



Your Guide to Total Joint Replacement

Preparing for and Recovering



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The Healthy Knee

The knee is a hinge-like joint formed by the lower end of the thighbone (femur), and the upper end of the shinbone (tibia). The kneecap (patella) is connected to the joint by ligaments.

When the knee is healthy, the joint moves freely without pain. This is because of the slippery nature of articular cartilage. Cartilage is a layer of glossy, slippery tissue that covers the ends of the bones and the inside surface of the kneecap. Healthy cartilage absorbs stress and allows the bones to glide easily.

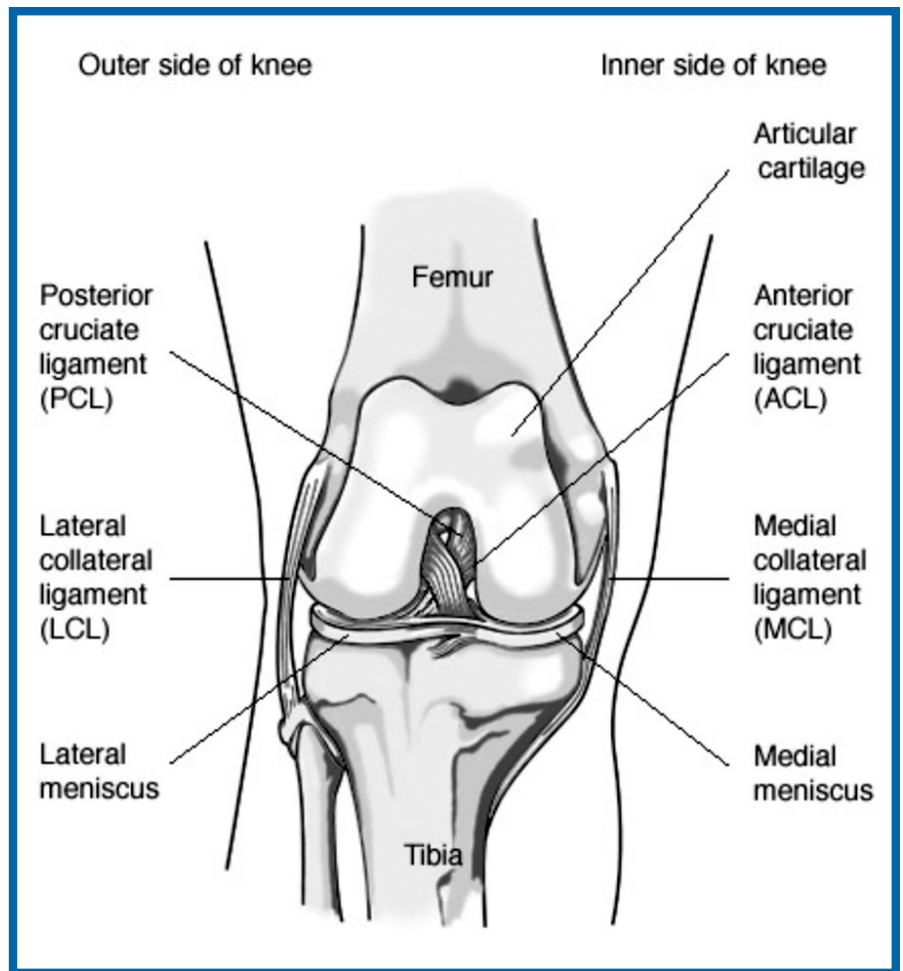
The other parts of the knee

Ligaments hold the bones of the joint together

Muscles power the knee and the leg for movement

Tendons attach muscles to the bones

Meniscal cartilage acts as a shock absorbing pad



Knee Problems

Knee Pain

A painful knee can severely affect your ability to lead a full active life. Over the last 25 years, major advancements in artificial knee replacement have greatly improved the outcome of surgery. Artificial knee replacement surgery is becoming more and more common as the population of the world begins to age.

There are many conditions that result in degeneration of the knee joint. Over time, the articular cartilage, or joint surface, wears away and stiffness worsens. As cartilage continues to wear away, the bones of the joint rub together, causing pain. When the joint becomes damaged, loss of motion and pain may decrease independence.

Osteoarthritis is the most common cause for patients who have knee replacement surgery. It is commonly referred to as “wear and tear arthritis” and results in a grinding of bones in the joint. Some people may have a genetic tendency that increases their chances of developing osteoarthritis.

Inflammatory Arthritis is inflammation (swelling and heat) in the knee joint, which can be caused by a chronic disease, such as rheumatoid arthritis or gout. Continued inflammation causes the cartilage to wear away and the joint becomes stiff.

Traumatic Arthritis is caused by injuries such as fractures of the knee, torn meniscal cartilage and torn ligaments that do not heal properly. This can lead to excessive wear and tear of the joint many years after the injury.

Symptoms of a Degenerative Knee Joint

Symptoms usually begin as pain while bearing weight on the affected knee, such as when walking. You may start to limp and the knee may become swollen with fluid and the range of motion of the knee can be affected. The knee will bend less than normal and may lose its ability to completely straighten out. Bone spurs will usually develop and can be seen on an x-ray. Finally, as the condition worsens, you may feel pain almost all the time. Pain may also keep you awake at night.

