

Joint Center

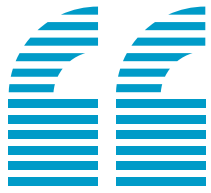
Total Joint Replacement

Patient Guidebook

MidState
Medical Center
A Hartford HealthCare Partner



MIDSTATE'S MISSION AND VISION



Our mission is to improve the health and healing of the people and communities we serve.

Our vision is to be nationally respected for excellence in patient care and most trusted for personalized coordinated care.



WELCOME TO MIDSTATE MEDICAL CENTER

On behalf of MidState Medical Center, and all of our orthopedic staff, we welcome you and extend our thanks for choosing us to be your total joint replacement provider. We recognize you have a choice when deciding where to receive care. Our goals at MidState are to ensure the highest standards of medicine and to provide a high quality experience for you. We are committed to keeping you informed, and helping you become an active participant in your health care. We will do everything possible to make your stay with us as pleasant as possible.

In this patient education guidebook you will find important instructions and information to prepare you for your upcoming surgery. The guidebook is intended to answer many of the questions you may have. It outlines the things you need to do before, during, and after surgery. Planning tools, advice on medications, diet recommendations and exercise recommendations are also included. We encourage you to read the entire guidebook carefully.

If you still have questions after reading the guidebook, please call your surgeon's office or Orthopedic Services at MidState Medical Center at 203-235-BONE (2663). Once again, thank you for choosing us for your orthopedic care.

The MidState Orthopedic Team



TOTAL JOINT REPLACEMENT

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I. General Information

PURPOSE OF PATIENT EDUCATION PACKET

Preparation for surgery, recovery and a pre-planned discharge are an important part of your care. For this reason we are providing an education packet to communicate important information to help you prepare for your surgery. In addition, an education class is available at no cost. In the class you will have an opportunity to have your questions answered. Please remember this book is only a guide with recommendations. Please be sure to follow your physician's orders first and ask questions if you are unsure of any information.

Instructions for Using the Education Packet

- Read Section I for general information
- Read Section II - Preparing for your surgery
 - Use the checklist provided to mark items when complete.
 - Use the medication list to record medications you are currently taking.
 - Follow the bathing instructions on the day before surgery.
 - Follow the instructions for diabetes medications the day before and the day of surgery. It is important that you talk to your surgeon or diabetes physician if you have any questions.
- Section III provides information on your surgical experience and what to expect after your surgery, including pain control.
- Read Section IV for information on going home.
- Section V includes exercise instructions to follow before and after surgery.

Bring this book with you to:

- Office visits with your surgeon
- The total joint education class
- To the hospital on admission

IMPORTANT PHONE NUMBERS

Main Number: 203-694-8200
 Pre-Admission Center: 203-694-8191
 SurgiCenter: 203-694-8383
 Discharge Planning: 203-694-8244
 Financial/Billing/Insurance: 860-696-6030
 Rehabilitation Department: 203-694-8220
 Orthopedic Services: 203-235-BONE (2663)



DIRECTIONS TO MIDSTATE MEDICAL CENTER

435 Lewis Avenue, Meriden, CT 06451

From the Junction of Rt. 5 (Broad St.) & E. Main St. Downtown

Meriden: Follow East Main Street going west (It will turn into West Main Street) for approximately 1-mile. Turn right onto Lewis Avenue (toward Westfield Shoppingtown). The entrance to MidState is less than one mile, on the right (opposite Westfield Shoppingtown entrance.)

From Interstate 91, Hartford/Rocky Hill: I-91 South to Exit 18 (I-691 West). Travel I-691 West to Exit 6 (Lewis Avenue). Go to the end of the exit ramp to the traffic light. The entrance to MidState is straight across the end of the exit ramp.

From Interstate 91, New Haven/Wallingford: I-91 North, merge onto Rt-15 North via Exit 17 and then merging again, take Exit 68W to I-691 West. Travel I-691 West to Exit 6 (Lewis Avenue). Go to the end of the exit ramp to the traffic light. The entrance to MidState is straight across the end of the exit ramp.

From Route 15, Hartford/Berlin: Rt-15 (Berlin Tpke) South to the right hand exit for I-691, Rt. 5 & Broad Street. Go approximately 1-mile until you see the sign for I-691 West. Take I-691 West to Exit 6 (Lewis Avenue). Go to the end of the exit ramp to the traffic light. The entrance to MidState is straight across the end of the exit ramp.

From Route 15, New Haven/Wallingford: Rt-15 North to Exit 68W (I-691 West). Travel I-691 West to Exit 6 (Lewis Avenue). Go to the end of the exit ramp to the traffic light. The entrance to MidState is straight across the end of the exit ramp.

From Interstate 84, Waterbury/Cheshire: I-84 East to Exit 27 (I-691 East). Travel I-691 East to Exit 5 (Chamberlain Highway). Turn left off exit ramp and turn right at third traffic light onto Kensington Avenue. At next traffic light, turn right onto Lewis Avenue. The entrance to MidState is on the left (opposite Westfield Shoppingtown Meriden entrance).

From the East, Portland/Middletown: Rt-66 West to I-691 West. Travel I-691 West to Exit 6 (Lewis Avenue). Go to the end of the exit ramp to the traffic light. The entrance to MidState is straight across the end of the exit ramp.



MISSION AND VALUES

Our Mission and Vision

Our mission is to improve the health and healing of the people and communities we serve. Our vision is to be nationally respected for excellence in patient care and most trusted for personalized coordinated care.

