



What to Expect When You Have Hip or Knee Replacement Surgery

PATIENT EDUCATION



CLOVIS
COMMUNITY
MEDICAL CENTER

JOINT REPLACEMENT PROGRAM

TABLE OF CONTENTS

PATIENT CHECKLIST 2

WHAT TO EXPECT WHEN YOU HAVE SURGERY 3

PREPARING FOR SURGERY 4

 ■ PRE-ADMISSION. 5

DAY OF SURGERY 6

 ■ ARRIVING AT HOSPITAL. 6

 ■ BEFORE SURGERY 7

 ■ AFTER SURGERY 7

POST-OPERATIVE CARE 8

 ■ EQUIPMENT YOU MAY SEE WHEN YOU WAKE UP 8

 ■ PAIN CONTROL 10

 ■ ACTIVITY 11

 ■ SAFETY. 11

 ■ DIET 11

GOING HOME 12

 ■ WHEN IT IS TIME TO LEAVE THE HOSPITAL 12

 ■ QUESTIONS TO ASK YOUR DOCTOR 13

 ■ HOME REMINDERS 14

ACTIVITIES OF DAILY LIVING. 16

TRANSFER TIPS. 18

STRENGTHENING EXERCISES. 20

SEX AFTER HIP OR KNEE REPLACEMENT 23

PATIENT CHECKLIST

PRE-ADMISSION (1-2 weeks before surgery)

- Watch the pre-operative educational video, and/or attend the Total Joint Replacement education class seminar.
- Review *Check for Safety Fall Prevention Checklist* for tips on preparing your home for after discharge.
- Plan on discharge placement. (90% of patients usually go home after their surgery).
- Designate a caregiver after surgery: _____

- Arrange transportation to and from the hospital.
- Pick up your prescriptions prior to your procedure.
- QUESTIONS you should consider asking the nurse or doctor:**
(Additional questions can be found in the pre-operative educational video and discharge instructions.)
 - ▶ Will I need help at home? _____
 - ▶ Will I need physical therapy when I go home? _____
 - ▶ Should I practice post-operative exercises before surgery? _____
 - ▶ After leaving the hospital, when do I see my surgeon again? _____
 - ▶ When can I drive? _____
 - ▶ When can I return to work? _____
 - ▶ Are there activities that I should avoid initially? _____
 - ▶ What special instructions should I follow when taking medication that helps prevent blood clots? _____
 - ▶ What should I do if I miss a dose of my medication that helps prevent blood clots? _____

 - ▶ How long should I wear support hose? _____

IN-PATIENT

Activity:

- Adhere to the recommended cold therapy (knee replacement) starting on the day of surgery.
- Work with a physical therapist/registered nurse on the day of surgery for early mobility.
- Work with an occupational therapist for rehabilitation, if applicable.

Pain Management:

- Take pain medication at regular intervals for better pain control.

Wound Care:

- Keep dressing clean and dry.

Care Team:

- Check with surgeon regarding discharge placement: _____
- Meet with case manager for discharge needs.
- Check anticipated date of discharge: _____

DISCHARGE

- Continue pain management and wound care per discharge instructions.
- Dressing change: _____
- Confirm follow-up appointment date usually in 2 weeks after discharge, if not yet arranged:

- Know your new medications: _____

- Keep walker or other equipment (shower chair, toilet elevator seat, etc.) within easy access at home.
- Expect Home Health Agency visit day after discharge if ordered by your surgeon.

What to Expect When You Have Hip or Knee Replacement Surgery

PATIENT EDUCATION



Hip and knee replacement surgery can help get you back to the active lifestyle you deserve.

This booklet will help you learn what to expect about total knee and total hip replacement. Our goal is to help you to have good results and we are committed to assisting you in the success of your procedure. Your participation and understanding are important to the progress of your experience.

PREPARING FOR SURGERY

Your doctor may instruct you to go to Clovis Community Medical Center (2755 Herndon Avenue) for a pre-admission visit, or you will be contacted by a pre-admission nurse by telephone. The nurse will review your medical history, including any allergies, illnesses, or prior surgeries. Your medications will also be reviewed including prescription medications, vitamins or herbal supplements, and any other over-the-counter medications you may take. Be prepared with a list of your medications including dosages, or have the actual bottles available.