Diagnosis

The diagnosis of a degenerative knee joint starts with a complete history and physical examination by your orthopedic surgeon. X-rays are required to determine how much damage has been done to the knee. Other tests may be required if your surgeon thinks that other conditions may be adding to the degenerative process. Blood tests can rule out systematic arthritis, such as rheumatoid arthritis, or infection in the knee.

Benefits of Knee Replacement Surgery

Total Knee Replacement

Total knee replacement surgery will replace your damaged knee joint with an artificial joint (prosthesis). This surgery eliminates or greatly reduces joint pain. Discomfort from the surgery itself usually lasts only a few weeks. Movement of the knee is greatly improved, allowing you to move around more easily. Leg strength increases, because, without knee pain, you'll be able to walk more and build up your muscles. Your overall quality of life improves because you will be able to do daily tasks and low-impact activities in greater comfort.

Partial Knee Replacement

If your joint damage is localized to only one area of the knee, your surgeon may determine that you are a candidate for a partial knee replacement. This potentially allows for a smaller and less invasive surgery with a faster recovery time. You may even be able to return home the same day as surgery.

Use of the MAKO Robot in Knee Replacement Surgery

Your surgeon may use the MAKO robotic arm technology to assist in the steps of your surgery. This requires you to have a CT scan of the leg before surgery to create a 3D model of your joint. MAKO technology allows for accurate preoperative planning and real-time intraoperative feedback on the positioning of the prosthesis and soft-tissue balancing.

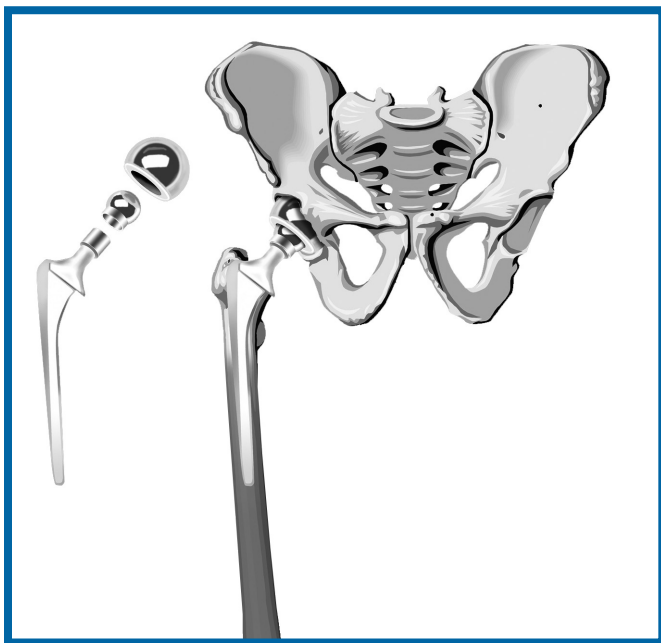
About The Hip

The hip joint is designed for both mobility and stability. The hip joint allows your entire lower extremity to move in three planes of motion: forward and backward, side to side and rotating right and left. The hip joint also provides vital shock absorption to the torso and upper body, as well as stability during standing and other weight bearing activities.

The Healthy Hip

The hip is a ball-and-socket joint. This means that the round head of the femur (thighbone) rotates within the acetabulum, a deep scooped out cavity within the pelvis. The pelvis itself is composed of two large arching bones connected to the spinal column by the sacrum, a small fusion of small vertebrae at the base of the spine. The motion and support of the hip is controlled largely by the muscles of the thighs and lower back.

When the hip is healthy, the joint moves freely without pain. This is because of the slippery nature of articular cartilage. Cartilage is a layer of glossy, slippery tissue that covers the ends of the bones and the inside surface of the kneecap. Healthy cartilage absorbs stress and allows the bones to glide easily.



The other parts of the hip

Ligaments hold the bones of the joint together

Cartilage cushions your bones during weight bearing activities and allows the joint to rotate smoothly and freely in all directions

Muscles power the hip to move in all directions and also stabilizes the entire leg and foot for movement

Tendons attach muscles to the bones

Hip Problems

There are many conditions that result in degeneration of the hip joint. Over time, the articular cartilage, or joint surface, wears away and stiffness worsens. As cartilage continues to wear away, the bones of the joint rub together, causing pain. When the joint becomes damaged, loss of motion and pain may decrease independence.

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Traumatic Arthritis is caused by injuries such as fractures of the joint, torn cartilage and torn ligaments that do not heal properly. This can lead to excessive wear and tear of the joint many years after the injury.

Symptoms of a Degenerative Hip Joint

Symptoms usually begin as pain and stiffness while bearing weight on the affected joint, such as when walking. The range of motion of the joint can be affected. The pain may limit the daily tasks you can do.

