

Total Joint Replacement

Patient Guidebook



HOUSTON HEALTHCARE

Table Of Contents

Vision, Mission and Values	4
Common Causes for Joint Replacement.....	5
Review of Anatomy	5-6
Pre-Operative Checklist.....	6-7
Prepare Your Home for Your Return After Surgery.....	7-9
Pre-Operative Exercises.....	9-15
Night Before Surgery	16
Day of Surgery	17
Rehabilitation After Surgery	18
Post-Operative Exercises	19-20
Anticoagulation Therapy	21
Frequently Asked Questions.....	22
Surgical Site Infections.....	23
Precautions After Total Hip Joint Replacement	24
Precautions for Anterior Total Hip and Direct Lateral Hip	25
Discharge Planning	25-26
Adaptive Equipment.....	27
Post-Hospital Care	27-28
Medication List and Dosages.....	29
Universal Medication Form	30
Joint News - Phase 1.....	31
Joint News - Phase 2.....	32
Joint News - Phase 3.....	33
Notes	34

Houston Healthcare's Mission, Vision and Values

MISSION

To improve the healthcare of the communities we serve by providing patient-focused, high-quality, cost-effective services while promoting health and wellness.

VISION

A caring health system dedicated to excellence—today and tomorrow.

VALUES

Respect - entails a high regard for worth of each person. It gives everyone a voice and promotes teamwork.

Integrity - promotes honesty and straightforwardness in dealing with each other in attempting to make our system work to its full potential.

Service Innovation - encourages creativity in seeking continuous quality improvements and in meeting customer requirements.

Excellence - fosters constant, continuous striving for quality service in duty and work done for others.

Joint & Orthopedic Center



MISSION

To differentiate our Joint and Orthopedic Center as the regional provider of choice for musculoskeletal care in Central Georgia.

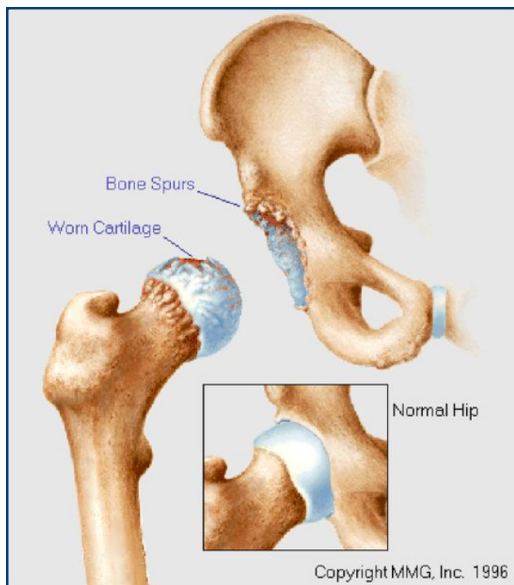


Common Causes For Joint Replacement

There are many causes for joint replacement surgery. Some of the more common causes include:

- Osteoarthritis, a degenerative joint disease. Over time the synovial membrane lining wears away causing pain.
- Injury or trauma from a fall or accident involving the joint may require surgical intervention.
- Carrying excess body weight may cause more stress on the joint and wear away the lining and cartilage. This in turn may decrease mobility and lead to pain in the joints.
- Normal aging will cause wear and tear on the lining and cartilage in the joints.
- Infections can become severe and attack the joints causing pain that may be improved with joint replacement surgery.

Review of Anatomy

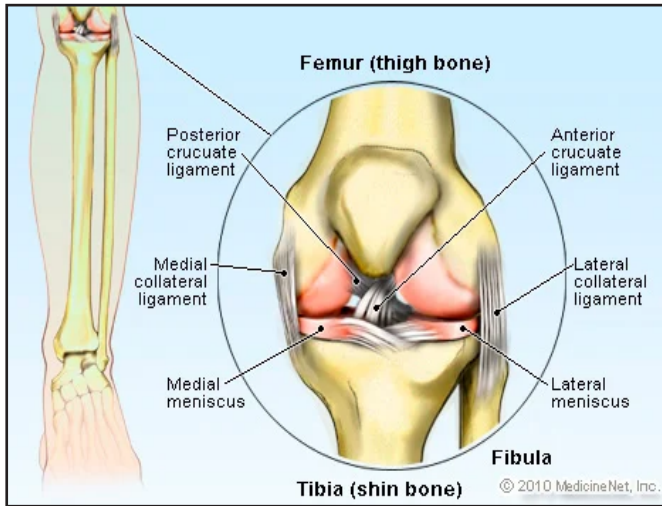


Hip Joint

The hip joint can be described as a ball and socket joint. The femur, or thigh bone, has a ball at the end of it. That ball fits into a socket in the hip. Covering the ball and socket is a lining called the synovial membrane which allows the two surfaces to glide without friction during movement. This ball and socket joint is held together with ligaments which act like rubber bands allowing extensive movement of the joint.

Continued on next page

Continued from previous page



Knee Joint

Quite different from the hip, the knee joint is more like a door hinge. The femur, or thigh bone, meets the tibia and fibula, or lower leg bones, and are connected with ligaments that act like rubber bands allowing movement and providing stability of the knee joint. Between the two leg bones is a material called cartilage. This acts like a shock absorber and softens the impact of movement and weight bearing.

Pre-Operative Checklist

Contact Your Insurance Company

Your physician's office will contact your insurance company to pre-authorize your surgery; however, we recommend you follow up with your insurance company to get a better understanding of your coverage. We also recommend you know which outpatient physical therapy facilities, home health agencies and laboratories are in your preferred provider network.

Pick a Coach

At Houston Healthcare we recommend that you identify a "coach" to make sure your rehabilitation goals are met. The purpose of the "coach" is to assist you with your physical therapy during your hospital stay and learn how to assist you following your discharge.

Immediately following surgery, you may not remember many of the instructions told to you due to the affects of pain medication and anesthesia. Having someone designated to help you with your exercises and your mobility and to provide general moral support is very important.

The "coach" will learn the exercises with you and make sure you are doing them correctly. He or she will also learn how to properly assist you with getting in and out of bed and with walking. Ideally, your "coach" will be with you in the hospital during your daily rehabilitation sessions and help in your transition following discharge from the hospital.

