

Your Guide For Total Knee & Hip Replacement



ANKENY
MEDICAL PARK
SURGERY CENTER

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ASC BILLING DEPARTMENT PHONE NUMBER:

515.207.6310

Or visit: www.ankenysurgerycenter.com/billing

IF YOU HAVE CONCERNS RELATED TO YOUR TOTAL JOINT

WHEN TO CALL YOUR SURGEON FIRST

- Drainage from your incision site
- Concerns about the incision coming apart
- Fever greater than 101.0°F
- Severe nausea, vomiting or diarrhea

Joint replacement infection symptoms will typically not present themselves within the first 3 days into your recovery. Warning signs of possible infection include:

- Persistent fever (higher than 101.0 orally)
- Shaking, chills
- Increasing redness, tenderness, or swelling of the surgical wound
- Increasing drainage that is purulent (pus like)
- Increasing joint pain with both activity and rest

****Notify your surgeon immediately if you develop any of these symptoms****

WHEN TO CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM

- Sudden onset of chest pain
 - Sudden unexplained shortness of breath
 - Localized chest pain with coughing
 - Blood with vomiting or coughing
-

Important Numbers

DMOS Orthopaedic Centers

515.224.1414

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Outpatient Joint Replacement

Selecting Your Support Person:

All patients undergoing Total Joint Replacement must have a designated home support “Coach” after the procedure. This person is commonly a family member, friend or loved one that is capable and willing to care for you while you are in the acute period of recovery (3-4 days). Please note: if you do not have someone willing or able to do this at the time of your surgery, please advise the ASC Total Joint Coordinator, as this may delay your surgery.

Common Pre-Operative Clearance:

Your surgeon will request that your primary care provider complete a history and physical and pre-operative clearance prior to surgery. All your information will be carefully reviewed by your surgeon and an anesthesiologist. These clearances may include:

- Standard Labs
- Pre-Operative EKG (electrocardiogram)
- Chest X-ray
- Surgical clearance by any specialist you see (Cardiologist, Pulmonologist, Endocrinologist, etc.)

The Outpatient Experience:

- Prior to your procedure you will have attended a pre-operative education and evaluation class at the ASC. This class is led by a registered nurse and is a required part of this program.
- The class discusses all the elements of this booklet and your surgical experience.
- Please bring your dedicated Recovery Coach to this class with you.
- The plan for medications, equipment and post-operative support will be clearly outlined and you will be well prepared for a successful recovery.
- Prior to your surgery, you may meet with a physical therapist who will instruct you on exercises to be started right away.
- You will be scheduled to see your surgeon 7 - 14 days after surgery unless otherwise directed.

Checklist: Preparing for Total Joint Surgery

- Recovery Coach Chosen: _____
- Appointment for Primary Care physical and lab work scheduled:
Date _____
- Physical Therapy Pre-operative education session scheduled:
Date _____
- Medical Equipment received or purchased.

Daily showers with Chlorhexidine (CHG) starting 5 days prior to surgery:

Date _____
Date _____
Date _____
Date _____
Date _____

Twice Daily applications of Mupirocin in each nostril starting 5 days prior to surgery:

Date _____ (AM) (PM)
Date _____ (AM) (PM)
Date _____ (AM) (PM)
Date _____ (AM) (PM)
Date _____ (AM) (PM)

1000 mg acetaminophen 4 times a day starting 3 days prior to surgery, unless otherwise directed:

Date _____ (AM) (NOON) (PM) (BEDTIME)
Date _____ (AM) (NOON) (PM) (BEDTIME)
Date _____ (AM) (NOON) (PM) (BEDTIME)

**Last dose must be taken prior to midnight the night before surgery.*

Preventing Infection BEFORE surgery

Remaining free from infection is a significant factor to the success of your operation. The most effective way to reduce your risk is to practice good hygiene. This means that you and your caregivers are making a conscious effort to wash hands frequently. Please notify your surgeon if you have ever had a serious skin infection such as MRSA so appropriate measures can be put in place to reduce your risk for a surgical site infection.

Some of the infection prevention factors to follow prior to surgery are listed below:

1. Daily showers with Chlorhexidine/betasept starting 5 days prior to surgery.
2. Nasal application of Mupirocin twice daily starting 5 days prior to surgery.
3. Do NOT shave your surgical area starting 7 days prior to your surgery.
4. Antibiotics will be given through your IV prior to your procedure and again before discharge.

For FIVE days before your surgery

- Wash your hair and face as you normally would.
- Use the liquid soap, Chlorhexidine (CHG), one time a day for five days, preferably at bedtime. (This is available at your pharmacy without a prescription)
 - a. Let your skin get completely wet in the shower, then turn water off.
 - b. Apply the soap from your neck down to your toes using a clean washcloth. KEEP AWAY FROM YOUR EARS AND EYES.
 - c. Scrub your body with the soap and clean washcloth. ****This soap DOES NOT suds up like normal soap****
 - d. Focus on the area of your surgery, under your arms, and your groin.
 - e. Keep the soap on for at least 2 minutes.
 - f. Rinse off the soap and use a clean towel.

- Apply mupirocin ointment in your nose, two times a day (morning and evening) for five days.
 - g. Place a pea-sized amount of ointment on a cotton swab.
 - h. Apply the ointment in one side of your nose.
 - i. Repeat steps a) and b) for the other side of your nose.
 - j. Pinch together and release the sides of your nose many times for one minute to spread throughout your nose.
 - k. If your nose starts to sting, remove the ointment with a soft cloth and water. This is very rare.



Total Hip Replacement Overview

Definition

Hip replacement surgery is performed when the hip joint reaches the point when painful symptoms can no longer be controlled with non-operative treatments. Total Hip Arthroplasty (also known as THA) is a surgery that removes the damaged joint surfaces and replaces them with artificial implants.

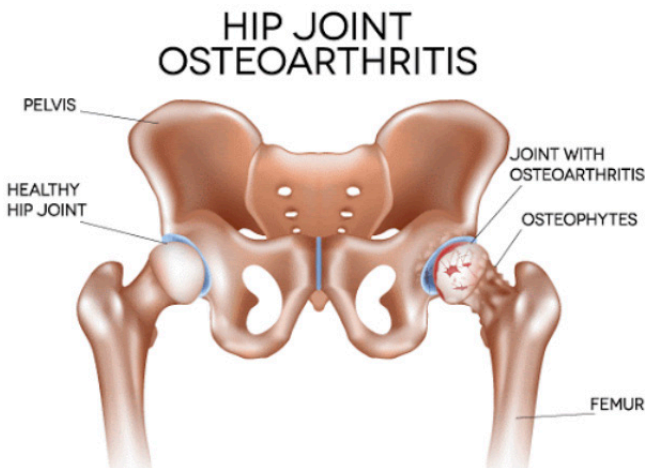
Hip replacement implants have been designed to provide the best possible function with long-lasting results. Metal, plastic, or ceramic materials may be used. Your surgeon will determine the most compatible and durable implant for you.

