



What to Expect When You Have Hip or Knee Replacement Surgery

JOINT REPLACEMENT PROGRAM



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PRE-ADMISSION (1-2 weeks before surgery)

- Consider attending a class seminar on Total Joint Replacement Education. Obtain information from your surgeon’s office.
- Review *Fall Prevention Checklist* on page 2 of this guide for tips on preparing your home for after discharge.
- Plan for your discharge destination. (Most patients go home after their surgery).
- Designate a caregiver after surgery: _____
- Arrange transportation to and from the hospital.
- Pick up your prescriptions prior to your procedure. If your medications are prescribed on the day of surgery, arrange for your support person to pick them up prior to you leaving the hospital.
- QUESTIONS you should consider asking the nurse or doctor:**
 - Will I need help at home? _____
 - Will I need physical therapy when I go home? _____
 - Should I practice post-operative exercises before surgery? _____
 - Where will my incision be and will I have any special activity precautions or movement limitations after surgery? _____
 - After leaving the hospital, when do I see my surgeon again? _____
 - When can I drive? _____
 - When can I return to work? _____
 - Are there activities that I should avoid initially? _____
 - What special instructions should I follow when taking medication that helps prevent blood clots? _____
 - What should I do if I miss a dose of my medication that helps prevent blood clots? _____
 - Should I wear support hose, and if so, for how long? _____

IN-PATIENT

Activity:

- Adhere to the recommended cold therapy starting on the day of surgery.
- Work with a physical therapist/registered nurse on the day of surgery for early mobility.
- Work with a occupational therapist for rehabilitation, if applicable.

Pain Management:

- Take pain medication at regular intervals for better pain control.
- Put surgical leg up on 2-3 pillows to help with swelling. (For knee replacement: do not place pillows under knee, place under the ankle so the knee is fully straight.)

Wound Care:

- Keep dressing clean and dry.

Care Team:

- Check with surgeon regarding discharge placement: _____
- Meet with case manager for discharge needs.
- Check anticipated date of discharge: _____

DISCHARGE

- Continue pain management and wound care per discharge instructions.
- Dressing change: _____
- Confirm follow-up appointment date usually in 2 weeks after discharge, if not yet arranged: _____
- Know your new medications: _____
- Keep front wheeled walker or other equipment (shower chair, raised toilet seat, etc.) within easy access at home.
- Expect Home Health Agency visit within two days after discharge if ordered by your surgeon.

CHECK FOR SAFETY

Falling in your home can often be prevented by fixing hazards that are easily overlooked. This checklist will help you find any potential hazards that could cause a fall as well as explain how to fix the problem.

FLOORS

When you walk through a room, do you have to walk around furniture, step over a rug, or maneuver around small objects on the floor?

- Create clear pathways by moving furniture that you would normally walk around.
- Prevent rugs slipping under you by using a non-slip backing or double-sided tape.
- Pick up any papers, books, shoes, or other objects on the floor.
- Prevent tripping on wires by coiling or taping cords (like from a lamp or phone) down and away from your path.

STAIRS AND STEPS

Observe any indoor and outdoor stairs or steps for needed repairs, lighting issues or objects left on them.

- Fix any loose or uneven steps.
- If you have carpet on the stairs make sure it is firmly attached. Otherwise, remove the carpet and attach non-slip rubber treads to the stairs.
- Fix any loose hand rails or put in new ones. The handrails on both sides of the stairs should be as long as the stairs.
- Make sure you have light at the top and bottom of the stairs. Replace any light bulb that has burned out. If needed, an electrician can install a new overhead light. An electrician can also install a light switch at the top and bottom of the stairs.
- Pick up any objects like papers, books or shoes off the stairs. Always keep stairs free of any objects.

KITCHEN AND/OR EATING AREA

Do you have any hard to reach areas? Do you have to use a step stool?

- Move items you most need or use on the lower shelves. Waist level is preferred to avoid the use of a step stool.
- Never use a chair as a step stool. If you must use a step stool, make sure it is steady. A step stool with a bar to hold on to is preferred.

BATHROOMS

Do you feel your tub or shower is slippery or that you need some support when getting in and out of the tub or toilet?

- Self-stick strips or a non-slip rubber mat on the floor of your tub or shower can help prevent slipping.
- Installing grab bars inside the tub or shower and next to the toilet can make it easier for you to maneuver in and out of them.

BEDROOMS

Are there any areas of poor lighting?

- Placing a lamp close to bed where it's within reach can prevent falls from overreaching.
- Nightlights plugged in along your path to the bathroom can help prevent a fall during the night. Some of them turn on by themselves after dark.