Core Values

We are called to:

INTEGRITY: We Do The Right Thing

CARING: We Do The Kind Thing

EXCELLENCE: We Do The Best Thing

SAFETY: We Do The Safe Thing

A Healthy Knee or Hip

The knee is a hinge joint where the large bone in your lower leg (or tibia) connects with the end of the thigh bone (or femur). A healthy knee has smooth cartilage that covers both the end of the tibia and the end of the femur. The smooth cartilage allows the two bones to glide together when you bend your knee. Your knee joint is surrounded by muscles and ligaments to support your weight and allow your joint to work smoothly.

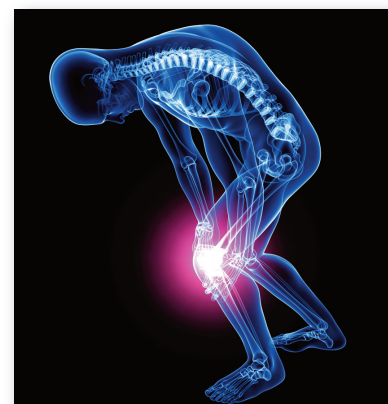
The hip is a ball and socket joint where the socket (acetabulum) is part of your pelvis and the ball that connects to it is the top part of your leg bone (femur). A healthy hip has smooth cartilage that covers the ball and lines the socket. The cartilage allows the two bones to fit together and roll smoothly. Your hip joint is surrounded by muscles and ligaments to support your weight and allow your joint to work efficiently.

WHAT'S WRONG WITH MY KNEE/HIP?

Severe pain and decreased movement can result as the cushion of cartilage wears away in a knee/hip joint affected by osteoarthritis or other diseases. The joint bones rub against each other, becoming rough, pitted and irritated.

The Answer for You: Total Knee/Hip Replacement The Prosthetic Knee

- Patellar Component
- Tibial Component
- Femoral Component



A knee prosthesis is comprised of smooth surfaces, much like a healthy knee. The femoral component caps the end of the thigh bone; the tibial component covers the top of the shin bone and the patellar component resurfaces the underside of the kneecap.

The Prosthetic Hip

- Acetabular Component
- Femoral Component

A hip prosthesis is comprised of smooth surfaces, much like a healthy hip. The acetabular component resurfaces the socket of the pelvis and the femoral component replaces the worn away ball of the femur.



THE CARE TEAM

Our ultimate goal is to help you regain your ability to engage in life at the level that gives you the greatest satisfaction. While YOU are the most important member of our healthcare team, you may be assured that there are a number of outstanding medical professionals serving on your team, such as your:

Orthopedic surgeon, who:

- Performs your surgery and directs your care
- Checks on you while you are in the hospital
- Evaluates you at follow-up appointments at the office

Primary care physician who:

- Performs preoperative assessments if necessary for surgery

Consulting physician, who:

- Responds to your orthopedic surgeons request to assess and evaluates your medical condition while you are in the hospital, and helps in your care if needed
- Directs care in his/her specialty area

Physician assistant, who:

- May take your medical history
- May assess your medical status and assist the doctors at the hospital
- May evaluate you at follow-up appointments at the office
- May assist the orthopedic surgeon during surgery

Surgery team (consists of central sterile staff, anesthesia techs, registered nurses, surgical technicians and orthopedic assistants), who:

- Plans and coordinates your care before, during and after your surgery
- Assists the surgeon and the anesthesia team during surgery

Anesthesia team (anesthesiologist, certified registered nurse anesthetist), who:

- Administers your anesthesia during your procedure in the operating room and constantly monitors your condition during surgery
- May help direct your pain management post-operatively

Post-operative inpatient team (consists of registered nurses and technicians), who:

- Plans, coordinates/provides your care based upon physician orders
- Monitors your condition and communicates information about your condition to other team members
- Teaches you and your family about your healthcare needs
- Helps you with your personal care needs

Physical therapist/Occupational therapist, who:

- Teaches you exercises to increase your strength and range of motion
- Instructs and assists you with your exercise program after surgery
- Teaches you the correct way to perform your activities of daily living
- Helps you to adapt to the temporary lifestyle changes following joint replacement surgery



Lab personnel, who:

- May run various tests before and after surgery
- Assist with blood transfusion, if necessary

Radiology personnel, who:

- Performs any needed portable x-rays
- Performs any other radiological modalities such as MRIs, CT scans, ultrasounds and routine x-rays

Care manager nurse/social worker, who:

- Arrange discharge planning, services, and equipment for home
- Will help arrange home health VNA services, or short-term rehabilitation
- Interacts with insurance companies as needed

II. Preparing for Surgery

TOTAL JOINT EDUCATION CLASS

Preparation for surgery, recovery and a pre-planned discharge are an important part of your care. For this reason, an education class is available to all our patients undergoing total joint replacement. The class will give you a better understanding of what to expect, before, during, and after surgery. It is important that you attend this class. We encourage you to bring a family member or a friend, particularly the person who will be helping to take care of you when returning home after the surgery.

The education class will review the material in this education packet, which includes:

- A review of total joint replacement surgery
- Information to help you before and after surgery
- Written exercise instructions
- Nutritional information
- A view of your hospital and surgical experience

Classes are offered multiple times monthly.
Call 203-235-BONE (2663) for more information.



