



HIP AND KNEE PATIENT GUIDE



CONTACT NUMBERS

Salem Health Orthopedics: **503-814-6300**

Kaiser Permanente: **503-361-5400**

Outpatient/Building S navigators: **503-814-2999**

Inpatient/Salem Hospital navigators: **503-814-6804**



TABLE OF CONTENTS

To the Salem community	4	Knee replacement.....	29
Your surgeons	5	Hip replacement.....	38
Reactivating your life	6	Incision care.....	51
Appointment reminders	7		
Optimize your health	8	Your care at home.....	55
Meet your team	10	Medication guidelines	59
Risks of joint replacement surgery	12	Bowel and sleep function.....	60
Preventing surgical site infections	14	Self management plan	63
		After surgery activity tips.....	68
Preparing for surgery	15	Medication log	73
Preoperative class	16	FAQs.....	74
Home preparation checklist	17	Notes.....	76
Self-care equipment	18	Contact numbers and	
Your surgery checklist	20	important information.....	77
Your day in surgery	24	Campus map	78
Managing your pain	28		

TO THE SALEM COMMUNITY

This book is a result of a collaborative effort between the joint specialists from Salem Health Orthopedics and Kaiser Permanente. Together, we have formed the Joint Replacement Center of Excellence to provide the best possible care for our patients.

The staff at the Joint Replacement Center of Excellence is dedicated to helping patients achieve the best possible outcomes by providing specialized quality care. This is evident in the awards and recognition that our program has received for patient satisfaction and excellence in care.

These excellent outcomes stem from our commitment to educate you as a patient so that you are able to be an informed and active participant throughout your preoperative and postoperative care. We believe that well-informed patients do better after surgery, and this book represents your guide to recovery.

Thank you for choosing the Salem Health Joint Replacement Center of Excellence.

Warmest Regards,



Mark M. Dolan, MD

Medical Director, Salem Health Joint Replacement Center of Excellence

YOUR SURGEONS



Michael Hahn, MD,
Kaiser Permanente



Matthew Budge, MD,
Kaiser Permanente



Michael James, MD,
Kaiser Permanente



Mark Dolan, MD,
Salem Heath Orthopedics



Robert Zirschky, MD,
Salem Heath Orthopedics



Shane Hess, DO,
Salem Heath Orthopedics



Dan Sewell, MD,
Salem Heath Orthopedics

Welcome to Salem Health's Total Joint Replacement Center.

Working together to achieve success

Congratulations on your decision to have your joint replacement surgery with Salem Health! This will improve your lifestyle, increase your mobility, and help relieve your pain. Our program uses a team approach where you and your coach are active participants in your surgical journey. Many of our patients tell us that it was a decision that has changed their lives.

As you approach the day of surgery, you probably have mixed emotions. Patients are often nervous about the procedure and the journey ahead. That is completely normal and to be expected. We hope you are excited about taking this important step toward a new life, and we want you to know that we are here to help you along your journey.

Our goal is to provide you with an exceptional experience and the best possible outcomes, using an evidence based plan of care. We will provide you with in-depth education to prepare you and your family, and to help you accomplish your goals.

The experts at Salem Health have carefully planned every step of your care to help ensure a speedy and successful journey to recovery. Rest assured, you're in excellent hands every step of the way. In fact, you've selected a Joint Replacement Center of Excellence that:

- Has expert orthopedic surgeons on the medical staff who perform approximately 1,500 total knee and hip replacement surgeries each year.
- Is nationally recognized as a top provider for total joint replacement surgery.
- Uses a multidisciplinary team approach to caring for you and your family. Our team members are specially trained to take care of patients having joint replacement surgery. This level of expertise results in a higher level of quality.
- Is recognized for outstanding patient satisfaction year after year. Our joint replacement team enjoys high ratings for overall quality of care, compassionate care, management of pain and highly trained clinicians.

The Joint Replacement Center of Excellence may use some of your data without disclosing your identity in order to improve overall patient care. If you have any concerns or questions regarding how your information may be used, please contact your provider.

We wish you the best in your surgery and recovery.

REACTIVATING YOUR LIFE

Joint replacement surgery is a life-changing experience for most patients. After a relatively short period of time, you'll be able to re-engage in the active lifestyle that's important to you. Before you know it, you'll be returning a serve on the tennis court, teeing it up on the golf course, or romping in the backyard with your children or grandchildren. Most importantly, you'll finally feel relief from the chronic pain you have been experiencing.

Salem Health offers the latest in technology combined with a personalized and compassionate approach. Our modern facility houses the most advanced medical systems and equipment. Your family will appreciate our comfortable reception and waiting areas, and as a patient, you will appreciate our state-of-the-art operating rooms staffed by our highly-trained surgeons and technologists.



APPOINTMENT REMINDERS

Here is a handy list to keep track of appointments leading up to and following your surgery:

NAME: _____

COACH: _____ SURGEON: _____

SURGERY: You will be called with your check-in time 1 to 2 business days before your surgery.

Date: _____ Check-in time: _____ Location: _____

Preoperative education class/video:

Date: _____ Check-in time: _____ Location: _____

Primary care physician appointment for medical clearance:

Date: _____ Check-in time: _____ Location: _____

Postoperative physical therapy appointment:

Date: _____ Check-in time: _____ Location: _____

Preoperative surgical appointment:

Date: _____ Check-in time: _____ Location: _____

Postoperative surgical appointment:

Date: _____ Check-in time: _____ Location: _____

Other important appointments:

Date: _____ Check-in time: _____ Location: _____

Date: _____ Check-in time: _____ Location: _____

Date: _____ Check-in time: _____ Location: _____

YOUR PREOPERATIVE TESTING:

Your surgeon may request preoperative testing for your health and safety. It is important that all preoperative testing be completed at least 3 weeks before your operation.

- | | |
|--|---|
| <input type="checkbox"/> Blood tests | <input type="checkbox"/> Dental exam within 6 months of surgery |
| <input type="checkbox"/> Electrocardiogram (EKG) | <input type="checkbox"/> Medical clearance from primary care physician within one year of surgery |
| <input type="checkbox"/> MRSA | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CT scan <i>(if indicated)</i> | |

OPTIMIZE YOUR HEALTH BEFORE SURGERY TO OPTIMIZE YOUR OUTCOME AFTER SURGERY

There are both modifiable and non-modifiable risk factors that increase the risk of postoperative complications after total joint replacement, some of which include infection, higher rates of revision surgery, longer length of hospital stays, and hospital readmission.

More than 40% of all repeat hip and knee replacements that happen within two years of the first surgery have at least one controllable risk factor already happening at the time of surgery.

FEATURED CONTROLLABLE RISK FACTORS



UNCONTROLLED DIABETES

HgA1c > 7.5 (Diabetes becomes 'uncontrolled' when HbA1c levels are above 7.5%.)

Optimization goal: HgA1c ≤ 7.5%

- surgical site infection
- increased risk of mortality



OBESITY

BMI > 40 kg/ m² (Body mass index (BMI) is a measure of body fat based on height and weight.)

Optimization goal: < 40 kg/ m², preferably 35 kg/ m²

- longer operative times
- longer length of stay
- surgical site infection
- higher rate of reoperation
- increased rate of DVT
- higher rate of readmission



NICOTINE USE

(Nicotine products include cigarettes, cigars, pipe and chewing tobacco, e-cigarettes, vaping, and nicotine patches or gum.) Optimization goal: Ideally patients should quit all nicotine use.

If you cannot quit, abstain four weeks prior to and after surgery.

- wound and cardiopulmonary complications
- surgical complications twice as likely
- ICU complications
- implant loosening
- hospital readmission three times more likely



MALNUTRITION

Albumin < 3.5 g/dL (Albumin makes up to about 60% of the total protein in your blood and is key to delivering vitamins and nutrients throughout your body.)

Optimization goal: Albumin > 3.5g/dL

- independent risk factor for any complication including death
- higher rate of readmission
- pneumonia
- longer length of stay
- surgical site infection



VITAMIN D DEFICIENCY

30 ng/mL (Vitamin D is critical to overall health and helps aid recovery.)

Optimization goal: Vitamin D > 30 ng/mL

- higher complication rates including infection
- longer length of stay
- poor pain and functional outcomes



ANEMIA

Hgb < 12g/dL females; Hgb < 13g/dL males (Anemia is when your blood is not fully oxygenated due to a low red blood cell count.) **Optimization goal:** Hgb >12g/dL for females; > 13g/dL for males

- cardiac and genitourinary complications
- surgical site infection
- longer length of stay
- increased risk of mortality



DEPRESSION

(Depression is a common but serious mood disorder that can cause severe symptoms affecting how you feel, think, and handle daily activities.³) Optimization goal: Consult your PCP for treatment options prior to scheduling surgery.

- poor outcomes and lower satisfaction
- increased rate of ICU admission
- prolonged rehab
- hospital readmission



PREOPERATIVE OPIOID USE

(Opioid addiction and overdose is a public health crisis affecting thousands of Americans each year.⁴) Optimization goal: Stop taking all opioids prior to surgery, or obtain at least a 50% reduction in use with the help of your PCP or pain management specialist.