Description

Certain diseases and conditions, such as arthritis, can affect the hip joint and normal hip function. Over time, arthritis and inflammation can cause cartilage loss exposing bone within the hip joint leading to pain and limiting mobility. Advanced arthritis is the most common reason for hip replacement surgery.

How long does surgery take?

Surgery will take approximately one hour but extra time is required for the anesthesiologist to make sure that you are comfortable and for the nursing staff to take care of you before and after surgery.



Total Knee Replacement Overview

Definition

Knee replacement surgery is performed when the knee joint reaches the point when painful symptoms can no longer be controlled with non-operative treatments. Total Knee Arthroplasty (also known as TKA) is a surgery that removes the damaged joint surfaces and replaces them with artificial implants.

Knee replacement implants have been designed to provide the best possible function with long-lasting results. Metal and plastic materials will be used. Your surgeon will determine the most compatible and durable implant for you.

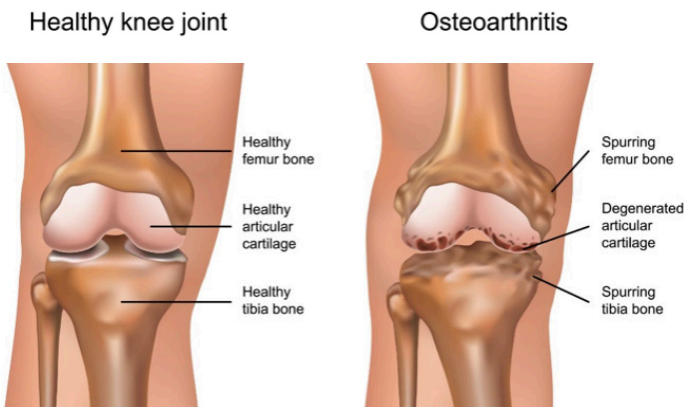
Description

Certain diseases and conditions, such as arthritis, can affect the knee joint structure and function. Over time, arthritis and inflammation can cause cartilage loss exposing bone within the knee joint leading to pain and limiting mobility. Advanced arthritis is the most common reason for knee replacement surgery.

How long does surgery take?

Surgery will take approximately 1 hour but extra time is required for the anesthesiologist to make sure that you are comfortable and for the nursing staff to take care to you immediately before and after surgery.

Osteoarthritis of the Knee



Realistic Expectations About Joint Replacement Surgery

An important factor in deciding to have total joint replacement surgery is understanding what the procedure can and cannot do.

More than 90% of individuals who undergo total joint replacement experience a dramatic reduction of joint pain and significant improvement in the ability to perform common activities of daily living after their surgical recovery. However, total joint replacement will not make you a super-athlete or allow you to do more than you could before you developed arthritis. Following surgery, you will be advised to avoid some types of activity including running and high impact sports.

With normal use and activity, every joint replacement slowly develops some wear in the plastic components. Excessive activity or weight may accelerate this normal wear and cause the joint replacement to loosen and become painful. With appropriate activity modification, joint replacements can last for many years.

Dangerous Activity
After Surgery

Jogging or running, contact sports, high
impact aerobics

Expected Activity
After Surgery

Vigorous walking or hiking, skiing, singles
tennis, repetitive lifting exceeding 50
pounds, repetitive aerobics, swimming,
golfing, biking, ballroom dancing

Will my joint be different after surgery?

Yes. You will have a scar from the surgical site, and you will likely have some numbness around the incision. It is important to understand that your joint replacement may never feel like a “normal” joint. You can expect to have less pain and more function after recovering from your joint replacement. It can be normal to hear a “clicking” noise from your new joint following your surgery. This is plastic hitting against metal within your new knee replacement.

Safety and Preparation of your Home

Making your home “recovery friendly” is easy. A good rule of thumb is to think safety first and then comfort.

Avoiding Falls

- You should use crutches, a walker, handrails, or someone to help you until you have improved your balance, flexibility, and strength.
- Your surgeon and physical therapist will help you decide what assistive aides will be required following surgery and when those aides can safely be discontinued.
- You will typically use crutches or a walker for at least the first two weeks.

Entryways, stairs, and halls

- Keep well-lighted and clutter-free.
- Install night-lights and illuminated switches.
- Make sure carpets/loose rugs are firmly anchored to the floor.
- Avoid throw rugs especially near stairs.
- Install nonskid pads on uncarpeted steps
- Have TWO different escape routes in case of fire.
- Check and repair all loose handrails/banisters. You may want to have handrails installed where necessary.

The Kitchen

- Move the most used items within easy reach.
- Never stack objects to stand on to reach high places.
- Keep the floors dry.
- Buy easy to prepare meals, such as frozen foods.

The Bathroom

- Place non-skid adhesive strips on the floor of bathtubs/showers.
- Turn on lights in addition to a night-light when getting up at night to use the bathroom.
- Sit on the side of the bed a few minutes to wake up before getting out of bed.
- Keep floor dry in bathroom.
- An elevated toilet seat is helpful but not required.

General Safety Tips

- Remove furniture from walkways.
- Wear supportive/comfortable shoes.
- Place emergency phone numbers near phone.
- Be aware of changes in surface levels (ex. Curbs, stairs, carpet vs linoleum, uneven surfaces outside, ice). If necessary, use stable objects for extra support.
- Make sure loose clothing is tied or not too long when walking.
- Pick up your feet to avoid tripping.
- Watch for pets in the home to avoid trips and falls.
- Avoid sitting in low chairs as they can be difficult to get up from.
- Relax in firm chairs that have armrests and are at appropriate heights. Using pillows will help. This will make it easier to get up.

Prepare your shower

Someone may need to be readily available to help with showering.

Place your soap, shampoo and other shower items in a spot that does not force you to bend or twist to reach them.

What to Expect the Day/Evening Before Surgery

A nurse from the ASC will contact you the day before surgery (or on Friday if your operation is on Monday) and will discuss the following:

- Stop having solid food at midnight the night before surgery.
- Patients can have 18 oz of clear liquids such as water and coffee without cream up until 2 hours before coming to the surgery center.
- Which medications to take the morning of surgery.
- What time you should plan to arrive at ASC.
- The need to leave ALL jewelry, piercings, and other valuables at home.
- You may enjoy a regular dinner. Remember to drink plenty of fluids but to avoid alcohol. Consider drinking 16 oz of an electrolyte such as Powerade or Gatorade as your last drink.
- Pack necessary medications that you will need to take at the ASC following your procedure (ex. Insulin, heart medications, hormones, seizure, DVT).
- Bring your CPAP device if you use one, even rarely, for obstructive sleep apnea.
- Bring your inhalers if you use any, even rarely.

