

➤ **BRING THIS BOOK WITH YOU TO ALL OF YOUR APPOINTMENTS**

➤ You can complete the required pre-operative information online via MyChart. See the back cover for details about setting up your MyChart account.

Joint Replacement Surgery

PATIENT GUIDE



Cottage
Center for
Orthopedics

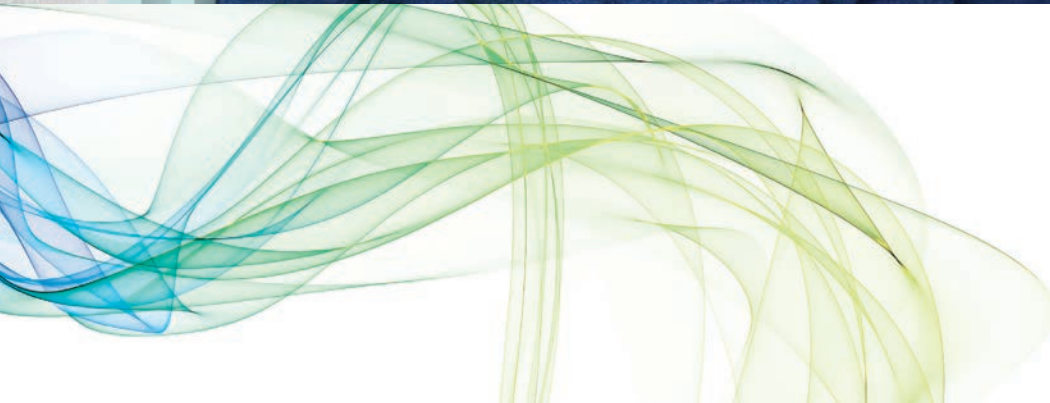


Cottage Center for Orthopedics and its surgeons are committed to providing you with the highest quality care throughout your joint replacement process. We consider you an important member of our team and need your commitment to help us prepare you for a successful surgery. Part of your role is to complete the important pre-operative steps.

Get started by signing up for **MyChart** if you are not already signed up.

Go to your **MyChart** account to:

- Complete the pre-operative screening questionnaires.
- Watch the Pre-Operative Joint Replacement Videos.
- Access additional information on your hospital stay via cottagehealth.org/orthopreop





Pre-Operative Patient Checklist

Your surgery is scheduled for:

The deadline for pre-operative testing and evaluation results to be submitted to the hospital and your surgeon is seven (7) days prior to your surgery date listed above.

You will be sent multiple alerts via MyChart to complete various, important tasks to support your joint replacement journey. Once the specific task is complete, you will no longer get reminders.

☐ 1. Pre-operative Total Joint Videos (45 min.)

Complete within six (6) months of surgery. You will be sent a link via your MyChart account to watch a series of short videos on your phone, tablet or computer. You can also go to cottagehealth.org/orthopreop to watch them. We encourage, but do not require, the videos for patients who have undergone total knee or hip replacement in the previous one year. If your surgery was more than one year prior, you are required to watch them again.

Date:	Time:
Location: <input type="checkbox"/> Goleta Valley Cottage Hospital 351 S. Patterson Ave., Goleta, CA 93111	
<input type="checkbox"/> Santa Barbara Cottage Hospital Check in at the Main Pueblo Lobby 400 W. Pueblo Street, Santa Barbara, CA 93102	

☐ 2. Pre-Operative Questionnaires

Insurance requires that we submit data to evaluate your status before and after recovery using standardized questionnaires. You will be sent a link in your MyChart account to complete these questionnaires before surgery and again approximately one (1) year after surgery. Please complete these as soon as you receive the alert.

☐ 3. Pre-Operative Medical History and Physical

Completed by your primary care physician between 7-30 days before your surgery date. All screenings must be completed seven (7) days prior to surgery. This includes tests and assessment of your overall fitness to have a successful surgery. **Tear out page three (3) of this book (Optimization Requirements) and give it to your primary care physician.**

Date:	Time:
Doctor:	

☐ 4. Pre-Admission Assessment Interview

Done with a nurse from the hospital either in-person or on the phone. Prepare for this interview by completing the pre-operative health history questionnaire in MyChart and completing the included medication list or having your medications (including regularly taken over-the-counter medications) available to review during a phone call.

Things to bring to an **in-person** interview:

- ☐ A photo ID and your insurance cards
- ☐ A copy of your Advance Directive/ Physician Orders for Life-Sustaining Treatment (POLST)/Five Wishes
- ☐ Your completed medication list

☐ 5. If you smoke or use tobacco products, STOP no less than six (6) weeks prior to surgery

☐ 6. If you drink alcoholic beverages, STOP at least seven (7) days prior to surgery

☐ 7. You are encouraged to START drinking a high protein beverage (about 15-20 grams per drink) twice a day in addition to your healthy meals. Start two to four (2-4) weeks before your surgery and continue for two to four (2-4) weeks after your surgery. This is especially important for those 75 years and over.

☐ 8. GLP-1 medications slow the movement of food through the stomach, which can cause anesthesia complications. If you are taking a GLP-1 medication for **weight loss**, you must stop them prior to surgery, or your surgery will need to be rescheduled:

- Stop weekly injections one (1) week prior to surgery.
- Stop daily medications one (1) day prior to surgery.
- If you are taking a GLP-1 medications for **control of diabetes**: Consult your prescribing physician and surgeon regarding if and when to stop.

