

# Joint Replacement Program

*Thank you for choosing Saint Agnes Medical Center for your joint replacement surgery.*

*The multidisciplinary members of the Joint Replacement Program look forward to helping you on your way back to a normal activity level. Whether your desire is to resume golfing, gardening or taking casual walks around the block, we are here to start you on that journey.*

*Together with our surgeons, we have created a comprehensive program that's intended to be seamless – from your preoperative class through your return to your home setting.*

*Our goal is to deliver high quality care and exceed your expectations.*

*Reading this handbook **prior** to your surgery will help you understand every aspect of the surgical and recovery process. We believe that a strong partnership among your surgeon, the hospital and your family is vital to the success of your surgery. It's also very important that you understand and take an active role in your surgery and recovery process.*

*Please take time to read this handbook and share it with the important people in your life who will be assisting you throughout this process.*

*Together we will become a **Joint Team** working toward your return to motion.*

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# Pre-Op Instructions

Surgery Date \_\_\_\_\_

Time of Arrival \_\_\_\_\_

All patients will check in at the Patient Registration desk in the West Wing of the Medical Center.

Questions? Call Pre-Admission Nurse, (559) 450-3772.

- ❑ Your PAT nurse will provide you with instructions on when to **stop eating** and **drinking** prior to surgery.

## Medications

Take only the following medications with a SIP of water on morning of surgery:

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**DO NOT** take diabetic medications on morning of surgery.

**Bring inhalers to the hospital.**

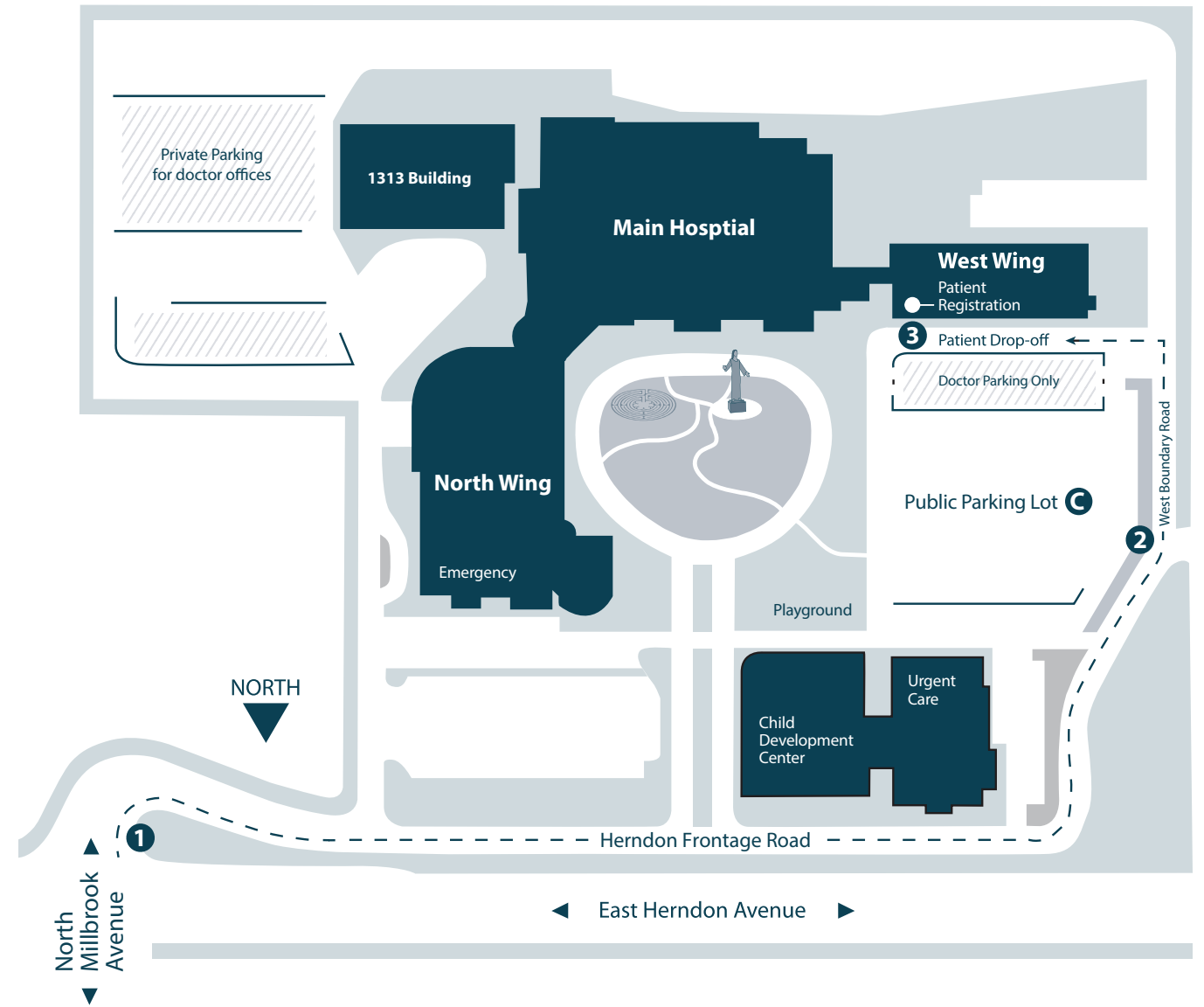
## Preps

*(Do only the ones that have been checkmarked)*

- ❑ Hibiclens shower or bath two times before surgery – one the day before surgery and one the morning of surgery
- ❑ Follow prep as instructed by your surgeon

If you have a C-PAP or Bi-PAP machine, please bring it to the hospital.





**West Wing/Patient Registration Entrance**

When turning onto the Herndon frontage road from the Herndon/Millbrook intersection, **1** stay in the far-right lane. Continue driving on the frontage road, past the Child Development Center. Follow the road as it curves to the left and enter onto the west boundary road. **2**

If you are dropping off, simply drive up to the West Wing entrance. **3**

If you prefer to park, use **Lot C**.

**Registration/Check-in**

When you arrive, check in at the registration desk. From here you will be directed to the pre-op surgery waiting area.



## Advance Directive/Durable Power of Attorney for Health Care

**If you have medical instructions for health care** (*Living Will, Durable Power of Attorney, etc.*), **please bring a copy with you to the hospital.**

The following information explains your rights to make healthcare decisions and how you can plan what should be done when you can't speak for yourself.

A federal law requires us to give you this information. We hope it will help increase your control over your medical treatment.

### **Who decides about my treatment?**

Your doctor will give you information and advice about treatment. You have the right to choose. You can say "Yes" to treatments you want. You can say "No" to treatments you don't want – even if the treatment might keep you alive longer.

### **How do I know what I want?**

Your doctor must tell you about your medical conditions and about what different treatments can do for you. Many treatments have side effects. Your doctor must offer you information about serious problems that medical treatment is likely to cause you. Often, more than one treatment might help you – and people have different ideas about which is best. Your doctor can tell you which treatments are available, but your doctor can't choose for you. That choice depends on what is important to you.

