



Beacon Orthopedic Program

Knee & Hip Replacement Guide



Table of Contents

3	Welcome
4	What to Expect
5	Your Pre-Operative Appointment
6	Your Pre-Admission Screening Appointment
7	Your Joint, Your Surgery
8	Your Knee & How It Works
9	Your Hip & How It Works
10	Identification of Risks
11	Potential Complications Associated with Total Joint Replacements
12	In Preparation of Surgery
13	What to Bring to the Hospital
14	Day of Surgery
15	After Surgery
16	Your Hospital Stay
17	Physical Therapy Following Knee & Hip Surgery
18	Occupational Therapy Following Knee & Hip Surgery
19	Miscellaneous Information
20	Discharge Instruction
21	Planning for Discharge Following Knee & Hip Surgery
25	Home Safety Checklist & Common Problems
26	Helpful Hints for Patients Following Total Hip Surgery
27	Restrictions for Total Hip Replacement Patients
28	Helpful Hints for Patients Following Total Knee Surgery
29	Restrictions for Total Knee Replacement Patients
30	Home Medical Equipment Listings
31	Examples of Home Medical Equipment
32	Patient Education
33	What Are Multi-Modal Medications?
34	How to Use an Incentive Spirometer
35	TED Hose Information
36	Physical Therapy Education
40	Occupational Therapy Education
46	Your Exercises

Welcome

Dear Patient,

Welcome and thank you for choosing Beacon Health System for your surgery. Over time and with years of experience, we have learned that a partnership with the patient, family and orthopedic surgeon offers the best outcome. For this reason, we have developed this binder for your surgical visit.

Your surgical process begins the moment you learn surgery is necessary. The entire process encompasses the days and weeks prior to surgery, the day of surgery, your hospital stay, discharge home and follow-up care.

Please keep this guide with you during your hospital stay, as your physicians, nurses and other members of your health care team will be referring to it. It is important that you and your family review the materials.

As always, please ask for assistance at any time during your surgical experience. You have a wealth of resources in your health care team.

To reach your surgeon, call his/her office directly.

Memorial Hospital's Orthopedic floor phone number:
574.647.7278

Elkhart General Hospital's Orthopedic floor phone number:
574.523.3368

Thank you again for choosing Beacon Health System.



What to Expect



Your Pre-Operative Appointment

This guide was designed to help answer the many questions you may have as you prepare for your surgery. However, if you have any concerns not addressed, you will have many opportunities to ask additional questions.

Once you have decided to have surgery, a pre-admission appointment will be scheduled for 2 to 30 days prior to your surgery date. Please arrive promptly at your designated appointment time at Admitting and Registration.

Please bring any medications you are taking or a list of current medications to this appointment.

Insurance coverage

Many insurance companies require preauthorization for hospital admissions. Please make sure we have the most current and complete insurance information. Please bring your insurance cards with you on your pre-admission and admission days.

While you are at the physician's office scheduling your surgery, the nurse will also arrange for you to attend a total joint class.

This class will help prepare you for your upcoming hospital stay and alert you to what will occur from the moment you arrive at the hospital until the day of discharge.

MyBeacon Patient Portal

Manage your health and keep in touch with your Beacon healthcare team with MyBeacon. This secure, online source gives you 24/7 access to your medical records so you can stay informed, connected and in control of your health – any time and anywhere. You can check test results and use secure messaging to contact your Beacon doctor's office directly.

<https://beacon.iqhealth.com/self-enroll/>

To complete self-enrollment on the MyBeacon patient portal you must provide the following:

- First name
- Last name
- Date of birth
- Medical record number, or MRN (Where can I find my MRN?)
- Last 4 of your SSN

Your Medical Record Number: _____

Your Pre-Admission Screening Appointment

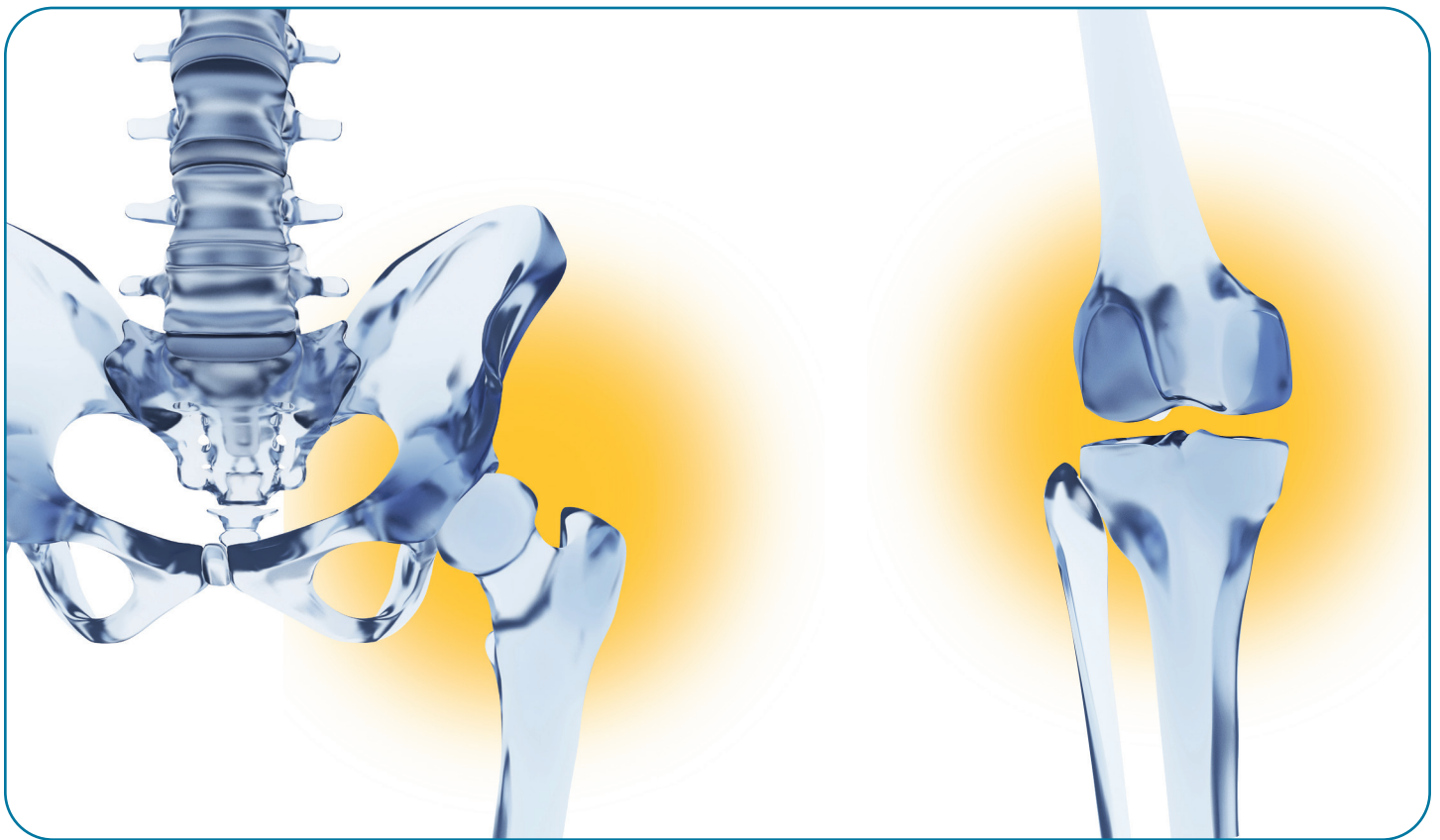
Your pre-admission screening appointment will be scheduled for you 2 to 30 days prior to your surgery. (See the list of appointments scheduled at your office visit). Pre-admission testing is done between 7 a.m. and 4:30 p.m. Monday through Friday. Please call your surgeon's office if you do not know when your appointment is.