- predicts postoperative use
- higher rate of discharge to a facility
- longer length of stay
- increased complications within 90 days of surgery
- higher rate of revision surgery

MEET YOUR TEAM

At Salem Health, we believe in the importance of truly working together as a team. Below are descriptions of the health care professionals and other supporters who will be your teammates before, during and after your surgery.

SURGEON

Your surgeon is the doctor who will perform your surgery and oversee your care.

ADVANCED PRACTICE PROVIDERS (APP)

Your physician assistant or nurse practitioner may assist with your surgery and may meet with you for preoperative and postoperative appointments.

ANESTHESIOLOGIST

Your anesthesiologist is the doctor who will administer your anesthesia and monitor you during surgery. Your anesthesiologist will also assess and treat your pain following surgery.

TOTAL JOINT NAVIGATOR/COORDINATOR

Our concierge style service starts with your total joint navigator/coordinator. They will guide you through the entire surgical process by educating you and your coach on what you need to know to have a successful experience from preop to your transition back home.

PREOPERATIVE AND RECOVERY ROOM TEAM

Your team of registered nurses and medical assistants will plan for and provide your preoperative and postoperative care.

OPERATING ROOM TEAM

Your operating room team is the group of physicians, registered nurses and technicians who will care for you during your surgery.

REGISTERED NURSE (RN)

Before, during and after your surgery, you can expect to meet many different nurses who perform many different jobs. Nurses will help prepare you for surgery and will be in the operating room with you throughout your surgery. After surgery, a team of nurses will carry out all orders given by your surgeon, as well as keep you comfortable and safe in the hospital. A member of the nurse leadership team will talk with you daily to ensure all your needs are being met.

YOUR COACH

Your coach is a friend or family member you choose to be by your side. Recovering from joint replacement is a team effort. A coach's support, encouragement and companionship can make all the difference, not just at the surgery center, but also in the weeks prior to and after your surgery.

We strongly recommend that your coach participates in your preoperative education class. This should be someone who is willing to support you every step of the way and can fully participate in activities before surgery and during recovery.

OTHER TEAM MEMBERS YOU MAY MEET DURING YOUR STAY.

PHYSICAL THERAPY TEAM

Your physical therapist will work with you after surgery to assist in your recovery and to help you navigate your postsurgical challenges.

CARE MANAGER/SOCIAL WORKER

Your care manager and social worker team will assist you with any equipment or discharge planning needs you may have during your stay at the Joint Replacement Center of Excellence.

OCCUPATIONAL THERAPY TEAM

Your occupational therapy team is trained to help you learn to safely and effectively perform activities of daily living like bathing and dressing.

CERTIFIED NURSING ASSISTANT (CNA)

Your certified nursing assistant (CNA) will help you with activities like dressing or getting to the bathroom. CNAs will often help nurses with their jobs and are valuable members of the Joint Replacement Center of Excellence team.



RISKS OF JOINT REPLACEMENT SURGERY

Joint replacement surgery is major surgery and, although advances in technology and medical care have made the procedure very safe and effective, there are risks. Risks should be considered carefully before you decide to have surgery. We encourage you to discuss these potential risks with your orthopedic surgeon, primary care provider and your family.

Every measure will be taken by our team of experts to minimize the risks and avoid complications. Although complications are rare, they do sometimes occur. Some common complications include, but are not limited to:

INFECTION

Infection is very rare in healthy patients having joint replacement surgery. Patients with chronic health conditions, like diabetes or liver disease, or patients who take some forms of corticosteroids, are at higher risk of infection after any surgery.

DISLOCATION (HIP SURGERY ONLY)

A patient's hip may move out of place after surgery. If this occurs, your surgeon will put the hip joint back into place. In very rare cases, surgery may be needed to put the hip back into the socket.

FRACTURE

Fracture is a rare complication. If this were to occur your surgeon would fix the fracture as needed.

NERVE, BLOOD VESSEL AND LIGAMENT INJURIES

Damage to the surrounding structures in the knee and hip, are possible but extremely rare. More commonly there is numbness in the area of the incision, which usually, but not always, resolves in 6 to 12 months.

LIMITED RANGE OF MOTION (KNEE SURGERY ONLY)

Your ability to bend your knee after surgery often depends on how far you could bend it before surgery. Even after physical therapy and an extended recovery period, some people are not able to bend their knee far enough to do normal activities such as reaching your feet to put on socks or tie your shoes.

WOUND HEALING

Sometimes the surgical incision heals slowly, particularly if you take corticosteroids, have a disease that affects the immune system, such as rheumatoid arthritis or diabetes, or are a smoker.

BLOOD CLOTS

Blood clots can form in a leg vein and travel to your lungs after joint replacement surgery and can be dangerous. Blood clots are more common in older patients, and those who are obese, smoke, have a history of blood clots, and have cancer.

INSTABILITY (KNEE SURGERY ONLY)

Sometimes ligaments on the side of the knee get stretched due to the disease process. After surgery, the knee may feel unstable. This will normally strengthen as time passes. In rare cases, a second surgery may be required to properly align the parts of your new joint.

**CHANGES IN THE LENGTH OF YOUR LEG
(HIP SURGERY ONLY)**

Sometimes, in order to make the hip stable so that it won't dislocate, your leg may end up slightly lengthened. The change is typically very small and usually is not noticeable.

PREVENTING SURGICAL SITE INFECTIONS

While the likelihood of infection is low, there are some simple things you can do to reduce your risk even more.

DENTAL CARE: If you haven't had a teeth cleaning and dental exam in the last six months, you should plan to visit your dentist at least six weeks before your surgery. Be sure to let our office know if you experience any dental problems during the six weeks before your surgery.

SHAVING: Be sure to avoid shaving or using hair removal products on the leg that will be operated on for one week prior to your surgery. Shaving and hair removal products can create microscopic cuts in the skin that can allow bacteria to enter.

ANTIBACTERIAL SOAP: It's important to use an over-the-counter antibacterial soap/bodywash when you shower or bathe for two weeks prior to surgery to reduce bacteria on your skin.

PRESURGICAL BATHING: To help further reduce the bacteria on your skin, your surgeon will give you Hibiclens® (chlorhexidine) solution.

CLEAN HANDS: *Hand hygiene is important. You'll find hand sanitizer throughout the facility and see caregivers using it when providing care. Encourage friends and family to apply hand sanitizer or wash their hands with antibacterial soap.*



PREPARING FOR SURGERY



PREOPERATIVE CLASS

This preoperative education class is designed to provide important information that you and your coach will need before your surgery and to allow you an opportunity to get your questions answered.

Recovering from total joint replacement isn't easy. It's even more difficult if you try to do it alone. Your coach's support, encouragement and companionship can make all the difference, not just during your stay in the hospital, but also throughout the weeks before and after your surgery. It is **strongly recommended** that your coach attend the preoperative education class with you.

CLASS INFORMATION

- Classes are held weekly. Your surgeon's office will schedule your preoperative class with you. If you have any questions about your class date or are needing to change your class, please contact your surgeon's office.
- Wheelchairs will be available at the main entrance for your use, if needed.
- Bring this patient guide with you.



HOME PREPARATION CHECKLIST

You and your family may want to consider these tips to help make your home safe and comfortable for your return.

- Check your home for tripping hazards. Remove throw rugs and secure cords out of your way.
- Determine what items from dressers, cabinets and shelves you'll need immediately after returning home. Any items you use often should be moved to counter height to avoid excessive bending or reaching.
- Make sure stairs and steps have handrails that are securely fastened to the wall.
- Prep cold therapy such as ice, ice machine, gel packs, etc.
- Pets can increase your risk of falls and infection. Be mindful to wash your hands after any contact with them, keep a barrier (such as a blanket) between you and your pet at all times, and remember to keep them at a safe distance when walking. If you have pets, it may be advisable to board them for a few days after you return home.
- Designating a place to safely sit. You should keep your feet elevated when you sit, using a footstool or bench. A chair with arm rests that the seat is at the bend of your knee or higher will help you stand easier. Chairs with wheels should not be used under any circumstances.
- If your bedroom is on an upper level you may want to consider arranging temporary sleeping quarters on the main level of your house as a backup plan.
- In order to minimize cooking, prepare meals in advance and freeze them, or arrange for meals to be brought to you.
- Install nightlights in bathrooms, bedrooms and hallways.
- Arrange for someone to collect your newspaper/mail and do outdoor work such as gardening or cutting the grass.
- Attend to, and arrange for, household chores such as laundry, cooking, dishes, vacuuming/sweeping ahead of time. Don't forget to put clean linens on your bed the night before surgery.
- Make arrangements for someone to stay at home with you from the time you are discharged from the hospital until at least one week after surgery.**



SELF-CARE EQUIPMENT

You will use a front-wheeled walker after surgery until cleared by your surgeon or physical therapist. Please obtain one before your surgery date. Equipment listed below may make your recovery easier. If you have any questions about equipment, your physical therapist can help assess your needs. Borrowing equipment from family or friends is an option to consider.