HOME PLANNING AND PREPARATION RECOMMENDATIONS

- If your bedroom is upstairs, you may need to set up a temporary sleeping area on the first floor. Stairs are not impossible but can be a challenge if you have to go up and down them several times each day immediately after discharge.
- Remove all throw rugs, loose rugs, electrical cords and clutter from hallways/walking areas to make wide pathways for using a walker. These pose a risk for falling.
- Check your cabinets for items you routinely use and place them at a level where you will not need to bend or get on a step stool to reach them.
- Have chairs with arms, extra pillows or pads for the chairs, sofas, and automobile seats to elevate the seat to insure proper hip alignment (not greater than 90°).
- Consider installing safety bars (there are both permanent and removable types available through medical supply stores or drug stores) in the shower and near stair railings.
- You will receive instructions on discharge and need to consider the following: a sponge/brush with a long handle, a shower hose for bathing, and a shower chair or tub bench so you are able to sit in the shower.

- A basket to attach to a walker for help carrying small items around the home upon discharge.
- Prepare an area for supplies you will need, such as a telephone, TV remote control, radio, tissues, medication, reading materials, etc.
- Make preparations for pets that may be underfoot.
- Consider activities that you will be able to engage in during your recovery such as hand games, movies /DVDs, etc.
- Make arrangements to have a family member or friend stay with you once you return home for the first few days. If you plan on going directly home after surgery, equipment such as walkers, crutches, and canes will be coordinated through your case coordinator in preparation for discharge. If you are going to a facility with a rehabilitation program, the facility will order the equipment for you.

NUTRITION BEFORE YOUR SURGERY

Carbohydrates: 6-11 servings a day

Breads, rice, pasta, and cereal: 3 or more servings of whole grains

Fruits: 2-4 servings per day (Choose a variety)

Vegetables: 3-5 servings per day (Choose a variety)

Dairy/Milk: 2-3 servings per day; Low-fat milk, cheese, and yogurt

Fats: Use sparingly. Some fat is a necessary part of our daily diets, but less is better. Avoid fats and trans fats when possible.

Nutritional facts for your dietary planning

Carbohydrates – 1 gram = 4 calories

Fats – 1 gram = 9 calories

Protein – 1 gram = 4 calories

Alcohol 1 gram = 7 calories

Dietary Supplements

The Anesthesia Department requires that all herbal and diet products be stopped at least two weeks before your surgery and monoamine-oxidase inhibitor (MAO) drugs, such as Nardil, need to be stopped three weeks before surgery.

Alcoholic Beverages

No alcoholic beverages should be consumed one day prior to surgery.



PRE-ADMISSION TESTING CENTER (PAC)

The PAC will be calling you to schedule a preadmission evaluation. This appointment will be scheduled approximately two weeks before your scheduled surgery. During this appointment, required tests will be performed and further information will be obtained. The PAC is located on the first floor galleria of MidState Medical Center. Please bring a list of all current medications to this visit.

Blood Donation

During or after total joint replacement, it is possible that you may need a blood transfusion. MidState stocks blood and blood products, which are very carefully tested to ensure safety.

MEDICATION BEFORE SURGERY

Be sure to inform your doctor of ALL the medications you are taking, including vitamins, over-the-counter drugs (aspirin, antacids, pain relievers, etc.), and even herbs and “natural” products. These can all have unwanted effects when combined with medications or anesthesia.

In order to minimize the risk of blood loss during and after surgery, you will be asked to stop taking certain medications such as Aspirin, Ibuprofen, Motrin, Advil, blood thinners, and anti-arthritis medications. The Anesthesia Department requires that all herbal and diet products be stopped at least two weeks before your surgery and MAO inhibitor drugs, such as Nardil, need to be stopped three weeks before surgery. This will prevent any possible cancellation of your procedure. Please discuss any concerns you may have with your surgeon or prescribing physician.

In addition, if you have sleep apnea and require special equipment, please bring only the mask and tubing with you when you arrive for surgery. You will also be instructed on which of your routine medications you will need to take the morning of surgery, when the nurse calls you the day before surgery.



SMOKING

In preparation for your surgery, it is best not to smoke. If you are a smoker, ask your doctor what would work best for you to help you quit smoking. The longer you are smoke-free, the healthier your lungs will be. You will also heal better. Consult with your primary care physician about nicotine patches.

DENTAL WORK

If you need dental work, it is a good idea to get it done before your surgery. Tell your dentist you will be having a total joint replacement so the information can be placed in your dental record. Your surgeon may want you to take antibiotics before any future dental work.

THE DAY BEFORE YOUR SURGERY

Bathing Instructions

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

Important

You will need to wash with special antibacterial soap called chlorhexidine gluconate (CHG). Instructions on how to apply soap will be provided during your PAC appointment. CHG is not to be used by people allergic to chlorhexidine.

Night before admission to hospital

- Place a quarter to slightly larger size volume of CHG solution onto a clean washcloth and apply the solution to all body surfaces especially on surgical area. Caution: Do not allow the solution to come in contact with the eyes, ears, or mouth. If you accidentally get some of this material on those areas, rinse immediately.
- Add additional CHG soap to your washcloth as needed to cover all body surfaces. Note: If you experience any burning or irritation on the skin, rinse immediately and do not reapply.
- Repeat this process a second time, waiting two minutes to thoroughly rinse the soap-like material off the skin surfaces.
- Do not apply any lotion or deodorant after the antiseptic shower.

Morning before hospital admission (repeat process as outlined above)

III. Your Surgical Experience

DAY OF SURGERY

What should I bring to the hospital?

