

South Jersey Healthcare *JointCare Program*



South Jersey Healthcare[®]

Changing Medicine. Changing Lives.

501 West Front Street, Elmer
1505 West Sherman, Vineland

Table of Contents

Frequently asked questions

Strengthening exercises

Timeline for testing/appointments

Hospital care

Caring for yourself at home

Joint replacement precautions and home safety tips

Welcome

The JointCare Team at South Jersey Healthcare congratulates you for taking steps toward a healthier lifestyle. In collaboration with your surgeon, our registered nurses, physical therapists, and surgical services professionals, we have developed this JointCare notebook to assist you.

This notebook is designed to provide information related to joint replacement surgery. It will walk you through the process, beginning with you and your surgeon agreeing that this procedure is right through the necessary information needed for a safe and successful surgical outcome. As you read through the notebook, you will find additional information about pre-operative teaching, your hospital care, post-operative exercising and the role you play in restoring your independence.

Annually, over 400,000 people undergo total joint replacement surgery. Primary candidates are individuals with chronic joint pain from arthritis that interferes with daily activities. The surgery aims to relieve pain, restore your independence and return you to the activities you enjoy. The JointCare Program for joint replacement at South Jersey Healthcare has developed a comprehensive planned course of treatment. We believe that you play a key role in insuring a successful recovery. Our goal is to involve you in your treatment through each step of the program. Please read this notebook carefully; it explains what is expected from you and what you can expect before, during and after your surgery.

The entire JointCare Team is committed to assisting you on your journey to a healthier lifestyle. We look forward to providing you with excellent clinical care and world class service.

Sincerely,

The SJH JointCare Team

Note: The information contained in this notebook is provided for informational purposes only. It is not designed to be a substitute for your surgeon's plan of care. Please follow your surgeon's instructions at all times.

Information in this notebook is based on data available at the time of publication. Please consult your surgeon for the most current clinical information.

Answers to Frequently Asked Questions About Total Knee Surgery

Frequently Asked Questions About Total Knee Surgery

We are glad you have chosen the JointCare Program at South Jersey Healthcare for your joint replacement. Patients have asked many questions about total knee replacements. Below is a list of the most frequently asked questions along with their answers and additional information. If there are any other questions that you need answered, please ask your surgeon or any member of the JointCare Team. We want you to be completely informed about this procedure.

What is arthritis and why does my knee hurt?

In the knee joint there is a layer of smooth cartilage on the lower end of the femur (thighbone), the upper end of the tibia (shinbone) and the undersurface of the kneecap (patella). This cartilage serves as a cushion and allows for smooth motion of the knee. Arthritis is a wearing away of this smooth cartilage. Eventually it wears down to bone. Friction between bones causes discomfort, swelling and stiffness.

What is a total knee replacement?

A total knee replacement is really a cartilage replacement with an artificial surface. The knee itself is not replaced, as is commonly thought, but rather an artificial substitute for the cartilage is inserted on the end of the bones. This is done with a metal alloy on the femur and plastic spacer on the tibia and kneecap. This creates a new smooth cushion and a functioning joint that does not hurt.

What are the results of total knee replacement?

Ninety to ninety five percent of patients achieve good to excellent results with relief of discomfort and significantly increased activity and mobility.

When should I have this type of surgery?

Your orthopedic surgeon will decide if you are a candidate for the surgery. This will be based on your history, exam, x-rays and response to conservative treatment. The decision will then be yours.

Am I too old for this surgery?

Age is not a problem if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

How long will my new knee last and can a second replacement be done?

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

Why do they fail?

The most common reason for failure is loosening of the artificial surface from the bone. Wearing of the plastic spacer may also result in the need for a new spacer.

Frequently Asked Questions About Total Knee Surgery

What are the major risks?

Though most surgeries go well without any complications, infection and blood clots are the two serious complications that concern us the most. To avoid these complications, we use antibiotics and blood thinners. We also take special precautions in the operating room to reduce risk of infections. The chances of this happening in your lifetime are 1 percent or less.

Should I exercise before the surgery?

Yes. You should either consult an outpatient physical therapist or follow the exercises listed in your notebook. Exercises should begin as soon as possible.

Will I need blood?

You may need blood after the surgery. You should know that your surgeon will make the decision based upon what is best for you and your recovery.

How long will I be incapacitated?

You will probably stay in bed the day of your surgery. However, the next morning you will get up, sit in a chair or recliner and should be walking with a walker or crutches later that day.

How long will I be in the hospital?

Most knee patients will be hospitalized for three days after their surgery. There are several goals that you must achieve before you can be discharged.

What if I live alone?

Two options are usually available to you. You may either stay at a subacute facility following your hospital stay, or a home health nurse and a home physical or occupational therapist may assist you at home.

Will I need a second opinion prior to the surgery?

The office secretary will contact your insurance company to pre-authorize your surgery. If a second opinion is required, you will be notified.

How long does the surgery take?

We reserve approximately two to two and a half hours for surgery. Some of this time is taken by the operating room staff to prepare for the surgery.

Do I need to be put to sleep for this surgery?

You may have a general anesthetic, which most people call “being put to sleep.” Some patients prefer to have a spinal or epidural anesthetic, which numbs your legs only and does not require you to be asleep. The choice is between you and the anesthesiologist.

Will the surgery be painful?

You will have discomfort following the surgery, but we will keep you as comfortable as we can with appropriate medication. The staff will use a pain scale of 0-10, which they will teach you, so we can help with pain management.

Frequently Asked Questions About Total Knee Surgery

When will I be able to get back to work?

We recommend that most people take at least one month off from work, unless their jobs are quite sedentary and they can return to work with crutches. An occupational therapist can make recommendations for joint protection and energy conservation on the job.

When can I have sexual intercourse?

The time to resume sexual intercourse should be discussed with your orthopedic physician.

How often will I need to be seen by my doctor following the surgery?

Two to three weeks after discharge, you will be seen for your first post-operative office visit. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, twelve weeks and then yearly.

Do you recommend any restrictions following this surgery?

Yes. High-impact activities, such as running, singles tennis and basketball are not recommended. Injury-prone sports such as downhill skiing are also dangerous for the new joint.

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

You are encouraged to participate in low impact activities such as walking, dancing, golfing, hiking, swimming, bowling and gardening.

Will I notice anything different about my knee?

