



# Orthopedic program

Knee & hip  
replacement guide

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# Welcome

## Dear Patient,

Welcome and thank you for choosing us for your surgery. Over time and with years of experience, we have learned that a partnership with the patient, loved ones and your orthopedic surgeon offers the best outcome. For this reason, we have developed this material 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 this process, as your physicians, nurses and other members of your healthcare team will refer to it. It is important that you and your family or loved ones review the materials.

As always, please ask for assistance at any time during your surgical experience. You have a wealth of resources available to you in your healthcare team.

Beacon Bone and Joint Specialists  
574.647.5300

Orthopedic and Sports Medicine Center – OSMC  
574.264.0791

Three Rivers Health Orthopedics  
269.858.3024

ASC Surgical Ventures, LLC – [thesurgeryctr.com](http://thesurgeryctr.com)

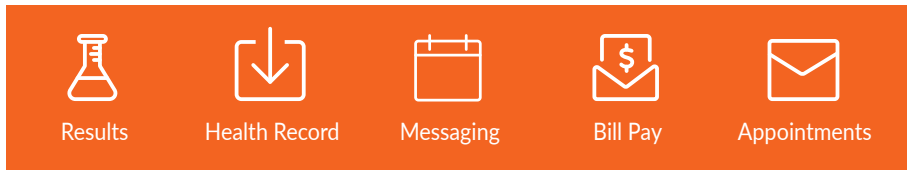
- OSMC Outpatient Surgery Center in Elkhart  
574.266.4173
- The Surgery Center of Granger  
574.213.8200

Thank you again for choosing us for your care.



# Patient Portals

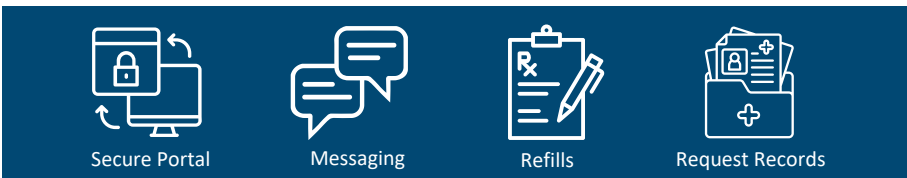
## MyBeacon



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

To self-enroll: [beacon.iqhealth.com/self-enroll](https://beacon.iqhealth.com/self-enroll)

## Patient portal for OSMC and The Surgery Centers



The secure, online patient portal offered by OSMC and The Surgery Centers allows you to send messages to your healthcare provider, request a prescription refill and request medical records. It’s available 24/7 and it is a quick, easy way to contact your orthopedic care team.

Request to enroll at your clinic visit or call 574.264.0791.

# Insurance coverage

Many insurance companies require preauthorization for surgery. Please make sure we have the most current and complete insurance information. Be sure to bring your insurance cards with you on your preadmission and admission days or at check-in.



For information about the cost of your specific care, please contact our financial counseling staff.

Memorial Hospital of South Bend  
574.647.7167

Elkhart General Hospital  
574.647.7167

Community Hospital of Bremen  
574.647.6647

Three Rivers Health  
269.273.9645

ASC Surgical Ventures, LLC  
Outpatient Surgery Centers in  
Granger and Elkhart  
574.264.4163



# Choosing a coach



## Why do I need a coach?

- To assist you with daily exercises, personal hygiene and household chores.
- To help you remember instructions (pain medications and anesthesia can make you forget what to do).
- To help you transition from the surgery center/hospital to home.
- To provide moral support and encouragement.
- Drive you to and from your appointments.
- Help at home with chores, meals and bathing.
- Help with grocery shopping, laundry and yard work.
- Assistance with pets.

Having support at home is important for your safety. Choose someone who will be able to attend your Total Joint class (or watch the video) and help you at home for the first 72 hours after surgery. The class is required for you to participate in our outpatient program. For your coach, attending the Total Joint class helps them understand what you will experience and makes them a more effective coach. If you are not able to have one person fulfill all the duties, you may divide them between a few people.