MORE HELPFUL SAFETY TIPS

- Avoid going barefoot or wearing slippers. Wearing shoes both inside and outside the house will give you better stability when walking.
- Brighter light bulbs can help improve the lighting in your home. Add lighting to dark areas.
- Reduce glare from the outside by hanging lightweight curtains.
- Painting a contrasting color on the top edge of all steps can help you see stairs better.
- Think about wearing an alarm device that will bring help in case you do fall and can't get up.
- Place a phone near the floor in case you fall and can't get up.
- Print emergency numbers in large print and keep near each phone.

What to Expect When You Have Hip or Knee Replacement Surgery

PATIENT EDUCATION



Hip and knee replacement surgery can help get you back to the active lifestyle you deserve.

This booklet will help you learn what to expect with total knee and total hip replacement. Our goal is to help you have good results and we are committed to assisting you in the success of your procedure. Your participation and understanding are important to the progress of your experience.

PREPARING FOR SURGERY

Your doctor will instruct you to go to a pre-admission visit, or you may be contacted by a nurse to have your pre-admission visit by telephone. The nurse will review your medical history, including any allergies, illnesses, or prior surgeries. Your medications will also be reviewed including prescription medications, vitamins or herbal supplements, and any other over-the-counter medications you may take. Be prepared with a list of your medications including dosages, or have the actual bottles available.



Preoperative testing will be done and may include lab tests, EKG, and chest X-ray. The nurse will give you thorough preoperative instructions for pre-surgical showers with special soap, medication and fasting instructions, and where and what time to arrive at the hospital. It is important that you follow these instructions exactly, so please feel free to ask questions.

When you arrive, bring with you:

- List of current medications
- Insurance cards
- Driver's license or ID
- Advance directive (Power of Attorney "POA" if applicable)

The most important thing you can bring with you on the day of your surgery is a good attitude! You are beginning a journey that requires your cooperation, persistence and some hard work, but it can result in the reward of the return to an active lifestyle.

DAY OF SURGERY

COMMUNITY REGIONAL

When you arrive on the day of your scheduled surgery at Community Regional, please come to the Trauma Critical Care Building (TCCB) at Maddy Drive and Divisadero Streets, and go to registration on the 1st floor. Parking is available in the parking garage on Maddy Drive (at Merced Street, between Fresno and Divisadero Streets).

CLOVIS COMMUNITY

When you arrive on the day of your scheduled surgery at Clovis Community, please come to the main hospital entrance and register with the receptionist. Parking is available in the parking garage. Free valet parking is located at the main entrance. Check in at the front desk of the main hospital.



ARRIVING AT THE HOSPITAL

After signing all of your admission paperwork, you will be called back to the pre-operative area. In this area, our nurses will prepare you for surgery. You will be asked to change into a special surgical gown and place your belongings in a patient belongings bag that we provide. Please don't bring any valuables with you, such as jewelry, watches or wallets. If you feel you must bring a valuable, please give these to your family member for safe keeping. The nurse will prepare a list of all belongings you have placed in this bag.

Next, the nurse will review your medical history with you and ask you to sign the consent for surgery, if not already completed at the pre-admission visit. Don't be surprised if you are asked to give your name and date of birth many times throughout your stay in the hospital. We do this for your safety, to assure that we are giving the correct medications and performing the correct procedures on the right patient.

Your family and friends are not allowed in the operating room or recovery room. The person of your choice will receive automated notifications to their phone, notifying them of your progress throughout the day. If being discharged the same day, they will ultimately be notified about when to return for your departure.

BEFORE SURGERY

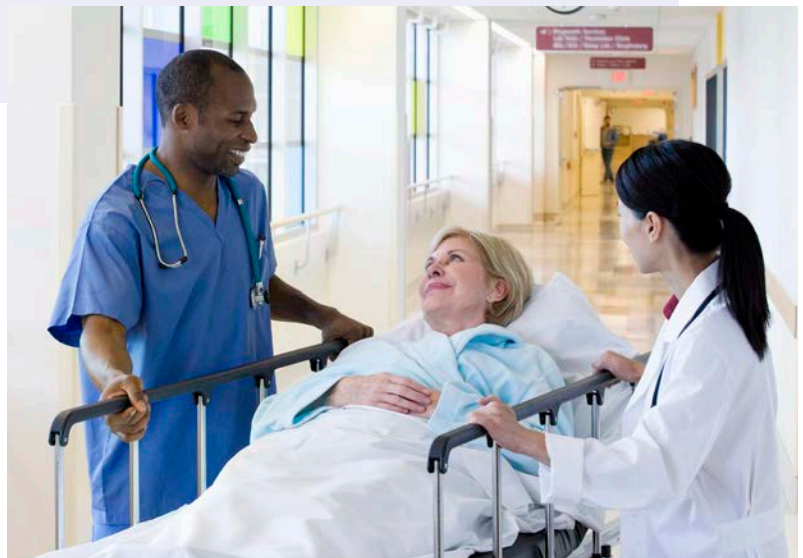
An intravenous (IV) catheter will be placed by the nurse and IV fluids will be started. This IV will most likely remain in place for the duration of your stay, in order to give you fluids and medications.