Preoperative testing will be done and may include lab tests, EKG, and chest X-ray. The nurse will give you thorough preoperative instructions for pre-surgical showers with special soap, medication and fasting instructions, and where and what time to arrive at the hospital. It is important that you follow these instructions exactly, so please feel free to ask questions.

If you come to Clovis Community Medical Center for your preoperative visit or testing, you will be pre-registered by the admitting department; please be sure to bring your insurance card, photo ID, and advanced directive if you have one.



PRE-ADMISSION APPOINTMENT

Bring with you:

- List of current medications
- Insurance cards
- Driver's license or ID
- Advance directive (POA if applicable)

The most important thing you can bring with you on the day of your surgery is a good attitude! You are beginning a journey that requires your cooperation, persistence and some hard work, but it can result in the reward of the return to an active lifestyle.

DAY OF SURGERY

When you arrive on the day of your scheduled surgery at Clovis Community, please come to the main hospital entrance and register with the receptionist. Parking is available in the parking garage. Free valet parking is located at the main entrance.

ARRIVING AT THE HOSPITAL

Check in at the front desk of the main hospital. After signing all of your admission paperwork, you will be called back to the pre-operative area. In this area, our nurses will prepare you for surgery. You will be asked to change into a special surgical gown and place your belongings in a patient belongings bag that we provide. If you have any valuables with you, such as jewelry, watches, cell phones or wallets, please give these to your family member for safe keeping. The nurse will prepare a list of all belongings you have placed in this bag.

Next, the nurse will review your medical history with you and ask you to sign the consent for surgery, if not already completed at the pre-admission visit. Don't be surprised if you are asked to give your name and date of birth many times throughout your stay in the hospital. We do this for your protection, to assure that we are giving the correct medications and performing the correct procedures on the right patient.

Your family and friends are not allowed in the operating room or recovery room. They will be given a way to track your progress throughout the day, and will be notified when they can see you.

BEFORE SURGERY

An intravenous (IV) catheter will be placed by the nurse and IV fluids will be started. This IV will most likely remain in place for the duration of your stay, in order to give you fluids and medications.

While waiting to go to the operating room, you may be visited by your surgeon and/or his/her nurse practitioner (NP) or physician's assistant (PA) as well as a member of the anesthesiology team. Your surgeon will review with you the procedure he/she will perform, and then write his/her initials on your skin at the surgical site. This is done to assure that the proper procedure is being performed on the correct side.

AFTER SURGERY

When your surgery is over, you will be taken to the Post Anesthesia Care Unit (PACU). The nurses in PACU will monitor your breathing, blood pressure, heart rate and pain level. You will be in the PACU for at least an hour depending on how you are feeling.

Family members may wait in the surgical waiting room until your room is assigned. They may then wait in the hospital room. Your physician may call your family member after the surgery.

EQUIPMENT YOU MAY SEE WHEN YOU WAKE UP

INTRAVENOUS (IV) LINE

An IV is a small catheter that is placed into your hand or arm. Attached to the catheter is a small tube that connects to a bag containing fluids.

OXYGEN

You may receive oxygen through a nasal tube or oxygen mask. The presence of oxygen, however, does not mean that you are having difficulty breathing or that there is a problem of any kind. (It is simply to increase your oxygen consumption for the first few hours after surgery when you are still sedated.)

FOLEY CATHETER

This is a small catheter which is inserted into your bladder during your surgery to drain your urine. If a Foley Catheter is used, it will be removed on the first or second day after surgery.

PATIENT CONTROLLED ANESTHESIA (PCA) MACHINE

A PCA machine may be used to administer your pain medication. The PCA machine contains a syringe filled with pain medication and has tubing that connects to your IV line. The PCA machine will hang from a small IV pole: a cord with a button at the end will stretch within your reach. When you feel pain, simply push the button at the end of the cord, and the machine will dispense a small amount of medication into your IV line, where it will enter directly into your blood stream. Because the dosage you receive from the machine is very small, you may press the button as often as needed. The machine is automatically programmed so that you cannot give yourself too much medication. Family or friends may not push the button for you. The PCA machine will be discontinued the morning after your surgery when pain pills will be used to relieve your pain. You will be asked frequently by the nursing staff to rate your pain from 0-10 (see page 10). Notify your nurse if your pain is not controlled.