# Your joint, your surgery

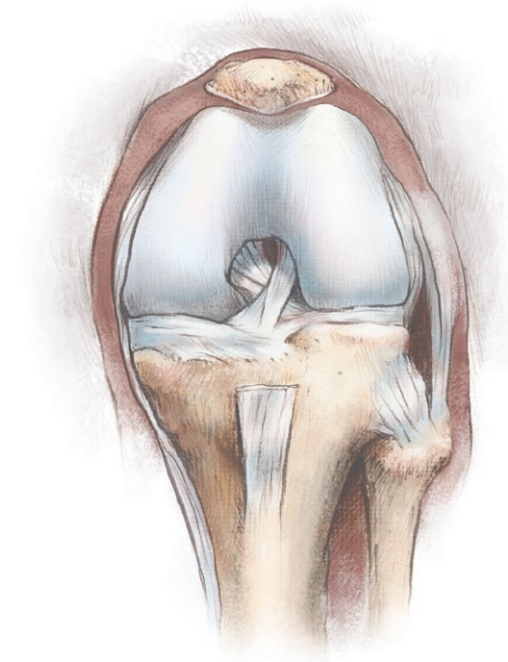
## Your knee & how it works

If you're reading this, you and your physician have decided that total knee replacement surgery may help relieve much of your pain. 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. Whatever your reasons for having surgery, they are very personal. Only you can finish this sentence: "If I didn't have pain, I would..."

The main benefit you may expect from total knee replacement is pain relief. Most patients will notice surgical pain several weeks or months after surgery. In most cases, however, reduced pain and increased motion of the knee joint will follow.

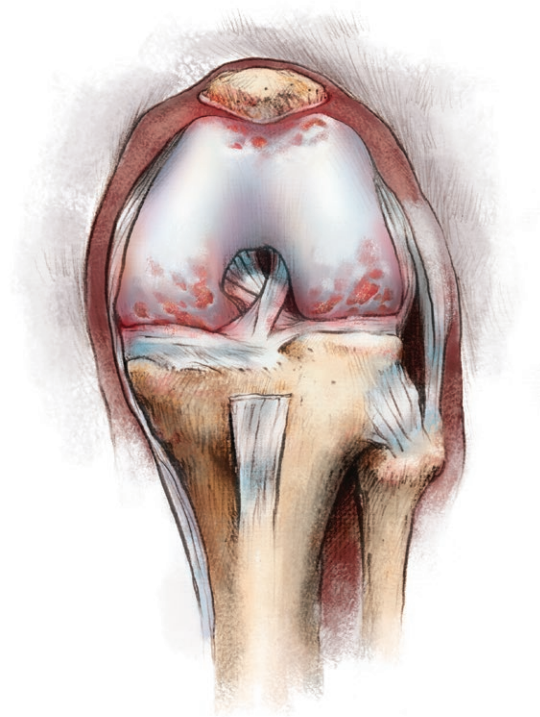
### The normal knee (below)

The thigh bone (femur) and the shin bone (tibia) meet to form the knee joint. The kneecap (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.

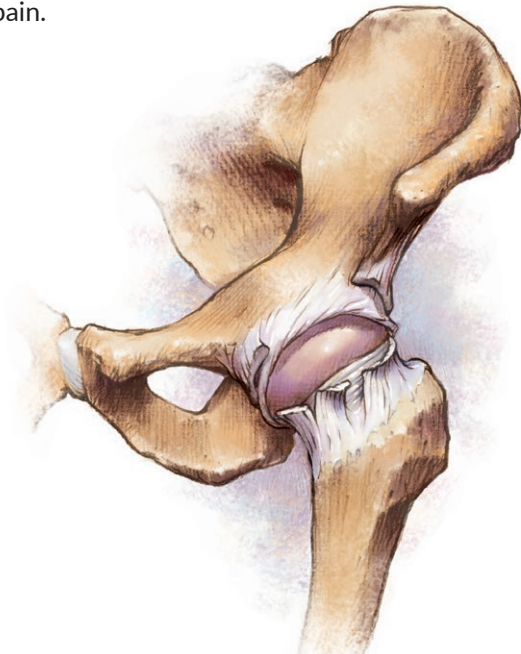
# Your hip & how it works

If you're reading this, you and your physician have decided that total hip replacement surgery may help relieve much of your pain. 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..."

The main benefit you may expect from total hip replacement is pain relief. Most patients will notice surgical pain several weeks or months after surgery. In most cases, however, reduced pain and increased 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.