BATHROOM EQUIPMENT



Tub transfer bench



Hand-held shower



Grab bars: Toilet and/or shower



Shower chair



Raised toilet seat



Bedside commode



Versa frame



Clamp-on bidet

DRESSING EQUIPMENT/SELF-CARE AIDS



Dressing stick



Reacher



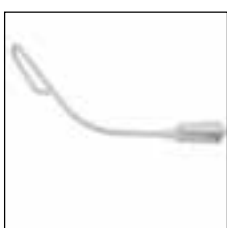
Sock aid



Long-handled shoe horn



Elastic shoe laces



Toilet aid



Long-handled sponge

Please check with your insurance company prior to admission if you have any concerns about equipment coverage policies.

EQUIPMENT PROVIDERS

Salem Health Pharmacy

875 Oak St. SE
Salem, OR 97302 Suite 1090
503-814-0412
Open 7 days a week, excluding holidays.
Please call for specific hours.

Access Technologies

Assistive Technologies

2225 Lancaster Dr. NE
Salem, OR 97305
503-361-1201
1-800-677-7512

Apria

2050 Vista Ave. SE
Suite 100-110
Salem, OR 97302
503-480-1100
1-800-422-7005 (Portland)

Norco

2685 Commercial St. NE
Salem, OR 97301
503-378-1756 (24-hour number)
1-800-785-7756

Foothills Medical Supply

304 N. First St.
Silverton, OR 97381
503-873-4083
1-800-871-4083

Lincare

3547 Fairview Indus DR. SE
Suite 100
Salem, OR 97302
503-566-8763
1-800-362-8122

McCanns Medical Supply

1070 Commercial St. NE
Salem, OR 97301
503-585-2027

Providence Medical

2508 Pringle Rd. SE
Salem, OR 97302
503-585-4027

Online:

NorthCoast Medical
Sammons and Preston

The above list may not include all community vendors. Salem Health does not have a financial relationship with any of the listed providers, nor do we recommend any provider over another.

YOUR SURGERY CHECKLIST

The countdown to an improved quality of life and greater mobility is now beginning. The following pages provide a step-by-step checklist to follow before your surgery.

2 TO 3 MONTHS BEFORE SURGERY

- Schedule a physical exam with your primary care provider if you haven't had one in the past year. You may need medical clearance ensuring you are healthy enough to have joint replacement surgery.
- Schedule a dental exam and teeth cleaning if you have not had one in the last six months.

4 TO 6 WEEKS BEFORE SURGERY

- Start preparing your home, following the home checklist provided.
- Complete your EKG, blood draw, or any other test ordered by your surgeon.
- Stop smoking and use of all nicotine products. Quitting nicotine products before your surgery and staying tobacco free after is reported to help decrease the possibility of complications and contribute to a successful recovery.
- Start practicing the exercises shown later in this guide.
- Make a plan with your coach. Make sure they'll be able to take you to your surgery, remain available as needed for education, and drive you back home. Your coach will need to care for you at home for at least a week or until you are confident enough on your own.



2 WEEKS BEFORE SURGERY

- Attend Joint Replacement Center of Excellence class.
- Attend your preoperative visit.
- Register yourself as a patient at Salem Health at 503-814-7737 or online at salemhealth.org/admit.
- Fill all postoperative medication prescriptions. Make sure to pick up a fiber supplement such as Metamucil® or FiberCon® and Miralax® to help prevent constipation after surgery.
- Start using over-the-counter antibacterial soap when you shower or bathe.
- Discuss with your PCP and surgeon about other medications you're taking. In particular, be sure to check about taking aspirin, Coumadin®, Plavix®, or any other blood thinners, as well as immunomodulators such as Humira® or Enbrel®.
- Complete electronic questionnaires and surveys including preoperative health history.
- Rent or buy your assistive devices.

10 DAYS BEFORE SURGERY

- Stop taking all anti-inflammatory drugs such as Advil® (Ibuprofen), Aleve® (Naproxen), Celebrex®, and Meloxicam®. You may continue taking Tylenol®.
- Stop taking herbal supplements (including marijuana and CBD) and vitamins. You may continue taking Vitamin D if prescribed by your surgeon.

The medications listed above may have an effect on your blood's ability to clot.

1 WEEK BEFORE SURGERY

- Do not shave or use any hair removal products on your legs for one week before surgery.
- If you develop a fever, cold symptoms or any other sign of illness prior to your surgery, notify your surgeon immediately.
- Stop taking weight loss medications.
- Participate in your presurgical screening call (as needed) with a presurgical screening nurse. If you have any questions, please call 503-814-2468.

THE COUNTDOWN BEGINS!

6 5 4 3 2 1

YOUR SURGERY CHECKLIST

2 DAYS BEFORE SURGERY

- Shower using Hibiclens® soap and follow special cleansing instructions provided.
- Remove any finger and toenail polish.
- Drink extra fluids to help with hydration during surgery.
- Someone from Salem Health will call you before surgery with your arrival and surgery times.

THE DAY BEFORE SURGERY

- Put clean linens on your bed.
- Confirm that your coach can transport you to and from your surgery, remain available for education, and stay with you after you return home.
- The evening before surgery, shower using Hibiclens® soap and following special cleansing instructions provided by your surgeon.
- Drink up to 16 ounces of Gatorade. There are reduced sugar and sugar-free options available for diabetic needs.
- Stop eating and drinking (except Gatorade) after midnight. This includes water, food, gum, mints, and coffee.



THE DAY OF YOUR SURGERY

- You may drink up to 16 ounces of Gatorade the morning of your surgery. Make sure you are finished drinking when you leave for your surgery appointment.
- If your health care team instructs you to take medication, take with a small sip of water.
- Take a shower using Hibiclens® soap and follow special cleansing instructions provided.
- Avoid the use of any lotions, perfume, cologne or powders.
- You may brush your teeth.
- Take off any jewelry, watches or other valuables and leave them at home.
- Dress in loose, comfortable clothing.
- Wear shoes that have a flat rubber sole (avoid slides or backless slippers).
- Bring your insurance card (photocopy OK), photo identification, and any copayment.
- Bring your front-wheeled walker.
- Bring cases for glasses, contacts or dentures.
- Bring your cell phone, reading material, crossword puzzles, knitting or other items to help pass the time during waiting and recovery periods.
- If you use CPAP, bring your mask, tubing and settings. Please leave your machine at home.
- Your advance directive, either a living will or durable power of attorney for health care. If you don't already have an advance directive and want one, forms will be available at the hospital.
- Bring this patient guide and the medication handout, Joint Replacement Postoperative Medication Guidelines, you received at your pre-op appointment.**

ITEMS TO LEAVE AT HOME

Credit cards, jewelry, cash or valuables of any kind should be left at home.

THE BIG DAY HAS ARRIVED!

YOUR DAY IN SURGERY

PREOPERATIVE

On the day of your surgery, it's important that your coach comes with you. We do, however, ask that you limit the number of people who accompany you to no more than two. Ideally, your coach will remain in the waiting area while you have surgery. If your coach must leave, he or she should check in with our front desk and provide a contact phone number.

Once you check in at the front desk, you will meet with a preoperative nurse. We encourage your coach to join you for this meeting. The nurse will ask you more health questions, check your vital signs, and start your IV.

Our goal is to keep you as comfortable and safe as possible.



After the nurse has admitted you, your anesthesiologist will interview you. You will be asked to identify which side is being operated on, and both you and your surgeon will mark the site with a special marker. At this point, you may need to remove your contacts, glasses or dentures if you wear them. You are then ready to enter the operating room. We will ask your coach to wait for you in the waiting room.

ANESTHESIA

Before your surgery, your anesthesiologist will examine you, discuss your medical history, and determine the best anesthetic plan for you. Your anesthesiologist will discuss with you the risks and possible side effects of the recommended anesthetic plan.

Be sure to let your anesthesiologist know if you have ever experienced difficulties with anesthesia. Our goal is to keep you as comfortable and as safe as possible.

TYPES OF ANESTHESIA YOU MAY BE GIVEN:

General anesthesia:

This anesthesia is administered through an IV to induce a deep sleep during surgery.

Spinal anesthesia:

Also known as a spinal block, spinal anesthesia involves an insertion of medication in your spine that will numb the body from that point and below. Following this procedure, you may not be able to feel or move your legs for a couple of hours. More than 90% of our joint replacement patients received a spinal block.

Nerve block:

This anesthesia stops sensation in the nerves in your upper leg and knee. It is used to manage pain after surgery and normally lasts up to 24 hours.

Non-opioid analgesic pain management:

To help better manage your pain after surgery, your surgeon will administer an injection into the tissue surrounding the incisional area during surgery. This medication normally lasts 24 to 72 hours.



YOUR DAY IN SURGERY

SURGERY

A team of surgeons, nurses, and technologists will be waiting for you once you enter the operating room. Surgery times vary from patient to patient, but most joint replacement surgeries last between one and two hours. After your surgery is completed, your surgeon will meet with your coach to update them on your progress.

Your coach will be able to rejoin you in approximately two to four hours.



THE RECOVERY ROOM

After surgery, your anesthesiologist and operating room nurse will transfer you to the recovery room, where you will spend about one hour in the care of a recovery room nurse. Your recovery room nurse will check your vital signs frequently, check your bandage, and administer pain medications as needed.

After surgery, you can expect to have a compression device on your lower legs. These will alternatively squeeze your legs at regular intervals to circulate blood and prevent clotting. When the nurse feels that you are ready, he or she will help transfer you to where you can rejoin your coach.