PREPARE YOUR HOME

- ☐ Place items that you use frequently within arms reach (in the kitchen, living room, bedroom and bathroom).
 - ☐ Rearrange furniture to accommodate use of a walker and remove loose carpets, rugs or electrical cords that could cause you to trip and fall.
 - ☐ Consider preparing meals in advance of surgery.
 - ☐ Consider installing a rail for stairs, a raised toilet seat and grab bars in the bathroom and tub area.
 - ☐ Have ice/gel packs on hand.
-

NIGHT BEFORE SURGERY

Time to arrive at the hospital on the day of surgery (pre-op nurse will inform you):	
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- ☐ Shower with antiseptic liquid soap the night before surgery.
 - ☐ Make sure you have had a bowel movement the day before to help prevent constipation after surgery.
 - ☐ Do not eat or drink starting at midnight, the night before surgery. You may drink small amounts of plain water only from midnight until three (3) hours prior to arrival at the hospital.
-

THE MORNING OF SURGERY

- ☐ Brush your teeth and rinse your mouth without swallowing any water.
- ☐ Repeat shower with antiseptic liquid soap.
- ☐ Wear comfortable clothing and walking/tennis shoes to the hospital.
- ☐ Remove nail polish and/or make up.
- ☐ Leave valuables at home except for a cell phone if you wish to bring it.
- ☐ Bring a photo ID, your insurance cards, method of payment and a copy of your Advance Directive/ POLST/Five Wishes.
- ☐ Bring your CPAP machine if you have one (even if you don't use it at home).
- ☐ Arrive on time. It will take you about 10-15 minutes to park and get to the pre-op area.



Optimization Requirements

Dear Patient and Physician,

In order to optimize patients for a successful total joint replacement, the Cottage Center for Orthopedics Total Joint Program has these requirements which must be completed no less than seven (7) days prior to the scheduled surgery in order to proceed.

☐ Minimum Laboratory/Testing

Testing is required within 30 days of surgery and provided to hospital and surgeon seven (7) days before scheduled surgery.

- CBC
- CMP
- PT/INR
- HgbA1C if diabetic or pre-diabetic
- PG test if child-bearing years
- MRSA/MSSA nasal culture
- UA with microscopic (only required if symptomatic of a urinary tract infection)
- EKG if known CAD, arrhythmia, PAD, cerebrovascular disease, significant structural heart disease

☐ History & Physical

The H&P including an evaluation of any ancillary tests (such as cardiology, pulmonology, sleep studies, etc.) must be provided in the H&P or separately to the orthopedic surgeon and hospital no later than seven (7) days before surgery for final review.

☐ Watch Pre-Operative Total Joint videos within six (6) months of surgery.

These are encouraged, but not required, for patients who have undergone total knee or hip replacement in the last year.

☐ BMI not higher than 40

Patients with a lower BMI have fewer complications and better outcomes after total joint surgery. As the BMI increases above normal, the risks increase significantly. We recommend that patients with a BMI greater than 35 undertake a weight loss program under the direction of their primary care physician.

☐ HgbA1C no higher than eight (8)

Patients with increased blood sugars have a higher complication rate, increased risk of infection and increased risk of needing joint revision. If you are a diabetic, your blood sugars need to be under control. This is measured by your daily blood sugars and by your hemoglobin A1C. All patients with diabetes or thought to be pre-diabetic require a HgbA1C within 30 days of surgery. If the HgbA1C level is higher than eight (8), the primary care physician should evaluate the increased risk versus the surgical benefit of medical clearance.

☐ Stop Smoking/Tobacco use for at least six (6) weeks

Patients who smoke have a higher complication rate, increased risk of infection and increased risk of needing joint revision. For more information to help you stop smoking, you may contact the California Smokers Helpline at 1(800) 662-8887 or the Tobacco Chewers Helpline at 1(800) 844-2439.

☐ Alcohol/Drug Use

Before surgery, it is important to be honest with your health care providers about your alcohol/drug use. Tell your health care provider how many drinks you have per day (or per week). This information helps determine if you are at risk for alcohol withdrawal or other alcohol-related problems that could occur after surgery and affect your recovery. To increase your chances of a successful joint replacement, **do not drink any alcoholic beverages (beer, wine or hard liquor) within seven (7) days of your surgery.** If you are in recovery from drug or alcohol dependence, please discuss this with your surgeon and surgical team. Your pain medication plan may need to be altered to decrease the risk of relapse.

☐ High Protein Supplements

Our studies have shown that a significant number of patients do not have optimal nutrition. Increased protein helps with muscle healing and decreases the chance of infection. We recommend that two to four (2-4) weeks before surgery, you begin drinking a high protein beverage (about 15-20 grams per drink) twice a day in addition to your healthy meals. Continue this for two to four (2-4) weeks after your surgery. This is especially important for those 75 years and over.

☐ Illness

If you develop any illness such as a cold, flu, COVID, temperature, skin rash or infection, or "flare-up" of a health problem in the 10 days prior to your surgery, please notify your surgeon's office immediately. Sometimes minor health problems can be quite serious when combined with the stress of surgery. Please try not to damage, cut, or scratch the skin, especially on your operative leg. Skin conditions, animal scratches/bites or infection, etc., could result in your surgery being postponed.

Patients who have not provided evidence of the above minimum requirements to the Orthopedic Surgeon and the hospital by seven (7) days prior to surgery will need to have their surgery rescheduled. This could take one to two months and could result in the need for retesting.

These requirements have been endorsed by the Orthopedic Department, a division of the Cottage Health Medical Staff.



Medical Pre-Assessment Interview

Date of last flu vaccination:

What is your preferred local retail pharmacy?* (Name/Street):

*We cannot prescribe to a mail order pharmacy

All medications including herbals and supplements (continue on back if needed):

Name:	Dose:	Frequency:	Time of day taken:

All post-operative prescriptions ordered by your surgeon that you will have on-hand before admission:

Name:	Dose:	Frequency:

Allergies (medication, food, latex, iodine, metals, tape, others) (continue on back if needed):

Name:	Type of reaction:

All medications (*continued*):

[illegible]

All allergies (continued):

[illegible]

Thank you for choosing the **Joint Replacement Program** at the Cottage Center for Orthopedics

Our team of physicians, nurses, physical therapists, occupational therapists, and support staff will work with you to provide an informed and positive experience. Our ultimate goal is to provide you with the

best healthcare possible as outlined by our core values of excellence, integrity and compassion.