As pleasant as we want your stay with us to be, you won't need to bring much in the way of luggage. Please leave the following at home:

- Jewelry
- Credit cards
- Large sums of money
- Keys
- Expensive clothing

What to bring:

- Eyeglasses, contact lenses or dentures with cases
- Knee-length lightweight gowns, robes, or nightshirts
- Loose-fitting shorts and T-shirts
- Comfortable, loose-fitting, athletic shoes or loafers (no open slippers)
- Pacer/ICD card
- Hearing aids, prostheses
- Driver's license and insurance card

Arrive at the hospital on time. Upon arrival:

- You will be taken to a room and asked to undress and put on a hospital gown.
- Your family/friends will be asked to wait in the waiting area while the nurse prepares you for surgery.
- Your preoperative nurse will start your intravenous (IV), ask questions and perform a physical assessment.
- You will be given IV antibiotics at this time.
- Your family/friends will be allowed to join you while you wait to go to surgery.
- Your surgical site will be identified and marked prior to your surgery.

Family Waiting Area

When you are transferred to the operating room, your family/friends may wait in the surgical waiting area. There is a library and computers available for your use while waiting.

MidState has a wireless visitors' network that can be accessed from your personal wireless laptop. If your family/friends plans on leaving the hospital, they should notify the nurse and provide contact information.

Anesthesia

There are several choices of anesthetic techniques that may be chosen for your total joint replacement surgery. One specific technique may be advantageous for a specific patient depending upon the medical condition of the patient. In addition, you probably will be placed on blood thinners after the surgery to minimize the risk of blood clots. The type of blood thinning medication that is chosen by your surgeon may have an effect upon the anesthetic technique that may be considered. You and your anesthesiologist will discuss all these factors prior to surgery and agree upon a plan for your anesthetic.

General Anesthesia

When you are under general anesthesia, you will be completely unaware of your surroundings and will not respond to stimulation. General anesthesia can be provided in many different ways. The most common ways include:

- A continuous intravenous infusion that keeps you asleep;
- An intravenous medicine that “puts you to sleep.” A breathing tube is then placed either into the back of your throat or further down into your trachea (windpipe) to protect your airway. This is done after you are asleep so that you are unaware of this process. While breathing through one of these tubes you will be breathing an anesthetic gas to keep you asleep. The type of airway tube chosen depends upon your medical condition and the type of surgery.

Regional Anesthesia

This is a technique that will anesthetize a particular area or region of the body. Examples of these include:

- Spinal anesthesia
- Epidural anesthesia
- Peripheral nerve blocks

A spinal or epidural will make you numb from about your waist to your toes. A spinal lasts only a few hours. An epidural catheter can be utilized to allow the epidural to provide pain relief for up to two days after the surgery.

A common peripheral nerve block technique for knee replacement surgery is the combined femoral/sciatic nerve block. Local anesthetic can be injected around these two nerves to provide pain relief for about 18 hours after the surgery. You will be given some intravenous sedation prior to the nerve blocks to minimize any anxiety or discomfort. Once you enter the operating room, you will be “asleep” for the operation.

Typically spinal anesthesia is chosen for both hip and knee replacements.

Duration of Surgery

Your surgical procedure will last approximately 60-90 minutes. The total time may be considerably longer due to preoperative and postoperative preparations.

AFTER YOUR SURGERY

Recovery – PACU

- The Post Anesthesia Care Unit is also referred to as PACU.
- After your surgery you will be brought to the PACU, where you will be closely monitored as anesthesia wears off.
- The length of stay in the PACU will be determined by many factors including the type of procedure and the nature of the anesthetic used. You may be in the PACU between 2-4 hours.

The nurses will monitor your blood pressure, pulse and respiration(s); assess and manage your pain; monitor your IV intake, urine output and your dressings; and encourage you to take deep breaths, cough, and move your feet and ankles. Family/friends are not allowed in the PACU.

When you are ready to leave the PACU, you will be transferred to your room Pavilion B.

Intravenous Fluids and Medications

Your IV will remain in place for 1-3 days. You will receive IV fluids until you are able to eat and drink without nausea or until your doctor decides. You will receive IV antibiotics for the first 24 hours.

Eating and Drinking

You will be assessed by your nurse who will let you know when you can begin to eat and drink. It is best to start with sips of clear fluids until you are sure you are not experiencing any nausea. Gradually increase your intake until you are able to tolerate solid foods.

Food Service

At any time during your stay, a member of the Food & Nutrition staff is available to you. If you need assistance during your stay or need to speak with a Registered Dietitian or dietary staff member, please let your nurse know and a staff member will be made available to you.



Dressings/Bandages

You will have a dressing over your incision to protect your wound and promote healing. Your doctor or physician's assistant will change your dressing on the first or second day after your surgery, and then daily until your wound is no longer draining (or as directed by your physician). You may have skin staples in place.

Ice Application

Your doctor may order ice application for a few days over your dressing to help decrease bleeding and swelling. You may also request the ice packs for comfort reasons. Be sure to ask the nurse for fresh ice packs.

Drainage Tubes

A drainage tube may be inserted into your wound during surgery. This allows blood to be collected and measured after surgery. Collection of drainage also decreases bruising in the surrounding wound tissue and promotes healing. Once you begin to ambulate, the drain and collection device will be removed, usually by the first day after your surgery. A urinary catheter may be inserted into your bladder during surgery while you are sedated. This helps the doctor monitor how well your kidneys are working.

Sequential Compression Sleeves

Sequential compression sleeves inflate and deflate automatically. They simulate muscle activity that occurs when walking. Some sleeves are made to wear on your feet only. Your surgeon will decide which type is appropriate for you. These sleeves assist in the prevention of blood clots, or what is known as deep vein thrombosis (DVT). They are worn while you are in bed, until you are ambulating.