# Your pre-operative preparation

You will receive a surgical clearance from your Primary Care Provider, medical specialist and/or hospitalist.

## Memorial Hospital of South Bend, Elkhart General Hospital, and Three Rivers Health

Once you have decided to have surgery, a preadmission appointment will be scheduled prior to your surgery date. Please arrive promptly at your designated appointment time at Admitting and Registration. Please bring a list of current medications to this appointment. You will have testing done based on your medical history, which may include labs, EKG, and a chest X-ray.

## The Surgery Center of Granger and OSMC Surgery Center

You may meet a nurse in person or you may receive a phone call from one of the surgery center nurses who will get your detailed medical history. Please have a current list of your medications, including prescription medications, over the counter medications, and supplements.

# Identification of risks

As with any surgery, there are risks in having a joint replacement. You may need to see your Primary Care Provider or a specialist for a thorough medical examination prior to having surgery. By identifying your risks before surgery, complications may be prevented or reduced.

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, see your dentist right away and notify your surgeon. We would like you to wait at least six months after surgery for routine dental work.
- Smoking will not be allowed at any time within the facility. To help decrease your chances of lung complications, we recommend that you STOP smoking. Smoking increases your risk of infection and issues with wound healing. Please reach out to your Primary Care Provider for help, if needed.
- Nutrition is also important to your recovery. Being overweight increases your chance of having complications such as infection, poor healing, blood clots and loosening of your joint. 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.





# Checklist for before your joint replacement surgery

- Determine who will help you at home for the first few days after surgery and arrange a ride home from the hospital and to all appointments.
- Read this entire Total Joint Replacement Guidebook – patient and coach
- Start pre-operative exercises at least 2 weeks prior to surgery (see exercises at the end of this booklet)
- Obtain all necessary equipment **at least** one week prior to surgery. This equipment can be borrowed or purchased. Check with your insurance to see what is covered. (Amazon, Walgreens, Walmart, and CVS are typically cheapest.)
  - Walker
  - Reacher
  - Elevated toilet seat (if you are having a hip replacement and have a standard toilet height of 15-16 inches)
  - Shower chair/tub transfer bench if needed (you will want a tub transfer bench if you are having a hip replacement and have a tub/shower combination)
- Follow the instructions given to you for showering using the Hibiclens/ Chlorhexidine soap starting 2 days before surgery.
- Follow the instructions given to you about which medications to stop taking before surgery and which ones to take the morning of surgery.
- Blood thinning medications should not be taken before surgery (Examples: Aspirin, Ibuprofen, Motrin, Aleve, Celebrex, Coumadin, Plavix, Eliquis, Xarelto, Brilinta, etc.) These medications are typically stopped 3-7 days before surgery. Please follow the instructions you were provided with on when to stop.
- Follow your surgeon's instructions on when to stop drinking and eating solid foods.**
- Drink 8 ounces Gatorade (sugar free, if diabetic) the night before surgery and the morning of at least two hours prior to arrival time.**

# In preparation of surgery



# Plan for your surgery

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.
- 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.
- Arrange to have someone help care for your pets.

Follow the instructions given to you by the pre-testing nurse or by your surgeon. Be sure to follow the instructions given on when to shower with the Hibiclens/Chlorhexidine soap prior to surgery and when to stop shaving prior to surgery.

## One week before surgery

Increase your calories, with a focus on protein and carbohydrates. Your physician may also recommend high-protein shakes or a nutrition bundle of protein/carb shakes to be taken the weeks before and after surgery. Ask your provider for details.

Do not shave lower extremities starting three days before surgery, as this puts you at risk for cutting your skin and being at risk for infection.

## Night before surgery

- Please follow directions if your physician has prescribed medication to be started before your surgery.
- Drink 8 ounces of Gatorade. (Avoid red colors. Also, if you are diabetic, chose the sugar free option, like G2.)
- Try to get a good night’s sleep, on clean sheets and in clean pajamas.

## Morning of surgery

- DO NOT USE any perfume, shaving lotions or body lotions the morning of surgery.
- Drink another 8 ounces of a sports drink (example: Gatorade) BY 2 hours prior to arrival time. (Avoid red colors. Also, if you are diabetic, chose the sugar free option, like G2.)
- Brush your teeth.