Our focus is on **you**.

This Patient Guide will provide you with valuable information regarding joint replacement surgery. Please read and discuss the information in this guide with your family before and after surgery.

IMPORTANT DISCLAIMER:

While every attempt is made to provide you with the latest information on best clinical practices, there may be instances where the information presented here is not the same as that provided by your surgeon. If that occurs, always follow the directions of your surgeon.

If you have questions, please contact your surgeon or a member of our joint replacement team.

OUR MISSION

To provide superior health care for and improve the health of our communities through a commitment to our core values of excellence, integrity, and compassion.

OUR VISION

Cottage Health is a trusted partner for those who seek and deliver care, recognized as the destination for exceptional healthcare.

OUR CORE VALUES

Excellence

What we do

Integrity

How we do it

Compassion

Why we do it

This guide is divided into five sections. Colored tabs are included to help you find each section.

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PRE-OPERATIVE
CARE

IN HOSPITAL
CARE

POST-HOSPITAL
CARE

TOTAL HIP
REPLACEMENT

TOTAL KNEE
REPLACEMENT

RESOURCES

Understanding Your Surgery

HIP REPLACEMENT SURGERY

Congratulations! You are well on your way to enjoying the benefits of your new hip joint. The information contained in this guide will help you learn what to expect as you recover from your total hip replacement. You are not alone. Each year, over 544,000 Americans have a total hip replacement. A successful hip replacement and rehabilitation program can help alleviate your hip pain and improve your mobility. Your new hip can give you a quality of life you may not have enjoyed for some time.

HIP ANATOMY

In order to better understand your hip replacement surgery, it is important to first understand the normal and healthy anatomy of a hip.

Your hip joint is located where the thigh bone (femur) meets the pelvic bone. The hip joint is referred to as a ball and socket joint where the femur forms into a round ball that fits in the socket of your pelvic bone. In the healthy normal joint, there is a lubricated layer of cartilage that covers the ball and allows for easy pain-free movement.

ARTHRITIS OF THE HIP JOINT

Types of arthritis that can lead to less functioning and increased pain in the hips are:

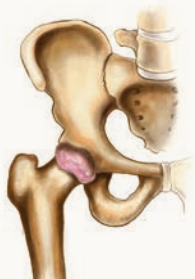
- Osteoarthritis (loss of cartilage, irregularities of the bone rubbing together)
- Rheumatoid arthritis (disease that leads to inflammation of the synovial membrane)
- Post-traumatic arthritis (resulting from an injury or fracture)

WHAT IS A TOTAL HIP REPLACEMENT?

A Total Hip Replacement is a surgery that involves removing the damaged hip joint and replacing it with an artificial implant (prosthesis). The artificial implant is made up of a shell or cup, liner, ball or head and stem. The goal of hip replacement is to restore function and alleviate pain. Your doctor will discuss with you the amount of function that you will regain and how long a recovery period it will require after hip replacement.

KNEE REPLACEMENT SURGERY

Congratulations! You are well on your way to enjoying the benefits of your new knee joint. The information contained in this discharge information packet will help you learn what to expect as you recover from your total knee replacement. You are not alone. Each year, over 790,000 Americans have a total knee replacement. A successful knee replacement and rehabilitation program can help alleviate your knee pain and improve your mobility. Your new knee can give you a quality of life you may not have enjoyed for some time.





Arthritic knee



*Post-operative total
knee replacement*



*Post-operative
partial knee
replacement*

KNEE ANATOMY

In order to better understand your knee replacement surgery, it is important to first understand the normal and healthy anatomy of a knee.

The knee is the largest joint in the body. Normal knee function is required to perform most everyday activities. Your knee is made up of three bones: the femur (thighbone), the tibia (lower leg bone) and the patella (kneecap). Your knee joint connects the femur to the tibia, and on top of this rests the patella. The patella protects the knee joint and slides in a groove found in your femur when you bend your knee. The muscles around the knee are responsible for supporting and moving your knee.

ARTHRITIS OF THE KNEE JOINT

After years of moving the knee joint, arthritis can occur which makes the knee become less functional and more painful. The cartilage that covers the ends of the bone and provides for smooth motion with minimal friction and cushions the effect of impact can wear away, causing pain and stiffness. The irritated or inflamed joint can be treated with non-steroidal, anti-inflammatory medication. However, anti-inflammatory medications are not always effective. When daily activities become limited and the pain is not relieved, a total joint replacement may be considered.

Types of arthritis that can lead to less functioning and increased pain in the knees are:

- Osteoarthritis: caused by wear and tear on the joint
- Rheumatoid Arthritis: autoimmune disease-causing inflammation of the joint
- Post-Traumatic Arthritis: resulting from an injury to the joint

WHAT IS A TOTAL KNEE REPLACEMENT?

A total knee replacement is a surgery that involves removing the damaged surface of the knee joint and replacing the diseased or damaged joint surfaces (or ends of the bones) of the knee with metal and plastic components that are shaped to allow continued motion of the knee. The goal of knee replacement is to restore function and alleviate pain. Your doctor will discuss with you the amount of function that you will regain and how long a recovery period will be required after knee replacement.

UNICOMPARTMENTAL OR PARTIAL KNEE REPLACEMENT

In knee osteoarthritis, the cartilage protecting the bones of the knee slowly wears away. This can occur throughout the knee joint or just in a single area of the knee.

In unicompartmental knee replacement (also called partial knee replacement) only a portion of the knee is resurfaced with metal and plastic components. This procedure is an alternative to total knee replacement for patients whose arthritis is limited to just one area of the knee.

Partial knee replacement patients usually return to normal activities sooner than total knee replacement patients.

Your doctor will perform a physical evaluation, review your x-rays and then discuss the options that will best relieve your individual osteoarthritis symptoms.