Diagnosis

The diagnosis of a degenerative joint starts with a complete history and physical examination by your orthopedic surgeon. X-rays are required to determine how much damage has been done to the joint. Other tests may be required if your surgeon thinks other conditions may be adding to the degenerative process. Blood tests can rule out systematic arthritis, such as rheumatoid arthritis, or infection in the joint.

Benefits of Hip Replacement Surgery

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Use of the MAKO Robot in Hip Replacement Surgery

Your surgeon may use the MAKO robotic arm technology to assist in the steps of your surgery. This requires you to have a CT scan of the leg before surgery to create a 3D model of your joint. MAKO technology allows for accurate preoperative planning and real-time intraoperative feedback on the positioning of the prosthesis and soft-tissue balancing. Your surgeon is in full control while operating with robotic technology, which allows greater precision during the procedure.



Preparing for Surgery

Before Surgery

Medications

Tell your surgeon about all the medications you take, even herbal and non-prescription ones, because some medications do not mix well with anesthesia. Other common medications including aspirin, ibuprofen, and blood thinners, can increase bleeding. To avoid complications during surgery, you may be instructed to stop taking certain medications for a period of time before the surgery.

General Health

Be sure to see your primary care doctor or dentist. Treating health and dental problems ahead of time helps improve healing and reduce the likelihood of complications after a joint replacement. You need to tell your surgeon about your complete medical history. Be sure to tell your surgeon if you have a cardiac pacemaker. If you smoke, do your best to stop or cut down, as a result, your surgery risks and recovery rate will improve.

Risks and Complications

As with any surgery, total knee/hip replacement has possible risks and complications. These include:

- Blood clots
- Damage to nearby blood vessels, bones, and nerves
- Dislocation of the kneecap/hip
- Infection
- Reaction to the anesthesia

Other complications may occur, but are less common.

Preparing Your Home

The majority of patients get discharged home from the hospital within 24-48 hours after a joint replacement. It is less and less common for patients to go to a short-term rehabilitation facility. Therefore, having your home prepared is critically important. Particularly:

- Having meals prepared
- Obtaining a rolling walker and possibly a raised toilet seat BEFORE coming into the hospital for surgery
- Setting up assistance from family/friends, if possible

Simple changes around the house can make life much easier during recovery. Make sure railings on your stairs, both inside and outside your home, are secure. Consider a raised toilet seat to make getting up and down easier.

Reduce Household Clutter

- Make sure electrical cords are out of the way
- Move furniture if necessary to provide wide pathways for when you are using a walker
- Pick up clutter
- Remove any throw rugs
- Tuck bedspreads in and off the floor

Simplify Routine Tasks

- Limit the amount of reaching you will have to do by storing food and supplies between waist and shoulder level
- Limit the amount of stair climbing you will have to do by preparing a room on the main level if you normally sleep upstairs. If preferred, set things up so you have to go upstairs only once a day
- Stock up on canned and frozen foods

Preparing Your Home

Arrange for Help

After knee/hip replacement, you will not be able to drive for several weeks, so you should arrange for someone to help you run errands, deliver groceries and drive you to physician appointments. If you live alone, you should also arrange for someone to stay with you for the first few days after you return home.

Exercises to Prepare You Before Surgery

Begin the exercises prior to your surgery to help improve your strength, which you can find on the following pages.

Rehabilitation Pre-Surgery Exercises

Flexibility and Strengthening Protocol: Total Knee and Hip Exercises



Ankle Pumps

Bend and straighten ankle through full range. Repeat with opposite ankle.

- Repeat 10-30 times on each side
- Do 2 sessions per day



Isometric Gluteals

Tighten buttocks muscles.

- Hold for 10 seconds. Relax
- Repeat 10-30 times on each side
- Do 2 sessions per day



Quadriceps sets

Tighten muscles on top of thigh, as if attempting to push knee down into floor.

- Hold for 10 seconds. Relax
- Repeat 10-30 times on each side
- Do 2 sessions per day



Straight Leg Raise-Toes Out

Lie down on your back on a firm surface. With the knee straight and the toes pointed outward, lift the whole leg slightly, as shown.

- Repeat 10-30 times on each side
- Do 2 sessions per day



Short Arc Quads

With knee bent over pillow or bolster, straighten knee by contracting thigh muscle. Do not lift knee off pillow or bolster.

- Repeat 10-30 times on each side
- Do 2 sessions per day



Heel Slides

Lie on your back with your legs straight. Bend one knee, and, keeping your foot flat on the surface, slide your heel up toward your buttocks. Return to the start position and repeat with the other leg.

- Hold for 10 seconds. Relax
- Repeat 10-30 times on each side
- Do 2 sessions per day

Rehabilitation Pre-Surgery Exercises

Flexibility and Strengthening Protocol: Total Knee and Hip Exercises



Unilateral Hip Abduction in Supine

Lie on your back on a smooth, firm surface with your legs together. Slide one leg out to the side while keeping the knee straight. Return to the start position.

- Repeat 10-30 times on each side
- Do 2 sessions per day



Knee Extension in Sitting

Sit in a chair with your feet on the floor. Lift one foot up until the knee is straight. Return to the start position.