You will be able to discharge when all goals have been safely met. Your nurse will carefully explain your home instructions to both you and your coach. Your nurse will also confirm your postoperative appointments with your surgeon and your physical therapist.

GOALS FOR DISCHARGE:

- Meet walking goal.
- Must urinate without difficulty.
- Pain and nausea controlled at tolerable level.
- Demonstrate home exercises.
- Review all medications and describe bowel care plan.
- Review instructions for home with a nurse.
- Describe what to do in the case of excessive pain, nausea, vomiting, or bleeding.
- Hip patients only:** Be able to maintain hip precautions with mobility.

MANAGING YOUR PAIN

SETTING REALISTIC EXPECTATIONS

Keeping you informed about pain management is important to us! At Salem Health, we want to be sensitive and responsive to your pain. Pain management is an important part of your recovery. After surgery, pain is normal and to be expected. Understand that the goal of pain management is not to completely eliminate your pain, but to manage pain to allow you to comfortably tolerate activity and not develop unnecessary side effects from taking excess pain medication. Communication is a key to helping us better manage your pain.

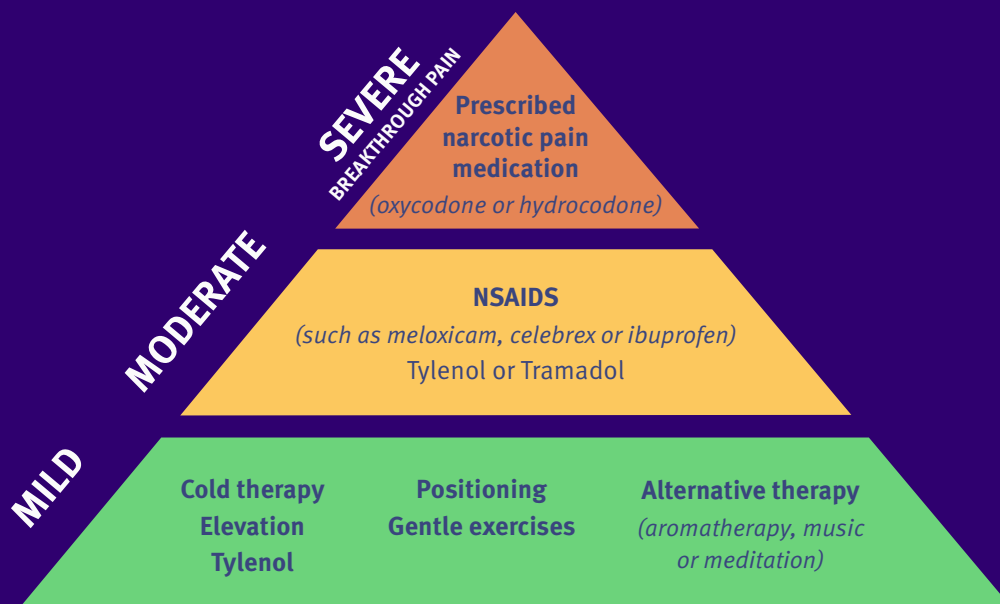
YOUR ROLE IN PAIN MANAGEMENT

Communicate with your nurse to set pain goals. Setting goals helps give direction to your recovery and allows us to better work together to provide the best care for you. Help us understand your pain by using the pain scale explained to you by your nurse.

SIDE EFFECTS OF NARCOTIC MEDICATIONS MAY INCLUDE:

- Constipation
- Drowsiness
- Dizziness
- Nausea/vomiting
- Dry mouth
- Increased fall risk
- Itching/rash
- Confusion

To minimize side effects of narcotics, your team will try to manage your pain as best as possible with non-narcotic medications and other techniques



KNEE REPLACEMENT



ABOUT YOUR KNEE CONDITION

ARTHRITIS

Arthritis is a general term meaning joint inflammation. Osteoarthritis is a specific kind of arthritis and the most common type affecting more than 32 million Americans. As we age, the chance of developing osteoarthritis increases, though the severity of the disease is different for everyone. Even people in early stages of life can develop some form of osteoarthritis.

Osteoarthritis breaks down the cartilage in joints and can occur in almost any joint in the body, though it occurs most often in the hips, knees and spine. Cartilage is a rubbery material that covers the ends of bones in normal joints and helps ensure that joint bones do not rub together. It also serves as a shock absorber as wear and tear occurs in the joints after years of use.

Osteoarthritis makes joint cartilage susceptible to damage. Over time, cartilage may break down and wear away, preventing it from working properly. When this happens, tendons and ligaments in the joint can stretch, causing pain. If the condition worsens, joint bones can rub together, causing pain and discomfort.

Rheumatoid arthritis is an inflammatory form of arthritis, meaning the material that surrounds the joint and keeps it lubricated becomes swollen. Rheumatoid arthritis affects about 1 percent of Americans, but is much more common in women than in men. This form of arthritis occurs in all age groups.



AN OVERVIEW OF KNEE REPLACEMENT SURGERY

When arthritis has worn away or destroyed the cartilage that cushions your knee, you may be a candidate for knee joint replacement surgery.

TOTAL KNEE REPLACEMENT SURGERY

This involves resurfacing the knee joint with an artificial joint made of a metal alloy and plastic, which is body-friendly. The materials used in your artificial joint are very strong and are designed to last.

Your orthopedic surgeon will consider many factors, like age, bone density and the shape of your joints, when determining the exact kind of knee replacement you'll receive and how it will be inserted into your knee.

PARTIAL KNEE REPLACEMENT SURGERY (UNICOMPARTMENTAL)

If the cartilage damage in your knee is limited to one compartment, you may be a candidate for partial knee replacement. Partial knee replacement is similar to total joint replacement except only one side of the knee joint is resurfaced.



total knee replacement



partial knee replacement

WHAT RESULTS ARE TYPICAL?

You can expect a successful outcome from your knee replacement surgery. Generally, patients experience less pain and more mobility, and can resume most of the activities they enjoyed before the onset of arthritis. Long-term studies show that 85 to 90% of artificial joints are intact and functional after 20 years. Your artificial joint will last longer if you maintain your ideal weight and avoid high-impact activities.

YOU DID IT!

Your surgery is complete and you are ready to recover in the comfort and convenience of your own home. Soon you'll be back on your bike or heading out to the park.



EXERCISES AND MOBILITY

Regaining your range of motion as soon as possible is critical for a healthy recovery and to reduce the possibility of long-term scar tissue build-up. Your top goal in the first six weeks is knee range of motion. You must achieve full extension and 90 degree bend at two weeks, progressing to full extension and 120 degree bend by six weeks. The first line in managing your pain is preventing swelling with rest, ice and elevation.

**DO
NOT**



Do not place pillows under your surgical knee, creating a bent position. This can lead to decreased range of motion

DO



Do support the entire leg down to your ankle while maintaining a straight leg



6 Weeks

PRE- AND POST-SURGERY KNEE EXERCISES

Dedication to consistent postoperative exercises will ensure you recover fully and regain mobility. This section of the guide explains what activities and exercises you should be doing prior to and following your knee surgery to ensure the most complete recovery possible. Early dedication to these activity routines is especially important. In general, you should bear full weight on your surgical knee unless instructed otherwise by your surgeon or physical therapist.

EXERCISES TO DO BEFORE KNEE SURGERY

Perform 10 repetitions of each exercise 3 times a day



- 1. Elbow extension:** While sitting or lying down, point elbow toward ceiling and support it with other hand. Straighten and lower hand slowly toward shoulder (may use small weight).



- 3. Straight leg raises:** Pull your foot back, tighten the muscles on the top of your thigh so your knee is straight, then lift your leg straight into the air. Lower slowly.



- 2. Heel slides:** Slide your heel on the surface up toward your buttocks. This will cause your knee and hip to bend.



4. **Ankle pumps:** Slowly point your feet up and down. You should feel a gentle stretch in your calf when your toes are pointed up.



5. **Quad set:** Tighten knee muscles by pushing the back of the knee down. Hold for five seconds.



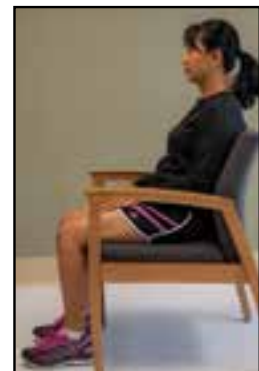
6. **Gluteal sets:** Squeeze your buttocks muscles together. Hold for five seconds.



7. **Seated pushup:** While sitting in a chair with armrests, put hands on arms of chair. Straighten your arms and lift your bottom off of the seat.



8. **Seated ankle pumps:** With your feet on the floor, alternate lifting your heels and your toes.



9. **Seated knee extension:** Slowly lift your foot off the floor until your knee is straight, lower slowly.

EXERCISES TO DO AFTER KNEE SURGERY

Perform 10 repetitions of each exercise 3 times a day



- 1. Ankle pumps:** Slowly point your feet up and down. You should feel a gentle stretch in your calf when your toes are pointed up.



- 2. Heel slides:** Slide your heel on the surface up toward your buttocks. This will cause your knee and hip to bend.