## What to bring with you

- Wear loose-fitting clothes
- One pair of non-skid shoes
- Any personal items you will want (deodorant, lip balm, etc.)
- Any inhalers, eye drops or CPAP machine if you are planning to stay over night
- Photo identification/Insurance cards
- Charging cords for your phone or tablet
- Walker
- If you wear contact lenses, bring your case and solution with you. You may need to remove them.

## What to leave at home

- Leave your valuables at home
- Leave your medications at home
- Jewelry, watches, wedding bands
- Your cold therapy device, if applicable

# Fueling up for surgery

## Nutrition and Recovery

In the days and weeks before and after your surgery, it is important to prepare for what your body will need for healing. Below are some things you should do to prepare your body for surgery.

### Energy

Calories come from carbohydrates, proteins, and fats. Your body will burn more calories than usual during and after surgery. You will want to focus on increasing your calories by eating several balanced meals and snacks each day as you approach surgery.

### Protein

Protein not only provides a source of calories, but also contains the building blocks for making collagen, healing tissues, and fighting inflammation. During times of stress, such as surgery, your body will require additional protein. When not enough protein is consumed through foods, the body will break down muscle. This in turn may delay recovery by reducing your strength and functioning. To protect your muscles and improve post-op recovery, eat foods high in lean proteins in the days and week leading up to surgery. Good protein sources, include: chicken, turkey, eggs, cheeses, nuts/nut butters, seeds, beans, Greek yogurt, and cottage cheese. If you have difficulty eating protein foods, adding a protein drink may be beneficial.

### Healthy Fats and Vitamins & Minerals

Surgical stress may weaken the immune system. You can support your immunity by focusing on balanced meals and snacks that include fruits and vegetables. Try to have 3-5 cups of fruits and vegetables daily in the days and week leading up to surgery. In addition, adding healthy fats with omega-3 fatty acids can help fight inflammation that comes along with surgery. Include 1-3 healthy fats daily as you approach surgery, such as: walnuts, fatty fish (tuna, mackerel, salmon), flax seed powder, chia seeds, canola oil.

### Exercise

In addition to eating enough protein, exercising prior to surgery can help to maintain and build muscles. Ask your provider about what is appropriate for you.



### Did you know?

Older adults can lose up to 10 percent of their total leg muscle for every 3 days of bed rest.

## Overview

### One week before surgery:

increase calories, with focus on protein and carbohydrates.

### Day before surgery:

Drink 8 ounces of Gatorade the night before surgery. Follow your surgeon's instructions on when to stop solid foods (typically 8 hours before surgery).

### Morning of surgery:

Drink 8 ounces of a sports drink (ex: Gatorade) by two hours prior to arrival time. If you are diabetic, choose a sugar free option like G2 and avoid red colors.

### Note regarding Gatorade:

Avoid red colors. For Diabetes, choose the G2 option. Otherwise, choose the original option.

### Days/Weeks after surgery:

Increase protein, gradually increase fiber, and stay hydrated!





Every time  
you eat is an  
opportunity  
to nourish  
your body.



## What to expect after surgery

In the days, weeks and months following surgery, you will continue to need specific nutrients to aid in your recovery. Below are some general guidelines for what you should expect.

### Healing

In the weeks to months following surgery, make sure you are **prioritizing protein** by including at least 2 ounces of lean protein in 3-6 of your meals and snacks. Spacing your protein throughout the day will also help to optimize your use of protein. Similar to pre-operatively, you may want to incorporate 1 to 2 protein supplements between meals for at least a few weeks. Lastly, try to maintain your weight for at least 2-4 weeks, or until fully healed, as your body will need extra calories, protein, vitamins and minerals for recovery.

### Nausea

Anesthesia, pain, and medications may contribute to post-op nausea.

To combat this make sure you are:

- (1) eating food with your medications (especially pain medications),
- (2) incorporating small, frequent bland meals and snacks instead of large portions (think bananas, applesauce, hot cereal, eggs, peanut butter, smoothies, Ensure/supplements), and
- (3) sipping on fluids (instead of gulping).