While waiting to go to the operating room, you will be visited by your surgeon or his/her nurse practitioner (NP)/physicians assistant (PA), as well as the anesthesia provider. Your team will review the procedure being performed, risk of anesthesia, mark the surgical site and develop a plan with you. Site marking is done to assure that the proper procedure is being performed on the correct side.

AFTER SURGERY

When your surgery is over, you will be taken to the Post Anesthesia Care Unit (PACU). The nurses in PACU will monitor your breathing, blood pressure, heart rate and pain level. You will remain in the PACU for recovery of surgery until you are ready for discharge or your hospital room is assigned.

You will be informed by the nurse of the best place for your family members to wait for you, based on the current visitors policy. Your physician may call your family member after the surgery.



EQUIPMENT YOU MAY SEE WHEN YOU WAKE UP

INTRAVENOUS (IV) LINE

An IV is a small catheter that is placed into your hand or arm. Attached to the catheter is a small tube that connects to a bag containing fluids.

OXYGEN

You may receive oxygen through a nasal tube or oxygen mask. The presence of oxygen, however, does not mean that you are having difficulty breathing or that there is a problem of any kind. (It is simply to increase your oxygen consumption for the first few hours after surgery when you are still drowsy.)

URINARY CATHETER

This is a small catheter which is inserted into your bladder during your surgery to drain your urine. If a urinary catheter is used, it is usually removed on the first day after surgery.

CAPNOGRAPHY

You may be attached to a device that will help the RN monitor your breathing patterns and rate. This is because you are drowsy and we want to make sure you are safely breathing after surgery.

THROMBO EMBOLIC DETERRENT (TED) HOSE

TED hose are specially fitted, white, thigh or knee length elastic stockings that promote circulation in your legs. You will wear your TED hose for the majority of the time. The nursing staff will periodically remove the stockings for short periods of time.

SEQUENTIAL COMPRESSION DEVICE (SCD)

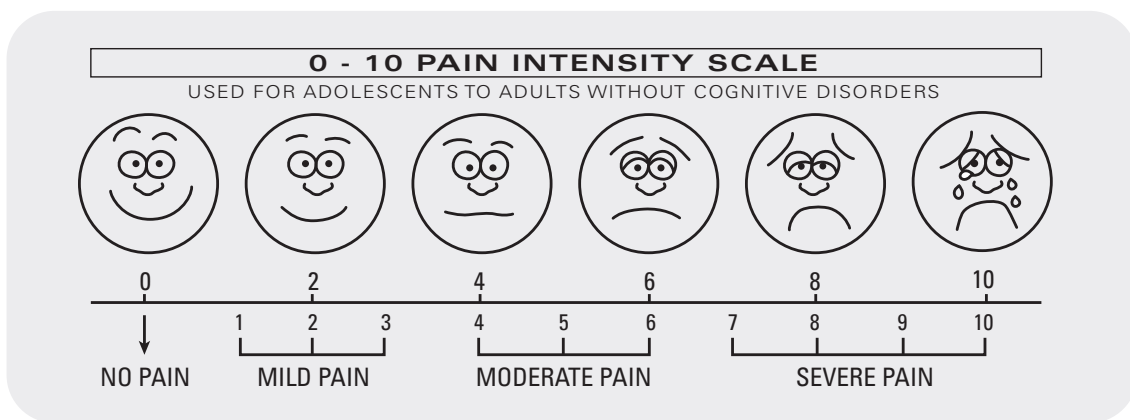
The SCD is a soft compression legging placed on your calves to aid circulation. You will feel the device “squeeze” your calves. The SCD is in place only when you are in bed.

INCENTIVE SPIROMETER

To help prevent pneumonia and clear your lungs, the nursing staff will ask you to take deep breaths and/or use a small breathing device called an Incentive Spirometer (IS) every 1-2 hours while awake.

PAIN CONTROL

When you arrive in your room, you will be closely monitored by the nursing staff. It is very important to let your nurse know how you are feeling and how your pain is being controlled. We use a 0-10 point pain scale. Where 0 is no pain and 10 is the worst pain possible. Take a look at the scale below. We will try to help you cope with your post-surgical pain. Joint motion, mobility and controlling inflammation are key items to control post-surgical pain.



