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Metro Health Hospital

Taking health care to a better place.

Metro Health Hospital is part of Metro Health, an award-winning regional healthcare organization that is driven by its passion to put the patient first. Located in the heart of Metro Health Village, Metro Health Hospital was built to heal. Featuring 208 all-private rooms, curved corridors, plenty of natural light, a green roof, natural setting, sustainable building practices and more, Metro Health Hospital was designed to improve the healing process.

Metro Health Hospital offers a broad range of services, including certified inpatient and outpatient services, an emergency department, cancer care, cardiovascular services, intensive care and more. In addition to these expert services are conveniences such as easy access right off the highway, convenient street-level parking and integrated, state-of-the-art electronic medical record (EMR) technology.

We continue to receive local, state and national awards for providing excellent quality and care, including the prestigious Thomson 100 Top Hospitals award. At Metro Health, we are passionate about providing the best healthcare experience for our patients and a healthy environment for the community.

Metro Health Village

Metro Health Village is a groundbreaking concept – the first of its kind in the nation. The 170-acre health care village is far more than home to the first suburban hospital in the region. It's an entire community of medical, retail and hospitality businesses that share space in one of the most environmentally friendly developments ever conceived. The hospital and every building in the village are LEED certified, following the strict standards of the U.S. Green Building Council. The village is a convenient, caring community in and of itself, ideal for serving patients, families and surrounding neighbors.
Maps for Joint Replacement Patients

Free parking is available outside the main entrance to Metro Health Hospital, with wheelchairs conveniently located right inside the lobby. Stop by the Information Desk if you have any questions.

Metro Health Hospital – Floor Maps

Joint Replacement Preadmission Class
Metro Health Hospital Level 3
Steve & Cindy VanAndel Center for Restorative Care
Conference Room C

Day of Surgery
Metro Health Hospital Level 1
Dan & Eunice Pfeiffer Surgery Center

Metro Health Village – Getting To & Around
Metro Health Hospital sits in the heart of Metro Health Village – a unique 170-acre suburban development with a mix of medical, retail and hospitality services. Metro Health Village is conveniently located off M-6 at the Bryon Center Avenue exit in Wyoming, MI. It is also easily accessed off 131 at 54th Street and Byron Center Avenue.
Welcome

Thank you for choosing the Joint Replacement Camp at Metro Health Hospital to help restore you to a higher quality of living with your new prosthetic joint.

Every year, more than 800,000 people undergo total joint replacement surgery worldwide. Primary candidates are individuals with chronic joint pain from arthritis that interferes with daily activities, walking, exercise, leisure, recreation and work. The surgery aims to relieve pain, restore your independence and return you to work and other daily activities.

Total hip and knee replacement patients recover quickly. Patients will be able to walk the first day after surgery. Generally, patients are able to return to driving in four to six weeks, dance in four to six weeks and golf in six to twelve weeks.

The Joint Replacement Camp at Metro Heath Hospital has developed a comprehensive planned course of treatment. We believe that you play a key role in ensuring a successful recovery. Our goal is to involve you in your treatment through each step of the program. This Patient Guide will give you the necessary information needed for a safe and successful surgical outcome.

Your team includes physicians, nurses, nurse aides and physical and occupational therapists specializing in total joint care. Every detail, from pre-operative teaching to post-operative exercises, is considered and reviewed with you. Our staff will work with you to plan and develop your individual treatment program and guide you through the process.

Our Mission

The mission of the Steve & Cindy Van Andel Center for Restorative Care focuses on restoring patients’ functional independence, preventing complications and enhancing their overall quality of life.

Joint Replacement Camp Phone Numbers

Hospital Operator
(616) 252-7200
1-800-968-0051

Nursing Station
(616) 252-7181

Pre-registration
(616) 252-4463

Pre-surgical Testing questions/appointment
(616) 252-7193

Surgery Scheduling
(616) 252-7843

Case Management Discharge Planning Services
(616) 252-7600 + Option 0

Joint Replacement Camp Program Coordinator
(616) 252-7306

Level 3 Nurse Clinical Director
616) 252-7617

Physical Medicine Therapy Manager
(616) 252-7280

In-hospital calling:
Dial 9 + number for local calls.

Use a calling card or make collect calls for long distance.

Cell phone usage is permitted on Level 3.
Your Surgery Experience at Metro Health Hospital

People usually have many questions when they are facing surgery. This information is designed to help answer many of the questions people typically ask and prepare you and your family for your upcoming surgery at Metro Health Hospital. Our staff wants you to know that everything possible is being done to provide you with the highest quality of care you deserve.

The more you know, the better you will be able to face the challenges and changes that joint replacement surgery will make in your lifestyle. This Patient Guide is a tool for you and your family designed to educate you so that you know:

- What to expect every step of the way
- What you need to do
- How to care for your new joint for life

Remember, this is just a guide. Your physician, nurse or therapist may add to or change many of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your Patient Guide as a handy reference for at least the first year after your surgery.
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Many of our patients refer to the Joint Replacement Camp at Metro Health Hospital simply as Joint Camp. Joint Camp is unique. It is a dedicated program specializing in joint replacement care located on Level 3 in Metro Health Hospital.

Features of the Joint Camp program include:

- Orthopedic surgeons, nurses (RNs, LPNs, aides) and therapists who specialize in joint replacement care
- Private hospital rooms
- Emphasis on group activities as well as individual care
- Occupational and physical therapy to educate how assistive devices, joint protection and energy conservation techniques can be used during activities of daily living (ADLs), work and leisure activities
- Family and friends educated to participate as “coaches” in the recovery process
- A planned pathway of care from pre-surgery through the discharge process
- Free community educational seminars about knee and hip pain
Frequently Asked Questions About Total Joint Surgery

We are glad you have chosen the Joint Replacement Camp in Metro Health Hospital to address your joint pain. Patients have asked many questions about joint replacement. Here is a list of the most frequently asked questions and answers. You will find additional information throughout this Patient Guide. If there are any other questions that you need answered, please ask your surgeon or his/her office nurse. We want you to be completely informed about your procedure.

Total Knee Replacement

What is arthritis and why does my knee hurt?

In the knee joint, there is a layer of smooth cartilage on the lower end of the femur (thighbone), the upper end of the tibia (shinbone) and the undersurface of the kneecap (patella). This cartilage serves as a cushion and allows for smooth motion of the knee. Arthritis is a wearing away of this smooth cartilage. Eventually it wears down to bone. Rubbing of bone against bone causes discomfort, swelling and stiffness.

What is a total knee replacement?

A total knee replacement is really a cartilage replacement with an artificial surface. The knee itself is not replaced, as is commonly thought, but rather an artificial substitute for the cartilage is inserted on the end of the bones. This is done with a metal alloy on the femur and plastic spacer on the tibia and kneecap (patella). This creates a new smooth cushion and a functioning joint that does not hurt.
Partial Knee Replacement

What is a partial (or unicompartmental) knee replacement?

A unicompartmental knee is a partial knee replacement. It is not as common as a total knee replacement. The “partial” knee replacement, as it is commonly called, has a smaller, less invasive incision.

The knee joint has the following three compartments:
1. Medial (inner)
2. Lateral (outer)
3. Patellofemoral (kneecap)

A partial knee replacement is a resurfacing of only the diseased portion of the knee joint. Literally, half of the knee is replaced. If two or more compartments are damaged, then the partial knee may not be the best option for that particular patient. A total knee replacement may be the necessary and better option.

About seven people out of 100 are good candidates for a unicompartmental knee replacement.

What are the advantages of having a partial knee replacement?

The advantages of having a partial knee replacement are:
- Shorter recovery time
- Less pain than other knee reconstruction surgeries
- Better motion
- Near normal function
- Fewer complications
- Lasts as long as a total knee replacement

Can a partial knee replacement be converted into a total knee replacement if needed in the future?

Yes, since a unicompartmental reconstruction preserves much of the patient’s natural knee, it can be converted to a total knee replacement in the future. Additionally, unlike most total knee replacements, the anterior and posterior cruciate ligaments (ACL and PCL) are saved in a partial knee replacement. These ligaments stabilize the knee during movement.
How long will I be in the hospital if I have a partial knee replacement?

Most partial knee replacement patients will be hospitalized for 1-2 nights after their surgery. There are several goals that you must achieve before you can be discharged. Functional abilities to walk and bend/straighten the knee generally come much more quickly than they do for the total knee replacement patient.

Hip Replacement

What is arthritis and why does my hip hurt?

In the hip joint there is a layer of smooth cartilage on the ball of the upper end of the thigh bone (femur) and another layer within your hip socket. This cartilage serves as a cushion and allows for smooth motion of the hip. Arthritis is a wearing away of this cartilage. Eventually it wears down to bone. Rubbing of bone against bone causes discomfort, swelling and stiffness.

What is a total hip replacement?

A total hip replacement is an operation that removes the arthritic ball of the upper thigh bone (femur) as well as damaged cartilage from the hip socket. The ball is replaced with a metal ball that is fixed solidly inside the femur. The socket is replaced with a plastic liner that is usually fixed inside a metal shell implanted into the pelvis. This creates a smoothly functioning joint that does not hurt.

About Joint Replacement

What types of materials are used in joint replacement?

The materials are designed to enable the joint to move just like your normal joint. Several metals are used, including stainless steel and alloys of cobalt, chrome and titanium. The plastic material, polyethylene, is durable and wear resistant. A bone cement may be used to anchor the prosthesis into the bone. Some joint replacements are implanted without cement.

What are the results of joint replacement?

Ninety-five percent of patients achieve good to excellent results with relief of discomfort and significantly increased activity and mobility.
When should I have joint replacement surgery?
The goal is to relieve pain in the joint caused by the damage done to the cartilage. The pain may be so severe, a person will avoid using the joint, therefore, weakening the muscles around the joint and making it even more difficult to move. Your orthopedic surgeon will ask you to decide if your discomfort, stiffness and disability justify undergoing surgery. There is no harm in waiting if conservative, non-operative methods are controlling your discomfort. Total joint replacement is considered when other treatment options do not relieve your pain and disability. Based on your history, exam and X-rays, your surgeon will determine if you are a good candidate for joint replacement.

Am I too old for joint replacement?
Age is not a problem if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

How long will my new joint last and can a second replacement be done?
We expect most knees to last more than 20 years. However, there is no guarantee and 10-15 percent may not last that long. Younger patients may need a second replacement or a revision of the implant components. Materials and surgical techniques are continually improving to increase the life expectancy of a new prosthetic joint.

Why do they fail?
**Knee Replacement:** The most common reason for failure is loosening of the artificial surface from the bone. Wearing of the polyethylene liner may also result in the need for a new liner.