### Constipation

Anesthesia, certain pain medications, low fiber intake, and dehydration may lead to constipation after surgery. Make sure to:

- (1) drink at least 6 to 8 cups of fluids daily,
- (2) gradually increase fiber from fruits, vegetables, and whole grains, and
- (3) move with your coach and your physical therapist as soon as you are cleared to do so. Prunes or prune juice may also help to promote regularity.

# Day of surgery

Arrival instructions for patients at Elkhart General Hospital, Memorial Hospital of South Bend, Three Rivers Health, and The Surgery Center of Granger and OSMC Surgery Center in Elkhart.

You will be given an arrival time that is earlier than your surgery time. You must bring a reliable adult (18 years or older) with you the day of the surgery. This adult should stay at the facility during the surgery. They must drive you home after surgery.

**Memorial Hospital:** Go through the Main Entrance and to Registration where you'll be directed to the Surgical Admission Unit.

**Elkhart General Hospital:** Go through the Main Entrance and take Elevator J to the fourth floor.

**The Surgery Center of Granger/OSMC Surgery Center:** Enter through the main entrances and proceed to the check-in desk.

**Three Rivers:** Enter through the Emergency Department entrance and proceed to the Ambulatory Surgery Unit.

## Getting ready

You will change into a gown. The staff will place an ID band on your arm 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 antibiotics may be infused. Your surgical site will be marked with your initials using an ink pen. An anesthesiologist and your surgeon will meet with you prior to surgery.

You may bring headphones and soothing music to listen to while you wait for surgery. Please remove headphones and put music or other distractions away when the doctor or nurse comes to talk with you.

You will now be taken into the operating room. The anesthesiologist will place a heart monitor and oxygen on you.

## After the procedure

After your surgery, you will be taken to a room to recover. Your vital signs will be taken frequently and the nurse will check your surgical dressing. You may feel sleepy. The medicine can stay in your body for up to 24 hours. Do not drive a car, operate equipment or drink alcohol for 24 hours after surgery. Do not make important decisions or sign legal documents until you recover.

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. Be sure to let the nurses know how you feel.

You will sit on the edge of the bed, march in place, and then take a walk with your walker.

# After surgery

Throughout your stay, you will often be asked to “rate” your pain. Pain medication will be offered to you as needed, but please ask for medication when you feel the need. Ice and elevation of your surgical leg will be the most important effective pain management tools.

## Multi-modal Pain Management

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

### The following medications may be used for pain management:

**Acetaminophen (aka, Tylenol®)** is a pain-relieving medication, but has no effect on the underlying inflammation and swelling. 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.

**Lyrica (aka, Pregabalin)** 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 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).

#### Oxycodone, Hydrocodone/acetaminophen (Norco) and oxycodone/acetaminophen (Percocet)

Hydrocodone and oxycodone are opioid pain medications. An opioid is also called a narcotic. These medications are used to relieve moderate to severe pain. Some possible effects include drowsiness, upset stomach, constipation, headache, blurred vision or dry mouth.

Do not drive a car, operate equipment or drink alcohol for 24 hours after surgery and while taking narcotic medications.



## A word about prescription opioids

Safe use of this pain management medication includes avoiding alcohol and certain medications including:

- Other prescription opioids
- Benzodiazepines (like Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)

To avoid overdose and other risks of addiction that come with using prescription opioids, be aware of the danger signs and side effects:

- Increased sensitivity to pain
- Constipation
- Itching and sweating
- Confusion
- Depression
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Low levels of testosterone that can result in lower sex drive, energy and strength
- An overdose can cause sudden death; slow breathing is often a sign of OD

Preventing addiction takes an understanding of short- and long-term effects, risk factors leading to addiction and steps to prevent addiction. As your body develops a tolerance to the drug, you might start taking more, which can lead to risk of addiction. The length of time using an opioid is a risk factor that can lead to long-term use and addiction. To help guard against dependence on opioid or any prescription drug, work with your provider to take them for the shortest length of time needed.

# Discharge instructions

## Planning for discharge following knee & hip surgery

### After the surgery

Most patients go home the day of surgery. If you need to stay overnight (available at the hospitals, but not the surgery centers), plan to have a ride by 11 a.m. the next day. If you had outpatient surgery, have a ride by two to four hours after your procedure. It is strongly recommended you have someone stay with you all day and all night for at least 48 to 72 hours after your discharge.