### **What if I am too sick to decide?**

If you can't make treatment decisions, your doctor will ask your closest available relative or friend to help decide what is best for you. Most of the time that works. But sometimes everyone doesn't agree about what to do. That's why it is helpful if you say in advance what you want to happen if you can't speak for yourself.

There are several kinds of advance directives that you can use to say what you want and whom you want to speak for you.

One kind of advance directive under California law lets you name someone to make healthcare decisions when you can't. This form is called an **Advance Health Care Directive**.

### **Who can fill out this form?**

You can if you are 18 years or older and of sound mind. You do not need a lawyer to fill it out.

### **Whom can I name to make medical treatment decisions when I'm unable to do so?**

You can choose an adult relative or friend whom you trust as your "agent/surrogate" to speak for you when you are too sick to make your own decisions.

### **How does this person know what I would want?**

After you choose someone, talk to that person about what you want. You can also write down in the **Advance Health Care Directive** when you would or wouldn't want medical treatment. Talk to your doctor about what you want and give your doctor a copy of the form. Give another copy to the person named as your "agent/surrogate." Be sure to **take a copy with you when you go to the hospital** or other treatment facility.

Sometimes treatment decisions are hard to make, and it truly helps your family and doctor if they know what you want. **Advance Health Care Directive** also gives them legal protection when they follow your wishes.



## What if I change my mind?

You can change or revoke this document at any time, as long as you can communicate your wishes.

## Do I have to fill out one of these forms?

No, you don't have to fill out any forms if you don't want to. Just talk with your doctor and ask him or her to write down what you've said in your medical chart, and talk with your family. While verbal communication is acceptable, people will be clearer about your treatment wishes if you write them down. Your wishes are also more likely to be followed if written down.

## Will I still be treated if I don't fill out these forms?

Absolutely, you will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you.

Remember that:

- An **Advance Health Care Directive** lets you name someone to make treatment decisions for you. That person can make most medical decisions – not just those about life-sustaining treatment – when you can't speak for yourself. Besides naming an "agent/surrogate," you can also use the form to say when you would and wouldn't want particular kinds of treatment.
- If you don't have someone you want to name to make decisions when you can't, you can sign a **Natural Death Act Declaration**. This declaration says that you do not want life-prolonging treatment if you are terminally ill or permanently unconscious.

## How can I get more information about advance directives?

Please contact a member of our Social Services Department, **450-3158**, or a member of our Spiritual Care Department, **450-3227**.

# Authorization for and Consent for Administration of Anesthesia

**My signature on this form indicates that I have read and understand the following information and authorize and consent to the administration of anesthesia.**

Anesthesia, although generally safe, is not without potential risk or serious complications. Depending on your type of surgery and medical condition, your anesthesiologist may recommend general anesthesia, regional anesthesia (*a nerve block*), or sedation with local anesthesia provided by your surgeon. Each different type of anesthesia has its own risks, benefits and unexpected results. The purpose of this form is to provide you with information, in addition to the discussion with your anesthesiologist, to allow you to give informed consent for anesthesia.

## General Anesthesia

This is the most common type of anesthesia and involves the use of specific medicines and inhaled gases that put you deeply asleep for the entire surgery. The expected result is a temporary, total unconscious state. This technique requires the placement of either a breathing tube (*endotracheal tube*) or a device called an LMA (*laryngeal mask airway*), or a simple face mask. Both the breathing tube and the LMA are usually inserted after you have gone to sleep. Anesthetic risks include, but are not limited to, the following: mouth or throat pain; damage to the lips, tongue, teeth or other mouth structures; corneal (*eye*) abrasion; vocal cord injury; peripheral nerve injuries; damage to blood vessels or infiltration (*internal leakage*) of your IV; drug reactions; awareness under anesthesia; collapsed lung; breathing problems; arrhythmia (heart rhythm change) or heart attack; stroke; brain damage; aspiration of stomach contents; and death.

## Regional Anesthesia

This type of anesthesia is commonly used either as the sole anesthetic or in conjunction with a general anesthetic to help with pain after surgery. The expected result is a temporary loss of feeling and/or movement of a specific limb or area. Each block has its own unique risks, but risks in common include, but are not limited to, bleeding, bruising or local pain at the site of injection; infection; injury to the nerve or nerves being blocked; toxicity or reaction related to the absorption of the local anesthetic used; unplanned injection into a blood vessel causing sudden arrhythmia (*heart rhythm change*), seizures, or death; and failure of the block to work. In addition, spinal and epidural anesthesia may also cause changes in blood pressure, headache, backache, hematoma formation (*internal collection of blood*), and excessive block requiring the placement of a breathing tube and possible cardiac resuscitation.

## Sedation with Local Anesthesia

This technique is commonly called "MAC" anesthesia (*monitored-anesthetic care*). It is commonly used in simple cases where direct local anesthesia "numbs" the surgical site while your anesthesiologist administers sedation to make you comfortable. Expected results include reduced anxiety and pain during the procedure. Although rare, complications include drug reactions, local anesthetic toxicity, depressed breathing, and conversion to general anesthesia. This information is meant to notify you of the potential risks, alternatives and expected results of the different types of anesthesia. By signing this form, you acknowledge that you have read and understand these points and agree to the administration of anesthesia.

Signature \_\_\_\_\_  
Patient/Spouse/Parent/Conservator/Guardian Relationship

Date \_\_\_\_\_ Time \_\_\_\_\_

Interpreter Name \_\_\_\_\_ Interpreter Number \_\_\_\_\_

This is for information only. Please read prior to your surgery date. On the day of the surgery, you will be given this consent to sign after your anesthesiologist has spoken to you. He or she will discuss which type of anesthesia is best for you.



At Saint Agnes Medical Center, hand cleaning is an important part of patient care and helps prevent the spread of infection to our patients.

This handout examines the reasons why hand cleaning is so important. It shows how you can join staff at Saint Agnes in protecting our patients and yourself.

**We're all in this together.  
Stop germs from spreading.  
Clean your hands.**

Hospital-acquired infections are infections that a patient could get while he or she is in the hospital. Hospital-acquired infections can be spread from one patient to another if everyone who comes in contact with the patient does not carefully clean his or her hands. This includes staff, physicians, volunteers, family and visitors.

To prevent the spread of infection, we need your help. Please join us in preventing the spread of infection with good hand-washing habits.

**It is OK to ask healthcare providers and visitors if they have cleaned their hands.**

### **When to clean hands**

- Clean hands upon entering a patient's room.
- Clean hands before leaving a patient's room.
- Wear gloves when handling blood, urine, stool or any other body fluids of a patient. Then throw gloves in the trash and wash your hands.
- Wash hands after using the bathroom or bedpan.
- Clean hands before eating.

### **How to wash hands**

- Wet hands.
- Lather hands with soap and water.
- Vigorously rub together all surfaces of lathered hands for 15-20 seconds.  
*(Try singing the whole song "Row, Row, Row Your Boat" twice to time yourself.)*
- Rinse hands thoroughly.
- Dry hands completely with a clean paper towel. Use towel to turn off faucet. Discard towel.