My acceptable pain level is: _____

NAUSEA CONTROL

Some patients may experience nausea after anesthesia. Although the anesthesia provider will give you medication to try to prevent this, a few patients still experience post-operative nausea. Please let your nurse know if you are nauseated as there are several medications we can try to make you more comfortable.

POST-SURGERY ACTIVITY

The physical therapist (PT) and the nurse will assess your activity level. You will be encouraged to get out of bed and walk, usually within hours after surgery. The PT will instruct you on exercises you can do to get used to your new joint.



SAFETY

Do not attempt to get out of bed or stand by yourself without assistance. Instead, use your call light — your care team will be on the white board for your reference.

At night, if you are having difficulty sleeping, you may ask for a sleeping pill. We also have earplugs available if you find it is noisy. It is important that you get a good night's sleep. Before you go to sleep, speak to your nurse about whether you would prefer to be awakened for pain medication during the night or if you would rather wait until you are awake.

DIET

You will have a clear liquid diet after your surgery, and will progress to solid food as tolerated.

Your physician, physician assistant or nurse practitioner will stop by to check on you daily while you are at the hospital.

REMEMBER

- Do not attempt to get up alone
- Plan to be out of bed and walking within a few hours after your surgery
- Ask for help to stand or visit the restroom
- Use the Incentive Spirometer for breathing exercises
- Rest
- Share your pain level with the staff

WHEN IT IS TIME TO LEAVE THE HOSPITAL

Before you are discharged, a discharge planner will visit with you to discuss any options you may need, such as outpatient or in-home physical therapy, acute rehab or short-term skilled nursing care. Your discharge planner will arrange the delivery of any medical equipment that your physician may order, if this has not already been done.

Your nurse will talk to you about how to care for your incision; when to follow-up with your physician; medications you will continue to take and other concerns you might have.

Your physical therapist will discuss with you what equipment you will need and provide you a list of home exercises.



DENTIST

You should discuss with your dentist that you have had a joint replacement. Prior to any dental procedure, including cleaning, you may need to take a short course of antibiotics to help prevent infection.

Please remember our goal is to take the best possible care of you. We rely on you to let us know if we are meeting your needs. If you have any questions or concerns, please let your nurse know before going home.

HOME REMINDERS

Our team wishes you well and hopes your joint replacement allows you to enjoy an improved quality of life. The following informational home reminders will help you after your hospital stay.

BE SAFE

- Your home needs to be well lit and free from objects you can fall on.
- The *Fall Prevention Checklist* on page 2 of this guide may help you make your home safer.
- Ask for help when you walk, especially if you are tired or when you are taking medication that can make you fall.

BE PROACTIVE

Call your surgeon's office for:

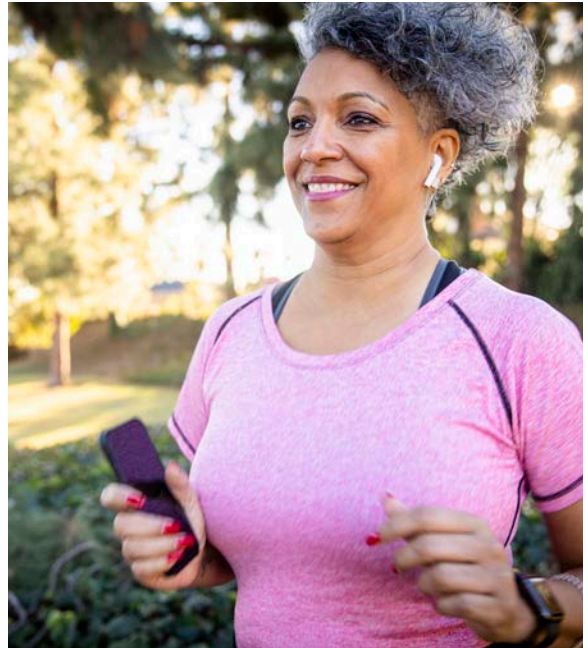
- Fever, shaking, or chills
- Redness, tenderness, swelling, or drainage from your incision
- If you have any questions or concerns

BE COMFORTABLE

- Some pain is expected. Ongoing or increased pain in your replaced joint should be reported to your surgeon.
- Controlling your pain is one of the most important things you can do to help with healing and doing your exercises.
- Take your pain medication to help control your pain.
- If your pain medication does not help, please call your surgeon's office.
- Leg swelling can be helped by putting your leg up, wearing your support hose, walking and using ice after surgery. Avoid placing ice directly on the skin by placing a pillow case or thin cloth on the leg first. Apply ice for 20 minutes at a time and ice 5 to 6 times a day.