- 3. Gluteal sets:** Squeeze your buttocks muscles together. Hold for five seconds.



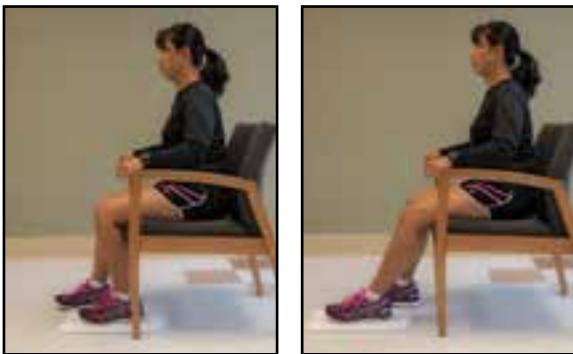
- 4. Quad set:** Tighten knee muscles by pushing the back of the knee down. Hold for five seconds.



- 5. Propped knee extension:** Prop knee in extension by placing small towel or pillow under lower leg (not under the knee). Start at 5 minutes and increase to 10 minutes as tolerated.



6. **Seated ankle pumps:** With your feet on the floor, alternate lifting your heels and your toes.



7. **Seated knee range of motion:** Slowly slide your foot back on the floor to bend your knee. Hold for 5 to 15 seconds, then slowly slide your foot forward.



8. **Seated propped knee extension:** Prop leg on chair or stool. Start at 5 minutes and increase to 10 minutes as tolerated.



HIP REPLACEMENT



ABOUT YOUR HIP CONDITION

ARTHRITIS

Arthritis is a general term meaning joint inflammation. Osteoarthritis is a specific kind of arthritis and the most common type affecting over 32 million Americans. As we age, the chance of developing osteoarthritis increases, though the severity of the disease is different for everyone. Even people in the early stages of life can develop some form of osteoarthritis.

Osteoarthritis breaks down the cartilage in joints and can occur in almost any joint in the body, though it occurs most often in the hips, knees and spine. Cartilage is a rubbery material that covers the ends of bones in normal joints and helps ensure that joint bones don't rub together. It also serves as a shock absorber as wear and tear occurs in the joints after years of use.

Osteoarthritis makes joint cartilage susceptible to damage. Over time, cartilage may break down and wear away, preventing it from working properly. When this happens, tendons and ligaments in the joint can stretch, causing pain. If the condition worsens, joint bones can rub together, causing pain and discomfort.

Rheumatoid arthritis is an inflammatory form of arthritis, meaning that the material that surrounds the joint and keeps it lubricated becomes swollen. Rheumatoid arthritis affects about 1% of Americans, but is more common in women than men. This form of arthritis occurs in all age groups.



AN OVERVIEW OF HIP REPLACEMENT SURGERY

When arthritis has worn away or destroyed the cartilage that cushions your hip, you may be a candidate for hip joint replacement surgery.

TOTAL HIP REPLACEMENT SURGERY

This involves resurfacing the hip joint with an artificial joint made of a metal alloy and plastic, which is body-friendly. The materials used in your artificial joint are very strong and are designed to last. Your orthopedic surgeon will consider many factors, like age, bone density, and the shape of your joints, when determining the exact kind of hip replacement you will receive and how it will be inserted into your hip.

There are many approaches in hip replacement surgery. The two most common ways are through an anterior or posterior approach. Both anterior and posterior hip replacements have very successful results. One of the main differences between them is where the incision is made to access the hip. In a posterior approach, the incision is made through the back of the hip while you are on your side. In an anterior approach, the replacement is done through the front while you lay on your back. There are risks and benefits to each. Please talk to your surgeon about the type of approach they use.



total hip replacement

WHAT RESULTS ARE TYPICAL?

You can expect a successful outcome from your hip replacement surgery. Generally, patients experience less pain and more mobility, and can resume most of the activities they enjoyed before the onset of arthritis. Long-term studies show that 85 to 90% of artificial joints are intact and functional after 20 years. Your artificial joint will last longer if you maintain your ideal weight and avoid high-impact activities.

ANTERIOR HIP POSITIONS TO AVOID

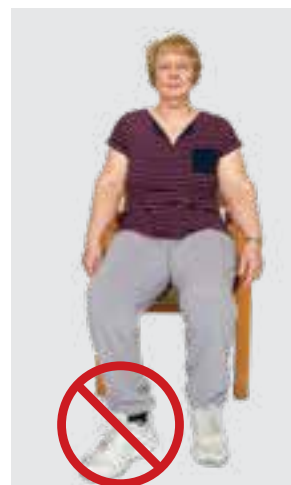
NOTE: Your body must have time to heal around your new hip to provide proper support and control your leg movement. If you move your leg and hip to the extremes of motion, you will irritate the muscles surrounding your hip, slow down your recovery, and potentially dislocate your hip replacement (pop out of place). While there are no formal hip precautions following anterior hip replacement surgery, we recommend caution with the following positions. Your surgeon will tell you when and if you can move beyond these limitations.

**DO
NOT**

Do not move your operative leg back or rotate foot out.

Do not turn your affected leg so toes point outward.

Do not overextend backwards when rinsing in the shower.



DO

The right way to stand up from a chair:

DO lower and raise yourself with the stronger leg and your arms as you get up or down from a chair or toilet.

ADDITIONAL DO'S:

Start exercises early.
Practice before your surgery to prepare.

Place pillows between your knees while side sleeping.



POSTERIOR HIP POSITIONS TO AVOID

These pages contain precautions **YOU MUST FOLLOW** after your operation.

**DO
NOT**

Do not rise from a chair or commode with your knees touching.

Do not reach back behind your leg to the outside of your ankle to shave or fix your sock or shoe.

Do not cross your legs while sitting, standing or lying down.

Do not sit in a low chair, couch or car.



DO

The right way to stand up from a chair:

DO lower and raise yourself with the stronger leg and your arms as you get up or down from a chair or toilet.

ADDITIONAL DO'S:

Start exercises early.
Practice before your surgery to prepare.

Place pillows between your knees while sleeping on your side.



PRE- AND POST-SURGERY HIP EXERCISES

Dedication to consistent postoperative exercises will ensure you recover fully and regain mobility. This section of the guide explains what activities and exercises you should be doing prior to and following your hip surgery to ensure the most complete recovery possible. Early dedication to these activity routines is especially important. Your top goal after hip surgery is to walk pain-free and without a limp. This can take four to six weeks. The most important activity following hip surgery is walking.

The following are exercises to focus on range of motion and gentle strengthening. These exercises will also assist in reducing swelling and decreasing pain. Exercises can be performed throughout the day. If you are having difficulty with these exercises, talk to your surgeon or physical therapist.

As you progress in your recovery, you will be able to add more exercises to challenge your muscles and improve your balance. Regaining your strength and control will take several weeks following your surgery, but you can begin to retrain your muscles with these slow and gentle exercises. You may feel some pain when doing exercises, but it's not necessary to feel pain to know you are making progress. It's important to continue the exercises described in this book until your physical therapist instructs you otherwise.

Throughout the day, we strongly encourage walking short distances throughout your home every hour. As your body allows, slowly increase the time and/or length of your walks. If you see an increase in swelling or pain in your new joint, that is a good indicator to increase ice and elevation time. For more information on pain and swelling, see page 53 (Your Care at Home).

EXERCISES TO DO BEFORE HIP SURGERY

Perform 10 repetitions of each exercise 3 times per day.



- 1. Elbow extension:** While sitting or lying down, point elbow toward ceiling and support it with other hand. Straighten and lower hand slowly toward shoulder (may use small weight).



- 2. Seated pushup:** While sitting in a chair with armrests, put hands on arms of chair. Straighten your arms and lift your bottom off of the seat.



- 3. Ankle pumps:** Slowly point your feet up and down. You should feel a gentle stretch in your calf when your toes are pointed up.



- 4. Quad set:** Tighten knee muscles by pushing the back of the knee down. Hold for five seconds.



- 5. Heel slides:** Slide your heel on the surface up toward your buttocks. This will cause your knee and hip to bend.



6. **Seated ankle pumps:** with your feet on the floor, alternate lifting your heels and your toes.



7. **Gluteal sets:** Squeeze your buttocks muscles together. Hold for five seconds.



8. **Hip abduction:** Keep knee straight and pointed toward ceiling. Slide your leg out to the side then back to midline. Be sure not to lift your leg up off the bed during this exercise; focus on sliding.



9. **Seated knee extension:** slowly lift your foot off the floor until your knee is straight, lower slowly.

EXERCISES TO DO AFTER HIP SURGERY

Perform 10 repetitions of each exercise 3 times a day



- 1. Ankle pumps:** Slowly point your feet up and down. You should feel a gentle stretch in your calf when your toes are pointed up.



- 2. Gluteal sets:** Squeeze your buttocks muscles together. Hold for five seconds.



- 3. Quad set:** Tighten knee muscles by pushing the back of the knee down. Hold for five seconds.



- 4. Seated ankle pumps:** with your feet on the floor, alternate lifting your heels and your toes.

YOU GOT THIS!

You are well on your way to recovery.