Nutrition

Adequate nutrition is essential for recovery from surgery. It is important that you do not restrict calories or protein prior to or following surgery. Quality protein from foods, such as meat, milk,

Continued on next page

Continued from previous page

eggs, cheese and yogurt, are essential for wound healing. Protein powders are also readily available and can be mixed into smoothies or milkshakes. Carbohydrates from fruit, cereal, bread and pasta provide energy and are necessary to provide fuel for your body while it recovers. A small amount of healthy fats, such as nuts, oils (canola and olive oil), and fatty fish (salmon and tuna) can also help provide adequate nutrition for recovery. Consuming adequate nutrition will provide the fuel your body needs to heal and help speed the recovery process.

What To Bring With You To The Hospital...

- Your Total Joint Patient Guidebook
- Your completed medication list with dosages (See Form on pages 33 and 34)
- Comfortable shorts and loose fitting clothes. (We will need to be able to get to your surgical site whether it is your hip or knee.)
- Books, computer, DVD player and movies or any personal spare time enjoyments
- Short sleeve shirts for easy access to your IV lines
- Shoes with rubber soles
- Personal hygiene items
- Personal walker (if you have one)
- PLEASE LEAVE ALL VALUABLES AT HOME!

Prepare Your Home For Your Return After Surgery

Most falls occur at home and most fractures result from a fall at home. Each year more than 734,000 people over the age of 65 are treated in hospital emergency rooms for injuries associated with stairs, bathtubs, furniture, carpeting and other products senior adults live with and use every day. Falls can lead to a tragic loss of independence and mobility.

Simple modifications to the interior of your house can reduce your risk of falling by 50 percent. Install safety devices where necessary. Changes in furniture arrangement, housekeeping and lighting will help reduce the risk of falls. While correcting these common errors will decrease your risk of falling, it is also recommended that you have a safety network of friends, family or neighbors to check in with you daily, either by phone or in person, should you fall and be unable to call for help.

Use the following checklist as a guide for preparing your home for your return after surgery.

Continued on next page

Continued from previous page

Stairs and Steps

- Provide enough light to see each step and landing.
- Install handrails on both sides of the stairway (if possible) and use them.
- Do not leave objects on the stairs.
- Do not place loose rugs at the bottom or top of the stairs.
- Prepare temporary living space on the ground floor (if possible) because walking up and down steps is difficult in early recovery.

Kitchen

- Remove throw rugs.
- Immediately clean up any liquid, grease or food spilled on the floor.
- Store food, dishes and cooking equipment at easy-to-reach waist level.
- Prepare extra meals prior to your surgery and freeze them for easier meals when arriving home.
- Sit to prepare your meals after surgery.

Bathroom

- Install grab bars on the bathroom walls of the shower or bathtub if you are able to do so.
- Use a sturdy plastic seat in the bathtub/shower to avoid standing and increasing your chances of falling while bathing.
- Use a long-handled sponge and attach a handheld shower head to make bathing easier.
- Use a bedside commode with armrests placed over the toilet to raise the height of the toilet and to provide push support.
- When cleaning the bathroom, do not get on your hands and knees to scrub. Use a long-handled sponge or mop.

Bedroom

- Clear clutter from the floor to provide a clear path wide enough for a walker or other assistive device.
- Place a lamp and flashlight near your bed.
- Install night lights along the route between the bathroom and the bedroom.
- Sleep in a bed that is high enough to easily enter and exit.
- Keep a telephone near your bed.

Living Area

- Arrange furniture to create clear pathways between rooms.
- Remove all throw rugs.

Continued on next page

Continued from previous page

- Do not sit in a low chair or sofa that would make it difficult for you to stand from a sitting position.
- Do not run wires or extension cords under rugs. This is a fire hazard.

Additional Duties Prior to Surgery

- Do laundry and have comfortable clothes available to wear after surgery.
- Schedule a haircut/styling prior to surgery to make you feel more comfortable.
- Arrange for someone to care for your pets.
- Arrange for someone to get your mail while you're in the hospital.
- Pay your bills prior to your surgery.
- Have an ice pack ready to use at home. Frozen peas work well.
- Have a plan for where to go after your hospital discharge and discuss it with your surgeon prior to surgery.

Pre-Operative Exercises

Prior to surgery it is important for patients to strengthen the joints because they may have become weaker due to arthritis and decreased activity. Performing these exercises at home before surgery helps to strengthen the joint and helps the patient become more familiar with the exercises they will do following surgery. These exercises should be started before surgery—using both legs as well as arms—because you will be using your arms to assist you in getting in and out of the bed and with walking.

***** Note: Stop doing any lower body or upper body exercises that become too painful. *****

LOWER BODY EXERCISES

Perform three (3) sets of 10 repetitions for each lower body exercise below.

- Ankle Pumps
- Glut Sets
- Hamstring Sets
- Heel Slides
- Hip Abduction and Adduction
- Quad Sets
- Straight Leg Raises
- Hip Semi-Squat Sets
- Hip Standing Abduction and Adduction
- Sitting Hip Flexion
- Sitting Long Arc Quad Extensions

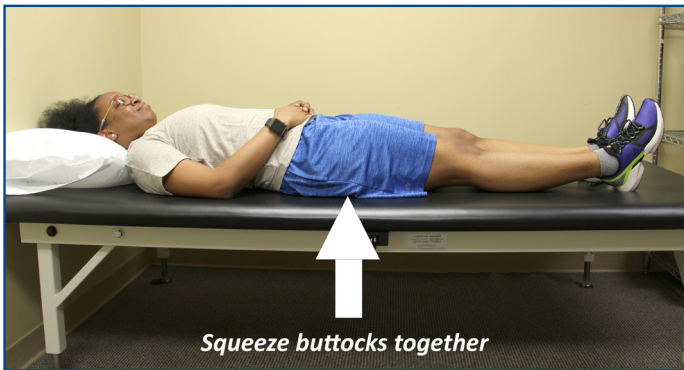
Continued on next page

PRE-OPERATIVE EXERCISES TO BE COMPLETED AT HOME

Ankle Pumps

Move your ankle up and down, pulling your toes toward you...

Then pushing them away.



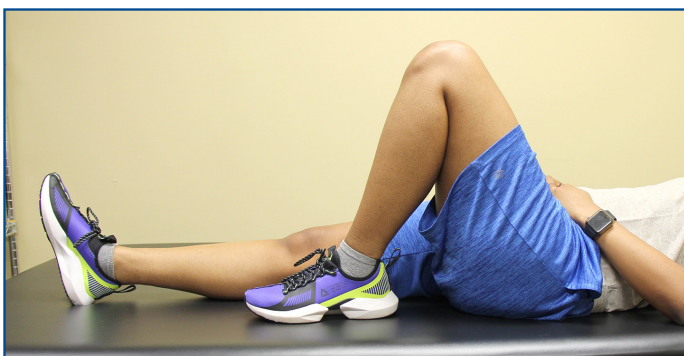
Glut Sets

Do not move any other part of your body. Just squeeze your buttocks together and hold for a count of 5.