**Hip Replacement:** The most common reason for failure is loosening of the artificial ball where it is secured in the femur or loosening of the socket. Wearing of the polyethylene liner may also result in the need for a new liner.
What are the possible complications of surgery?
Most surgeries go well without any complications. Infection and blood clots are two serious complications that are of the most concern. To avoid these complications, patients are given antibiotics and blood thinners. We also take special precautions in the operating room to reduce the risk of infection.

Hip Replacement: Dislocation of the hip after surgery is a risk. Your doctor and therapists will discuss ways to reduce that risk.

Should I exercise before the surgery?
Absolutely! You should begin practicing the exercises as taught in the Preadmission Educational Class. The Exercise Program is located on page 69 in this Patient Guide. These will help speed up your recovery following surgery.

How long am I incapacitated?
You will probably stay in bed the day of your surgery, however, you may sit at the edge of your bed or stand at the bedside with the assistance of the nursing staff later in the day. The next morning, you will get up with assistance, sit in the recliner chair and practice walking with a walker or crutches with the therapists.

How long does the surgery take?
We reserve approximately 1 to 2 hours for surgery. Some of this time is taken by the operating room staff to prepare for the surgery.

Will the surgery be painful?
You will have some discomfort following the surgery, however, pain medications will be given for pain control. Generally, most patients are able to stop taking very strong medications within one day. A prescription for pain medication will be given to you upon discharge for home use.

How long will my scar be?
The scar will be approximately 6-8 inches long.
Will I notice anything different with my new joint?
Yes. You may have a small area of numbness along the scar which may last a year or more and is not serious.

**Knee Replacement:** Some patients notice some clicking when they move their knee. This is the result of the artificial surfaces coming together and is not serious. Most patients have mild swelling, warmth or aching in and around the knee for a month or so after surgery. You may apply an ice pack to treat these symptoms.

**Hip Replacement:** In many cases, patients with hip replacements think that the new joint feels completely natural. However, we recommend avoiding high impact physical activity. The leg with the new hip may be longer than it was before, either because of previous shortening due to the hip disease, or because of the need to lengthen the hip to avoid dislocation. Most patients get used to this feeling in time or can use a small lift in the other shoe. Some patients have mild swelling or aching in the thigh for a few months after surgery. You may want to apply an ice pack as needed for either of these symptoms.

Will I need a walker, crutches or a cane?
You will start out using a **walker** or **crutches**. If you own or borrow either of these items, please bring them with you to the hospital. They should be clearly marked with your name and address. Our therapists will evaluate the proper height and durability of the device for safety purposes. We expect that you will be using some type of ambulation device, such as a walker, cane or crutches for about 4-6 weeks.

Will I need any other equipment?
After joint replacement surgery, you may need a **raised toilet seat** for about three months. We will recommend the best model for you to purchase, rent or borrow. You will also be taught how to use **assistive devices** to help you with lower body dressing and bathing. You may also benefit from a **bath seat** or **grab bars** in the bathroom. There are a variety of these items which may be purchased at local medical supply stores. It is helpful to bring in measurements of your tub and toilet and surrounding space to determine the best fit for you and your home.

A helpful worksheet is available on page 75 of this Patient Guide.
How long will I be in the hospital if I have a total joint replacement?

Most total knee/hip replacement patients will be hospitalized for 2-3 nights after their surgery. There are several goals that you must achieve before you can be discharged.

Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge from the hospital. Some may choose to transfer to a subacute rehab facility for a brief stay before returning home. If you are planning to go to a rehab facility after your hospital stay, call the facility of your choice to place your name on their admission waiting list. Openings are not always available. It is often first call, first serve. The hospital discharge planner will help finalize the transfer arrangements to rehab. You may want to contact your insurance company to check your benefits for subacute rehab.

Will I need any prescriptions filled after I leave the hospital?

Yes, your surgeon will order at least 2 new medications that are vital to your recovery. One is for a pain relieving medication that you were likely using during this hospital stay. The other is for a blood thinning medication (anticoagulant) to help prevent the formation of blood clots. Metro Health does not have a retail pharmacy and therefore, these prescriptions must be obtained from your preferred community pharmacy. Please discuss any financial concerns about this with your discharge planner or surgeon as soon as possible.

What if I live alone?

It is your decision to go directly home or to subacute rehab. If you are going home directly from the hospital, it is highly recommended that you have someone stay with you at least 2 days to ensure that you have adequately prepared your home for walker accessibility. Your “coach” should come in handy during this transition time. Groceries and meals should be planned ahead as well as homemaker assistance for laundry and general household cleaning. If you are not able to walk a reasonable distance, you may require further therapy at a subacute rehab.
nursing facility. A discharge planner will be working with you and can explain your options. If you have questions before or after your surgery, you may call (616) 252-7600 (option 0) for discharge planning assistance.

**Will I need help at home?**

Yes. During the first several days and weeks, depending on your progress, you will need someone to assist you with housekeeping needs, supervision for showering, etc. Preparing ahead of time, before your surgery, can minimize the amount of help required. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed and single portion frozen meals prepared will reduce the need for extra help. Family members or friends need to be available to help, as needed. You will need assistance with transportation for follow-up appointments until you are given permission to drive again by your surgeon.

**Will I need physical therapy when I go home?**

You need to continue your home exercise program a minimum of twice a day as instructed during your hospital stay. Your coach may need to assist you, if necessary, with a few of the exercises. **Knee replacement** patients are strongly encouraged to participate in an outpatient physical therapy program close to home. The discharge planner will help you arrange the initial therapy appointment. In some circumstances, you may qualify for physical therapy provided in the home. **Hip replacement** patients do not usually need outpatient therapy services immediately following surgery. Following the hip precautions is mandatory. Walking is strongly encouraged to build strength and muscle tone.

**How often will I need to see my doctor following the surgery?**

You will usually see your surgeon about two weeks after surgery for your first post-operative office visit. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, 12 weeks and then annually.

It is highly recommended that you have someone stay with you a minimum of two days to ensure your safety at home.
How long until I can drive?
The ability to drive depends on whether surgery was on your right leg or your left leg and the type of car you have. Leg strength, knee range of motion and use of prescription pain relievers are also factors. Consult your surgeon for advice on when you may begin driving again.

When can I have sexual intercourse?
The time to resume sexual intercourse should be discussed with your orthopedic physician. Generally, you can safely resume sexual activity eight weeks after surgery. Use pain medications prior to intercourse for comfort. (See page 67 for more information.)

When will I be able to get back to work?
Your surgeon will advise you at your follow-up appointments about when you may return to work.

Do you recommend any restrictions following this surgery?
Yes. Impact activities, such as jogging and singles tennis, may put too much of a load on the joint and are not recommended. High-risk activities, such as downhill skiing and contact sports, are likewise discouraged because of the risk of fractures around the prosthesis.

Hip Replacement: There are specific positioning precautions that you will be taught after surgery by your therapists. These body movement restrictions will be determined by your surgeon based on the type of surgery performed.

What physical/recreational activities may I participate in after my recovery?
You are encouraged to participate in low-impact activities such as walking, dancing, golf, hiking, swimming, biking, bowling and gardening.
Before Surgery

Contact Your Insurance Company

Before surgery, we recommend that you contact your insurance company to learn about your insurance benefits.

Contact the Customer/Member Service Representatives using the phone number found on the back of your insurance card. Please write down their responses so you will be aware of your financial responsibilities in case any of the following needs are identified.

Name of Insurance Representative ________________________
Phone Number  ______________________________________

Hospital

Benefits/Copays/Deductibles/Approved Length of Stay (# of days)

___________________________________________________
___________________________________________________
___________________________________________________

If you have any concerns about paying deductibles or copayments for the services provided at Metro Health Hospital, please contact our Patient Financial Services, Customer Service Representatives, at (616) 252-7110 or 1-800-968-0051, ext. 7110. They can assist you with information about our Financial Assistance Programs.
Questions for Your Insurance Provider

“Is Durable Medical Equipment Covered?”
(includes walker or crutches)
“What are my copays/deductibles?”

Raised toilet seats, tub seats and adaptive equipment (reacher, long-handled sponge, shoehorn and sock aid) are usually not covered by insurance.
“Is there a ‘preferred provider’?”

“Is Physical Therapy Covered?”
“What are my copays/deductibles for:
outpatient physical therapy?”

home care physical therapy?”

“Are there ‘preferred providers’?”

“Do I Have Prescription Injectable Coverage?”
“What is my copay for the blood thinner Lovenox® (enoxaparin)?”

After discharge from the hospital, you will be prescribed a pain relief medication and a blood thinner for home use. These will need to be picked up at a local pharmacy of your choice.

Start Preoperative Exercises

Many patients with arthritis favor their joints and thus become weaker. This interferes with recovery. The physical preparation that you make can affect the outcome and recovery time from your surgery.

• It is important that you begin an exercise program before surgery. It is necessary to strengthen your upper body to help you safely use a walker or crutches after surgery. Isometric exercises can help maintain the strength in your leg muscles. Familiarize yourself with the exercises in this Patient Guide. Practice them faithfully now and it will be easier for you after surgery.

(See page 69 for more information.)
Advance Directives

Advance directives are a means of communicating the patient’s wishes regarding health care to all caregivers. If a patient has a living will or has appointed a health care agent and is no longer able to express his or her wishes to the physician, family or hospital staff, Metro Health Hospital is committed to honoring the wishes of the patient as documented at the time the patient was able to make that determination.

There are different types of advance directives:

**Living Wills** are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma and are unable to communicate.

**Durable Power of Attorney for Health Care** is a document that lets you name a person (your patient advocate) to make medical decisions for you if you become unable to do so.

**Directions for Health Care** state your specific choices regarding use of life-sustaining equipment, hydration and nutrition and use of pain medications.

On admission to the hospital, you will be asked if you have an advance medical directive. If you do, please bring a copy of the documents to the hospital with you, so they can be added to your medical record. Advance directives are not required for hospital admission.
Prepare Your Home for Your Return from the Hospital

Recovering from joint replacement surgery takes time. Planning ahead will minimize the stress of the transition from the hospital to home. Get your house in shape for your arrival back home before you come in for surgery.