- Hold for 10 seconds. Relax
- Repeat 10-30 times on each side
- Do 2 sessions per day



Shoulder Depression in Sitting

Place hands on armrest with elbows slightly bent. Straighten elbows and push shoulders down while raising body up.

- Repeat 10-30 times on each side
- Do 2 sessions per day



Abdominal Crunch (beginner)

With arms at side, tilt pelvis to flatten back, then raise your head and shoulders off the floor about 3 inches.

- Hold for 10 seconds. Relax
- Repeat 10-30 times on each side
- Do 2 sessions per day



The Day of Surgery

Admission to the Hospital

In many cases, required tests and admission interviews are done days or even weeks ahead of time. Be sure to follow all your surgeon's instructions on preparing for surgery. You will most likely arrive at the hospital on the morning of surgery. Before surgery you will talk with an anesthesiologist.

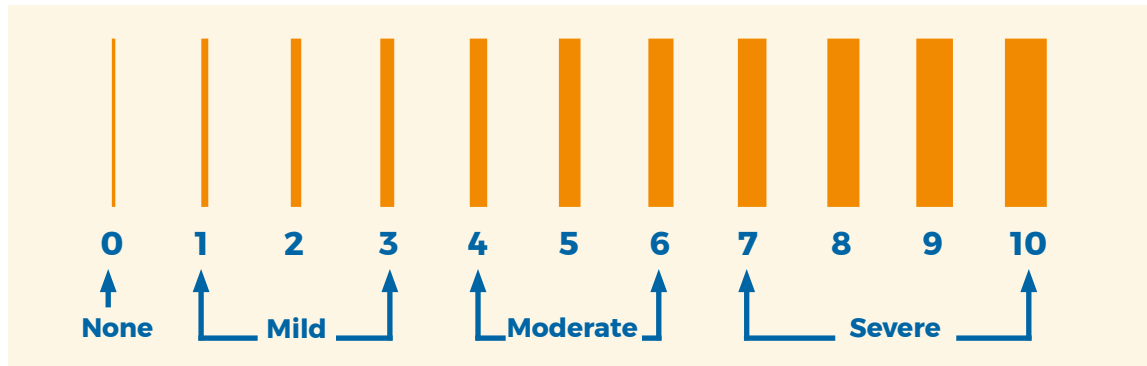
After surgery, you will be sent to the Post Anesthesia Care Unit, also known as recovery. Your condition will be watched closely and you will be given pain medications as needed. Once recovered, you will be moved to your room when you are awake. By then, your family or a friend will be able to join you. You will be watched closely on the day of surgery.

Following a knee replacement, you will have a knee immobilizer applied. A CPM (continuous passive motion) machine may also be used on your knee if ordered by your surgeon. This machine gently bends the knee to keep it from getting stiff. Following a hip replacement, you will have a triangular foam pillow positioned between your legs to maintain hip abduction. Other equipment used may include a bar (trapeze) hanging over the bed to be used to help lift your body when you change positions. You also may be prescribed special stockings to reduce the risk of blood clots. Bring comfortable, safe, supportive shoes.

You will be evaluated by Physical Therapists in your room on the same day following your surgery. They will start with bedside exercises and will get you out of bed to ambulate if you are able to do so. Early ambulation is key to a quicker recovery from your surgery!

Pain Control

The following pain scale will be used by the staff caring for you (the scale will be explained in detail):
What number would you give your pain right now?



0 = No Pain

1 - 3 = Mild Pain (nagging, annoying, interfering little with your ability to do your normal activities)

4 - 6 = Moderate Pain (interferes significantly with your ability to do your normal activities)

7 - 10 = Severe Pain (disabling; unable to do your normal activities)

Medications

We try to achieve an acceptable level of post-operative pain using non-narcotic modalities. These include spinal anesthesia, joint injections at the completion of surgery, ice, Tylenol, non-steroidal anti-inflammatory drugs and other non-narcotic medications. We will prescribe narcotic medication if necessary to achieve acceptable pain control.

It is normal to feel some pain even with medication. You will be asked frequently about your level of pain; it is very important that you tell the nurse if you feel you are not getting enough pain relief. Pain medication may be given to you by one or more of the following routes:

- Epidural
- Intramuscular
- Intravenous
- Orally (by mouth)

After your Surgery

Deep Breathing Exercises

Fluid can collect in the lungs after any surgery or other period of inactivity. To avoid pneumonia, breathe deeply and cough. You should do this often - a few times every hour, at least. A respiratory therapist or nurse may show you how to use an incentive spirometer to help you breathe more deeply. It is very important to use the incentive spirometer frequently and as instructed by the nurses.

Leg Exercises

To assist in preventing blood clots, it is important to move your legs frequently. Each time you do deep breathing exercises you should also move your good leg by bending and straightening the knee several times. As for the leg that had surgery, flex your foot at the ankle as often as possible.

Continuous Passive Motion (CPM) Exercises (for total knee surgery)

Your surgeon may order the use of a CPM machine for you after surgery. This machine stretches and flexes your operative knee three times a day, for two hours each time.