Hamstring Sets

Lie on your back with leg bent slightly at knee.

Push heel into bed by tightening the muscles of your hamstring.



Heel Slides

Bend your knee and pull your heel toward your buttocks.

Continued on next page

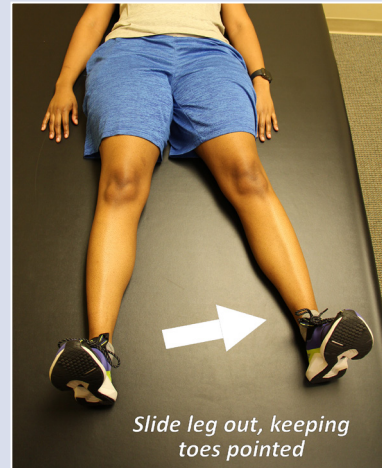
PRE-OPERATIVE EXERCISES TO BE COMPLETED AT HOME

Hip Abduction/Adduction

Lie on your back with legs straight.

Slowly slide your leg out to the side, keeping your toes pointed up.

Then slide your leg back to the middle.

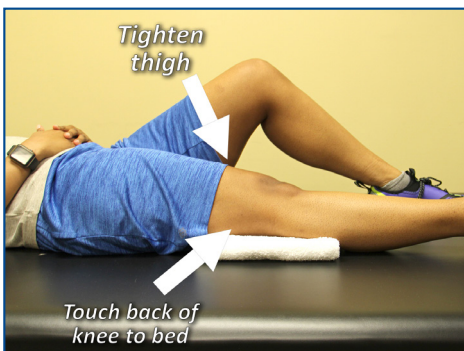


Quad Sets

Lay leg out flat and tighten your thigh.

Try to fully straighten your knee and touch the back of your knee to the bed.

Hold fully straightened and count to five (5), then release thigh.



Straight Leg Raises

Lay leg out flat, and keeping leg straight, slowly lift leg at least 45 degrees.

Hold for a count of five (5) and slowly lower to starting position.



Continued on next page

PRE-OPERATIVE EXERCISES TO BE COMPLETED AT HOME

Hip Semi-Squat Sets

Stand straight in walker.

Bend at the knees and the waist, and slowly lower yourself 1/4 to 1/2 way down like you're trying to sit down in a chair.

Slowly raise yourself back up to standing.



Hip Standing Abduction/Adduction

Stand straight in walker.

While standing in walker, keep leg straight and raise it to the side.

Keep leg straight and lower it back to standing.

Sitting Hip Flexion

Sitting on the edge of the bed, keep knee bent and try to lift leg up and down without extending.



Continued on next page

PRE-OPERATIVE EXERCISES TO BE COMPLETED AT HOME

Sitting Long Arc Quad Extensions

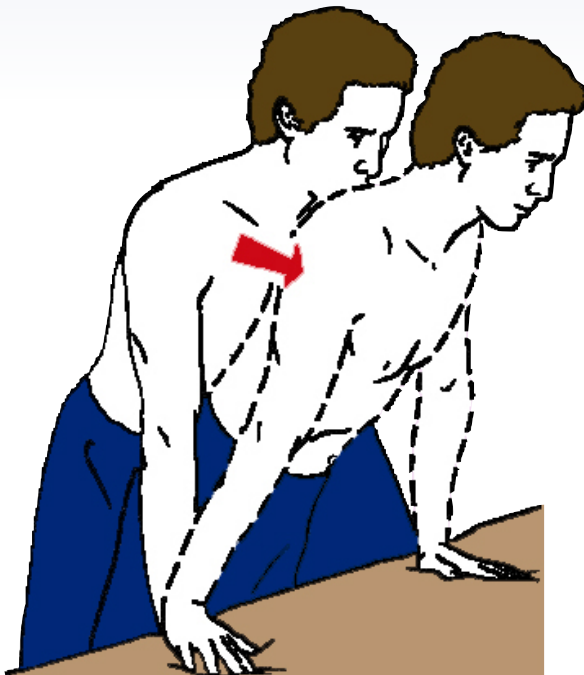
Sitting on the edge of the bed, slowly extend leg out, and slowly drop back down to floor.



UPPER BODY EXERCISES

Perform the number of sets indicated for each separate upper body exercise.

- Scapular - Stabilization
- Scapular - Modified Stabilization
- Progressive Resisted - Flexion (Supine)
- Progressive Resisted - Flexion (Standing)
- Progressive Resisted - Abduction (Standing)
- Strengthening Scaption - with External Rotation



Scapular - Stabilization

With palms resting comfortable on table, gently lean to right side and forward over hand.

Hold for five (5) seconds. Relax.

Repeat twenty (20) times per set.

Do two (2) sets per session, and split into two (2) sessions per day.

Continued on next page

PRE-OPERATIVE EXERCISES TO BE COMPLETED AT HOME

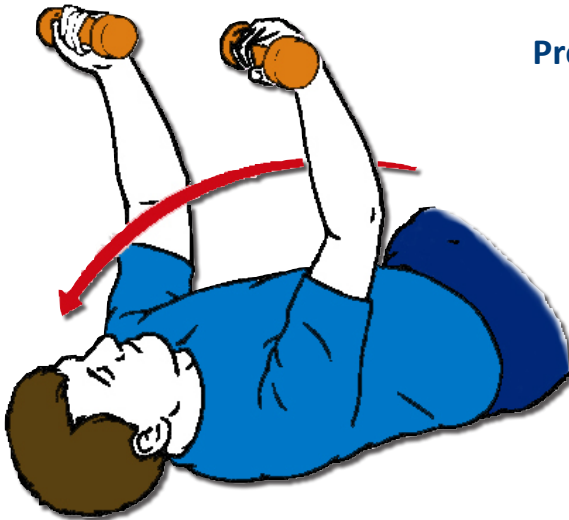
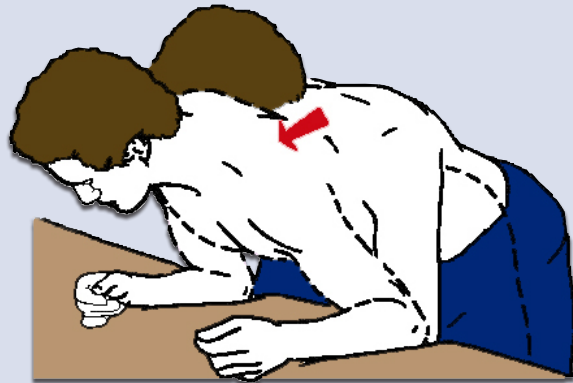
Scapular - Modified Stabilization

With forearms resting comfortably on table, gently lean to right side and forward.