### Here are some goals to strive for after discharge:

#### 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.
6. Ice and elevate the surgical leg as much as possible.

#### Incision care

There should not be an increase in drainage from the time you left the facility. Redness that spreads and/or thick, yellow drainage, and/or fever over 101, should be reported to your surgeon.

Follow your surgeon's instructions on when to remove your dressing.

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.

#### Icing

Icing is going to be your first line of pain control. Follow your surgeon's instructions on icing. Icing is strongly encouraged to reduce pain and swelling for the first 1-2 weeks after surgery.

#### Swelling

It is normal to have swelling and bruising to your surgical leg after surgery. Frequent icing and elevation will help.

#### Showering

Following your surgeon's directions on when to shower. Do not soak your incision in a bathtub, pool, hot tub, lake, etc. 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

1. With the walker in front of you for balance and safety, position yourself until you feel the back of your knees touching the toilet. Place your operated leg slightly out in front of you and reach back for the grab bar or toilet with one hand while your other hand is still grasping the walker.
2. Bend your knee of the non-operated leg to lower yourself onto the toilet. Maintain an upright posture so you do not bend past 90 degrees at your hips. To stand, place one hand on the walker and the other on the grab bar or toilet to push up.



## Constipation

Stool softeners may be prescribed after surgery. Expect to have a bowel movement 2-3 days post-operation. It is recommended you consume the following:

- High-fiber diet, green leafy vegetables
- Drink plenty of fluids, at least 64 oz. per day

If you do not have a bowel movement 2 to 3 days after surgery, you should use an over-the-counter laxative, suppository, or enema.

## Other medications

Most of your home medication for high blood pressure, heart problems or other medical problems will be continued post-operative. 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-inflammatories (NSAIDS)).

## 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/or outpatient therapy staff will help you decide when you are ready.

## Return to visit the surgeon

You will have an appointment 2-3 weeks after surgery with the surgeon or nurse to check your progress.

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

- Increased incisional pain not controlled with ice, elevation, pain medication, and rest.
- Incision drainage and/or odor
- 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

After surgery, you can expect continued improvement for the next 12 to 18 months.

## The first eight weeks after surgery

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

## Daily exercises

The exercises should be continued until otherwise instructed by your physician or physical therapist. Consistent exercise is the key to recovery. You should continue your exercise program even on those days when it may seem difficult. See page 27 for exercises.

## 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.

# 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:** Avoid sitting for more than an hour at a time when you are awake. Take frequent walks with your walker in your home. Take an oral blood thinner medication, such as aspirin, 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.

## 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 implant

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

**Prevention:** Maintain appropriate body weight and follow movement restrictions given to you by your surgeon.

# Home medical equipment



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 *before* your surgery. Many insurance companies do not pay for bathroom equipment. You should call your insurance company to see what is covered.

## DME: Durable Medical Equipment

Helpful assistance postop\*

- Walker: label with your name and bring with you on day of surgery
- Bath transfer bench, adjustable
- Shower seat, adjustable
- Raised toilet seat
- Raised toilet seat with arms
- Ice machine/cold therapy

## Hip kit items

- Reacher: This item is useful when needing to reach for things above you or grabbing items from the floor to prevent bending at the hips. This item can also assist you to complete lower body dressing to prevent bending at the hips or for those people who have difficulty bending their knee.
- Sock Aid: This device is used to put on your socks without bending at your hips to reach your feet.
- Long-handled shoe horn: This item is used to help you get your shoe on without bending at your hips.
- Long-handled sponge: This item is used for bathing to prevent you from bending to wash your legs and feet.

