To Do List Before Coming to the Hospital

☐ Read this Patient Guide and start practicing the Home Exercise Program, pages 63-65
☐ Call Pre-surgical testing numbers, page 22
☐ Prepare your home before surgery, pages 19-21
☐ Complete the questions and measurements, page 67
☐ If available, gather and clean equipment for home use (walker, raised toilet seat)
☐ Check insurance benefits, pages 17-18
☐ Pack for your hospital stay, page 21
A legacy of putting patients first

More than 75 years ago, a group of doctors pooled their own money to open a hospital dedicated to the simple idea of providing personalized, patient-centered care. Today their dream has grown into a world-class system providing West Michigan with leading-edge healthcare.

The most important constant through those years has been an unwavering commitment to the Best Patient Experience. This core value will always set Metro Health – University of Michigan Health apart. Now, thanks to our affiliation with world-renowned University of Michigan Health, we can provide our West Michigan neighbors with the most advanced expertise available anywhere.

Patients have convenient access to that care at 30 locations throughout the region, including the innovative Metro Health Village in Wyoming, anchored by a 208-bed hospital that serves more than 250,000 patients annually from across West Michigan and beyond.

Metro Health Village and the hospital at its heart were designed to improve the healing process, with curved corridors, plenty of natural light, sustainable building practices and more. The village includes shops, restaurants, hiking and biking trails and lodging – all with convenient access for patients and visitors.

Our passion for your health is evident in the local, state and national awards and accreditations for providing excellent quality and care. But the real proof is in our consistent commitment to providing the best healthcare experience for our patients and our community.

This patient-centered philosophy is evidenced in our distinctive approach to elective knee and hip replacement surgeries. We focus on camaraderie and teamwork. Your healing and rehabilitation are how we measure the best patient experience.
Complimentary valet parking is available 8 am to 5 pm under the circle drive overhang of the Professional Building. If you wish to park yourself, spaces reserved for patients and visitors are conveniently located in the Professional Building parking lot (see map below).

**Day of Surgery**
Metro Health Professional Building
2122 Health Drive
Wyoming, MI 49519
Dan & Eunice Pfeiffer
Surgery Center

**Additional Days**
Metro Health Hospital
5900 Byron Center Ave
Wyoming, MI 49519
Use Main Hospital Patient/Visitor Entrance

**Metro Health Village – Getting To & Around**
Metro Health Village is conveniently located off M-6 at the Byron Center Avenue exit in Wyoming, MI. It is also easily accessed off 131 at 54th Street (Gezon Parkway) and Byron Center Avenue.
Welcome

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

Every year, more than a million people undergo total joint replacement surgery in the United States. 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. Many patients are able to walk the day of 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 Program at Metro Health Hospital provides 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 for a safe and successful surgical recovery.

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 overall quality of life.

Phone Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Hospital Operator</td>
<td>(616) 252-7200</td>
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<tr>
<td></td>
<td>1-800-968-0051</td>
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<tr>
<td>Nursing Station</td>
<td>(616) 252-7181</td>
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<td>Pre-registration</td>
<td>(616) 252-4463</td>
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<td>Pre-surgical Testing questions</td>
<td>(616) 252-7193</td>
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<td>Surgery Scheduling</td>
<td>(616) 252-7843</td>
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<tr>
<td>Case Management Discharge Planning Services</td>
<td>(616) 252-7600 + Option 0</td>
</tr>
<tr>
<td>Joint Replacement Program Coordinator</td>
<td>(616) 252-7306</td>
</tr>
<tr>
<td>Level 3 Nurse Clinical Director</td>
<td>616) 252-7617</td>
</tr>
<tr>
<td>Physical Medicine Therapy Manager</td>
<td>(616) 252-7280</td>
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<td>In-hospital calling</td>
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<td></td>
<td>Cell phone usage is permitted</td>
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<td>on Level 3.</td>
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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 to prepare before and after surgery
• 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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Patient Guide Introduction | 5
Overview
Many of our patients refer to the Joint Replacement Program 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 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
Frequently Asked Questions About Total Joint Surgery

We are glad you have chosen the Joint Replacement Program at 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 staff. 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 patella (kneecap). 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.

* Prosthetic images courtesy of DePuy, a Johnson & Johnson Company.
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.

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?

Insurance companies commonly determine partial knee surgery to be billed as an outpatient procedure. In rare cases, a few patients are allowed to stay in the hospital overnight.

* Prosthetic images courtesy of DePuy, a Johnson & Johnson Company.*
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 femur (thigh bone) 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 femur (thigh bone) 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 will 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 new prosthetic joints.

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 most concern. Patients are instructed to complete a presurgical bathing protocol with an antiseptic/antimicrobial skin cleanser to decrease surgical infection risk. We also take special precautions in the operating room to reduce the risk of infection. To avoid complications after surgery, patients are given antibiotics and a blood thinning medication.
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 also begin practicing the exercises as taught in the Preadmission Education Class. These exercises can be found under the Exercise Program tab in this Patient Guide. This home exercise program will help speed up your recovery following surgery.

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 experience pain following this surgery. The good news is that this pain is related to the surgery and will decrease over time. 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. It is expected that you will take these pain medications on a routine 24 hour schedule for at least the first few days at home.

How long will my scar be?
The scar will be approximately 6-8 inches long.