INCISION CARE



INCISION CARE

KEEP YOUR INCISION BANDAGE CLEAN AND DRY

- Your bandage is waterproof and can be worn in the shower, as long as water can not get under the bandage.
- You may shower two days after your operation with the bandage in place. When showering, remember to keep showers short as your energy and strength is limited in these beginning days. When you finish showering pat the dressing dry with a clean towel. (No baths, swimming or hot tubs for six weeks).
- Carefully remove your waterproof bandage with the help of your coach seven days after application. You may have small pieces of tape (Steri-strips) or staples along your incision. Do not remove them; they will be addressed at your follow-up appointment. If you notice any drainage, apply gauze pad and notify your surgeon's office. Your bandage may need to be changed sooner depending on the amount of drainage it absorbs.

ADDITIONAL TIPS:

- ▶ If you have staples or stitches, they will be removed at your postoperative appointment, which generally takes place 10 to 14 days after your surgery.
- ▶ Notify your surgeon right away if you notice increased drainage, pain, heat, or odor from the incision, or if you notice redness that extends approximately ¾-inch beyond the incision.
- ▶ If you feel warm or sick, be sure to take your temperature. If your temperature is over 101 degrees for more than 24 hours, you should call your surgeon right away.
- ▶ Be sure to keep Steri-strips in place if they are present.
- ▶ Knee Patients: If you had Mako robotic-assisted surgery, you may have a smaller bandage below the waterproof bandage that you should remove 2 to 3 days after surgery.
- ▶ Hip Patients: If you had Mako robotic-assisted surgery, you will have a smaller bandage on your operative hip (posterior) or non-operative hip (anterior), in addition to the waterproof bandage that you should remove 2 to 3 days after surgery.

INCISION CARE

Incision Management System

If you were fitted with a negative pressure dressing in the operating room, the incision management system is to remain in place for seven days. Do not shower or bathe while dressing is in place. Sponge bathe only as dressing cannot get wet.

A patient troubleshooting guide will be sent home with you. The incision management system should not be disconnected. It is to remain on 24/7.

If any signs of infection are noted, please contact your surgeon.

If pump alarms because canister is full, turn power off and call your surgeon.

You will follow up in your surgeon's office one week after your surgery for removal of the dressing. If you have not received an appointment time by post op day 5, please call your surgeon's office to schedule.





YOUR CARE
AT HOME



YOUR CARE AT HOME

Congratulations! You are headed into the next phase of your journey. There are some important things to keep in mind as you move forward throughout your recovery. The amount of time it takes to fully rehabilitate a joint replacement varies from person to person, but it can take several months to increase strength and endurance. A wise surgeon of ours likes to say joint replacement recovery is a marathon, not a sprint.

You will be provided with home exercises and information on how to walk and navigate stairs with assistance after your operation. You will also learn how to transfer from chair, bed, bathroom/toilet, and car. Plan to start your first outpatient physical therapy visit as instructed by your surgeon. For best results, you should start to do the home exercises as instructed the day after surgery. These must be well underway before your first postoperative physical therapy appointment.

COLD THERAPY AND ELEVATION

Cold therapy and elevating your leg will help reduce pain and swelling. Please remember that bruising and swelling is normal after surgery and is not normally a concern. This can be the entire leg and foot. Keep foot elevated when sitting and as long as you continue to experience swelling, you should ice and elevate your leg above your heart at least three times a day for up to 20 minutes at a time. **If swelling increases, increase ice and elevation time.**



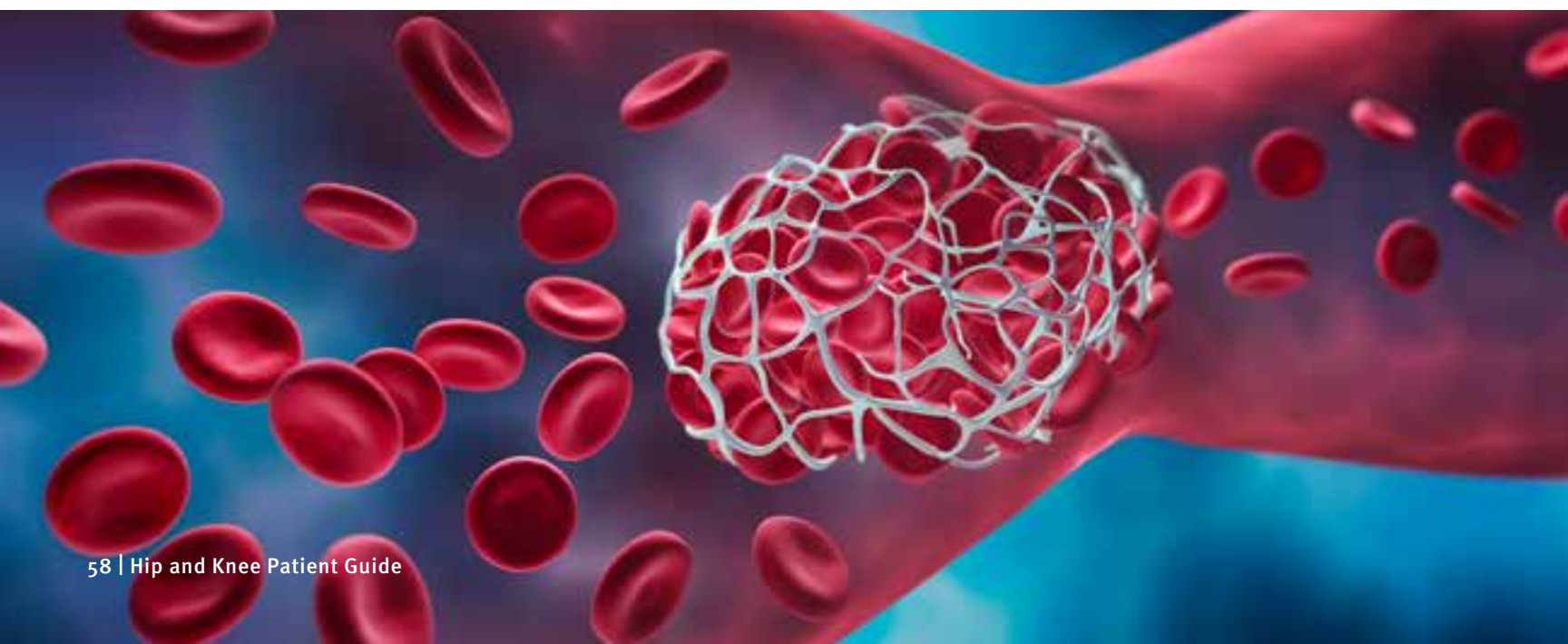
When icing your knee or hip, keep a barrier between your skin and the ice or gel pack.



- ▶ **If you have any questions, or if your recovery is not going as expected, please contact us right away.**

PREVENTING BLOOD CLOTS

- Frequently engage in “ankle pumps.” This exercise circulates the blood from your legs back to your heart, thus preventing a clot.
- Take frequent walks. Start with short walks and build up to longer walks.
- It is important that you take prescribed blood thinners for the full length of time.
- Signs of deep vein thrombosis, called DVT, include localized swelling, warmth and redness of either the surgical or nonsurgical leg or calf, and pain that is noticeably worse when standing or walking. This occurs when a blood clot forms in one or more of the deep veins of your body, usually in your legs. Call your surgeon's office if you experience these symptoms.
- If you have a blood clot in your lungs, you may experience shortness of breath or chest pain. If you experience these symptoms call 911 or go to the nearest emergency room immediately.
- If your ride home is long, we encourage you to get out and walk around the car every hour.



MEDICATION GUIDELINES

PAIN CONTROL

Pain can be controlled by the use of medication, ice, elevation and rest. You may also be given a nerve block to block some of the pain in your leg.

You may need narcotic pain medication after your surgery. Please take this medication with food to help minimize side effects. With time, the amount of medication you need will decrease.

If you anticipate running out of pain medication, please call your surgeon's office. It may take up to 48 hours or two business days to process your refill. **Please note requests are processed Monday through Friday;** requests that come in after noon on Friday may not be addressed until the following week.

BLOOD THINNER

After surgery a blood thinner is usually prescribed to help prevent blood clots. Taking your blood thinner every day at the same time as prescribed is important in helping to prevent blood clots.

ANTI-INFLAMMATORY

This medication helps with pain as well as with swelling after your operation. Taking this medication will also help with your range of motion following your operation and decrease the need for other pain medications.

CORTICOSTEROID

This medication will help decrease pain and postoperative opioid consumption. It can also help decrease nausea and vomiting.

If you have any problem taking anti-inflammatory medications or aspirin, or have a history of ulcer disease, please let your doctor know. Inform your surgeon immediately of your medication allergies or any adverse effects.



BOWEL AND SLEEP FUNCTION

BOWEL CARE

Following your surgery, there are many factors that contribute to constipation. These may include narcotic medications, immobility, pain, and alterations in food and fluid intake. Beginning a bowel routine immediately following your surgery will help prevent constipation. Use the guidelines below, as needed, to help you feel more comfortable. All medications are available over the counter, and should be used until regular bowels movements have returned.