- Clean! De-clutter all walkways within the home. You may need to rearrange furniture temporarily (making the living area a bedroom, for example); pick up throw rugs and tack down loose carpeting and fasten electrical cords around the perimeter of the room.
- Do the laundry and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them in single serving containers. Stock up on groceries and ready made meals that you enjoy. Refer to page 53 for additional dietary recommendations.
- Cut the grass, tend to the garden and other yard work.
- Install nightlights in bathrooms, bedrooms and hallways.
- Make sure your handrails on stairways are tight and secure and consider installing new rails on stairways that don't have them.
- Choose a sturdy chair with armrests and no wheels. This chair will be used during your recovery process at home. A cushion can be added to chairs to add height. **Note:** Hip replacement patients need a chair that is firm and tall enough to keep your hip joint higher than your knees when you are seated.
- Place items that are used daily within reach at counter level in the kitchen, bedroom and bathrooms.
- Consider getting a portable phone to carry with you at all times.
- Arrange to have someone collect your mail or stop delivery.
- Arrange for someone to take care of pets or loved ones, if necessary.
☐ Obtain borrowed and owned medical equipment items (e.g., walker, raised toilet seats, reacher, bath chair) and have them ready for use in the home. Practice maneuvering throughout the home.

☐ Arrange for a “coach” to attend therapy sessions at the hospital and assist you once you return home. He or she may need to stay with you for a few days after your surgery.

☐ Call your insurance carrier about your benefits and copays.

☐ **Knee replacement patients:** Choose the location for outpatient physical therapy and determine who can drive you there until your surgeon gives you permission to drive.

☐ Obtain a copy of your advance medical directive for your hospital medical record.

☐ If you live alone or have other special needs, consider contacting the hospital discharge planner at (616) 252-7600, option 0, about any concerns before your surgery.

☐ If you are considering going to a rehab facility after surgery, contact that facility for a tour and to meet their staff before your surgery. This can help minimize some of the stress and ease the discharge planning process from the hospital.

☐ If you need a handicapped parking permit, contact the Secretary of State’s office for a form or go online to www.michigan.gov. After obtaining the surgeon’s signature, it will need to be returned to the Secretary of State’s office to obtain the temporary permit.

☐ If you are planning any dental work, schedule it well in advance of your surgery. Do not schedule any routine cleanings for several weeks after your surgery.

☐ Complete the worksheets in this guide:
  • Questions for Your Insurance Provider (page 17-18)
  • Home Environment Worksheet (page 75)
  • Medication Worksheet (page 76)
What to Bring to the Hospital

☐ Personal hygiene items (toothbrush, powder, deodorant, razor, etc.)

☐ Shorts (ideal for knee replacement patients), culottes or very loose fitting sweatpants, tops, sweater or sweatshirt, undergarments, robe and sleepwear (enough for 3-4 days)

☐ Hard sole shoes or tennis shoes – no sandals or heels – slippers for night use only

☐ Cases for dentures, contacts, glasses, hearing aids

☐ Your Patient Guide

☐ Copy of your advance medical directive

☐ Your insurance card and driver’s license or photo I.D.

☐ Please leave jewelry, valuables and large amounts of money at home.

☐ If you use a CPAP machine, bring in the machine, settings and mask on the day of surgery.

☐ If you already have a walker or crutches, have someone bring them in with your name taped on each item.

☐ Telephone calling card for long distance calls

☐ Put a large plastic trash bag in your vehicle to help you slide into the passenger seat upon discharge.
Preparing for Surgery

Numbers You will Need:

• After your doctor schedules you for surgery, please call the Pre-surgical Testing Department at (616) 252-7193 to share information about your medical history. If you need testing, an appointment will be scheduled to assess your health risk for anesthesia and the procedure.

• Call Pre-registration at (616) 252-4463 before your surgery to give the hospital your demographic information. You may pre-register on Metro Health’s Web site at metrohealth.net and click on “Pre-register” under Quick Links.

• If you have questions before your surgery, call your doctor.

• 1-2 business days before your surgery, you will receive a call to confirm the time that you should arrive at the hospital for your scheduled surgery. If we do not reach you one business day prior to your surgery, you may call the nurse at (616) 252-7843 or 1-800-968-0051, ext. 7843.
Preparing for Surgery

How your body responds to surgery and how quickly you recover depends on more than just the type of health care you receive. The care you give yourself before and after surgery is important also. Here are some things that may make your surgery and recovery smoother and faster.

- Carefully follow your health care provider’s instructions. If there is something you do not understand, ask to have it explained to you.

- If you smoke, it is recommended that you stop smoking at least two weeks prior to your surgery. This will improve the performance of your lungs and oxygen circulation vital to the healing process. Also keep in mind that Metro Health is a smoke-free campus. Smoking is prohibited anywhere on the village grounds, including parking lots.

- If you have any infection symptoms (sore throat, urinary tract infection, ear ache, etc.) within a week of your surgery date, please notify the doctor as soon as possible.

Two Days Before Surgery

- Do not drink alcohol (beer, wine, liquor) for at least two days prior to your surgery.

- If you have received special skin cleansing cloths, carefully begin following each step outlined on the direction sheet.

  - If you need clarification on any step, call the hospital at (616) 252-7843.
  
  - Do not use lotions, moisturizer, deodorant or make up after you start the process.

  - You may wash your hair over the sink the night before and/or the day of surgery.

  - Do not shave any hair at or near the planned surgery site for 48 hours prior to surgery.

---

### Common Medications Known to Affect Blood Clotting*

Certain prescriptions or over-the-counter medications may cause extra bleeding during surgery. Ask your doctor if and when you should stop taking these or other medications before your surgery date.

#### Prescription Medication

- Aggrenox
- Ansaid
- Arthrotec
- Cataflam/Diclofenac
- Celebrex/ Celecoxib
- Clinoril/ Sulindac/ Novo-Sundac
- Coumadin/ Warfarin
- Daypro
- Disalcid
- Dolobid/ Diflunisal
- Effient
- Eliquis/apixaban
- Feldene/ Piroxicam/Pexicam
- Indocin/ Indomethacin
- Ketoprofen
- Lodine/ Eto达尔ac
- Meclomen
- Mobic/ Meloxicam
- Monogesic
- Motrin/Ibuprofen
- Nalfon
- Naprosyn/Naproxen
- Orudis, Oruvail/ Ketoprofen
- Plavix/ Clopidogrel
- Pletal
- Ponstel/ Mefenamic Acid
- Pradaxa
- Relafen/ Nabumetone
- Ticlid/ Ticlodipine
- Trilisate
- Tolectin
- Voltaren/ Diclofenac
- Xarelto/ Rivaroxaban

*This is not an all-inclusive list

Questions, call nurse at (616) 252-7843.
The Day Before Surgery

• Remove nail polish.

• It is recommended that you pack a suitcase for your hospital stay, however, we ask that you leave these items in the car until after you have been assigned a hospital room. (See page 22.)

• Leave valuables, money and jewelry, including wedding rings and body piercings, at home.

• If you did not receive special cleansing cloths, shower or bathe using an antibacterial soap such as Dial® the night before or the morning of surgery. Do not shave any of the hair at or near the planned operative site for 48 hours prior to the surgery. If this is necessary, the doctor will take care of it.

• After bathing, do not apply any skin lotions, moisturizers, etc.

• Do not eat or drink anything – including candy, chewing gum or water – after midnight the night before surgery.

On the Day of Your Surgery

• You may brush and rinse your teeth, but do not swallow any water.

• Do not apply makeup, hair products, lotions, deodorant or powder.

• You will be asked to arrive 1 1/2 - 2 hours before your surgery.

• Wear loose-fitting clothing that can be easily removed. You will be asked to wear a wrap-around hospital gown during the surgery preparation process.

• Bring your insurance card, personal identification and any other information needed for registration.

• Drive to Metro Health Hospital. Free parking is available near the front main entrance. Once inside, you will find an information desk. You will be directed to the Dan and Eunice Pfeiffer Surgery Center. Upon your arrival there, please see the receptionist to register.

• An identification bracelet will be placed on your wrist.

• A nurse will check your height, weight, blood pressure, pulse, breathing and temperature and will ask you several questions about your health.

More Medications Known to Affect Blood Clotting*

Herbal preparations, certain vitamins and some energy drinks may also interact with anesthesia medications. Discontinue all herbal supplements 2 weeks before surgery. Some anti-inflammatory medicines may also slow down the healing process.

Over the Counter Drugs
Advil
Aleve
Alka-Seltzer
Aspirin/
Products containing Aspirin
Flaxseed
Fish oil
Garlic
Ginko
Ginseng
Ibuprofen/Motrin
Krill oil
Licorice
MaHuang
Mediprin
Motrin Products
Natural Phen
Nuprin
Naproxen
Omega 3
St John’s Wort
Szeshwan
Vitamin E

*This is not an all-inclusive list

Questions, call nurse at (616) 252-7843.
• The nurse will explain any medication that has been ordered for you. He or she will also give your family or friends instructions on where to wait during your surgery.

• An intravenous line (IV) will be inserted in your arm. The purpose of the IV is so you can be given necessary fluids and anesthetic medications during surgery.

• Listening to music can be relaxing and may calm you before, during and after your operation. Music can slow breathing and pulse rates and lower your blood pressure. If there is a particular type of music you like, please bring it with you on the day of your surgery.

• If you wear glasses or contact lenses, you will be asked to remove them. Please bring the proper case to store them.

• If you wear dentures, your anesthesiologist may ask you to remove them. Please bring the proper case to store them.

• If you use a CPAP or BiPap machine, please inform the nurse who phones you for your medical history. You will need to bring your device with you on the day of surgery.

• Your operating room nurse, surgeon and anesthesiologist will interview you. You will then be escorted into the operating room.

If you have any questions or concerns about your surgery, please contact us at (616) 252-7193 or 1-800-968-0051, ext. 7193 (8 a.m.-4 p.m).
Your Anesthesia

The purpose of anesthesia is to keep the patient asleep during surgery or to make areas of the body insensitive to pain. An anesthesiologist is a physician who has been trained in the medical and technological aspects of anesthesia. He or she may also work with a trained nurse anesthetist or anesthesia assistant.

There are different types of anesthesia. Your anesthesiologist will determine the type to be used for your surgery based on your medical condition, individual needs and wishes.

**General anesthesia** is the most common type of anesthesia. When general anesthesia is used, a combination of medications is given through the veins and gases are inhaled through the lungs to put the patient to sleep.

**Regional anesthesia** makes large areas of the body insensitive to pain. Regional anesthesia works by the anesthesiologist injecting anesthetic medications near the spinal cord or around major nerves. It includes spinal, epidural or femoral nerve blocks.

**Intravenous medications** are given through a needle inserted in your arm. They are often used along with local and regional anesthesia to relax patients and make them drowsy.

Before your surgery, you will have an opportunity to meet and talk with your anesthesiologist. If you have any questions about your anesthetic, please ask them at this time. If you wear a hearing aid or use dental appliances, ask the anesthesiologist if you should wear them during surgery. Bring eyeglasses if you need them for reading.

