



Your Guide to Joint Replacement

Patient Handbook

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Your Guide to Joint Replacement

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Fourth Edition

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Watch for these highlights

As you read, look for these symbols pointing out key information.

! **Remember to ...** These “to-do” items remind you of the tasks that will help you get the best results from your surgery.

? **Did you know ...** These facts will help you better understand your care.

👉 **Expert tip ...** Wisdom from people who know: These tips come from past joint replacement patients as well as health care providers.

Part 1:

General Information

CONGRATULATIONS! Your decision to have joint replacement surgery is the first step to regaining a more active and independent lifestyle. You will have the best results if you plan ahead and actively participate in the whole process.

We have included a checklist at the end of sections 2–4 to help you prepare for your surgery. Be sure to bring this book with you to the hospital—we will be adding to it and using it with you.

Remember, this is just a guide. Your primary care provider, surgeon, nurse or therapist may add to it or change some of the recommendations. Keep this book as a handy reference for at least the first year after your surgery.

Your orthopedic team

Orthopedic surgeon

- Assesses your need for surgery
- Performs your surgery and directs your care
- Visits you in the hospital (this will be done by your surgeon, his/her partner or physician assistant)
- Evaluates you at follow-up appointments

Primary Care Provider/Internist

- Assesses your medical condition in preparation for your surgery
- Performs pre-surgery testing for your surgery

Hospitalist

- Manages your medical conditions while you are in the hospital

RN Care Manager/Social Worker

- Coordinates your discharge plans with your nurse and physical therapist
- Makes arrangements for continued care after discharge
- Assists with questions you may have about insurance and financial concerns

Nurse

- Your nurse delivers direct nursing care
- Partners with and supervises nursing support staff

Physical Therapist

- Evaluates your physical abilities and home needs
- Assists you with an exercise and walking program
- Provides instructions for home activity

Occupational Therapist

- Teaches you how to manage day-to-day activities following surgery
- Demonstrates temporary lifestyle changes that you may need

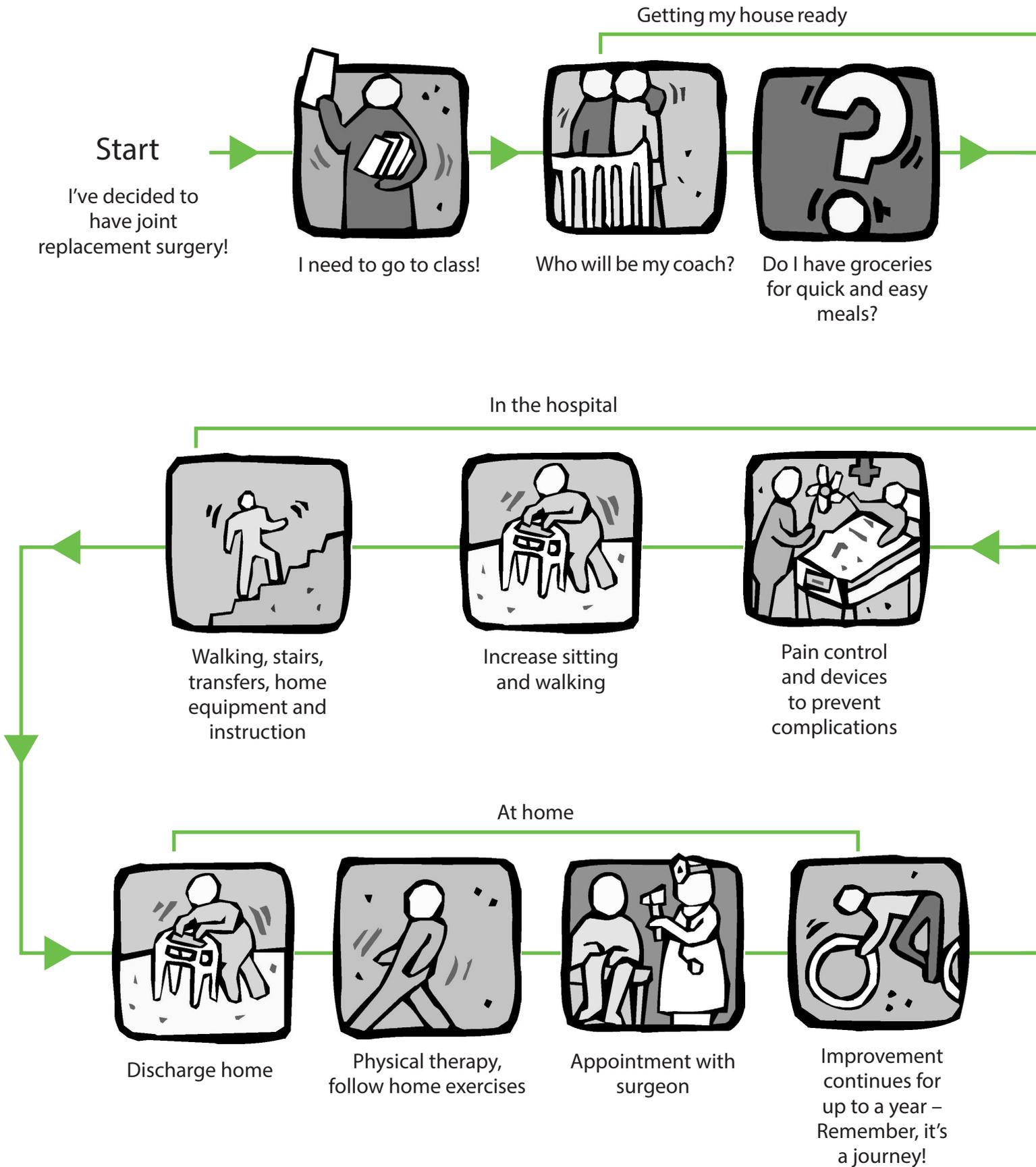
About our joint replacement program

- Gives individualized care from nurses and therapists who specialize in caring for joint replacement patients.
- Promotes a wellness philosophy that introduces normal daily activities as soon as possible. This includes getting you out of your hospital gown and into your own clothes.
- Education for your family and friends on how they can participate and guide you during your recovery. One family member or friend should plan on attending at least one of your physical therapy sessions during your hospital stay. They are welcome to attend all sessions.

Your responsibilities as a joint replacement patient

- Refer to this book to help you learn about your care.
- Ask questions about anything you do not understand.
- Let the team members know about any concerns.
- Do as much for yourself as permitted before, during and after your hospital stay. This will help you stay as independent as possible.

Joint Replacement Timeline



Getting my house ready



Safety-proof home

Getting my body ready



Dental work
up-to-date



Physical exam,
review of medicines
(14 to 30 days
before surgery)



Special showers
at home

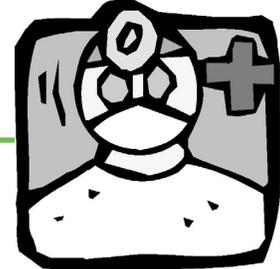
In the hospital



Therapy starts,
sit up, stand
and exercise



Surgery



Anesthesia:
spinal or general

Finish



I can be more active
than I have been in years!