### **How to clean hands**

- An alternate way to clean hands is to use alcohol hand gel provided near the patient room exit.
- Apply alcohol gel to all surfaces of hands and fingers.
- Rub until alcohol gel is dry *(20-30 seconds)*.

***Thank you for joining us as partners in care.***

Prior to surgery, please consider completing the following tasks (*read over next few pages for specific details about each*):

- Ask your physician/surgeon any questions you may have.
- Prepare your home for your return.
- Identify person to provide assistance/ transportation home from hospital.
- Pack for the hospital (*include loose clothing like shorts, T-shirt, sweat outfit or comfortable PJs to wear for exercise*).
- Obtain walker/3-in-1 commode if given a prescription.
- Purchase adaptive equipment if needed. Turn in script (*prescription*) for “anti-blood clot” medication, if ordered by your physician.
- Contact insurance company to verify coverage.

### Caregiver List

Please identify those people who will provide assistance to you during your recovery process. You should also identify a back-up person who will be able to provide assistance if the primary person becomes unable.

- Identify person/persons **who can bring you to the hospital on the day of surgery and provide transportation home from hospital.**

Person's Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

### Back-Up Person

Name \_\_\_\_\_

Relationship \_\_\_\_\_

## Task Items/Things to Do

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

- Identify person/persons **who can take you to doctor appointments, grocery shopping, etc.**

Person's Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

### Back-Up Person

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

- Identify person/persons **who live near you whom you can call in case of emergency.**

Person's Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

### Back-Up Person

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_





## Preparing Your Home for Your Return

Before you come to Saint Agnes Medical Center for your surgery, you want to spend some time looking at your home and asking yourself, “Is my home as safe as it can be?” Or “Are there potential hazards that I could trip on?”

Please consider the following suggestions to prevent injury once you are home.

### Ideas to avoid hazards

- ❑ Remove area rugs and loose carpet.
- ❑ Remove loose cords and other clutter that may cause accidents or falls.
- ❑ Ensure that floors do not have wax or slippery surfaces.
- ❑ Avoid “high-risk” situations such as uneven grounds, wet floors and crowded areas.
- ❑ Watch for small pets and objects on floor.

You will need a walker at home to assist with ambulation. You will want to have a clear path in the areas of your home that you transit the most. The following are suggestions for making your home life more manageable as you progress with your mobility.

### Ideas to create an easy and livable environment

- ❑ Rearrange furniture to make it easier to get around and allow enough space for a walker or crutches.
- ❑ Find a firm chair with armrests to make it easier to sit down and get up from.
- ❑ Move a bed to first floor of home, if applicable.
- ❑ To reduce bending and reaching, move important items to top drawers of dresser/ lower shelves of upper cabinets, or other easily accessible areas.
- ❑ Leave items used daily out on counters.
- ❑ Remember to have a cordless or cellular phone with you. If you are home alone, you want to be able to call for help if needed.

- ❑ Use a high stool in the kitchen during meal preparation. Remember to take breaks between activities. Elevating your legs when resting can be beneficial.

Many recommended assistive devices may help you stay safe and increase independence with self-care. Needs may vary for each individual.

### Recommended Assistive Devices in Bathroom

- ❑ Elevated toilet seat/or commode.
- ❑ Shower chair, shower hose grab bar.
- ❑ Tub transfer bench and hand-held shower hose for bathtub/shower.
- ❑ A rubber-backed rug and a rubber mat (*nonskid*) for inside and outside shower or bathtub.
- ❑ A 3-in-1 commode chair can be placed at your bedside at night and can be placed over your standard toilet seat during the day to increase its height. It can also be used as a shower chair in a free-standing shower.

### Other Assistive Devices

- ❑ When getting dressed and undressed, use a *reacher* to assist you putting on underwear or pants.
- ❑ A *sock aid* can assist you with putting on and taking off socks and shoes without bending your hip too much.
- ❑ A *reacher* can come in handy when needing to grasp objects that are too far above or below you.
- ❑ A *long-handled sponge* can make it easier to wash your feet while showering.
- ❑ A *terry-cloth robe* will eliminate the need to hold onto a towel after a shower, allowing you to use both of your hands to hold onto your walker.

- ❑ Shoes can be pre-laced and tied using elastic shoelaces. This allows shoes to be slipped on or off. A *long-handled shoehorn* can also be helpful with this task.
- ❑ Attach *reacher* to your walker with sticky-backed Velcro, so you will always have reacher nearby.
- ❑ Attach a *walker basket, plastic bag or tote bag* on front of walker to carry items around the house.
- ❑ When doing laundry, a *reacher* will help with loading and unloading clothes from washer and dryer.
- ❑ A *rolling cart* will also help to move clothes to and from laundry room.

Adaptive equipment can be found at many *medical equipment supply stores*. You may want to get them before surgery.

If you live alone, do not be afraid to ask friends or family to help you prepare your home for your return. You may want to ask them to stay with you for a few days after you are discharged from the hospital. Have a plan for coming home.

- ❑ Have ample reserves of easy-to-prepare food, frozen dinners/casseroles, and individually packaged convenience food items.
- ❑ Use paper plates and other easily discarded items to decrease cleanup.
- ❑ Stock up on items such as toilet paper, toothpaste, paper towels, paper plates and napkins, and small trash bags – you may not be able to lift a large trash bag when it is filled.

# Preoperative Shower Instructions

Before surgery, you can play an important role in your own health. Because the skin is not sterile, we need to be sure that your skin is as free of germs as possible before surgery. You can reduce the number of germs on your skin by carefully washing before surgery. Following these instructions will help ensure that your skin is clean before surgery.

**IMPORTANT: You will be asked to shower with a special soap containing the ingredient called chlorhexidine gluconate or CHG\* (brand name is Scrub Care or Hibiclens).**

*\* Not to be used by people allergic to chlorhexidine.*

### Please follow these instructions

- Shower with CHG the night before surgery and the morning of surgery. Do **not** shave the area of your body where surgery will be performed.
- With each shower or bath, wash your hair as usual with your normal shampoo. *(Do this **before** using the CHG.)*
- Rinse your hair and body thoroughly after shampooing your hair to remove shampoo residue.
- Then apply CHG soap to your entire body **only from the neck down**. Do **not** use CHG near your eyes or ears to avoid permanent injury to those areas. Wash thoroughly, paying special attention to area where surgery will be performed.
- Turn water off to prevent rinsing soap off too soon. Wash body gently and allow soap to stay on your body for five minutes. Do not scrub skin too hard. Do not wash with regular soap after CHG is used.

- Turn water back on and rinse body thoroughly.
- Pat yourself dry with a clean, dry towel.
- Do not use lotion, powder, perfume or aftershave of any kind on the skin after bathing.
- Wear clean, comfortable clothing on day of surgery.

***Thank you for participating in your successful surgery!***



Once you arrive to the hospital and check in at Patient Registration, you will be escorted to the Pre-Op Surgery Holding Room. Here you will meet your anesthesiologist who will go over details of your surgery, including types of anesthesia. You will either have spinal anesthesia or general anesthesia depending upon your anesthesiologist's recommendation. Benefits of a spinal over general anesthesia include less risk to the patient, less sedative effect, and less problems with nausea and vomiting after surgery.