Please note that CPM machine exercises may not be covered at 100%. You will need to call your insurance company to inquire about possible out-of-pocket expense.

Pneumatic Compression Devices

These are placed on your legs after surgery to prevent blood clots.

Bedside Rehabilitation

On the same day as your surgery, members of the rehabilitation department will visit you. Physical therapy will begin with transfer activities and ambulation with a walker. Your therapy will proceed with further walking activity and then exercises for range of motion and strength. Rehabilitation will continue the day after surgery through the remainder of your admission to the hospital.

Rehabilitation services will be essential in establishing your functional capabilities related to your mobility, the strength and motion of your leg and your safety within your home environment. The rehabilitation staff is available to answer any questions you may have.

After your Surgery

Bowel Health

Bowel regularity is important for good health and healing. The staff will be monitoring your bowel status. Your doctor will prescribe stool softeners and other bowel medications to prevent constipation.

Activity on the Day of Surgery

You will be evaluated by, and begin working with, physical therapy on the same day as surgery.

Post-Op

You will be expected to be out of bed for every meal. Your physical therapist and nursing staff will assist you with walking three times per day. We expect that you will be walking to the bathroom, not using a bedpan or bedside commode.

Your lungs need exercise too. You will be provided with an incentive spirometer and instructed to cough and deep breathe. It is important to do these exercises ten times per hour to prevent pneumonia. While in bed, pneumatic compression devices will help prevent blood clots. You also will be encouraged to exercise your legs to promote proper circulation and prevent blood clots. These include ankle pumps, gluteal sets and quad sets. Repeat each 10-30 times on each side with two sessions per day.



Planning for Recovery and Discharge

Discharge from the Hospital

The majority of patients that have a joint replacement are discharged home within 24-48 hours if they are medically stable and have performed well with physical therapy. If for some reason being discharged home from the hospital is not a safe option, arrangements can be made to be transferred to a short-term skilled nursing facility. This is why it is important to have your home prepared prior to coming to the hospital for your surgery.

Discharge Planning

Soon after surgery is scheduled, you will receive a call from a Registered Nurse or Discharge Coordinator from the Care Management Department.

The day after surgery, your Care Manager (RN or Discharge Coordinator) will stop by your hospital room to assist with planning for your post-operative care. They will help you and your family plan your discharge, based upon your physician's recommendations, progress in therapy, home situation and type of insurance. Discharge alternatives may include a Home Health Aide and physical therapist or a short-term (7-to-10 day) stay in a skilled nursing facility for additional therapy.

You will be asked questions about the setup of your home and who is available to help care for you after surgery. This information is needed to help determine where you should receive additional rehabilitation therapy after discharge from the hospital.

Following surgery, you may progress well enough with ambulation that you can return home for continued rehabilitation. The managed care company reviews your progress and authorizes care at home or in a facility.

If your surgeon feels that you need to go to a skilled nursing facility following discharge from the hospital, you should select three preferred facilities and complete applications prior to your surgery. It is important to confirm that your insurance company has a contract with your preferred facilities. Even though you have applied to rehabilitation facilities, insurance approval and availability of a bed in the facility of choice may limit your options after surgery.

Please note, If short-term rehabilitation is needed, in most cases, insurance does not cover ambulance transfers.

Selection of Home Health Agency or Skilled Nursing Facility

Information about Woodlake at Tolland and Visiting Nurse and Health Services of Connecticut appears on the following pages. Please contact the Care Management Department of Manchester Memorial Hospital **860.647.4739** or Rockville General Hospital **860.872.5231** for information about other agencies or facilities or to learn what your insurance plan will cover.

Outpatient Rehabilitation Services

Selection of Outpatient Rehabilitation Services

You may also be able to begin outpatient physical therapy immediately upon discharge home. Information about ECHN's outpatient Rehabilitation Services is on the following pages. If you would like information about other outpatient rehabilitation services, contact the Care Manager's Department.

You will need someone to drive you to your physical therapy appointment until you are given clearance to drive from your surgeon.

Visiting Nurse & Health Services of Connecticut

8 Keynote Drive
Vernon, CT 06066
860.872.9163
860.896.0403 (fax)

Visiting Nurse & Health Services of Connecticut (VNHSC) has been providing skilled health care services over the last 100 years for families living in 20 communities throughout eastern and north central Connecticut. Request for care can be made through a doctor's office, patient, family member or hospital discharge planners. We understand that patients may need care outside of regular hours, so they are available 7 days a week, 24 hours a day.

VNHSC accepts Medicare/Medicaid and works with most insurance companies. Town funds and grant monies may also be available for patients with limited income. Services VNHSC can provide to a client following a Total Joint Replacement may be:

- Home Care Aides
- Homemaker
- Medical Social Worker
- Occupational Therapy
- Physical Therapy
- Skilled Nursing

Outpatient Rehabilitation Services

Woodlake at Tolland Nursing and Rehabilitation Center

26 Shenipsit Lake Road
Tolland, CT 06084
860.872.2999



Founded in 1993, Woodlake at Tolland is a modern, light-filled, and beautiful nursing home and short-term rehabilitation facility. Located in the picturesque hills of Tolland, CT, Woodlake offers long-term care as well as short-term care for people who no longer need to be in the hospital, but are not yet ready to return home.