How long am I incapacitated?
You may spend some of the surgery day in bed. However, depending how quickly the anesthesia wears off, you might sit at the edge of your bed with staff assistance, possibly stand at bedside with staff assistance and/or walk short distances with staff assistance later that same day. Our staff will determine the amount of safe activity based upon the lasting effects of your anesthesia.

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 their 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**. You **may** benefit from using **assistive devices** to help you with lower body dressing and bathing such as a reacher or long handled sponge. You **may** also benefit from a **bath seat** or **grab bars** in the bathroom. These items may be purchased at local medical supply stores. It is helpful to bring in measurements of your tub and toilet heights and surrounding space to determine the best fit for you and your home.

**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 0-1 night(s) 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?**

**What if I live alone?**

You should plan to go home directly after discharge from the hospital. It is highly recommended that you make arrangements to have someone stay with you at least 2-3 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 for the next few weeks.
Will I need help at home?

Yes. You will need someone to assist you daily with reapplying the tight fitted stockings and someone in the home at least, during your first shower, 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.

If you do not have anyone locally to assist you, some people choose to privately hire assistance through a private duty home care agency. Insurances do not typically cover daily visits following a joint replacement and hired assistance can become costly.

If you find that you do not have assistance available, contact your surgeon’s office to discuss options.

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 following joint replacement. 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.

Please bring your pharmacy prescription card with you to the hospital. On occasion, you may need to get your new prescriptions filled at a 24 hour pharmacy depending on the time of day you are discharged. Family Fare has a 24 hour Pharmacy on the Metro Village campus.

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 after discharge. Following any activity restrictions and/or hip precautions to avoid dislocation 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.

**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 61 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?**

When approved by your surgeon, you are encouraged to participate in low-impact activities such as walking, dancing, golf, hiking, swimming, biking, bowling and gardening.
Before Surgery
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.

CPT Codes:
Total Knee Replacement
27447
Total Hip Replacement
27130
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’?”

Knee Replacement only:
“Is Physical Therapy Covered?”

“What are my copays/deductibles for:
outpatient physical therapy?”

home care physical therapy?”

“Are there ‘preferred providers’?”

Advance Medical Directives

Advance Medical 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.

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 Medical 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 46 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 to use a chair that is firm and tall enough to keep your hip joint higher than your knees when you are seated.**
- Check your toilets at home to see if your hips are higher than your knees when seated. If not, Hip Replacement patients must have a raised toilet seat for home use. Discuss your findings with your therapist in the hospital.
- 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 stay at the hospital:

- **Day of surgery until 7 pm.**
- **If still in the hospital, the following day, 8 am-6 pm***

*Note: You may be discharged before 6 pm.

- 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),sanitize and have them ready for use in the home. Practice maneuvering throughout the home.

**Arrange for your “Coach / Helper(s)” at the hospital.**

- To stay with you while you are hospitalized for nursing and therapy education at least the **day of surgery (until 7 pm)** and the **following day (8 am-6 pm).**
- Your coach will support you with an extra “set of eyes and ears” as you recover following the lingering effects of anesthesia.
- It is not required that your Coach stay overnight in the hospital.

**Arrange for your “Coach / Helper(s)” at home.**

- After your hospital discharge, it is recommended that you have overnight assistance for the first few days upon returning to your home.

At home, your Coach may be helpful with the following:

- Transportation home and driving until your surgeon allows, generally 4-6 weeks
- Getting your prescriptions filled and general shopping
- Meals/cooking- Best to plan ahead!
- Bathing supervision
- Assisting with daily compression stocking changes (at least until your follow up appointment)
- Keeping track of your medication times
- Laundry
- Helping you with your home exercise program

**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 need a handicapped parking permit, contact your surgeon's office for a signed form. 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 at least 12 weeks after your surgery.

Check with your surgeon about recommended time frames to avoid any elective procedures that involve cutting, scooping and scraping before and after surgery.

Complete the worksheets in this guide:
- Questions for Your Insurance Provider (page 17-18)
- Home Environment Worksheet (page 67)

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 2-3 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 all jewelry, including all rings, valuables and large amounts of money at home.
- If you already have a walker or crutches, have someone bring them in with your name taped on each item the day of surgery.
- Telephone prepaid calling card for long distance calls or cell phone
- Your Prescription Insurance Card – in case you need to fill your new prescriptions at a 24 hour Pharmacy.
- Put a large plastic trash bag in your vehicle to help you slide into the passenger seat upon discharge, if you have cloth seats.

Note: Do not bring your CPAP or BiPap machine.
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-arrival Services 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.

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 your surgeon as soon as possible.
Two Days Before Surgery

- Do not drink alcohol (beer, wine, liquor) for at least 48 hours before your surgery day.
- Do not shave any hair at or near the planned surgery site within 48 hours prior to surgery.
- If indicated, use the special cleansing cloths or Hibiclens® solution. Closely follow the instructions located in the back pocket of this book.

The Day Before Surgery

- Remove all nail polish and fake nails from fingers and toes.
- Use the special cleansing cloths or Hibiclens® solution. Closely follow the instructions located in the back pocket of this book.
- Do not apply makeup, hair products, lotions, deodorant or powder.
- Pack a suitcase or overnight bag for your hospital stay. Refer to page 21. However, we ask that you leave these items in your car until after you have been assigned a hospital room.
- Leave valuables, money and all jewelry, including wedding rings and body piercings at home.
- Change your bed linens.
- Do not sleep with pets the night before surgery (and until your incision is completely healed)
- 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.
- Use the special cleansing cloths or Hibiclens® solution. Closely follow the instructions located in the back pocket of this book.
- Do not apply makeup, hair products, lotions, deodorant or powder.