Your pre-op nurse will start you on intravenous fluids, check your vital signs, perform any last minute tests required, obtain pertinent information from you, and prepare you for transport to the operating room.

You may receive various medications to prevent infection, reduce nausea and vomiting, and to reduce pain.

You will see your surgeon before going into the operating room and will also meet the operating room nurse in charge of your care.

### **Surgery**

Your surgery will take approximately 1½-2 hours. Your surgeon will work with a dedicated joint replacement team in the operating room who are knowledgeable and skilled at performing orthopedic procedures.

### **Recovery Room**

After surgery, you will be placed in the Recovery Room and monitored closely to ensure that you are fully awake and that your vital signs are stable.

### **Same-Day Discharge**

Some surgical patients are candidates for same-day discharge. During your office visit, your physician will discuss whether or not this will be your plan of care. If you are going home the same day, your recovery room stay will be a little different. You will be fully recovered from anesthesia, including any type of spinal anesthesia that may cause a temporary lack of sensation or movement in your extremities. Full recovery averages 4-6 hours. You will also be seen by our physical therapist and given some basic instructions about walking and about getting in and out of a chair and bed. Prior to your release, the physical therapist will assess your mobility to ensure it is safe to send you home. Once you are fully recovered from anesthesia and have passed the physical therapy assessment, you can be discharged home.

### **Admission to Joint Replacement Unit**

If you are spending the night in the hospital you will be placed in recovery for 1-2 hours and then admitted to a room on the designated Joint Replacement Unit.

#### **You will have:**

- “Leg squeezers or foot pumps” while you are in bed to maintain circulation of your lower extremities and prevent blood clots.
- An ice pack on your surgical site to help reduce pain and swelling.
- Fluids infused through an IV in your arm.
- Your vital signs checked every hour for the first four hours after arrival to the unit and then every four hours overnight to ensure that your blood pressure, heart rate and breathing are normal.



- All fluids you take in and all fluids that come out measured for the first day or so by the nurses.

To reduce your inflammation and help manage pain, you will be given a combination of non-narcotic and anti-inflammatory medications. This is referred to as a “multi-modal” pain medication regime. Narcotic medications may be added as needed.

Nurses will monitor your pain level very closely and provide you with effective pain relief. They will ask you on a scale of 0-10 where you rate your pain. Our goal is to maintain your pain level below 5, ideally below 3.

Our nurses will be very proactive in offering pain medications to keep you comfortable. It is important that you communicate with your nurse if you feel that your pain is not at a tolerable level so we can work together to keep your pain score at a minimum.

A very common side effect of taking pain medications is constipation. We will monitor you closely to prevent this from happening.

You will be started on a diet as tolerated. Often patients are nauseated following surgery. If you experience this, please inform your nurse and she will provide you with some medication to alleviate the nausea.

Several hours after your surgery, you will be seen by a physical therapist. The therapist will complete an initial evaluation and provide you with instructions about how to use a walker and how to get in and out of bed. He or she will then assist you up for your first walk and show you how to get in and out of a chair.

A discharge planner will visit with you to gather input and begin making plans for your discharge. He or she will make sure that everything you need is ordered and ready before you leave the hospital. Most patients will be stable and ready for discharge the day after surgery.

### **You may have:**

- Oxygen in place upon your arrival to the unit if nurses in the recovery room feel you need it. This may remain on overnight.
- A continuous oxygen sensor on your finger or attached to your oxygen tubing.
- A surgical drain placed at your incision site to drain fluid. This prevents excess bruising and swelling.
- A urinary catheter in your bladder to closely measure urine output.
- A continuous passive motion (CPM) machine may be ordered for total knee patients to exercise their knee. It will be on for approximately 8 hours per day, usually in 2-hour increments. To increase your range of motion, the CPM’s settings will be adjusted each time it is placed on you. The goal is to have a range of motion from 0-90 degrees at the time of discharge.
- A special pillow may be used on total hip patients. It is placed between your knees to prevent your hip from rotating inward too much.

### **Post-Op Day 1**

#### **Be prepared – this will be a busy day!**

Your blood will be drawn for lab work early in the morning, primarily to check your blood level. Prior to your first walk, your nursing assistant will help you with a bath. You may dress in the comfortable clothes you brought from home. Your IV fluids will be stopped, but the IV will remain in your vein and connected to a short tube. This allows you to still receive intravenous medications, if needed.

Your urinary catheter and drain will be removed today. We will ensure that you are urinating adequately before you go home. Drink lots of fluids! If you are tolerating liquids well, we will advance you to a regular diet if it hasn’t been done already.

You will continue on the oral multi-modal pain medication regime to control pain. Your pain medication will be offered when it is due, so take it! If you are in pain, always inform your nurse. Make sure your pain level is manageable prior to physical therapy. You need to be comfortable to do your exercises!

You will receive physical therapy today. Your therapist will provide instruction on various exercises, as well as assist you in walking with your walker. How to get in and out of bed or a chair will also be reinforced.

Throughout the day your nursing team will also assist you with additional walking.

There is a lot to accomplish in a short period of time, but your orthopedic team will work closely with you to ensure that you reach these goals.

### **Preparation and Discharge**

- Your ride should be prepared to pick you up before noon.
- Receive discharge instructions from RN and have your IV removed.
- Attend morning session of your physical therapy.

## Preparation for Discharge

Approximately 70 percent of total joint replacement patients at Saint Agnes Medical Center are discharged directly to the home setting. It therefore benefits you to make arrangements for your care at home **in advance**. Contact family, friends, church members, etc., to see if they are available to help you once you get home. Prepare meals in advance and freeze them so you will not have to worry about cooking once you are at home.

If family or friends are not available, caregivers can be hired. However, most insurance companies will not cover this expense. Your Discharge Planner can provide you with a list of private duty/home care agencies and companion services upon request.

A Discharge Planner will come see you on the day of your surgery to help with discharge needs. If you need any assistance, please call 779-6051.

### **Role of Discharge Planner includes:**

- Assistance with obtaining medical or adaptive equipment if you are not able to obtain prior to surgery.
- Assistance with obtaining certain medications if you are not able to obtain prior to surgery.
- Working with your insurance company to obtain authorization for equipment, medications and post-discharge services, if needed.
- Transportation arrangements for discharge, if needed.

If your progress is slower than expected and your physician determines the need for rehabilitation/skilled nursing facility, the case manager will assist you with the transition.

### **Most physicians will prescribe medical equipment to be used at home following joint surgery:**

- Total hip and knee patients will need a front-wheel walker.
- Some total hip patients will need a 3-in-1 commode or raised toilet seat. Some physicians order this for total knee patients. Insurance coverage will vary. Most insurances will not cover a raised toilet seat.

### **Prescriptions are required for equipment. If your physician has given you a prescription:**

- Equipment needs to be authorized by your insurance.
- You need to bring your prescription for equipment to a store or agency that accepts your insurance.
- Make every effort to have it filled prior to surgery.
- Do not bring your equipment to the hospital for your surgery.