In addition to skilled nursing services, Woodlake offers services for people with cancer, physical, occupational, and speech therapies, respiratory therapy for those with breathing difficulties, joint replacement rehabilitation, stroke and neurological rehabilitation, wound management, dialysis, pain management, dementia management, respite care, hospice care and more.

If you would like information on other facilities, please contact your Care Manager.

Physical Therapy/Rehabilitation Services

Services are available at the following locations:

Manchester Memorial Hospital
71 Haynes Street
Manchester, CT 06040
860.647.6485

Evergreen Walk
2800 Tamarack Avenue, Suite 001
South Windsor, CT 06074
860.533.4670
Aquatic Therapy Available

Glastonbury Wellness Services
622 Hebron Avenue, Suite 201
Glastonbury, CT 06033
860.652.3181
Aquatic Therapy Available

Rockville General Hospital
31 Union Street
Vernon, CT 06066
860.872.5261

Ellington YMCA
11 Pinney Street
Ellington, CT 06029
860.871.1078
Aquatic Therapy Available



After Discharge

After Your Total Knee/Hip Surgery

Adequate Nutrition and Hydration

Be sure to eat a well-balanced diet. Your body needs increased calories and protein to repair itself. A daily multiple vitamin is helpful and your surgeon may also suggest that you take iron tablets. Iron helps your body rebuild blood components that were lost during surgery. Even after your incision line is healed, joint healing is not complete. You need to eat a well-balanced diet for at least the next several months.

Even more important than diet is your body's hydration. You will require six to eight 8-ounce glasses of fluid each day unless directed to restrict fluids by your physician. Water, juices and milk are all good sources of hydration. If you do not like to drink a lot of fluid, you can eat foods that are high in liquids. Some examples are soup, Jell-O, ice cream, pudding, and popsicles.

If nausea prevents you from eating and drinking adequate amounts of fluids, please contact your physician.

Regular Bowel Movements

Constipation can become a problem after you return home. Decreased mobility and use of pain medications can slow your intestinal activity, so be sure to walk regularly and do your exercises as prescribed.

To help prevent constipation, your surgeon may prescribe a stool softener such as Colace (Docusate Sodium). Colace works by drawing water from your bowel wall to soften stool. Iron tablets or a decrease in fluid intake will result in hard stools. Fresh fruits and vegetables can be a big help. Do not forget those famous prunes and prune juice. Please discuss any bowel problems with your nurse or physician.

After Your Total Knee/Hip Surgery

Exercise

You have been given a set of exercises that should be done 2-3 times each day.

Remember, when doing exercises:

- Do them as instructed
- Do not force the joint
- Exercise at your own speed; do not try to compare yourself with someone else who has had replacement surgery
- Stop any and all exercises that cause SHARP pain

If you have any questions about your exercises, please contact your physical therapist.

CPM Machine For Knee Replacement

Your surgeon may recommend use of a Continuous Passive Motion (CPM) machine to use at home. The company that delivers the CPM machine should set it up for you. If this does not happen, please call the delivery company immediately.

It is important that you use this equipment every day. Your surgeon will specify on the discharge instructions the number of hours per day that you should use the CPM machine and the prescribed angle settings. If you experience sudden increased pain while using the CPM machine, call your surgeon.

Triangular Pillow for Hip Replacements

Your surgeon may recommend use of a triangular positioning pillow. It is important that you use the pillow as your physician directs.

After Your Total Knee/Hip Surgery

Walker, Cane or Crutches

You should obtain a rolling walker for home prior to coming into the hospital for your surgery. Walkers are available for use in the hospital but are not provided to go home with during your recovery.

A walker is an assistive device with a broad base of support and requires two hands to use. This device helps you walk safely throughout your home without placing significant stress on your new joint. This is important because even though you have a new joint, it takes time for your soft tissue and bone to heal.

The length of time you will use this device depends on several factors:

- The type of procedure the physician performed (whether cement was used or not) and/or the extent of work done
- Everyone has different rates of healing. Some patients respond very quickly while others progress more slowly
- A client will need to pass certain functional tests, given by a physical therapist, which demonstrate an ability to walk safely without assistive devices. There is no pass or fail, but simply a slow progression towards the return to your prior level of activity

It is very important to continue with your physician and therapist's instructions. Although you may feel you can accomplish more tasks, save this for when your therapist is present.

Pain Control

Prior to discharge, prescriptions for pain medication will be electronically sent to your pharmacy.

Take your pain medication as prescribed. In order to walk and exercise properly you need to experience minimal or no pain; however, NEVER take pain medications more frequently than prescribed by your physician.

Your pain level will decrease gradually. Tylenol may be taken for mild pain, unless you are known to have an allergy. Do not take Motrin, Advil, Voltaren or Naprosyn, unless your physician has prescribed them. These medications can increase blood-thinning properties and interfere with anticoagulants that were already prescribed for you. If your physician has ordered you to take Ecotrin or aspirin daily, take only the amount prescribed.