CAPNOGRAPHY

You may be attached to a device that will help the RN monitor your breathing patterns and rate.

THROMBO EMBOLIC DETERRENT (TED) HOSE

TED hose are specially fitted, white, thigh or knee length elastic stockings that promote circulation in your legs. You will wear your TED hose for the majority of the time. The nursing staff will periodically remove the stockings for short periods of time.

SEQUENTIAL COMPRESSION DEVICE (SCD)

The SCD is a soft compression legging placed on your calves to aid circulation. You will feel the device “squeeze” your calves. The SCD is in place only when you are in bed.

PAIN BALL

For some knee surgeries, a pain ball may be used. A small catheter will be placed in your groin pre-operatively. The pain ball holds pain medication that bathes the nerves to reduce the pain sensation. Do not get up without assistance since the sensation in your leg is also reduced. The pain ball will be removed before you are discharged.

INCENTIVE SPIROMETER

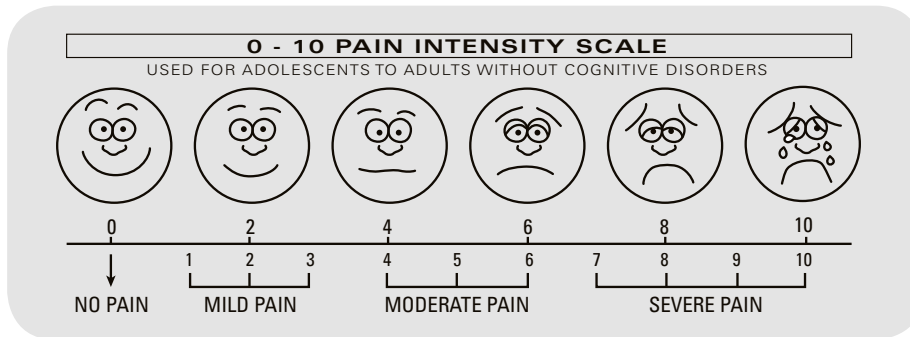
To help prevent pneumonia and clear your lungs, the nursing staff will ask you to take deep breaths and/or use a small breathing device called an Incentive Spirometer (IS) every 1-2 hours while awake.

SURGICAL DRAINS

You will likely experience bleeding from your surgical site. This is expected. Some of our physicians will insert a drain during surgery, with a reservoir to catch the blood. We will closely monitor the amount of drainage.

PAIN CONTROL

When you arrive in your room, you will be closely monitored by the nursing staff. It is very important to let your nurse know how you are feeling and how your pain is being controlled. We use a 0-10 point pain scale. Where 0 is no pain and 10 is the worst pain possible. Take a look at the scale below. Our goal is to keep your pain at an acceptable pain level.



Some patients may experience nausea after anesthesia. Although the anesthesia provider will give you medication to try to prevent this, a few patients still experience post-operative nausea. Please let your nurse know if you are nauseated as there are several medications we can try to make you more comfortable.

My acceptable pain level is: _____

ACTIVITY

The physical therapist (PT) or RN will assess your activity level. You will be encouraged to get out of bed and walk, usually within the first day after surgery. The PT will instruct you on exercises you can do to get used to your new joint.



SAFETY

Do not attempt to get out of bed or stand by yourself without assistance. Instead, use your call light — your nurse's name will be on the white board for your reference.

At night, if you are having difficulty sleeping, you may ask for a sleeping pill. We also have earplugs available if you find it is noisy. It is important that you get a good night's sleep. Before you go to sleep, speak to your nurse about whether you would prefer to be awakened for pain medication during the night or if you would rather wait until you are awake.

DIET

You will have a clear liquid diet after your surgery, and will progress to solid food as tolerated.

Your physician, physician assistant or nurse practitioner will stop by to check on you daily while you are at the hospital.

REMEMBER

- Do not attempt to get up alone
- Ask for help to stand or visit the restroom
- Use the Incentive Spirometer for breathing exercises
- Rest
- Share your pain level with the staff

WHEN IT IS TIME TO LEAVE THE HOSPITAL

Before you are discharged, a discharge planner will visit with you to discuss any options you may need, such as outpatient or in-home physical therapy, acute rehab or short-term skilled nursing care. Your discharge planner will arrange the delivery of any medical equipment that your physician may order, if this has not already been done.