Hold for five (5) seconds. Relax.

Repeat twenty (20) times per set.

Do two (2) sets per session, and split into two (2) sessions per day.



Progressive Resisted: Flexion (Supine)

Holding 2 lb. weight, raise arms over head and lower toward floor.

Go as far as possible without pain.

Repeat twenty (20) times per set.

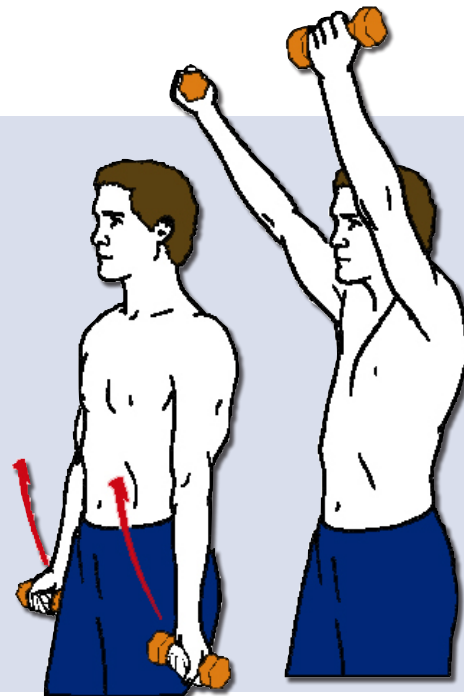
Do two (2) sets per session, and split into two (2) sessions per day.

Progressive Resisted: Flexion (Standing)

Holding 2 lb. weight, raise arms toward ceiling and keep arms straight.

Repeat twenty (20) times per set.

Do two (2) sets per session, and split into two (2) sessions per day.



Continued on next page

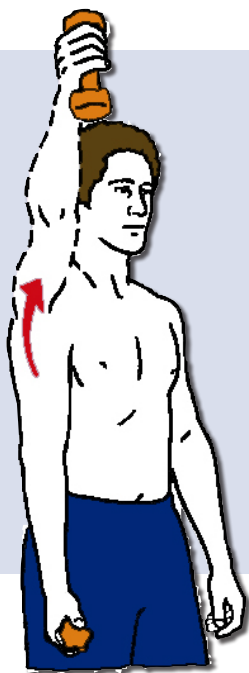
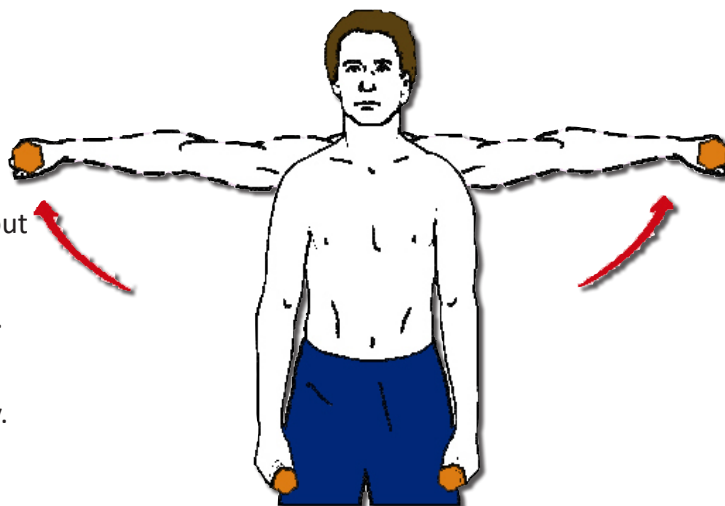
PRE-OPERATIVE EXERCISES TO BE COMPLETED AT HOME

Progressive Resisted: Abduction (Standing)

Holding 2 lb. weight, raise arms out from sides.

Repeat twenty (20) times per set.

Do two (2) sets per session, and split into two (2) sessions per day.



Strengthening: Scaption - with External Rotation

Holding 2 lb. weight, raise right arm diagonally from hip to above head. Keep elbow straight, thumb up.

Repeat twenty (20) times per set.

Do two (2) sets per session, and split into two (2) sessions per day.



Night Before Surgery

Reduce Your Risk of Infection!

Preparing or “prepping” skin before surgery can reduce the risk of infection at the surgical site. To make the process easier, Houston Healthcare - Warner Robins has chosen disposable cloths moistened with a rinse-free, 2% Chlorhexidine Gluconate (CHG) which is an antiseptic solution.

You have been given a package that contains two (2) cloths. They are moistened with a rinse-free 2% Chlorhexidine Gluconate (CHG) antiseptic solution. Cleaning the skin before surgery can reduce the risk of infection.

Please read the information below and follow the instructions to decrease your risk of infection!

- Do not allow the cloths to come in contact with your eyes, ears, nose or mouth.
- Do not apply any lotions, moisturizers or make-up after using the cloths.
- Shaving should be suspended at least 2 days prior to surgery on all areas of the body, including the face, legs, underarms, etc.
- Allow your skin to air dry for several minutes after cleaning with the cloths. Do not rinse. It is normal for the skin to have a “tacky” feel for several minutes after using the cloth.
- Dress in clean clothes/sleepwear after using the cloths.
- Discard cloths in a trash container. DO NOT FLUSH.

The Night Before Surgery

Shower, shampoo your hair, or bathe at least 1 hour before you clean your skin with the cloths. When applying CHG, your skin should be completely dry and cool.

Then, use one cloth to clean the surgical site area of the body. Be sure to wipe the area thoroughly gently wiping back and forth for about 30 seconds, not vigorously scrubbing. For hard to reach areas, have someone assist you. Repeat with the second cloth. To gain maximum antiseptic effect of Chlorhexidine, it must be allowed to dry completely and not be washed off.