After Your Total Knee/Hip Surgery

Ice

Many joint replacement patients find ice to be an excellent pain reliever. Applying ice to the surgical area after exercise will reduce swelling and control pain. You should apply ice for 10 minutes, and then leave it off for at least 20 minutes before applying again. Never apply ice directly to skin because it can burn the tissue - instead, place the ice bag in a pillowcase or towel.

Ice Pack Recipe

Place 3 cups of water and 1 cup of rubbing alcohol in a seal-lock plastic bag. Place the bag in the freezer to make a nice gel consistency, which will conform to the shape of the knee. After each use, return the bag to the freezer.

Knee Replacement Precautions

- DO NOT** twist the knee joint
- DO NOT** kneel on the knee
- DO NOT** lift
- DO NOT** drive until your physician gives you permission
- DO NOT** submerge the knee - no baths or swimming until your physician gives you permission
- DO NOT** put yourself at risk for a fall. If you do fall, apply ice and call your physician
- DO NOT** cross your legs
- DO NOT** climb stairs until your physical therapist gives you permission

- DO** keep the foot in proper alignment with the leg
- DO** take smaller steps when turning

Hip Replacement Precautions

- DO NOT** bend at the hip greater than 90° or lift your leg above your hip
- DO NOT** cross your legs
- DO NOT** turn your operated leg "inwards"
- DO NOT** drive until your physician gives you permission
- DO NOT** twist at your hip
- DO NOT** submerge the hip - no baths or swimming until your physician gives you permission
- DO NOT** climb stairs until your physical therapist gives you permission
- DO NOT** put yourself at risk for a fall. If you do fall, apply ice and call your physician

- DO** keep your foot in proper alignment with your leg
- DO** take small steps when turning

Anticoagulation Management

Blood clots are the most frequent complication after joint replacement surgery. Blood thinning medications are used to decrease the risk of a clot developing and traveling to your lungs (pulmonary embolus), causing a more serious problem. You can also help prevent complications by:

- Doing your exercises and ambulating regularly
- Following medication instructions exactly
- Reporting any new redness, swelling or soreness in your leg as soon as you notice it
- Wearing your elastic stocking or ace wraps, if ordered by your physician

Anticoagulation therapy can cause bleeding if your dose of medication is too high. Signs and symptoms of bleeding include:

- Bleeding when you brush your teeth
- Bloody nose
- Bruises for no reason, or bruises that get larger

Any of these symptoms should be reported to the surgeon's office. Avoid using a razor or sharp knife because it can be difficult to stop bleeding due to blood thinners. If a cut does occur, apply pressure to the area, elevate the hand, foot, arm or leg and apply ice. You should call for emergency assistance if you cannot control any bleeding.

The following medications are anticoagulants or blood thinning medications and may be prescribed by your surgeon.

Aspirin

In most instances, you will be prescribed Aspirin after a joint replacement to help prevent blood clots. Take this medicine with food or a full glass of milk to reduce stomach irritation. If you miss a dose, take the medication as soon as you can. If it is close to the time of your next dose, skip the missed dose and go back to your regular dosing schedule.

Xarelto

This medication is a blood thinner that may be prescribed in cases where a patient cannot take Aspirin or has a medical reason why a stronger anticoagulant is necessary. It is taken once a day and does not require blood testing.

Remember to call your physician if you experience these symptoms:

- Bleeding
- Increased edema or weight gain
- Increased heat of incision or lower leg
- Increased redness at the incision site or anywhere in the operative leg
- New or increased pain
- New or unclear drainage

Anticoagulation Management

Coumadin

While taking Coumadin you will need blood tests regularly to check your Prothrombin time (how thin your blood is). While you are still homebound, a lab technician will come to your home to collect the blood specimen. The lab will call your surgeon with the results of the blood test, and the surgeon's office will call you with directions regarding the continuation of Coumadin. Be sure you understand whether the directions are for the number of milligrams or the number of tablets you should take. Write down the instructions each time. If for some reason the lab does not come by 2 p.m. on the day you are to have your blood work, call your surgeon's office. Coumadin should only be taken after 6 p.m. - if you take Coumadin in the morning, the results of your blood test will be incorrect.

Note: Never take Aspirin, Ecotrin, Advil, Motrin, Ibuprofen, Excedrin, or vitamin E while on Coumadin. These medications will increase the thinning of your blood.

Lovenox

This medication comes in the form of an injection. If you are to go home with Lovenox, prior to leaving the hospital, you will receive detailed instructions on the medication and how to administer it.

Incision Care

Each surgeon has their own preference for treating the surgical incision. In most cases, your incision will be covered with a silver impregnated dressing that is designed to be left in place for 7 days after surgery. This dressing does not need to be removed or changed on a daily basis.

If your incision is closed with skin glue, it is generally ok to shower and allow water to run over the incision. However, the incision should never be soaked or submerged in water. You should still try to keep the incision as dry as possible. The glue should be left alone until it falls off. Avoid applying soaps, lotions, creams or powders to the glue and do not pick at it.