Pack and bring important documents:

- ✓ Photo ID
- ✓ Insurance Card
- ✓ Durable Power of Attorney papers (if you have this)
- ✓ Patient Education Book

Check-in Process

Before Leaving Home

- Do not apply makeup, lotion, perfume, or deodorant
- Do not shave legs or surgical area
- You may brush your teeth and rinse your mouth but do not swallow the water

Registration

When you arrive at the ASC, proceed to the desk and our staff will assist you. You will be asked to verify the spelling of your name, date of birth, and insurance information. Copies of your photo ID and insurance card will be taken. You will be asked to sign various consents during registration; there will be plenty of time to ask questions. After the registration process is complete, you will be asked to take a seat until one of the ASC nurses calls you to accompany them. At this time, your coach/family members will remain in the waiting room while you change into a gown and an IV is started. The nurse will then call for your coach/family to come to your pre-op room.

Pre-Operative Admission Process

1. We will weigh you as walk to your room. All females of childbearing age will be asked for a urine sample.
2. You will be asked to put on a patient gown, hair covering, and socks.
3. The nurse will check your heart rate, blood pressure, and temperature.
4. A nurse will place an IV in your hand or arm.
5. A nurse will inspect the surgical site and use a clipper to remove any hair present.
6. A nurse will cleanse the surgical site with an antiseptic cloth.
7. You and your surgeon will mark the joint you are having replaced with a special pen.
8. An anesthesiologist will meet with you to discuss an anesthesia plan.
9. You will be asked to remove dentures/partial plates, contact lenses and eyeglasses, jewelry, and piercings, if any remain. It is preferred you remove these and leave them at home.
10. You will receive a dose of antibiotics per your surgeon's orders.
11. You will then be taken to the operating room. At this time, your coach/family will return to the waiting room.

What will my time at the ASC be like?

After your surgery is done, you will be taken to the recovery room, also known as the Post-Anesthesia Care Unit (PACU). As you are recovering from your anesthesia, your surgeon will talk to your Recovery Coach/Family to let them know that your surgery is over and how the procedure went.

You will most likely be groggy initially after the surgery due to the medication you received in the Operating Room (OR). In PACU your vital signs (blood pressure, temperature, and pulse) will be monitored closely by your nurse. The nurse will also evaluate your dressing for drainage. Once your surgeon and anesthesiologist deem it safe, you will move into your final recovery location (Post-Op) where your Recovery Coach/Family can visit. You will be prepared for discharge.

Am I going to have pain?

It is important that you understand that we cannot take away all of your pain. Your pain will be evaluated with words like; mild, moderate, severe, controlled, and tolerable. Some pain is normal after surgery and we will keep you as comfortable as possible. Controlling your pain is a very important part of your recovery. Too much pain will keep you from being able to do your exercises and physical therapy.

Be Sure to let your nurse know:

If your pain medication seems to wear off too quickly or if you start to feel nauseated. The earlier the healthcare team intervenes, the more comfortable we can make you. Please feel free to speak with your nurse about any concerns.

How long will I be at the ASC?

You and your surgeon have chosen an expedited recovery pathway, so you will be able to be discharged the same day as your surgery. Typically, your time of stay (from admit to discharge) will be approximately 5-6 hours.

When can I leave?

You will be able to go home when:

- Your healthcare team feels that you are safely moving around, and you can get in and out of bed with assistance.
- You can get to the bathroom with assistance and empty your bladder.
- Your incision has no signs of excessive bleeding.
- Your vital signs are stable.
- You can control your pain with oral medications.

Surgical Pain Control

Spinal Anesthesia

- If you are having a total hip or knee, your anesthesiologist will discuss the benefits of having spinal anesthesia.
- One of the many benefits of having spinal anesthesia is that you require less general anesthesia meaning you will wake up faster and easier from your surgery. Spinals also help with relaxing your muscles from the waist down allowing the surgeon to more easily get your new implant in the correct place. The long-acting pain medication works after the numbing medication wears off.



- Knees can have more discomfort than hips in the first 24 hours, so this is very beneficial for those first few days. This starts your pain control before your pain sets in and we want to keep your pain under control.
- You will talk with your anesthesiologist the morning of your surgery to discuss your best option and the process of the procedure.

Regional Anesthesia (Total Knee ONLY)

Regional anesthesia (peripheral nerve blocks) is a common option for orthopedic surgery. It numbs only the area of the body that requires surgery. You remain awake and aware during the block procedure, but rarely does a patient remember the event. Some research has found that regional anesthesia can provide better pain control and lead to faster rehabilitation and fewer complications than general anesthesia.

The First Few Days Following Surgery

MOVING YOUR BODY AFTER HIP SURGERY

Movement after your hip surgery is very important to your recovery. Here are some simple tips you can do to increase your strength and get you back to the activities you enjoy.

Day of Surgery - Coming home:

- It's important to get up and walk around early and often after surgery.
Start with smaller trips to the bathroom or to other areas of your house. Increase the length of time you are up and how far you go each time.
- Try to do as much as you can for yourself. This will help speed up your recovery, and also increase your confidence.
- Your coach and support person can be helpful to you at home with bigger tasks, such as making meals, cleaning, or completing errands.

Week 1 Activity:

- Walking is the best way to recover after surgery. Start with short, frequent walks and increase how far you go and how long you walk.
- Find places to walk that are flat and even so you don't have to worry about falling.
- Take time to do your hip exercises (see page 30) at least 3 times a day. These exercises will help strengthen your hip, and the muscles in your leg. They will also help you increase your range of motion.
- Remember, you should be able to do the stairs almost as soon as you get home. Give yourself time to go up the stairs so you are not rushed. Use your assistive device as directed.
- Follow any precautions that you were instructed. Ask your surgeon how long you should follow these precautions.
- Take time to rest and ice your hip throughout the day. It's important to move throughout the day, but you can overdo it.
- Walk with an assistive device, like a walker or crutches until you can walk without a limp. You may be able to transition to a cane. Ask your surgeon when you can stop using an assistive device.