When applied to sensitive skin, CHG may cause skin irritation such as a temporary itching sensation and/or redness. Showering or shaving immediately before apply CGS may enhance this effect. Shaving should be suspended at least 2 days prior to surgery on all areas of the body, including the face, legs, underarms, etc. If itching or redness persists, rinse affected areas and discontinue use.

DO NOT reuse cloths.

Day of Surgery

Where To Go

At **Houston Healthcare - Warner Robins**, regular and handicapped parking spaces are available near the **Main Tower Entrance** in the front of the hospital. In the event that these parking spaces are filled, you may park in the nearest available space.

At **Houston Healthcare - Perry**, regular and handicapped parking spaces are available near the **Outpatient/Admissions entrance** on the right side of the hospital.

What To Expect

Upon entering the hospital you will be required to check in at the Outpatient Registration desk.

Prior to your surgery, you will be taken to Outpatient Surgery where your IV will be started. Your operating room nurse and anesthesiologist will interview you and answer any last minute questions you may have. We know that family is important during this process and we will allow a family member to wait with you once your nurse has completed preparing you for surgery. You will also be asked several times prior to your surgery to repeat your name, date of birth, physician, allergies, and to confirm what type of surgery you are having performed. Hospital staff are required to ask you these questions to ensure that all members of your healthcare team have accurate and up-to-date information on you and your procedure. Your operative site will be scrubbed and marked. Once you are taken back to the operating room, the nurse will direct your family to the waiting room.

Following your surgery, you will be moved to the Recovery Room where you will spend approximately one to three hours waking up from the anesthesia. During this time your vital signs will be monitored, your pain managed and an X-ray taken of your new joint. Physical therapy may visit you and initiate therapy at this time. Your surgeon will also inform and update your family on your condition.

The Outpatient or Recovery Room nurses will communicate with you and/or your family as soon as your patient room assignment has been confirmed. They will also assist your family in locating your room and transferring any of your belongings to your room.

Your nurse will meet you in your room and begin your care. Please limit the number of visitors on this day. You will have an IV to deliver your pain medication. We do ask that you begin doing your ankle pumps, quad sets and glut sets. This is important in assisting with blood circulation and decreasing the risk of clot formation.

You may also have an abduction pillow between your legs to help you maintain your total hip precautions. This pillow helps to keep your legs from crossing. It also prevents your leg from turning in and crossing when you turn over in bed.

Rehabilitation After Surgery

Yes! Rehabilitation begins when you plan to have a total joint surgery.

Early rehabilitation is as important as the operation itself for regaining function. This part of the process depends on you, the patient. All members of the hospital team are there to assist you with your recovery, but the overall success of rehabilitation ultimately lies with you.

The goals for rehabilitation are simple:

- Be independent with your Total Joint Replacement Precautions.
- Get in and out of bed safely.
- Go to the restroom by yourself.
- Walk safely with a standard walker or a rolling walker.
- Dress yourself with minimal assistance.
- Go up and down stairs with minimal assistance.

Incentive Spirometer

While in the hospital and following surgery, you are taking decreased breaths and lying flat versus sitting upright. This increases your risk for developing pneumonia. Therefore, deep breathing exercises with your incentive spirometer will help open the air sacs in your lungs and may reduce future problems. You should use this incentive spirometer on your own and take an active part in your recovery.

- The pointer will be set by your respiratory therapist for your appropriate volume.
- Hold the spirometer upright.
- Breathe out normally. Place your lips tightly around the mouthpiece.
- Breathe in through your mouth slowly until the piston reaches the pointer.
- Hold your breath in for three seconds.
- Remove the mouthpiece and breathe out through your nose.
- Repeat steps two through five 15 times.
- Remember to cough when you have finished all your breaths.

General Points

- You can not hurt yourself if you use your spirometer as often as every hour.
- Your physician has ordered the spirometer to help keep you from getting pneumonia or fever.
- As each day goes by, you may be able to take deeper and deeper breaths. Proper depth and rate of breathing is the key. Your Respiratory Therapist will help you with this.
- Go past the pointer if you can.
- Always sit upright to use your spirometer to allow for maximum expansion of the diaphragm (your breathing muscle).

Post-Operative Exercises

TO BE COMPLETED IN HOSPITAL OR AT HOME

Total Knee Joint Replacement

Phase 1

It is critical for patients to get up on the day of surgery to decrease the risk of complications such as blood clots, pneumonia, constipation and infection.

Your goal is to perform 20 repetitions of all the exercises listed below. In addition, you should perform 10 repetitions of the quad sets, hamstring sets and ankle pumps every hour.

- Ankle pumps
- Quad sets
- Hamstring sets
- Straight leg raises
- Hip Abduction/Adduction
- Sitting long arc quad extensions/knee flexion

Phase 2

Your goal is to perform 30 repetitions of all the exercises listed below.

- Ankle pumps
- Quad sets
- Hamstring sets
- Straight leg raises
- Hip Abduction/Adduction
- Sitting long arc quad extensions/knee flexion
- Sitting hip flexion

Phase 3

Your goal is to perform 40 repetitions of all the exercises listed below.

- Ankle pumps
- Quad sets
- Hamstring sets
- Straight leg raises
- Hip Abduction/Adduction
- Sitting long arc quad extensions/knee flexion
- Sitting hip flexion

Continue performing exercises daily until further/other directions given by physical therapy or physician

Post-Operative Exercises

Total Hip Joint Replacement

Phase 1

It is critical for patients to get up on the day of surgery to decrease the risk of complications such as blood clots, pneumonia and infection.

Your goal is to perform 20 repetitions of all the exercises listed below. In addition, you should perform 10 repetitions of the quad sets, glut sets and ankle pumps every hour.

- Ankle pumps
- Quad sets
- Glut sets
- Hamstring sets
- Straight leg raises
- Hip Abduction/Adduction
- Sitting long arc quad extensions/knee flexion

Phase 2

Your goal is to perform 30 repetitions of all the exercises from Phase 1.

Phase 3

Your goal is to perform 40 repetitions of all the exercises from Phase 1 and 2, plus the following:

- Semi squats
- Standing hip abduction

Continue performing exercises daily until further/other directions given by physical therapy or physician

Anticoagulation Therapy

When you wake from surgery, you will have compression stockings on your legs. These are elastic stockings that fit tightly around the ankle, gradually reducing in pressure as they go up your leg. This helps keep blood flowing toward the heart, so that it is less likely to pool in your legs and cause a blood clot.