Preparing for Surgery

FOUR ESSENTIAL STEPS BEFORE SURGERY

Now that you have made the decision to have your joint replaced, preparing for your surgery begins with the following:

1

SURGERY DATE:

Your surgery date will be coordinated in consultation with you, your surgeon and the hospital.

2

PRE-OPERATIVE JOINT REPLACEMENT VIDEOS:

Your doctor wants you to watch a series of short videos that will take about 45 minutes. They will review basic joint anatomy and discuss both pre-operative and post-operative plans. We encourage you to have your support person(s) watch as well.

These videos are available on our website or via the MyChart link you will be sent prior to your scheduled surgery.

3

MEDICAL CLEARANCE:

Obtaining medical clearance from your primary care physician in the 30 days before surgery is an important part of preparing for surgery and will help to ensure a safe and optimal outcome. This medical clearance and all associated testing must be completed and results provided to your surgeon **no later than seven days** before surgery.



4

PRE-OPERATIVE ASSESSMENT INTERVIEW:

A hospital Pre-Operative Assessment Interview will be done with a nurse from the hospital either in-person or on the phone. This is designed to educate, assess and better prepare you for your surgery and recovery period.

During this interview the nurse will review your health history and home medications, answer questions and educate you on the pre and post-operative care you will receive.

- Prepare for this interview by completing the medication list.
- Our goal is to send you directly home after surgery. Patients have fewer complications and improved recovery when they return to their own home with short-term assistance from a support person. Unless a same day discharge is planned with your surgeon, the vast majority of patients will go home the morning after surgery.
- If you have a history of urinary problems, such as frequent urination at night, let your pre-operative nurse and surgeon know. Your surgeon may want a catheter inserted into your bladder during surgery to drain your urine.
- **Before you come to the hospital for your surgery you will need a two-wheeled walker and a cane.** We highly recommended that you have a commode to both elevate your toilet seat and provide handles to help with standing up. Check with your local loan closet or senior center, or borrow or purchase your own prior to surgery. **Insurance will not pay for these items.**
- Before surgery, you will be screened to determine if you are at high-risk for sleep apnea after surgery. You may require additional monitoring of your respiratory status until the effects of surgery, in combination with pain medications, has decreased. **If you have a CPAP machine (even if you don't use it), bring it with you to the hospital.**
- You will meet with a Patient Financial Counselor in our admitting office. They will copy your photo ID and insurance card, and review your insurance coverage and benefits so that you are well informed of the paperwork and costs directly related to your hospital stay.

Note: The Cottage Center for Orthopedics bills for hospital services only. You will receive separate bills from your surgeon and anesthesiologist for their services; you are responsible for making appropriate payments for those services. For questions regarding the bill from your surgeon, please contact their billing personnel.

MEDICATIONS

Your primary care physician, anesthesiologist or pre-operative nurse will advise you about which medications to stop taking before your surgery and how early to stop. Make sure that everyone knows all the medications that you are taking, including over-the-counter medications and supplements. Certain rheumatology medications need to be stopped up to six weeks prior to surgery for your safety. If you are taking one of these medications, let your surgeon know and speak to your primary care physician or rheumatologist to learn when you need to stop taking these medications.

Use the included form to record a complete list of your current medications. Include over-the-counter medications and medicines your doctor may have prescribed ahead of surgery to be started when you are discharged home. **Do not bring your medications to the hospital when you come for surgery.** The hospital will provide the medications you need while you are in the hospital.

PAIN MANAGEMENT

Pain management is a top priority for your care team. It is normal to have pain and discomfort after surgery.

You should expect to have some pain after surgery. The goal is **not** to be pain-free; our goal is to help manage your pain so that you are able to actively participate in your therapy.

BLOOD TRANSFUSIONS

Fewer patients than ever require a blood transfusion due to advances in medicine. Your surgeon will discuss the potential need prior to your surgery and explain the risks and benefits of transfusions. There is no need to donate blood before surgery as it's highly unlikely you will need a blood transfusion.

PRE-OPERATIVE EXERCISE

It is important to be in the best possible physical shape for your surgery. The better shape you are in before surgery the better shape you will be in after surgery. Even a slight weight reduction or newly started exercise program can have positive effects on your recovery process. Exercises that strengthen your legs will help reduce your recovery time. Please refer to either the Total Knee or Total Hip section of this book for post-operative exercises. You can start these before surgery.

WHAT YOU CAN DO TO PREVENT A SURGICAL SITE INFECTION

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes and obesity could affect your surgery and your treatment.
 - If you smoke, quit smoking at least six weeks prior to your surgery. Patients who smoke get more infections.
 - Do not shave near the area where you will have surgery. Shaving with a razor can irritate your skin, making it easier to develop an infection.
 - If you are sick or have a skin rash or infection in the 10 days before surgery, please let your surgeon know immediately.
 - Shower/shampoo the night before surgery with an antiseptic liquid soap that we will provide you with. Repeat this shower on the morning of your surgery, prior to coming to the hospital.
 - Sleep on clean sheets the night before surgery and when you go home from the hospital.
 - Have your partner shower before getting into bed with you the night before your surgery, and do not allow pets to get under the sheets with you.
 - Brush your teeth, including your tongue and cheeks, in the morning before you come to the hospital.
-

THE DAY AND NIGHT BEFORE SURGERY

A nurse from the Joint Replacement Program at the Cottage Center for Orthopedics will tell you what time to arrive on the day of surgery. It is very important that you arrive on time so that the nursing staff has time to prepare you for surgery and answer any questions you may have. Extra time is provided as your surgery may start earlier than anticipated or later than scheduled.

Do not eat or drink anything after midnight the night before your surgery. You may continue to drink plain water only from midnight until three hours before arrival at the hospital unless instructed by your anesthesiologist. **Not following these instructions can result in cancellation of your surgery.** Certain heart and blood pressure medications may be allowed and taken with a small sip of water. Do this only if the nurse or doctor have approved.