Pre-admission testing usually involves blood work, EKG, urinalysis, X-rays of your chest and possibly an X-ray of the joint you are planning to have replaced. A nurse will review your medical history and will also review your family medical history.

How to Prepare:

1. Bring your medication bottles with you at the time of your pre-admission screening appointment. In addition, bring a list of the medication dosage and the name of the physician who prescribed the medicine.
2. Wear comfortable, easy-to-change clothing for your assessment and EKG (avoid back zippers, panty hose).
3. Write down any questions and bring the list with you.
4. If possible, bring a family member or friend to the appointment – this is usually a great help to you!
5. Arrive promptly at your designated time at Admitting and Registration.
6. Sign necessary consent forms for the treatment and surgery.

Your Joint, Your Surgery



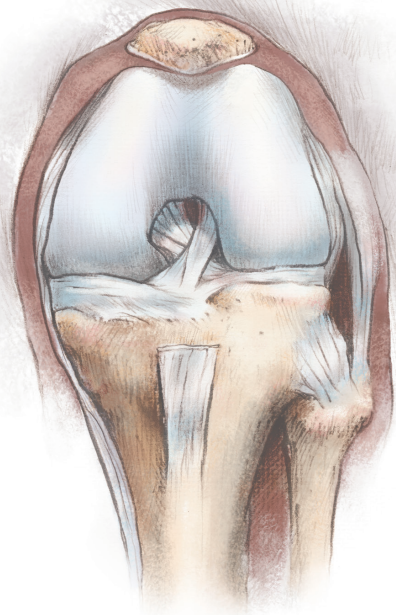
Your Knee & How It Works

When a knee becomes diseased or injured, simple movements can be painful and take the joy out of life. Most people want relief of the pain and disability caused by severe arthritis. Your reasons for having surgery are very personal. Only you can finish this sentence: "If I didn't have pain, I would..." You and your physician have decided that total knee replacement surgery may help relieve much of your pain.

The main benefit you may expect from total knee replacement is pain relief. Most patients will notice some soreness for several weeks or months after surgery. In most cases, however, pain-free motion of the knee joint will follow.

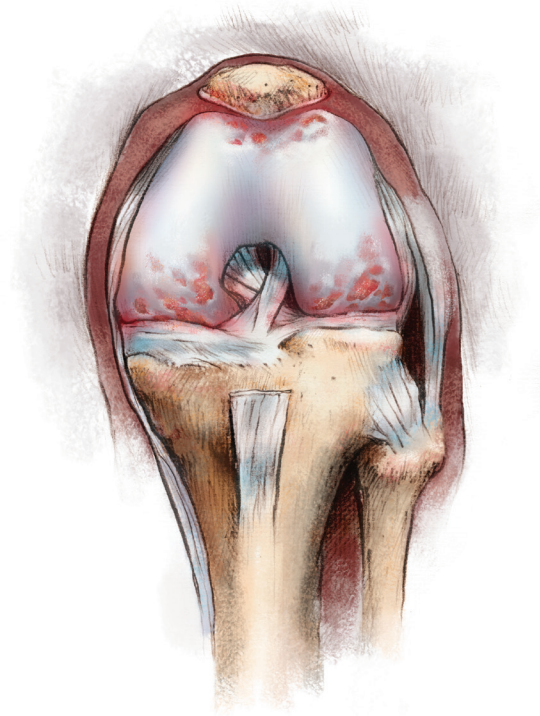
The normal knee (below)

The thigh bone (femur) and the shin bone (tibia) meet to form the knee joint. The knee cap (patella) covers and protects the knee joint. The joint lining (synovium) makes fluid that lubricates the joint. Cartilage covers the ends of the knee bones. This cartilage "cushions" the knee for smooth, easy movement.



The "problem knee" (below)

As with all mechanical systems, the knee joint wears with time. Injury, abuse or arthritic conditions wear away the smooth cartilage. This allows the bones to become rough and grind together causing pain when bearing weight or moving the knee.



Your new knee

Total knee replacement surgery involves removing and replacing the diseased or damaged part of the knee joint. The total knee prosthesis (artificial knee) is made of three components. The femoral part fits on the bottom of the thigh bone. The tibial part fits on the top of and covers the shin bone. The patellar part covers the underside of the knee cap. Together these parts restore smooth, pain-free movement. This surgery may be performed with a robotic assistive device.

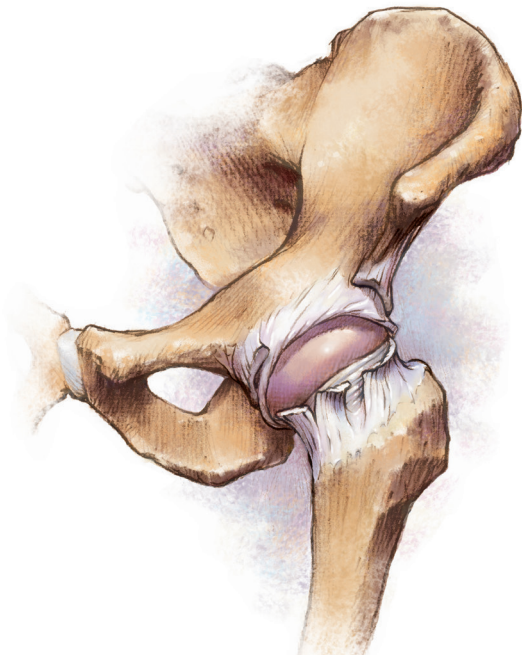
Your Hip & How It Works

When a hip becomes diseased or injured, simple movements can be painful and take the joy out of life. Most people want relief of the pain and disability caused by severe arthritis. Your reasons for having surgery are very personal. Only you can finish this sentence: "If I didn't have pain, I would..." You and your physician have decided that total hip replacement surgery may help relieve much of your pain.