My Checklist

Preparing myself for surgery:

- Attend physical exam with primary care provider 2-3 weeks before surgery
- Review medicines with primary care provider
- Update dental work at least 4 weeks before surgery
- Walk and do the exercises shown in this book every day
- Schedule outpatient physical therapy visits if your surgeon recommends them
- Take 2 special showers before surgery
- If your surgery is between September and April, schedule a flu shot before surgery

Is my house ready?

- Remove throw rugs, electrical cords, clutter, etc.
- Install and secure handrails by all stairs
- Plan ahead for meals
- Identify any equipment I already have available (cane, walker, raised toilet seat, shower bench, etc.)

My coach/support person should plan to:

- Join me at my therapy sessions in the hospital to learn what to expect and how to help
- Be with me the morning of discharge to help get all my instructions for going home
- Give me a ride home from the hospital the morning after my surgery
- Help with meals, shopping, driving
- Stand by in case I need help to move from bed to chair, into a car or walking up stairs
- Support and encourage me through all the hard work

What to bring to the hospital:

- My list of medicines, dosages and how often I take them
- Books, magazines, a reading tablet
- Shoes and stockings I normally walk in
- Toiletries
- Comfortable clothing such as stretchy/sweat pants or walking shorts
- My Health Care Directive
- CPAP machine for sleep apnea
- This book!

Part 2:

Preparing for Surgery

Getting your body ready

Nutrition

Good nutrition can help you heal and lower the chance of infection. A healthy diet includes plenty of fruits and vegetables and is low in fat and sugar. If you have questions or concerns about your diet, ask to talk with a nurse or dietitian.

Health exam

An important part of getting ready for your surgery is to have a pre-op health exam with your primary care provider. This exam tells us what you need to do to have the safest surgery with the best results. Be honest with your provider. That way, we can plan your care to meet your real needs.

Your primary care provider will tell you which medicines you must stop taking before surgery. Make sure you know:

- When to stop taking your medicines such as anti-inflammatories, blood thinners and blood pressure medicines
- When to stop taking vitamins, supplements and herbal products (such as ginkgo, St. John's wort, garlic, glucosamine, flax seed or echinacea)
- Which medicines you should take the morning of surgery (including diabetes medicine), and how to take them

See your primary care provider about 2 to 3 weeks before your surgery. **It must be within 30 days of your surgery date.** This will give you enough time to complete any tests that might be ordered. You need to complete all tests and other orders from your primary care provider before your surgery. If you don't, we may have to postpone your surgery (move it to a later date).

Pain control before surgery

Controlling your arthritis pain is very important. Tylenol, also known as acetaminophen, may be used to help manage your pain. If Tylenol is not effective, call your primary care provider for a different prescription.

Ice packs or warm packs can also help with arthritis pain. It's most helpful if you use either ice or heat for about 20 minutes at a time, several times a day.

It's important to do your exercises and walk every day.

Studies have shown that the stronger your muscles are before surgery, the faster and easier your recovery can be after surgery.

- Practice each exercise 10 times on each leg, at least twice a day. (Exercises begin on page 10.)
- Do as much as you can.
- Walk every day.

Smoking

If you smoke (or use other nicotine products)—Stop! Nicotine makes it harder for your body to fight infection, increases breathing problems and slows healing of your bones. You are NOT allowed to smoke while in the hospital.

There are many ways to help you stop smoking:

- Over the counter and prescription nicotine replacements (for use only before surgery)
- Pills without nicotine
- Tobacco counseling programs

Discuss options with your primary care provider.

Alcohol

If you often drink large amounts of alcohol, you should stop or greatly reduce your drinking. Talk to your primary care provider about your alcohol use and make a plan to quit. Alcohol withdrawal is uncomfortable and can be dangerous.

Dental/medical procedures

Make sure your dental work, including cleaning, is up-to-date before surgery. Most of our surgeons recommend planning dental appointments at least 4 weeks before surgery. Any procedure causing bleeding or trauma may allow bacteria (germs) into your blood. This increases the chances of an infection in your new joint.

Following surgery, you may be asked to take antibiotics before any dental or invasive procedure, including routine dental cleanings. Ask your surgeon what is best for you.

Strengthening and flexibility exercises

You have likely become less active because of the pain and stiffness in your joint. When muscles are not used, they become weak and less flexible.

After surgery, the joint problem will be fixed, but your muscles will still be weak and tight. To make them stronger, you will follow a regular exercise program.

Start your strength-building exercises now, before surgery. You will add flexibility exercises later. Most of these exercises can be done lying down, face up. Your bed is a good place—not the floor.

Before surgery, exercise your sore leg every day as shown. This way, your exercises should be easier to do after surgery. You can also exercise your healthier leg, so it is more prepared to take on the extra work required during recovery. Getting stronger now will speed your recovery.

Your physical therapist will develop an exercise program that fits your needs after surgery. Some of the exercises you may do are on the following pages. Your care team in the hospital will review these exercises with you and mark the ones you should do after surgery.

Before your surgery, try out the 4 exercises on the next page. Do them 1 time each day to get stronger and to learn them. You will be doing these exercises after surgery, too!

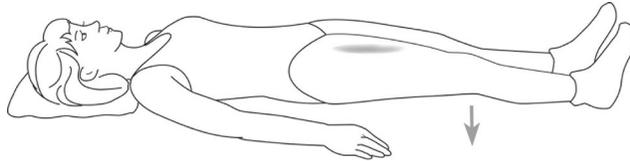
Ankle pumps

- Lying flat, bend your ankles up and down.



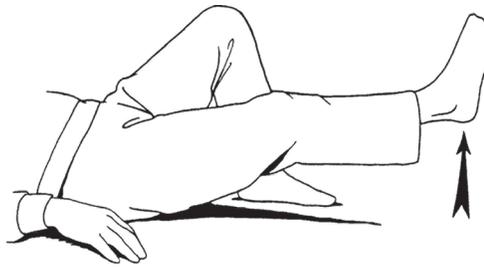
Quad squeezes/thigh presses

- Lying flat, push your knees down.
- Hold 5 seconds to tighten the muscles on top of your thigh.



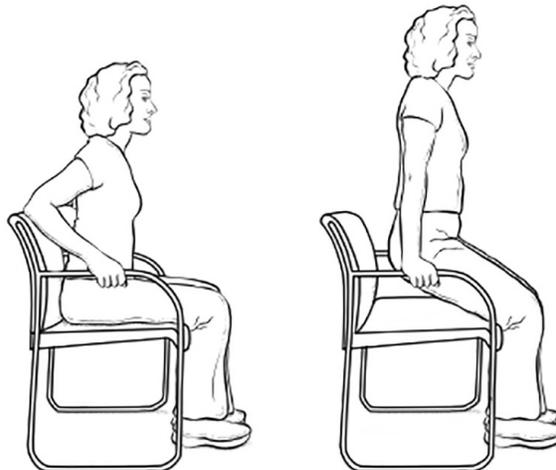
Straight leg lifts

- Bend 1 of your legs.
- Lock your other knee straight, then lift it 6 or 7 inches.
- Hold this position for 5 seconds.
- Lower your leg slowly.



Chair push up

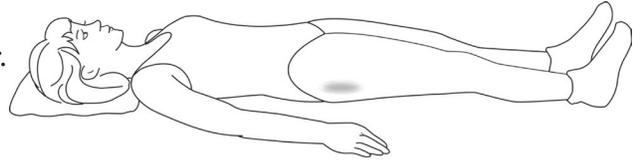
- Sit on a chair with arm rests and no wheels.
- Place hands on arm rests and push body up.
- Keep arms straight and hold for 5 seconds.
- Slowly lower yourself to a seated position.