Anesthesia Services are provided by:

**Anesthesia Medical Consultants**

(616) 284-3190

**Note:** You will receive a separate bill for anesthesia services in addition to the hospital bill.
The Operating Room

The anesthesiologist will bring you to the operating room where you will be gently moved onto the operating table. The anesthesiologist will then apply a blood pressure cuff and special equipment to monitor your heart, blood pressure and oxygen levels constantly throughout your surgery.

The operating room is a safe and sterile environment staffed by a team of several different types of trained medical professionals.

Your surgical team:

- Your surgeon who leads the team.
- Your anesthesiologist or nurse anesthetist who administers anesthesia during the operation.
- A surgical assistant who assists the team.
- The scrub nurse who organizes the surgical instruments and assists the surgeon.
- The circulating nurse who works as your advocate at all times during surgery. For example, he or she will make sure sterile procedures are used.

Total joint procedures take about 1-2 1/2 hours in surgery.

Every effort is made by the surgeon to give a verbal report to your family about the outcome once the procedure is completed. After this interaction with the doctor, it is recommended that your suitcase is retrieved from the car and brought up to your assigned hospital room. Visitors will meet up with the patient immediately following the recovery room phase in this hospital room.
Recovering from Surgery

Following surgery, you will be taken to a recovery area where you will remain for 1-2 hours. During this time, pain control will be established; your vital signs (temperature, blood pressure, pulse, heart rate and respirations) will be monitored. An X-ray will be taken of your new joint. Close attention will be paid to the circulation and feeling in your legs and feet. It is important to tell your nurse if you experience numbness, tingling or pain in your legs or feet. When you awaken and your condition is stable, you will then be taken to the Joint Replacement Camp located on Level 3 in the Steve & Cindy Van Andel Center for Restorative Care.

It is recommended that only very close family members or friends visit you on this day.

Most of the discomfort occurs the first 48 hours following surgery, so during this time you will be receiving pain medication through your IV. You may be asked to sit on the side of the bed or asked to stand for a few moments later on the day of surgery. You will also receive a daily newsletter outlining the day’s activities.

Although circumstances vary from person to person, you may have some or all of the following after surgery:

1. You will find a large bandage on the surgical area to maintain cleanliness and absorb any fluid. This bandage is usually changed 1-2 days after surgery according to your doctor’s orders.

2. You may find a thin rubber tube, called a drain, which was put into your skin to collect fluid from around the incision. The drain is usually removed 1-2 days after surgery.

3. An IV, started prior to surgery, will continue until you are drinking adequate amounts of fluid. This IV may be changed to a heparin lock that will keep a vein accessible for medications if needed. Antibiotics are frequently administered for 24 hours after surgery to reduce the risk of infection.

After your surgery:

• Since a tube is placed in your mouth or windpipe during surgery, you may experience a sore throat. The anesthesia gas may also be the cause. The soreness usually disappears in about two days.

• You may experience discomfort where an intravenous needle was inserted in your hand or arm. In a few days, the soreness and any black-and-blue marks should go away.

• You may feel tired, but it is important that you gradually increase your activity level along with getting adequate rest.

• Feeling in your legs may or may not return until after you are in your hospital room.

• Do not attempt to get out of bed without nursing assistance. Don’t hesitate to use your call bell to ask for help.
4. You will be given an **incentive spirometer**. Put the plastic piece into your mouth and take in a very deep breath. Hold this as long as you can. Then let out your breath. Use the spirometer 10 times every hour while awake. This helps to increase your lung capacity, help circulation and promote the elimination of anesthesia gases. **Cough and deep breathing** also helps. Inhale deeply through your nose and then slowly exhale through your mouth. Repeat this three times and then cough two times.

5. **Oxygen** will be administered through a small tube attached to your nose. A probe may be attached to your finger to measure the oxygen level in your body. Usually oxygen will be discontinued within 24 hours unless you have a pre-existing respiratory condition.

6. Besides tight **elastic stockings**, you will also have **compression stocking sleeves** placed on your calves or feet. These are cloth sleeves that are connected to an air pump machine. The pump tightens and loosens the inside of the sleeve. Both methods help keep blood from staying in the legs and causing clots. **Ankle pump exercises** (moving your ankles forward and back) are very important to begin this first day to help prevent blood clots.

7. You may experience temporary **nausea** or **vomiting** due to anesthesia or medications. Anti-nausea medication may be given to minimize this discomfort. Pain pills should always be taken with food to help avoid an upset stomach.

8. A possible side effect of anesthesia may be having **difficulty urinating**. The nurses will monitor you to make sure that you are urinating adequate amounts. If you had a catheter placed during surgery, it will be removed as soon as possible, usually the following morning. The catheter may make you feel like you have to urinate. Relax and the catheter will drain the urine for you.

9. You will be allowed to progress your **diet** as your condition permits. Initially, patients are encouraged to eat ice chips, sip water and drink liquids. It is recommended that you gradually introduce solid foods into your diet. The directions for ordering your meals are located on your room menu.
Pain Management

The staff of Metro Health Hospital is committed to pain prevention and management. **Unfortunately, all surgery is associated with pain. You should expect it.** Relief of pain is an important part of your care. Discuss with your doctor what to expect regarding pain and pain management during your hospital stay as well as at home after your procedure. During your entire stay at the hospital, your comfort level will be monitored. You will be asked to use a 0-10 pain rating scale like the one shown. We will work together to develop a plan for pain management.

**You can help by:**

- Helping the doctor or nurse assess your pain
- Telling the doctor or nurse if your pain is not relieved
- Telling your doctor or nurse about any worries you might have about taking pain medications

**Pain Rating Scales**

Choose the face that best describes how you feel.

Both drug and non-drug treatments can be successful to help minimize pain.

Non-medication methods include:

- Cold therapy - use ice packs around your incision while resting
- Elevating your leg, rather than keeping it down
- Changing position often
- Use relaxation techniques like deep breathing or music
- Prayer or meditation

**Note:** Pain pills can also be constipating. Be sure to include fiber in your diet and drink plenty of fluids. Stool softeners may also be helpful. (See pages 53-55 for more dietary information.)
Activity Cycle & Position Changes

In an effort to speed your rehabilitation and increase your knee range of motion, you will be encouraged to **frequently change your knee positions by alternating between flexion (bending) and extension (straightening) activities.**

Knee Flexion/Bending Activities

The goal for flexion in the hospital is 90 degrees and up to 120 degrees of knee bend within 4-6 weeks.

- Sit in a chair or on the edge of a bed to allow your knees to bend (minimum one hour).

- Bend your knee in line with your toes. **DO NOT** twist or turn your knee inward or outward.

Use pillows to help increase bending while laying in bed (minimum two hours at a time). This position also helps reduce lower extremity swelling.

**DO NOT put anything under the knee itself.**

This will limit your ability to straighten your leg.
Knee Extension/Straightening Activities

The goal of extension is for the leg to be completely straight or at 0 degrees. We want you to be able to push the back of your knee down enough to touch the bed or chair. You can place a towel under the ankle to help you work on extension.

Example in chair (minimum one hour).

Example in bed (minimum one hour).

Towel roll under ankle to increase extension (as tolerated up to one hour).
In rare circumstances, a continuous passive motion (CPM) machine may be ordered by your surgeon for knee replacement patients. A CPM is a device that is fit to your leg and is placed in bed with you. It slowly bends and straightens your knee. The nurses or therapists will help set up the machine for hospital use.

A continuous passive motion machine (CPM)

Hip Replacement
Patients ONLY

1. When lying down, you will need to turn from side to side in a special way after surgery. You should always use a pillow between your legs when resting in bed and sleeping. Some surgeons will order an abduction pillow, a thick piece of triangle shaped foam with straps. Pillows help keep your legs at the correct angle so that new hip joint will not pop out of place.

2. Use a tall chair with arms so that your hips are always seated higher than your knees. A toilet seat riser may be necessary in your bathroom.

3. Some patients experience back discomfort after surgery. This is caused by the general soreness of the hip area and partly by the prolonged lack of movement required before, during and after surgery. Periodic change of position helps to relieve discomfort and prevents skin breakdown.

4. It is important to avoid some body positioning movements to prevent hip dislocation. Your surgeon and hospital therapists will teach you about the specific movements you need to avoid when performing self-care activities, such as bathing and dressing.
After Surgery

Day 1 – After Surgery
On Day 1 after surgery you will be helped out of bed early and will dress in loose fitting clothing (street clothes) that you have brought to the hospital. Shorts and tops are usually best; long pants are restrictive. Your surgeon or his/her assistant will visit you today. IV pain medication may be stopped and you will begin to take pain medications by mouth. We will monitor your oxygen level with a finger probe to ensure that you are receiving enough oxygen for the first 12-24 hours or at least until the IV medications are discontinued. This morning, you will be evaluated by the physical and occupational therapists at your bedside. You will begin practicing walking using a walker. Group therapy sessions will begin this afternoon. Please have only one coach attend. Visitors are welcome, preferably late afternoons or evenings. Some patients who have had a partial knee replacement may be discharged following the afternoon therapy session today.

Day 2 – After Surgery
On Day 2 following surgery, you will be helped out of bed early and will dress in loose fitting clothing that you have brought to the hospital. Group physical therapy will begin mid-morning. It would be helpful if your coach participated in today's morning and afternoon therapy sessions. After lunch, you will have another group therapy session. You will be working on walking safe distances and practicing stairs today. Evenings are free for your friends to visit. Most partial knee replacement patients are discharged following the afternoon therapy session. Some total joint patients may also be discharged today based on their progress in therapy.

Day 3 – After Surgery
Day 3 is similar to Day 2 except that you will be expected to perform more of your own self-care activities independently today. You will continue working on your walking skills, reinforcing your home exercise program and practicing stair-climbing activities. Dependent upon your function and medical stability, you may be ready for discharge home today after completing the morning therapy session. If you are transferring to another facility for continued rehab services, this transfer may occur today.

Reminders
Blood thinning medications are used to keep clots that can cause stroke and death from forming in your blood. This medication may be given as an injection in your stomach. After discharge, these medications may continue as an injection or may be taken in an oral form by mouth. Blood thinners make it easier to bleed or bruise.

- If you shave, use an electric shaver.
- Use a soft toothbrush to keep your gums from bleeding.
- If you are taking the blood thinner Coumadin® (warfarin), you need to be especially aware of foods containing Vitamin K. Too much Vitamin K can decrease the blood thinning effects.