The main benefit you may expect from total hip replacement is pain relief. Most patients will notice some soreness for several weeks or months after surgery. In most cases, however, pain-free motion of the hip joint will follow.

The normal hip (below)

The hip joint forms where the femur (thigh bone) meets the acetabulum (socket of the pelvic bone). The head of the thigh bone is rounded and fits into the socket. In a healthy hip, the bones are covered with smooth cartilage and synovial lining which will allow them to move smoothly and without pain.



The "problem hip" (below)

Like all moving mechanical systems, the hip joint wears with time. Injury, abuse or arthritic conditions wear away the smooth cartilage and synovial lining of the hip joint, allowing the bones to move against each other. That makes bearing weight and movement of the hip painful. When pain interferes with activities of daily living and movement becomes limited, medical intervention is necessary.



Your new hip

Total hip replacement surgery involves the damaged bone and cartilage. The damaged femoral head is removed and replaced with a femoral stem that is placed in the hollow center of the femur. A metal or ceramic ball is placed on the upper portion of the stem. The damaged surface of the socket is removed and replaced with a metal socket. Together these parts restore smooth, pain free movement. This surgery may be performed with a robotic assistive device.

Identification of Risks

As with any surgery, there are specific risks in a joint replacement. You may need to see your internal medicine physician or family physician for a thorough medical examination prior to having surgery. By identifying your risks before having surgery, complications may be prevented or controlled.

Some increased risks are obesity, smoking, heart and lung disease, tooth and gum disease, infection, etc.

- Tooth and gum problems, a common source of infection, can introduce bacteria into the bloodstream. If you have any concerns about cavities or infection in your mouth, you need to see your dentist right away and notify your surgeon.
- Smoking will not be allowed at any time within the hospital. To help decrease your chances of lung complications, we recommend that you STOP smoking when you schedule your surgery. Your immune system may be affected if you smoke.
- Nutrition is also important to your recovery. Being overweight increases your chance of having complications such as infection, poor healing or blood clots. If you are currently overweight, crash dieting will not reduce your risks, but a well-balanced diet of the four food groups will put you on the right road.
- There is also information under the discharge instructions section for diet recommendations after your surgery.

Potential Complications Associated with Knee & Hip Replacements

As with all surgical procedures, there are potential risks. These are complications that could possibly occur even though the likelihood is low. Some of these complications are: infections, pneumonia, blood clots, nerve damage, anesthetic risks, pain or blood loss.

Infection

Prevention: Use of a sterile operating room setting. Antibiotics are given before and after surgery.

Prevention: You must take care to protect your new joint from infection. Before having dental work or certain medical or surgical procedures, it may be necessary for you to take an antibiotic. The antibiotic will help prevent bacteria from getting into the bloodstream and thus into your joint.

Treatment: Antibiotics will be individualized depending on the bacteria or “bug.” Some infections require further surgery such as surgical debridement, or occasionally the removal of the prosthesis.

Blood clots or thrombophlebitis

Inflammation of a vein in the legs with formation of a blood clot.

Prevention: Walking and other activity as soon as possible after surgery. An oral blood thinner medication while in the hospital and upon discharge. Ankle pump exercises which are mechanical foot and calf pumps. Limiting car rides to no longer than 45 minutes without stopping and stretching.

Treatment: Observation. Not sitting in positions that restrict blood flow. Heating pad. Blood-thinning medications. Elevation of legs in bed. Hospitalization.

Blood clots

Blood clots can form in the leg, thigh or pelvis and may break loose and travel to the lungs, where they can cause breathing difficulties or death. When blood clots travel to the lungs, they are known as pulmonary emboli (lung clots).

Treatment: Hospitalization

Nerve damage

Prevention: Frequent circulation checks by nurses. Frequent position changes and flexing movement of the knee. Limit compression around knee.

Treatment: In time, these nerves may function normally again. However, until they do, a special splint may be required to help position the foot.

Loosening of the prosthesis

Wearing of the prosthesis may occur in the future requiring a revision of the prosthesis.

Prevention: Maintain appropriate body weight. Follow lifetime movement restrictions listed in this binder.

In Preparation of Surgery



Night Before Surgery

Please follow directions if your physician has prescribed medication to be started before your surgery. Try to get a good night's sleep.

To prepare for your surgery, do not eat or drink anything after midnight. The only exception is if you have been instructed to take medication in the morning with small sips of water. Make sure you take a bath or shower the evening before your surgery. **DO NOT USE any deodorant, perfume, shaving lotions or body lotions.**

What to Bring to the Hospital

- ☐ 2 changes of loose-fitting clothes
- ☐ 1 pair of non-skid shoes (slippers with back support or athletic shoes)
- ☐ Any personal items you will want (deodorant, lip balm, etc.)
- ☐ Any inhalers, eye drops or CPAP machine
- ☐ Photo identification
- ☐ Your assistive equipment (walker, reacer, shoe horn or sock aid)
- ☐ Charging cords for your phone or tablet

Most importantly, bring your determination and smiles!

What to Leave at Home

- ☐ Leave your valuables at home
- ☐ Leave your medications at home
- ☐ Jewelry, watches, wedding bands

Day of Surgery

You will be given an arrival time, about 2 hours prior to your surgery time.

When you arrive at the hospital, if at Memorial Hospital, go through the Main Entrance and to Registration where you'll be directed to the Surgical Admission or the Surgical Discharge Unit. If at Elkhart General Hospital, go through the Main Entrance and take Elevator J to the 4th floor.

You will change into a hospital gown. The staff will place an ID band on your arm, weigh you and take your blood pressure, pulse, temperature, respirations and oxygen level. You will sign any needed consent forms. An IV site will be started and any needed labs and X-rays will be done. You will mark the site for surgery and antibiotics will be started.

At this point you will be taken to the anesthesia prep room and your family will be shown to the surgery waiting room. You will have visits from your physician and anesthesiologist.

Now you will be taken to the operating room. The anesthesiologist will place a heart monitor and oxygen on you, and administer a sedative in your IV to begin your anesthesia.

After your surgery, you will be taken to the Post-Anesthesia Care Unit to recover. Your vital signs will be taken frequently and you will continue on oxygen. The nurse will check your surgical dressing frequently. In addition, an X-ray of your new joint will be done.

You may not be able to feel your legs initially, or they may feel numb. You will be encouraged to try and move your feet and legs, and take deep breaths and cough. Most of all, let the nurses know how you feel.

When your blood pressure is stable and your pain is under control, you will be moved to your room. Your physician will talk with your family prior to your move.

After Surgery

Your destination after surgery will be determined on whether or not you are staying the night. If you are going home the day of surgery, you will go to the Outpatient Surgery area. If you are staying overnight, you will go to the Orthopedic floor.

If staying overnight, prior to being moved to your room, your nurse will have received a report from the nurse in the recovery room.