Week 2:

- Continue walking, increasing how long you are walking and how far you go as you tolerate.
- Continue performing your hip exercises at least 3 times a day.
- Your pain levels will be decreasing as you get further out from surgery. It's still important to take breaks between activity and ice your hip.
- Talk to your surgeon about when you can transition into low impact activities, such as riding a stationary bike.
- Most patients do not need formal physical therapy after a hip replacement. However, if you are worried your hip is not recovering its strength or range of motion as expected, please talk with your surgeon.
- You may be able to start driving this week if surgery was not on your driving leg, and if you are not taking narcotic medications.

Week 3:

- Continue walking, increasing how long you are walking and how far you go as you tolerate.
- Continue performing your hip exercises at least 3 times a day.
- You may be able to begin some lower impact activities this week, such as riding a stationary bike. Increase your time and intensity slowly and listen to your body.
- Continue to rest and ice your hip between activities, at least 5-6 times a day.

Week 4:

- Continue your walking plan as a part of your recovery.
- You will be able to do many light activities and chores at home! Do as much as you can, increasing those activities gradually.
- If you have a desk job or a job where you are able to sit and rest throughout the day, you may be able to return to work this week. If you have a job that requires more intense activity, lifting, or requires you to be on your feet most of the day, it may take longer to return to work.
- If surgery was on your driving leg, you may be able to start driving this week. You need to have the strength in your leg and the motion in your leg to step on the brake and the gas quickly. You also need to be off narcotic medications.

MOVING YOUR BODY AFTER KNEE SURGERY

Movement after your knee surgery is very important to your recovery. Here are some simple tips you can do to increase your strength and get you back to the activities you enjoy.

Day of Surgery - Coming home:

- It's important to get up and walk around early and often after surgery. Start with smaller trips to the bathroom or to other areas of your house. Increase the length of time you are up and how far you go each time.
- Try to do as much as you can for yourself. This will help speed up your recovery, and also increase your confidence.
- Rest, Ice and elevate your knee between movement and exercises. Remember, "Toes over nose."
- Your coach and support person can be helpful to you at home with bigger tasks, such as making meals, cleaning, or completing errands.

Week 1:

- Walking is the best way to recover after surgery. Start with short, frequent walks and increase how far you go and how long you walk.
- Your surgeon may have instructed you to attend formal physical therapy to monitor your bending and straightening. If you feel like you will need it, take pain medications about 30-45 minutes before your appointment.
- Take time to do your knee exercises (see page 31-32) at least 3 times a day. Even though you may be going to physical therapy a few times a week, doing your exercises at home is very important to getting your strength and range of motion back in your knee.
- Find places to walk that are flat and even so you don't have to worry about falling.
- Remember, you should be able to do the stairs almost as soon as you get home. Give yourself time to go up the stairs so you are not rushed. Use your assistive device as directed.
- Take time to rest and ice your knee throughout the day. It's important to move throughout the day, but you can overdo it.
- Walk with an assistive device, like a walker or crutches until you can walk without a limp. You may be able to transition to a cane. Ask your surgeon when you can stop using an assistive device.

Week 2:

- Continue walking, increasing how long you are walking and how far you go as you tolerate.
- Attend your physical therapy appointments as scheduled.
- Continue performing your knee exercises at least 3 times a day.
- Your pain levels will start to decrease the further out you are from surgery. You may find you can move more easily and you don't need as much, if any, pain medications.
- Continue to ice and elevate your knee. You could experience swelling for weeks up to a few months after surgery. Your swelling may increase as you try new activities, or increase the amount of activity you are doing.
- Talk to your surgeon about when you can transition into low impact activities, such as riding a stationary bike.
- You may be able to start driving this week if surgery was not on your driving leg, and if you are not taking narcotic medications.

Week 3:

- Continue walking, increasing how long you are walking and how far you go as you tolerate.
- Continue performing your knee exercises at least 3 times a day.
- You may be able to begin some lower impact activities this week, such as riding a stationary bike. Increase your time and intensity slowly and listen to your body.
- Continue to ice and elevate your knee and leg.
- You may find that your pain is becoming much lower and you may need only minimal pain medications.

Week 4:

- You may be graduating physical therapy this week! Make sure to talk with your therapist about exercises that you can do at home to continue your recovery and progress.
- Continue your walking plan as a part of your recovery.
- You will be able to do many light activities and chores at home! Do as much as you can, increasing those activities gradually.
- If you have a desk job or a job where you are able to sit and rest throughout the day, you may be able to return to work this week. If you have a job that requires more intense activity, lifting, or requires you to be on your feet most of the day, it may take longer to return to work.
- If surgery was on your driving leg, you may be able to start driving this week. You need to have the strength in your leg and the motion in your leg to step on the brake and the gas quickly. You also need to be off narcotic medications.

PAIN MANAGEMENT

Managing your pain following surgery is a priority for you and your healthcare team.

Pain after surgery: What should I expect?

- You should expect to have some pain after surgery.
- Your care team will work with you to help you achieve a pain level that is “functional” for you. This means your pain level is controlled enough that you can walk and do your exercises, and also rest.
- Treating pain will be specific for each patient. The plan should include both medication and non-medication options to provide you the best pain management experience. Healing occurs faster when pain is under control.
- If you think you will need it, we recommend that you take your pain medication about 45minutes before physical therapy. This will give time for the medicine to get into your body and work during your therapy session.

Different types of pain you may feel after surgery

You may be surprised at where you experience pain after surgery. Often times the incision itself is not the only area of discomfort. You may or may not feel the following:

- Muscle pain – You may feel muscle pain in the neck, shoulders, back, leg, feet, or chest from lying on the operating table.
- Throat pain – Your throat may feel sore or scratchy.
- Movement pain – Sitting up, walking, and coughing are all important activities after surgery, but they may cause increased pain at or around the surgical site

Some helpful ways to manage your pain:

- Icing your surgical incision can help manage swelling from your surgery. This can help keep your pain level down. Ice at least 5-6 times a day for about 20-30 minutes at a time.
- Change your position. Your joint will get stiff staying in one position too long. Moving your joint can help decrease stiffness and pain.

- Relaxation tapes or Guided Imagery is a proven form of focused relaxation that coaches you in creating calm, peaceful images in your mind -- a “mental escape .” There are many apps and programs available that you can use.
- Listening to your favorite music or tuning in to your favorite television show can provide a distraction from your pain or discomfort.
- Go outside if the weather allows you to. Getting some fresh air can help when you are feeling down or having a hard time managing your pain.
- Plan a social connection with your family or friends. Getting together with those you love can help lift your mood, and also distract you if you are having a hard time with your recovery. Please stay safe and avoid those that are sick or have been ill.