Your care team in the hospital will help you learn these exercises and mark which ones you should be doing.

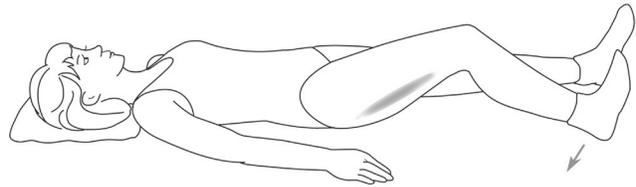
Buttocks squeezes

- Lying flat, tighten your butt muscles by squeezing them together.
- Hold for 5 seconds.



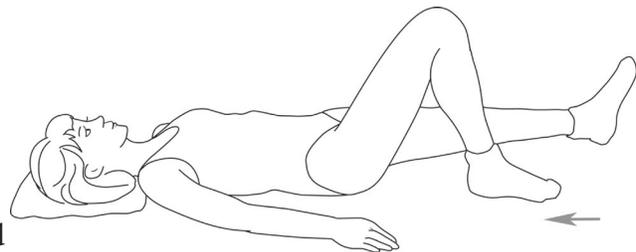
Hamstring squeezes

- Lying flat, bend your knee slightly.
- Tighten the muscle at the back of your thigh (your hamstring) by pressing your heel into the bed.
- Hold for 5 seconds.



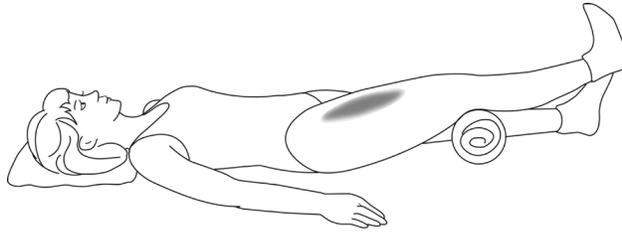
Heel slides

- Lying flat, slide your heel toward your buttocks, bending your knee.
- Keep your heel on the bed and your kneecap pointed to the ceiling.



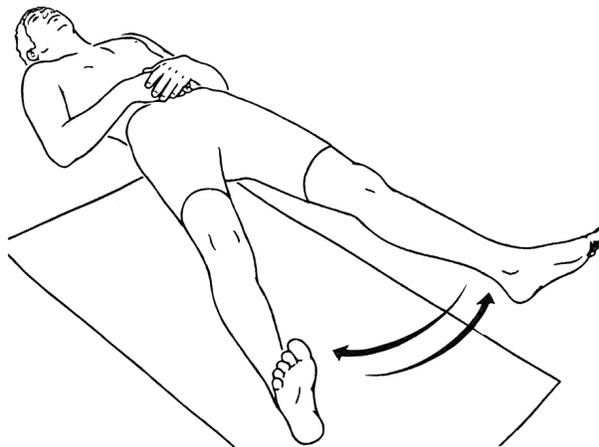
Lying kicks

- Place a rolled-up blanket or towel under your knee.
- Straighten the knee, keeping it on the blanket or towel the whole time.
- Hold for 5 seconds.



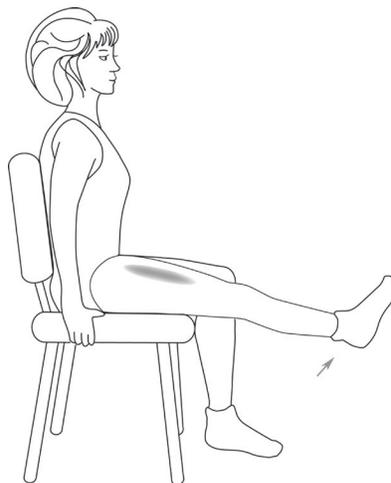
Hip abduction and adduction

- Slide 1 leg out to the side. Keep kneecap pointed towards ceiling.
- Bring the leg back to center.



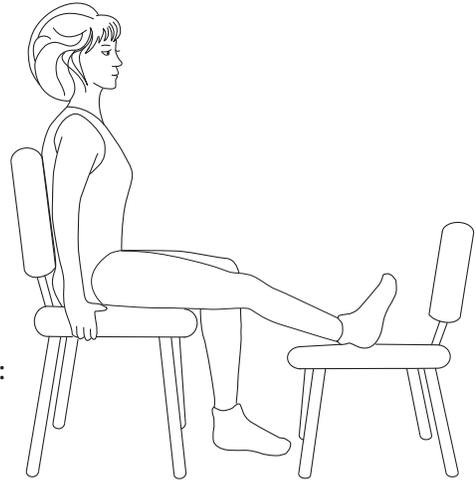
Sitting kicks

- Sit in a sturdy chair.
- Slowly straighten 1 leg as much as you can.
- Hold for 5 seconds.



Knee straightening

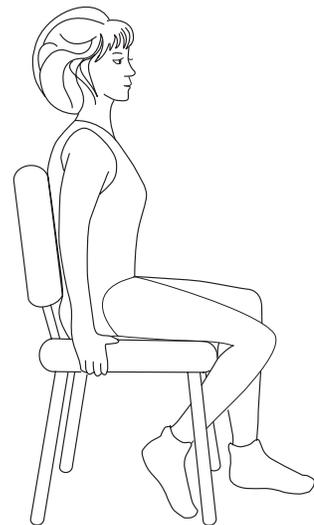
- Sit on a chair. Place 1 foot on a second chair, stool or coffee table.
- Let your knee straighten. You should feel a stretch at the back of your knee.
- Hold for 10 to 15 seconds.
- Bend the knee, letting it relax, then slowly straighten it again.
- Work up to holding the stretch for 30 seconds.



You may also do this exercise lying down: Place a rolled-up blanket or a large can under your ankle, letting your knee straighten.

Knee bends

- Sit on a chair. Pull your foot back under the chair as far as you can. You'll feel the stretch in your knee.
- Return to the starting position and relax. (For more of a stretch, scoot forward on the chair.)
- Now do the stretch again and hold it for 10 to 15 seconds. Return to the starting position and relax.
- Repeat 10 times.
- Work up to holding the stretch for 30 seconds. The longer you hold it, the better the stretch.



Developing a plan for going home

Most of our joint replacement patients go directly home the morning after surgery. Arrange for someone to give you a ride that day. You will be more comfortable in your own bed and eating your own food. You will also have less risk of infection being in your own home. To help you continue with your rehabilitation efforts, your surgeon may order physical therapy.



Expert tip . . .

If your surgeon wants you to do outpatient physical therapy after you return home from your joint replacement, **call at least 1 week before your surgery** to schedule your first couple of visits. The first visit should be scheduled for 3 to 5 days after surgery.

Who will be my support system?

Having the support of family, friends and even neighbors will help make your return home from the hospital much smoother and less stressful.

You will likely have less energy than usual. Plan for someone to stay during the day and overnight with you for the first 2 to 3 days, then arrange for some help during the day for a few more days. Try to choose one person who can be with you through most of your recovery. That person will be your “coach.”