Your physician may order outpatient physical therapy 2 to 3 times per week. The care they provide will be at the direction of the physician. Insurance coverage varies with insurances.

If you have had a total knee replacement, your physician may order a CPM (*Continuous Passive Machine*) for you to use at home. If so, your discharge planner or nursing staff will:

- Contact the CPM company and notify them of your discharge.
- Work with company to set up a time to deliver machine to your home following your discharge.



- CPM company will contact you to coordinate a delivery time or you will be given a number to contact them.
- Remind you to take home the pads on the hospital CPM so you do not need to purchase additional ones at home.

If your physician orders for you to receive the anti-blood clot medication Lovenox or Arixtra while you are in the hospital, you will be continued on this at home for **6-10 days**.

**Important things for you to know about these medications:**

- Your physician should give you a prescription for one of these medications prior to coming in for surgery.
- Many insurance companies require prior authorization from physician. Please work with your physician's office **prior** to surgery to identify your potential needs at discharge, whether you will require this medication, and any insurance requirements surrounding this issue.
- Some insurance companies will not cover these medications, so you will have to pay out of pocket. Secondary insurance may cover all or part of the costs.
- Cost of these medications varies from pharmacy to pharmacy so you need to shop around.
- Not all pharmacies carry these medications **or** they may be out of stock and need to be ordered.

- It is recommended that you turn in your script (prescription) to the pharmacy prior to coming in for surgery, but do not pick up medicine until discharge. Once you pick up medication from the pharmacy, you cannot return it and get your money back. If for some reason you are discharged to a rehab facility or skilled nursing home, you will not need to obtain the medication – it will be provided at the facility.
- If your physician did not give you a prescription prior to surgery but decides to order it for discharge, your family will need to stop at the pharmacy to pick it up.

**Additional Post-Op Days**

If you stay longer than one day after your surgery, you may have more blood drawn early in the morning. If for some reason you still have a urinary catheter in your bladder or a drain, it will be removed by the second day after surgery.

You will be assisted with bathing and dressing, but we will encourage you to do more of the work getting in and out of the bed and chair. You will continue to be walked times a day. We want you to have a bowel movement before you leave the hospital and will assist you with this, as necessary. You will be helped up to the bathroom or a bedside commode to urinate or have a bowel movement. We avoid the use of bedpans.

**Saint Agnes Home Health**  
(559) 450-5112

**Home Health Care** is the provision of skilled intermittent care in the home. This includes, but is not limited to, Physical Therapy (PT), Occupational Therapy (OT), and Skilled Nursing (SN) with examples of skilled care listed below. These may be provided upon order of the physician when the patient is homebound, defined as “a difficult and taxing effort to leave the home.”

**Physical Therapy**

- Therapeutic exercise (*home exercise program*)
- Gait/ambulation (*walking*) training
- Assessment for assistive equipment
- Transfer/mobility training
- Postsurgical care

**Saint Agnes Home Health**

**Occupational Therapy**

- Training in assistive techniques and equipment for dressing, bathing, cooking and/or household activities
- Transfer training
- Task/work simplification and energy conservation

**Skilled Nursing Services**

- Assessment/instruction in medication management
- Skilled assessment and management of postoperative needs (*pain, surgical incision, drains*)
- Instruction/oversight of infusion therapy
- Instruction/management of Foley catheter care

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For additional home health options, talk to your casr manager.



## Joint Replacement Exercises

Exercise is very important for your recovery. You probably have not been able to use your leg normally because of the pain you are experiencing, and so your muscles have become weaker. You may also have swelling and some stiffness.

### **Exercise is beneficial in many ways:**

- Exercise will help you to build up your strength again.
- Exercise will help you regain your motion and return you to your desired level of activity.
- Exercise will improve your function.
- Exercise will help reduce the swelling that will occur as a result of the surgery. Exercise will work your muscles, which act as pumps to help reduce the swelling.

### **Exercises should be:**

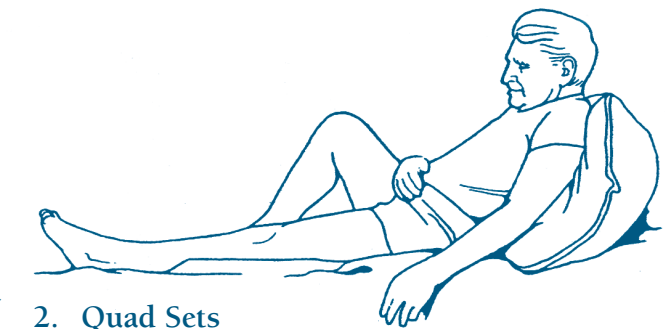
- Done in preparation before surgery.
- Done twice a day at exercise classes while in the hospital.
- Continued at home following discharge from the hospital.

### **Hip and Knee Exercises**



#### **1. Ankle Pumps**

Move foot up and down at ankle.  
*Repeat 10 times. Do 3 to 6 times each day.*



#### **2. Quad Sets**

Straighten surgery knee as fully as you can.  
Count to 5. Relax.  
*Repeat 10 times. Do 3 to 6 times each day.*



#### **3. Hamstring Sets**

Bend surgery leg slightly and push heel into floor. You can also put the nonsurgery toe against your heel and push against it.  
Count to 5.  
*Repeat 10 times. Do 3 to 6 times each day.*



#### **4. Gluteal Squeezes**

Squeeze buttock muscles as tightly as you can while you count to 5.  
*Repeat 10 times. Do 3 to 6 times each day.*

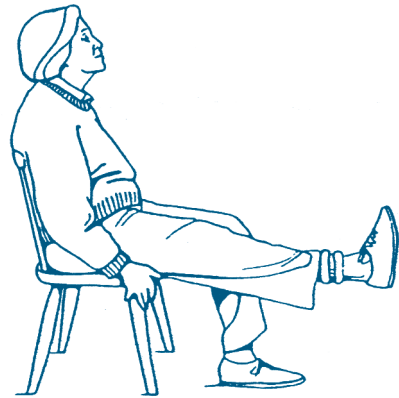




**5. Heel Slides**

Bend knee and pull heel toward buttocks.  
*Repeat 10 times. Do 3 to 6 times each day.*

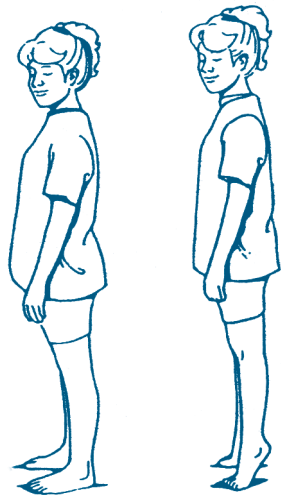
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**6. Long Arc Quads**