Following surgery you will require anticoagulation therapy or blood thinner during your hospital stay and after you leave the hospital. Blood thinners are used to help prevent blood clots from forming in your blood vessels by decreasing the number of clotting factors in your blood stream.

Blood thinners can cause bleeding if your blood becomes too thin. It is important not to brush your teeth too hard because that can cause excess bleeding. Please contact your physician if you notice any of the following:

- You have more than one nosebleed in a day.
- Bleeding from your gums occurs when you brush your teeth.
- Your urine is red-orange in color.
- Your bowel movements look black and tarry or are bright red.
- Black and blue spots appear on your skin.
- You are in an accident.
- You become sick with fever.
- You have an upset stomach.
- You vomit blood.
- You have diarrhea.
- You notice pinprick red spots (petechiae) on your skin.

It also is important to follow these precautions when taking anticoagulants as it may cause bleeding:

- Do not use a razor (use an electric shaver).
- Do not take any other medication without checking with your physician first.
- Do not take aspirin (unless specifically directed by your physician).
- Do not take any over-the-counter drugs such as Excedrin, Bufferin, Alka-Seltzer, Bayer, BC or Goody powders.
- Do not take vitamins, cold medications, antacids, mineral oil, birth control pills, antibiotics, orinase, adrenal corticosteroids, hormone replacements, or barbiturates without first consulting your physician.

If you use alcohol or tobacco, check with your physician about the safety of these practices. If you are seeing another physician or dentist for care, tell them you are on anticoagulation therapy. If you forget to take your medications, DO NOT take extra to make up for a missed dose. Call your physician.

Frequently Asked Questions

How long will I be in the hospital after my surgery?

Every patient is different and unique, but the goal is to get you home as soon as possible. Some patients may go home the same day of surgery.

How much pain will I have after my surgery?

Again, every patient is different and unique, and everyone perceives pain differently. You will have pain after your procedure, but the staff will be committed to assessing your level of pain and treating it with medication and other means.

How long will it be before I can return to my normal activities?

This will depend on several factors including, but not limited to, your medical history, age, and compliance with physical therapy. On average, it could take two to three months before you resume your normal activities.

Will I need special equipment at home?

Physical Therapy and our Discharge Planners will work with you and your family to locate any adaptive equipment that is needed after your discharge from the hospital. Commonly, a raised toilet seat and a walker will be needed.

When can I drive?

You need to discuss this with your physician as each patient is different; however, you must no longer be taking narcotic medications.

FAQs

(frequently asked questions)

about “Surgical Site Infections”

What is a Surgical Site Infection (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can SSIs be treated?

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent SSIs?

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.

- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub.

If you do not see your providers clean their hands, please ask them to do so.

- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

If you have additional questions, please ask your doctor or nurse.

Co-sponsored by:



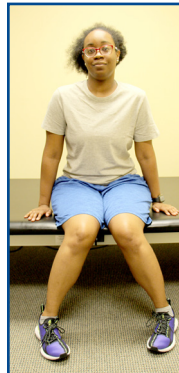
Precautions After Total Hip Joint Replacement

The following precautions are presented to decrease the risk of dislocating your new hip replacement. Your physician will let you know when these precautions can be lifted, usually in a minimum of eight weeks.

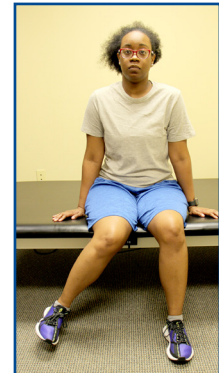
For Total Hip Arthroplasty Posterior Approach precautions, DO NOT do any of the following:



DO NOT bend your hip so the angle between your trunk and legs is more than 90 degrees, for example when tying your shoes.



DO NOT turn your hip inward.



DO NOT turn your foot inward when walking, sitting or lying in bed.



DO NOT bend forward to decrease the angle at the hip.



DO NOT cross your legs while sitting.

Additional Things to Remember

Going to the dentist or having a medical procedure performed:

When undergoing a dental cleaning, extracting, root canal or filling, antibiotics are recommended for patients who have had a joint replacement. A dose of Amoxicillin or other appropriate antibiotic is recommended before the dental procedure.

If procedures involve skin penetration or testing the gastrointestinal and genitourinary tract, preventative antibiotic administration also is recommended.

It is recommended that you report your joint replacement procedure to any physician you see.

Precautions For Anterior Total Hip & Direct Lateral Hip Approach

- Do not allow your knee to go behind your hip.
- Do not turn your hip out. Your knees and toes should always point straight ahead. Your toes are generally a good indicator of the position of your hip.
- Do not cross your legs. This includes while you are sitting, walking, standing or sleeping (on your back or side).

Discharge Planning

Following a successful total joint replacement, many patients go home the same day of surgery. However, each patient is unique and the discharge plan will be individualized to meet your need. Prior to your surgery, it is important for you to make arrangements for someone to stay with you at home and assist you with your daily activities such as meal preparation and bathing. If such a person is not available to you, please let our nurses and Care Manager know immediately.

Discharging Options

Directly to Home

Arrangements must be made for someone to drive you home upon discharge. Outpatient Physical Therapy or Home Health will be ordered by your physician. Your hospital Care Manager will assist in making the arrangements for physical therapy or home health.

You may also require the services of a home health care nurse to visit you to continue any medical treatments that your physician or surgeon deem necessary. This can also be arranged for you upon discharge by your Care Manager.

Home Health

When it comes to home health, there is always A Better Way to Care. Houston Healthcare has partnered with Encompass Home Health to provide care for our patients following joint surgery. When we anticipate the challenges our patients face following orthopedic surgery, outcomes are better controlled and patients will regain their independence more quickly. Encompass' evidence based Orthopedic Specialty Program ensures superior results and effective, quality care.

Continued on next page

Continued from previous page

Encompass obtains physician specific preferences for care following surgery and provides ongoing communication with your surgeon regarding your progress. For more information, talk to your social worker during your hospital stay and request a visit from our Care Transitions Coordinator to discuss the benefits of using Encompass Home Health.

Encompass Home Health.....(478) 322-4935

Outpatient Physical Therapy

Physical Therapy is an integral service for you to ensure that following surgery you will regain motion, strength, mobility and balance. Outpatient therapy generally begins after home health services are discontinued. If a patient does not need home health services then outpatient care can begin immediately. Setting up these services are handled by your Care Manager. Houston Healthcare proudly offers two outpatient therapy locations in Houston County:

Pavilion Rehab(478) 975-6740
*233 North Houston Road (in the Sonny Watson Health Pavilion),
Warner Robins, GA 31093*

Our team of licensed physical therapists will assist you with one-on-one to develop treatment plans that are designed specifically to fit your needs and allow you to reach your goals. Both locations can also provide you with additional more comprehensive care if needed.