Support Stockings

Support stockings are also used to help prevent blood clots from forming. Elastic knee high stockings are often ordered after your surgery. You will need to wear support stockings during your recovery at home. Support stockings should be removed for a brief time a couple of times each day to bathe and for heel/skin assessment. Be sure to let the nurse know if your heels burn or are sore. This discomfort is associated with a decreased blood flow to the heel and can cause damage if pressure is not removed. It is best to keep your heels elevated to avoid pressure of the heels on the mattress. You will have support stockings on both legs even if you have only one total joint replacement.

Oxygen

After surgery, you may receive oxygen through a tube (nasal cannula) under your nose. This is usually supplemental (unless you have other respiratory difficulties) and is common practice during the postoperative period or if you have PCA for pain control. A monitor, called an oximeter, may be placed on your finger periodically to measure the amount of oxygen in your blood.

Blood Transfusion

If your blood count is too low, your surgeon may decide that you need a transfusion.

Anti-coagulation

Prevention of clotting is extremely important after total joint replacement. Different medications are used for anticoagulation. These medications may be injected or taken by mouth, depending on the type of anticoagulant your physician orders. Your blood will be drawn daily for an INR, which is a test for blood clotting, and your anti-coagulation therapy will be adjusted according to these results if you are on Coumadin as your blood thinner. If you are on anti-coagulation medication during your hospital stay, your doctor will prescribe this medication, or a substitute such as aspirin, upon discharge. Most patients take this medication for about one month after discharge. It is important to use a soft toothbrush, electric razor, and to be careful not to cut yourself while on blood thinners.

Coughing and Deep Breathing

You will be encouraged to take deep breaths and cough after your surgery. This exercise will help keep secretions in your lungs from accumulating. When fluids accumulate it can cause pneumonia or a condition called post-operative atelectasis. You will be given a device called an incentive Spirometer to help with deep breathing. It is best to use it about 10 times every hour when awake for the first few post-operative days. Make yourself cough after each use. The respiratory therapist or nurse will show you how to use it.

Constipation

Constipation often occurs when you are taking pain medication and are less active, as in your post-operative period. Drinking plenty of water and other fluids such as prune juice is helpful in preventing constipation. If you do not have a bowel movement by the second or third day after surgery, please let your nurse know. You may need a laxative, suppository or enema to relieve the constipation. It is important to have a bowel movement before being discharged from the hospital.

Mobility and Physical Therapy

Your therapy usually begins the day of surgery. It is best to take your pain medication prior to your therapy session. It allows better participation. You will receive a physical or occupational therapy evaluation and a customized therapy program will be developed. You will be instructed in precautions, the proper way to move around in bed, the correct way to transfer from sitting to standing and vice versa. Each day you will progress with the exercises completed, range of motion, and distance walking. We encourage you to get up and keep moving with staff assistance.



Together with your therapist, you will choose the most appropriate assistive device to use for walking. You will be instructed on how to go up and down a set of stairs or a curb as is needed for your personal home situation. You will also be instructed in a home exercise program. If you are going directly home, your durable medical equipment needs (walker and bedside commode most commonly) will be discussed with your therapist and your case manager or social worker. The case manager will order the equipment you need and the durable medical equipment company will work directly with your insurance provider to obtain approval.

PAIN CONTROL

There is always pain associated with a surgical procedure, and pain is expected. To help us minimize your pain after surgery you will be asked to rate the intensity of your pain through the use of a pain scale of 0-10 (0 is no pain, 10 is excruciating pain). Knowing that after surgery 0 is not attainable, a score between 2-3 is an attainable and acceptable score for most patients.

It is best if you obtain medication when your pain level starts to rise. Do not allow your pain to get severe. If you maintain pain control, it takes less medication and less time to manage the pain.

Pain medication is available in various forms: intravenously, by injection into the muscle or subcutaneous tissue, by patient controlled analgesia (PCA), or by mouth.

Oral Pain Medication

If taking oral pain medication, it is best to request it when your pain level starts to increase. Remember not to wait until the pain is severe. Keep in mind that it could take up to 40-60 minutes for oral pain medication to start working and it also takes time for

the nurse to check your chart and obtain the medication. The sooner you request pain medication when your pain starts to increase, the better you will manage your pain. Pain medicine will usually be available to you as often as every four hours. Relaxation and diversion are also helpful in decreasing pain. Bring a CD player, headphones and music to help you with this.

Nausea

Nausea is a common side effect after surgery, resulting from anesthesia as well as other medications you will be taking. There are many anti-nausea medications available to your surgeon. It is important for you to communicate with your nurse and surgeon if you experience nausea during your hospital stay. Controlling nausea can affect your overall experience and outcome.

IV. Going Home

LENGTH OF STAY

You will be a patient in the hospital until you are ready for the next phase of your recovery. The average length of stay on the unit is two to three days. The next phase of your recovery may include home care, inpatient rehab, sub-acute rehabilitation, or outpatient rehabilitation. We encourage our patients to return home after surgery. The amount of time needed for this next phase is dependent on your individual needs and progress. Be sure to prepare ahead of time by considering which home health agency, outpatient physical therapy clinic, or inpatient rehab facility you might want to consider. The case manager or social worker, along with the physical therapist and your surgeon, will assist you and your family in finalizing these plans before you leave.

IMPORTANT FACTS ABOUT DISCHARGE AFTER JOINT REPLACEMENT SURGERY

1. Most patients are discharged 2-3 days following surgery.
2. We encourage patients to return home following surgery.
3. We encourage the family to be involved in the patient's home care.
4. You, your surgeon and your entire care team will discuss your progress after surgery and will decide together which discharge option is best for you.
5. You can resume driving when you are independent and off narcotic medications. Your physician will advise you. In order to drive you can no longer be taking narcotic medications because they can impair judgment and safety while driving a motor vehicle.