Once you are in your room the nurse will check your vital signs and get you settled. Your pain and dressing will be checked frequently throughout your stay. Additionally, you will get frequent reminders to take deep breaths, use your incentive spirometer and move your feet. Your care team uses a pain scale to evaluate your pain level. It starts at 0 for no pain and increases to 10, according to the intensity of your discomfort.

Throughout your stay, you will often be asked to “rate” your pain. Pain medication will be offered to you frequently, but please ask for medication when you feel the need. Before therapy is a good time to ask for pain medication.

Pain management:

Surgical discomfort is felt differently by everyone. There are a variety of ways to control discomfort and you and your physician will discuss your options.

Your options are:

- **Long-acting local anesthesia and multi-modal medications:** Pain is blocked at your surgery site with a long-acting anesthesia and the effects can last up to 48 hours. During this time, you will receive regular doses of various medications to minimize the discomfort felt as the block wears off. These are called “multi-modal medications.”
- **Oral Medication:** Used as soon as you can tolerate them and continued throughout your stay and when you go home.

If your medicine is causing you any discomfort or unusual feelings, please tell your nurse.

We encourage your coach to be with you for therapy to help reinforce your exercises and techniques. This should also be the person who will be with you the first few days after discharge.

Your Hospital Stay



Physical Therapy Following Knee & Hip Surgery

You will be seen by a physical therapist during your stay. During your first therapy treatment, you will be assisted in sitting on the side of the bed and will be taught how to stand and walk with the use of a walker. They will work with you on stairs and car transfers. A walker is always used on the first day to provide support. If you have a walker, please bring it in during your hospital stay, so that the physical therapist can make sure it can be adjusted to the appropriate height for you and to assure that it is safe for use.

The physical therapist will give you a list of exercises and will explain how to do them. You will also be told how many times a day you need to exercise. Exercise helps you stretch and strengthen your muscles and also helps you become confident in your ability to use your new joint.

Occupational Therapy Following Knee & Hip Surgery

Knee replacement – did you know?

We don't put pillows under your knee because it makes it harder to get your knee straight. See details about proper elevation to reduce swelling, which relieves pain and speeds healing, on page xx. Pillows are placed under your ankles, not your knees, during recovery.

Your surgeon may order occupational therapy for an evaluation. Occupational therapist teach you how to perform your activities of daily living. These include dressing your lower body, using bathroom facilities, getting in and out of your car and reviewing any equipment that may be helpful in performing these activities.

You will have daily occupational therapy. You will have the opportunity to practice putting on your pants, socks and shoes with the use of equipment. Using this equipment can help alleviate any discomfort these activities can cause and will ensure that you are safe. In addition, you'll be more independent in dressing using these new skills to get back to your regular routine.

Your occupational therapist will help you determine whether you will need a raised toilet seat, shower chair or tub bench. You will also have the chance to practice getting in and out of a bath/tub/shower, and/or a car transfer to prepare you for performing these activities once you return home. A review of walker safety techniques will help ensure you perform all activities with confidence and ease.

In preparation for going home, the therapist will help you adjust your regular activities with the movement limitations you will have after surgery.

Because of positional limitations following your total joint replacement, you may have to perform certain daily activities differently than you did previously until your physician tells you otherwise.

Your occupational therapist will teach you special techniques and the use of adaptive equipment to accomplish your daily activities safely and independently. It is important that you understand this instruction, so be certain you ask your therapist if you have any questions about the following information.

Miscellaneous Information

Cell phone usage

The use of cell phones and wireless computer devices are permitted on most units throughout the hospital. Occasionally on some floors, some of these devices may interfere with medical equipment. You may be asked to turn off these devices in these departments.

You may see nurses or physicians with wireless phones. These phones do not interfere with the medical equipment and promote prompt and efficient communication among the health care team.

Personal belongings and valuables

We strongly encourage you to leave personal items and valuables at home. If you do have personal items you need to bring to the hospital, please make sure your name is on the items. This includes walkers and other assistive devices.

Lost and found

If you are unable to locate your belongings, notify your nurse as soon as possible. Your nurse will be able to assist you in contacting lost and found.

Home medications

Patients are encouraged to leave all medications at home unless otherwise instructed. Your physician will prescribe medications dispensed through the hospital pharmacy. If you have any questions regarding this, please contact your nurse.

Fire drills

For your protection, Beacon Health System regularly conducts fire drills. If a drill occurs while you are a patient, stay in your room and remain calm.

Telephone/television (TV)

All of the hospital rooms are equipped with a telephone and a television. Local calls are free, and can be used/made by dialing 9, then the number. If you need to make a long distance call, you may use your cell phone. Calling cards or collect calls can be used/made by dialing 9, then 0 and waiting for operator assistance.

Special services for patients with disabilities

We provide special services for hospitalized patients with disabilities. We have sign language interpreters, closed-caption TV and portable teletype equipment available. During your admission process, let the registrar know if you will need any of these services.

Foreign language interpreters

A limited number of interpreters may be available on a pre-scheduled basis. Please make arrangements for this service during your pre-operative appointment. Family members are encouraged to be in attendance at all medical appointments and on the day of surgery.

Notice of privacy practices

Your confidentiality is important to us at Beacon Health System. We abide by the Health Insurance Portability and Accountability Act (HIPAA) privacy standards. You will be given a privacy code and you can give this to your family if you would like them to be able to get updates on your condition.

Discharge Instructions



Planning for Discharge Following Knee & Hip Surgery

After the Surgery

Many patients go home the day of surgery. If you need to stay overnight, plan to have a ride by 11:00 am the next day. It is strongly recommended that you have someone stay with you all day and all night for at least 48 to 72 hours after your discharge.

Approximately 95 percent of patients admitted for total joint replacement are discharged home. If you fall into the small percentage not discharged home, an extended care facility for additional therapy may be an option. A stay in any facility is NOT AUTOMATIC following these surgeries. This is based on the individual patient assessment of abilities which cannot be measured until after your surgery. In addition, many insurances and Medicare replacement policies may not cover a stay at an extended care facility. It is also possible that home health services may not be covered.

If it is determined that you qualify for an extended care facility, the discharge planner will contact your insurance company and/or evaluate your Medicare policy to determine if you have coverage for those levels of care and obtain authorization for you. Your individual situation regarding your ongoing therapy needs, coverage and bed availability will be discussed with you to assist you in making plans for your post-hospital care.

It is our hope that through providing this information, we can assist you in planning for your care after the hospital stay to assure the smoothest transition possible during your recovery.

Here are some goals to strive for:

1. You should have relief from joint pain. You will still experience some discomfort from the incision and the swelling, but this will improve with time.
2. You should be able to transfer in and out of bed, in and out of chairs, and on and off the toilet.
3. You should be able to walk while using your walker (or crutches) on level surfaces (without help) and on steps (with help).
4. Maintaining good balance and safety techniques.
5. You should understand and demonstrate any precautions.
6. You should understand the restrictions.