Common Medications Known to Affect Blood Clotting

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

**Anti-inflammatory Medications**

- Advil
- Aleve
- Arthrotec
- Aspirin
- Celebrex
- Clinoril
- Daypro
- Disalcid
- Dolobid
- Feldene
- Ibuprofen

**Blood Thinner Prescription Medications**

- Agrylin
- Aspirin
- Brilinta
- Coumadin
- Effient
- Eliquis
- Persantine

- Indocin
- Lodine
- Meloxicam
- Motrin Products
- Naprosyn
- Nuprin
- Relafen
- Tolectin
- Toradol
- Trilisate
- Voltaren

*This is not an all-inclusive list

Questions?
Call nurse at (616) 252-7843.
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.

Over the Counter Herbal Supplements*

- Dong Quai
- Echinacea
- Fish Oil
- Flaxseed Oil
- Garlic
- Ginger
- Ginko
- Ginseng
- Golden Seal
- Kava
- Licorice Herb
- Lovaza
- MaHuang
- Natural Phen
- St John’s Wort
- Szeshwan
- Valerian (taper off)
- Vitamin E

*This is not an all-inclusive list

Be sure to notify the nurse of all supplements.

Questions?
Call nurse at (616) 252-7843.

• You will be asked to arrive up to 3 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 and personal identification cards
• Park near the Metro Health Professional Building entrance at 2122 Health Drive, Wyoming, MI 49519. Enter the doors at the circle drive. Note: this is not the main hospital entrance. Once inside, you will check in with the receptionist.
• 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.
• 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.
• 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.
• 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 am-4 pm).
Hospital Care
Hospital Care

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 Certified Registered Nurse Anesthetist or an Anesthesiologist 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.

**Regional anesthesia** – This consists of using medication(s) to numb a large part of the body. Examples include spinal blocks, epidurals, peripheral nerve block. These techniques can be used alone or combined with additional types of anesthesia.

**General anesthesia** This type of anesthesia is provided through an anesthesia mask, breathing tube or an IV to put the patient asleep.

**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 surgery,** your physician anesthesiologist will review all the information provided to our pre-surgical nurses regarding your health history, including recent medical reports from your primary care physician and test results. They will ask you questions about your health and do a brief exam. At this time, your anesthesiologist will determine the safest type(s) of anesthesia to be used during your surgery. This is your opportunity to ask questions about your anesthesia plan.

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Anesthesia Services are provided by:

*Anesthesia Medical Consultants  
(616) 364-4200

**Note:** You will receive a separate bill for anesthesia services.

*Subsidiary of Anesthesia Practice Consultants.*
Special Notes:

- Please ask only one “coach” to attend any group therapy treatment sessions. Privacy issues are a concern and space is limited.
- Staff will transport patients to therapy sessions in a wheelchair.
- We suggest that your coach stay at bedside for nursing and therapy education the day of surgery (plan until 7 pm) and if still hospitalized, the following day, plan from 8 am-6 pm.
  Note: you may be discharged earlier in the day on either of these days.
- It is not required that your Coach stay overnight in the hospital.

The Operating Room

The surgery staff will bring you to the operating room where you will be gently moved onto the operating table. The anesthesiologist will then apply special equipment to monitor your heart, blood pressure and oxygen levels constantly throughout your surgery. There will be an anesthesia provider with you in the operating room at all times.

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 and closely monitors your care in the recovery room.
- 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 anywhere between 45 minutes and up to 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.

Coach Role and Schedule

Each patient is strongly encouraged to choose at least one “coach” to participate with them throughout the post-surgical recovery process. Basically, the coach is someone who participates in therapy with you, learns the 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. Your coach will support you with an extra “set of eyes and ears” as you recover following the lingering effects of anesthesia. 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 and stress during the recovery process.

**Day of Surgery**

Your surgeon will meet with your coach in the surgical waiting room area following the procedure. After this interaction, there is ample time to bring in the suitcase from the car. You may choose to wait in the patient’s assigned hospital room as this is where you will be meeting up with the patient following their recovery room stay.

**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 may 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 your private hospital room on Level 3.

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

Most of the discomfort occurs within the week following surgery.

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 changed 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 removed 1-2 days after surgery.

**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.

- 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.**

- You may feel tired, but it is important that you gradually increase your activity level along with getting adequate rest.
Initially, patients are encouraged to eat ice chips, sip water and drink fluids.

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

4. You will be given an incentive spirometer. Put the plastic piece into your mouth and take in a very slow, 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 12 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.

10. Depending on physician orders and the timing of when your anesthesia wears off, you may be helped to sit on the side of the bed, helped to stand and possibly walk with staff assistance on the day of surgery. Most patients begin therapy on the day of surgery.

11. Your surgeon may ask another Internal Medicine physician called a Hospitalist, to also follow your progress if you have additional medical conditions that could affect your recovery. Example conditions may be diabetes, high or low blood pressure and other chronic diagnoses.