# 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 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.





# Mobility education



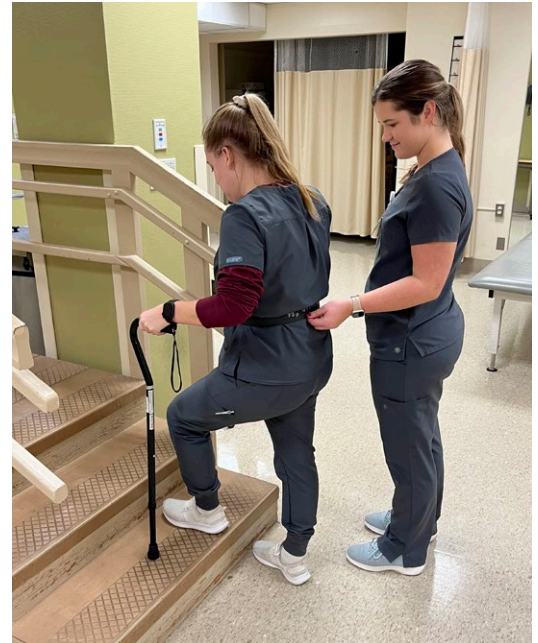
## Getting off the couch

1. Keeping your operated leg slightly out in front of you, push up from the couch with both hands, or with one hand on the armrest. Push yourself up slowly. Do not ever put both hands on the walker and try to pull yourself into standing.
2. Once you feel secure, reach one hand for the walker while the other is still positioned on the armrest. Once fully upright, grasp the walker with both hands.



## Ascending stairs with cane

1. Stand close to the handrail and place cane on the unaffected side of your body on the next step.
2. Step up one step with your unaffected leg, supporting your body through your arms and affected leg.
3. Push with arms and elevate body with unaffected leg to the same step.
4. Advance cane up one step and repeat process.



OR

## Ascending stairs with caregiver assist

1. Position yourself close to the handrail with caregiver standing slightly behind and to the side of the patient that is away from the rail. Grasp rail and caregiver's hand. Caregiver may keep feet on the same step or place the foot that is farther away on the next step.
2. Step up one step with your unaffected leg, supporting your body through your arms and affected leg.
3. Push with arms and elevate body with unaffected leg to the same step.
4. Caregiver steps up to the next step to repeat the process.





## Descending stairs with cane

1. Stand close to the handrail and place cane on the unaffected side of your body on the next step down.
2. Lower the affected leg one step, supporting your body through your arms and unaffected leg.
3. Push through arms to lower body and lower unaffected leg down to the same step.
4. Lower the cane down one step and repeat the process.



OR

## Descending stairs with caregiver assist

1. Position yourself close to the handrail with caregiver standing slightly in front and to the side of the patient that is away from the rail. Grasp rail and caregiver's hand. Caregiver may keep feet on the same step or place the foot that is farther away on the next step.
2. Lower the affected leg one step, supporting your body through your arms and unaffected leg.
3. Push through arms to lower body and lower unaffected leg down to the same step.
4. Caregiver steps down to the next step to repeat the process.





# Anterior hip precautions

These precautions are often used for 6-12 weeks after your surgery. Your doctor will be the one to tell you ultimately when you can resume normal movements.



- Do not rotate or twist at the hip.
- Do not twist to the side to reach for objects.
- Take small steps when turning to avoid rotating at the hips.



- Do not bend the hip backwards.



- Do not cross your legs at the knees or ankles.
- Do not point your toes inward or outward.
- Keep your knees apart at all times.
- Place a pillow or wedge between your knees for comfort.

# Posterior hip precautions

These precautions are often used for 6-12 weeks after your surgery. Your doctor will be the one to tell you ultimately when you can resume normal movements.



- Do not rotate or twist at the hip.
- Do not twist to the side to reach for objects.
- Take small steps when turning to avoid rotating at the hips.



- No bending forward past your knees.
- Avoid sitting on low surfaces.
- Do not lift your knees higher than your hips.
- Do not bring your knees towards your chest.



- Do not cross your legs at the knees or ankles.
- Do not point your toes inward or outward.
- Keep your knees apart at all times. Place a pillow or wedge between your knees for comfort.

## Getting in and out of the car

1. Recline your seat back as far as it can go. Keeping your operated knee straight, gently lower yourself onto the seat. Use your arms to assist in lowering yourself.
2. Once you are seated, lean your torso back to swing your legs into the car, one at a time. The reclined seat will help you maintain a 90 degree angle so you do not break your hip precautions.



## Getting in and out of bed

1. Avoid using a low, soft bed during your recovery time. Sit down on the bed, making sure to keep your operated leg slightly out in front of you.
2. Lean back onto the bed. If possible, try and lead with your operated leg. Begin to swing your operated leg onto the bed as you are lying flat on your back. Try to move your body as a whole, keeping your legs apart. Reverse this technique when getting out of bed.