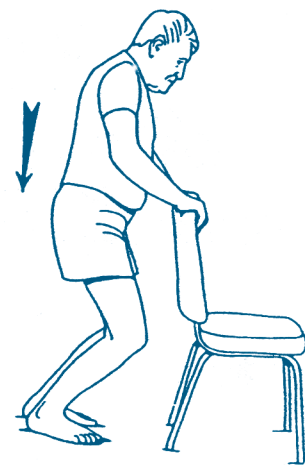
Straighten surgical leg and lift foot off floor.  
*Repeat 10 times. Do 3 to 6 times each day.*

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**7. Heel Raises**

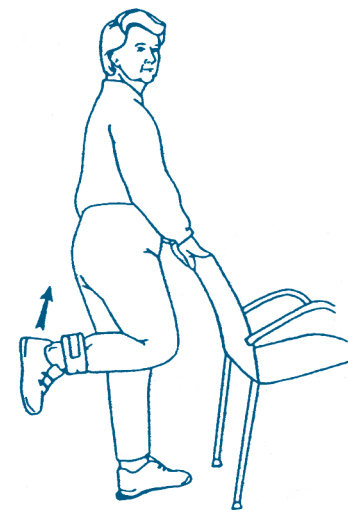
Stand with feet parallel and raise up on balls of feet.  
*Repeat 10 times. Do 3 to 6 times each day.*



**8. Partial Knee Bends**

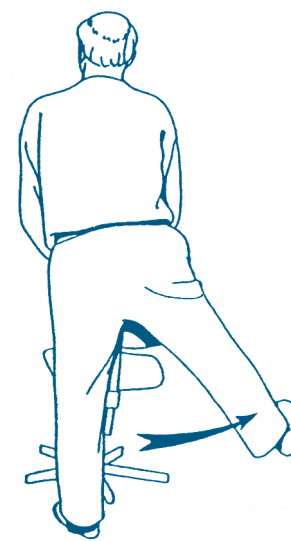
Hold onto chair back or walker. Bend knees and straighten. Keep back straight.  
*Repeat 10 times. Do 3 to 6 times each day.*

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**9. Hamstring Strengthening**

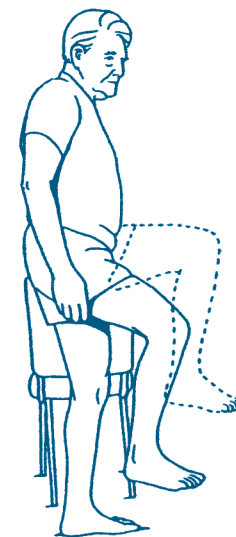
Hold onto chair back or walker. Lift surgery foot toward buttocks, bending knee.  
*Repeat 10 times. Do 3 to 6 times each day.*



**10. Side Kicks**

Hold onto chair back or walker. Lift leg out to the side, keeping knee and back straight.  
*Repeat 10 times. Do 3 to 6 times each day.*

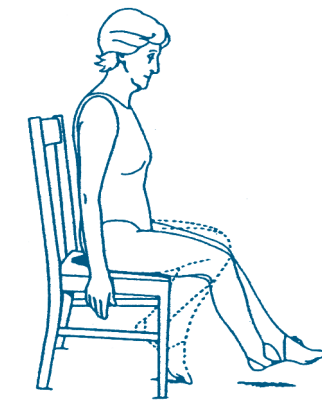
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**11. Hip Knee Lifts**

Hold onto chair or walker for support. Raise surgery knee toward chest.  
*Repeat 10 times. Do 3 to 6 times each day.*

**Knee Exercises ONLY, 12-13**



**12. Knee Stretch**

Cross ankles, surgery leg in back. Bend knee using nonsurgery leg to push surgery leg. Hold and count to 5.  
*Repeat 10 times. Do 3 to 6 times each day.*

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**13. Hamstring Stretch**

Sit with surgery leg on stool or low table, knee pointed at ceiling. Lean forward from your hips, reaching for your toes.  
*Repeat 10 times. Do 3 to 6 times each day.*



## Selection of a Walker and Adjustment

Everyone will need a walker for home use.

**Walkers come in two styles:**

- **Pick-up walkers** (*without front wheels*)
- **Front-wheeled walkers** – Usually the preferred choice. It can be purchased with 3" or 5" wheels. The larger the wheels, the easier it is to roll on uneven surfaces or carpets with pile. However, if you are 5'2" or shorter, the 3" wheels are more appropriate.

Walker should be adjusted to fit you properly so you can use it effectively. If you stand in the middle of walker and let arms hang at your sides, your **wrist bones should be at the top of walker.**



If this is not the case, turn walker over and adjust length of the legs by pushing the button that pokes out of the hole and move walker legs up or down, depending on which way the height needs to be adjusted.



Remember that if you wear shoes that have a different sole thickness, you will need to readjust walker to fit new height again.

## Walking with a Walker

When you are walking with a walker, here is the proper sequence:



1. Walker moves forward first.



2. Surgery leg moves next.



3. Nonsurgery leg moves next. (*Support more of your weight with your arms by bearing down with your hands on the walker. Reducing some of the weight on surgery leg will make it less painful.*)

- Try to make steps equal, with one foot moving in front of the other.

- As you take steps with operated leg, you

should be bending and straightening your knee, so that you are not walking with a stiff leg.

- Ensure that you lift operated leg so that it clears the floor, carpet, threshold, etc., to prevent tripping – pull toes and ankle up at the same time.



- Continue in a smooth fashion for energy conservation and the repetitive bending and straightening of your knee.
- On making turns, **do not pivot** on either leg. Take several short steps to complete the turn, moving walker first, then one foot at a time.

### Getting In and Out of Bed

Remember to keep surgical leg facing front at all times. If you have had a total hip replacement, avoid turning hip or knee from side to side.

#### Getting in with nonoperated leg first

- Sit down on edge of bed.
- Scoot hips back onto bed. Place a pillow between your knees if you had a total hip replacement.
- Position yourself to face the foot of bed by scooting nonoperated leg onto bed first.
- Bring operated leg up onto bed. *(You will need help with this until leg strength improves, i.e. use your arms to help lift leg or have someone else help lift leg up.)*



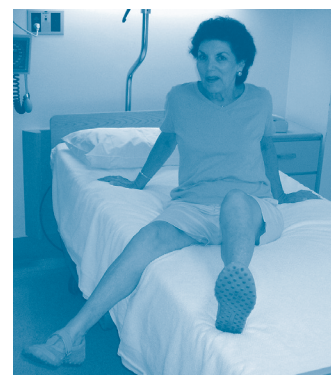
#### Getting in with operated leg first

- Sit down on edge of bed.
- Scoot hips back onto bed.
- Position yourself to face the foot of bed by scooting operated hip back farther than nonoperated hip.
- As you lay your head down toward pillow, **squeeze pillow and lift both legs up onto bed.** When moving, try to move your body as a whole, keeping knees together.



#### Getting out of bed

- When getting out of bed, get out on the side of operated leg.
- Keep your thighs apart.
- Pivot on your hips, using arms to help.



- Using good leg, scoot to edge of bed. Keep operated leg out to the side – don't twist it inward.

- Sit on edge of bed with operated leg slightly forward. With hands behind your hips, push up to a stand. Don't bend forward as you push.