**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 Assessment 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
- Telling the doctor or nurse about any side effects of the pain medication that you are taking
- Telling your doctor or nurse if you are experiencing any new type of pain

**Pain Assessment Scale**

Choose the number that best describes how you feel.
Hip Replacement Patients ONLY

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.

Our goal is to manage your pain so that you are an active participant in your recovery process. It is vital that you are awake, alert and comfortable enough to work with the staff on your mobility goals. **There is a balance between pain control and over sedation. It is important that you are able to move despite the pain, to avoid the formation of blood clots and to achieve optimal range of motion of your new prosthesis.** This must occur before scar tissue grows impeding the movement of your new joint.

Once your IV pain medications are stopped, your nurses will begin having you practice how to manage your pain medication schedule using the Pain Medication Journal on page 69. This journal will be especially helpful for you to understand how to maximize pain control using your newly prescribed medication(s) for the first week or so at home.

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

Non-medication methods include:

- **Cold therapy -** use cold packs on your incision while resting
- **Changing position often between elevating your leg and keeping it down**
- **Use relaxation techniques like deep breathing or music**
- **Prayer or meditation**
- **Standing and walking (with hospital staff)**

**Note:** Pain pills can also be constipating. Be sure to include fiber in your diet and drink plenty of fluids. Taking a stool softener may also be helpful. (See pages 45, 47-48 for more dietary information.)
After Surgery

Day 1 – After Surgery

Your surgeon or his/her assistant will visit you today. Work closely with your nurses to stay on track with your pain medication schedule.

This morning, our staff will help you out of bed, help you get sponge bathed and dressed in regular street clothes that you brought in your suitcase for the day. Loose fitting clothing is ideal.

Remember to have your coach come today as another set of eyes and ears. Coaches should arrive this morning about 8 am to participate with therapy sessions and nursing education.

Evaluations with therapy will continue today. Some sessions will be individual treatments and some may include small group therapy with others that also had joint replacement. Therapy will focus on: walking safely with a walker, range of motion exercises, practicing climbing stairs and reviewing your home exercise program.

Once your therapy and medical goals are met today, you will be discharged home. For some this occurs in the morning and others in the early afternoon. You will need a ride home by car.

If additional medical and/or training needs are identified, you might spend another night in the hospital before going home.

Day 2 – After Surgery

If you are here on Day 2 following surgery, you will once again participate in therapy sessions focusing on standing activities, range of motion exercises, walking, and practicing climbing stairs. It would be helpful for your coach to participate in today’s therapy sessions. Most patients are discharged home today.

Blood Thinner Reminders

Blood thinning medications are used to keep clots that can cause stroke and death from forming in your blood. Blood thinners make it easier to bleed and bruise.

- Your surgeon will determine what blood thinning medication to prescribe and how long you need to take it.
- Commonly used blood thinners after surgery may include: aspirin, Coumadin® (warfarin), Xarelto® or Lovenox® (enoxaparin) injections.
- If you were taking a blood thinner before surgery, you may end up going back on that same blood thinner after surgery. Your surgeon will identify which blood thinner to resume after discharge.
Activity Cycle & Position Changes

In an effort to speed your rehabilitation and increase your knee range of motion, 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 80-90 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).
- Slide the foot of your operative leg back, bend your knee in line with your toes. DO NOT twist or turn your knee inward or outward.

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

For Knee Replacement Patients ONLY

Frequently alternate knee positions between bending and straightening activities.
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). Point toes to the ceiling. Tighten or contract the front thigh muscle and hold for 10 seconds. Repeat 10-15 times.

DO NOT put anything under the knee itself. This will limit your ability to straighten your leg.
Going Home Reminders

- You will need your walker or crutches, as approved by your hospital physical therapist, at the hospital for your car transfer when you are discharged. Your discharge planner can help you arrange for equipment for home use before you leave the hospital.

- Someone responsible needs to drive you home. Vehicles such as SUV’s, minivans, 4 door sedan cars work better than low riding cars for your ride home. Talk to your Physical Therapist if you have questions about your vehicle height. If cloth seats, use a plastic bag to sit on for ease of getting in/out of the car.

- You will receive detailed discharge instructions specifically for you outlining medications, how to care for your incision, and activity recommendations at home.

- You will receive new prescriptions to take to the pharmacy of your choice for pain medication and a blood thinner.

- Patients should continue to perform their home exercise program, at a minimum, twice daily as directed by your therapist.

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 about community resources.
Will I Need Outpatient Physical Therapy?

Your surgeon 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 at some point 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.

Durable Medical Equipment (DME)

Examples of DME include walkers, crutches, canes, bathroom safety equipment as well as many other medical supply items.

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 funds. It is also common for insurance policies to cover only a portion of the cost. You are financially responsible for any copayments and deductibles.

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

If you have insurance, you may want to contact your customer service representative from your insurance company to ask benefit questions and for a list of in-network, preferred providers.
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. Services not covered by most insurances include shifts of nursing/home health aide care, home delivered meals, housekeeping services or personal comfort items (such as tub seats, bathroom bars).

Some insurances may cover intermittent, short-term and medically necessary home health visits with or without copays. In order to qualify for home care 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 requiring assessments 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 for payment purposes. Ask about private duty options and costs if you are interested in hiring help in the home.
If You are Considering Going to a Rehabilitation Facility

Your insurance company must approve any rehab facility admissions based on specific guidelines established by Medicare and all insurance carriers. Although you may want to go to an acute or subacute facility, your insurance company will determine if you meet admission criteria following surgery.