PARKING

You have the option to park your car at the following locations:

Goleta Valley**Cottage Hospital:**

in the parking lot next to the hospital.

Santa Barbara**Cottage Hospital:**

in the parking structure located on Pueblo & Castillo Street.

The Day of Surgery

PRE-OPERATIVE ROOM: WHERE YOU WILL BE PREPARED FOR SURGERY

- You will change into a patient gown and if you have not already done so, you will be asked to remove any jewelry, such as earrings, watches, rings, dentures/partials and hearing aids. A safe is available for your valuables; however, we prefer that you not bring these items to the hospital, or that you consider giving them to a family member for safekeeping.
- A nurse will review the surgery consent form with you and answer any questions. You will then be asked to sign your consent and complete any remaining paperwork.
- An IV will be started (intravenous method for delivering fluids and medications such as antibiotics into the bloodstream).
- The nurse will answer any additional questions you may have.

WHEN THE OPERATING ROOM IS READY, YOU WILL:

- Have an opportunity to ask your surgeon any last minute questions. The surgeon will mark the joint that will be operated on with a pen to ensure that you and everyone in your surgical room is in agreement about which joint is to be replaced.
- Meet your surgical nurse who will ask you about your medical history and confirm the details of your surgery (procedure, surgeon, correct side of the body). Many of the questions that are asked are repeats of those that have already been asked. This is for your safety to ensure full communication between all team members.
- Meet your anesthesiologist who will review your medical history and ask you questions regarding your health status as it relates to anesthesia. You and your anesthesiologist will discuss the type of anesthetic that is best suited for you. Whichever technique is chosen, be assured that your surgical experience will be safe and comfortable. Anesthesia can be provided in several ways:

TYPES OF ANESTHESIA

- Spinal Anesthetic: Involves injecting medication near the spinal canal resulting in numbness in the lower half of the body. If you receive spinal anesthesia, you will also receive sedation so you are asleep, if that is your preference.
- Nerve Block: In addition to anesthesia, your anesthesiologist may recommend a nerve block to help with post-operative pain control. In this case, the anesthesiologist places medication in the area of a large nerve in your operative leg. This method will not provide complete pain relief, but it can reduce knee pain in many cases.
- General Anesthetic: Provides a controlled state of unconsciousness with a tube placed through your mouth and into your lungs.

POST-ANESTHESIA CARE UNIT (PACU)/RECOVERY ROOM:

- When your surgery is complete, you will be brought to the PACU. You will be cared for by nurses specifically trained to care for patients coming out of anesthesia.
- You will stay in the PACU for approximately one to two hours or as long as is needed for you to safely move to your post-op room.
- Visitors are not allowed in the PACU.
- Once settled into your post-operative room, your family and/or significant others may visit you.

POST-SURGERY

Your **nursing team** will be comprised of a Registered Nurse (RN) and a Patient Care Technician (PCT), who will care for you 24 hours per day.

Case Managers specialize in helping patients and their families plan for discharge from the hospital. The case manager will provide you with information and available resources for your follow-up care.

Your discharge location depends on a variety of factors. We **strongly** encourage

you to arrange to have a family member or a friend stay with you at home for several days or one to two weeks after your surgery, or to postpone your surgery until you can make arrangements. After the first several days you can be left alone for progressively longer periods of time. Patients returning home have improved outcomes and fewer complications. You may need someone to assist with mobility and household duties for a short time after surgery. If you require care not available at home with the help of your family or friends, our Case Manager will make the arrangements your doctor has ordered. Acceptance to a facility is dependent on a physician order, skilled needs, bed availability and your insurance coverage.



DURING SURGERY:

Joint replacement surgeries last about one to three hours. Your family may wait for you in the surgery waiting room at the hospital or may choose to leave the hospital to get food or relax outside. If they leave the waiting room area, we request that they leave their phone number so the surgeon can call them once your surgery is complete. There may still be several hours of recovery and settling-in time before you can receive visitors in your post-op room.

Physical Therapy (PT) will start within one to four hours after surgery. PT or nursing staff will assist you in getting out of bed and walking a short distance before you advance to walking the halls. Your physical therapist will assess your current functional mobility level, discuss your role in recovery, goals for therapy, teach you how to move safely and properly, and help you regain your strength with exercise. They will also teach you joint replacement precautions, how to use a walker, and the post-operative exercises that will be important to your recovery. If you have stairs in your home environment, the physical therapist will teach you how to navigate stairs.

Occupational Therapy (OT) usually starts the day after surgery. The occupational therapist will help you work toward independence with your daily living skills (bathing, dressing, toileting, etc.) while following your total joint precautions.

ARRIVING IN YOUR POST-SURGERY HOSPITAL ROOM:

Most patients will spend one night in the hospital but some may be able to go home the same day. Your discharge is dependent on many factors: your pre-surgery physical fitness, other medical conditions you have, the amount of support you will have in the first hours and days after discharge, the type of surgery done and how well you do with physical therapy.

Our highest priority is that you have a successful surgery and are safe and medically stable to go home and continue the rehabilitation process.

Here is what you can expect during your hospitalization:

VITAL SIGNS - The nursing staff will check your vital signs (blood pressure, heart rate, breathing rate and temperature) as well as assess the blood flow (circulation), motion and sensation of your legs quite frequently after surgery. This monitoring will likely prevent you from getting a full night's rest. These checks will become less frequent as you recover and become more active.

OXYGEN - Oxygen supports your breathing and is often used for patients receiving pain medications and during the period of time that the effects of anesthesia are wearing off. If you are at increased risk for sleep apnea after surgery, monitoring of your respiratory status will be increased overnight. This can disrupt sleep but is important for your safety.

INTRAVENOUS LINE (IV) - The IV line placed before surgery will remain in your arm until you go home. When you are taking an adequate amount of fluids by mouth, the nurse will disconnect the tubing and leave a small access port for medications that may be needed.