Daily after your surgery:

- Move every hour while awake to help encourage bowel motility
- Drink at least 6 to 8 glasses of water per day
- Take a fiber bulking agent 1–3 times daily (**Metamucil, FiberCon, Benefiber**)
- Take **Senokot-S (Senna-docusate)** twice daily (hold for loose stools). Onset of action: 6 to 12 hours

First line, as needed, over-the-counter, if other medications are not working:

- **Miralax** (Polyethylene Glycol) 17 grams dissolved in 8 ounces of water, juice, or tea once daily as needed. Onset of action: 1 to 3 days
- **Dulcolax** (Bisacodyl) 10 mg orally once daily as needed. Onset of action: 6 to 12 hours

- **Milk of Magnesia** (Magnesium Hydroxide) 30 ml orally twice daily as needed. Onset of action: 30 minutes to 8 hours

Second line, as needed, over the counter if other medications are not working:

- **Dulcolax suppository** (Bisacodyl suppository) 10 mg rectally once daily. Onset of action: 15 to 60 minutes
- **Fleet Enema** (Phosphate Enema) 120 mg rectally once daily as needed. Onset of action 15 to 60 minutes
- **Magnesium Citrate** 150 to 300 ml (1.745g/30 ml solution) orally once daily as needed. Onset of action: 1 to 6 hours

Additional Tips

Try to limit narcotic pain medication.

Increasing dietary fiber and eating more fruits and vegetables is the best way to manage constipation.

If you develop any of the following symptoms call the surgeon's office for further instructions.

- Your constipation lasts more than 4 days or gets worse.
- You have abdominal or rectal pain.
- You have excessive nausea and vomiting.

DIFFICULTY SLEEPING

Usually around the second or third week after surgery, you will start to feel better and ready to get back into the “real world.” You naturally start to increase your activity while at the same time you are decreasing the use of pain medication. This often coincides with having a difficult time sleeping. Part of the reason sleep is impacted is not feeling like you can get in your favorite sleep position because of restricted leg movement. Other common causes for this disruption are pain and narcotic use.



Tips for improving sleep:

- Follow your medication guidelines to help with pain and inflammation.
- Try to get back to your normal sleep cycle as soon as possible and avoid naps throughout the day.
- Do your best to go to bed and wake at consistent times. This will help your body get used to sleeping with the joint replacement.
- Take your pain medication an hour before bed to achieve better comfort and help restore your sleep cycle. A few days off from strenuous activity or physical therapy will not inhibit your recovery, but can have a tremendous effect on your ability to fall asleep and stay asleep.
- If all else fails, use over the counter sleep aids, such as melatonin or Benadryl®.



SELF MANAGEMENT PLAN

Here is a list of daily goals with a checklist of exercises and other healthy steps to follow.

We encourage you to do these with your coach or physical therapist.

DAY 1

GOAL TODAY: Walk no less than a total of **30 minutes** during the entire day.

CHECKLIST FOR DAY 1:

- Drink plenty of fluids and eat a healthy diet. Be sure to avoid salty foods to ensure better hydration.
- Take your blood thinner medication as instructed.
- Take fiber and use stool softener/laxative as needed to ensure a healthy bowel movement.
- Take your pain medications as prescribed.
- Perform your exercises at least three times per day.
- Cough and deep breathe every 2 hours while awake and use incentive spirometer 10 times every hour while awake. You can stop once you are more active.
- Do ankle pumps 10 repetitions every hour while awake. Remember to do ankle pumps often, not just when you are doing your formal stretches and exercises.
- Use ice and elevate the leg above your heart throughout the day to help control pain and swelling. Do this at least three times a day. If swelling increases, increase ice and elevation.
- Walk with your assistive device for at least five minutes every hour when awake.
- A home health nurse may visit you to assess your general condition and dressing.
- KNEE ONLY:** Bend and straighten your knee gently 10 times every hour when awake. Work on bending and straightening your knee further each time.

SELF MANAGEMENT PLAN

DAY 2
at home

GOAL TODAY: Walk no less than a total of **40 minutes** during the entire day.

CHECKLIST FOR DAY 2:

- Drink plenty of fluids and eat a healthy diet. Be sure to avoid salty foods to ensure better hydration.
- Take your blood thinner medication as instructed.
- Take fiber and use stool softener/laxative as needed to ensure a healthy bowel movement.
- Take your pain medications as prescribed.
- Perform your exercises at least three times per day.
- Cough and deep breathe every 2 hours while awake and use incentive spirometer 10 times every hour while awake. You can stop once you are more active.
- Do ankle pumps 10 repetitions every hour while awake. Remember to do ankle pumps often, not just when you are doing your formal stretches and exercises.
- Use ice and elevate the leg above your heart throughout the day to help control pain and swelling. Do this at least three times a day. If swelling increases, increase ice and elevation.
- Walk with your assistive device for at least five minutes every hour when awake.
- A home health nurse may visit you to assess your general condition and dressing.
- KNEE ONLY:** Bend and straighten your knee gently 10 times every hour when awake. Work on bending and straightening your knee further each time.



DAY 3
at home

GOAL TODAY: Walk no less than a total of **40 minutes** during the entire day.

CHECKLIST FOR DAY 3:

- Drink plenty of fluids and eat a healthy diet. Be sure to avoid salty foods to ensure better hydration.
- Take your blood thinner medication as instructed.
- Take fiber and use stool softener/laxative as needed to ensure a healthy bowel movement.
- Take your pain medications as prescribed.
- Perform your exercises at least three times per day.
- Cough and deep breathe every 2 hours while awake and use incentive spirometer 10 times every hour while awake. You can stop once you are more active.
- Do ankle pumps 10 repetitions every hour while awake. Remember to do ankle pumps often, not just when you are doing your formal stretches and exercises.
- Use ice and elevate the leg above your heart throughout the day to help control pain and swelling. Do this at least three times a day. If swelling increases, increase ice and elevation.
- Walk with your assistive device for at least 5 to 10 minutes every hour when awake.
- KNEE ONLY:** Bend and straighten your knee gently 10 times every hour when awake. Work on bending and straightening your knee further each time.



SELF MANAGEMENT PLAN

DAY 4
at home

GOAL TODAY: Walk no less than a total of **50 minutes** during the entire day.

CHECKLIST FOR DAY 4:

- Drink plenty of fluids and eat a healthy diet. Be sure to avoid salty foods to ensure better hydration.
- Take your blood thinner medication as instructed.
- Take fiber and use stool softener/laxative as needed to ensure a healthy bowel movement.
- Take your pain medications as prescribed.
- Perform your exercises at least three times per day.
- Cough and deep breathe every 2 hours while awake and use incentive spirometer 10 times every hour while awake. You can stop once you are more active.
- Do ankle pumps 10 repetitions every hour while awake. Remember to do ankle pumps often, not just when you are doing your formal stretches and exercises.
- Use ice and elevate the leg above your heart throughout the day to help control pain and swelling. Do this at least three times a day. If swelling increases, increase ice and elevation.
- Walk with your assistive device for at least 5 to 10 minutes every hour when awake.
- KNEE ONLY:** Bend and straighten your knee gently 10 times every hour when awake. Work on bending and straightening your knee further each time.

DAY 5+
at home

GOAL TODAY: INDEPENDENT MOBILITY!

CHECKLIST FOR DAYS 5 to 14:

- Drink plenty of fluids and eat a healthy diet. Be sure to avoid salty foods to ensure better hydration.
- Take your blood thinner medication as instructed.
- Take fiber and use stool softener/laxative as needed to ensure a healthy bowel movement.
- Take your pain medications as prescribed.
- Perform your exercises at least three times per day.
- Do ankle pumps 10 repetitions every hour while awake. Remember to do ankle pumps often, not just when you are doing your formal stretches and exercises.
- Use ice and elevate the leg above your heart throughout the day to help control pain and swelling. Do this at least three times a day. If swelling increases, increase ice and elevation.
- Get up and walk with your assistive device for at least 10 minutes every hour when awake. Slowly increase the time and/or distance as your body allows.
- KNEE ONLY:** Bend and straighten your knee gently 10 times every hour when awake. Work on bending and straightening your knee further each time. If possible, try to fully straighten your knee. By the end of the 14-day period, you should be able to fully extend your knee and bend it at a 90-degree angle.



AFTER SURGERY ACTIVITY TIPS

We understand you're eager to get back to the activities you enjoyed prior to your operation. This section of the guide is intended to help you navigate the transition back to your active life. Your physical therapist will also work with you to help you manage any difficulties while you regain your mobility.

WALKING

Walking is one of the most important exercises you can do after surgery. Establishing safe walking guidelines is part of the preoperative therapy session. Your therapist will also assist you with determining the best assistive device using goals for safety and mobility. When pain resolves and balance response returns, you will not require an assistive device.

In addition to walking, remember to do the listed exercises and any additional exercises assigned by your physical therapist.

We recommend you keep using your walker or cane until you are able to walk confidently without a limp or without needing to lean on a wall or surrounding object. Your physical therapist will guide you in this transition.



EFFECTIVELY USING YOUR WALKER

- First move your walker a small distance forward, then your surgical leg with heel contact first, followed by your nonsurgical leg. As you progress, try to move the walker slowly and continuously with one step after the other.
- Walk using a heel-to-toe gait. Stand tall and look ahead (not at the floor), bend your knee to take a step and keeping your toes pointed straight ahead, set your heel on the floor first.
- For better balance, stay in the middle of your walker. Do not step beyond the front of your walker.