#### Sitting in a Chair, on

#### a Toilet or Commode

- Make sure the chair, toilet or commode chair that you sit in is not too low because it will be more difficult to get up during your recovery period.
- Select a chair with armrests so that you can use your arms to lower yourself down when sitting and to push yourself up for standing.
- It is also not good for total hip replacement patients to flex their hip more than 90 degrees, so you should always have your knees lower than your hips while sitting. Sit on a pillow if necessary to keep hips higher.
- Avoid sitting in a recliner-style chair.



- Avoid crossing legs or ankles while sitting.
- 3-in-1 commodes are adjusted the same way you would adjust your walker. Adjust to a height that still allows your feet to rest on floor but prevents your hip from bending more than 90 degrees.

#### Getting In and Out of a Chair, on a Toilet or Commode

##### Sitting down

- Back up to chair until you feel the back of your knees touching it.
- Move operated leg forward as you reach back for the armrests with your hands.



- Lower yourself slowly, allowing both knees to relax and bend as you sit down.

##### Getting up

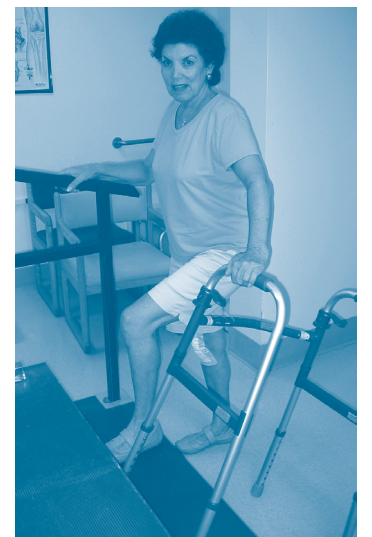
Remember to never pull up on your walker to stand. It will tip over, and you will fall. You should:

- Place walker in front of you.
- Scoot to edge of chair.
- Move foot of operated leg forward and have foot of nonoperated leg pulled back slightly behind the knee.
- Place both hands equally on armrests and lean slightly forward, with head up.
- Lift your body weight on your arms and nonoperated leg.
- Shift one arm to the walker and then the next, applying equal weight to both sides of walker to avoid tipping it over.

#### Going Up and Down Stairs

##### Going up

- Turn walker sideways and place two legs against the crook in the step.
- Step up with nonoperated leg. *(Remember: "Up with the GOOD.")*



- Step up next with operated leg.
- Move walker up to next step and repeat previous two steps to top of stairwell.



- Repeat previous two steps until you get to bottom of stairs.
- At the bottom, put walker in front of you on the level ground and repeat, stepping down with operated leg, followed by nonoperated leg.



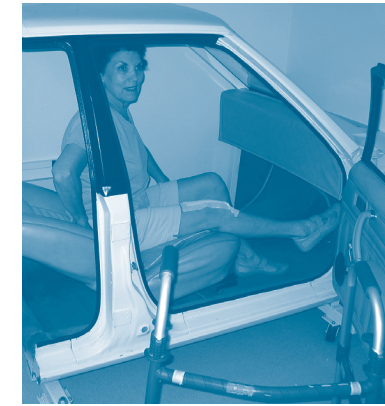
### Getting In and Out of a Car

- Have car parked several feet from curb.
- Have car seat moved all the way back. If seat reclines, lay it all the way down. *(This gives you room to lift your feet over the doorsill.)*
- Back up to seat, move operated leg forward and sit in same manner that you would in a chair.



- Slide back toward driver's side.
- Slide back

in a semi-reclining position, pivoting your body and bringing legs into car at one time.



- Once both feet are in, the seat can be brought up enough not to exceed 90 degrees. *(It may be helpful to sit on a pillow to raise your bottom up to avoid excessive bending.)*

- To get out, reverse these steps.

### Getting In and Out of the Tub

#### Getting in

- Using walker, walk to side of tub.
- Stop next to chair or bathtub transfer bench and turn so that you are facing away from tub.
- Reach back with one hand for back of chair or bench. One hand should always remain on walker.



- Sit down on chair or bench, keeping operated leg straight out.



- Lift legs over side of tub and turn to sit facing the faucet.



#### Getting out

- Turn in your chair while lifting legs over side of tub.
- Use your arms to push off from chair and stand up outside of tub.

### Getting In and Out of the Shower

- Use a shower chair until you are safe to stand without balance problems or weakness.
- Walk to lip of shower and turn so that you are facing away from shower stall.



- Step into shower with nonoperated leg first and then operated leg.
- Reach back with one hand for back of shower chair and slowly sit down.

### Going down

- Put two legs of walker down to next step.
- Step down with operated leg. *(Remember: "Down with the BAD.")*



- Step down next with nonoperated leg.

- Reverse steps for getting out.

A grab bar in your tub or shower should be considered to help maintain safety. Use of a long-handled sponge and shower hose for washing can help make bathing easier. Use of a terry-cloth robe to help dry your body avoids the need to hold on to a towel while using walker. You can dry your feet by placing a towel on floor and using other foot to dry with.



### Dressing

If you have had a total hip replacement, you will want to avoid leaning forward while getting dressed, and you will not want to raise knee higher than the level of your hip. Use proper assistive devices or let someone else help you put on your pants, socks and shoes.

### Slacks and Underwear

#### Dressing

- Sit on side of bed or in an armchair.
- Use *reacher* to reach over your feet without bending over.
- Put on underwear and slacks first. Hold waist of underwear or slacks with *reacher*.
- Lower *reacher* to floor and slip underwear or slack leg over operated leg first. Then do the same for nonoperated leg.



- Pull underwear or slacks up over your knees.
- Stand with walker in front of you and pull up underwear or slacks.



### Undressing

- Stand up, holding onto walker and let slacks or underwear fall to the floor.
- Sit back on a chair or side of bed and use *reacher* to push underwear or slacks off your legs and feet.

### Socks and Stockings

- Slide sock or stocking onto *sock aid*.
- Make sure the heel is at the back of the plastic and the toe is tight against the end. The top of the sock or stocking should not come over the top of the piece of plastic.
- Holding onto the cords, drop *sock aid* out in front of operated foot.
- Slip foot into sock or stocking and pull it on.



- Adjust sock or stocking up higher with *reacher*.

- To take sock or stocking off, use *reacher* to grab on the back of heel and push sock or stocking off foot.



### Shoes

- Wear slip-on shoes or use elastic shoelaces so that you won't have to bend over to put shoes on or tie up laces.