Because joint replacement is an elective surgery, we are finding that most insurance companies are not authorizing admissions and are recommending that patients return home with other care arrangements. Therefore, it is very important for you to organize an alternative home plan before surgery in case you do not qualify for rehab admission. You may be quoted as having insurance benefits but your insurance company must authorize your admission into a rehab facility for these benefits to be used. Also, if you are approved for admission into a rehab facility, this does not always mean that your facility stay will be paid in full by your insurance. You will be making a financial contract with that facility and will be responsible for all non-covered expenses.

Short-term assisted living settings may fill this temporary gap for basic assistance with walking and daily activities of living (e.g., bathing, dressing, meal preparation and supervision). This private pay alternative is another option for you to explore before surgery. If you choose this option, you should move into the assisted living facility prior to surgery for the smoothest transition at discharge.

Keep in mind that the majority of our patients do so well, they don’t meet the guidelines to qualify for inpatient rehab. Insurance companies do not get involved in “social issues” such as lack of caregivers, pet care, etc. These are issues you must address before surgery.
Home Care
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.*

**Signs and Symptoms to watch for:**

**Seek immediate medical attention: Report to the closest Emergency Department.**

- You suddenly develop chest pain or
- You suddenly have trouble breathing at rest or
- Confusion

**Call your surgeon’s office if you have any of the following:**

- Drainage from your incision including thick green or yellow pus
- Redness or deepening of the skin color around the incision
- Heat around the incision
- Temperature greater than 100.5° F or chills
- Uncontrolled swelling
- Calf pain, swelling or redness
- Increased tenderness or pain around the incision not controlled with medications
- Fall or injury to your surgical extremity
- New or unexplained bruising
- Have persistent numbness/tingling of the affected foot
- Have itchy, swollen skin or a rash. You may be allergic to a medicine

**Normal symptoms and what to do:**

- If you have pain controlled with pain medication, you should continue this medication schedule.
- If you have increased swelling with activity, you should elevate your legs above the level of your heart, rest and use cold packs on the surgical leg.
- If you have stiffness without activity, you should perform your exercises in your booklet.
Recognizing & Preventing Potential Complications

Infection

Prevention of Infection
- Take proper care of your incision as explained by your surgeon and nurse.
- Use proper hand washing techniques
- Notify your primary care physician and dentist that you have a total joint replacement.
- Take prophylactic antibiotics when having dental work or other potentially contaminating procedures.

Signs of Infection
- Increased swelling, redness at incision site
- Change in color, amount of drainage or foul odor from your incision
- Increased pain with both activity and rest
- Fever greater than 100.5° F

Blood Clots in Legs
Surgery may cause the blood to slow and thicken 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 as prescribed by your doctor
- Take blood thinner medication 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.

Hand Washing Tips
Hand washing is one of the best ways to wash away the germs you may have picked up on your hands. It is extremely important that you wash your hands before and after anytime you touch the area surrounding your incision.

1. Remove jewelry and wet hands with warm or cold running water.
2. Apply soap and lather rubbing your hands together, scrubbing the back of your hands, between your fingers and under your nails.
3. Keep rubbing for at least 15 seconds. Sing the “ABC’s” to ensure you wash for the right amount of time.
4. Rinse your hands well under the running water.
5. Dry your hands using a clean towel or air dry.
6. Turn off faucets with a towel.

If you don’t have soap and water, use a hand sanitizer. Remember, hand sanitizers do not kill all the germs, so try to use soap and water.
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
- Unexplained cough that may have blood in the sputum

Compression 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.

Application Tips:
- You will need help to remove and reapply the stocking daily.
- Turn hose inside out except for the foot and heel portion.
- Carefully slide stocking over your foot and work towards your heel. Be sure your heel is centered in the heel pocket.
- Next, begin pulling the body of the stocking up around the ankle and then calf.
- If using thigh high stockings, continue to pull stocking up towards thigh. Note: the stretchier fabric goes over the front and the inner thigh.

Important details to remember:
- Remove and reapply these stockings according to your surgeon’s discharge instructions. If not specified, remove at least once or twice per day for approximately 30 minutes. Apply a clean pair daily and hand wash the dirty pair.

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 height should be adjusted so that you sit with your hips higher than your knees. Use the chair arms to help you stand. Push up using the leg that was not operated on.
3. Continue performing your individualized home exercise program as instructed by the physical therapist at least twice daily.
• 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.

If you have difficulty applying or removing your stockings, discuss this with your doctor, therapist or nurse before you go home. **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**

• Closely follow your hospital discharge instructions for details when to change your wound dressing.

• Keep a **clean gauze 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.

• Wash as instructed by your nurse. Do not scrub the incision site.

• If you have staples running along your wound, they will be removed in about two weeks in the doctor’s office.

Your joint may feel warm to the touch for up to one year. You may also feel some numbness around your incision. This will diminish with time.
• 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.

• 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.

• Use a clean washcloth every single time you do your wound care and during every shower.

• 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 six 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. (See page 44)

• Use cold therapy over your covered incision to help decrease swelling and pain.

Cold therapy:
Use your cold therapy wrap and gel bags provided from the hospital to minimize swelling and pain. Replace and refreeze two of the gel bags every 4 hours by placing them flat, side by side in your freezer.
Secure the wrap to the affected area using the straps.