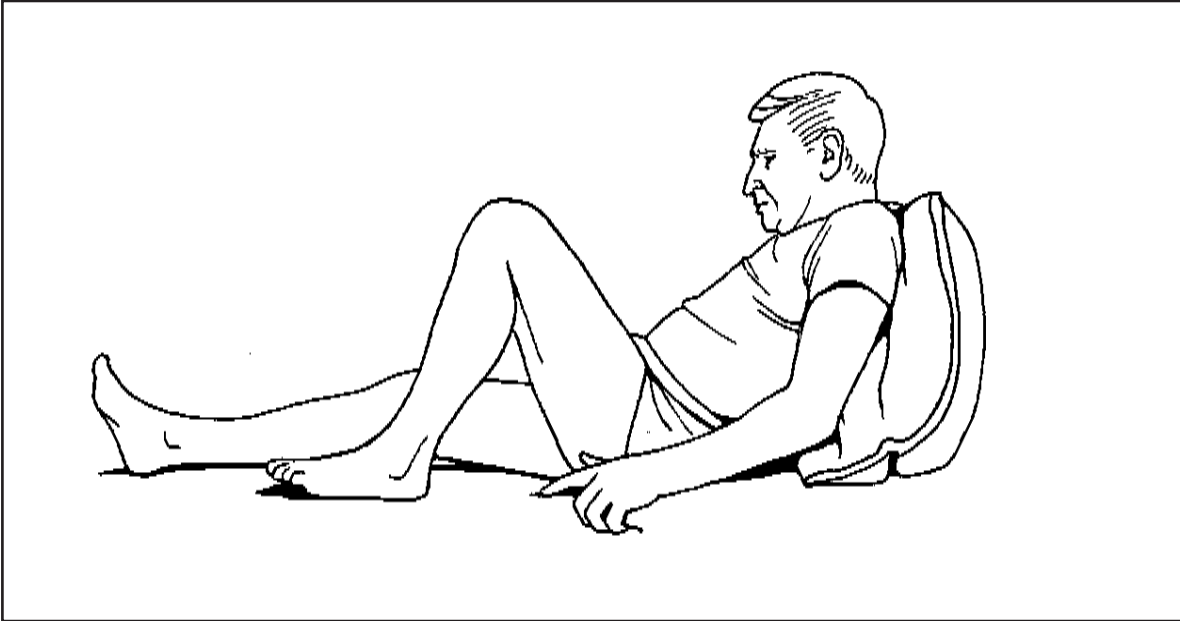
Yes. You may have a small area of numbness to the outside of the scar which may last a year or more and is not serious. Kneeling may be uncomfortable for a year or more. Some patients notice some clicking when they move their knee. This is the result of the artificial surfaces coming together and is not serious.

Pre-Op Exercises

Exercising Before Surgery

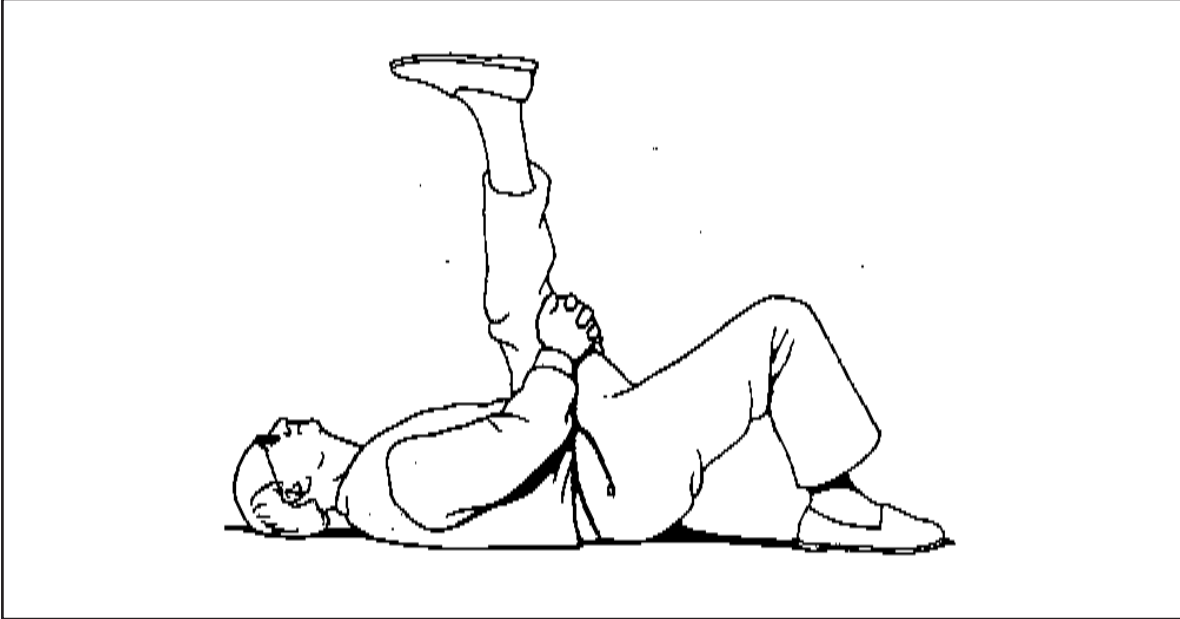
It is important to be as fit as possible before undergoing a total knee replacement. This will make your recovery much faster. Six exercises are listed below that you should start doing now and continue until your surgery. You should be able to do them in 10-15 minutes, and it is recommended that you do all of them twice a day. It is not harmful for you to do more. Consider this as a minimum amount of exercise prior to your surgery.

Total Hip Abduction



Lie on couch or bed.
Press knee down into mat, tightening muscle on front of thigh.
Do not hold breath.
Hold for 10 seconds.
Relax.
Repeat 10-20 times.

Hamstring Stretch



Sit on a couch or bed with your leg extended.

Lean forward and pull your ankle up.

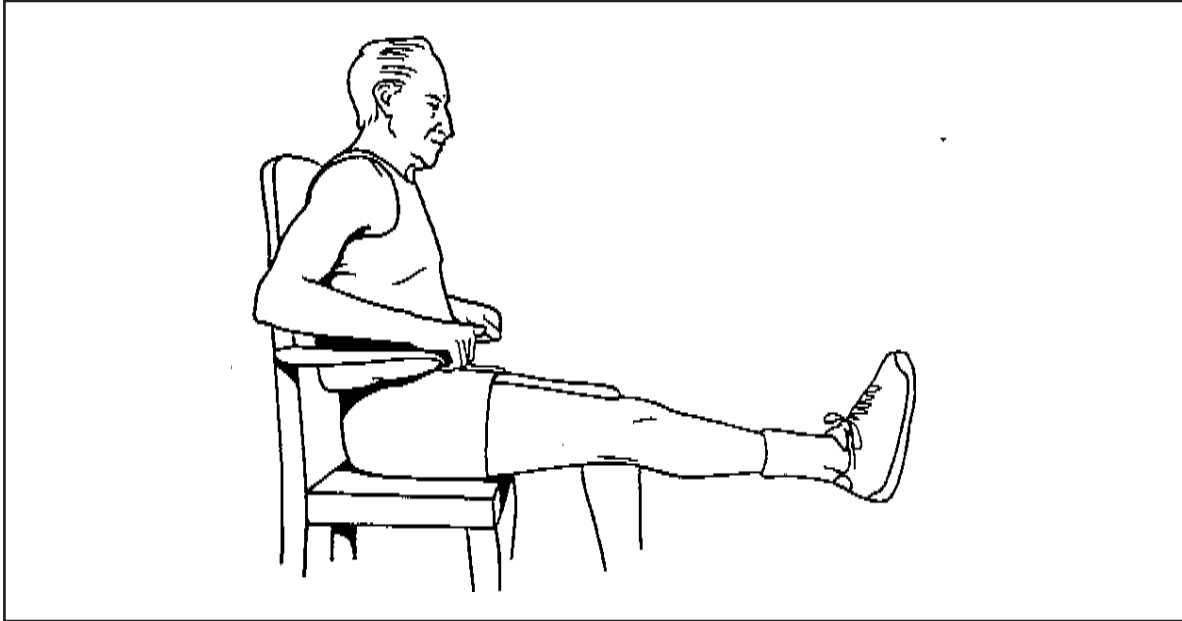
Stretch until a pull is felt.