Planning for Discharge Following Knee & Hip Surgery

Continued

You will be given a prescription for oral medication to relieve discomfort and any other medicine your physicians have prescribed. You may take oral medicine before you leave the hospital to make your trip home as comfortable as possible. You will be given a blood thinner.

You may have the following equipment:

1. Walker or cane
2. Raised toilet seat (may be required)
3. Long-handled reacher (optional)
4. Sock aid (optional)
5. Tub bench (optional)

Home recovery

The recovery period after surgery depends on you, your health and the joint that has been replaced. You may see and feel immediate benefits; however, you must continue to follow your rehabilitation program for several months to get the total benefit of your new joint. Your activity level should gradually increase on a daily basis over the next eight weeks, beginning at the same level as the hospital.

1. Sit up for meals and during the day.
2. Do not sit longer than 45 to 60 minutes at a time without standing and stretching.
3. Walk every hour that you are awake.
4. It is more important to walk short frequent trips than walk long distances.
5. Exercise as instructed, daily. Perform ankle pumps multiple times each hour.

Incision care

There should not be an increase in drainage from the time you left the hospital. The skin edges may appear red or irritated if you have staples. Redness that spreads and/or thick, yellow drainage should be reported to your surgeon.

Do not apply creams, lotions, oils or antibiotic ointments to the incision line unless instructed by your physician. It is also natural to feel warmth at the incision area; however, anything that causes you concern should be brought to your physician's attention.

Showering

Following your surgeon's directions on when to shower. Do not soak your incision. Have someone with you the first time you shower if possible, and watch your balance. Use a shower chair if needed. You may sponge bathe if you do not feel comfortable standing.

Toileting

You may need to use a raised toilet seat after surgery to make transfers easier and to help maintain any precautions you might have.

Medication for discomfort

Take your medication as directed on the label. If you feel you need a refill of your medication, please call the surgeon's office. The usual procedure is to refill your medication one time. Remember, medications for discomfort have a tendency to cause constipation, so you should drink plenty of fluids and eat fruit to help prevent bowel problems.

Other medications

Most of your home medication for high blood pressure, heart problems or other medical problems will be continued while you are in the hospital. Check with your surgeon if you have any questions about your medications.

Driving

Your surgeon or physical therapist will let you know when you can drive. You should not drive while you are taking pain medication (other than Tylenol or anti-inflammatory).

Returning to work

Getting back to work depends on how quickly you heal and how physically demanding your job might be. It is not unusual for someone who does a lot of walking, standing or physical labor to be off work for 6 to 12 weeks. Someone who has a desk job may be able to return to work for a few hours each day as soon as 2 to 3 weeks after surgery. The physician and outpatient therapy staff will help you decide when you are ready.

Return to visit the surgeon

You will have an appointment 10 to 14 days after surgery with the surgeon or nurse to check your progress. At that time, you will be scheduled for further follow-up visits.

Call the surgeon's office if you have the following:

- Increased incisional pain not controlled with ice, pain medication, and rest.
- Swelling not reduced by elevation
- Incision drainage
- Wound opening
- Bright red blood from the incision
- Excessive calf or groin pain when doing ankle pumps
- A temperature above 101 degrees
- Excessive redness around the incision
- Increased numbness or tingling to the surgical leg
- Trouble breathing or new shortness of breath

After surgery, you can expect continued improvement for the next 12 to 18 months. You can look forward to less discomfort, stiffness and deformity. You will begin to enjoy the activities of daily living with more comfort and move to a more independent lifestyle.

Planning for Discharge Following Knee & Hip Surgery

Continued

The First Eight Weeks After Surgery

- DO have someone help you with grocery shopping, meal preparation and laundry.
- DO NOT lift heavy laundry.
- DO NOT do strenuous yard work such as lawn mowing, raking or bending, kneeling and stooping in the garden.

Walking

In order to protect your joint and allow for healing during this eight-week period, you must walk with crutches and/or walker until instructed by your physician or therapist. DO stand tall with good posture. Walk with your head up and your feet pointing straight ahead. As you walk, try to bend your knee and land on your heel.

Climbing stairs

The therapists will show you how to go up and down stairs with your crutches or walker. Do have someone with you the first time you go up a long flight of stairs.

Sleeping/resting

Do lie down for short rest periods as needed. You may lie on your nonsurgical side with a soft pillow between your legs as long as it is not painful.

Daily exercises

The exercises the physical therapist taught you should be continued until otherwise instructed by your physician or physical therapist. To get the full benefit of your new joint replacement and regain the quality of life that was once yours, you need to make a serious commitment to exercise and you must stay active. Consistent exercise is the key to recovery. You should continue your exercise program even on those days when it may seem difficult.

Use ice on the surgical side for 10 to 20 minutes after exercises and as needed during the day.

Recreational activities

We encourage you to go out to eat, visit friends, go to church and do those things that are part of your normal daily life as long as you are comfortable. We ask that you wait until after your physician's "OK" before you return to such activities as golfing, swimming, riding a bicycle, dancing or boating.

DO NOT participate in any sports that require jumping, jerking, pulling, twisting or running unless approved by your surgeon.

Home Safety Checklist and Common Problems

To make your transition back home safe, consider the following recommendations:

- ☐ Reorganize your home by placing food, utensils, clothing and bathroom items on shelves that can be reached waist level or above.
- ☐ Use handrails in shower or bathtub.
- ☐ Reorganize furniture to keep passageways clear. Remove unstable items like chairs with casters, rollers or lightweight furniture.
- ☐ Clean up spills immediately.
- ☐ Remove throw rugs, phone cords and other loose objects from the floor to avoid tripping or falling.
- ☐ Install smoke detectors and other safety protection.
- ☐ Install night lights for frequently traveled areas – from the bathroom to bedroom, stairwell, etc.
- ☐ Have a list of emergency phone numbers located by the phone (a cell phone, cordless phone or “respond” unit is recommended).
- ☐ Wear shoes or slippers with non-skid soles.

Further recommendations and possible equipment needs will be discussed with you by your therapist.

Appetite

After surgery, you might have less of an appetite. This could be caused by your medications. Your appetite will improve when you return home. You should call the physician’s office if you are vomiting or not able to eat at all. Normal appetite should return in 6 weeks.

Diet after Discharge

For several weeks after your surgery, your appetite may be decreased. Eat smaller, more frequent meals. A dietitian is available if you have any additional questions.

- You may eat higher protein foods such as lean meat, fish, poultry, peas, beans, peanut butter, nuts and eggs to help promote healing.
- Eat/drink snacks between meals such as peanut butter and crackers, cheese and crackers, nuts, milk, yogurt, shakes and dried fruit.
- It is important to drink plenty of fluids to stay hydrated.
- While needing narcotic pain medication, a fiber rich diet may decrease chance of constipation.