Dealing with Bruising:
Bruising may last a few weeks following surgery. Bruising is typically a purplish discoloration that indicates blood in the area. It can also cause additional tenderness. You can reduce inflammation and bruising by elevating your leg above the level of your heart for an hour or two every afternoon or evening. Notify your doctor if you experience new or unexplained bruising.
Knee Replacement: Managing Swelling

Swelling is a normal part of the healing process. Expect mild to moderate swelling for 3 to 6 months after surgery. **Elevating your leg and using ice packs/cold therapy** are usually very effective methods to reduce swelling in your new joint and surrounding tissue.

Try elevating your leg on stacked pillows or using a wedge. Lie flat for proper positioning with your knee resting above the level of your heart. Do this **at least 4 times per day for 30-40 minutes each time using the cold pack** to your knee.

Perform your home exercise program as instructed by your therapist. Do not overdo activity as this could increase your swelling. **Wearing compression stockings or an ACE bandage wrap** may also help reduce swelling. Notify your doctor if you experience new or severe swelling that is not decreasing after trying cold therapy and elevation.
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 around the clock, as prescribed, during the first few days following surgery. Then, as the pain lessens, begin taking it as needed (within the prescribed guidelines).

- Use your Pain Medication Journal at home for at least 1 week. See page 69

- 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 may be used to help with swelling and pain relief.

- 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.

If you continue having trouble moving your bowels, take an oral laxative, suppository or enema in addition to the stool softener.

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:

- It is recommended that soiled bandages and disposable latex gloves be placed in securely fastened plastic bags before placing in the trash.

- Explore this website: www.michigan.gov/deqmedwaste to locate Sharps Collection Programs for Michigan residents and medical waste.
Diet Information
You may resume your previous diet as tolerated, unless otherwise directed by your doctor.

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

- Eat a normal, balanced diet.
- If you are currently on coumadin/warfarin, eat a consistent amount of Vitamin K daily. Vitamin K can be found primarily in leafy, green vegetables, spinach, broccoli, asparagus, greens and brussel sprouts, olive and canola oils.
- 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 absorption.

Calcium Content of Common Foods*

<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
- Iron rich foods include: lean meats, seafood, nuts, beans, vegetables and fortified grains.
- 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. Calcium rich foods decrease the absorption of iron.

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: 7-12 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. of 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.
- Aim for 25-30 g of fiber per day

**Fiber Content of Common Foods**

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Serving Size</th>
<th>Fiber Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raspberries</td>
<td>1 Cup</td>
<td>8 g</td>
</tr>
<tr>
<td>Prunes</td>
<td>1/2 Cup</td>
<td>6 g</td>
</tr>
<tr>
<td>Kidney Beans</td>
<td>1/2 Cup</td>
<td>6 g</td>
</tr>
<tr>
<td>Potato w/o skin</td>
<td>1 Med</td>
<td>5 g</td>
</tr>
<tr>
<td>Peanuts, dry roasted</td>
<td>1/2 Cup</td>
<td>6 g</td>
</tr>
<tr>
<td>Oatmeal</td>
<td>1 Cup</td>
<td>4 g</td>
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</table>

**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, dry toast 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.

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.

Return to Work
Depending on the type of activities you do on the job and the speed of your recovery, it may be several weeks before you are able to return to work. Your doctor will advise you when it is safe to resume your normal work activities.

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 may need to see your surgeon for several office visits during this next year.
Hip Replacement Patients

Hip Dislocation Prevention Tips

After surgery, care must be taken to prevent your new hip from coming out of the socket (dislocating from the pelvis). By following some simple hip precautions, this will decrease your risk of hip dislocation. Your surgeon will talk to you about any movements you should avoid and how long you may need to follow any restrictions. Your hospital therapists will educate you with practical tips on how you can manage with your daily tasks during this time of healing.

Why are precautions needed to prevent 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.

Signs of Hip Dislocation

- Severe pain
- Rotation/shortening of leg
- Unable to walk/move leg

Contact your surgeon immediately and have someone drive you to Metro Health’s Emergency Department.
Activities of Daily Living
Home Safety Tips

Getting Into Bed

FOR ALL PATIENTS EXCEPT Dr. Bielema’s Total Hip Replacement patients (see page 52)

1. Ideally, approach the side of the bed that will allow you to enter with the non-operated leg first.
2. Back up to the bed until you feel the bed behind your legs. Slide operated leg out in front of you when sitting down. Reach back to sit.
3. 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.
4. Begin to scoot backward on the mattress—angling your bottom towards the head of bed. Keep your toes pointed upward. Lift your operated leg into the bed.

Getting Out of Bed

FOR ALL PATIENTS EXCEPT Dr. Bielema’s Total Hip Replacement patients (see page 52)

1. Ideally, exit the bed toward your operated side.
2. Bend your non-operated leg and place the foot flat on the bed. Push down on foot to lift your hips and scoot to the edge of bed.
3. Begin turning your hips and sitting up as you slowly lower your operated leg to the floor keeping your toes pointed upward. Then lower your non operated leg.
4. Slide your operated leg slightly out in front of you before standing up. Bring your operated leg back under you as you come to stand.