Hold for 20-30 seconds.

Relax.

Repeat 5 times.

Strengthening Your Knee & Hip



Sit on chair, unaffected knee bent and foot flat.

Lift leg up 12 inches.

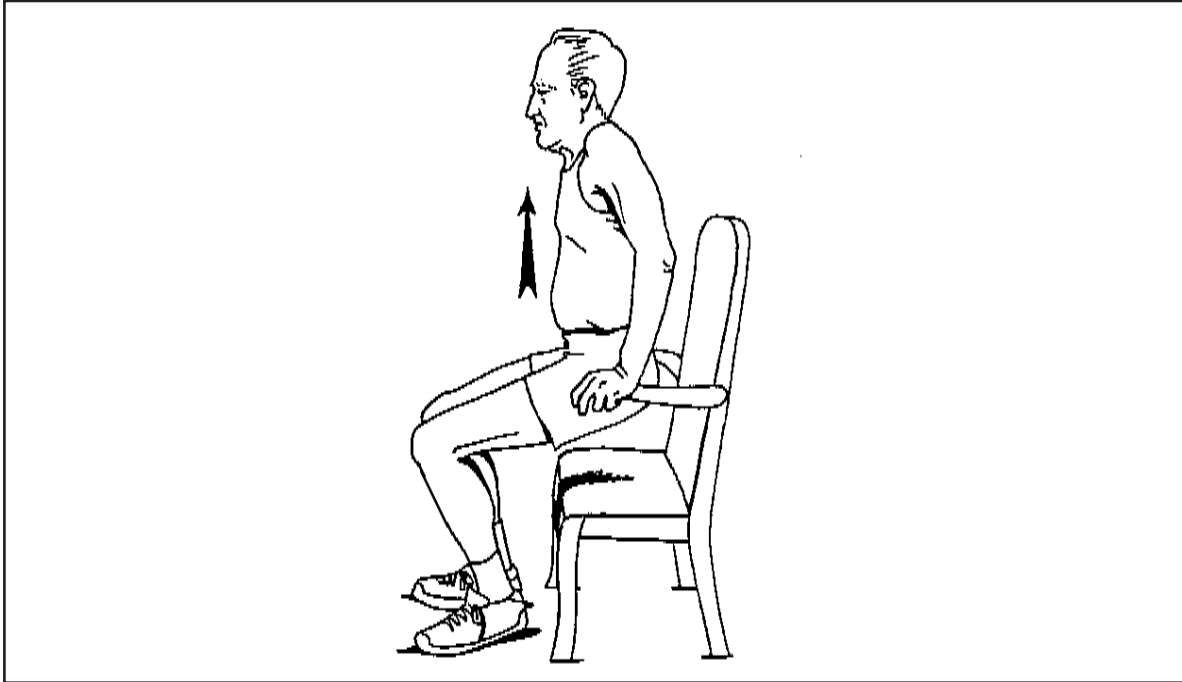
Keep knee straight and toes pointed up.

Hold for 10 seconds.

Relax.

Repeat 10-20 times.

Strengthening Your Arms



This exercise will help strengthen your arms
for walking with crutches or a walker.

Sit in an armchair.
Place hands on armrests.
Straighten arms, raising bottom up if possible.
Repeat 10-20 times.

Answers to Frequently Asked Questions about Total Hip Surgery

Frequently Asked Questions About Total Hip Surgery

We are glad you have chosen the JointCare Center for your hip problems. Patients have asked many questions about total hip replacements. Below is a list of the most frequently asked questions along with their answers and additional information. If there are any other questions that you need answered, please ask your surgeon or any member of the JointCare Team. We want you to be completely informed about this procedure.

What is arthritis and why does my hip hurt?

In the hip joint, there is a layer of smooth cartilage on the ball of the upper end of the thigh bone (femur) and another layer within your hip socket. This cartilage serves as a cushion and allows for smooth motion of the hip. Arthritis is a wearing away of this cartilage. Eventually it wears down to bone. Friction of bones causes discomfort, swelling and stiffness.

What is total hip replacement?

A total hip replacement is an operation that removes the arthritic ball of the upper thigh bone (femur) as well as damaged cartilage from the hip socket. The ball is replaced with a metal ball that is fixed solidly inside the femur. The socket is replaced with a plastic liner that is usually fixed inside a metal shell. This creates a smoothly functioning joint that does not hurt.

What are the results of total hip replacement?

Ninety to ninety five percent of patients achieve good to excellent results with relief of discomfort and significantly increased activity and mobility.

When should I have this type of surgery?

Your orthopedic surgeon will decide if you are a candidate for the surgery. This will be based on your history, exam and x-rays. Your orthopedic surgeon will ask you to decide if your discomfort, stiffness and disability justify undergoing surgery. There is no harm in waiting if conservative, non-operative methods are controlling your discomfort.

Am I too old for this surgery?

Age is not a problem if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

How long will my new hip last and can a second replacement be done?

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

Frequently Asked Questions

About Total Hip Surgery

Why do they fail?

The most common reason for failure is loosening of the artificial ball where it is secured in the femur, or loosening of the socket. Wearing of the plastic spacer may also result in the need for revision.

What are the major risks?

Though most surgeries go well, without any complications, infection and blood clots are two serious complications that concern us the most. To avoid these complications, we use antibiotics and blood thinners. We also take special precautions in the operating room to reduce the risk of infections. The chances of this happening in your lifetime are 1 percent or less.

Dislocation of the hip after surgery is a risk. Your orthopedist will discuss ways to reduce that risk.

Should I exercise before the surgery?

Yes. You should either consult an outpatient physical therapist or follow the exercises listed in your notebook.

Will I need blood?

You may need blood after the surgery. Your surgeon will make this decision based upon what is in your best interest and will assist you in your recovery.

How long am I incapacitated?

You will probably stay in bed the day after your surgery. However, the next morning you will get up, sit in a chair or recliner and should be walking with a walker or crutches later that day.

How long will I be in the Hospital?

Most hip patients will be hospitalized for three days after their surgery. There are a number of goals that you must achieve before you can be discharged.

What if I live alone?

Two options are usually available to you. You may either stay at a subacute facility following your hospital stay, or a home health nurse and a home physical or occupational therapist may assist you at home for two or three weeks.

Will I need a second opinion prior to surgery?

The office secretary will contact your insurance company to pre-authorize your surgery. If a second opinion is required, you will be notified.

How long does the surgery take?

We reserve approximately two-to-two and a half hours for surgery. Some of this time is taken by the operating room staff to prepare for the surgery.

Do I need to be put to sleep for this surgery?

You may have a general anesthetic, which most people call “being put to sleep.” Some patients prefer to have a spinal or epidural anesthetic, which numbs your legs only and does not require you to be asleep. The choice is between you and the anesthesiologist.

Frequently Asked Questions About Total Hip Surgery

Will the surgery be painful?