(See page 53 for additional dietary information.)
Coach Role and Schedule

Each patient is strongly encouraged to have one designated “coach” to participate with them throughout the post-surgical recovery process. Basically, the coach is someone who attends the therapy classes with you, learns the post-surgical care routine and helps motivate you during the hospital stay. Your coach may be a friend, spouse, sibling or any other adult who may be involved in your post-hospital care needs at home. The coach is not expected to do any physical lifting, but may be asked to participate by counting exercises or possibly helping the therapist as an extra person standing by for safety. Involving the coach as part of the hospital treatment has proven to be very effective for increasing the patient’s level of confidence and reducing anxiety for the post-hospital recovery process.

Day of Surgery

The surgeon will give a report to your coach in the surgical waiting room area updating him/her about the surgical outcome immediately following the procedure. After this interaction, there is ample time to bring in the suitcase from the car. You may wait in the patient’s assigned room on Level 3 (The Center for Restorative Care) as this is where you will be meeting up with the patient following their stay in the recovery room.

The coach therapy schedule will be placed in the patient’s room. It is not necessary for the coach to be present during the initial individual therapy sessions on the first morning.

Ideally, the coach would be present for all group therapy sessions for the remainder of the week.

Group therapy sessions last 1-1½ hours and take place in a larger Conference Room on Level 3. The start time for each session is always accurate. The end time varies depending on the needs of each group session. Patients will be transported by wheelchair to these sessions.

Special Notes:
- Please ask only one “coach” to attend group therapy treatment sessions. Privacy issues are a concern and space is limited.
- Please encourage other visitors to come in the late afternoon or early evenings. These visitation times will be much more enjoyable for the patient and visitor.
Patient Discharge Goals

You and your coach will be able to demonstrate or verbalize the following:

- How to get in and out of bed
- Toilet transfers
- Mobility training with a walker or crutches, including stairs as needed.
- Activities of Daily Living, including bathing and dressing
- Home Exercise Program, including any precautions related to your surgery
- Adequate pain control relief with use of oral medications
- Incisional care and precautions
- An understanding of anticoagulation therapy (use of blood thinners) to reduce your risk of forming a blood clot.
Going Home

Someone responsible needs to drive you home. You will receive written discharge instructions concerning medications, incisional care, physical therapy and activity levels. You will receive two new prescriptions to take to your pharmacy. One is for a pain medication, and the other is for a blood thinner. Your discharge planner can help you arrange for equipment for home use. Patients should continue to perform their home exercise program, at a minimum, twice daily.

Discharge Planning Information

If you have any questions about discharge planning options, even before your surgery, please call Outcomes Management at Metro Health Hospital at (616) 252-7600, option 0, and leave a message. Someone will get back to you promptly.

Your hospital discharge planner can also help clarify any questions that you may have concerning community resources. You can take comfort in knowing that there is a wide range of high quality post acute care services available in our community.
Will I Need Outpatient Physical Therapy?

Your surgeon and therapists will make the decision if you will need further physical therapy services. In general, **knee replacement patients** should expect to go to an outpatient site after their hospital stay to continue mobility and range of motion goals. In general, **hip replacement patients** do not need formalized therapy sessions following their hospital stay. In both cases, you will be taught a home exercise program to faithfully follow after your hospital stay. This will help strengthen those muscle groups and improve your new joint’s range of motion which is vital for a successful recovery. Walk frequently to build muscle tone.

There are several options for outpatient physical therapy. The hospital discharge planner will help arrange your first appointment after discharge. Remember, you will initially need transportation assistance. In general, those patients requiring therapy will attend three times a week for about 4-6 weeks. Sessions run approximately one hour. The length of time involved with outpatient therapy depends on the strength and function of your new joint.

If You are Going to an Acute or Subacute Rehabilitation Facility

The decision to go home or to subacute rehabilitation facility will be made collectively by you, the discharge planner, your surgeon, physical therapist and your insurance company. Every attempt will be made to have this decision finalized in advance, but it may be delayed until the day of discharge.

Someone responsible needs to drive you, or we can help you arrange for transportation via a wheelchair van. The nursing staff and your surgeon will complete the transfer papers. Your length of stay will be based upon your functional progress.

Please remember that your insurance company must approve acute or subacute rehabilitation stays. A patient’s stay in an acute rehab or subacute rehab facility must follow the guidelines established by Medicare and all insurance carriers. Although you may want to go to an acute or subacute facility, your
insurance company will monitor your medical and functional progress while you are in the hospital. Upon evaluation of your progress, you will either meet the criteria to benefit from acute or subacute rehabilitation care, or your insurance company may recommend that you return home with other care arrangements. Therefore, it is important for you to make alternative plans before surgery for your care needs at home. In the event that your insurance company does not approve acute or subacute rehab, you can always transfer to a subacute rehab facility and pay privately.

Please keep in mind that the majority of our patients do so well, they don't meet the guidelines to qualify for inpatient rehab. Also keep in mind that insurance companies do not become involved in “social issues,” such as lack of caregivers, animals, etc. These are issues you will have to address before surgery. Short-term assisted living settings may also fill this temporary gap of needing basic assistance with mobility and daily activities of living (e.g., bathing, dressing, meal preparation and supervision). This private pay alternative is another option for you.

**Home Health Care**

In the home care setting, caregivers come into the home to provide services ranging from basic assistance with homemaking tasks, such as laundry, cleaning, and cooking, to visits from medical health professionals, such as registered nurses and therapists. Home care allows people to continue living in their own homes and can be a cost-effective option for those who require limited amounts of care. The cost does vary depending on the frequency of visits and the actual type of care that is provided.

Most insurances cover intermittent, short-term and medically necessary home health visits. In order to qualify for benefits, there are four conditions that must be met. The patient must be homebound. A physician must prescribe and direct the services needed. There must be a “skilled need,” which is defined as having the necessity of assessment by a registered nurse or physical therapist. This definition does vary, so you should check directly with the agency of your choice about your specific insurance coverage and your specific needs. Finally, the agency must participate with your insurance carrier.
Services not covered by most insurances include shifts of nursing care, home delivered meals, home health aids without a primary “skilled” care need, housekeeping services, blood transfusions, personal comfort items (e.g., tub seats, bathroom bars) or 24-hour home care.

Many home health care agencies are listed in the yellow pages of your telephone book or on the internet under “Home Health Services”. To learn about other related home care services such as home delivered meals, lifeline call buttons, chore services, case management programs, etc., look under “Senior Citizens’ Services”.

**Assisted Living Facilities**

Room, board and some personal care are provided. Accommodations and services vary from facility to facility. Medication, dietary management and some types of health care professionals may be available to monitor a resident’s condition. Most assisted living centers offer furnished or unfurnished small studio apartments. Individuals requiring minimal support services are most appropriate for this level of care. It is very important that you become familiar with the capabilities and services available for its residents. Where appropriate, many assisted living centers offer a safe, comfortable, homelike setting while permitting the resident as much independence as possible. These services are not publicly funded and do not operate under the same licensure and federal certification requirements as nursing facilities.

Refer to “Assisted Living Facilities” in the telephone book yellow pages or on the internet.

**Nursing Homes**

Nursing homes can provide both short-term and long-term stays for rehabilitation purposes and are comprehensive for medical, personal and social services needed by the chronically ill and disabled persons. Nursing homes are licensed by the State Department of Public Health.
There are three types of care in the nursing home.

Basic Care is defined as receiving assistance with daily activities to maintain your current condition. Assistance with dressing, meals or ambulation can be provided by a nurse’s aide, licensed practical nurse or even a family member. This type of care is appropriate for those individuals who may have physical, emotional or social needs but do not require intensive medical nursing care. Payment for this level of care is private funding or when eligible, Medicaid.

Skilled Care is defined as receiving 24-hour nursing care by a registered nurse for treatments prescribed by the patient’s physician. Emphasis is placed on medical nursing care with restorative, physical, occupational and other therapies. In order to receive Medicare in a nursing home, you must meet requirements such as:

- Three-day prior hospital stay
- Must be admitted to the nursing home within 30 days of hospital release
- Must need skilled nursing on a 24-hour daily basis
- Your condition must be able to improve
- The nursing home must be Medicare certified

Subacute Care features services that are more intensive than those traditionally provided in skilled nursing facilities but less intensive than acute care hospitalization. Subacute care is rendered immediately after hospitalization to treat specific, complex medical conditions. The treatment is goal-oriented and time-limited and involves the services of a multidisciplinary team including physicians, nurses and other medical professionals.

Refer to “Nursing Homes” in the yellow pages of your telephone book or on the internet.

Wheelchair Van Transportation

Most insurance companies, including Medicare, do not cover wheelchair van transportation. Discounts sometimes apply, if you pay at the time of service. Some companies offer an annual subscription option that will discount both wheelchair van and ambulance services.

Refer to the telephone book yellow pages under “Ambulance Services” and “Transportation Service for Disabled” or search the internet.
Durable Medical Equipment (DME)

Examples of DME include hospital beds, oxygen concentrators, walkers, canes, bathroom safety equipment, diabetic and ostomy supplies, as well as many other medical supply items. There are several local equipment companies that will deliver and set up medical equipment for home use in the customer’s home.

When a doctor’s prescription is obtained, the company will bill your insurance company for the items covered under your benefit plan. You should verify that your plan covers specified DME products, as many products are not covered by insurance policies (especially tub and toilet safety items). These items are available for purchase through your own private funding. It is also common for insurance policies to cover only a portion of the cost. You are financially responsible for any copayments and deductibles.

If your medical condition is such that you would be bed or chair confined and you need the wheelchair to move around your home to conduct normal daily functions, insurance companies, including Medicare, may help pay for a manual wheelchair. Medicare will not pay for a wheelchair to be used as a convenience item or for leisure activities. This means that wheelchairs used for shopping or other activities that require walking a longer range than you may be able to walk does not meet the terms for Medicare coverage. You must be bed or chair confined without the wheelchair for Medicare to help cover the cost. If you do not meet the criteria for insurance coverage, there is always an option to privately pay for monthly wheelchair rentals.

Some basic equipment items may be available at local “loan closets.” Some resources include local churches and VFW lodges. You are usually responsible for pick-up and return of these “loaned” items.

Refer to the telephone book yellow pages under “Home Health Care Equipment and Supplies” or search the internet for local DME providers. If you have private commercial insurance, you may want to contact your customer service representative directly to ask about your benefit questions.
Home Care/Discharge Instructions

Upon discharge, you will receive your own individualized written Discharge Instructions completed by your surgeon. These instructions are very important and specific to you.

**Note:** Your written Discharge Instructions and any verbal instructions from your surgeon replaces any of the following instructions in this section of the Patient Guide.

If in doubt, **always call your surgeon’s office for clarification.**

**Seek immediate medical attention if:**
- You suddenly have trouble breathing.
- You suddenly develop chest pain symptoms.
- The toes on your injured leg feels numb, tingle, are cool to touch or look blue or pale.
- You fall and get injured.