BANDAGES - The bandage over your incision will be checked carefully for drainage, redness or excessive swelling.

BLOOD THINNER - You will be started on a blood thinner to help reduce and prevent the formation of blood clots. Commonly used blood-thinning medications in pill form are Aspirin, Xarelto, Eliquis, Pradaxa and Coumadin.

URINARY CATHETER - The majority of patients will **not** have a catheter for total joint surgery. Surgery can cause delays in the ability to urinate so the nursing staff will assess your need to urinate by using a bladder scan device that can evaluate the amount of urine in your bladder. A bladder scan is done with an ultrasound on your lower abdomen and does not hurt. After you have voided, staff will check a scan to be sure you have adequately emptied all the urine until the remaining amounts are low. In the event you are not able to urinate, you may require placement of a small urinary catheter to drain the urine. This is removed within a few minutes once your bladder is empty. Most people do not require this more than once.

If you have a catheter overnight, the nursing staff will remove it early the next morning. Your urine output will be monitored until you are urinating well.

ACTIVITY - You will be helped by Physical Therapy or Nursing to get out of bed and walk within one to four hours after surgery. Often the first time up will be to go to the bathroom. Activity decreases post-operative complications and helps you quickly resume your usual home routines.

When you are in bed, regular repositioning helps to decrease potential skin breakdown and encourages deep breathing and coughing to help prevent pneumonia. We generally keep most of the side rails up and a bed alarm on while you are in bed for your safety. Please do not try to get out of bed without calling for help, even if you feel strong enough to do so.

COMPRESSION DEVICE - You will have compression devices that wrap around your calves and are attached to a machine that pumps air into them every few minutes. This device helps to prevent blood clots in your legs by promoting blood circulation.

NOISE - We make every attempt to provide a quiet and relaxed atmosphere, but you may experience background noise from alarms, the hallway or from other patients, staff and visitors. We encourage you to keep your room door closed, as well as take advantage of ear plugs or listen to music if this becomes a disturbance. Please let your care team know if you are being disturbed so that they can assist you.

MEALS - Most patients will start their oral intake by drinking clear fluids. You will then quickly progress to solid foods. Because you underwent a procedure, you are highly encouraged to eat your meals sitting up in a chair, as you will at home. You may select a variety of food options from our room service menu that are specific to the diet your doctor has ordered for you. There may be some dietary restrictions placed by your surgeon (like a diabetic diet). Please let us know if you need a special diet (kosher, vegetarian, etc.). We are happy to accommodate special requests.

NUTRITION - Registered dietitians are available to answer any questions you may have regarding any nutrition concerns both in the hospital and when you go home. Ask your nurse or physician to arrange a consultation for before you go home.

Constipation is common when taking medication to treat pain. A high fiber diet with plenty of fruits and vegetables can help prevent and treat the constipation.

Unless otherwise restricted, drink plenty of water; at least eight glasses every day will ensure adequate hydration for your body.

BLOOD DRAWS - You will have your blood drawn by the lab early in the morning to monitor levels.

INFECTION PREVENTION - Members of your health care team should wash their hands with soap and water or an alcohol-based hand rub (located just outside your room) before examining you. If you do not see them wash their hands, please ask them to do so.

Family and friends should also wash their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to do so.



Next Steps

CONTROLLING PAIN

Your doctor will order the medication he or she feels is best for you when you are discharged. Generally, you will be given a combination of anti-inflammatory medication and narcotic pain medications. The goal is to minimize the need for narcotics but have you comfortable enough to participate in activities. Putting weight on your new joint by standing and walking decreases pain. We also encourage you to:

- Apply an ice or gel pack in a thin cloth to your joint for 20 minutes several times per day, especially after exercise, to help decrease discomfort. Don't place cold packs directly on the skin. Elevate the surgical leg regularly throughout the day to help decrease swelling. While activity is very important, you must alternate activity with rest periods throughout the day.
- Change your position at least every 45 minutes during the day to avoid stiffness. Avoid sitting for long periods, to prevent swelling in your leg. A good rule of thumb for the first several weeks is: two hours of elevation for every one hour your leg is lowered to the ground.
- Do your ankle pumps. They reduce swelling, improve circulation, and prevent blood clots. Point, then flex, both feet slowly. Repeat this 10-30 times each hour.

PREVENTING POTENTIAL COMPLICATIONS

INFECTION

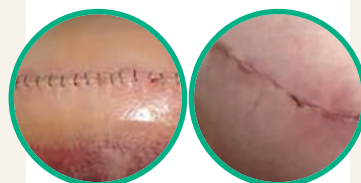
- Shower every day and gently pat your incision or dressing dry with a clean towel first then move on to the rest of your body.
- Wash your hands frequently, especially when you touch near your incision.
- Wear freshly washed clothes every day and put clean sheets on your bed every few days.
- If your doctor orders an antibiotic, take it as directed until it is gone even if you feel fine. It's important to finish antibiotics as prescribed to help protect against infection.
- Do not allow pets to lick your incision, sit on you without your incision covered, or sleep between the sheets with you. Continue these precautions for several weeks after your surgery even if you have a bandage over the incision.

Contact your primary care physician if you think you may have an infection elsewhere. This includes bladder, sinus, tooth, etc. Inform your dentist that you have an artificial joint prior to any dental work anytime you go to the dentist. Notify your surgeon if dental work is scheduled earlier than six weeks after your surgery.

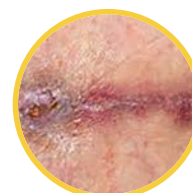
Contact your surgeon right away if you notice any of the following:

- Increased redness, heat or swelling around the incision
- Increased or foul-smelling drainage from the incision
- Increased pain in the joint
- Persistent fever greater than 101.5° F or chills

Clean and healing



Possibly infected, call doctor



Infected, call doctor.
If doctor is not available, go to the Emergency Room.