You will have discomfort following the surgery, but we will keep you comfortable with appropriate medication. The staff will use a pain scale of 0-10, which they will teach you, so we can help with pain management.

Who will be performing the surgery?

Your orthopedic surgeon will perform the surgery. An assistant often helps during the surgery and you will be billed separately by that assistant.

Will I need a walker, crutches or cane?

Yes. For about six weeks we do recommend that you use a walker, a cane or crutches.

Will I need any other equipment?

After hip replacement surgery, you will need a high toilet seat for about three months. We can arrange to have one delivered to you, or you may rent or borrow one. You will also be taught to use assistive devices to help you with lower body dressings and bathing. You may also benefit from a bath seat or grab bars in the bathroom. This can be discussed with your occupational therapist.

Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. Some may transfer to a subacute facility. Your stay may range from three to seven days. You should check with your insurance company to see if you have subacute benefits.

Will I need help at home?

Yes. The first several days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. If you go directly home from the hospital, we can arrange for a home health care nurse to come to your house as needed. Family members or friends need to be available to help if possible. Preparing ahead of time before your surgery, can minimize the amount of help required. Having the laundry done, house cleaned, yard work completed, clean linens on the bed, and single portion frozen meals will reduce the need for extra help.

Will I need physical therapy when I go home?

Yes. We can arrange for a physical therapist to provide therapy at your home. Following this, you may go to an outpatient facility two to three times a week to assist in your rehabilitation. The length of time required for this type of therapy varies with each patient.

How long until I can drive and get back to normal?

The ability to drive depends on whether surgery was on your right hip or your left hip, and the type of car you drive. If the surgery was on your left hip and you have an automatic transmission, you could be driving at two weeks. If the surgery was on your right hip, your driving could be restricted as long as six weeks. Getting “back to normal” will depend somewhat on your progress. Consult with your surgeon or therapist for their advice on your activity.

Frequently Asked Questions About Total Hip Surgery

When will I be able to get back to work?

We recommend that most people take at least one month off from work, unless their jobs are quite sedentary and they can return to work with crutches. An occupational therapist can make recommendations for joint protection and energy conservation on the job.

How often will I need to be seen by my doctor following the surgery?

Two to three weeks after discharge, you will be seen for your first post-operative office visit. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, twelve weeks and then yearly.

Do you recommend any restrictions following this surgery?

Yes. High-impact activities, such as running, singles tennis and basketball are not recommended. Injury-prone sports such as downhill skiing are also restricted. Hip patients will be restricted from crossing their legs or bending their hips more than 90 degrees.

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

You are encouraged to participate in low impact activities such as walking, dancing, golfing, hiking, swimming, bowling and gardening.

Will I notice anything different about my hip?

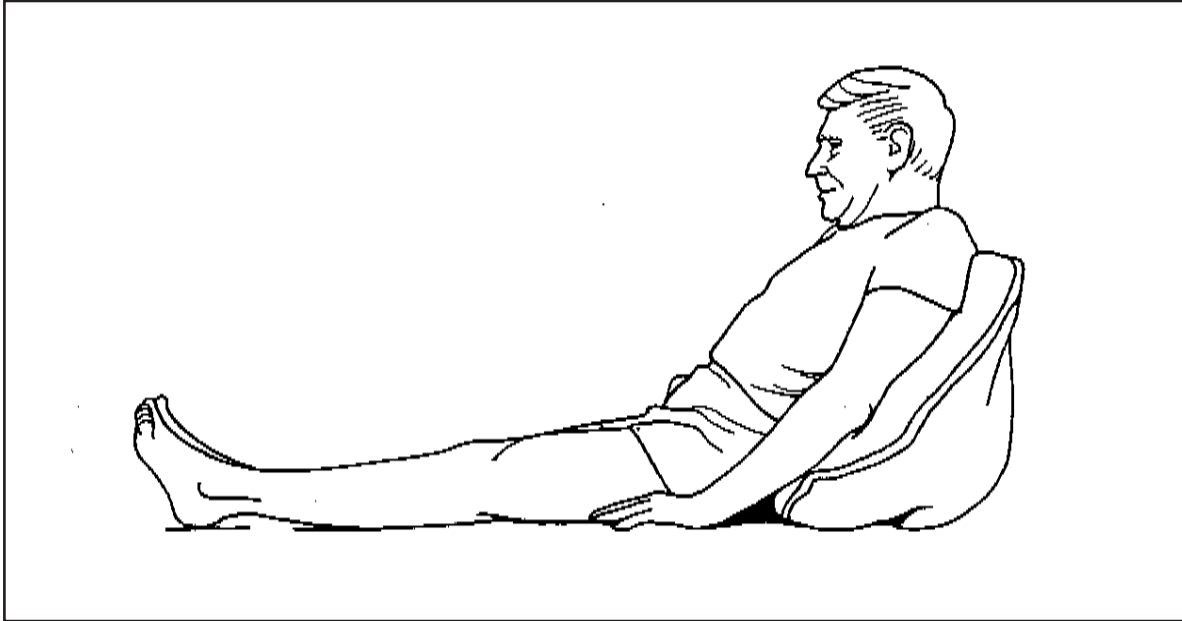
In many cases, patients with hip replacements think that the new joint feels completely natural. However, we recommend always avoiding extreme positions or high impact physical activity. The leg with the new hip may be longer than it was before, either because of previous shortening due to hip disease, or because of a need to lengthen the hip to avoid dislocation. Most patients get used to this feeling in time, or can use a small lift in the other shoe. Some patients have aching in the thigh on the weight bearing hip for a few months after surgery.

Pre-Op Exercises

Exercising Before Surgery

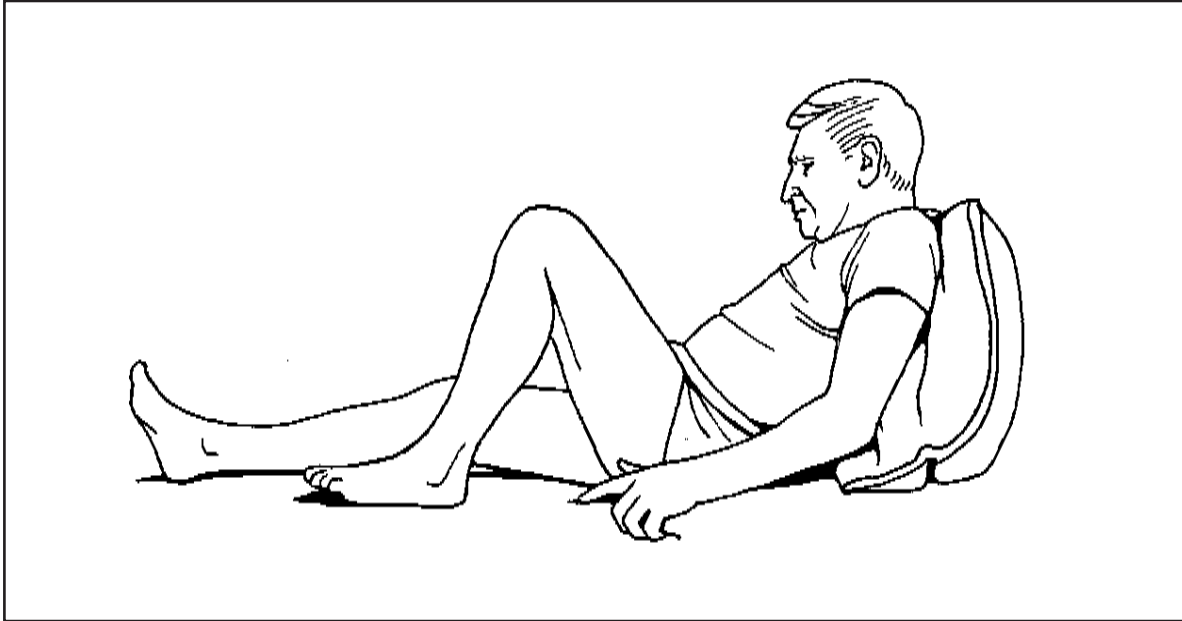
It is important to be as fit as possible before undergoing a total hip replacement. This can make your recovery much faster. Six exercises are listed below that you should start doing now and continue until your surgery. You should be able to do them in 10 to 15 minutes, and it is recommended that you do all of them twice a day. It is not harmful for you to do more. Consider this a minimum amount of exercise prior to your surgery.)