Your nurse will talk to you about how to care for your incision; when to follow-up with your physician; medications you will continue to take and other concerns you might have.



Your physical therapist will discuss with you what equipment you will need and provide you a list of home exercises.

On further note, you will need to let your dentist know that you have had a joint replacement. Prior to any dental procedure, including cleaning, you may need to take a short course of prophylactic antibiotics.

Please remember our goal is to take the best possible care of you. We rely on you to let us know if we are meeting your needs. If you have any questions or concerns, please let us know.

QUESTIONS TO ASK YOUR PHYSICIAN AFTER KNEE OR HIP REPLACEMENT SURGERY

- 1.** How long until I can resume normal daily activities such as showering, driving and working?
- 2.** How do I lower my risk for infections, blood clots and other complications after surgery?
- 3.** How often should I return for follow-up physician visits?



HOME REMINDERS

Our team wishes you well and hopes your joint replacement allows you to enjoy an improved quality of life. The following informational home reminders will help you after your hospital stay.

BE SAFE

- Your home needs to be well lit and free from objects you can fall on.
- *The Check for Safety Fall Prevention Checklist* pamphlet may help you make your home safer.
- Ask for help when you walk, especially if you are tired or when you are taking medication that can make you fall.

BE PROACTIVE

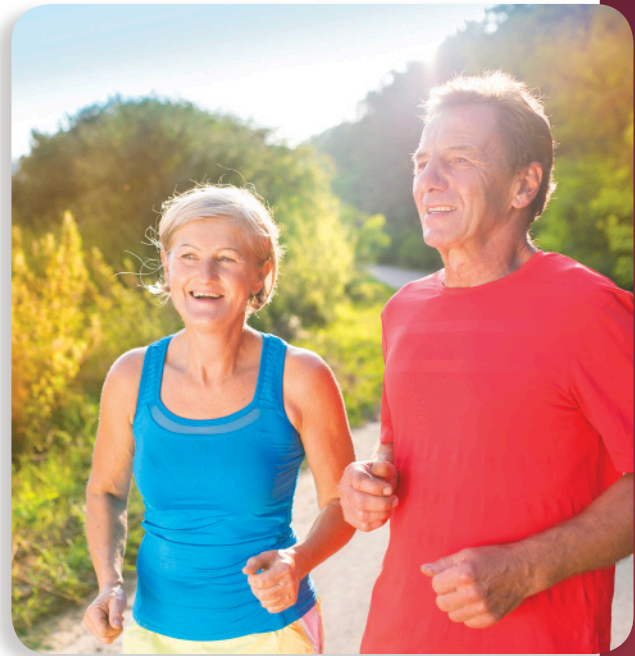
- Call your surgeon's office for fever, shaking or chills.
- Call your surgeon's office for redness, tenderness, swelling or drainage from your incision.
- Call your surgeon's office for any concerns or questions.

BE COMFORTABLE

- Controlling your pain will help with healing and doing your exercises.
- Take your pain medication to help control your pain.
- If your pain medication does not help, please call your surgeon's office.
- Ongoing or increased pain in your replaced joint should be reported to your surgeon.
- Leg swelling can be helped by putting your leg up, wearing your support hose and walking.

BE ACTIVE

- Exercise is a big part of having a more active, comfortable life.
- It is important for you to follow the exercise program given to you by the physical therapist.
- Hip joint replacement patients need to follow safe hip positions at home.
- Home Health may have been ordered to help with your home exercise. They will call for a time to visit.
- Exercise helps prevent Deep Vein Thrombosis (DVT), which is a blood clot that forms in the deep veins of a leg, arm or pelvis.
- A clot could break off and travel to the lungs, which is called a pulmonary embolism (PE).

**SYMPTOMS OF DEEP VEIN THROMBOSIS (DVT)**

- Increased pain in your calf and leg that is not in your incision.
- Increased tenderness or redness in your calf.
- Increased swelling of your thigh, calf, ankle or foot that does not go down by putting your leg up.
- Shortness of breath, chest pain or pain in your chest when you take a deep breath could mean a pulmonary embolism and is a medical emergency.

– **Call 911 immediately**

Doing your exercises and wearing your support hose may help to prevent a DVT. Your surgeon may order medication to help prevent a DVT. It is very important that you take this medication as directed by the surgeon.