Start looking for someone to help you when you go home. For the first 2 weeks you may need someone to:

- Drive for you
- Take care of your pets
- Help with housework
- Help with cooking
- Help do your shopping



Expert tip . . .

You may have more than one “coach” to help meet your needs. When choosing a coach to help you after surgery, think about these questions:

- Will the person be available 24 hours a day for the first 2 to 3 days?
- Is the person able to help you get in and out of the car and out of bed, if needed?
- Do you both feel OK working together on personal tasks, such as dressing, bathing and using the toilet?
- Can this person come to 1 of your therapy sessions in the hospital to be sure that they, too, understand how you can be most successful?
- Can this person give you a ride home from the hospital?

Getting your house ready

It’s a good idea to have your house ready for your return before you have surgery. Some simple changes will help prevent falls. These tips can make your home safer and make it easier for you to do your daily activities:

Clean up cords and clutter

- Tie up phone cords, so you don’t trip on them.
- Remove throw rugs, so you don’t slip on them.
- Be aware of things on the floor that could cause you to trip or fall, like small objects, pets and uneven surfaces.
- Keep your stairs and walkways free of clutter.

Install railings, grab bars and non-slip strips

- Make sure all your staircases have secure railings installed.
- Make sure there’s enough lighting throughout the house, especially for hallways, stairs and bathrooms. Nightlights work great!
- Put non-slip strips or mats in the shower or tub.
- You may need grab bars near the toilet and shower.

Store things where you can reach them

Store frequently used items at waist level, so you can access them easily.

Get a good chair

Find a chair with:

- A firm cushion
- Arm rests
- A seat at knee level

Plan ahead for your meals

Talk to family and friends about helping with meals or make sure you have easy-to-prepare items on hand. You may want to prepare and freeze food before surgery.

Find equipment you already have available

You may need items such as:

- Cane
- Crutches
- Walker
- Raised toilet seat
- Shower bench
- Reacher

You can borrow equipment from someone your same height, so ask your friends!

Keep your bed pet-free

Do not sleep in the same bed as your pet for 3 days before your surgery and during your recovery after surgery. This will help you reduce your chance for getting an infection.

Getting ready for your hospital stay

Insurance pre-authorization

Call your insurance company before surgery. Some insurance companies require pre-authorization before surgery. Contact them directly if you have any questions. Ask what services and equipment are covered during your recovery.

Family Medical Leave Act (FMLA)

Please have all of your FMLA and insurance paperwork completed by your surgeon at least 2 weeks before your scheduled surgery date. **You will not be able to complete these forms while you're in the hospital.**

Health care directive

A health care directive (also called an advance directive or living will) is a written, legal document. It states what medical care you would want if you could not speak for yourself. It tells your family and care team about your wishes for treatment, such as whether you would want to be on a life-support machine.

Bring a copy of your health care directive with you to the hospital—it will become a part of your files. If you don't have a health care directive, get one from your primary care provider. Or you can print the form yourself from www.fvfiles.com/1628.pdf.

Pre-registration

You may get phone calls from the hospital before you come for surgery.

- The admitting department will call you before surgery to discuss registration and insurance information before you come into the hospital. If we haven't reached you before your admission, this will be done the morning of surgery.
- An admitting nurse will call you to clarify any remaining questions about your health history and go over final instructions for your surgery day.

The day before surgery

Remember these important points.

- **Eating and drinking.** For your safety, your surgeon will ask you to stop eating, drinking and chewing gum at a certain time before surgery. If you **don't** follow these directions, we may need to move your surgery to another date.
 - You may brush your teeth the morning of surgery.
 - If you have special instructions to continue taking any regular medicines the morning of surgery, do so with small sips of water.
- **Bathing.** We will tell you when and how to bathe or shower before surgery. Or, please see www.fvfiles.com/521449.pdf. If your special soap (Exidine) hasn't come in the mail at least a week before your surgery, you can pick it up for free at any Fairview pharmacy. You can also buy it at most retail pharmacies.
- **Changes in health.** Call your surgeon if there is any change in your health. Examples include a sore throat, runny nose, cough, fever, dental problems, problems peeing (urinating) or skin problems such as a rash, scrape or cut. For your safety, we may need to postpone your surgery.
- **Other requirements.**
 - **DO NOT** smoke or drink alcohol.
 - **Do not** take over-the-counter medicine (unless your surgeon tells you to).

The day of your surgery

- Plan to check in to the hospital 2 hours before your scheduled surgery time.
- Leave valuables at home, such as watches, jewelry, cash and credit cards.

If you have any questions about your surgery or how to get ready, call your surgeon's office.

Surgery Admit Unit—Anesthesia

The anesthesiologist or nurse anesthetist administers any spinal or general anesthesia during surgery. They also monitor your breathing, blood pressure, heart rate and the amount of oxygen in your blood. You will meet with

your anesthesia specialist before surgery to talk about the different kinds of anesthesia, risks, benefits and any problems you may have had from anesthesia in the past.

The types of anesthesia most often used for this surgery are:

- **Spinal anesthesia**, in which you are numb from the waist down. You will also be given medication to make you sleep through the surgery. You may feel no sensation in the surgical area for a few hours after the procedure, and then regular sensations will gradually return. This is the most common type of anesthesia for joint replacement surgeries.
- **General anesthesia** is used if you can't have spinal anesthesia. This type of anesthesia makes you go to sleep.

Recovery room / Post Anesthesia Care Unit (PACU)

When surgery is finished, we will take you to the PACU. You may feel sleepy, thirsty, cold and have a dry mouth. These feelings are normal. You may also have a sore throat. Specially trained nurses check your heart rate, blood pressure, breathing, your level of pain and incision site often.

As you wake up, you may be connected to pieces of equipment. This varies from one patient to another, depending on the type of surgery. You may have a tube to drain extra fluid from the area around your new joint. You will get fluids and pain medicine through a tube inserted in your vein, called an IV.

When you are awake enough, you will be transferred to the orthopedic nursing unit—usually within an hour or two.



Expert Tip . . .

If you had spinal anesthesia:

- Your legs will feel heavy and numb after surgery.
- You will have muscle weakness in your leg until the block wears off.
- Because of the weakness in your legs, you are at risk for falling. To make sure you don't get hurt or delay your recovery:
 - Do not get out of bed by yourself.
 - Always call your nurse for help to get out of bed.

Part 3:

Recovering in the Hospital

Nursing care

You will recover in the hospital with specially trained nurses helping you. Our nursing team will check your vital signs often. This includes blood pressure, pulse, breathing and temperature.

Your nurse will also be looking at your surgical area and checking your blood flow (circulation).

When you first arrive after surgery:

- You will have an IV line that gives you fluids.
- You may start with a clear liquid diet. Solid foods will be added as you return to your usual diet.
 - Tell your nurse if you have special food requests.
- You should eat slowly after surgery.
 - You may not be able to eat as much as you normally do.
- You may have a device taped to your finger or a plastic tube at your nose for the first 24 hours. These help us monitor your oxygen and breathing.
- You will also be shown how to use a breathing aid (incentive spirometer) to help keep your lungs healthy after surgery.
- It's important for you to take deep breaths and cough to clear your lungs. The nurses will remind you to take deep breaths and cough frequently.

Breathing exercises

After surgery, we will ask you to do breathing exercises. These exercises help prevent pneumonia and other lung problems. They include deep breathing and coughing. Practice them every day for at least a week before surgery.