BE ACTIVE

- Exercise is a big part of having a more active, comfortable life.
- It is important for you to follow the exercise program given to you by the physical therapist.
- Hip joint replacement patients may need to follow safe hip positions at home.
- Home Health may have been ordered to help with your home exercise. They will call for a time to visit.
- Knee joint replacement patients should avoid placing a pillow under the knee. Place the pillows under the ankle so that the knee is fully straight.
- Exercise and active movement helps prevent:
 - Deep Vein Thrombosis (DVT), which is a blood clot that forms in the deep veins of a leg, arm or pelvis.
 - Pulmonary Embolism (PE), which is a clot that breaks off and travels to the lungs.
 - Your surgeon may order medication to help prevent a DVT. It is very important that you take this medication as directed by the surgeon.

**SYMPTOMS OF DEEP VEIN THROMBOSIS (DVT)**

- Increased pain in your calf and leg that is not in your incision.
- Increased tenderness or redness in your calf.
- Increased swelling of your thigh, calf, ankle or foot that does not go down by putting your leg up.
- Shortness of breath, chest pain or pain in your chest when you take a deep breath could mean a pulmonary embolism and is a medical emergency.
 - **Call 911 immediately**

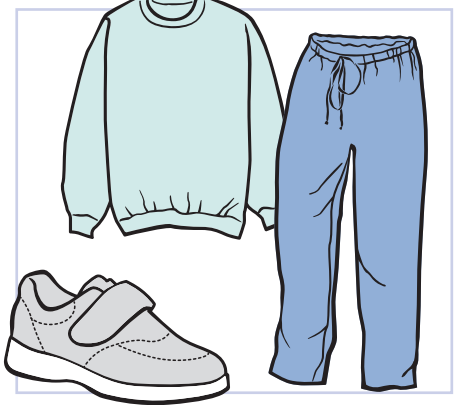
ACTIVITIES OF DAILY LIVING

Activities of Daily Living (ADLs) is an industry-wide description of routine tasks that people do every day.

In order to safely complete your ADLs, you will need to get somebody to assist you with, or change the way you complete some tasks. Adaptive equipment and assistive devices may help you be more independent and safe

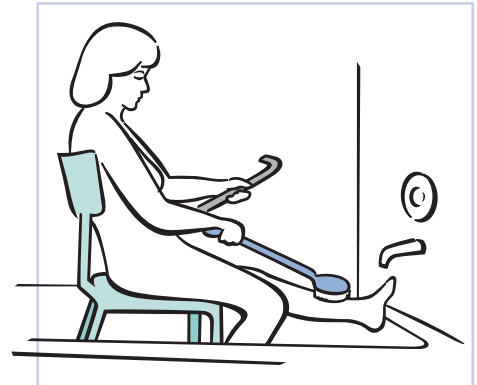
DRESSING

- Elastic shoe laces or Velcro shoes can eliminate the need for tying shoes.
- Loose fitting clothes, without fasteners, may be easier to get on and off.
- A long handled reacher, long handled shoehorn, dressing stick and sock aid can be used when getting dressed to comply with your precautions (i.e. no bending, no crossing of the legs, etc).



BATHING

- A long handled sponge can help you safely wash your lower legs and back.
- A hand-held shower nozzle can help with showering if a bench or seat is being used.



TOILETING

- Caregiver assistance or use of toileting wand/tissue aid may be necessary to complete personal hygiene initially, following surgery.

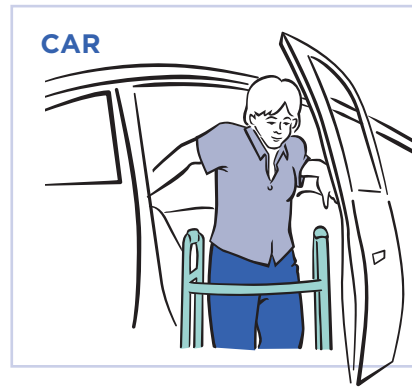
TIPS FOR RETURNING TO NORMAL ACTIVITIES OF DAILY LIVING

- A utility cart can help move objects/items around the house.
- When preparing or storing meals, food container with lids can help prevent spills and/or accident.
- Firm pillows can help raise low chairs so you can sit on them safely.
- Slide items along the counter instead of carrying them.
- A basket or pouch on the front of the walker can help keep hands free to be on the walker or to complete tasks.

TRANSFER TIPS

CAR ENTRY

- Move the car seat back and recline the backrest.
- Back up to the car with your walker and sit keeping your surgical leg extended.



TOILET TRANSFER

- Do not sit on a low toilet.
- Use a raised toilet seat or 3-in-1 commode over the toilet.
- Back up to the toilet with your walker and sit/stand up.