If your incision was closed with staples you should not shower or get the incision wet. Staples are usually removed between 2 and 3 weeks.

The basics of incision care are:

- Do not apply lotions or powders to the area
- Do not shower if you have staples in place. Staples are usually removed in two or three weeks, consult with your physician and follow discharge instructions for personal care
- Keep the area clean and dry
- Never submerge the area in water

Observe your incision frequently.

Be sure to look for:

- Drainage that is new or not clear
- Heat that you can feel around the incision
- Increased or new redness

Self-Care and Activities of Daily Living (ADL)

Few things make us feel as confident as knowing that we are clean and well-groomed. After your surgery, handling personal hygiene requires a few new tricks.

Helpful Hints to Make Bathing and Dressing Easier:

- Set up everything before you begin to shower. Put your soap, washcloth, towels and other bath items all together where you can easily reach them.
- Test the water before getting into the shower, or ask someone else to test it for you. The water should not be too hot.
- Hand-held showerheads and a long-handled brush or sponge can make washing easier. You can adapt your shower with a handheld shower that fits over the existing shower outlet, or buy an adapter that fits over the faucet.
- Getting in and out of the tub or shower may be a challenge at first. Until you are fully recovered, it is not wise to shower without someone in attendance. We recommend that you review the shower transfer motions with your physical therapist before attempting to shower.
- Bath benches of various styles are available and can make using the shower easier and safer. The shower bench extends over the edge of your tub and makes the transfer into the tub much easier. With a bench, you slide across on your buttocks and lift your legs over the edge. The tub seat requires that you step over the side of the tub before sitting down. Your physical therapist will be glad to advise you on which is best for you and where to purchase one.
- If a soap caddy is suspended from the showerhead and it is too high for use from a bench, you can lower it by using a bent clothes hanger. You can also put a bar of soap in a nylon stocking and tie the end of the stocking to a grab bar.
- Your shower doors will need to be removed to make transfer into the tub easier. An extension curtain rod and shower curtain can be installed easily and inexpensively.
- For safety, you can buy slipper socks with non-skid designs on the soles to wear after your shower. Beach or aqua socks can be used, especially for making transfers. Remember to use a rubber mat inside the tub.
- Grab bars in your shower can also decrease the risk of falls. Your physical therapist will show you where to place them for best results.
- Make sure the shower/tub surface is non-slip.

General Home Safety Tips

- Have a flashlight and battery-operated radio on hand, in case of power failure
- If you live alone, consider arranging for someone to call or stop by daily to make sure you are okay. This person should have your emergency phone numbers
- If your balance is not steady, have someone with you when transferring
- If you use a wheelchair, be sure to lock the brakes before getting up and sitting down
- Keep telephone and emergency numbers within reach, especially when you are alone
- Keep necessary items close, to avoid reaching and stretching
- Keep your walker or cane within reach. Do not attempt to walk without it, and do not walk alone if your balance is not steady
- While recovering temporarily remove throw rugs - they are a tripping hazard
- Secure electrical cords behind furniture
- Use a chair with arm rests
- Use adequate lighting. Use night-lights for pathways to and from the bathroom

Fire Safety

- Do not run electrical cords under carpeting
- Do not overload electrical outlets
- If you are bed or chair bound, notify your local emergency service/fire department
- Keep bedroom doors closed at night
- Make and practice an emergency exit plan
- Obtain a multipurpose (ABC) type fire extinguisher for each living area, furnace area, garage and storage area
- Smoke detectors should be located on each level of the home, in each living area and outside of bedrooms
- Test smoke detectors monthly

Medication Safety

- Do not save old medicines for future use because they can weaken or change. If the dose of your current medicine is changed, ask your doctor for a new prescription
- Do not skip, double up or stop taking your medicine. If you feel that a medicine is causing side effects, call your doctor immediately. Do not stop taking the medicine without direction
- If you have trouble remembering to take your medicine, ask a nurse for help. A weekly medicine box can be helpful
- Keep a list of your medicines with you at all times. If you are allergic to any medicines, you should have a medical alert tag or card
- Keep your medicines in a safe, dry place and out of the reach of children. Be especially careful when children visit or when you visit a home with children
- Never share or borrow prescription medicine
- Non-prescription medicines (over-the-counter medicines) can affect the way your prescribed medicine works. Ask your doctor before using any nonprescription medicine, including cold/flu, cough, pain relievers and herbal medications
- Take medicine as close to scheduled times as possible according to your medication schedule sheet. If you miss a dose, consult your doctor
- Take your medication sheet with you to medical appointments. Your doctor can assist you in keeping it up to date
- Turn on the lights and read the bottle before taking your medicine. If you have trouble with small print, ask your pharmacist to re-label the bottle with larger print

Personal Treatment Plan

This page is for you to write down any questions you may have about your surgery and rehabilitation. Your health care team is interested in your comfort and well-being throughout your hospital stay.

Please let us know how we can help you better.

Thank you.

Questions/Notes

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