**Notify the surgeon’s office if you:**
- Develop new or more severe pain that cannot be controlled by the pain medication.
- Develop new redness, swelling, drainage, or foul odor from your incision.
- Develop calf pain or tenderness.
- Have persistent numbness/tingling of the affected foot.
- Develop a persistent temperature greater than 100.5° F. Prompt evaluation and treatment of any infection is important to decrease the risk of that infection being transferred to your new joint.
- Have itchy, swollen skin or a rash. You may be allergic to the medicine.
- Have any questions or concerns.

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**Physical Activity**

Walk with walker/crutches with weight bearing on your affected leg as instructed by the physical therapist, gradually increasing the distance as tolerated and:

1. Pump your ankles frequently to help prevent blood clots.
2. Sit in a high, firm chair with armrests. The seat should be at least 21 inches high from the floor. Use the chair arms to help you stand. Push up using the leg that was not operated on. Hold the operated leg out in front of you as you stand up.
3. Continue performing your home exercise program outlined in your Patient Guide as instructed by the physical therapist. (See the Exercise Program section for more information.)
Recognizing & Preventing Potential Complications

Infection

Prevention of Infection

• Take proper care of your incision as explained by your surgeon and nurse.
• Take prophylactic antibiotics when having dental work or other potentially contaminating procedures.
• Notify your physician and dentist that you have a total joint replacement.

Signs of Infection

• Increased swelling, redness at incision site
• Change in color, amount, odor of drainage
• Increased pain in the new joint
• Fever greater than 100.5° F

Blood Clots in Legs

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. This is why you take a blood thinner after surgery. If a clot occurs despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complication of pulmonary embolus.

Prevention of Blood Clots

• Perform frequent ankle pumps
• Walk several times a day
• Wear your compression stockings
• Take blood thinner as prescribed by your doctor

Signs of Blood Clots in Legs

• Swelling in thigh, calf or ankle that does not go down with elevation
• Pain, tenderness in calf, back of knee or groin area
• Increased warmth and redness

Note: Blood clots can form in either leg.
**Pulmonary Embolus**

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency and you should **CALL 911** if suspected.

**Prevention of Pulmonary Embolus**
- Prevent blood clot in legs

**Signs of a Pulmonary Embolus**
- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

**Anti-embolism Stockings**

Your doctor may order stockings for you to wear in order to help the circulation in your legs and to prevent blood clots. Continue wearing them until your surgeon tells you to stop.

There are some important things to remember about wearing these stockings:

- Remove the stockings at least once a day. Apply a clean pair daily and wash the dirty pair.
- When the stockings are off, carefully inspect your legs and feet, paying special attention to:
  - The general color of your legs and feet
  - The condition of your skin (pay close attention to heels and ankles!)
  - The temperature of your feet and legs
- **DO NOT** turn down the top of your stockings. Doing this prevents good circulation.

**Knee Replacement TIPS**

1. Perform frequent straight leg raises.
2. Keep your knee facing upward while lying down. Do not let it fall sideways.
3. You may elevate your entire leg on a pillow(s) for swelling relief, but do not place the pillow(s) or anything directly under your affected knee. This will restrict your ability to straighten your knee. (see pages 32-33)
4. Use a raised toilet seat extension at home, if helpful.
5. Use a pillow between your knees while lying on your side.
6. Work diligently on both bending and straightening your new knee joint.
7. Bend your knee as long as it is in line with your toes. Do not twist or turn your knee in or out.
If you have difficulty applying or removing your stockings, discuss this with your doctor, therapist or nurse before you go home. **Your legs need to be elevated on the bed or couch when reapplying. You will need help to remove and reapply the stockings.**

- Washing: To maintain the elasticity in the stockings, wash with mild soap and warm water (≤158° F).
- Do not use chlorine bleach.
- Line dry or use the dryer for less than 15 minutes at a time. (Note: dryer temperature should not exceed 176° F over a period of 15 minutes.) Remove immediately once dryer cycle stops.

**Wound Care**

- If you have staples running along your wound, they will be removed in about two weeks in the doctor’s office.
- Wash daily as instructed by your nurse. Do not scrub the incision site. **Change dressing daily or immediately if it becomes wet or dirty.**
- Keep a clean dressing on your incision site as long as there is any drainage or if your surgeon directs you to do so longer. When the drainage stops, the dressing is optional. However, you may feel more comfortable keeping a dressing on your incision site until you see your surgeon.
- If you have Steri-Strips™ (thin strips of paper tape) on your incision, do not pull them off. Let them fall off by themselves.
- You may shower. **Avoid soaking the wound in any water source. Absolutely, no tub baths, pools, hot tubs or lake swimming until you are cleared by your surgeon.**
- **If you were told to keep your incision covered while showering:** Cover the wound with clean plastic wrap and tape the edges with waterproof tape. Remove after shower, pat area dry. Clean the wound as directed by your nurse and apply a clean dressing afterward.

Metro Health’s Infection Control Department is very interested in knowing if you experience any infections after leaving the hospital. This information is helpful to improve patient outcomes. **If your doctor has told you that you have an infection or has put you on an antibiotic, please let us know at (616) 252-7242.**
• **If you were told that you can get the incision wet:** Allow the soap and water to run over the wound. Do not scrub the affected area. Rinse and pat the skin dry afterward. Apply a clean dressing.

• Do not apply any creams, lotions or ointments to the incision or surrounding area unless specifically directed by your surgeon.

• You may experience some leg swelling for up to three months after surgery.

• Swelling, some redness and bruising are normal. This will gradually resolve. Lying down and elevating your leg(s) on pillows above the level of your heart will help decrease the swelling.

• Ice or cold therapy on your covered incision will also help decrease swelling. Make sure to use a clean pillow case or wash cloth as a barrier between the ice/cold therapy and your skin.

**Ice/Cold therapy options:**

• Plastic bag filled with ice

• Freeze ⅓ rubbing alcohol with ⅔ water in a resealable plastic bag for 24 hours (should be slushy).

• Frozen peas, corn, etc.

• Refillable ice packs

**Procedure:**

• Put a thin layer of towel or pillowcase over the area to be iced.

• Place ice over the swollen or painful area.

• Keep the bag in place approximately 10-15 minutes. The area should go numb. Before the area goes numb, you should feel uncomfortable, then burning, then aching. This is normal and must take place in order to get the effect of the ice treatment. Check skin periodically and DO NOT leave on more than 15 minutes at a time to prevent frostbite. Do not fall asleep.

• You may put ice on every 1-2 hours throughout the day until the pain and swelling have subsided.
Hip Replacement Patients
Dislocation Prevention Tips

Care must be taken to prevent your new hip from coming out of the socket, or dislocating from the pelvis. By following some simple hip precautions, this will decrease your risk of dislocation. Your doctor will advise you on how long you may need to follow these precautions. **Follow your specific hip precautions as directed by your doctor and therapist.**

1. Use a pillow between your thighs when in bed at all times. Keep your toes pointed upward.
2. **DO NOT** bend forward at the waist beyond a 90° angle. **DO NOT** sit or lift your knees higher than your hip joint. **DO NOT** bend forward from a seated position.

Seated like this is acceptable.

3. **DO NOT** let your hip, leg or foot turn/twist inward or outward. Keep the toes of your surgical leg pointed forward when you stand, sit or walk.

4. **DO NOT** cross legs past midline at any time, especially when sitting.
5. **DO NOT** twist at the waist with your feet planted. Pick up your feet and do step turns.

6. **Use** chairs with armrests that are high and firm enough to prevent excessive bending at the hip. **Your hips should sit higher than your knees.**

7. **Use** a raised toilet seat extension.

8. Bathtubs are often too low to get in and out of without compromising the hip precautions. Take a shower or **use** a tub seat and hand held shower instead.

9. **DO NOT** bend over at the hips to reach into lower cupboards or the ground. **Use** a reacher to retrieve those items.

10. When lying down, **do not** bend forward to pull the blankets from around your feet, **use** reacher.

**Why are precautions needed to prevent a hip dislocation?**

The joint capsule and ligaments keep the ball joint centered in the hip. When these soft tissues are cut during surgery, there is a greater risk for the ball to be forced out of the socket. By following your hip precautions, you will keep your hip in safe positions while the soft tissues of the hip heal.
Household Medical Waste Disposal

In an effort to protect the environment and prevent illness and injury, the Michigan Department of Environmental Quality recommends the following guidelines:

- Place needles, syringes, lancets and other sharp objects in a hard plastic or metal container with a screw on or tightly secured lid. When the container is full and tightly sealed, it can be discarded with your household trash.
- Do not use glass or clear plastic containers. Do not put the waste in any container that will be recycled or returned to a store. Keep these containers out of reach of small children.
- Do not place needles, syringes and lancets in the toilet. When traveling, package the used materials and bring them home with you for proper disposal.
- It is recommended that soiled bandages and disposable latex gloves be placed in securely fastened plastic bags before placing in the trash.

Medications

- A prescription for pain medication will be given to you by your doctor prior to your discharge from the hospital. These medications are used to reduce your pain and must not be taken any more often than prescribed. In an effort to keep your pain under control, you should take the pain medication routinely, as prescribed, during the first few days following surgery. Then, as the pain lessens, begin taking it as needed (within the prescribed guidelines).
- Pain medication should be taken with food as this will help to prevent any stomach upset.
- Requests for pain medication refills should be made during normal office hours. Please Note: If you are running low at the end of the week, call before the weekend to ask for a refill.
- Do not drive while taking prescription pain medications.
- Do not drink alcoholic beverages while taking pain medications.
- Cold Therapy (page 49) may be used to help with swelling and pain relief.
- **Do not take aspirin or anti-inflammatory medications (NSAIDs such as ibuprofen) if you are taking Lovenox*/enoxaparin or Coumadin.**
- You may resume your routine medications unless otherwise instructed.
- **Often pain medication and inactivity cause constipation.** Eat high fiber foods (fresh fruits, vegetables, bran) and increase your fluid intake when possible. Also, you may purchase Pericolace or its generic form, a stool softener, at any pharmacy...
to aid in alleviating your constipation.

**Diet Information**

You may resume your regular diet as tolerated.

Some foods can interact with your blood thinner and affect your treatment.

- Eat a normal, balanced diet.
- Do not eat large amounts of leafy, green vegetables containing Vitamin K (e.g., spinach, broccoli, asparagus, greens and brussel sprouts). Certain vegetable oils also contain large amounts of Vitamin K.
- Avoid drinking alcohol.