## Positioning in bed after a hip replacement

1. Keep pillows between your legs when lying on your back to prevent you from crossing or rotating your legs inward while sleeping.
2. Keep pillows between your legs when you are lying on your side. This will keep your hips from rotating outward. If possible, try to lie on your operated side.



## Using a long-handled reacher to put on your pants

1. Position the pants/shorts so that the zipper is facing upwards. Using the reacher, grasp the clothing of the operated leg first.
2. Slide the operated leg into the pant leg and use the reacher to bring the pants towards your hip. Then use the reacher to grasp the non-operated side and slide your foot into the pant leg. Be sure to maintain an upright position.





## Using a long-handled shoe horn

1. Use the reacher to position the shoe onto your foot. Make sure that the shoe is either tied or untied, depending on if you have someone to help you tie your shoe after it is on your foot.
2. Use the long-handled shoe horn to help slide your foot into the shoe. Make sure you are not bending at your hips. Maintain an upright position.



## Putting on socks with a sock aid

1. Fit your sock onto the sock aid. Make sure that the toe of the sock meets the end of the sock aid. The top and bottom of the sock should be fitted around the plastic piece.
2. Hold the cords with both hands. Place foot into the plastic piece with the open end of the sock aid facing upwards. Pull the cords towards you to slip the sock onto your foot.





# Total hip & knee replacement exercises

Perform indicated exercises slowly and with good control 3 times daily. Ice for 10-15 minutes after exercising.



## Ankle pumps

With leg relaxed, gently flex and extend the foot at the ankle. Move through a full range of motion. Avoid pain.

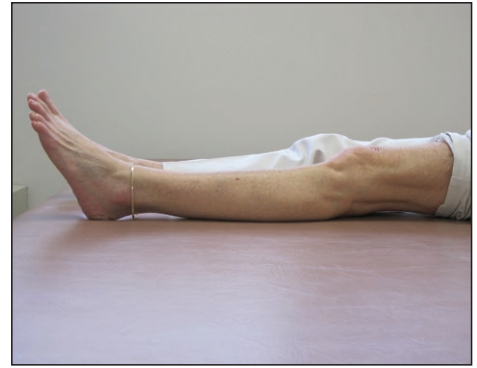
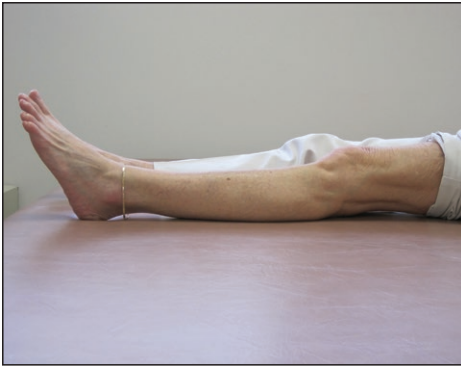
Repeat 10 times per set. Do 1-2 sets per session.



## Quad sets

Sit or lay with legs straight. Pull toes toward body, tighten thigh muscles and attempt to press back of knee against the bed.

Hold 5 seconds. Repeat 10 times.



### Heel slides with strap

Slide heel towards your bottom until a gentle stretch is felt.

- Laying on back – you may use strap
- Seated on edge of chair – slide heel on the floor toward the chair.

May use uninvolved leg to assist.

Hold 5 seconds. Repeat 10 times.

### Heel slides – without assistance

Slide heel toward buttocks until a gentle stretch is felt. Hold 5 seconds. Relax. Repeat 10 times per set. Do 1-2 sets per session.

### Heel slides

1. Slide heel towards buttocks, bending your knee towards your chest.
2. Stop when you feel a stretch.
3. Return leg to start position.

Repeat 10 times.



### 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 times.



### 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 times.



### 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. Make sure to take the towel roll out from under your knee after you have completed the exercise. You do not want to keep the towel roll positioned under your knee for comfort, as this can impact your recovery of range of motion for extension.

Repeat 10 times.











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Beacon Bone & Joint Specialists, Beacon Medical Group North Central Neurosurgery and Orthopedic & Sports Medicine Center of Northern Indiana (OSMC) are combining their strengths to deliver comprehensive, expert surgical and non-surgical care options for patients. The collaboration aligns the high clinical standards and orthopedic skill of the groups, while improving quality, affordability and convenience.