing stiffness and pain.

Total hip replacement

The operation you are having takes out the diseased or injured hip joint and an artificial hip joint replaces it. This artificial hip joint is called a prosthesis and is composed of specialized plastic and metal components.

The prosthesis works like a normal hip. It has a ball which is like the head of the thigh bone. The ball has a stem which goes down into the center of the thigh bone and holds the ball in place. The prosthesis has a cup, which is like the socket. It replaces the socket in the pelvis. The ball moves inside it like your hip.

The parts of the prosthesis that touch are smooth. They move easily against each other as a healthy hip would.



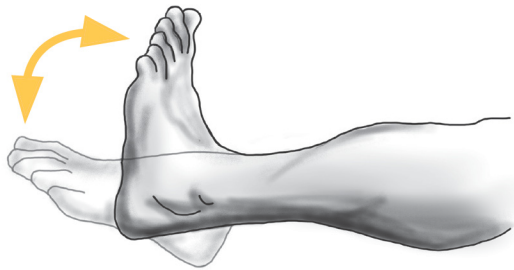
Hip replacement exercises

Exercising before and after surgery is very important. Exercise brings back your strength and flexibility to walk smoothly and get well faster. You may have limitations to the amount and direction of movement allowed for the initial healing phase. These limitations will be relaxed after a few weeks of recovery. You will be informed of the necessary precautions and modifications for your type of surgery when you begin your exercises in the hospital. You may exercise any time of day but you should perform all exercises 2-3 times a day, 10-20 repetitions for each exercise. Start slowly and do not push yourself to the point of experiencing pain or swelling. Exercises should be performed lying on a bed. Do not attempt to get down on the floor after your surgery. Also remember to strengthen your arms as well. You will rely on your arms for getting in and out of bed, walking and getting up and down from a chair. Chair push-ups will help!

By starting these exercises before surgery, you can enhance your recovery after surgery.

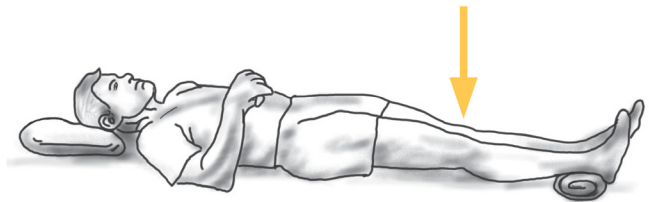
Ankle pumps

1. Lie on your back or sit in a chair.
2. Gently point and flex your ankles.
3. Repeat.



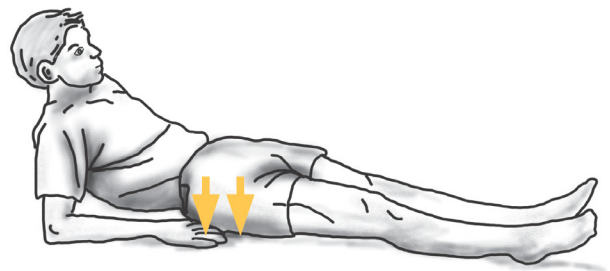
Quad sets

1. Tighten the muscles on top of both thighs, and push the backs of your knees into the bed.
2. Hold 5 seconds.
3. Relax.
4. Repeat.



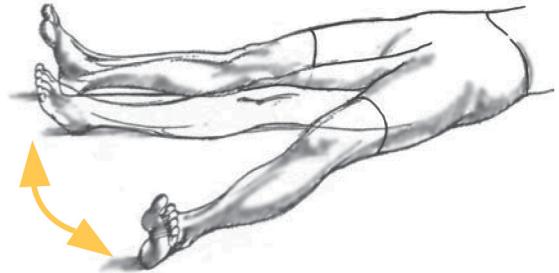
Gluteal sets

1. Lie on back with legs straight and slightly apart.
2. Squeeze your buttocks together.
3. Hold 5 seconds.
4. Relax.
5. Repeat.



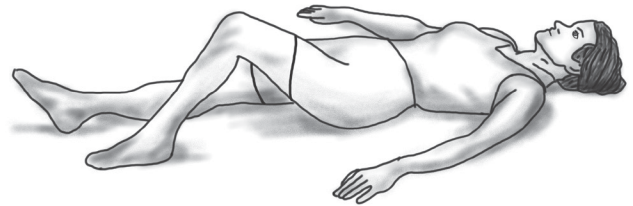
Hip abduction

1. Lie on your back with your legs straight.
2. Tighten thigh muscle of operative leg.
3. Keep knees and toes pointed up toward ceiling.
4. Slide leg outward, away from non-operative leg until you feel the end of available motion (not stretch.)
5. Repeat.



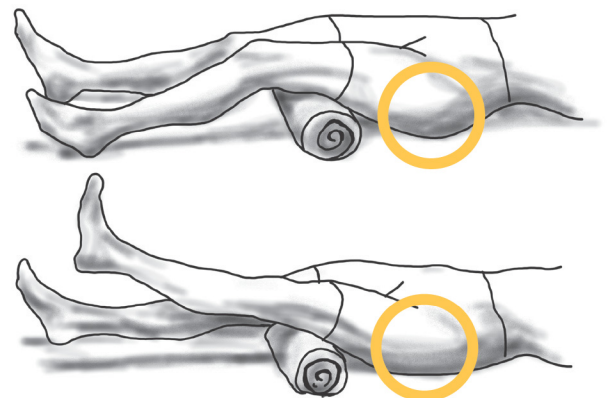
Heel slides

1. Lie on your back with your legs straight.
2. Bend your operated leg and slide your foot toward your body.
3. Straighten your leg slowly.
4. Repeat.