Deep breathing helps fill your lungs completely. When you're doing it right, you use your stomach muscles as well as your chest muscles.

1. Breathe in through your nose as deeply as you can. Hold for several seconds. Your stomach should go out (expand) as you breathe in.
2. Let your breath out through your mouth, slowly, so that all the breath goes out. Let your out-breath last about twice as long as your in-breath. Purse your lips as you breathe out, as if you were blowing out a candle. Your stomach should go in as you do this.
3. Repeat 10 times.

How to use your breathing device (incentive spirometer)

The incentive spirometer is a tool to help you breathe deeply. When you breathe deeply and cough, you help keep your lungs clear.

You should take 10 breaths with your spirometer every hour you are awake.

Follow the steps below. Back at home, continue using your incentive spirometer until you follow up with your surgeon. Most people no longer need it after they have returned to their normal activities.

1. Your nurse will prepare the spirometer. They will tell you how much air you should try to breathe in.
2. Take a deep breath in (inhale). Then breathe out (exhale) completely.
3. Place the mouthpiece in your mouth with your lips tightly around it.
4. Breathe in through your mouth slowly and deeply to raise the piston inside the chamber. Keep inhaling as you try to raise the piston to your target level.
5. When you've fully inhaled, remove the mouthpiece from your mouth. Try to hold your breath for 3 to 5 seconds, then exhale normally.
6. Let the piston drop to the bottom of the chamber. Rest, then repeat the exercise 9 more times.
7. Take one last deep breath and cough as deeply as you can.

Managing pain

You should expect to feel pain after your surgery. Everyone feels pain differently. We will ask you to describe your pain.

You are the key to getting the best pain control. How can you help manage your pain? You can help by telling your care team:

- Where you feel pain, and how much
- What makes your pain better or worse
- Which pain medicines have worked for you in the past

There are many ways to relieve pain. We can help you decide what works best for you. The right treatment will make you more comfortable so you can get back to your normal routines.

Even if you have some pain, it's important for you to take part in your therapies. This will help you get the best result from your new joint. Your pain will get better each day.



Expert tip . . .

Some patients benefit from asking for pain medicine before their therapy sessions.

Pain medicine

After surgery we will give you a few different medicines for your pain.



Did you know . . .

Medicines don't work the same for everyone. If yours isn't working, tell your nurse. We can try other ways to ease your pain.

We will watch for side effects from the medicines. If you feel sick, "off" or uncomfortable after taking medicine, tell your nurse.



Expert tip . . .

Pain medicines often cause constipation (hard, dry bowel movements). The easiest way to prevent this is to be active and drink clear fluids, such as apple juice or water.

Other methods may also help in preventing or relieving your pain, such as:

- Relaxation—slow deep breathing
- Massage
- Cold packs
- Music or other things that help you relax
- Positive thinking
- Repositioning
- Essential oils

Many people use more than one method to get the best pain relief. Other options may be available at your hospital, so just ask your nurse!

Cold therapy

We may give you cold or ice packs in the hospital because this helps reduce pain and swelling in your joint. Try to ice for about 20 minutes at a time, several times a day.

Getting moving again

Your first priority in the hospital is to work hard in therapy.

Family members and friends are an important part of your recovery. We encourage family and friends to take an active role in helping guide you through each day, not only while you are in the hospital but also as you return home.

One family member or friend should plan on attending at least one or more of your physical therapy sessions during your hospital stay.

This is the usual schedule of activity while you're in the hospital:

- Exercise
- Sit at the edge of the bed
- Walk short distances the day of surgery

Top 9 reasons to get out of bed and keep moving after surgery

1. Lowers your risk of lung problems, such as pneumonia or a blood clot
2. Lowers your risk of getting a blood clot in your leg
3. Helps relieve hard, dry stools (constipation)
4. Helps restore your strength and motion
5. Reduces pain and stiffness in the joint and your back
6. Reduces other aches and pains you may get when being less active
7. Improves your mental outlook
8. Increases your energy and endurance
9. Reduces your risk of bedsores (pressure ulcers)



Important!

Due to the surgery, medicines, and unfamiliar surroundings, you are at risk for falling.

Always ask for help when getting up.



A note about delirium

Delirium is a condition that comes on quickly and changes a person's awareness and how they think. With delirium, patients may suddenly become confused and unaware of what is going on around them. They may become agitated, restless or withdrawn.

Delirium can be caused by many different things. This can include stress to the body from illness, surgery, medicines, infections, pain and low oxygen levels. Even just being in a new place like a hospital can cause delirium or make it worse.

Your family members should let your care team know right away if they begin to notice changes in your behavior. This could be an early sign of delirium.

Delirium may sometimes look like dementia or Alzheimer's. If you already have a concern or diagnosis of one of these conditions, please tell your care team before your surgery.

Part 4:

Going Home

Your care plan

Your care plan describes what will happen while you are in the hospital. It explains your treatment and the goals you and your care team will work on before you go home. Your care plan may change depending on your needs. Feel free to ask questions of your care team during your hospital stay.

Before you go home, you should be able to do these things, either on your own or with a little help from your coach:

- Help yourself heal
 - Know your plan for leaving the hospital. During your hospital stay, care coordinators or social workers are available to help with your plan.
 - Understand the medicines you will take after you leave. These might include blood thinners and pain relievers.
 - Know how to care for the wound on your joint (incision)—and know the signs and symptoms of infection. See page 29 and page 30.
 - Manage your pain.
- Get more independent
 - Walk safely with a walker or crutches.
 - Get in and out of a bed, chair and car.
 - Do everyday self-care such as bathing, dressing and using the toilet.
 - Eat a well-balanced diet to help your body heal.
 - Understand your home exercises and be able to do them.

If you or your family would like an update on your progress toward these goals, please ask your care team.

Working as a team with your at-home coach

Expect the first 2 weeks at home to be the most challenging. You may still have pain, low energy and concerns about how to safely do even the basics of daily life. But your energy and strength will improve every day.

On some days, you may feel that you are going backward. This is most likely to happen after a very busy or active day. Don't worry—this is normal as you begin to explore your new abilities. You will quickly catch up to where you once were.

Increasing activity at home

As you continue your journey after joint replacement at home, remember that increasing your activity is the most important thing you can do to help give you the best possible outcome!

You may have physical therapy in your home, or at an outpatient physical therapy facility. Follow all instructions and precautions the therapist gives you.

Other things you can do on your own:

- Take short, frequent walks throughout the day.
- Try to walk a little farther each time.
- Continue to do the exercises you were taught in the hospital twice a day! These exercises will help the muscles supporting your joint to get stronger which will help with range of motion and allow you to get back to your regular activities much more quickly.
- Make sure to take frequent rest breaks. It's important to also give your body time to rest and recover after joint replacement surgery.

Incision care

While you heal, you must keep the area clean and dry around your surgery wound (incision).

- You'll get specific care instructions for your incision in the discharge packet from your care team.
- Do **not** use any cream or ointment on the wound.
- Look around your surgery site every day. Call your surgeon if you see any concerning increase of redness, swelling or fluid draining from the wound, or if it feels warm or more painful, or if you have a fever higher than 101.5°F (38°C).



Remember to . . .