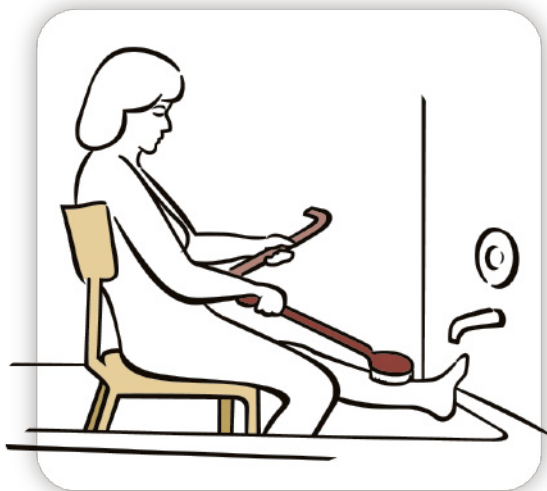
ACTIVITIES OF DAILY LIVING

Activities of Daily Living (ADLs) is an industry-wide description of routine tasks that people do every day.

In order to safely complete your ADLs, you will need to get somebody to assist you with, or change the way you complete some tasks. Adaptive equipment and other equipment may help you be more independent and safe.

DRESSING

- A reacher can be used to help you take on and off your underwear and pants.
- A sock aide can help you put on your socks.
- A dressing stick can be used to assist with pants, socks, and shoes.
- Elastic shoe laces or Velcro shoes can eliminate the need for tying shoes.
- A long handled shoehorn can be used to help take your shoes on and off.
- Loose fitting clothes, without fasteners, may be easier to get on and off.



BATHING

- A long handled sponge can help you safely wash your lower legs and back.
- A hand-held shower nozzle can help with showering if a bench or seat is being used.

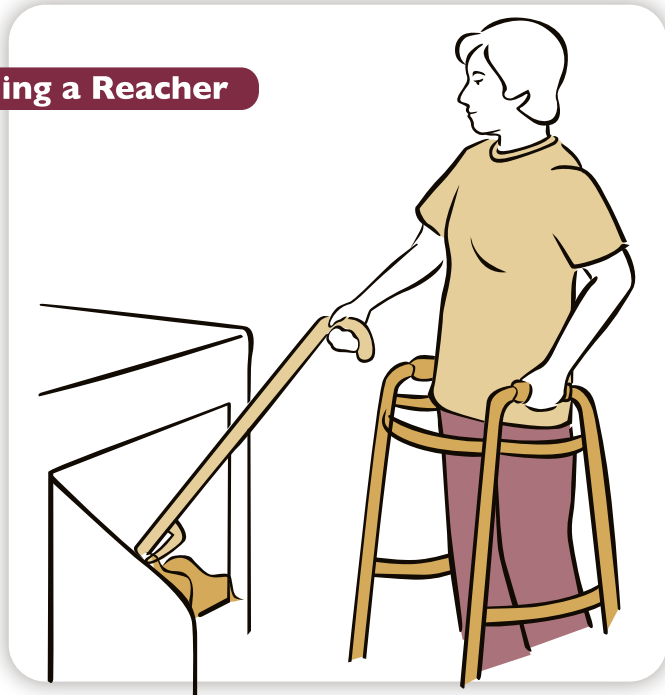
TOILETING

- Caregiver assistance or use of adaptive equipment may be necessary to complete peri-care initially, following surgery.

TIPS FOR RETURNING TO NORMAL ACTIVITIES OF DAILY LIVING

- A reacher can help retrieve objects that are too high or too low.
- A reacher can help move laundry in/out of a washer and dryer.
- A basket or pouch on the front of the walker can help keep hands free to be on the walker or to complete tasks.
- A tray on the top of the walker with non-skid liner can help carry objects in the kitchen.
- When moving food or meals, Tupperware dishes can help prevent spills and/or injury.
- Firm pillows can help raise low chairs so you can sit on them safely.
- Slide items along the counter instead of carrying them.
- Use a high stool when completing counter top tasks.
- A utility cart can help move objects/items around the house.