Strengthening Hip Muscles



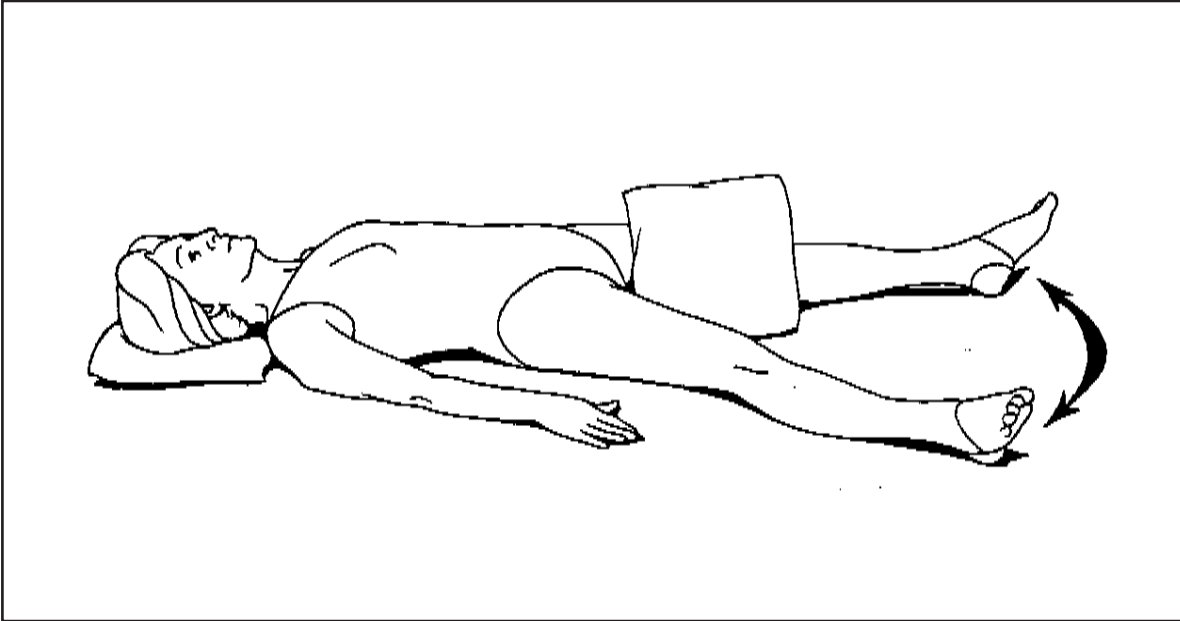
Lie on couch or bed. Squeeze bottom together.
Do not hold breath.
Hold for 10 seconds.
Relax.
Repeat 10-20 times.

Keeping Range of Motion



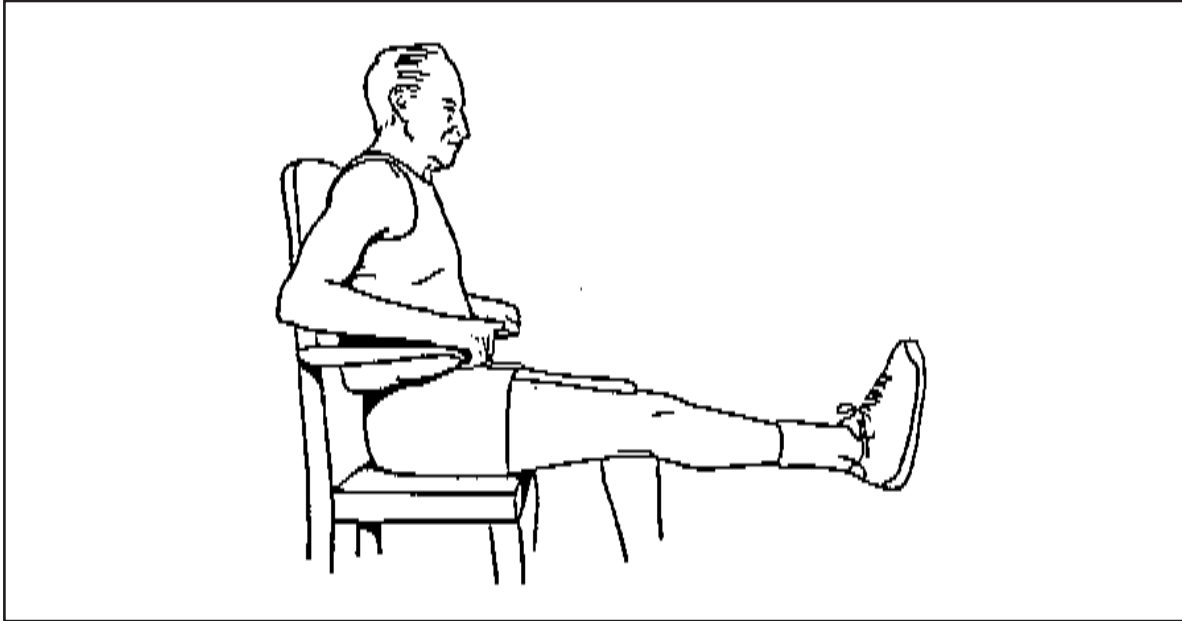
Lie on back, slide your heel towards your bottom.
Hold for 10 seconds.
Relax.
Repeat 10-20 times.