BLOOD CLOTS IN LEGS

Blood clots are a potential side effect of surgery. A clot may prevent normal blood flow and oxygen from reaching the tissues in your body. Signs and symptoms include the following:

- Pain or tenderness in your calf
- Warmth or redness in your calf (redness and swelling around the surgical area is expected)
- Swelling in your leg that is not relieved when elevated

You will start an anticoagulant (blood thinning) medication while you are in the hospital. It will be important that you take this medication as directed by your doctor and for as long as directed.

PNEUMONIA

After surgery, you will have some pain, which may make you not want to take deep breaths. It is important that you move, take deep breaths and cough to prevent the collection of mucus at the base of your lungs that may lead to pneumonia.

OTHER COMPLICATIONS

Major medical complications, such as heart attack, stroke or worsening of underlying depression are possible after surgery. Chronic illnesses may increase your chances for complications and prolong your recovery. Your care team will be monitoring you for signs and symptoms of any complications and will take immediate action when necessary.

FREQUENTLY ASKED QUESTIONS**How long will my new joint last?**

The majority of joint replacements are still working at 20 years. Factors such as body weight and the amount of impact activities performed can influence the longevity of a replaced joint.

When may I take a shower?

If you have a waterproof bandage over your incision, you should shower every day as soon as you go home, unless otherwise directed by your surgeon. Keep your shower brief initially and make sure you have a support person nearby to assist. Gently pat your incision dry with a separate clean towel to help prevent infection.

When can I swim after surgery?

Most surgeons recommend that your incision be fully healed prior to getting into a pool, jacuzzi or the ocean. It usually takes at least four weeks after surgery before patients can return to swimming and tub bathing. Getting down to ground level in a tub and back up again can be difficult. Do this cautiously and only when you feel strong enough.

Can the pain medicine cause constipation?

Yes, a common side effect of any pain medication is constipation. You will want to take a stool softener to help with this. You may also speak with your pharmacist if you have severe constipation. They can recommend other medications, a suppository or

an enema to assist with this. Eating a high fiber diet and drinking plenty of fluids will help minimize constipation. Do not go more than two to three days without having a bowel movement before you take medication for constipation.

Is it normal to have pain after surgery?

Yes, it is expected to have at least some soreness or pain after joint replacement surgery. During your surgery, a local anesthetic is used that can provide pain relief for up to three days. As that wears off, you will likely have slightly more pain. Your pain will often increase after walking and doing your exercises. Elevating your leg and using ice will help minimize the pain. It may be helpful to take pain medication about 30-45 minutes before planned therapy/exercise sessions. Do not drink alcohol or drive while taking narcotic pain medication. We encourage you to decrease and stop the use of narcotic pain medication as early as possible. Tylenol is a good alternative. Limit the use of over-the-counter anti-inflammatory medication such as ibuprofen or naproxen while you are still taking blood thinning medication (generally the first two to four weeks after surgery) unless it was approved by your surgeon.

Can the pain medicine cause nausea?

Yes, nausea is a very common side effect of all narcotic pain medication. It is helpful to have food in your stomach when you take pain medicine. You should also stay hydrated by drinking plenty of fluids such as water or sports drinks. If possible, try to minimize the narcotic pain medication and transition to Tylenol. Only use over-the-counter anti-inflammatory medication such as ibuprofen or naproxen in the first two to four weeks after surgery if approved by your surgeon.

Is it normal to have swelling after surgery?

Swelling is normal after joint replacement surgery. This will become apparent in the 48 hours following the surgery. The swelling will follow gravity and can result in swelling down to the ankle. Elevating your leg and using ice packs can help to decrease the swelling and pain.

Is it normal to have bruising after surgery?

Bruising in the area of the incision is normal after surgery. After your joint replacement surgery, your surgeon will put you on a blood thinner to help to prevent deep vein thrombosis (DVT), but it will also result in visible bruising. In addition, you may have bruising around the thigh after knee replacement. A tourniquet is frequently used during knee replacement to minimize bleeding during surgery. This tight band can cause bruising around the thigh. The bruising will follow gravity and will travel down the leg and can even reach the ankle and foot.

When can I start taking my supplements after surgery?

Many studies have shown that certain supplements can increase the risk of bleeding. With this in mind, you will want to hold off on your supplements until you have completed your blood thinning medication. This is typically two to four weeks after your surgery.

Is it normal to have difficulty sleeping after surgery?

Sleep disturbances after major surgery are very common. Although you were asleep for your surgery, your body underwent a major change and is now recovering from this. Many patients will have difficulty sleeping in the weeks following surgery. To help with this, try to avoid napping during the day so that you will be tired at night. You may also take over-the-counter sleeping aids. Be aware that your pain medication can also cause sedation.

Do I need to take an antibiotic before dental work?

Your orthopedic surgeon may want you to take an antibiotic pill before you undergo future dental procedures or other invasive medical procedures.

Can I hold my pets and/or have them sleep with me?

As long as you have an occlusive bandage over the surgery site (the kind you can get wet), you may enjoy your pets as usual. Even if you have a bandage over the incision, you should not allow pets to lick your bandage or incision area, sit on you without your incision covered, or sleep between the sheets with you until your incision is fully healed, which will be several weeks after your surgery. Taking a daily shower, frequent hand washing and practicing overall good hygiene will help decrease chance of infection.

When may I drive?

In order to drive, you must stop using your narcotic pain medication. This includes medicines such as Percocet (Oxycodone), Norco (Hydrocodone), and Ultram (Tramadol). In addition, you must have rapid response time so you can quickly manage the brake and accelerator in your car. Patients are typically able to do this two to six weeks after surgery. At your first post-op appointment, ask your surgeon for guidance on when you can resume driving. If you will have outpatient physical therapy, you will need to arrange transportation to physical therapy appointments.

When may I engage in sexual intercourse?