TIPS

- Silk pajama bottoms, satin sheets or sitting on a plastic bag may help with scooting into bed.
- If necessary, use a leg lifter or the hook on the handle of a straight cane to lift your operated leg into/out of the bed.
DR. BIELEMA’S
TOTAL HIP REPLACEMENT
PATIENTS

Getting into Bed

1. Enter the side of the bed that will allow you to enter with your surgical leg. (Bandage on knee represents surgical side.)

2. Back up to the bed until you feel the bed behind your legs. Slide surgical leg out in front of you prior to sitting on the bed. Reach back to sit.

3. Begin to scoot backward on the mattress – angling your bottom towards the head of the bed. You may need assistance to lift your surgical leg into the bed. Do not try to lift your surgical leg without use of a leg lifter or assist from another person. Keep your toes pointed upward.

4. Place a pillow between your knees to prevent your legs from crossing midline.

Getting out of Bed

1. Exit the bed toward your non-surgical side. (Bandage on knee represents surgical side.)

2. Bend your non-surgical leg and place foot flat on the bed. Push down on foot to lift your hips and scoot hips to edge of bed.

3. Begin turning your hips and sitting up, as you lower your non-surgical leg to the floor. Then slowly lower your surgical leg, keeping your toes pointed upward.

4. Slide your surgical leg slightly out in front of you before standing up. Bring your surgical leg back under you as you come to a stand.
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, 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 or commode 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*, place one hand on the walker and one hand on the toilet seat or nearby counter.
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.

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.
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.

Bathing Tips:

- A bath chair, grab bar, long-handed 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-rope 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.
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 to guide the waistband over your foot, if hip precautions are in effect.

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.

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 can help you remove your pants from your foot and off the floor.

Shoes:

Wear sturdy slip-on shoes with supportive backs or those with Velcro closures or elastic shoelaces. DO NOT wear high-heeled shoes or shoes without backs. No flip flops!

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 some retail drug stores.

Some knee replacement patients may also benefit from purchasing some of these items to allow dressing and bathing independence.
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 approximately 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.

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.
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. Practice the following exercises 30 times each at least twice a day. 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 as instructed by your surgeon using 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 as instructed by your surgeon.
Before Surgery: Hip and Knee Exercise Program

Before Surgery:
Perform each exercise at least two times daily. Work up to 30 repetitions as tolerated. (60 total)
If any exercise hurts, do not continue that exercise.

After Surgery:
Your hospital therapist will review your Home Exercise Program to continue after discharge.
Note: Your home exercises may be different than these shown here.

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.

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

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.

* Exercise illustrations courtesy of Exercise Pro.
Ankle Pumps
Bend ankle up and down.

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.

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

Heel Slide
Slide heel toward buttocks until a gentle stretch is felt. This should feel comfortable not painful. Hold 2 seconds. Relax.
Repeat 10 times per set. Rest. Do up to 3 sets per session as tolerated. If painful, do not perform.
HOME ENVIRONMENT WORKSHEET

HOME ENVIRONMENT

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

_______ Inches – Height of toilet seat to floor.

☐ Yes ☐ No When seated: Are your hips higher than your knees? (Higher is better)

_______ Inches – Height of bed to the floor

_______ Inches – Height of tub to floor

☐ Locate a chair with arms, add height so your hips sit higher than your knees.

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 ☐ Long-handled shoe horn ☐ Long-handled sponge

☐ Walker without wheels ☐ Bedside commode or raised toilet seat

☐ Walker with 2 or 4 wheels ☐ Reacher ☐ Shower chair or tub transfer bench

☐ Sock aid ☐ Cane ☐ Crutches

Who have you identified to be your “coach”? ____________________________________________

(This person should be at the hospital: day of surgery until 7 pm and the next day 8 am-6 pm)

PREFERRED PHARMACY:

Name: ____________________________________________ Phone: __________________________

Hours of Operation*:__________________________________________________________

*Important in case you are discharged after your pharmacy is closed. See page 15.

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.
At Metro Heath – University of Michigan Health, we want to safely treat any pain you may have. Each person feels pain differently. We will use this tool to understand your level of pain. We will work with you using medicine and other methods to lessen your pain. We also will keep you as safe as possible from side effects of the medicine.

**PAIN RATING SCALE**

- **0** No Pain. Pain Free.
- **1** Very minor annoyance, with occasional minor twinges.
- **2** Mild Pain, Annoying. Pain is present but does not limit activity.
- **3** Annoying enough to be distracting.
- **4** Nagging Pain, Uncontrollable, Troublesome. Pain can be ignored if busy, but still distracting. Can do most activities with rest period.
- **5** Pain can’t be ignored for more than 30 minutes.
- **6** Miserable, Distressing. Pain can’t be ignored for any length of time, unable to do some activities but can still use telephone, watch TV or read.
- **7** Difficulty concentrating and interferes with sleep, but can function with effort.
- **8** Intense, Dreadful, Horrible. Unable to do most activities because of pain. Unable to use telephone, watch TV or read.
- **9** Unable to speak, crying out or moaning uncontrollably.
- **10** Worst Pain Possible, Unbearable. Unable to do any activities because of pain. Unconscious or want to pass out.
MY PAIN MEDICATION JOURNAL
(Please bring journal to your follow up visit)

<table>
<thead>
<tr>
<th>Medication:</th>
<th>How many?</th>
<th>How often?</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Pain number</th>
<th>Medication: How many?</th>
<th>Next available time?</th>
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</tbody>
</table>