Keep your pet away from your incision. This reduces your risk of infection!

- If Steri-Strips (strips of tape) were used on the incision, they will fall off as it heals. You don't need to replace them. Do **not** pull them off.
- If you have stitches or staples that need to be removed, this will be done at your next surgeon visit.



Expert tip . . .

To prevent infection, always wash your hands well before and after touching the area around your incision and when changing your bandage.

When to call your surgeon

For shortness of breath or chest pain or tightness, call 911.

Call your surgeon right away if:

- You feel numbness or tingling in your leg.
- You have chills OR a fever of 101.5°F or higher, taken under the tongue.
- The area around the wound becomes much more swollen, warm, red or painful.
- Colored fluid, pus or bright red blood comes out of the wound. It's normal to see clear fluid coming from your wound for 1 to 2 weeks after surgery.
- You have increasing pain that is not helped by medicine, rest or ice packs.
- You notice sudden, severe pain or swelling anywhere in the leg. This does not improve when you put your legs up. Pain is more severe when you put weight on the leg.
- You notice a burning feeling or foul odor when you pee (pass urine) OR you have to pee more often than usual.
- Your gums bleed a lot, and you are still taking blood-thinning medicine.

Medicines

At home, you may take medicine to prevent blood clots, such as aspirin. Your surgeon will also prescribe pills to help with your pain. These can make therapy and exercises more comfortable while you still have pain from your surgery. With the help of your care team, you should stop taking prescribed pain pills as soon as you can. Your care team will let you know if you can go back to taking over-the-counter medicines such as Tylenol to help with pain.

We will make sure you know how to take your medicine before you leave the hospital.



Expert tip . . .

Your medicines may affect your memory. To ensure that you take them on time, use a pillbox, set a timer or ask your coach to remind you.

! Remember to . . .

- Take all medicines as prescribed.
- If your medicine seems to be making you itchy or sick to your stomach (nauseous), call your surgeon.
- If you need a refill on your pain medicines, call at least 3 or 4 days before you run out. Narcotic pain meds will **not** be refilled on the weekend, so please call and make your request by Thursday afternoon.
- Do **not** drink alcohol while taking pain medicine.

Icing and elevating your new joint

If it makes you more comfortable, you may place ice or cold packs over your incision. This will also help reduce swelling. Limit icing or cold to 20 minutes at a time, so that your skin doesn't freeze. You may choose to use ice cubes in resealable bag, or put frozen veggies inside of a plastic bag. Put either option inside a pillow case to avoid contact with your skin.



Expert tip . . .

After your knee surgery, apply ice or cold packs to your incision area as described above and raise (elevate) your knee joint. Do this for 20 mins at a time, several times a day!

Lie flat on a couch or bed, raise your lower leg above the level of your heart by propping the back of your ankle and lower leg on a couple of pillows while icing.

Keep your knee joint straight when elevating and icing, so be sure not to prop pillows underneath your knee joint.

Sexual activity

If you have questions about having sex, feel free to talk to your surgeon or care team.

Diet and nutrition

When you leave the hospital, go back to your normal diet as soon as you can. Do **not** skip meals. Eat breakfast, lunch and dinner.

A well-balanced diet will help you feel good and recover quickly. Choose a range of fruits, vegetables, grains, milk products and meat. Drink plenty of fluids, too. Be sure to include:

- **High-fiber foods.** Fiber helps keep your bowel movements regular and prevent constipation (hard stools). Good sources of fiber include whole grains, brown rice, cracked wheat (bulgur), oatmeal, popcorn, whole oats, rye and wheat. Fruits and vegetables are also great sources of fiber.
- **High-calcium foods.** Calcium helps build strong bones. Good sources of calcium include milk, yogurt, cheese, enriched soy milk, tofu, soups made with milk, and dark green, leafy vegetables (such as kale and collard greens).
- **Iron-rich foods.** This mineral helps your blood carry oxygen to every part of your body. Good sources of iron include lean meats, dark turkey meat, shellfish (such as shrimp), cooked dry beans or peas and whole grain breads.
- **Water.** Drink 6 to 8 glasses of clear fluid each day. Drinking water will help relieve constipation. You will have less trouble with constipation when you stop using prescribed pain medicines.

Other instructions

Part 5:

Getting Used to Your New Joint

By the time you leave the hospital, you should be able to do some things on your own, such as walk with crutches or a walker, get in and out of a bed and a chair, and climb a few stairs. Walking and other light activities will help you further regain the use of your joint and muscles.

At this point, most people feel less pain than they have in a long time. You may find that you can do things you had avoided before your surgery. Still, you need to use your joint in safe ways until it heals. You also need to be careful when doing everyday tasks like getting out of bed, using the stairs, cooking and cleaning.

The following tips may help you do daily tasks without hurting your joint. As a **general rule, avoid movements or positions that greatly increase the pain or discomfort in your joint.**

Using a walker or crutches

Use a walker or crutches until your care team tells you to stop.



Expert tip . . .

You are ready to switch to a cane or one crutch when:

- You can stand and balance without your walker.
- Your weight is placed fully on both feet.
- You no longer lean on your hands when using your walker.

Always use your cane on the side **opposite** your sore leg.

To walk:

1. Stand up straight, with your weight evenly balanced on the walker or crutches. Keep the walker flat on the floor.
2. Move the walker or crutches forward a little. Then, step forward with your healing leg so that the heel of that foot touches the floor first.
3. Try to walk as smoothly as you can. Over time, you will put more and more weight on your leg.
4. Do **not** twist or pivot on your healing leg. Take small steps and turn toward your strong leg.

Sitting down and standing up

Using a toilet or a chair with armrests

To sit:

1. Back up until you feel the toilet or chair against the back of your good leg.
2. Slide your healing leg forward, then slowly lower yourself onto the seat. (For a toilet, use grab bars or a raised toilet seat. Use the armrests on a chair.)

To stand:

1. Scoot to the edge of the toilet or chair, keeping your healing leg out in front of you.
2. Use both arms to push yourself up to standing, then reach for your walker. (**Don't** use the walker to pull yourself up. In the bathroom, **don't** use the shower curtain or any item that isn't secured to the wall.)



Expert Tips . . .

Until you're moving well, avoid sitting on low furniture or chairs without armrests. Try placing an extra cushion on low furniture to raise it up.

- Don't cross your legs at the ankle or the knee.
- Keep in mind any movement precautions or restrictions your surgeon gave you.

Using an armless chair

To sit:

1. Approach the chair from the side.
2. Back up until you feel the chair against the back of your good leg. Slide your healing leg in front of you.
3. Holding the edge of the seat and the back of the chair, slowly sit down. Then turn to face forward in the chair.

To stand:

1. Turn your body so you are sitting sideways in the chair.
2. Slide your healing leg in front of you.
3. Push up from the chair with both hands. Place one hand on the back of the chair.
4. When your balance is steady, reach for your walker or crutches.