Using a Reacher



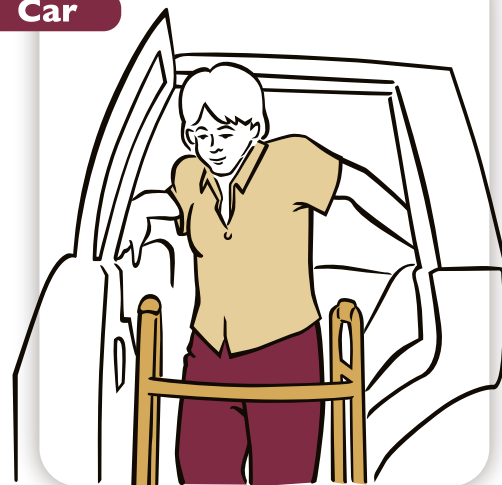
TRANSFER TIPS

CAR ENTRY

- Move the car seat back and recline the back rest slightly.
- Back up to the car with your walker and sit keeping your surgical leg extended.

Notes: _____

Car

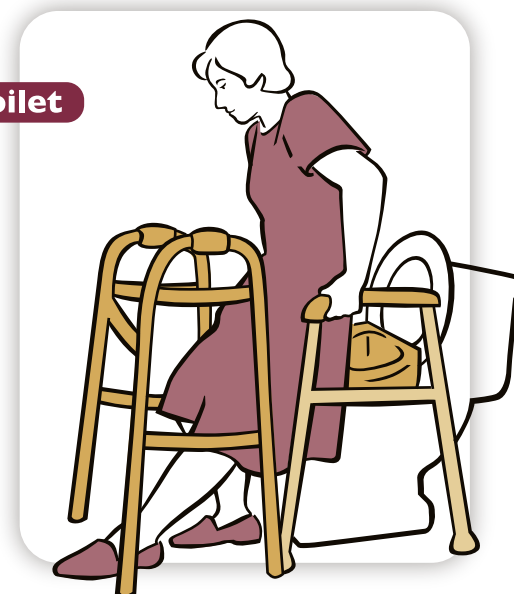


TOILET TRANSFER

- Do not sit on a low toilet.
- Use a raised toilet seat or 3-in-1 commode over the toilet.
- Back up to the toilet with your walker and sit/standup while keeping your surgical leg extended.

Notes: _____

Toilet



IN/OUT OF BED

- Avoid using a low bed.
- Generally, it is less painful to exit the bed on the non-surgical side.
- Follow all post-operative precautions, if applicable.

Notes: _____

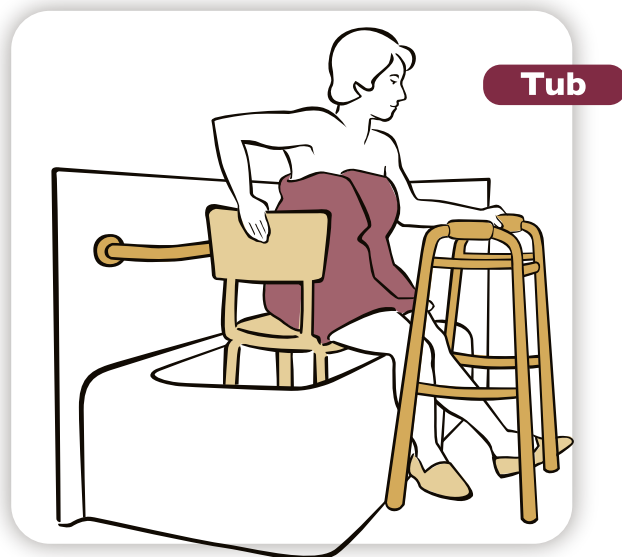
Bed



BATHTUB AND SHOWER TRANSFER-BALANCE AND SAFETY

- Keep your hand (surgical side) on the walker when standing or sitting.
- Reach or push up from the sitting surface with your other hand.
- When sitting and standing keep your surgical leg extended.