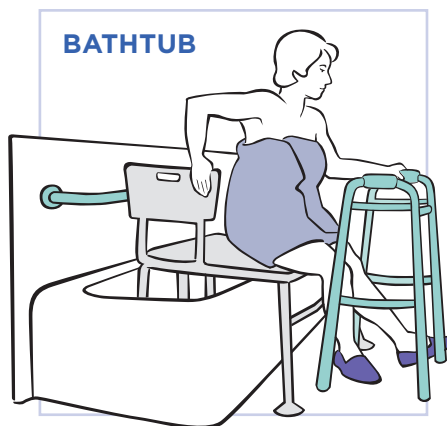
IN/OUT OF BED

- Avoid using a low bed.
- Generally, it is less painful to exit the bed on the non-surgical side.
- Follow all post-operative precautions, if applicable.



BATHTUB AND SHOWER TRANSFER

- Keep your hand (surgical side) on the walker when standing or sitting.
- Reach or push up from the sitting surface with your other hand.



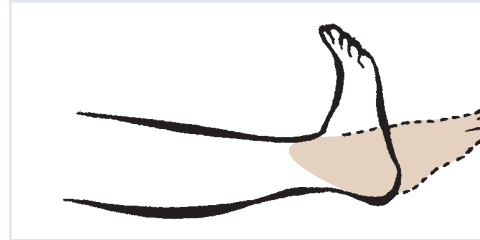
EXERCISES FOR REGAINING STRENGTH AND MOTION

Begin doing these exercises before surgery and immediately after surgery.

ANKLE PUMPS

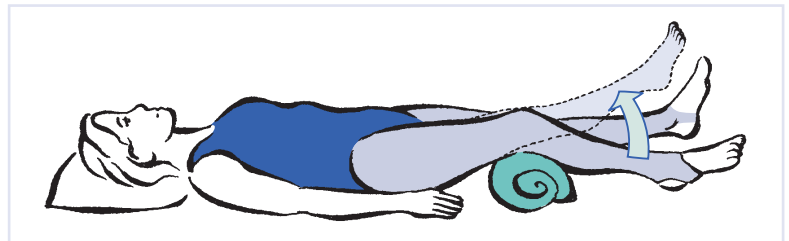
Ankle pumps help reduce swelling and blood clots

- Point, then flex both feet slowly
- Repeat 20 times each hour



TERMINAL KNEE EXTENSION: SHORT ARC QUADS

- Lie on your back in bed. Place a large can or rolled towel under your operated knee
- Tighten muscles on top of your thigh, lift foot, straightening knee. Do not lift your entire leg off of the roll
- Slowly count to 5 out loud
- Relax and return to the starting position
- Repeat 2-3 sets of 10 repetitions

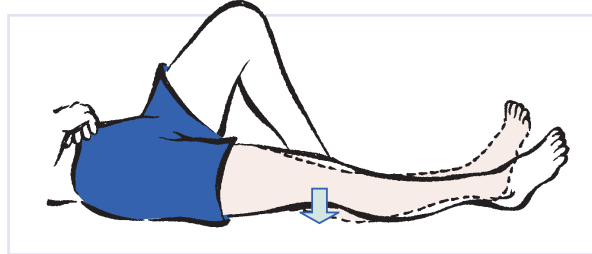


EXERCISES FOR STRENGTH *cont'd*

QUADRICEPS SETS

To strengthen the quadriceps and stretch the hamstrings.

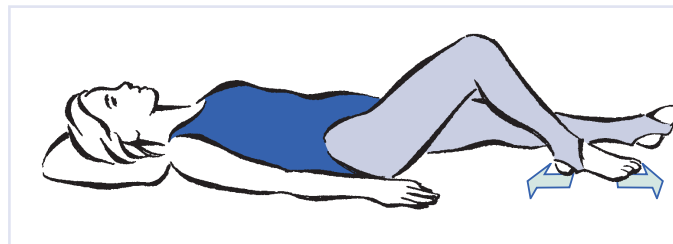
These muscles are important for regaining stability in your knee



- Lie in bed on your back
- Tighten the muscles on the top of the thigh of your operated leg as tight as possible while pulling your toes back (point your toes toward your head) and pressing your knee downward into the bed
- Keep pulling with your toes for 10 seconds, pulling harder every second
- Repeat 2-3 sets of 10 repetitions

HEEL SLIDES: HIP AND KNEE FLEXION

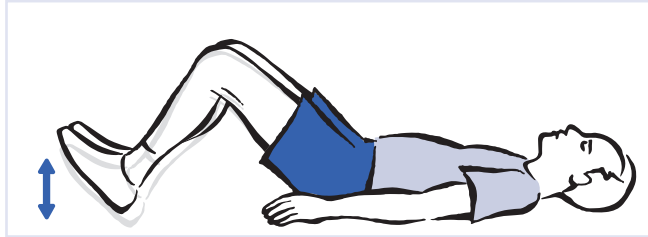
- Lie on your back in bed. Bend your knee and slide your heel toward your bottom.
- Slowly count to 5 out loud
- Relax and return to the starting position
- Repeat 2-3 sets of 10 repetitions