Short arc quads

1. Lie on your back.
2. Put a towel roll under your operated hip.
3. Keep your thigh on the towel roll. Lift your foot up until your knee is straight.
4. Repeat.

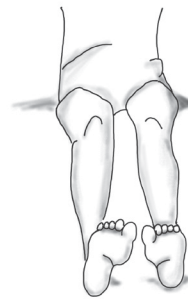


Posterior hip precautions

Your surgeon and therapists will teach you which hip precautions you will need to follow for 6-8 weeks after surgery. It is possible that you may not have to follow hip precautions. Please follow the instructions given to you by your doctor and therapists.

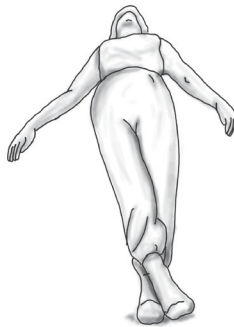
STOP!

DO NOT bend hips past 90 degrees.



DO NOT turn toes inward.

DO NOT cross your legs past midline.



Do

ALWAYS lie with a pillow between your legs.



Anterior lateral precautions

Your surgeon and therapists will teach you which hip precautions you will need to follow for 6-8 weeks after surgery. It is possible that you may not have to follow hip precautions. Please follow the instructions given to you by your doctor and therapists.

STOP!

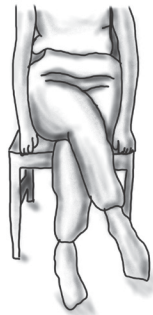
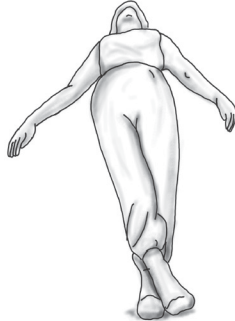
DO NOT extend your leg behind your hips.



DO NOT turn your toes outward.



DO NOT cross your legs past midline.



DO NOT sit on the side of the bed without your feet supported or resting on the floor.

DO NOT lift your operated leg without supporting the entire leg.

Do

ALWAYS lie with a pillow between your legs.



You may need this equipment at home after surgery to make everyday activities safer and easier.

Rolling walker

Helps you balance when walking.



Elevated toilet seat

Attaches to a toilet to add about 4 inches of height. Gives arm support to make it safer when getting on and off the toilet.



Bedside commode or 3-In-1 commode

Used over a toilet to raise the seat and for arm support, as a bedside commode, or as a shower chair.



Tub transfer bench

Used to get in and out of a bathtub-type shower. Bench goes over the edge of the tub. Sit on the bench while showering.



Shower chair

Used in a walk-in shower.



Handheld shower nozzle

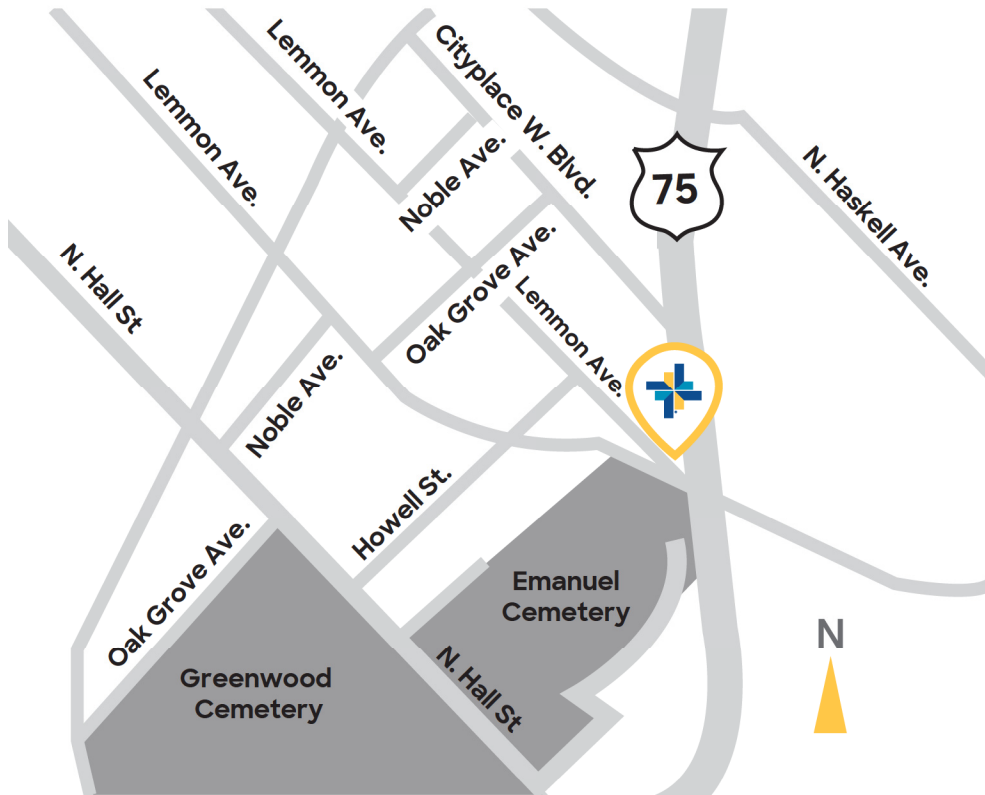
Lets you control the water spray while you sit down to bathe.



Dressing kit

Includes a reacher, a dressing stick, a long-handled sponge, a long-handled shoehorn, a sock aid, and elastic shoelaces.





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