IMPORTANT NOTE: People on special diets such as diabetic diets should contact their physician and dietitian before adding the above foods in their diet or changing their meal plans.

Energy

You will tire easily. You will find that your energy is lacking for several weeks.

Helpful Hints for Patients Following Hip Surgery

Your physician will prescribe rules to follow after your surgery. The nurses and therapists will provide education.

Sitting

1. Continue sitting in a FIRM, STRAIGHTBACK chair with arm rests.
2. Use a high chair and/or cushion when sitting.

Dressing

1. To help make getting dressed safer and more comfortable, you will be taught to use a LONG-HANDLED SHOEHORN AND A SOCK AID.
2. The LONG-HANDLED REACHER can help you in putting on your lower-extremity clothing.
3. ELASTIC SHOE LACES may be used to convert your tie shoes into slip-on shoes and therefore eliminate the need of leaning down to tie a bow.

Personal hygiene

1. Follow your surgeon's instructions on when you can shower.
2. DO NOT sit on the bottom of the tub. Use a BATH BENCH in the tub or take a stall shower.
3. A LONG-HANDLED SPONGE may be useful to reach your legs and feet when bathing.
4. Use a RAISED TOILET SEAT if instructed.

Reaching

When you need to reach something that would involve too much bending, use the LONG-HANDLED REACHER.

Walking

A WALKER BAG OR CRUTCH BAG will allow you to carry items while walking.

Household tasks

You may need to follow certain rules when performing household chores (such as cleaning the floor, taking out the garbage, dusting, making the bed). Your therapist will instruct you regarding these rules.

Driving

When can you start driving again? This depends on the use of pain medication and also how well you are using your leg. Check with your surgeon to determine when it is safe for you to resume driving.

Restrictions for Hip Replacement Patients

The following restrictions may need to be followed for the 8-week recovery period and possibly the rest of your life. These depend on your physician's orders.

1. DO NOT jump on your new joint.
2. DO NOT participate in contact sports. Consult with your surgeon about other sports.
3. Be cautious of infections – use antibiotics. **Use dental antibiotic prophylaxis for at least 1 year after your surgery.** Some patients with lowered immune systems may need antibiotics for life. Discuss this with your physician.
4. Many surgeons like you to wait 6 months to have routine dental work after surgery. Let your dentist know you had joint replacement. Your surgeon may want to take antibiotics for any dental work. If you are concerned about a dental infection, please see your dentist right away.

It is foolish to take chances with your activities because you could put your artificial hip joint at risk. While there is no guarantee for any type of artificial joint, following these rules will certainly increase your chance for a more successful result. And remember, you are the one who will benefit from a good result!

Helpful Hints for Patients Following Total Knee Surgery

When sitting

Keep your foot on the floor with your knee bent as long as possible. If you get tired, you may elevate your leg by placing a pillow under your calf or heel (not your knee) to rest your leg for 15 minutes, then return to a bent position.

Your knee and ankle may swell

This is normal and is due to exercising and using your leg. You may elevate your leg with a pillow lengthwise under the calf while sleeping. In most cases, swelling should decrease by morning.

If you are having moderate discomfort

Ice may be applied to the knee 3 to 4 times a day for a maximum of 20 minutes each time. Place a towel over the knee and put an ice bag over the towel. This may be most effective after exercising and before bed.

When sleeping

You may place a pillow lengthwise under your entire leg. DO NOT put the pillow under the knee only. To roll on your side, put a pillow or two between your legs to cushion your knees.

DO NOT wear:

Tight socks, slacks, stockings or shoes. Anything that leaves an indentation must be cut, removed or avoided.

Medication for discomfort

It may help if you take medication for discomfort 30 minutes before exercising and 30 minutes prior to bedtime.

DO NOT walk with a stiff knee

Bend your knee as normal as possible when walking. You may put all your weight on your leg when walking. Use your walker until the physician tells you not to – about 2 to 3 weeks.

Personal hygiene

1. Follow your surgeon's instructions on when to shower.
2. DO NOT sit on the bottom of the tub. Use a BATH BENCH in the tub or take a stall shower.
3. A LONG-HANDLED SPONGE may be useful to reach your legs and feet when bathing.
4. A raised toilet seat may be helpful after total knee replacement surgery.

NOTE: You will need a raised toilet seat if you have both knees replaced at the same time.

Write down any questions you may think of or problems you are having so you will remember to tell the physician during your next visit.

Restrictions for Total Knee Replacement Patients

The following restrictions should be followed for the 8-week recovery period and possibly the rest of your life.

1. DO NOT twist the surgical leg with quick or exaggerated movements.
2. DO NOT pivot when standing. Instead, take small steps to turn around.
3. DO NOT jerk the surgical leg.
4. DO NOT participate in sports that require any jumping, jerking, pulling, twisting or running without consulting your surgeon.
5. DO NOT jump on your new joint.
6. DO NOT participate in contact sports.
7. Be cautious of infections – use antibiotics. Use dental antibiotic prophylaxis at least for 1 year after joint replacement. Discuss this with your physician.

It is foolish to take chances with your activities because you could put your artificial knee joint at risk. While there is no guarantee for any type of artificial joint, following these rules will certainly increase your chance for a more successful result. And remember, you are the one who will benefit from a good result!

You may kneel on your new knee when it is tolerable. This may take up to a year.

Home Medical Equipment Listings

Returning home after a stay in the hospital often presents special challenges. Equipment ranging from walkers to grab bars are available for purchase or lease, from many companies.

You should arrange to have any equipment you may need after surgery before coming into the hospital. Many insurance companies do not pay for bathroom equipment. You should call your insurance company to see what is covered.

Area Providers:

Alick's Home Medical

Elkhart, South Bend/Mishawaka,
Plymouth and Michigan City, Indiana
574.273.6000

Apria Healthcare

South Bend, Indiana
800.277.428

Lincare, Inc.

Mishawaka, Indiana
574.257.0232

Three Rivers, Michigan
269.278.7395

Amazon
Walgreens
CVS
Walmart

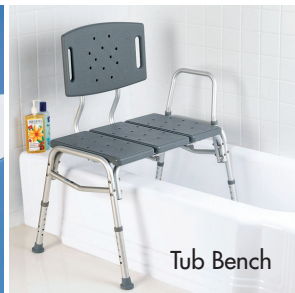
This list is compiled annually as a service to the patients of Beacon Health System. This list is compiled from information provided by regional service providers and does not constitute an endorsement.

Patients and families are encouraged to contact agency representatives for additional information regarding services provided.

Examples of Home Medical Equipment



Sock Aid



Tub Bench



Long-handled Reacher



Elastic Shoelaces



Non-Slip Bath Mat



Grab Bars



Bath Tub Grab Bar



Safety Bath/ Shower Strips



Long-handled Shoe Horn



Removable Showerhead



Long-handled Sponge



Raised Toilet Seat



3-in-1 Beside Commode



Shower Chair



Walker Basket



Rollator Walker

Patient Education



What Are Multi-modal Medications?