Hip Abduction & Adduction



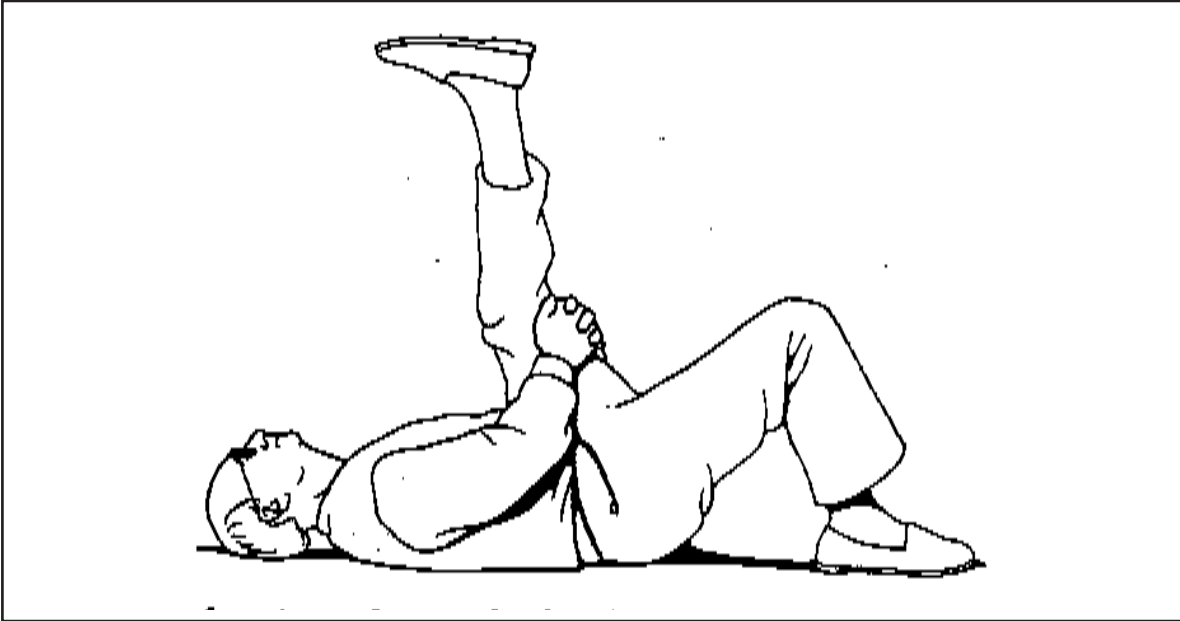
Lie on your back, slide your leg out to the side.
Keep toes pointed up and your knee straight.
Bring your leg back to the starting point.

Knee Extension – Long Arc Quads



Sit with your back against the chair.
Straighten your knee.

Hamstring Stretch



Sit on a couch or bed with your leg extended.

Lean forward and pull your ankle up.

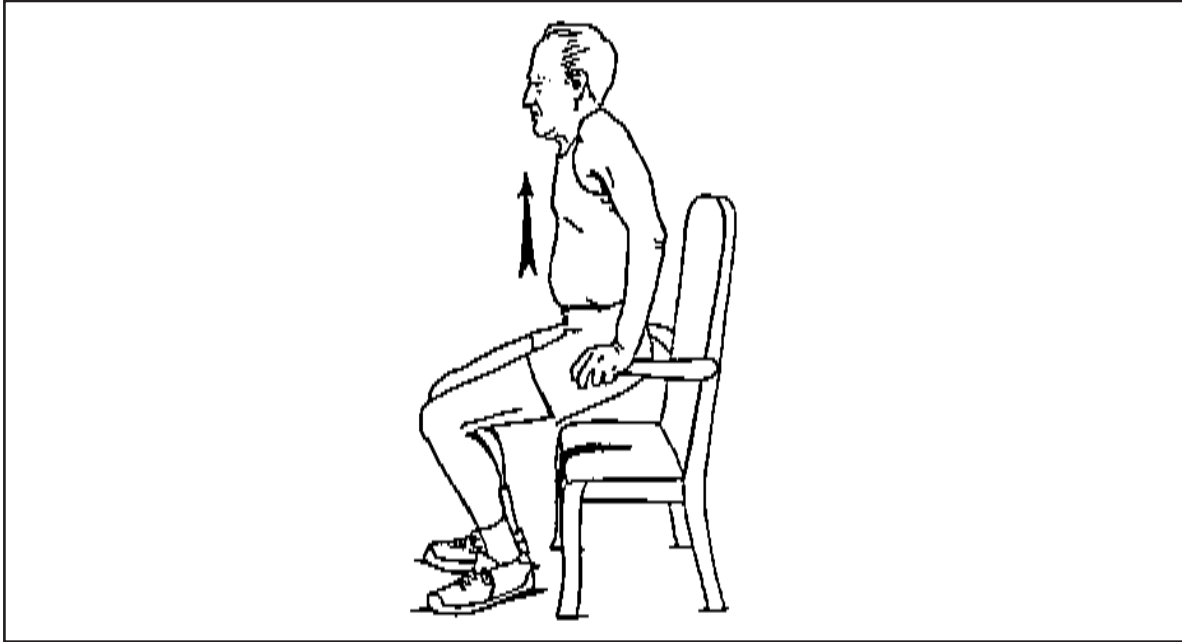
Stretch until a pull is felt.

Hold for 20-30 seconds.

Relax.

Repeat 5 times.

Strengthening Your Arms



This exercise will help strengthen your arms
for walking with crutches or a walker.

Sit in an armchair.
Place hands on armrests.
Straighten arms, raising bottom up if possible.
Repeat 10-20 times.

Timeline for Testing/Appointments

Anesthesia and You

Who are the anesthesiologists?

The Operating Room, PACU, and the Surgical Care Center at South Jersey Healthcare are staffed by Board Certified and Board Eligible physician anesthesiologists.

What types of anesthesia are available?

Decisions regarding your anesthesia are tailored to your personal needs. The types available for you are:

General Anesthesia- Provides loss of consciousness, “go to sleep”

Regional Anesthesia- Involves the injection of a local anesthetic to provide numbness, loss of pain or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks, and arm and leg blocks. Medications can be given to make you drowsy and blur memory.

Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects

continue to occur for some patients.

Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses can relieve the pain with medications. Your discomfort should be tolerable, but do not expect to be totally pain-free.

What will happen before my surgery?

You will meet with your anesthesiologist during your Pre-Admission Screening. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. With this information, together you will determine the type of anesthesia best suited for you. He or she will also answer any further questions you may have.

You will also meet with your surgical nurses. Intravenous (IV) fluids will be started and preoperative medications may be given, if needed. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG and other devices for your safety. At this point, you will be ready for anesthesia.

Hospital Care

Your Hospital Stay

What should I do on the day of surgery?

Make sure that you have not eaten or had anything to drink since midnight. If you have eaten or had anything to drink after midnight, it could result in a delay or, possibly, a cancellation of your surgery.

Shoes that tie or sneakers and shorts with an elastic waist band will be needed for your physical therapy classes.

Please leave all valuables at home. If you wear contact lenses and also have eyeglasses, it is preferable to bring your glasses for your hospital stay.

Make sure that any nail polish and make-up is removed before you leave your home. You will also want to make sure that there are no hairpins, combs or decorative adornments in your hair. If you have any body piercings, all studs, rings, etc. must be removed. You cannot have surgery with them in.

Where do I go when I arrive?

Your family may drop you and your personal belongings off at the main entrance of the hospital. There is comfortable seating where you may wait for them while they park the car. If you require assistance, someone at the front desk can assist you. When your family arrives they may accompany you to the Same Day Surgery Unit where your admission process will begin.

Your family can remain with you until it is time for your surgery. There may be times when the nurse will ask your family to step out of the room. Please remember that the nurse is doing this to ensure your privacy. When the nurse is finished, your family may return to be with you. When it is time for surgery, your family can accompany you to the main entrance of the surgical area. Your family will then be directed to the Surgical Waiting Area where

your surgeon will see them after your procedure. If your family cannot remain at the hospital until your surgery is finished, please make sure to notify your nurse so a phone number where your family can be reached is obtained before they leave.