Home Care Services After Joint Replacement Surgery

Following your surgery and while recovering in the hospital, you and your surgeon may determine outpatient physical therapy is not for you and instead home healthcare and home physical therapy is the best discharge option. These services include a registered nurse who will visit one to two times per week, check your incision and perform lab work if ordered by your surgeon. In addition, a physical therapist will come to your home 3-5 times per week, or more frequently if needed, to work on range of motion, strength and gait training. You will also be given home exercises to do daily in between visits from the physical therapist to enhance your strength and endurance. To qualify for home care you must be considered homebound. This is defined by Medicare as “unable to leave the home without considerable and taxing effort.”

VNA HealthCare (an affiliate of Hartford HealthCare) provides rehabilitation services as follows:

- Make a home visit within 24 hours of discharge
- Provide care on weekends

Medicare and most private insurers will pay for daily physical therapy when you initially come home from the hospital.

Outpatient Physical Therapy

There are many physical therapy clinics throughout our area. Please notify your physician's office of your plans for outpatient physical therapy. They will assist with scheduling. You will need a friend or family member to drive you to these appointments until your physician clears you to drive. You will likely attend outpatient physical therapy 2-3 times a week, and your sessions will last on average 45-60 minutes. During these sessions, you will work on your range of motion and strength and gait training. Outpatient clinics have a lot of other equipment you may use during your rehab as well such as weights, treadmills and cycles. In addition, you will be given exercises to take home so you can increase strength and endurance.

Medical Equipment

For patients who are returning home after joint replacement surgery, a case manager will order durable medical equipment (DME) prescribed by your surgeon and physical therapist. Equipment ordered usually consists of a standard walker and a bedside commode. These are often covered by your insurance provider. If you have had these items ordered through your insurance provider in the last five years, they will not be covered again.

Short Term Rehabilitation (STR) in a Skilled Nursing Facility

Some patients may be unable to return home directly following joint replacement surgery. These patients are most often those who cannot walk 50 feet or more prior to discharge, have poor balance and/or require moderate assistance to transfer in and out of a bed or car. They may also have other medical conditions which could slow their recovery. You, your surgeon and your entire care team will discuss your progress and whether STR is appropriate. While there are many facilities throughout the area, your insurance provider may have restrictions on which facilities it will approve. Your discharge planner can give you a list of local STR facilities. If you have been to rehab within the past 60 days, you may have to adjust your intended surgical date.

Transportation

Transportation costs are not covered by insurance unless you have had a total hip replacement. Please be aware you will be responsible for your transportation charges, if using a wheelchair van or non-medical stretcher for transport.



WHEN TO CALL YOUR DOCTOR

- Fever above 101.0°
- Uncontrolled shaking or chills
- Increased redness, heat, drainage or swelling in or around the incision.
- Increased pain or significant decrease in motion during activity and at rest.
- Increased swelling, pain or tenderness of the thigh, calf, ankle or foot.
- Abnormal bleeding of any kind, such as increased bleeding from the incision, nosebleed, etc.
- Blood in the urine

WHEN TO CALL EMERGENCY MEDICAL SERVICES (EMS)

- Difficulty breathing or shortness of breath
- Chest pain
- Localized chest pain with coughing or when taking a deep breath.

CARE OF YOUR INCISION

- Your incision should remain dry and clean. Do not get your incision wet until after your staples are removed, or approved by your surgeon. Most patients have staples in place for approximately 10 days.
- Do not apply creams, lotions or powders to your incision while the staples are in or drainage is present.
- Do not remove the steri-strips. They will fall off on their own.

Showering/Bathing

- You may shower when your physician instructs you to, usually after your staples are removed. When you are able to shower, do not rub the incision.
- No tub baths, hot tubs or spas

NUTRITION AFTER YOUR SURGERY

Calorie and protein needs are greater after your surgical procedure. It is recommended that you aim for three meals a day and snacks as tolerated. Also aim to include 1-2 protein sources at each meal. This will help to ensure that you are consuming adequate protein and calories for healing.

Protein Sources

- 3-4 ounces of Beef
- Poultry
- Eggs
- Fish

Vegetarian protein sources

- Soy
- Beans
- Tofu
- Nuts
- Seeds
- Peanut butter

Dairy protein Sources

- Milk
- Yogurt
- Cheese



Protein is the building block to healing. Try to include 1-2 sources at each meal or at snack time.

Iron Needs

The smallest amount of blood loss during surgery can deplete your iron levels. Therefore, your doctor may prescribe supplements. Below is a list of high iron foods that you can consume to improve your levels. Also be aware that cooking food in “cast iron” pans will increase the amount of iron absorbed into your body.

- Organ meat, like liver
- Oysters, clams, scallops, shrimp
- Lean beef, pork, lamb
- Chicken, turkey
- Dried apricots, dried peaches, prunes, raisins
- Legumes, dried beans
- Whole-grain and enriched breads
- Wheat germ
- Fortified breakfast cereals
- Prune juice
- Dark green leafy vegetables
- Egg (yolk)
- Dark molasses

Iron is needed to help carry oxygen throughout your body. If your iron is low you may feel tired, dizzy, get headaches, not be able to sleep and feel somewhat irritable. Iron is best absorbed if you take your iron supplement or eat iron rich foods with foods that are high in vitamin C like orange or tomato juice.