The following medications will be used for pain management before and after your surgery.

Acetaminophen (aka Tylenol®) is a pain-relieving medication, but has no effect on the underlying inflammation and swelling. The way it works to decrease pain is unknown. Some possible side effects include low fever with nausea, stomach pain, loss of appetite, dark urine, clay-colored stools and jaundice (yellowing of the skin or eyes).

Meloxicam or Celecoxib (aka Mobic® and Celebrex®) Either meloxicam or celecoxib may be chosen by your physician. You will receive only one medication of this type. Both are nonsteroidal anti-inflammatory drugs (NSAID). They work by decreasing inflammation and pain in the body. Some possible side effects include upset stomach, diarrhea, bloating and gas, nausea, upper stomach pain, mild skin rash, coughing up blood, vomit that looks like coffee grounds and change in urination.

Gabapentin or Lyrica (aka Neurontin®) affect chemicals and nerves in the body that help control nerve pain. This medication helps to decrease the need for opioid (strong) pain medications. Some possible side effects include dizziness, drowsiness, weakness, changes in behavior, trouble concentrating or tired feeling.

Tramadol (aka Ultram®)

Ultram is a narcotic-like pain reliever. Ultram is used to treat moderate to severe pain and changes the way the brain and nervous system respond to pain. Some possible side effects include headache, dizziness, drowsiness, tired feeling, constipation, diarrhea, nausea, vomiting, stomach pain, feeling nervous or anxious, itching, sweating or flushing (warmth, redness or tingly feeling).

Hydrocodone/acetaminophen and oxycodone/acetaminophen (aka Norco® and Percocet®) Hydrocodone and oxycodone are opioid pain medications. An opioid is sometimes called a narcotic. Acetaminophen is a less potent pain reliever that increases the effects of hydrocodone and oxycodone. These medications are used to relieve moderate to severe pain. Some possible effects include drowsiness, upset stomach, constipation, headache, blurred vision or dry mouth.

NOTE: If you have serious side effects or an allergic reaction to any medications, seek medical help immediately.

How to Use an Incentive Spirometer

How to use an incentive spirometer

1. Sit on the edge of your bed if possible, or sit up as far as you can in bed.
2. Hold the incentive spirometer in an upright position.
3. Place the mouthpiece in your mouth and seal your lips tightly around it.
4. Breathe in slowly and as deeply as possible, raising the yellow piston toward the top of the column. The yellow coach indicator should be in the blue outlined area.
5. Hold your breath as long as possible (at least for 5 seconds). Allow the piston to fall to the bottom of the column.
6. Rest for a few seconds and repeat Steps 1 to 5 at least 10 times every hour when you are awake.
7. Position the yellow indicator on the left side of the spirometer to show your best effort. Use the indicator as a goal to work toward during each repetition.
8. After each set of 10 deep breaths, practice coughing to be sure your lungs are clear.
9. Once you are able to get out of bed, walk in the hallway and cough well. You may stop using the incentive spirometer unless otherwise instructed.

Using your incentive spirometer after surgery will help you keep your lungs clear. The incentive spirometer will also help keep your lungs active when you are recovering from surgery, as if you were at home performing your daily activities.



TED Hose Information

Your doctor may order TED hose for you to wear after surgery. The purpose of TED hose is to help prevent the formation of emboli (blood clots) and to promote increased blood flow in the legs by compression of deep venous system.

Instruction Guide

1. Apply TED hose according to the instructions.
2. Smooth out wrinkles
3. Make sure to align inspection toe to fall at base of toes. (Toes should not stick out.)

Maintenance

1. TED hose need to be removed daily during bathing to inspect skin condition. Look for red areas or any signs of skin breakdown. DO NOT leave off more than 30 minutes.
2. Put clean hose on daily.
3. Hose should NOT be placed in a washer or dryer. They should be handwashed and air-dried.
4. DO NOT use ointments/lotions on legs. Use talcum powder.
5. With correct care, TED hose should last 3 to 4 months (over 30 washings).
6. TED hose need to be worn on both legs for 2 weeks following discharge, day and night. You then may stop wearing the hose on the nonsurgical leg. At 4 weeks following your surgery, you may stop wearing TED hose on surgical leg at night. Follow up with your physician for his/her recommendation.

Applying TED Hose

1. Insert hand into the TED hose as far as the heel pocket.
2. Grasp center of heel pocket and turn hose inside out to heel area.
3. Position hose over foot and heel. Be sure patient's heel is centered in heel pocket.
4. Pull a few inches of the hose up and around the ankle and calf.

Physical Therapy Education

Standing With a Walker



1. Slide your hips forward to the edge of the chair, bed or toilet seat. Keep your surgical leg straight and your nonsurgical leg beneath you.
2. Use your arms to push down on the edge of the bed, chair arms or toilet seat, and lift yourself up.
3. Shift your weight onto your nonsurgical leg and move your hands to the hand grips of the walker. Bring your surgical leg back as you fully straighten your nonsurgical leg and stand upright.
4. Do not pull yourself up with the walker because you may fall backwards. Make sure you are steady and balanced before taking a step.

Physical Therapy Education

Walking With a Walker



1. Lift the walker and place it at a comfortable distance in front of you with all four of its legs on the floor.
2. Step forward with your surgical leg first.
3. Do not take big steps that place you too close to the front of the walker because you may lose your balance backwards.
4. Try to remember to look up while walking instead of watching your feet. Take your time while walking and do not hurry.

Physical Therapy Education

Sitting With a Walker



1. Slowly back up to the chair, bed or toilet seat until you feel it against the back of your legs.
2. Let go of the walker and reach back for the chair arm, bed or raised toilet seat while sliding your surgical leg forward.
3. Slowly lower yourself onto the bed, chair or toilet seat by keeping your surgical leg outstretched in front of you. Go slowly so that you do not "plop" down into the chair. Keep your walker within reach.

Physical Therapy Education

Going Up & Down Stairs With a Cane & With a Railing



Going up stairs:

1. Walk up to the bottom of the step. Use the cane on one side of you and the railing on the other.
2. Always keep the cane on the lower step.
3. Push down with both hands and step up with your non-surgical leg first. Bring your surgical leg and cane up to the next step.
4. Repeat the sequence until you reach the top of the stairs.

Going down stairs:

1. Walk up to the edge of the first step. Use the cane on one side of you and the railing on the other.
2. Place the cane on the lower step.
3. Push down with both hands and step down with your surgical leg first. Bring the non-surgical leg down to the next step while still pushing down on the cane and railing.
4. Repeat the sequence until you reach the bottom of the stairs.