EXERCISES FOR STRENGTH *cont'd*

HAMSTRING SET

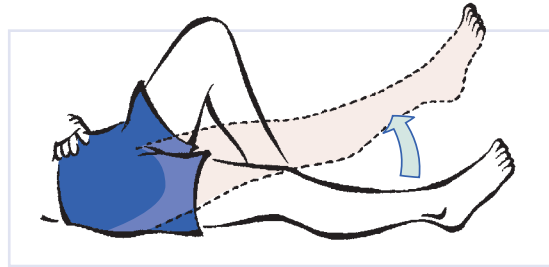
- Lie on your back in bed
- With surgical leg bent slightly, pull heel into bed without bending knee further
- Hold 5 seconds
- Repeat 2-3 sets of 10 repetitions



STRAIGHT LEG RAISES

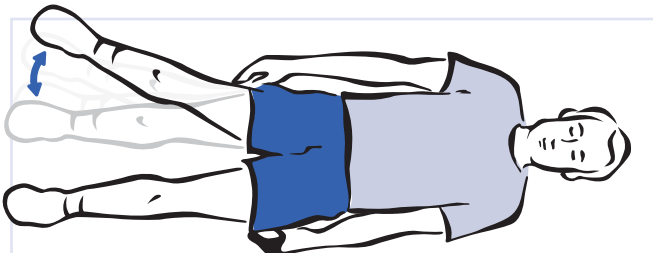
To strengthen the quadriceps and stretch hamstrings

- Lie on your back in bed
- Bend the unaffected leg, and place your foot flat on the bed
- Straighten the operated leg and tighten the muscles on top of your thigh
- Raise the operated leg about 6 to 10 inches, and hold for 5 seconds
- Lower your leg slowly
- Repeat 2-3 sets of 10 repetitions



HIP ABDUCTION

- Lie on your back in bed
- Slide one leg out to side, keep kneecap pointing up
- Gently bring leg back to pillow, repeat with other leg
- Repeat 2-3 sets of 10 repetitions

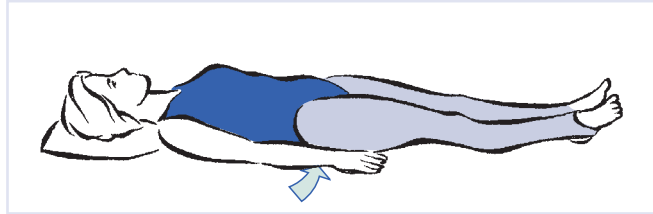


EXERCISES FOR STRENGTH *cont'd*

GLUTEAL SQUEEZE:

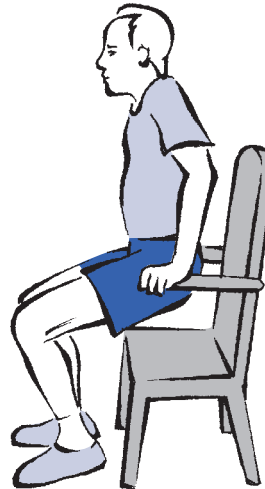
HIP EXTENSION

- Lie on your back in bed. Squeeze buttocks muscles (your bottom) together
- Slowly count to 5 out loud
- Relax
- Repeat 2-3 sets of 10 repetitions



STRENGTHENING ARMS

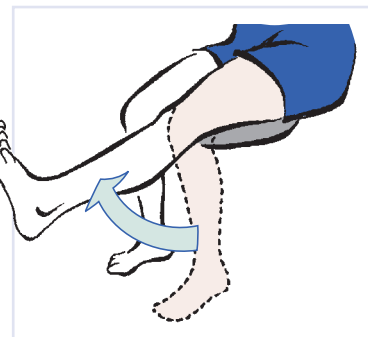
- Sit in armchair
- Place both hands on the arm rests
- Place the foot of the operated leg out slightly in front of the other foot on the floor
- Straighten your arms raising your bottom up as much as possible
- Return to the seated position
- Repeat 2-3 sets of 10 repetitions



SITTING KNEE BENDS

To maximize the range of motion that you can bend and straighten your knee

- Sit on a chair with a rolled up towel under the operated knee
- Bend your knee as much as possible, then hold for 5 seconds
- Straighten your knee as much as possible, then hold for 5 seconds
- Repeat 2-3 sets of 10 repetitions



SEX AFTER JOINT REPLACEMENT

It takes time to get back to normal. How fast you recover depends on your age and physical condition before surgery.