What will happen in the Same-Day-Surgery Unit?

Your nurse will complete the nursing history. It contains a summary of your medical and social history as well as any medications that you may be taking. Please remember to include any over the counter medications that you are taking. It is important that we are aware of these medications as they may interact with medications that your physician may prescribe.

During this time you may also be asked questions related to HIPPA (patient privacy) guidelines. This is your opportunity to identify one person whom you want to receive medical updates on your condition.

Once the nursing history has been obtained, your nurse may start an intravenous access (IV) and clean your operative site. You will then be taken to the operating room holding area. There your operating room nurse as well as your anesthesiologist will interview you. They will escort you to the room where you will see your surgeon, if you have NOT seen your doctor in the holding area following surgery. You will be taken to a recovery area where you will remain for one to two hours. During this time, pain control will be established, your vital signs will be monitored and an x-ray will be taken of your new joint. You will then be taken to the JointCare Unit on the second floor where a total joint nurse will care for you. Only one or two very close family members or friends should visit you on this day.

Your Hospital Stay

Most of the discomfort occurs the first 12 hours following surgery so during this time you will be receiving pain medication through your IV (PCA). You will probably remain in bed except to go to the bathroom. It is very important that you begin ankle pumps on this first day. This will help prevent blood clots from forming in your legs. You should also begin using your Incentive Spirometer that you learned how to use in class.

Day 1-First Day After Surgery

On Day 1 after surgery you will be bathed and helped out of bed early and seated in a recliner in your room. Your surgeon will visit you in the morning. The physical therapist will complete your initial evaluation and you will begin walking with either crutches or a walker. Group therapy will begin in the afternoon at approximately 3:00 p.m. The occupational therapist will visit you, if needed. Your coach is encouraged to be present as much as possible. Visitors are welcome, preferably late afternoons or evenings.

Day 2-Second Day After Surgery

On Day 2 after surgery, you will be helped out of bed early and will dress in loose clothing you've brought to the hospital. Shorts and tops are usually best; long pants are restrictive. Your physical therapist or physical therapist assistant will start your day with a morning walk. Group therapy will start around 11:00 a.m. It would be helpful if your coach participates in group therapy. At noon you will participate in a group lunch with the other patients and your coach. There is no charge for your coach. At about 3:00 p.m. you will have a second group therapy session. You may begin walking stairs on this day if you will be discharged to home. Evenings are free for friends to visit.

Day 3-Discharge Day

The decision to go home or to a subacute facility will be made collectively by you, your surgeon, physical therapist, and your insurance company. Every attempt will be made to have this decision finalized in advance but may be delayed until the day of discharge.

If you are going directly home someone responsible needs to drive you. You will receive written discharge instructions concerning medications, physical therapy, activity, etc. Your case manager will arrange for equipment and home health visits through the home health nurse. We will let you know when the home health nurse and physical and occupational therapists will begin their visits. Take this notebook with you so your physical therapist can record your progress for your physician.

If you are going to a subacute facility, someone responsible needs to drive you, or we can help arrange for transportation. Transfer papers will be completed by the nursing staff. Either your primary care physician or a physician from subacute will be caring for you in consultation with your surgeon. Expect to stay three to five days, based upon your progress.

Upon discharge home, instructions will be given to you by the subacute staff. Take this notebook with you. Please keep in mind that the majority of our patients do so well, they don't meet the guidelines to qualify for subacute rehab. Also keep in mind that insurance companies do not become involved in "social issues" such as lack of care giver, animals, etc. These are issues that you will need to address prior to admission for your new joint.

Post-operative Care

Caring For Yourself At Home

When you go home, there are a several steps to follow to insure your safety, speedy recovery and comfort.

Pain Management

Take your pain medicine at least 30 minutes before physical therapy. Gradually wean yourself from prescription medication to Tylenol. You may take two extra-strength Tylenol in place of your prescription medication up to four times per day. Change your position every 45 minutes throughout the day.

Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but do not use for more than 20 minutes at a time each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack. Mark the bag of peas and return them to the freezer (to be used as an ice pack later).

Possible Body Changes

Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return. You may have difficulty sleeping. This is not abnormal. Don't sleep or nap too much during the day. Your energy level will be decreased for the first month. Pain medication contains narcotics, which promote constipation. Use stool softeners or laxatives such as milk of magnesia if absolutely necessary.

Incision Care

Keep your incision dry. Keep your incision covered with a light dry dressing until your staples are removed, usually 10 to 14 days. Do not shower until the staples are removed, unless given permission.

Notify your surgeon or visiting nurse if there is increased drainage, redness, pain, odor or heat around the incision. Take your temperature, if you feel warm or sick. Call your surgeon if it exceeds 100.5 F.

Changing your dressing

- Wash hands.
- Open all dressing change materials (ABD pads, 4x4 if needed, betadine swabs if indicated).
- Remove old dressing.
- Inspect incision for the following:
 1. Increased redness
 2. Increased clear drainage
 3. Yellow/green drainage
 4. Odor
 5. Surrounding skin is hot to touch
- Notify your doctor if any above are noted.
- If Betadine is ordered, take one betadine swab and paint incision from top to bottom. Then turn the swab over and paint the incision from bottom to top. Use remaining swab to paint the drain site.
- Pick up ABD pad by one corner and lay over incision. Be careful not to touch the inside of the dressing that will lay over the incision.
- Secure the dressing with tape.

Caring For Yourself At Home

Signs of Infection

- Increased swelling, redness at incision site
- Change in color, amount and odor of drainage
- Increased pain in knee
- Fever greater than 101 F

Prevention of Infection

Take proper care of your incision as explained.

Take prophylactic antibiotics when having dental work, or other potentially contaminating procedures. This needs to be done for at least two years after your surgery. Notify your physician or dentist that you have a total joint replacement.

Blood Clots in Legs

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complications of pulmonary embolus.

Signs of Blood Clots in Legs:

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

Note: blood clots can form in either leg

Prevention of Blood Clots:

- Foot and ankle pump
- Walking
- Compression stockings
- Blood thinners such as Coumadin or Heparin

Pulmonary Embolus:

An unrecognized blood clot could break off the vein and go to the lungs. This is an emergency and you should call 911 if suspected.

Signs of an Embolus:

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

Prevention of Embolus:

- Prevent blood clot in legs
- Recognize a blood clot in leg and call physician promptly

Joint Replacement Precautions and Home Safety Tips

Joint Replacement Precautions and Home Safety Tips

Joint Replacement Precautions and Home Safety Tips - Knee

Lying in Bed

- Keep Knee Straight up

Lying in bed with pillow under ankles.

- DO NOT put a pillow under your knee.
- Keep knee as straight as possible.
- Place a small pillow under your ankle to assist in straightening.

Joint Precautions and Home Safety Tips - Hip

Signs of hip dislocation

- Severe pain
- Rotation/shortening of leg
- Unable to walk/move leg

Prevention of dislocation

AT ALL TIMES

- DO NOT cross legs
- DO NOT bend over
- DO NOT bend at the hip past 90 degrees

When standing up from a chair

Do NOT pull up on the walker to stand! Sit in a chair with arm rests when possible.