**Calcium:** Optimizes bone healing following surgery.

- Recommended Daily Intake: 1,000-1,300 mg per day
- Choose low-fat or fat-free milk and dairy products: 3-4 servings per day
- If you are unable to eat an adequate amount of calcium, talk with your physician about using a calcium supplement. Make sure the supplement includes vitamin D to maximize

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Serving Size</th>
<th>Calcium Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Fat Milk</td>
<td>1 Cup/8 ounces</td>
<td>300 mg</td>
</tr>
<tr>
<td>Low Fat Yogurt</td>
<td>1 Cup/8 ounces</td>
<td>300 mg</td>
</tr>
<tr>
<td>Orange Juice with calcium and vitamin D</td>
<td>1 Cup/8 ounces</td>
<td>300 mg</td>
</tr>
<tr>
<td>Cheese</td>
<td>1 ounce</td>
<td>200 mg</td>
</tr>
<tr>
<td>Baked Beans</td>
<td>1 Cup</td>
<td>142 mg</td>
</tr>
<tr>
<td>Raw Broccoli</td>
<td>1 Cup</td>
<td>90 mg</td>
</tr>
<tr>
<td>Cooked Kale/Turnip Greens</td>
<td>1/2 Cup</td>
<td>90 mg</td>
</tr>
</tbody>
</table>

Iron: Promotes new red blood cell production to make up for blood lost during surgery.

- Recommended Daily Intake: 8-18 mg per day
- Include lean red meats and fortified cereals in your diet.
- Eating a citrus fruit along with a high iron food will maximize the absorption of the iron. Citrus fruits include oranges, tangerines, kumquats, lemons and limes.

### Iron Content of Common Foods*

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Serving Size</th>
<th>Iron Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Beef Liver</td>
<td>3 ounces</td>
<td>5.8 mg</td>
</tr>
<tr>
<td>Fortified Cereal</td>
<td>1 Cup</td>
<td>4.5-18 mg</td>
</tr>
<tr>
<td>Spinach</td>
<td>1/2 Cup</td>
<td>3.2 mg</td>
</tr>
<tr>
<td>*Lean Sirloin Beef</td>
<td>3 ounces</td>
<td>2.9 mg</td>
</tr>
<tr>
<td>Red Kidney Beans</td>
<td>1 Cup</td>
<td>2.6 mg</td>
</tr>
<tr>
<td>*Skinless Chicken</td>
<td>3 ounces</td>
<td>1 mg</td>
</tr>
<tr>
<td>*Lean Pork</td>
<td>3 ounces</td>
<td>0.9 mg</td>
</tr>
<tr>
<td>Large Egg Yolk</td>
<td>1</td>
<td>0.6 mg</td>
</tr>
</tbody>
</table>

* Iron in these foods is more easily absorbed by the body.

Protein: Helps to heal soft tissue following surgery.

- Recommended Intake: 5-7 oz. daily unless otherwise specified by your physician. The size of a deck of cards is 3 oz.
- Choose lean meats, chicken, fish, eggs, nuts and beans/legumes.

Fluid: Staying hydrated is very important in preventing constipation. Many people struggle with constipation while taking pain medications. If you feel thirsty, chances are you are already becoming dehydrated.

- Recommended Amount: 64 oz. non-caloric, non-caffeinated liquids daily.
- Drink from a water bottle or measure the amount one of your glasses holds to keep track of daily intake. One cup is
equal to 8 oz.

**Fiber:** Also aids in preventing constipation.

- Choose whole grain breads, cereals and pastas. Whole grains will have at least 3 grams fiber per serving.

**Nausea:** Some tips that may help suppress nausea:

- Sip on ginger ale or ginger tea.

- Small amounts of dry carbs every couple of hours. Examples: 4-5 saltines, toast dry or with a small amount of jelly, half of a bagel, 10-15 pretzels, 10-15 animal crackers

Drink the majority of your liquids between your meals instead of with meals.

**Driving**

- You most likely will be able to resume driving 4-6 weeks after surgery. Your doctor will let you know when you can drive again.

- You may obtain a Disability Parking Placard Application from the Secretary of State’s Office or search www.michigan.gov/sos to download an application.

**Future Dental or Surgical Procedures**

If you are going to have any dental work (including cleaning), any surgical or other invasive procedures, notify your doctor/dentist that you have had a joint replacement. Your doctor/dentist may order an antibiotic for you prior to these procedures to prevent microorganisms from spreading to your new joint. It is important that you take these precautions the rest of your life.

**Follow-up Appointments**

Call the office to set up an appointment when you are discharged from the hospital unless one has already been scheduled for you. You should be seen in the office in 10-14 days. You will need to see your surgeon for several office visits during this next year.

**Additional Information**

Be aware that your new joint may trigger metal detection devices. You will receive a card at your follow-up visit that indicates that you have had a total joint replacement.
Activities of Daily Living
Precautions and Home Safety Tips

Lying In Bed

Figure 1: Keep a pillow between your legs when lying on your back. Try to keep the operated leg positioned in bed so the kneecap is pointed to the ceiling. Try not to let your leg roll in or out. A blanket or towel-roll on the outside of your leg may help you maintain this position.

Figure 2: First bend your knees toward you until your feet are flat on the bed. Then place a standard pillow between your legs. With your knees slightly bent and a standard pillow between your knees, roll onto your side.

* Hip Replacement Patients: Check with your doctor about their recommendations for side sleeping. Most prefer that you sleep on your back or side sleep lying on your surgical side only.

* Knee Replacement Patients: May lie on either side depending on comfort.
Transfer – Into Bed

When getting into bed:

1. Ideally, approach the side of the bed that will allow you to enter with the non-operated leg first.
2. Back up until you feel the bed behind your legs. Slide operated leg out in front of you when sitting down.
3. Reach back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets or sitting on a plastic bag may make it easier).
4. Move your walker out of the way but keep it within reach.
5. Scoot your hips around so that you are facing the foot of the bed.
6. Lift your non-operated leg into the bed and place the foot flat on the bed so this leg can help scoot your hips over into the bed.
7. Keep scooting and lift your operated leg into the bed. Use a leg lifter or the hook on the handle of a straight cane, if needed.
8. Scoot your hips towards the center of the bed.

Hip Replacement TIPS

- Do get into bed with your non-operated leg first.
- Do not cross your legs to help the operated leg into bed.
- Always follow your hip positioning precautions to avoid dislocation.
- Continue to use a walker or crutches until instructed otherwise by your surgeon.
Transfer – Out of Bed

When getting out of bed:

1. Ideally, exit the bed toward your operated side.
2. Bend your non-operated leg and place the foot flat on the bed so this leg can help scoot your hips to the edge of the bed.
3. Begin turning your hips toward the edge of the bed.
4. Begin sitting up as you lower your operated leg to the floor.
5. If necessary, use a leg-lifting device to lower your operated leg to the floor.
6. Slide operated leg slightly out in front of you before standing up.
7. Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
8. Bring your operated leg back under you as you come to standing.

When Standing Up from a Chair

Do NOT pull up on the walker to stand! Sit in a tall chair with arm rests when possible. If you do not have a tall chair, place a cushion in the seat of the chair.

1. Scoot to the front edge of the chair.
2. Slide operated leg slightly out in front of you before standing up.
3. Push up with both hands on the armrests. If sitting in a chair without armrests, place one hand on the walker, on the center bar, while pushing off the side of the chair with the other.
4. Bring your operated leg back under you as you come to standing.
5. Balance yourself before grabbing for the walker.
Walker Ambulation

1. Move the walker forward. With all four walker legs firmly on the ground, step forward with the operated leg. Place the foot in the middle of the walker area. Do NOT step past the front legs of the walker.

2. Push down on the walker with your arms and step onto the operated leg while you move your other leg forward. Again, do not step past the front walker legs. Take small steps.

Remember: Do not take a step until all four walker legs are flat on the floor.

Transfer – Toilet

Hip Replacement Patients: Use a toilet seat extender as recommended by your hospital therapist.

When sitting down on the toilet:

1. Take small steps, and turn until your back is to the toilet. Never pivot.

2. Back up to the toilet until you feel it touch the back of your leg.

3. If using a raised toilet seat without arm rests, keep one hand on the walker, in center, while reaching back for the toilet seat with the other.

4. Slide your operated leg out in front of you when sitting down.

When getting up from the toilet:

1. Slide operated leg out in front of you when standing up.

2. If using a seat with arm rests, use the arm rests to push up. If using a raised toilet seat without arm rests, place one hand on the walker and push off the toilet seat with the other.

3. Bring your operated leg back under you as you come to standing.

4. Balance yourself before grabbing the walker.
Bathing Tips:

- A bath chair, grab bar, long-handled bath sponge and hand-held shower make bathing easier and safer. These items are typically not covered by insurance.
- ALWAYS use a rubber mat or non-skid adhesive on the bottom of the tub or shower to stand on.
- To keep soap within easy reach, make a soap-on-a-robe by placing a bar of soap in the toe of an old pair of pantyhose and attach it to the bath seat.
- Absolutely NO tub baths, swimming pools, hot tubs or lake swimming until after your doctor gives you permission.

Transfer – Tub

Getting into the tub using a bath seat:

1. Place the bath seat in the tub facing the faucets.
2. Back up to the tub until you can feel it on the back of your knees.
3. Reach back with one hand for the bath seat. Keep the other hand on the walker.
4. Slowly lower yourself onto the bath seat, keeping the operated leg out straight.
5. Lift your legs over the edge of the tub, using a leg lifter for the operated leg, if necessary.

**Hip Replacement Patients:** Follow your hip precautions as instructed by your hospital therapist and doctor.

Getting out of the tub using a bath seat:

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat.
3. Push up with one hand on the back of the bath seat while holding on to the walker with the other hand.
4. Balance yourself before grabbing the walker.
Shower Transfer

1. Back up to the ledge of the shower.
2. Bring the back two legs of the walker into the shower.
3. Step over with your non-operated leg first.
4. Sit onto the side of the chair.
5. While sitting, bring the operated leg into the shower.

Dressing

Putting on pants and undergarments:

1. While seated, put your clothing on the operated leg first, and then onto your non-operated leg.

*Hip Replacement Patients:* Use a reacher or dressing stick to guide the waistband over your foot.

2. Pull your pants up over your knees, so they are within easy reach.
3. Stand with the walker in front of you to pull your pants up the rest of the way.

Bathing and Dressing Tips:

Hip replacement patients often benefit from using a “Hip Kit” consisting of a reacher, long-handled shoe horn, sock aid and long-handled sponge. These items, when used properly, make it possible for hip replacement patients to become independent with bathing and dressing while maintaining proper hip precautions. These items can be purchased at any local medical supply store and the Metro Health Gift Shop.