Oral Pain Medication

We use a multi-modal pain management approach. That means we use many different types of medications and therapies to work together to control your pain. Your nurse will help you form a plan that is just for you. The nurse will also help you with a plan for managing your pain when you go home.

- Your plan will include non- narcotic medications such as Acetaminophen, anti-inflammatories like Ibuprofen or Naproxen. It can be helpful to alternate these medications so that you are not taking everything all at once.
- Make sure to continue to use other ways to manage your pain while you are using medications. Together, they will work to provide you with a better pain management experience than just medications by themselves.
- Narcotic medication are sometimes prescribed after surgery. Examples included oxycodone, Percocet or Norco.
- Take narcotic medications when you need them. Do not plan ahead and take these medications to keep the pain from getting too bad. You may end up taking more narcotic medications and experience more side effects.

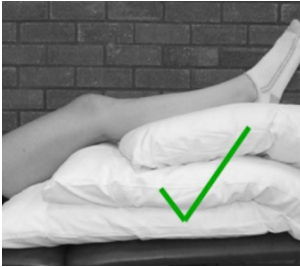
IMPORTANT: *If you feel your pain is not being controlled to allow you to exercise and get up and move, please talk with RN care coordinator. It's important to find a pain management plan that will work for you and make sure you can participate in your recovery.*

What to Expect Post-Op

Swelling

It is normal to have swelling after your surgery.

If the swelling is significant, first try the acronym R.I.C.E. (R - rest, I - ice several times a day, C - compression (TED hose/Ace wrap), E - elevate your leg above your heart).



TOES ABOVE YOUR NOSE

- The most common complaint after surgery is swelling
- It is VERY important that you elevate your leg often or at least a minimum of 5 times a day for 30 minutes
- A recliner does NOT qualify toes above your nose
- If you have an electric bed, make sure you are keeping your leg straight
- NO PILLOWS DIRECTLY UNDER THE BEND OF YOUR KNEE FOR TOTAL KNEE REPLACEMENT

Tourniquet Pain

Total knees may experience pain in their upper thigh on the operative side. This pain is caused from the tourniquet used during surgery. The thigh muscle may feel bruised and pain should resolve within a week of surgery.

Fever

A low-grade fever (less than 101 degrees) is common after surgery. You may have night sweats (or chills) as your body reacts to the “trauma” of surgery. If the fever does not respond to Tylenol or you have other symptoms accompanying the fever, please call the RN Coordinator.

Aquacel Bandage

The Aquacel bandage must remain in place until your post-op appointment. This bandage is waterproof and can be worn in the shower. Remember, no soaking this bandage in any water. This dressing flexes with the skin, absorbs and locks in fluids, is waterproof, and is a viral and bacterial barrier when 100% intact with your skin.

If your dressing starts to come off or the edges of the dressing peel away from your skin, reinforce the bandage with a waterproof tape. **DO NOT REMOVE DRESSING.**

Some drainage appearing on dressing is normal. However, if there is a large amount of fluid seeping out of your dressing, especially green-colored and foul smelling, please notify your surgeon immediately.



Showering

When can I shower?

You are able to shower the night you get home from surgery. It is recommended that you have someone to help you in/out of shower for the first several days following surgery. Your bandage is waterproof and must be left in place during shower. NO SOAKING in water until cleared by surgeon; this includes bathtub, hot tub, swimming pool, etc.

Sleep

Disturbances in sleep are normal following surgery and should improve with time. If you are unable to sleep due to pain, take pain medicine with some crackers or food. You can also try to sleep with your leg straight and a pillow under your heel. However, if you are unable to sleep on your back then sleep whichever way is most comfortable for you. If needed, you can try over-the-counter Benadryl (diphenhydramine) 1-2 tablets or melatonin; these do not cause dependence or rebound insomnia like prescription sleep aides. Restoration of healthy sleep habits (ideally 7-8 hours per night) is important in maintaining overall physical and mental health.

Diet

When can I eat?

Most patients do not feel hungry right after surgery and some loss of appetite is common for several weeks following surgery. You will be able to try solid foods the evening of your surgery.

A balanced diet with foods high in protein, fiber and iron is important to promote proper tissue healing and restore muscle strength. Add lean protein such as fish, poultry, lean cuts of red meat, eggs, nuts, legumes (beans), vegetables, protein drinks (high protein/low sugar) to your diet. Adding soluble fiber will also help decrease post-op constipation. Examples include black beans, Brussel sprouts, broccoli, avocado, sweat potatoes, carrots, apricots.



Constipation

Constipation is a common side effect from opioid pain medication, if you are taking one, and can cause pain and discomfort if the proper precautions are not taken. Another cause of constipation following surgery is lack of activity. You can reduce your risk of becoming constipated by staying hydrated, eating a good diet high in fiber, and using over-the-counter stool softeners. Staying active by completing some light exercises, lower the risk of constipation.

Constipation After Orthopedic Surgery

Constipation can occur after joint replacement surgery. Some medications can cause constipation; including the pain medications prescribed. Constipation can also be caused by lack of food or fluid intake.

Over-the-counter treatment options for constipation include *(list starts with the least aggressive to the most aggressive)*

Docusate (COLACE) – a stool softener

- Usual dose: take 1 tablet by mouth two times a day

Polyethylene Glycol 3350 (MIRALAX) – a gentle laxative

- Usual dose: Add 17 grams (fill to cap line) to 4-8 ounces of beverage. Drink once a day

Senna (SENOKOT) – a natural stimulant

- Usual dose: take 1-2 tablets by mouth two times a day

Senna-Docusate (SENOKOT-S) – A combination of a stool softener with a natural stimulant

- Usual dose: take 1 tablet by mouth two times a day

Magnesium Hydroxide (MILK OF MAGNESIA) – a laxative

- Usual dose: 204 tablespoons at bedtime

Bisacodyl (DULCOLAX) tablet – a stronger stimulant laxative

- Usual dose: take 1 tablet by mouth daily

Bisacodyl (DULCOLAX) suppository – a stronger stimulant laxative

- Usual dose: insert 1 suppository into the rectum daily

Magnesium Citrate (CITROMA) – a stronger laxative that usually works within several hours

- Usual dose: drink 1/2 - 1 bottle once a day

Other things you can do to prevent and treat constipation:

- Drink non-caffeinated fluids like water, juices, especially prune juice
- Eat high-fiber foods like popcorn, crunchy vegetables, and fruit
- Take a high-fiber supplement like Psyllium Husk (METAMUCIL).
 - Usual dose: add 1 teaspoon to 8 ounces of beverage.
Drink once a day.