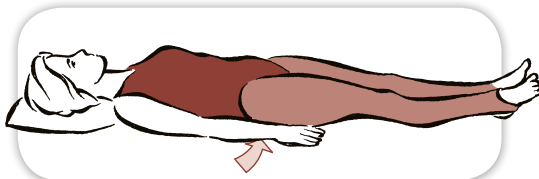
Notes: _____



EXERCISES FOR REGAINING STRENGTH AND MOTION

GLUTEAL SQUEEZE: HIP EXTENSION

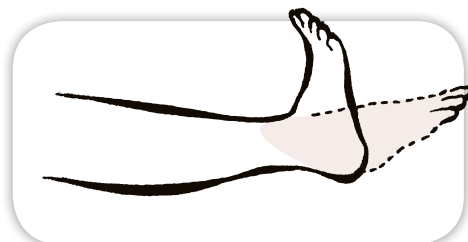
- Lie on your back in bed. Squeeze buttocks muscles (your bottom) together
- Slowly count to 5 out loud
- Relax
- Repeat 20 times



ANKLE PUMPS

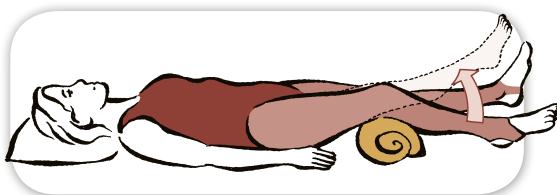
Ankle pumps help reduce swelling and prevent blood clots

- Point, then flex both feet slowly
- Repeat 20 times each hour



TERMINAL KNEE EXTENSION: SHORT ARC QUADS

- Lie on your back in bed. Place a large can or rolled towel under your operated knee
- Lift foot, straightening knee. Do not lift your entire leg off of the roll
- Slowly count to 5 out loud
- Relax and return to the starting position
- Repeat 20 times

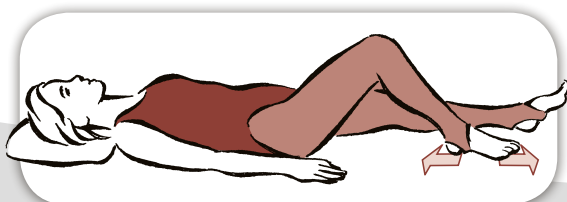


STRENGTHENING ARMS

- Sit in armchair
- Place both hands on the arm rests
- Place the foot of the operated leg out slightly in front of the other foot on the floor
- Straighten your arms raising your bottom up as much as possible
- Return to the seated position
- Repeat 10 times

HEEL SLIDES: HIP AND KNEE FLEXION

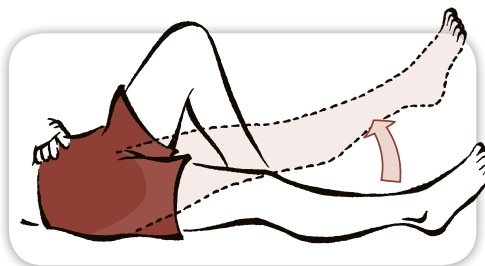
- Lie on your back on bed. Bend your knee and slide your heel toward your bottom.
- Slowly count to 5 out loud
- Relax and return to the starting position
- Repeat 20 times



STRAIGHT LEG RAISES

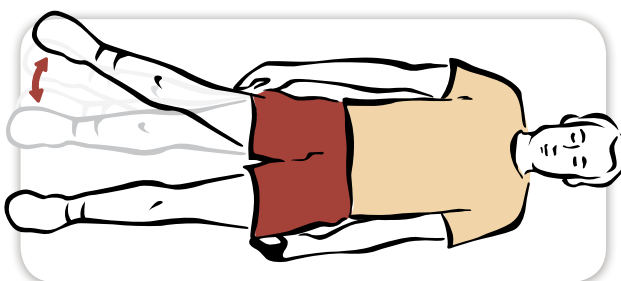
To strengthen the quadriceps

- Lie in bed on your back
- Bend the unaffected leg, and place your foot flat on the bed
- Straighten the operated leg and tighten the muscles on top of your thigh
- Raise the operated leg about 6 to 10 inches, and hold for 5 seconds
- Lower your leg slowly
- Relax, repeat 20 times



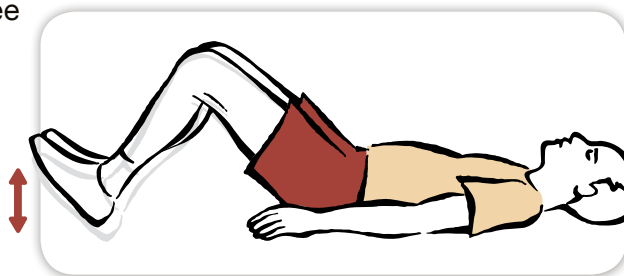
HIP ABDUCTION

- Slide one leg out to side
Keep kneecap pointing up
- Gently bring leg back to pillow.
Repeat with other leg.
- Building up to 20 times.
- Do 2-3 sessions per day.