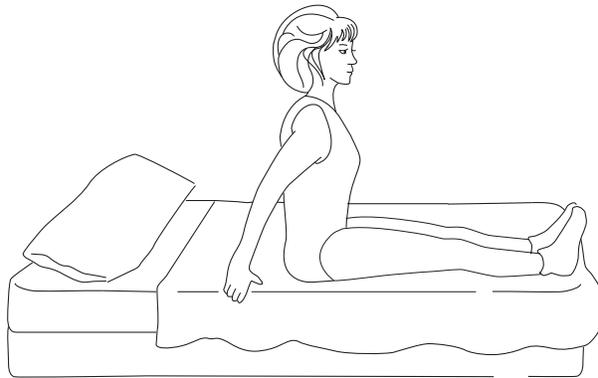
Getting into and out of bed

To get into bed:

1. Back up to the bed until you feel it against your good leg. Place your healing leg forward.
2. Reaching back with 1 hand at a time, slowly lower yourself onto the edge of the bed.
3. Scoot back until your thighs are supported by the edge of the bed.
4. Support your upper body with your arms, then bring your legs into the bed. To lift your healing leg, you may need to use a crutch, cane, belt or leg lifter. Or ask someone for help.

To get out of bed:

1. Sit up in the bed. Be mindful of any restrictions if you had hip surgery.
2. Turn your body and move your legs off the bed. To move your leg, you may need to use a crutch, cane, belt or leg lifter. Or ask someone for help.
3. Keep your body in a straight line with your legs. Move to sit at the edge of the bed.
4. Place your healing leg forward.
5. Push off the bed and stand up.



Keep your body and legs in a straight line. You'll need to bend your healing leg when getting out of bed.

Sleeping positions

When resting in bed, you may lie flat on your back or on your non-operated side.

Ask your surgeon before you lie on your healing side.

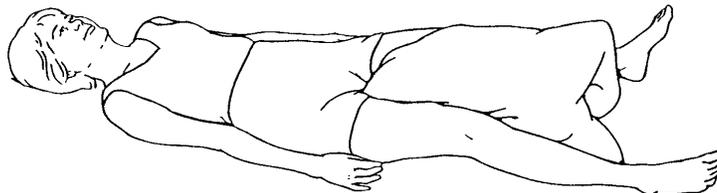
Sleeping Positions—Sidelying

- When lying on your side, keep one or more pillows between your legs and under your head.
- The leg resting on top should be well supported.
- If you had hip surgery, your knee should be at the same level as your hip.



Sleeping Positions—On Back

- You can use a pillow between your knees if you had hip surgery.



Bathing

Follow your surgeon's orders for bathing and showering. These were part of your discharge instructions from the hospital.

When you start taking baths and showers, it's a good idea to have handrails or grab bars in the tub. These will help with balance and support. You can also use a long-handled sponge and a hand-held showerhead.

If you use a bathtub, you will sit on a tub chair with your leg straight. (See below.) The heel should rest on the edge of the tub. Do **not** soak in a bathtub until your surgeon says it's OK.

Your occupational therapist can give you tips to make bathing easier.



Expert tip . . .

The first few times you take a bath or shower, have someone nearby in case you need help. You might ask this person to help you in and out of the shower or bathtub.

To bathe or shower:

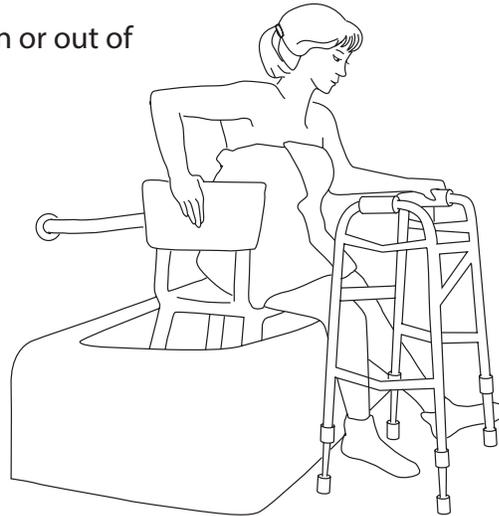
1. You may need to use a tub chair in the bathtub or shower to help you safely shower. Do not sit on the floor of the bathtub.
2. Come up to the bathtub so that the tub chair is at your side. Place your healing leg forward.
3. Reach one hand to the back of the tub seat or handrail. Reach the other hand to the front edge of the tub seat. Then slowly turn and sit. Keep both hands on the tub seat or handrail while you lower yourself.
4. Lift one leg into the tub at a time. Use a cane, crutch, belt or leg lifter to lift your healing leg. Or ask someone to help you.
5. To get out, use a cane, crutch or belt to lift your healing leg.
6. Push up from the chair with both hands, or use the handrails to pull yourself up.
7. When your balance is steady, reach for your walker or crutches.



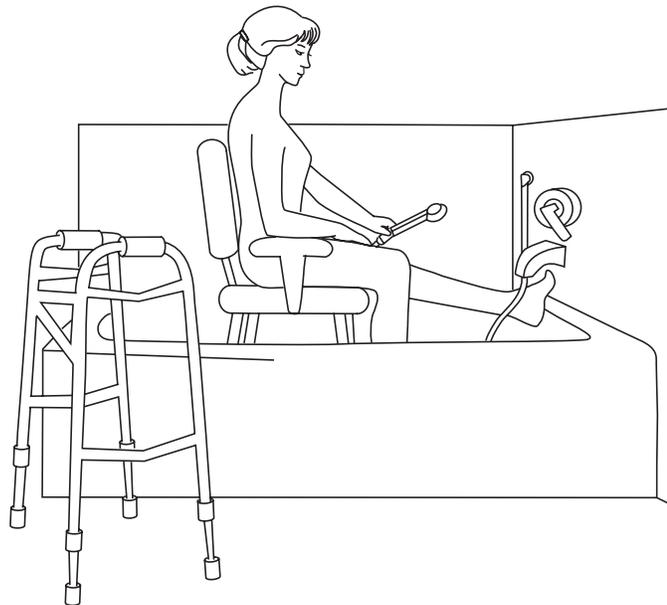
Expert Tips ...

- Get into a **dry** bathtub or shower.
- Turn off the water **before** getting out.
- Do **not** support yourself on a towel bar or soap rack.

Use a tub chair to get in or out of the bathtub or shower.



When bathing, sit on your tub chair with your heel resting on the tub's edge. A hand-held showerhead makes bathing easier.



Remember to ...

- Avoid hot tubs, saunas, swimming pools and even our Minnesota lakes until your surgeon gives you the OK!

Getting into and out of a car

When you're getting in or out of the car, have the driver park:

- Away from the curb AND
- Not on a hill.

Move your car seat back as far as it goes and recline the backrest slightly.

To get into a car:

1. Back up to the front seat until you feel it at the back of your legs. Slide your healing leg forward.
2. Reach back and find a stable place to hold on to, such as the dashboard and back of the seat. Slowly lower yourself onto the seat without twisting your body.
3. Scoot back onto the seat. You may want to recline the seat so you can scoot back further. (A plastic bag on the car seat may help you move more easily.)
4. Keeping your body in line with your legs, slowly turn your body and lift your legs into the car so you are facing forward. Ask someone to help you lift your healing leg, or use a cane or crutch to lift it yourself.



To get out of a car:

1. Slowly turn your body as you move your legs out of the car. Keep your body in line with your legs. Use a cane or crutch to lift your healing leg, or ask someone to help you.
2. Scoot to the edge of the seat and put your feet on the street (not the curb).
3. Push with your arms and use your stronger leg to stand.
4. When your balance is steady, reach for your walker or crutches.