Preventing Difficulties After Surgery

To Avoid Breathing Problems

- Stop smoking 4 weeks before surgery and refrain from smoking after surgery.
- The Incentive Spirometer is a piece of equipment that you will use to help exercise your breathing muscles and prevent pneumonia after surgery. This is part of your deep breathing exercises.

Instructions for using the Incentive Spirometer:

- Using the mouthpiece, inhale slowly and deeply to raise the indicator.
- When you cannot inhale any longer, remove the mouthpiece and hold your breath for at least 3 seconds.
- Exhale normally.
- Repeat this at least 10 times every hour while awake.

To Avoid Blood Clots

- After surgery perform ankle pumps 10 times every hour while awake to prevent blood clots. (See p.27 or p.28 for instructions on how to perform)
- A blood thinner, typically aspirin, will be prescribed for you after surgery.

******Notify your surgeon immediately if you develop any of these symptoms******

- Increasing or severe pain in your calf or back of your knee
- Increasing swelling in your calf, ankle and foot that does not subside with elevation.

******Call 911 or proceed directly to ER if any of these symptoms occur******

- Sudden increased shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing

NO PROFESSIONAL MANICURES/PEDICURES OR WAXING/HAIR REMOVAL FOR 4-6 MONTHS FOLLOWING YOUR PROCEDURE

Dental Treatments

NO dental work for at least 3 months after a total joint replacement. When you make a dental appointment, tell your dentist you have had a joint replacement. You will need to take an antibiotic prior to your appointment. Antibiotics will need to be taken prior to each dental visit for at least 2 years following a joint replacement. This is because bacteria from the mouth, teeth, or gums can travel through the bloodstream and settle in an artificial joint. You may need to pre-medicate with an antibiotic for any GI procedures for at least 2 years following surgery. Procedures done in the first 3 months after surgery could increase your risk for infection, please consult with your surgeon prior to scheduling any of these procedures.

Infection Prevention

The following measures may reduce your risk of exposure to germs that could cause infection after your procedure.

- Frequent showers as permitted by your surgeon. You may shower the evening of surgery.
- Follow your surgeon's instructions regarding your dressing/wound care.
- Keep your fingernails short and clean, bacteria can grow under long nails.
- Do not share any products that come in contact with your skin such as soaps, lotions, creams, and cosmetics.
- Do not share any personal items that come in contact with your skin such as razors, nail files, toothbrushes, combs, or hairbrushes.
- Wear clean nightclothes to bed and sleep in clean sheets.
- Keep any cuts, wounds, or breaks in your skin clean and covered until they heal.
- No professional pedicures or any waxing for 4 -6 months following your procedure.

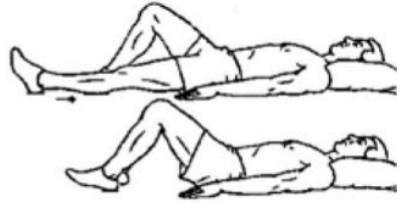


Frequent hand washing is the best deterrent to infection!

Total Hip Replacement Exercises

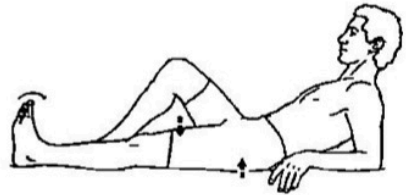
Heel Slides

- Lie on your back with legs straight
- Gently slide the heel of the surgical leg towards buttocks until stretch is felt
- Gently slide the heel back to starting position



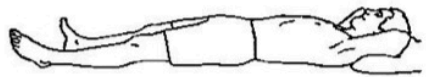
Quad Sets

- Lie on your back with legs straight
- Tighten the muscle on top of your thigh by pressing your knee down into the bed
- Hold for 5 seconds



Glute Sets

- Lie on your back with legs straight
- Tighten buttock muscles
- Hold for 5 seconds



Hip Rotation

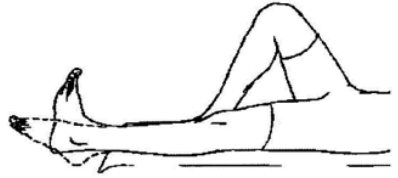
- Lie on your back with legs straight
- Gently rotate the foot to the outside
- Return to the middle



Total Knee Replacement Exercises

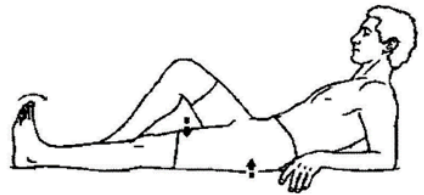
Ankle Pumps

- Lie on your back with legs straight
- Point toes towards head and then point toes away from head
- Continue to slowly alternate positions



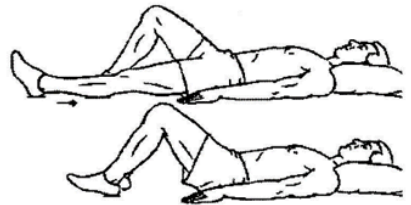
Quad Sets

- Lie on your back with legs straight
- Tighten the muscle on top of your thigh by pressing your knee down into the bed
- Hold for 5 seconds



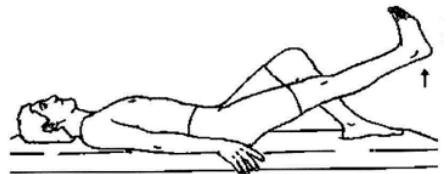
Heel Slides

- Lie on your back with legs straight
- Gently slide the heel of the surgical leg towards buttocks until stretch is felt
- Gently slide the heel back to starting position



Straight Leg Raise

- Lie on your back with legs straight
- Tighten muscle on top of the surgical leg
- Then lift leg six inches from the bed, try to keep knee straight
- Hold for 5 seconds
- Slowly return to the starting position



Total Knee Replacement Exercises

Seated Knee Flexion

- Sit in a straight chair with feet flat on the floor
- Slide surgical foot back until gentle stretch is felt over the knee
- Hold for 10 sec
- Gently slide foot back to starting position



Sitting Knee Extension

- Sit in a straight chair
- Prop heel of surgical leg on a chair or stool of equal height
- Keep knee and toes pointed towards ceiling
- Tighten muscles on top of your thigh or gently press down on your thigh
- Hold for 10-15 seconds



Total HIP Replacement Discharge instructions

• Pain Medicine.

- Your surgeon will customize your post-op pain management plan on your discharge instructions. This plan may include acetaminophen (Tylenol), anti-inflammatories (Aleve, ibuprofen), prescription pain medications (hydrocodone, tramadol, oxycodone), and over the counter medications. Never take more than the recommended daily dosage and remember all medications can have side effects.
- Never take pills on an empty stomach – it can make you nauseous. If having a significant abdominal pain, please contact your office.