HAMSTRING SET

- With surgical leg bent slightly, pull heel into bed without bending knee further
- Hold 5 seconds
- Building up to 20 times
- Do 2-3 sessions per day

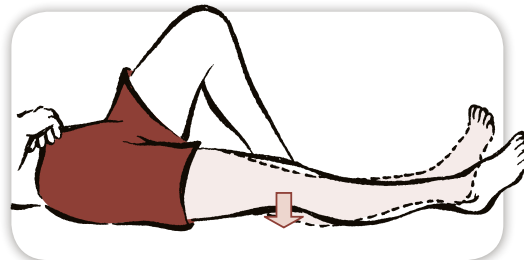


EXERCISES FOR STRENGTH *cont'd***QUADRICEPS SETS**

To strengthen the quadriceps and stretch the hamstrings.

These muscles are important for regaining stability in your knee

- Lie in bed on your back
- Tighten the muscles on the top of the thigh of your operated leg as tight as possible while pulling your toes back (point your toes toward your head) and pressing your knee downward into the bed
- Keep pulling with your toes for 10 seconds, pulling harder every second
- Relax, repeat 20 times

**SITTING KNEE BENDS**

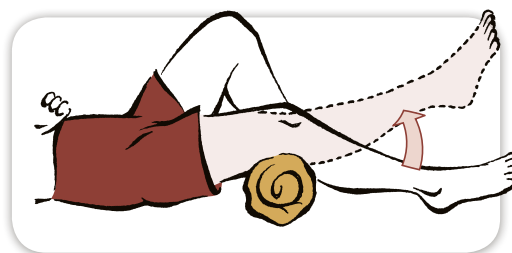
To maximize the range of motion that you can bend and straighten your knee

- Sit on a chair with a rolled up towel under the operated knee
- Bend your knee as much as possible, then hold for 5 seconds
- Straighten your knee as much as possible, then hold for 5 seconds
- Relax, repeat 20 times

**KNEE EXTENSIONS**

To strengthen the quadriceps

- Lie in bed on your back with a rolled up towel under your operated knee; let your knee bend
- Tighten the muscles on the top of your thigh, while lifting your heel and straightening your knee. Keep the back of your knee on the towel
- Hold for 5 seconds, then slowly lower your heel back to the bed
- Relax, repeat 20 times



SEX AFTER JOINT REPLACEMENT

It takes time to get back to normal. How fast you recover depends on your age and physical condition before surgery.

You may begin having sex after a joint replacement when:

- You feel physically and mentally ready
- You have a clear understanding of the precautions you should follow to protect your new joint
- Your doctor says it is okay

CHOOSING POSITIONS AFTER JOINT REPLACEMENT

SIDE-LYING POSITION

Suggested for both men and women

- Lie on the side of the unaffected leg
- Bend the knee as comfort allows
- Place pillows under affected knee for comfort



BOTTOM POSITION

Suggested for both men and women

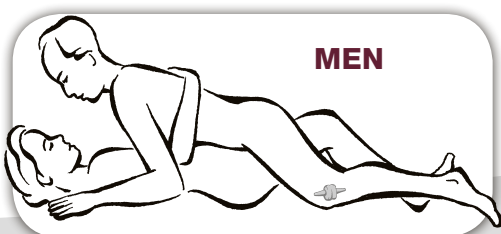
- Usually the most comfortable position after knee replacement
- Place pillows under affected knee for comfort
- Bend the knee as comfort allows



TOP POSITION

Suggested for men

- Can be difficult in the beginning due to swelling and limited range of motion of the knee
- Use this position after the affected knee is comfortable and the incision has healed to prevent shearing of the skin



LISTEN TO YOUR BODY

Timing is everything. Don't try to do too much too soon. Many people find that there are certain times during the day or night that they feel their best and sex is more desirable.

You can still enjoy sex after joint replacement. However, you will have to make some short-term, changes in your sex life to protect your new joint as it heals. Be patient, you'll be good as new before you know it.



CLOVIS
COMMUNITY
MEDICAL CENTER

2755 Herndon Avenue
Clovis, CA 93611

ClovisCommunity.org