TRANSFERRING TO A CHAIR/TOILET

- Bend forward at the waist, use nonsurgical leg and arms to control lifting/lowering.



TAKING SHOWERS SAFELY

- **Walk-in shower:** Enter backward by stepping over the shower lip with your nonsurgical leg followed by your surgical leg.
- **Tub shower combinations:** Back up until both legs touch tub, slide your surgical leg forward as needed for comfort and sit slowly. Lift legs over tub one at a time and slide across bath bench or seat to center of seat. Reverse to get out of tub.
- If possible, use a hand-held showerhead and a long handled brush.
- If possible, install a shower bench chair.
- When dressing, dress your surgical leg first.



AFTER SURGERY ACTIVITY

RIDING IN CARS

- We recommend you ride in a standard or mid-sized car or SUV as it may be difficult to get into and out of a low car or high truck.
- Slide the front passenger seat as far back as possible. Ideally, you will fully recline the seat.
- If needed, place a pillow on the seat to raise the level.
- Back up to the car using your assistive device. Place one hand on the back of the seat and the other hand on the dashboard or frame for support.
- Scoot back on the seat as far as possible and lean back as you swing your legs into the car.



BED MOBILITY

- Sit on the edge of the bed and scoot backward using your hands for support.
- Gently move your surgical leg onto the bed. Keep surgical leg toes pointing upward.
- Bend your nonsurgical leg to help scoot you back into the bed. Be sure to use your hands/arms for support during this process.
- When lying on your side, we recommend that you lie on your nonsurgical side. When lying in this position, keep a pillow or two between your legs.



CLIMBING STAIRS: ASCENDING

- If you need to use stairs, always hold onto the stair railing for stability.
- Remember: **"Up With The Good."** When climbing up the stairs, step up with the nonsurgical (good) leg first.
- Your assistive device stays on the lower surface. Using your arms for stability, bring assistive device and surgical leg up to the same step.



CLIMBING STAIRS: DESCENDING

- Always hold onto the stair railing for stability.
- Remember: **"Down With The Bad."** Move your assistive device to the lower surface/step and then step down with the surgical leg first.
- Then step down with nonsurgical leg to the same step.



MEDICATION LOG

Name of medication	Dose	Date	Time medications are taken/number of tablets				

FREQUENTLY ASKED QUESTIONS

How should I position my pillows when resting?

Side sleeping: When lying on your side, we recommend that you lie on your nonsurgical side. When lying in this position, keep a pillow or two between your legs.

Knee replacement only: Never put a pillow directly under your knee when sitting or lying down. Support the entire leg down to your ankle while maintaining a straight leg.

Hip replacement only: You should have a pillow positioned between your legs when lying down.

How important are the recommended exercises and general activity?

Exercises are critical for a successful recovery. Before surgery, your physical therapist will teach you home exercises and show you how to successfully navigate the physical challenges you'll face. Walking is one of the most important daily activities after hip replacement.

How long will I see a physical therapist?

This is variable. Some patients do not need physical therapy after surgery. However, most patients will see their physical therapist one or two times a week for four to six weeks after surgery.

When will I be able to drive?

Probably three to four weeks after surgery, but it will depend on your surgeon's recommendation.

When can I fly after my joint replacement?

We recommend that you avoid air travel for at least six weeks after surgery. A long flight can leave you vulnerable to blood clots.

Will I need help at home?

Yes. For the first several days or possibly weeks, you will need your coach to help you with meal preparation, house cleaning and other daily activities. It's ideal if your coach can stay with you for at least a week after your surgery.

What can I expect after surgery?

You may experience bruising, numbness around the incision, and clicking or popping of the joint. These are all normal occurrences after joint replacement, but if you have any concerns contact your surgeon's office.

How long until I can return to sports or have sex?

Your surgeon will let you know when you can return to these activities.

What causes bruising after surgery?

Bruising is normal after surgery and can result from bleeding that did not drain completely or from the blood thinners you are taking. The bruise, which may extend to your ankle, will slowly subside over the following weeks.

Why is my knee or hip red and swollen?

After surgery you will experience redness, swelling and heat around your knee or hip. This is normal. If you notice increased swelling, drainage, redness, pain, or heat, if you detect a bad odor near the incision, or if you have a temperature over 101 degrees for more than 24 hours, you may have an infection. If you exhibit any of these symptoms, you should contact your surgeon immediately.

How do I take care of my incision?

It is important to keep your incision dry and protected from bacteria and dirt. Please carefully review the instructions and tips starting on page 50.

CONTACT NUMBERS AND IMPORTANT INFORMATION



CONTACT NUMBERS

Salem Health Orthopedics: **503-814-6300**

Kaiser Permanente: **503-361-5400**

Outpatient/Building S navigators: **503-814-2999**

Inpatient/Salem Hospital navigators: **503-814-6804**

INFORMATIONAL RESOURCES

American Academy of Orthopedic Surgeons: aaos.org

American Association of Hip and Knee Surgeons: aahks.org

The Knee Society: kneesociety.org

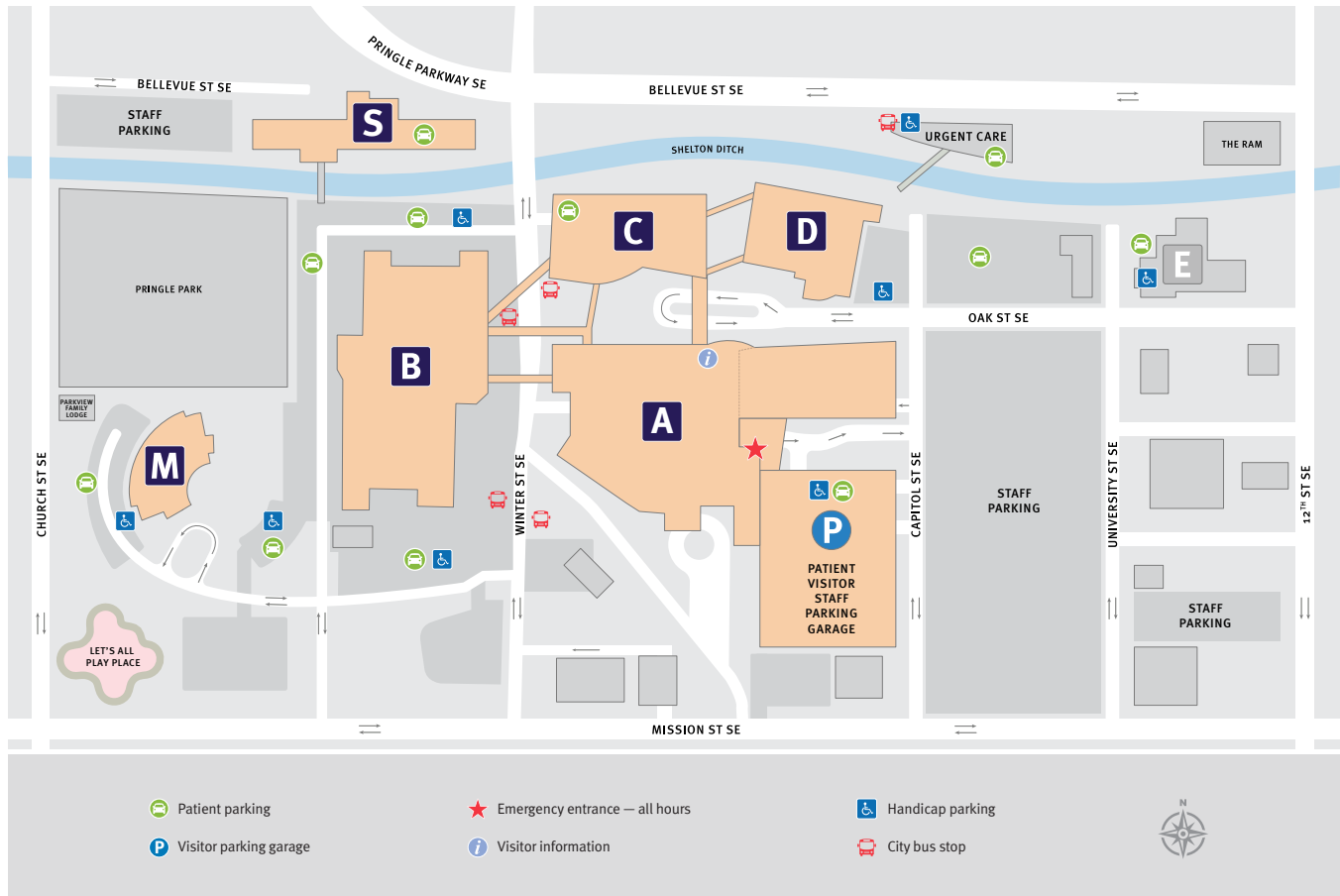
BILLING INFORMATION

Please keep in mind you may receive bills from up to six different medical service providers following your surgery:

- Salem Health
- Your surgeon
- Anesthesiologist
- Laboratory
- Medical appliances or products
- Surgical assistant



CAMPUS MAP



INFORMING PROVIDERS

Always inform physicians, dentists and other medical professionals that you have an artificial joint so they can take the proper precautions.