• Blood Thinners

- You will be on a blood thinner after surgery to decrease the risk of blood clots
- Your blood thinner may cause swelling, bruising, blisters, and wound drainage
- Bruising and swelling is normal after surgery, but if it becomes excessive or you develop blisters or persistent wound drainage, we may change your blood thinner
- Most patients take Aspirin 81 mg twice a day unless instructed otherwise
- If given Aspirin, it will be continued for 4-6 weeks after surgery as directed

• Physical Therapy

- Most hip patients do not require formal physical therapy – the best exercise is walking!
- Increase your exercises as tolerated (listen to your body)
- Use an assistive device (walker, crutches etc.) until you are stable and do not limp
- Hip Precautions
- Anterior Approach – no hip precautions necessary
- Posterior Lateral Approach – refer to physician protocols

• Incision Care

- Your dressing has silver (an anti-bacterial agent) which allows the dressing to stay on until your office visit 2 weeks after surgery.
- It is normal for some drainage to appear on the dressing – it does not need to be changed unless it starts to leak out the sides of dressing
- If the edges of the dressing start to peel, just reinforce back down to your skin with some tape

- In the event that the dressing needs to be changed, cover the incision with any sterile dressing/gauze and change daily
- The dressing you have on is waterproof. You may shower without needing to cover this. No soaking or bathtub.
- If you develop fluid blisters do not pop them; cover them with a non-adherent dressing until they scab over; a new layer of skin will eventually form

• **Swelling**

- It is normal to have swelling after your surgery
- If the swelling is significant, first try the acronym R.I.C.E (R - rest, I - ice several times a day, C - compression (TED hose/Ace wrap), E - elevate your leg above your heart)
- Ice is very important for swelling and pain control. Can use an ice pack from the freezer 20 minutes on, 20 minutes off.
- You have the option to purchase a Polar Ice machine through our office. If you don't already have one and would like one, please contact our office. This machine can be used up to 45 minutes at a time 7 times a day. Do not sleep with this on.
- If you develop sudden swelling and calf tenderness that does not improve with the R.I.C.E. treatment, you may have a blood clot - call the office. Swelling in the lower legs should improve with elevation (such as sleeping at night). If it does not improve, there may be a blood clot.
- If you develop shortness of breath or chest pain, go the ER as those are signs of a blood clot in the lungs

• **Fever**

- It is common to have a low-grade fever (less than 101 degrees) after surgery
- It is rarely caused by infection but is more likely a result of atelectasis (small collapse of the base of the lungs which is common after surgery). So, use the "incentive spirometer" breathing machine supplied by hospital or surgery center.
- You may have night sweats (or chills) as your body reacts to the "trauma" of surgery
- If the fever does not respond to Tylenol or you have other symptoms such as a bad cough, urinary symptoms, or wound changes (pus, odor, generalized redness), please call the office

• **Bowel Movements**

- Most patients have not had a bowel movement prior to discharge
- When you get home and are in comfortable surroundings with your normal diet - work on it!
- Start over the counter (OTC) stool softner: Colace, SENNA

- You may also try MiraLAX, which is a gentle laxative that won't cause cramping
 - All of the medicines for constipation are over the counter – if what you are doing is not working, a pharmacist can suggest an alternative laxative, suppository, or enema
 - Constipation is the #1 reason that patients end up back in the ER
 - Nausea
 - Again, never take pain pills on an empty stomach – it will make you nauseous
 - If you are frequently nauseous, our office can prescribe nausea medicine
 - Phenergan and Zofran are 2 good medications that we can call into our pharmacy if needed. They may cause drowsiness.
 - Diet
 - Resume your normal diet
 - You may have a decreased appetite, but you need calories to help with healing
 - If you are diabetic, be sure to check your blood sugar daily as uncontrolled glucose levels is a risk for infection; if they are consistently elevated, call your diabetes doctor
- **Sleep**
 - Sleep disturbance following surgery is normal – this will improve with time
 - If you are unable to sleep due to pain, take pain medicine with some crackers or food
 - If needed, try over-the-counter Benadryl (1-2 tablets) and/or Melatonin; these do not cause dependence or rebound insomnia like prescription sleep aides
 - Follow up Appointment
 - Your first post-op appt. will be made for you at time of scheduling surgery. If it is not, call the office 515-224-1414 to schedule an appointment for 10-14 days after date of surgery
 - We will remove dressing, refill pain meds, prescribe therapy, answer questions, etc.

REMEMBER – The first couple of weeks are the worst so hang in there – it does get better!

Total KNEE Replacement Discharge instructions

• Pain Medicine

- Your surgeon will customize your post-op pain management plan on your discharge instructions. This plan may include acetaminophen (Tylenol), anti-inflammatories (Aleve, ibuprofen), prescription pain medications (hydrocodone, tramadol, oxycodone), and over the counter medications. Never take more than the recommended daily dosage and remember all medications can have side effects.
- Never take pain pills on an empty stomach – it can make you nauseous. If having significant abdominal pain, please contact our office.

• If you receive a special prescription for Norco, Percocet, Dilaudid, etc.– contact our office BEFORE you run out to arrange picking up or mailing a new prescription.

• Blood Thinners

- You will be on a blood thinner after surgery to decrease the risk of blood clots
- Your blood thinner may cause swelling, bruising, blisters, and wound drainage
- Bruising and swelling is normal after surgery, but if it becomes excessive or you develop blisters or persistent wound drainage, we may change your blood thinner
- Most patients take Aspirin 81 mg twice a day or Lovenox injections unless instructed otherwise
- If given Aspirin, it will be continued TWICE A DAY for 30 days after surgery

• Physical Therapy

- Most patients do self-directed exercises provided by the hospital therapist for the first week; this allows your surgery pain and swelling to decrease before having a therapist push you to do too much too soon
- Increase your exercises as tolerated (listen to your body)
- Next week you will receive a prescription for outpatient physical therapy, if desired
- If you are discharged with home therapy or to a rehab facility, you should switch to outpatient therapy as soon as you are able

• **Incision Care**

- Your dressing has silver (an anti-bacterial agent) which allows the dressing to stay on until your office visit 2 weeks after surgery.
- It is normal for some drainage to appear in the dressing – it does not need to be changed unless it starts to leak out the side
- If the edges of the dressing start to peel, just reinforce it with some tape
- In the event that the dressing needs to be changed, cover the incision with any sterile dressing/gauze and change daily
- The dressing you have on is waterproof. Feel free to shower without covering the current dressing. No soaking or bathtub.
- If you develop fluid blisters do not pop them; cover them with a non-adherent dressing until they scab over; a new layer of skin will eventually form