Reaching, bending and carrying

You will need some help with laundry, cleaning and shopping when you get home. When you start doing housework, follow these tips:

- Use a long-handled reacher to turn on lights or grab things that are beyond arm's length.
- When reaching down into a cupboard:
 1. Set your walker, crutches or cane aside.
 2. Place 1 hand on the countertop.
 3. Slide your healing leg back while bending over your stronger leg to reach down.
- Do not carry or hold things in your hands while using a walker or crutches. Instead, carry things in an apron, pocket, fanny pack, backpack or walker basket.
- Do not reach too far when sliding items across a counter.
- Do not stand on tiptoes or chairs to reach high cupboards or storage areas.
- Use a rolling cart to carry hot, heavy or fragile items.
- Sit on a high stool (without wheels) when you cook or do dishes.

Part 6:

Tips and Resources

What to ask your surgeon after joint replacement

1. How much longer do I need to use my walker or cane?
2. When can I begin driving?
3. Can I go back to my walking, biking or exercise program that I had before my joint replacement?
4. When can I return to work? Are there any changes (modifications) that I should make, such as:
 - Working shorter hours?
 - Limits on the weight or size of things I can lift?
 - Sitting, standing or kneeling positions I need to avoid?
5. Are there any guidelines or precautions about having sex?
6. Will I need to take antibiotics before having dental work or other surgery?

Hip replacement only:

If I was given activity precautions in the hospital, how long will I have to follow them?

Other questions I have:

Words to know

Anesthesia (en-uh-STEE-juh): Medicine to remove feeling from all of the body (general anesthesia) or part of it (spinal anesthesia)

Anesthesiologist (EN-uh-stee-zee-YAH-luh-jist): A doctor specializing in the care of patients who get anesthesia

Antibiotics (ant-eye-bye-YAH-tiks): Drugs that kill or stop the growth of germs (bacteria)

Anti-inflammatories (ANT-ee-in-FLAM-uh-tor-eez): Drugs that reduce pain and swelling

Assistive device: Walker, dressing stick, raised toilet seat or other item to help you do daily activities

Delirium (duh-LEER-ee-um): Feeling confused, anxious, unaware of your surroundings or other symptoms like this that come on quickly

Extension (ex-TEN-shin): Straightening of a joint

Flexion (FLEK-shin): Bending of a joint

Incentive spirometer (in-SENT-iv spuh-RAH-mutt-ur): A machine that helps you breathe deeply so you can exercise your lungs and keep them clear

Incision (in-SIZH-in): Cut or wound made during surgery

Infection (in-FEK-shin): An attack on the body by harmful germs; common symptoms include pain, swelling and red, warm skin

IV (intravenous) tube: A tube for putting fluids into a vein

Nurse anesthetist (uh-NEST-uh-tist): An advance practice nurse specializing in the care of patients who get anesthesia

Operated leg, or healing leg: The leg on the side that you had surgery on

Orthopedic surgeon (OR-thuh-PEED-ik SIR-jin): A surgeon who treats disorders of the bones and joints

OT: Occupational therapy; provides help with daily activities such as dressing, using the toilet, bathing and household tasks

PT: Physical therapy; helps with exercises and your ability to move and walk

Sutures: Surgical stitches

Weight-bearing status: how much weight you can put on your operated leg

After Orthopedic Surgery: How Am I Doing Today?

Surgeon Team: _____ Daytime phone: _____ After hours phone: _____

Call your surgeon team with any questions or concerns. If you can't reach your surgeon team, and you need to be seen right away, please go to the orthopedic urgent care at your surgeon's office. If you have shortness of breath, chest pain or other signs of an emergency, go to the emergency department.

Do you have any of these symptoms?

	Skin is red and warm around surgery wound	Arm or leg on the surgery side is swollen or bruised	Fever	Can't pee (urinate)	Have not pooped (no bowel movement)
 <p>In control!</p> <p>Pain gets better after rest, ice, raising arm or leg, and taking medicine as directed.</p> <p>The area that is red or warm is getting bigger.</p> <p>My temperature is less than 101.5, and I am taking Tylenol as directed.</p> <p>I can dress, walk and use the toilet.</p> <p>I'm doing my exercises.</p> <p>I feel better with rest, ice, raising the arm or leg, and compression.</p> <p>My arm or leg is more swollen, and I've been less active over the past few days. Rest, ice, raising the arm or leg, and compression have not helped.</p> <p>I'm drinking more water, moving around more and taking less narcotic pain medicine.</p> <p>I pee regularly.</p> <p>It's been less than 3 days since surgery.</p> <p>I'll drink more water, keep taking stool softeners and walk or move around more.</p>	<p>Redness and warmth has not gotten worse since surgery.</p> <p>The surgery wound is clean, dry and healing well.</p>	<p>I can't exercise or do day-to-day things like dress, eat and use the toilet.</p> <p>Yellow liquid is draining from the wound.</p>	<p>My temperature is 101.5 or more after taking Tylenol as directed.</p> <p>I haven't peed in more than 8 hours.</p>	<p>It's been 3 or more days since surgery, and I'm taking stool softeners as directed.</p>	<p>It's been 3 or more days since surgery <i>and</i> I have a fever, and hardness or pain in my belly.</p>
 <p>Call team today</p> <p>Pain is much worse. It's hard to move. Rest, ice, raising arm or leg, and taking medicine as directed.</p> <p>The area that is red or warm is getting bigger.</p> <p>Yellow liquid is draining from the wound.</p> <p>My temperature is 101.5 or more after taking Tylenol as directed.</p> <p>I haven't peed in more than 8 hours.</p> <p>It's been 3 or more days since surgery, and I'm taking stool softeners as directed.</p>	<p>The area that is red or warm is getting bigger.</p> <p>Yellow liquid is draining from the wound.</p>	<p>I can't exercise or do day-to-day things like dress, eat and use the toilet.</p> <p>Yellow liquid is draining from the wound.</p>	<p>My temperature is 101.5 or more after taking Tylenol as directed.</p> <p>I haven't peed in more than 8 hours.</p>	<p>It's been 3 or more days since surgery, and I'm taking stool softeners as directed.</p>	<p>It's been 3 or more days since surgery <i>and</i> I have a fever, and hardness or pain in my belly.</p>
 <p>Call team NOW</p> <p>Pain is much worse. It's hard to move. Rest, ice, raising arm or leg, and taking medicine as directed.</p> <p>The area that is red or warm is getting bigger.</p> <p>Yellow liquid is draining from the wound.</p> <p>My temperature is 101.5 or more after taking Tylenol as directed.</p> <p>I haven't peed in more than 8 hours <i>and</i> I have a fever or pain in my side, back or belly.</p>	<p>The area that is red or warm is getting bigger.</p> <p>Yellow liquid is draining from the wound.</p>	<p>I can't exercise or do day-to-day things like dress, eat and use the toilet.</p> <p>Yellow liquid is draining from the wound.</p>	<p>My temperature is 101.5 or more after taking Tylenol as directed.</p> <p>I haven't peed in more than 8 hours <i>and</i> I have a fever or pain in my side, back or belly.</p>	<p>It's been 3 or more days since surgery, and I'm taking stool softeners as directed.</p>	<p>It's been 3 or more days since surgery <i>and</i> I have a fever, and hardness or pain in my belly.</p>