Worksheets | 69
# MY PAIN MEDICATION JOURNAL

(Please bring journal to your follow up visit)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Pain number</th>
<th>Medication: How many?</th>
<th>Next available time?</th>
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## Joint Replacement Care Pathway After Discharge

<table>
<thead>
<tr>
<th>Activity</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Take Pain Medication</strong></td>
<td>Take pain medication as directed by your surgeon. Start weaning your pain meds after 4 or 5 days as tolerated. (Decrease the number of pills or increase the time between pills.)</td>
<td>Take pain medication</td>
<td>Take pain medication</td>
<td>Take pain medication</td>
<td>Take pain medication</td>
<td>Take pain medication</td>
<td>Take pain medication</td>
</tr>
<tr>
<td><strong>Take Blood Clot Prevention Medication</strong></td>
<td>Take medication to prevent blood clots as directed by your surgeon.</td>
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</tr>
<tr>
<td><strong>Cold Therapy</strong></td>
<td>Use cold therapy throughout the day at a minimum 4x/day for 30-40 minutes each time.</td>
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</tr>
<tr>
<td><strong>Knee Replacement Only: Elevate your Leg to Decrease Swelling</strong></td>
<td>Elevate your leg when sitting &amp; laying throughout the day</td>
<td>Position your leg above your heart at least 4x/day for 30-40 minutes each time</td>
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</tr>
<tr>
<td><strong>Wear Compression Stockings</strong></td>
<td>Wear and remove as directed by your surgeon.</td>
<td></td>
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</tr>
<tr>
<td><strong>Care for your Incision</strong></td>
<td>Keep incision clean and dry. Do not use ointments or lotions. Do not take a bath. Normal: Tenderness</td>
<td>Scabbing</td>
<td>Pink</td>
<td>Warm</td>
<td>Increased Pain</td>
<td>Drainage</td>
<td>Increased redness</td>
</tr>
<tr>
<td><strong>Avoid Constipation</strong></td>
<td>Take a stool softener and/or laxative every day that you are taking pain medications. Eat a high fiber diet. Drink plenty of fluids (water)</td>
<td>Stool softener</td>
<td>Laxative</td>
<td>High fiber diet</td>
<td>Drink fluids</td>
<td>Stool softener</td>
<td>Laxative</td>
</tr>
<tr>
<td><strong>Ankle Pumps</strong></td>
<td>Do 10 reps every hour</td>
<td>10 Reps every hour</td>
<td>10 Reps every hour</td>
<td>10 Reps every hour</td>
<td>10 Reps every hour</td>
<td>10 Reps every hour</td>
<td>10 Reps every hour</td>
</tr>
<tr>
<td><strong>Home Exercises</strong></td>
<td>Do twice a day as directed by your therapist (30 reps, 2x/day)</td>
<td>30 Reps 2x day</td>
<td>30 Reps 2x day</td>
<td>30 Reps 2x day</td>
<td>30 Reps 2x day</td>
<td>30 Reps 2x day</td>
<td>30 Reps 2x day</td>
</tr>
<tr>
<td><strong>Walk</strong></td>
<td>Use your assistive device to walk 5 minutes of each awake hour</td>
<td>Walk</td>
<td>Walk</td>
<td>Walk</td>
<td>Walk</td>
<td>Walk</td>
<td>Walk</td>
</tr>
</tbody>
</table>

**Call your Orthopedic Provider if you experience:**
- Drainage from incision
- Increased redness
- Increased Pain
- Drainage | Fever > 100.5

**Remove dressing**

- Stool softener
- Laxative
- High fiber diet
- Drink fluids
## Joint Replacement Care Pathway After Discharge

<table>
<thead>
<tr>
<th>Activity</th>
<th>Day 8</th>
<th>Day 9</th>
<th>Day 10</th>
<th>Day 11</th>
<th>Day 12</th>
<th>Day 13</th>
<th>Day 14</th>
</tr>
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<tbody>
<tr>
<td><strong>Take Pain Medication</strong></td>
<td>Take meds</td>
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<td></td>
<td>Record pain journal</td>
<td>Record pain journal</td>
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<td><strong>Knee Replacement Only: Elevate your Leg to Decrease Swelling</strong></td>
<td>Elevate your leg above heart</td>
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<td><strong>Wear Compression Stockings</strong></td>
<td>Check skin</td>
<td>Check skin</td>
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- Drainage from incision
- Increased redness
- Increased Pain
- Fever > 100.5

*Normal*: Tenderness | Scabbing | Pink | Warm

*Not normal*: Pain | Drainage | Red | Hot | Fever > 100.5

*Avoid Constipation*:
- Take a stool softener and/or laxative every day that you are taking pain medications. Eat a high fiber diet. Drink plenty of fluids (water)

*Care for your Incision*:
- Keep incision clean and dry. Do not use ointments or lotions. Do not take a bath.
- Normal: Tenderness | Scabbing | Pink | Warm
- Not normal: Pain | Drainage | Red | Hot | Fever > 100.5

*Ankle Pumps*:
- Do 10 reps every hour

*Home Exercises*:
- Do twice a day as directed by your therapist | 30 reps, 2x/day

*Walk*:
- Use your assistive device to walk 5 minutes of each awake hour