1. Scoot to the front edge of the chair.
2. Push up with both hands on arm rests. If sitting in a chair without armrest, place one hand on the walker while pushing off the side of the chair with the other.
3. Balance yourself before grabbing the walker.

Precautions And Home Safety Tips -Hip

Lying in Bed

1. Keep a pillow between your legs when lying on your back. Try to keep the operated leg positioned in bed so the kneecap and toes are pointed to the ceiling. Try not to let your toes roll inward or outward. A blanket or towel-roll on the outside of your leg may help you maintain this position.
2. When rolling from your back to your side, first bend your knees toward you until your feet are flat on the bed. Then place at least two pillows (bound together) between your legs. With knees slightly bent, squeeze the pillows together between your knees and roll over to the non-operated side. Do not lie on the operated side until approved by your doctor.

Transfer-Toilet

You will need a raised toilet seat or a three-in-one bedside commode over your toilet for 12 weeks after surgery.

1. Take small steps, and turn until your back is to the toilet. Never Pivot!
2. Back up to the toilet until you feel it touch the back of your leg.
3. If using a commode with arm rests, reach back for both arm rests and lower yourself onto the toilet. If using a raised toilet seat without arm rests, keep one hand on the walker while reaching back for the toilet seat with the other. Slide your operated leg out in front of you when sitting down.

Joint Replacement Precautions and Home Safety Tips

When getting up from the toilet

1. If using a commode with arm rests, use the arm rests to push up. If using a raised toilet seat without arm rests, place one hand on the walker and push off the toilet seat with the other.
2. Balance yourself before grabbing the walker.

Transfer to bed

When getting into bed:

1. Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed).
2. Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress. (Silk pajama bottom, satin sheets, or sitting on a plastic bag may make it easier.)
3. Move your walker out of the way, but keep it within reach.
4. Scoot your hips around so that you are facing the foot of the bed.
5. Lift your leg into the bed while scooting around (if this is your operated leg, you may use a cane, a rolled bed sheet, a belt, or your theraband to assist with lifting that leg into bed).
6. Keep scooting and lift your other leg into the bed.
7. Scoot your hips towards the center of the bed.

When getting out of the bed:

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your un-operated leg to the floor.
3. If necessary, use a leg-lifter to lower your operated leg to the floor.
3. Scoot to the edge of the bed.
4. Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
5. Balance yourself before grabbing for the walker.

Transfer-Tub

Getting into the tub using a bath seat:

1. Place the bath seat in the tub facing the faucets.
2. Back up to the tub until you feel it at the back of your knees. Be sure you are in front of the tub bench.
3. Reach back with one hand for the tub bench. Keep the other hand in the center of the walker.
4. Slowly lower yourself onto the tub bench, keeping the operative leg straight.
5. Move the walker out of the way, but keep it within reach.
6. Lift your legs over the edge of the tub, using a leg lifter for the operated leg, if necessary.

Note: Although bath seats, grab bars, long-handled bath brushes, and the hand-held showers make bathing easier and safer, they are typically not covered by insurance.

Joint Replacement Precautions and Home Safety Tips

Always use a rubber mat or non-skid adhesive on the bottom of the tub or shower.

To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attach it to the bath seat.

Getting out of the tub using a bath seat:

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat.
3. Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
4. Balance yourself before grabbing the walker.

Transfer – Automobile

- Push the car seat all the way back; recline it if possible, but return it to the upright position for traveling.
- Place a plastic trash bag on the seat of the car to help you slide and turn forward.
- Back up to the car until you feel it touch the back of your legs.
- Reach back for the car seat and lower yourself down. Keep your operated leg straight out in front of you and duck your head so that you do not hit it on the door frame.
- Turn frontward, leaning back as you lift the operated leg into the car.

Walker Ambulation

- Move the walker forward.
- With all four walker legs firmly on the ground, step forward with the operated leg.
- Place the foot in the middle of the walker area. Do not move it past the front feet of the walker.
- Step forward with the un-operated leg.

Note: Take small steps. Do Not take a step until all four walker legs are flat on the floor.

Personal Care

Using a “reacher” or “dressing stick”

Putting on pants and underwear

- Sit down
- Put your operated leg in first, and then your un-operated leg.
- Use a reacher or dressing stick to guide the waistband over your foot.
- Pull your pants up over your knees, within easy reach.
- Stand with the walker in front of you to pull your pants up the rest of the way.

Taking off your pants

- Back up to the chair or bed where you will be undressing.
- Unfasten your pants and let them drop to the floor. Push your underwear down to your knees.
- Lower yourself down, keeping your operated leg straight.
- Take your un-operated leg out first then your operated leg.
- A reacher or dresser stick can help you remove your pants from your foot and off the floor.

Joint Replacement Precautions and Home Safety Tips

Using a “sock aid”

Putting socks on

1. Sit down.
2. Bend over to put your sock on or put your foot up on a footstool.
3. **Do not cross your legs** when putting on your socks.
4. Use a sock aid if you are having difficulty reaching your foot.

How to use a sock aid

1. Slide the sock onto the sock aid with the toe completely tight at the end.
2. Hold the cord and drop the sock aid in front of your foot.
3. It is easier to do this if your knee is bent as much as possible.
4. Slip your foot into the sock aid.
5. Straighten your knee, point your toe, and pull the sock on. Keep pulling until the sock aid pulls off.

Using a long-handled shoehorn

1. Use your reacher, dressing stick, or long-handled shoehorn to slide your shoe in front of your foot. Bend your knee as much as possible when doing this.
2. Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoe horn match the curve of the shoe.
3. Lean back, if necessary, as you lift your leg and place your toes in your shoe.
4. Step down into your shoe, sliding your heel down the shoehorn.

Note: Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoe laces. Do Not wear high heeled shoes or shoes without backs.

Everyday Living

Kitchen:

- Do not get down on knees to scrub floors. Use a mop and long- handled brushes.
- Plan ahead! Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To prepare a better working height, use a high stool, or put cushions on your chair when preparing meals.

Bathroom:

- Pick up throw-rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces.
- Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways.
- Do Not run wires under rugs, this is a fire hazard.
- Do Not wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position so as not to get light-headed.
- Do Not lift heavy objects for the first three months, and then only with your surgeon’s permission.
- Stop and think. Use good judgment.

Joint Replacement Precautions and Home Safety Tips

Things to remember

Whether they have reached all the recommended goals in three months or not, all joint patients need to have a regular exercise program to maintain their fitness and the health of the muscles around their joints. With both your orthopedic and primary care physicians' permission, you should be on a regular exercise program three to four times per week lasting 20-30 minutes. Impact activities such as running and singles tennis may put too much load on the joints and are not recommended. High-risk activities such as downhill skiing are likewise discouraged because of the risk of fractures around the prosthesis. Infections are always a potential problem and you may need antibiotics for prevention.

What to Do in General

- Take antibiotics one hour before you are having dental work or any other invasive procedures for two years after surgery.
- When traveling, stop and change position hourly to prevent your joint from tightening.
- See your surgeon yearly unless otherwise recommended.