Recipe: Old Fashioned Blueberry Lemon Muffins

- 1-1/4 cup all-purpose flour
- 1 cup farina (Cream of Wheat)
- ½ cup lightly packed brown sugar
- 2-1/2 tsp. baking powder
- 1 tsp. salt
- 1 cup milk
- ¼ cup oil
- 1 egg
- ½ tsp. grated lemon peel
- 1 cup fresh or frozen blueberries



Heat oven to 400 degrees F. Line with paper baking cups or grease the bottom only on a 12 muffin pan. In large bowl, combine flour, farina, brown sugar, baking powder, and salt; mix well. Add milk, oil, and egg; stir until dry ingredients are moistened. Add grated lemon and blueberries; stir mix three times. Fill prepared muffin cups 2/3 full. Bake for 15-20 minutes or until muffins are light golden brown. Serve warm. Makes 12 muffins.

Other Vitamin C Rich Foods Include:

- Citrus juices
- Oranges, lemons, limes
- Cantaloupe, papaya
- Strawberries, kiwi
- Potato
- Sweet peppers, chili peppers
- Tomatoes

Do not take your iron supplement with milk, tea, or coffee (this may decrease the absorption of the iron supplement).

Activity

Please follow the exercise plan that your doctor and physical therapist have established for you. Your recovery process and continued health depends on good nutrition, rest and proper exercise. See page 25 for exercises after discharge.

Medication

- Take all medication as prescribed by your doctor. You may need to take your anti-coagulation medication for about one month after discharge.
- Many people are discharged home with a prescription for injections to prevent blood clots. It is important that you or a family member learn how to perform these injections prior to leaving the hospital. Home care will not come to your home every day for every dose. You must learn how to perform these injections.
- Remind your physician of any medications you were on before your surgery, that were not prescribed for you after your surgery.
- Remember to check with your physician before you begin taking any over-the-counter medications or herbals.



Other Important Information

- You will need to wear elastic stockings for 4-5 weeks after surgery.
- Swelling is not uncommon after total joint surgery. Elevation, ice and motion are helpful in decreasing the swelling. When not walking, elevate your leg. If swelling persists, call your doctor.
- You will most likely return to all your normal activities about 6-8 weeks after surgery.
- It is essential that you inform your dentist that you have had a total joint replacement, as you will need prophylactic antibiotics prior to having your teeth cleaned or other dental procedures.
- If you have any surgical procedures following your total joint replacement, inform the physician that you have an implant.

V. Exercises and Goals

PRE-OPERATIVE

Goals:

- Maintain or increase strength before surgery as able. This will make the recovery after surgery quicker and easier.
- Practice pre-operative exercises before surgery to become familiar with them instead of trying to learn them after surgery. This will make the rehabilitative process smoother and more effective.

Exercises:

- Quad Setting
- Gluteal Setting
- Long Arc Quad
- Short Arc Quad
- Straight Leg Raises
- Ankle Pumps
- Chair Push-ups

POST-OPERATIVE HOSPITAL STAY: DAYS 1-3

Goals:

- Learn to use walker and other adaptive equipment
- Start walking and work toward safe, independent, ambulation
- Regain muscle strength and range of motion
- Full knee extension by day of discharge
- (Knee Patients) 90 degrees of knee flexion by day of discharge
- (Hip Patients) Have an understanding of Total Hip Precautions

Exercises:**10-30 repetitions**

- Quad Setting
- Gluteal Setting
- Ankle Pumps
- Progress to assisted range of motion exercises of the hip and knee

WEEK 1**Goals:**

- Perform each exercise in your routine 10 times each, three times a day.
- Moderate swelling of your knee or hip is acceptable.
- Follow your hip precaution instructions.
- You should be able to transfer independently to and from your bed, chair, and commode.
- You should be able to do your home exercise program.
- You should be able to independently use ice and elevate your knee to reduce swelling as directed.
- You should be able to get in and out of a motor vehicle with minimal assistance.
- You should be able to walk 100 feet independently (without assistance) using a walker.
- When having to turn while walking, turn entire body to avoid twisting knee or hip.
- (Knee Patients) Maintain full knee extension. Extend knee until it is straight with your heel supported.
- (Knee Patients) Flex knee as tolerated (90° should be reached as soon as possible if not already).
- (Hip Patients) Know your total hip precautions.

Exercises:**30 repetitions 3x/daily**

- Ankle Pumps
- Active Knee Flexion
- Quad Sets
- Passive Knee Extension
- Short Arc Quads
- Heel Slides
- (Knee Patients) Straight Leg Raises

Use walker or crutches as tolerated; Limit stairs to one round trip per day; Ice and elevate three to four times a day to decrease swelling.

WEEKS 2-4

Goals:

- Good quadricep muscle strength
- Transfer from sitting to a standing position with full weight bearing on both legs
- Independently walk using your walker or crutches. Progress to a cane if able.
- Walk at least 200 feet, three times a day
- Independently get in and out of car
- (Knee Patients) Maintain full knee extension no extensor lag. Straighten your knee fully with your heel supported
- (Knee Patients) Flex your knee to 100°
- (Hip Patients) Add straight leg raises
- (Hip Patients) Know and continue following your Total Hip precautions



Exercises: (Add repetitions and light resistance if able.)

Exercises to do while lying down

- Ankle Pumps
- Quad Sets
- Short Arc Quads
- Heel Slides
- Abduction
- Straight Leg raises

Exercises to do while sitting in a chair

- Active Knee extension
- (Knee Patients) Active Knee flexion foot braced against wall

Exercises to do while lying on your side

- (Knee Patients) Side Leg Lifts

Exercises to do while standing

- Forward kicks
- Side kicks
- Backward kicks
- Marching in place
- Use walker or crutches if needed

Stretching exercise

- Extension on towel roll
- Slant board for ankle

If not already accomplished, progress to walking with a cane, if able; Moderate swelling is acceptable.

