Total Joint Replacement

Patient Guidebook

Houston Healthcare
# Table of Contents

Vision, Mission and Values .................................................................................................................. 1
Review of Anatomy ............................................................................................................................. 2
Common Causes for Joint Replacement ............................................................................................... 3
Pre-Operative Checklist ......................................................................................................................... 4
Prepare Your Home for Your Return After Surgery ............................................................................. 5
Pre-Operative Exercises ......................................................................................................................... 7
Medication List and Dosages .................................................................................................................. 13
Universal Medication Form .................................................................................................................... 14
Day of Surgery ....................................................................................................................................... 16
Rehabilitation After Surgery ................................................................................................................... 17
Post-Operative Exercises ......................................................................................................................... 18
Anticoagulation Therapy ......................................................................................................................... 20
Frequently Asked Questions ................................................................................................................... 21
Precautions After Total Hip Joint Replacement ..................................................................................... 22
Discharge Planning ............................................................................................................................... 23
Adaptive Equipment ............................................................................................................................... 24
Post-Hospital Care ................................................................................................................................ 25
Notes ..................................................................................................................................................... 27
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.

HOUSTON MEDICAL CENTER’S JOINT DESTINATION CENTER OF EXCELLENCE

MISSION
To differentiate Houston Medical Center’s Joint Destination Center as the regional provider of choice for musculoskeletal care in Central Georgia.
**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.

**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.
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.
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, 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
- 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!
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.

### 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.
- 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.
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 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. Perform three sets of 10 repetitions for each exercise.

Stop doing any exercises that become too painful.

- Ankle pumps
- Quad sets
- Glut sets
- Sitting long arc quad extensions
- Sitting hip flexion
- Heel slides
- Hamstring sets
- Straight leg raises
- Hip abduction and adduction
- Hip semi-squat sets
- Hip standing abduction and adduction

ANKLE PUMPS

- Move your ankle up and down, pulling your toes toward you and then pushing them away.
**QUAD SETS**

- 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 5.

**GLUT SETS**

- Do not move any other part of your body. Just squeeze your buttocks together and hold for a count of 5.
**Sitting Long Arc Quad Extensions**

- Sitting on the edge of the bed, slowly extend leg.

**Sitting Hip Flexion**

- Sitting on the edge of the bed, keep knee bent and try to lift leg.

**Heel Slides**

- Bend your knee and pull your heel toward your buttocks.
**Hamstring Sets**

- Lie on your back with leg bent slightly at knee.
- Push heel into bed by tightening the muscles of your hamstring.

**Straight Leg Raises**

- Keeping leg straight, slowly lift leg at least 45 degrees.
- Hold for a count of 5 and slowly lower to starting position.
**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.
HIP SEMI-SQUATS

- Stand in walker, bend at the knees and the waist.
- Slowly lower yourself 1/4 to 1/2 way down like you’re trying to sit down in a chair.

HIP STANDING ABDUCTION/ADDUCTION

- While standing in walker, keep leg straight and raise it to the side.
MEDICATION LIST AND 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.

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.
**UNIVERSAL MEDICATION FORM**

*Fold this form and keep it in your wallet.*

**Date Form Started:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
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<tbody>
<tr>
<td>Phone Number:</td>
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<td>Birth Date:</td>
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<tr>
<td>Emergency Contact/Phone Numbers:</td>
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**IMMUNIZATION RECORD** (Record the date/year of last dose taken, if known.)

<table>
<thead>
<tr>
<th>TETANUS</th>
<th>FLU VACCINE(S)</th>
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<tr>
<td>PNEUMONIA</td>
<td>HEPATITIS VACCINE</td>
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<th>Allergic To/Describe Reaction:</th>
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**LIST ALL MEDICINES YOU ARE CURRENTLY TAKING:** prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin).

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF MEDICATION &amp; DOSE</th>
<th>DIRECTIONS:</th>
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<tr>
<td></td>
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<td>Use patient friendly directions. (Do not use medical abbreviations.)</td>
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Tear along line to remove from book.
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DAY OF SURGERY

WHERE TO GO

At Houston Medical Center, regular and handicapped parking spaces are available near the Outpatient Surgery entrance on the left side of the hospital. In the event that these parking spaces are filled, you may park in the nearest available space.

At Perry Hospital, 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. You may be asked to provide your driver’s license or another form of picture ID along with your insurance card.

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. 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 because the majority of discomfort will occur during the first 12 hours following surgery. You will have an IV to deliver your pain medication. It is our goal to get you up the day of surgery. As a result, we do ask that you begin doing your ankle pumps, quad sets and glut sets this first day. 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 the first day after 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 walker or crutches.
- 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.
- 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).
Total Knee Joint Replacement

**Day 1**
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

**Day 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

**Day 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
POST-OPERATIVE EXERCISES

Total Hip Joint Replacement

**Day 1**
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

**Day 2**
Your goal is to perform 30 repetitions of all the exercises from Day 1.

**Day 3**
Your goal is to perform 40 repetitions of all the exercises from Day 1 and 2, plus the following:
- Semi squats
- Standing hip abduction
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. Coumadin® and Lovenox® are blood thinners used to help prevent blood clots from forming in your blood vessels by decreasing the number of clotting factors in your blood stream.

Coumadin® is taken in pill form and should be taken one time per day at the same time each day. Blood tests are required weekly to ensure that your blood has not become too thick or too thin. After receiving the test results, your physician may adjust your dosage. Coumadin® is usually taken for three to six weeks following surgery, depending on your risk for getting a blood clot.

Lovenox® is an injectable form of blood thinner that is given in the abdomen with a very small needle. Weekly lab work is not required for this medication. It is usually taken for 21 days following surgery. You and your care provider will be shown how to give the injections before you leave the hospital.

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 Coumadin® 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 corticosteriods, hormone replacements, or bariturates 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 on average, usually two to three days.

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, walker or cane, or a wheelchair 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.
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.

**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** bend forward to decrease the angle at the hip.
- **DO NOT** cross your legs while sitting.
- **DO NOT** turn your hip inward.
- **DO NOT** turn your foot inward when walking, sitting or lying in bed.

**ADDITIONAL THINGS TO REMEMBER**

**Going to the dentist or having a medical procedure performed:**

When undergoing a dental cleaning, extractiong, 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.
DISCHARGE PLANNING

Following a successful total joint replacement, our goal is for you to be discharged from the hospital to your home within two to three days after your surgery. 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 DIRECTLY TO HOME

Arrangements must be made for someone to drive you home upon discharge. Most patients will receive home health physical therapy until they are able to continue at an outpatient facility. This can be arranged by your hospital Care Manager.

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.

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.

Houston Healthcare also has a Transitional Care program at Perry Hospital, which will allow you to continue your rehabilitation while staying in our hospital.

Another possible option is for you to be discharged to an Acute Rehabilitation Facility. Again, this depends on your medical and insurance qualifications. Acute rehabilitation facilities in Macon include:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coliseum Rehab</td>
<td>(478) 765-4333</td>
</tr>
<tr>
<td>Central Georgia Rehab</td>
<td>(478) 201-6500</td>
</tr>
</tbody>
</table>

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
- Cane
- Wheelchair

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.

**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 inside 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.
Pavilion Rehab
233 North Houston Road, Suite B
Warner Robins, Georgia 31093
(478) 923-2937

Monday - Thursday
8 am - 6:30 pm

Friday
8 am - 3 pm

Houston Lake Rehab
2510 Highway 127
Kathleen, Georgia 31047
(478) 975-6850

Monday - Friday
8 am - 5 pm

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