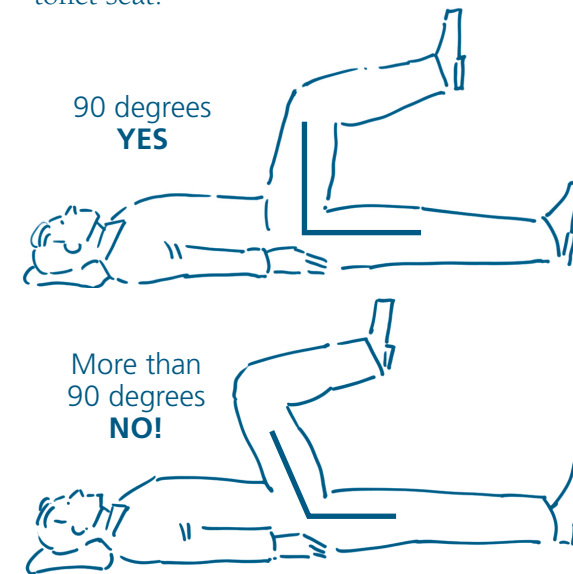


- Wear low-heeled shoes.
- Using *dressing stick* or a *long-handled shoehorn*, put on or remove shoes without bending over.

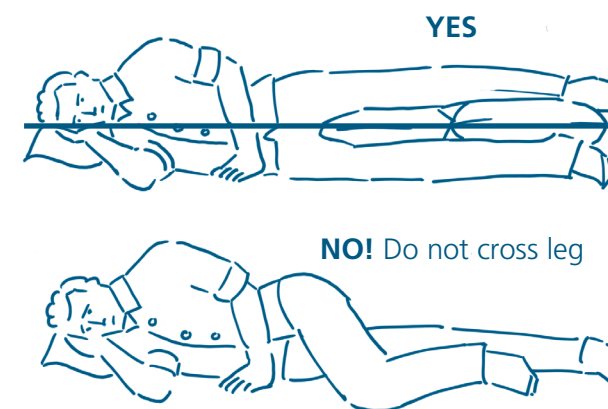
## Precautions for Total Hip Replacement

Patients who have had hip replacements may need to follow temporary precautions if ordered by their physician. Certain positions of concern include:

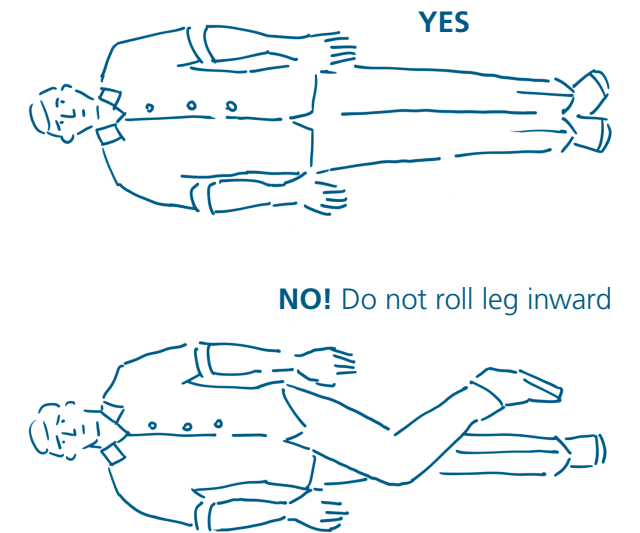
1. **Bringing your knee above hip level** – such as might occur while bending over to tie a shoe, squatting, cycling, or trying to rise from a low chair, recliner, cushy chair, bed or toilet seat.



2. **Crossing your knees/thighs** – as might occur while lying on your side while in bed or crossing knees/legs while sitting. Place a pillow between knees while in bed. Keep knees apart while sitting (“*Sit like a man!*”) and rising from a sitting position.



3. **Turning your knee or foot on your operated leg inward** – as might occur while pivoting too sharply on operated leg or rolling leg inward while lying down/sitting. Take small steps to turn or change directions. “*When in doubt, point your toe out.*”



## After Discharge from Hospital

Whether you go home or to a rehabilitation facility upon discharge from the hospital, the following things will be important for the care of your new joint.

### Physical Therapy

Please follow the instructions for physical therapy as ordered by your physician. Some hip patients do not require formal physical therapy or are instructed not to begin PT for 2 weeks post-discharge. Other patients will be instructed to continue performing all the exercises taught in the hospital. You will be responsible for following the exercise program that has been outlined by your physician. The success of your surgery will depend largely on your diligence, cooperation and attention to adhering to our physical therapy instructions. Remember to take your pain medication at least 30 minutes prior to any planned activity.

### Ice *(for knee)*

You may apply ice packs to your knee as often as needed. Applying ice may be especially helpful before and after exercise sessions, or in the evening hours should knee become swollen. Due to trauma to the joint from surgery and the exercise program you will follow thereafter, it is normal that your knee will feel warm and swell slightly. Heat is not recommended, as it may increase swelling.

### Anti-Blood Clot Medication

You will remain on anti-blood clot medication after discharge from the hospital. Please contact your doctor if you develop any problems with pain or swelling in your calves, shortness of breath or chest pain.

### Your Incision

Please follow the instructions of your doctor regarding care of your incision. Report any redness, increased warmth to touch, wound separation, or increase in localized pain, bruising or drainage.

### Sexual Activity

You may resume sexual activity with caution, once cleared by your surgeon. If you have specific questions, please do not hesitate to ask the doctor.

### Sports and Activities

Remember that your new prosthesis is designed for activities of daily living, not high-impact sports. Walking, swimming and cycling are recommended once cleared by your surgeon. Aggressive sports, such as jogging or running, jumping, repeated climbing and heavy lifting, may impair or compromise the function and long-term success of your joint and therefore should be avoided.

Upon return to your home setting, frequent walks are encouraged. Walk on level ground out of doors and begin a progressive walking program, increasing a little each day. Progress activity slowly. Do not do too much activity at one time. Take frequent rest breaks. Avoid sitting for prolonged periods of time, as it is likely to cause stiffness. Interrupt long car rides with frequent stops. Get out of the car, stretch, and take a short walk if necessary.



## For Knees

An increase in pain, discomfort and/or swelling from being overly active can best be relieved by doing the following:

- 20 minutes of rest.
- Elevation of leg higher than the heart (*utilizing pillows under leg, ensuring that knee is kept as straight as possible – not bent*).
- Use of an ice pack over the knee.
- Use of elastic stockings to prevent swelling.

## Infection

Your new hip or knee is a metal prosthesis, so the body considers it a foreign object. If you become sick with a serious infection, bacteria can gather around your prosthesis and your joint can become infected. For this reason, if you become ill with an infection or a high fever, you should be treated immediately by your doctor.

## Surgical Procedures

If you are scheduled for surgery, even minor surgery such as mole removal, ingrown toenails or eye surgery, you must take antibiotics before and after the procedure. If your physician is not sure of the appropriate antibiotics for you, please ask him or her to call your orthopedic surgeon. This also applies to any invasive procedure using a special scope, such as a cystoscopy, bronchoscopy or gastroscopy.

## Dental Work

You must take antibiotics before having any dental work completed – *this includes routine cleanings*. The reason for taking antibiotics is that the bacteria present in the mouth are not present anywhere else in the body. When you have your teeth cleaned, bacteria are scattered into the bloodstream and can culminate around your hip prosthesis, causing it to become infected. Antibiotics kill the bacteria that cause this type of infection, so it is imperative that you notify your dentist of your prosthesis. If your dentist is not familiar with the correct type of antibiotics to give you, ask your dentist to call your surgeon prior to scheduling the procedure.