Some knee replacement patients may also benefit from purchasing some of these items to allow dressing and bathing independence.
Taking off pants and undergarments:

1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor. Push your briefs/underwear down to your knees.
3. Lower yourself down, keeping your operated leg out straight.
4. Take your non-operated leg out first and then the operated leg.

A reacher or dressing stick can help you remove your pants from your foot and off the floor.

Shoes:

Wear sturdy slip-on shoes or those with Velcro closures or elastic shoelaces. DO NOT wear high-heeled shoes or shoes without backs.

Stair Climbing

Go up steps leading with the non-operated leg. (“Up with the good.”)

Go down steps leading with the operated leg first (“Down with the bad.”)

Curb or platform step:

Going up:

1. Place feet close to the step.
2. Place all four walker legs up on the platform.
3. Step up with your non-operated leg.
4. Follow with your operated leg.

Coming down:

1. Place all four walker legs down first.
2. Step down with the operated leg.
3. Follow with your non-operated leg.
Using a walker on stairs without a railing (assistant bracing the walker):

*Going up:* You will go up the stairs backwards.
1. Back up to the steps.
2. Step up with your non-operated leg.
3. Follow with your operated leg.
4. Lift the walker (assistant may help) so the front legs are on the same step as you are and the back legs are on the step behind you.
5. Assistant to brace walker as you ascend the stairs backwards.

*Coming down:* You will come down the stairs forwards.
1. Place the walker down first (front legs on the step in front of you, back legs on the step that you are on).
2. Assistant should brace the walker as you descend the stairs.
3. Step down with the operated leg, followed by the non-operated leg.

Using a walker on stairs with a railing:

*Going up:*
1. Face the stairs and get the feet close to the bottom steps.
2. Put one hand on the rail. Place walker on the other side with back legs on the step that you are on, front legs on the step in front of you.
3. Step up with the non-operated leg.
4. Follow with the operated leg.
5. Continue lifting with the walker to the next step.

*Coming down:*
1. Place the walker down first (front legs on the step in front of you, back legs on the step you are on).
2. Step down with the operated leg, followed by the non-operated leg.
Using a cane on stairs with a railing:

**Going up:**

1. Face the stairs. Get feet close to the step.
2. Step up with the non-operated leg.
3. Follow with the operated leg and the cane.

**Coming down:**

1. Step down with the operated leg and cane.
2. Follow with the non-operated leg.
Car Transfer

1. In preparation, park car several feet away from the curb if there is no ramped area. Put the car seat back as far as possible and recline the seat, if able.

2. Walk up to your car and turn so the back of your legs touch the seat or edge of the car.

3. Reach back into your car for something stable (dashboard, seat, headrest). Do not grab the door.

4. Lower yourself to sit down, being careful not to hit your head.

5. Scoot back into the car on the seat, then turn to bring in your legs together into the car.

6. If you have reclined the seat to enter, raise it to a comfortable sitting position for the ride.

7. Use your seat belt.

**Tip:** Sit on a plastic bag to help slide onto the car seat easier.
Floor Transfer

Do not panic!

If you think there is an injury, such as a broken bone, then:

• Call an ambulance.
• Make the person as comfortable as possible on the floor.
• Do not attempt to move the person off the floor.

If you do not think an injury has occurred then:

• Help the person scoot on his/her bottom toward a chair or couch.
• Position the person so his/her back is toward the seat.
• Put a step stool or couch cushions between the person and the seat.
• Have the person push themselves up onto the stool or cushions.
• Reposition feet and hands. Push up onto the seat.

If the patient needs help:

• Put a belt around the person’s waist.
• Do NOT pull on their arms.
• Put one hand on the belt and one hand under their thigh close to the buttocks.
• Bend your knees to lower yourself next to the person. As the person pushes himself or herself up, you can help by lifting, using your legs and not your back!
**Sexual Activity**

Most joint replacement patients are able to resume sexual activity within 6-8 weeks after surgery. Positioning for comfort is key, as is communication with your partner.

*Hip Replacement patients:*

For hip replacement patients, resuming sexual activity may bring a fear of hip dislocation. It’s important to avoid moving the hip out to the side and rotating the hip inward and outward, especially within the first three months after surgery.

As you become more comfortable and confident, you will find that sexual activity will become much more comfortable as well. Included are some suggestions to make this experience safer and more comfortable for you.

Initially, you should assume a more passive position. Most patients find a supine (lying on your back) position to be the most comfortable.

---

**Special Note**

If your sexual partner has had a hip replacement:

- Make sure he/she has the surgeon’s permission before having intercourse.
- Help your partner stay within a safe range of motion.
- Control the amount and speed of movement during intercourse.
- Do not put all your weight on your partner’s hips.

*Gray shading indicates operative leg.*
Exercise Program

Before Surgery

It is important to be as fit as possible before undergoing a total joint replacement. By strengthening your body, it will help you recover much faster. Start doing these exercises 30 times each at least twice a day. It is not harmful for you to do more. Overall, consider this as the minimum amount of exercise prior to your surgery.

After Surgery

During your hospital stay, you will be instructed in exercises and activity guidelines in preparation for going home. It is recommended that you:

• Continue with using a walker or crutches unless otherwise instructed.

• Continue your exercises, building up to your goals. Your coach may assist you if necessary.

• Build up your walking tolerance to 300-500 feet with a walker or crutches. Your surgeon will instruct you on when to wean from the walker or crutches to a cane or one crutch, and gradually to using no device.

• Climb and descend stairs as instructed.

• Gradually resume routine tasks and activities.
Hip and Knee Exercise Program

Perform each exercise at least two times daily. Work up to 30 repetitions as tolerated.

Ankle Pumps

Bend ankle up and down.

Chair Push-ups

Push buttocks off seat of chair by pushing down using your arms. Do not lean forward. Keep your trunk upright. Do not release hands from the armrest. Once your arms are fully straightened, slowly lower buttocks to a seated position.

Quadriceps Sets

Tighten muscles on top of the thigh while straightening your leg. Make your leg stiff as a board. Keep your toes pointed up. Hold and count to five.

* Exercise illustrations courtesy of Exercise Pro.


**Short Arc Quads**

Put a plastic ball, firm towel roll or coffee can under knee. Lift foot until leg is straight, keeping the back of the knee on the roll and toes pointed up. Return leg to starting position slowly and controlled.

![Short Arc Quads Illustration]

**Full Arc Quads**

In the sitting position, straighten knee, keeping toes pointed up, and lower slowly.

![Full Arc Quads Illustration]

**Knee Flexion**

Push your foot back and forth, bending the knee as far as possible.

![Knee Flexion Illustration]

* Exercise illustrations courtesy of Exercise Pro.

This concludes the Home Exercise Program for Hip Replacement Patients.
Knee Exercise Program continued

Note: Hip Replacement patients should not do any of the following exercises.

Gluteal Sets

When lying down or sitting in a chair, squeeze the buttocks muscles together. Hold and count to five. Remember not to hold your breath. Relax.

Hip Abduction

While lying in bed, point knee and foot toward ceiling. Slide leg out to side. Return to starting position, slowly and controlled.

Straight Leg Raise

Bend up non-operated leg. While keeping operated leg as straight as possible, lift and lower slowly.

Knee Raises

In the seated position, raise your knee up and lower slowly (similar to marching).

* Exercise illustrations courtesy of Exercise Pro.
Knee Flexion Stretching

**Flexion (bending)** – the goal for flexion is eventually up to 120 degrees of bend.

1. Sit upright in the chair, pull your foot back as far as possible and plant it on the floor.
2. Scoot your hips forward in the chair while keeping your foot on the floor to stretch the knee.

*Hold stretch for 15-30 seconds.*
*Repeat 10 times. Do three sessions or more per day.*

Knee Extension Stretching

**Extension (straightening)** – the goal of extension is for the leg to be completely straight or at 0 degrees.

1. Put a small towel roll under your heel and allow your knee to relax down and keep your toes pointed up.
2. You may slightly press downward on your thigh to intensify the stretch.

*Hold stretch for 15-30 seconds.*
*Repeat 10 times. Do three sessions or more per day.*

Activities Related to Knee Flexion Range of Motion

70 degrees
Level Walking

90 degrees
Ascend Stairs

100 degrees
Descend Stairs

105 degrees
Arise from a Regular Chair

120 degrees
Arise from Low Sofa

Continue practicing additional exercises as directed by your outpatient physical therapist.
HOME ENVIRONMENT WORKSHEET

HOME ENVIRONMENT

_____ Number of steps to enter the home  
Railing: □ None □ Both Sides □ Left Going Up □ Right Going Up

_____ Number of steps to 2nd floor, if needed  
Railing: □ None □ Both Sides □ Left Going Up □ Right Going Up

□ Measure frequently used doorways. Notify your therapist if any are smaller than 25”.

_____ Inches – Height of toilet seat to floor
_____ Inches – Height of bed to the floor
_____ Inches – Height of tub to floor

Note: A picture is worth a thousand words! If you have concerns with the layout of your indoor/outdoor stairways or bathroom accessibility (tub, toilet, space and doorways), take a picture to show your therapists.

EQUIPMENT

Locate any of these items that you have in your possession. Borrow items from others if you can.  
*Not all of these items will be needed during your recovery

□ Stationary chair w/arms  □ Raised toilet seat  □ Long-handed shoe horn
□ Walker without wheels  □ Bedside commode  □ Long-handed sponge
□ Walker with 2 or 4 wheels  □ Reacher  □ Shower chair or tub transfer bench
□ Wheelchair  □ Sock aid  □ Cane  □ Crutches

Who have you identified to be your “coach”? ____________________________________________  
(This person is encouraged to be present during your therapy in the hospital)

PREFERRED PHARMACY:

____________________________________________________________________________________  
(Name/Address/Phone)

Do you have injectable prescription coverage for Lovenox*/enoxaparin?
□ Yes  □ No  Copay: $__________

OUTPATIENT PHYSICAL THERAPY PREFERENCE (Knee Replacement Patients Only)

Location choice: _____________________________________________________________  
(Name/Address/Phone)

Do they accept your insurance?  □ Yes  □ No

Who will drive you to appointments? __________________________________________________

Both Total Knee and Total Hip Patients: Your surgeon will let you know when you are able to drive.  
Types of pain medications, range of motion and reaction time are all factors.
To ensure that you receive the proper dosage of medications after surgery, please complete the following information (or place a list in the back pocket of this booklet) describing the medications that you currently take at home.

<table>
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<tr>
<th>MEDICATION</th>
<th>DOSAGE</th>
<th>TIMES PER DAY</th>
<th>REASON</th>
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Do you take any over-the-counter medications or herbal supplements (circle one)?  No   Yes

If yes, please list here

______________________________________________________________________________
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