You may begin having sex after a joint replacement when:

- You feel physically and mentally ready
- You have a clear understanding of the precautions you should follow to protect your new joint
- Your doctor says it is okay

CHOOSING POSITIONS AFTER KNEE JOINT REPLACEMENT

SIDE-LYING POSITION

Suggested for both men and women

- Lie on the side of the unaffected leg
- Bend the knee as comfort allows
- Place pillows under affected knee for comfort



BOTTOM POSITION

Suggested for both men and women

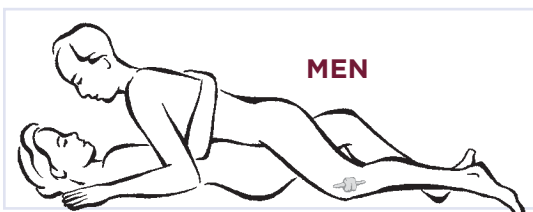
- Usually the most comfortable position after knee replacement
- Place pillows under affected knee for comfort
- Bend the knee as comfort allows



TOP POSITION

Suggested for men

- Can be difficult in the beginning due to swelling and limited range of motion of the knee
- Use this position after the affected knee is comfortable and the incision has healed to prevent shearing of the skin



LISTEN TO YOUR BODY

Timing is everything. Don't try to do too much too soon. Many people find that there are certain times during the day or night that they feel their best and sex is more desirable.

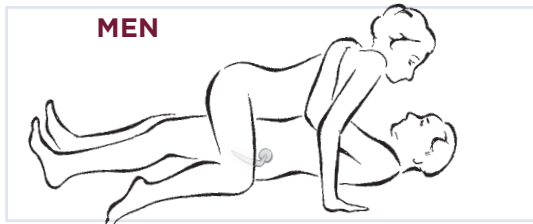
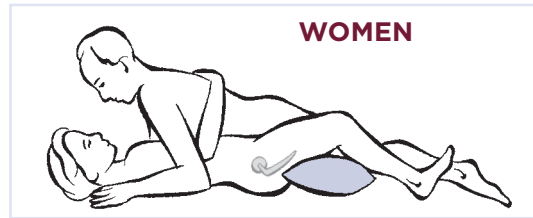
You can still enjoy sex after joint replacement. However, you will have to make some short-term changes in your sex life to protect your new joint as it heals. Be patient, you'll be good as new before you know it.

CHOOSING POSITIONS AFTER HIP JOINT REPLACEMENT

BOTTOM POSITION

Suggested for both men and women

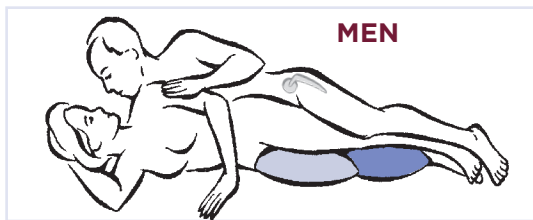
- Usually the most comfortable position after hip replacement
- Don't bend your new hip joint more than 90 degrees
- Keep the toes of your affected leg pointed upwards
- You can put pillows under your affected thigh for support
- Move your affected leg as little as possible



SIDE-LYING POSITION

Suggested for both men and women

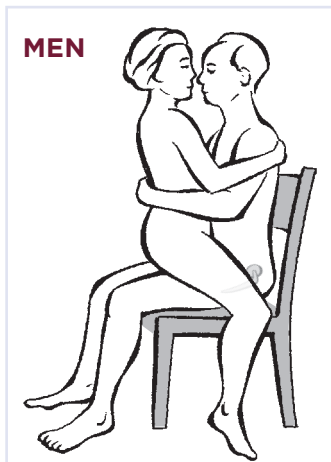
- Lie on your unaffected side
- Don't bend your new hip joint more than 90 degrees
- **Women:** Position pillows to support your affected leg and prevent it from rolling off the pillows during sex
- **Men:** Your partner should put pillows between their legs for support. Use your partner's leg to support your affected leg. Keep your affected leg on top of your partner's leg during sex
- Keep the affected leg in alignment with your hip



SITTING POSITION

Suggested for men. Use a sturdy chair. Don't use this position on a bed or floor

- Sit on small, firm pillows or a folded blanket to keep your hips higher than your knees
- Don't bend your new hip more than 90 degrees (this is important when getting out of the chair)
- Don't allow the knee of your affected leg to move inward past your navel, or your toes to turn inward
- Don't lean too far forward when getting out of the chair



In case of severe pain, stop what you are doing. If you have sudden pain in the groin, or problems moving the affected hip, you may have dislocated your hip. Reposition yourself so you are lying on your back. Put ice on the affected area. If the pain continues, call your doctor.



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