WEEKS 4-8

Goals:

- You should be able to walk two blocks.
- You should be able to walk normally.
- Progress from walker to cane if not already.
- You should be able to sleep through the night
- You should be able to go up and down stairs without difficulty.
- You should be independent with your activities of daily living.
- (Knee Patients) 110° active knee flexion
- (Knee Patients) Full extension
- (Hip Patients) Increase hip abductor strength
- (Hip Patients) Continue following your Total Hip Precautions



Exercises:

- Continue strengthening and stretching exercises at home.
- Practice balancing without support with your eyes open and progress to having your eyes closed.
- Walk full weight bearing with straight cane on level surfaces.
- Continue with cane until you can stand on your operative leg 10 seconds and you no longer walk with a limp.
- (Knee Patients) If extension is lacking, do passive stretching by propping heel on chair using 3-5 lb. weight over knee .

WEEKS 8-12

Goals:

- Normal quad tone
- You should be able to walk five blocks.
- You should be able to stand on one leg for 10 seconds.
- Normal walking pattern, with cane outside as needed
- You should be able to drive.
- You should be able to lock your knee.
- You should be able to stand up from a sitting position without using your arms.
- You should be able to independently perform your activities of daily living.
- (Knee Patients) 120° active knee flexion
- (Knee Patients) Full extension
- (Hip Patients) Continue following your Total Hip Precautions until your physician tells you otherwise.

Exercises:

- Continue strengthening and range of motion exercises if deficits persist.

NOTES

[illegible]

MIDSTATE'S CORE VALUES

MidState Medical Center's Core Values include the following:

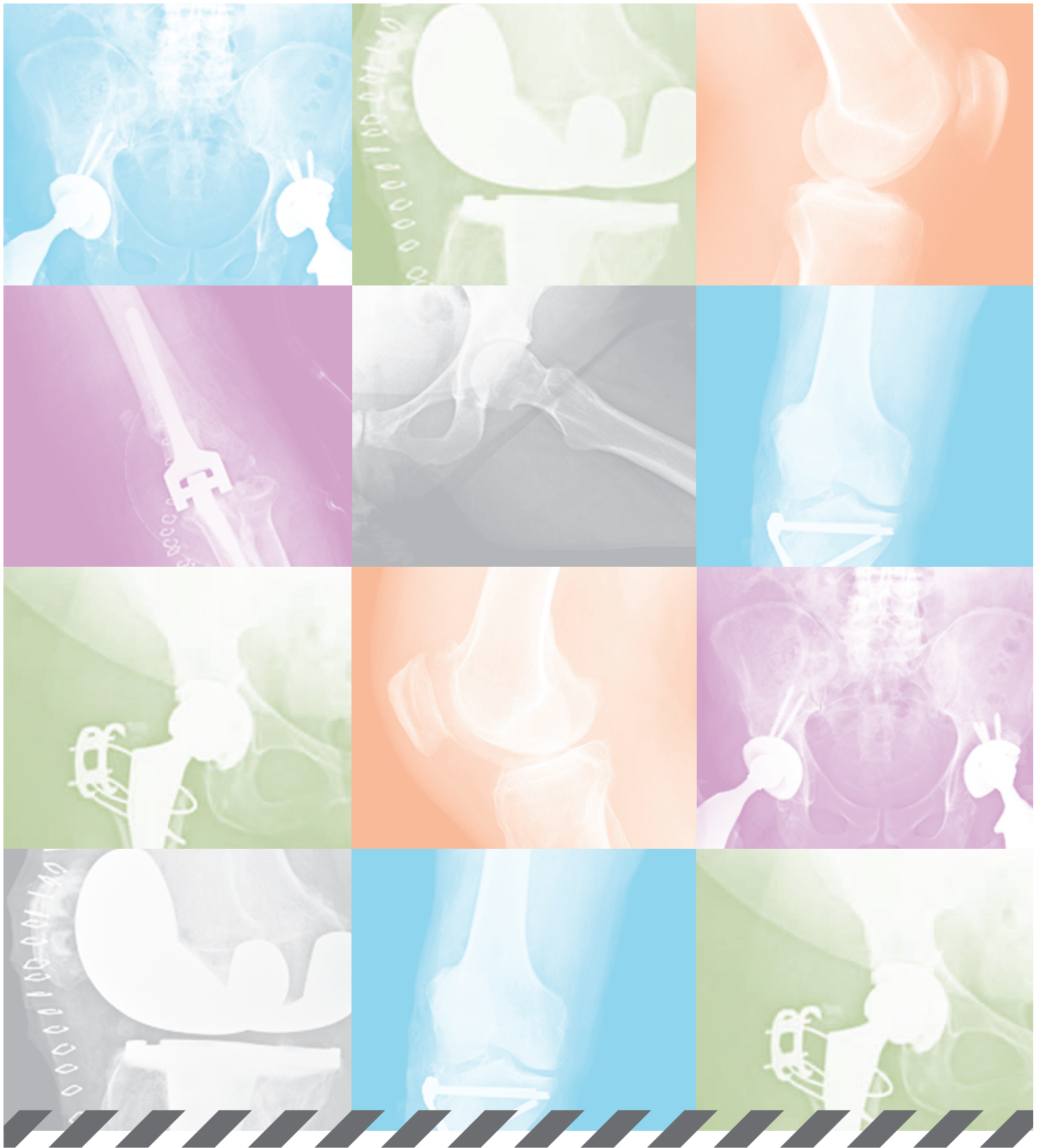
INTEGRITY: We do the right thing

CARING: We do the kind thing

EXCELLENCE: We do the best thing

SAFETY: We do the safe thing





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