In addition to Physical Therapy, we also offer Occupational Therapy and Speech Language Pathology services. Our comprehensive therapy team has one unified goal to restore your quality of life while staying close to home. To schedule an appointment contact our Central Scheduling Department at **(478) 329-3200** or **(866) 605-7565**.

Discharging to a Rehabilitation Facility

The decision for you to be discharged to a Rehabilitation Facility is made by you, your surgeon, and your insurance provider. If it is determined that this is the best course of action for you, depending on your medical and insurance qualifications, you may be discharged to a Nursing Home with a rehabilitation program designed specifically for patients having total joint replacement surgery.

Our Care Managers will coordinate your discharge with you and your family. They will answer any questions that you may have and make any arrangements necessary to make this a stress-free and smooth transition for you.

Adaptive Equipment

Your Physical Therapist's evaluation may recommend the need for adaptive equipment once you are discharged home. We will assist you in acquiring any special equipment needed to facilitate your rehabilitation, but Houston Healthcare can not provide this equipment to you. Please make arrangements prior to your surgery to have this equipment available to you upon discharge.

The most common adaptive equipment needed is listed below. In most instances, insurance companies are billed for these items.

- Bedside commode
- Walker

Additional adaptive equipment that may be useful is listed below:

- Long-handled bath sponge
- Long-handled shoe horn
- Sock aid
- Reacher
- Elastic shoe laces (for slipping on laced shoes)

Adaptive Medical Equipment Suppliers

If you would like information about adaptive medical equipment suppliers in our area, please ask your Care Manager.

Post-Hospital Care

Tips for Using a Walker

- While you are in the hospital, do not put more weight on your surgical leg than is specified.
- Do not pull up on the walker when rising from a sitting position. Use an armchair so you can use the arms to push up from the chair.
- Do not take a step until your walker is flat on the floor.
- Make sure a folding walker is locked in the open position before using it.
- The walker height should allow your arms to slightly bend at the elbows (20 to 30 degrees).
- Do not lean over the walker. Always stand up straight.

Continued on next page

Walking

- Place the walker forward at a comfortable arm's length.
- Advance your surgical leg, resting it on the floor in the middle of the walker.
- Support your weight on your hands, while advancing your good foot. Move it forward and beside the walker.
- It is important to lift up your heel first before taking a step and then let your heel strike first when you take the step. This allows your knee to bend while walking.

Stair Climbing

Typically stair steps are not wide enough to accommodate a walker, so it is important to have handrails to assist you in stair climbing.

- *Ascending (up with the good leg)*
Good leg up first, followed by surgical leg, then your crutches or walker.
- *Descending (down with the bad leg)*
Crutches or walker down first, followed by the surgical leg, then your good leg.

Getting Into Bed

- Back up toward the bed until you feel it behind your legs.
- Move your surgical leg out in front of you as you reach back and lower yourself to the bed. Then scoot yourself back onto the bed.
- Lift your surgical leg into bed, either without assistance as able or using your good leg, your arms, a cane or a belt.

Getting Out of Bed

- Scoot your hips toward the edge of the bed.
- Sit up, lowering your surgical leg to the floor.
- Place the walker in front of you and push up from the bed with both arms. If the bed is too low, you may put one hand on the walker but the other hand needs to remain on the bed. This prevents the walker from tipping.

Getting Into a Car

- Push the seat all the way back and place it in a reclined position, returning it to upright for travel.
- Back up to the car until your legs can feel the seat behind you.
- Lower yourself to the seat, moving your surgical leg straight in front of you. Duck your head to avoid hitting the doorframe.
- Turn forward guiding your surgical leg into the car.

Medication List & Dosages

You will need to complete the Universal Medication Form included in this Patient Guidebook and have it reviewed by your physician, nurse or pharmacist prior to your total joint surgery. This form will assist your orthopedic surgeon in administering the proper medication to you and ensure that your medications do not interact adversely. It is important to identify any allergies you may have and their reactions. (*Universal Medication Form can be found on next page*).

Instructions

- **KEEP THIS FORM WITH YOU.** You may want to fold it and keep it in your wallet along with your driver's license. Then it will be available in case of an emergency.
- **WRITE DOWN** all of the medicines you are currently taking and list all of your allergies.
Have a health care professional such as your physician, nurse or pharmacist assist you with completing this form.
- Take this form to ALL doctor visits, when you go for tests and ALL hospital visits.
- **WRITE DOWN ALL CHANGES MADE TO YOUR MEDICATIONS** on this form.
If you stop taking a certain medication, draw a line through it and write the date it was stopped. If help is needed, ask your physician, nurse, pharmacist or family member to help you keep it up-to-date.
- In the NOTES column on the form, write down the name of the physician who told you to take the medication(s). You may also write down why you are taking the medication for example high blood pressure, high blood sugar, high cholesterol, and so forth.
- When you are discharged from the hospital, someone will talk with you about WHICH MEDICATIONS TO TAKE AND WHICH MEDICATIONS TO STOP TAKING.

Since changes are often made after a hospital stay, a new form should be completed. When you return to your physician, take your new form with you. This will keep everyone up-to-date on the medications you are taking.

How Does This Form Help You?

This form helps you and your family members REMEMBER all of the medications you are taking. It also provides your physician(s) and others with a current list of ALL OF YOUR MEDICATIONS. Your physician needs to know the herbals, nutritional supplements, hormones, vitamins, and over-the-counter medications you are taking in order to prevent any adverse drug interactions.

Tear along line to remove from book.

UNIVERSAL MEDICATION FORM

Fold this form and keep in your wallet.

Date Form Started ____ / ____ / ____

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____ City: _____ ST: _____ Zip: _____

Your Phone Number: _____

Emergency Contact: _____ Phone: _____

IMMUNIZATION RECORD

Record date/year of last dose, if known.

TETANUS ____ / ____ / ____

PNEUMONIA ____ / ____ / ____

INFLUENZA ____ / ____ / ____

HEPATITIS ____ / ____ / ____

OTHER ____ / ____ / ____

Allergic To / Describe Reaction:

List All Medicines You Are Currently Taking

Includes any prescription and over-the-counter medications (examples: aspirin, antacids, etc) and herbals (examples: ginseng, ginkgo, vitamins, etc) you're currently taking. Include your medications also taken as needed (example: nitroglycerin).