• **Swelling**

- It is normal to have swelling after your surgery
- If the swelling is significant, first try the acronym R.I.C.E (R – rest, I – ice several times a day, C – compression (TED hose/Ace wrap), E – elevate your leg above your heart)
- Ice is very important for swelling and pain control. Can use an ice pack from the freezer 20 minutes on, 20 minutes off.
- You have the option to purchase a Polar Ice machine through our office. If you don't already have one and would like one, please contact our office. This machine can be used up to 45 minutes at a time 7 times a day. Do not sleep with this on.
- If you develop sudden swelling and calf tenderness that does not improve with the R.I.C.E. treatment, you may have a blood clot – call the office. Swelling in the lower legs should improve with elevation (such as sleeping at night). If it doesn't improve, there may be a blood clot.
- If you develop shortness of breath or chest pain, go the ER as those are signs of a blood clot in the lungs

• **Fever**

- It is common to have a low-grade fever (less than 101 degrees) after surgery
- It is rarely caused by infection, but is more likely a result of atelectasis (small collapse of the base of the lungs which is common after surgery) so use the breathing machine supplied
- You may have night sweats (or chills) as your body reacts to the “trauma” of surgery
- If the fever does not respond to Tylenol or you have other symptoms such as a bad cough, urinary symptoms, or wound changes (pus, odor, generalized redness), please call the office

• **Bowel Movements**

- Most patients have not had a bowel movement prior to discharge, due to constipation caused by the pain medicine
- When you get home in comfortable surroundings with your normal diet – work on it!
- Try MiraLAX, which is a gentle laxative that won't cause cramping
- All the medicines for constipation are over the counter – if what you are doing is not working, a pharmacist can suggest an alternative laxative, suppository, or enema
- Constipation is the #1 reason that patients end up back in the ER

• **Nausea**

- Again, never take pain pills on an empty stomach – it will make you nauseous
- If you are frequently nauseous, our office can prescribe nausea medicine
- Phenergan is cheap and effective but may cause drowsiness
- Zofran is more expensive but should not cause drowsiness

• **Diet**

- Resume your normal diet
- You may have a decreased appetite, but you need calories to help with healing
- If you are diabetic, be sure to check your blood sugar daily as uncontrolled glucose levels is a risk for infection; if they are consistently elevated, call your diabetes doctor

• **Sleep**

- Sleep disturbance following surgery is normal – this will improve with time
- If you are unable to sleep due to pain, take pain medicine with some crackers or food
- Try to sleep with your leg straight with a pillow under your heel; however, if you are unable to sleep on your back then sleep whatever way is comfortable and work on your knee straightening during the day!
- If needed, try over-the-counter Benadryl (1-2 tablets) and/or Melatonin; these do not cause dependence or rebound insomnia like prescription sleep aides

• **Follow up Appointment**

- Call the office 515-224-1414 to schedule an appointment for 2 weeks after date of surgery. If you don't already have one.
- We will remove dressing, refill pain meds, prescribe therapy, answer questions, etc.

REMEMBER – The first couple of weeks are the worst so hang in there – it does get better!

Spinal Anesthesia Discharge Instructions

SPINAL ANESTHESIA INSTRUCTIONS FOR ADULT PATIENTS

Following Total Joint Replacement

ACTIVITY

Do not drive until you have been cleared by your physician.

DIET

You may eat a normal diet. Drink plenty of fluids for 24-48 hours.

PLEASE CALL TOTAL JOINT COORDINATOR IF YOU EXPERIENCE ANY OF THESE SYMPTOMS:

- Persistent headache
- Blurred vision
- Difficulty emptying your bladder
- Fever
- Tenderness or Redness at the injections site of the spinal (lower back)
- Return of numbness in the legs

Post-Op Follow-Up Communications

You should expect follow-up phone calls from your total joint coordinator. We will review your pain control, medications, instructions, falls, and answer any questions you may have.

Phone calls should be expected on:

- Day 1
- Day 2
- Day 7
- Day 30
- Day 60
- Day 90

Please do not hesitate to contact your total joint coordinator at any time if you have any questions or concerns; you do not need to wait for your total joint coordinator to contact you!

Frequently Asked Questions

How long before I can drive?

- This depends upon how fast you progress through physical therapy and regain the ability to use your leg comfortably. You may drive when you are released by your surgeon, usually 4 weeks. Do not drive at any time while you are still using opioid medications.

How long before I can go back to work?

- If you primarily sit down while at work, you should be able to go back within 2-4 weeks. If you must stand all day, it will be longer before you can go back for a full shift. The specific time frame is dictated by your surgeon.

Will I have to use a walker?

- You will have to use a walker or crutches until you no longer walk with a limp or as directed by your surgeon, usually the first two weeks.

Will I use physical therapy after surgery?

- Physical therapy can be an important tool to help achieve the goal of a functional joint for total knee replacement. The outcome of your recovery is very dependent on the commitment you must follow your therapy plan. You will be asked to complete home exercises to expedite your recovery process. A therapy program will usually last 4-6 weeks after surgery. Generally no PT is needed for THA.

Will I have life-long restrictions after surgery?

- Yes. You should avoid high impact activities like running on hard surfaces, contact sports, or extreme sports. If the sport could have injured your joint before surgery, it has a good chance of injuring your joint after surgery, so be careful.

What sports can I play after surgery?

- Most people can comfortably play doubles tennis, golf, swim, bicycle, and hike after joint replacement surgery. Most patients can play golf within 2-3 months after surgery. You can pitch and putt earlier, but taking a big swing requires that your joint is fully healed, and your strength is back to normal.

When can I resume swimming after surgery?

- Please discuss this with your surgeon at your first post-op visit, typically 4-6 weeks after surgery.

How long before I can have sex?

- You can have sex as soon as you are able. Most people can have sex within 2 weeks to 1 month after surgery.

Will I set off security sensors at the airport?

- The implanted device placed in your joint could set off various metal security sensors. You will need to notify screeners of your implant. Implant cards will not prevent the screening process and are no longer provided.

My knee is warm and red after my total knee surgery, is that normal?

- Warmth and redness at your incision site is part of the normal healing process. Rest, elevation of the leg and cold therapy will help minimize these symptoms.

My knee continues to be swollen, is that normal?

- After a total knee replacement swelling is the worst 1-3 weeks after your surgery. As you increase your activities you may continue to experience swelling for 3-6 months. Rest, elevation of the leg and cold therapy can help minimize the swelling during your healing process.



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