Please note: If you are able to use BOTH rails, do so. The sequence is always the same: go up with the nonsurgical leg first; lead down with the surgical leg first.

Occupational Therapy Education

Stepping Into or Out of Your Shower



1. Place hands firmly against the shower wall. Make sure your hands are dry and soap-free.
2. Use large, nonslip mats inside and outside the shower/tub.
3. Step in with your surgical leg first, then your nonsurgical leg.
4. Step out with your surgical leg first, then your nonsurgical leg.

Occupational Therapy Education

Getting In and Out of the Tub



1. Place the tub bench in the tub in the location where you will be sitting.
2. Back up to the bench until you feel the tub against the back of your legs.
3. Step forward with your surgical leg.
4. Reach back for the bench with your hands to support yourself.
5. Slowly sit down.
6. Move walker away from the tub.
7. Slide back toward the middle of the bench.
8. Lift one leg at a time into the tub.
9. As you bring your legs into the tub, turn your body without twisting at the waist.
10. Reverse the process to get out of the tub.



Occupational Therapy Education

Getting Into Your Car



Before getting into the car:

1. Have someone move the seat back as far as it will go.
2. Recline the back of the seat if possible.
3. Place something onto your seat to assist with sliding (for example, a trash bag).
4. Remove the item once in the car.



Sitting down:

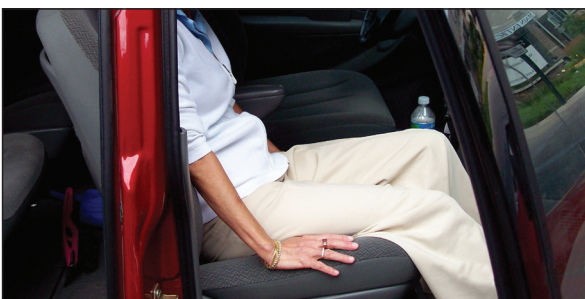
1. Back up to the car until you feel the car against the back of your legs.
2. Place your surgical leg forward.
3. Hold onto the side of the car and the dashboard, NOT the car door or walker.
4. Slowly sit down. Watch your head.



Bringing your legs into the car:

1. Slide back into the car as far as you can go.
2. Lift one leg at a time into the car.
3. As you bring legs into the car, turn your body. DO NOT twist.

Reverse process to get out of the car.



Occupational Therapy Education

Using a Long-handled Reacher to Put on Your Pants



1. Grasp your pants at the waistband with the long-handled reacher.
2. With the reacher, place your pants on the floor in front of your feet.
3. Place the surgical leg in the pants first and pull up the pants with the long-handled reacher until your foot is all the way through the leg of the pants.
4. Move the reacher to the other side of the waistband and repeat the process with your nonsurgical leg.
5. Set the reacher aside and stand with walker to pull up your pants.

Occupational Therapy Education

Using a Long-handled Reacher & Long-handled Shoe Horn to Put on Your Shoes



1. Grasp the shoe with the long-handled reacher at the top of the shoe and place the shoe over your toe.



2. Place the long-handled shoe horn into the shoe behind your heel. You can push down on your knee to assist your heel into the shoe if necessary.

Occupational Therapy Education

Putting on Socks & TED Hose With a Sock Aid



1. Place sock or TED hose on the sock aid with the heel coming over the back of the sock aid.
2. Slide the sock or hose onto the sock aid all the way to the toe. Gather excess material below the knots at the top of the sock aid.
3. Drop the sock aid to the floor in front of your foot and slide it over your toes.
4. Pull up on the strings to pull the sock or hose over your foot while pointing your toe toward the ground.
5. Remove the sock aid once it is within your reach and pull your sock or TED hose up the rest of the way with your hands if necessary.
6. You can use the long-handled reacher to help remove the sock or hose.

Your Exercises



Knee & Hip Exercises

These exercises are to be done as part of your rehabilitation program and are essential in order to return optimal strength and mobility to your joint. Therapy and nursing staff will help you as needed, but you are expected to carry out these exercises on your own as directed. **DO NOT** exceed the number of exercise sessions or repetitions given by your therapist. This can result in undue stress on your joint with resultant pain, swelling and delay your recovery.



Ankle Pumps

While lying on your back, bend your ankles up and down. Next, rotate them in a circular motion to the right and then to the left.

Repeat 10 to 15 times every hour while awake.



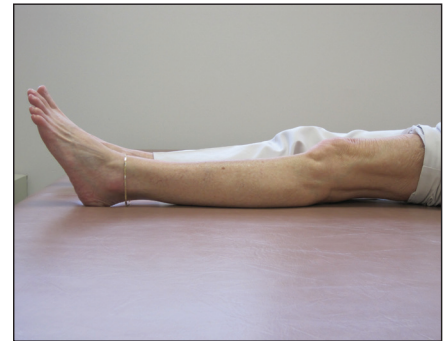
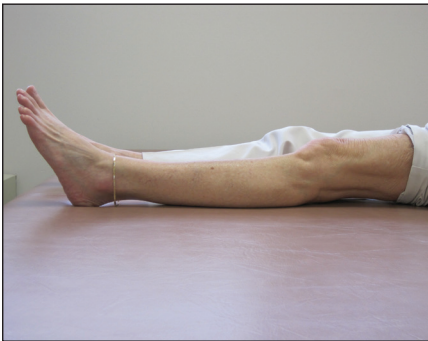
Quad Set

Lie on your back and tighten the muscles on the front of your thigh. Hold for 5 seconds, then relax.

Repeat the exercise every hour while awake.

Knee & Hip Exercises

Continued



Heel Slides

Lie on your back with both legs flat on the bed. Keeping the heel of your leg on the bed, slide your heel toward the buttock, bringing the knee toward your chest. Hold for count of 3. Relax.

Repeat 10 to 20 times 3 times a day.

Glute Set (no photo) FOR HIP PATIENTS ONLY

While lying down or reclined, squeeze your buttocks together. Hold for a count of 5, then relax. Do not hold your breath.

Repeat 10 times every hour while awake

Exercises Specifically for the Knee



Straight Leg Raises

Lie on your back with your surgical leg as straight as possible. Bend the non-surgical leg as shown to protect your back. Tighten your thigh muscle. Raise your leg while keeping it straight. Keep your thigh muscles tight and leg straight as you slowly lower it.

Repeat 10 to 20 times 3 times a day.

Knee & Hip Exercises

Continued



Hip Abduction and Adduction

Lie on your back with legs straight and together. Slide your surgical leg out to the side. Keep your knee straight and toes pointing up. (Don't lift leg up, just slide it.)

Repeat 10 to 20 times 2 to 3 times a day.



Knee Extension

Lie on your back with a firm pillow or large towel roll under your surgical leg. Slowly lift your foot up. Your knee should remain on the pillow and your leg should be as straight as possible. Slowly lower foot to starting position.

Repeat 10 to 20 times 2 to 3 times a day.