DATE	NAME OF MEDICATION & DOSE	DIRECTIONS: Use patient friendly directions. (Do not use medical abbreviations.)	DATE STOPPED	NOTES: Reason for taking & Name of Doctor

Tear along line to remove from book.

Joint NEWS

Phase 1
Day Of Surgery



Welcome To Houston Healthcare



Have you identified your **CAREGIVER** who will work with you on discharge from the hospital?



We encourage you to speak with your nurse regarding any new medications you may be given. It's important that you understand the purpose, benefits and possible side effects of your new medications. Please let your nurse know if you have any questions.

WHAT TO EXPECT

PHYSICAL THERAPY



You will:

- ❖ Be evaluated by a therapist
- ❖ Get out of bed and walk
- ❖ Use the incentive spirometer
- ❖ Perform exercises in bed
- ❖ Sit in an ortho chair
- ❖ Use ice on your knee or hip

NURSING



After your physical therapy, you may be sitting for at least two (2) hours. If at any point, you need assistance, please call your nurse or tech.

RESPIRATORY



You will be instructed in the use of the Incentive Spirometer during your entire recovery. You may want to use it during a commercial while watching television.

FOOD & NUTRITION



We will be expecting you to sit up for all meals. Adequate nutrition is essential for recovery from surgery. It's important that you do not restrict calories or protein following surgery. Consuming adequate nutrition will provide the fuel your body needs to heal and help speed the recovery process.

THERAPY GOALS



- ❖ Perform exercises for two (2) sets of 10
- ❖ Sit in an ortho chair for at least four (4) hours
- ❖ Walk 100 feet
- ❖ Be able to bend your knee at least 60 degrees (if you've had knee replacement surgery)

KNEE PRECAUTIONS



Avoid placing a pillow under your knee while resting your leg in extension.

HIP PRECAUTIONS



Posterior Approach

- ❖ Do not cross your legs
- ❖ Do not turn your feet or toes inwards
- ❖ Do not bend over at the waist - such as to tie your shoes

Anterior/Lateral Approach

- ❖ Do not cross your legs
- ❖ Do not turn your feet or toes outwards
- ❖ Do not hyper-extend your surgery leg

Your healthcare team includes your orthopedic surgeon, your nurses, patient care techs, dietitians, respiratory therapists and physical therapists.

If you have any questions or concerns, please talk to a member of your team. If you don't understand, ask again. It's your body and you have a right to know.

Tear along line to remove from book.

Joint NEWS

Phase 2 Day After Surgery



60
75
90
KNEES



As you continue to work on your knee flexibility, remember

to make every effort to bend your knee and progress nearer to your goal of 90 degrees! Each phase, push yourself a little more.

NURSING



Sit up for all meals.

Following physical therapy, you will be encouraged to be out of bed as much as possible which will reduce complications and assist in your recovery.

Please remember, we want to make sure you are comfortable enough to obtain the goals set for you. Work with your nurse to obtain optimal pain management.

WHAT TO EXPECT

THERAPY GOALS



- ❖ Perform exercises for three (3) sets of 10
- ❖ Sit in a chair for at least 4-5 (four to five) hours
- ❖ Walk 200 feet
- ❖ Be able to bend your knee at least 75 degrees

YOUR NEXT STEP...



- ❖ Discharge planning will begin with a visit from the Care Management Department to discuss your discharge options.
- ❖ Your identified caregiver will need to be involved with all of the home arrangements that will be made in preparation for your discharge.

KNEE PRECAUTIONS



Avoid placing a pillow under your knee while resting your leg in extension.

HIP PRECAUTIONS



Posterior Approach

- ❖ Do not cross your legs
- ❖ Do not turn your feet or toes inwards
- ❖ Do not bend over at the waist - such as to tie your shoes

Anterior/Lateral Approach

- ❖ Do not cross your legs
- ❖ Do not turn your feet or toes outwards
- ❖ Do not hyper-extend your surgery leg



NOTES

Tear along line to remove from book.

Joint NEWS

Phase 3

Discharge Planning

60
75
90



KNEES

As you continue to work on your knee flexibility, remember

to make every effort to bend your knee and progress nearer to your goal of 90 degrees! Each phase, push yourself a little more.

WHAT TO EXPECT

NURSING



Please remember the following:

- ❖ Sit in a chair for all meals and be out of bed as much as possible
- ❖ Work with your nurse to maintain optimal pain management
- ❖ Continue to use the Incentive Spirometer
- ❖ Continue to do your exercises between therapy sessions

PHYSICAL THERAPY



- ❖ Perform exercises for four (4) sets of 10
- ❖ Sit in a chair for at least 5-6 (five to six) hours
- ❖ Walk 300 feet
- ❖ Total knee patients: range of motion to 90 degrees

KNEE PRECAUTIONS



Avoid placing a pillow under your knee while resting your leg in extension.

ARE YOU USING YOUR INCENTIVE SPIROMETER?



NOTES

DISCHARGE PLANNING



Can you answer "YES" to these questions?

- ❖ Can I get out of bed and walk to the bathroom with my walker?
- ❖ Have I arranged for someone to be with me at home and they know how to help me out of bed?
- ❖ Do I understand what exercises are to be continued?
- ❖ Have I received instructions on my home medications?
- ❖ Has transportation been arranged for me to go home?
- ❖ Have throw rugs been removed from my house that may cause me to trip and fall?
.....

If you cannot answer "YES" to all of these questions, please let us know.

YOUR NEXT STEP...



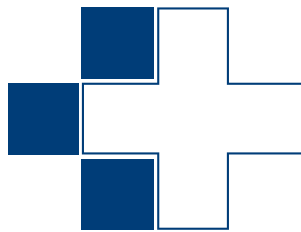
- ❖ Continue to do the exercises, given to you by your therapist, four (4) times per day.
- ❖ You'll receive a follow up call within 2-3 days of your discharge to check on your total joint replacement status.
- ❖ For any other questions, call your physician's office.



NOTES

Lined area for taking notes, consisting of numerous horizontal blue lines.

Tear along line to remove from book.



HOUSTON HEALTHCARE

Pavilion Rehab

Located at the Sonny Watson Health Pavilion

233 North Houston Road, Suite B
Warner Robins, Georgia 31093

(478) 975-6740