Generally, most people wait a few weeks after surgery before resuming sexual activity. Your incision, muscles and ligaments need time to heal. You can resume sexual activity when you feel ready. If you have questions, discuss with your surgeon.



Transition to Home

We hope that your stay in our hospital met your expectations. Now that your surgery and the immediate recovery period are over, the responsibility for making this a successful outcome is yours.

It takes most patients three to six months to fully regain strength and energy after joint replacement surgery. You should see steady improvement in strength and mobility during this time.

After joint replacement, the sooner you become active, the sooner you will recover. You are strongly encouraged to move around and use your new joint - a moving joint is a happy joint.

While activity is very important, you must alternate activity with rest periods throughout the day. At first, it is normal for everyday activities such as dressing, cooking, or shopping to take a little longer than usual. To minimize the risk of injury or overexertion, you should factor in extra time and rest periods for your daily activities.

IMPORTANCE OF YOUR FOLLOW-UP VISITS

Follow-up visits with your surgeon are an essential component of joint replacement surgery. Each surgeon will have his/her own timeline for follow-up visits, but your first appointment will generally be in the first two to four weeks after your surgery. Keeping these appointments as scheduled is a significant factor in staying on track for your recovery. If you are not certain of your follow-up appointment, call your surgeon's office.

FOLLOW-UP QUESTIONNAIRES

You will be sent a reminder via MyChart about one year after surgery to complete the same total joint questionnaires you did prior to surgery. This is a Medicare requirement. Regardless of insurance, the before and after information helps us evaluate the outcome of total joint surgery.



INCISION CARE/DRESSING CHANGES

Specialty bandages are removed following your doctor's instructions, generally at either one or two weeks after surgery. Steri-strips will generally fall off after seven to ten days. If you have home physical therapy, the therapist can assist you with removing the bandage if it needs to be taken off prior to your first post-op doctor visit. If it is a two week bandage, the surgeon will generally remove it at your first post-operative appointment.

APPETITE

You may have less than your usual appetite for a while. Your energy level may be low for a few weeks after surgery. Here are some specific tips:

- Consume foods high in protein to enhance wound healing.
- Try to keep your diet about the same each day and take a high protein drink twice a day. You may prefer frequent small meals at first.
- Drink plenty of fluids.
- Limit fats to two to four (2-4) tablespoons a day.

COPING WITH STRESS

Undergoing surgery can be a very stressful event for anyone and can make pre-existing depression worse. It can also be stressful to rely on others to help while you are healing. However, having support from friends and family is needed for full rehabilitation. Having realistic goals and keeping a positive outlook helps. Make note of small achievements. Some people find that deep breathing and relaxation techniques help. Remember, it's important to ask for help when you need it.

AVOIDING FALLS

Follow these safety precautions for at least 12 weeks after surgery.

- Watch for floor hazards such as small objects, pets and uneven surfaces.
- Make sure rooms are well-lit by using nightlights or flashlights as needed in halls.
- Keep items you use often within easy reach.
- Wear slippers or shoes with backs; soles should be rubber for good traction.
- Use sturdy chairs that are not excessively low and have arms to help you get up.
- Avoid chairs and sofas with deep cushions.
- Stop and think about the best body mechanics to use before taking on a new task.
- Change positions frequently to avoid stiffness.
- Get out of the car every one to two hours during travel for a short walk to lessen stiffness.

NOTE: Many other tips for joint protection, work simplification, energy conservation and equipment are available from an occupational therapist or the Arthritis Foundation. Check arthritis.org for an Arthritis Foundation chapter near you.

Mobility Instructions

Your walker and cane should be fitted to your height by a physical therapist or health care professional. Your "affected" leg means your operative leg. If you had both knees replaced at the same time, the "affected" leg means the weaker one.

WALKER

1. Stand up straight with the walker a few inches in front of you.
 2. Place each hand on the handgrips of the walker.
 3. Move the walker forward one step.
 4. Take a step into the walker with your affected leg.
 5. Lean on the walker to give balance and support.
 6. Take a step with your unaffected leg.
 7. Repeat the above until you've reached your target.
-

CANE

1. Stand up straight with the cane held by your hand on the unaffected side.
2. Move the cane forward one step.
3. Move your affected leg forward.
4. Move your unaffected leg forward.
5. Repeat the above until you've reached your target.



STAIRS

General rule of thumb: Go up with your unaffected leg and down with your affected leg or "good goes up, bad goes down."

GOING UP STAIRS:

NOTE: Your therapist should give you detailed instructions on how to go up and down stairs with your walker, crutches or cane. Below are general reminders related to stairs.

1. Face the stairs. Hold the handrail with one hand.
2. Hold the walker, crutches or cane with the other hand on the step above you.
3. Step up with the unaffected leg.
4. Step up with the affected leg.
5. Move the walker, crutches or cane up one step.

GOING DOWN STAIRS:

1. Face the stairs. Hold the handrail with one hand.
2. Hold the walker, crutches or cane with the other hand on one step below you.
3. Step down with your affected leg.
4. Step down with your unaffected leg.
5. Move the walker, crutches or cane down one step.

VEHICLE

GETTING INTO A VEHICLE:

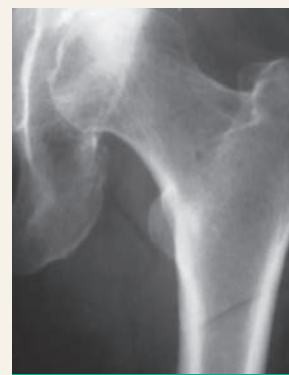
1. Push the seat all the way back. Recline the back of the seat at least halfway.
2. Back up to the vehicle until you feel it touch the back of your legs.
3. Slide your affected leg out in front of you.
4. Reach back for the back of the seat with one hand and the dashboard with the other hand. Lower yourself down onto the seat. Be sure to lower your head to avoid hitting it on the doorframe. Scoot backward as far as you can toward the other seat.
5. Turn frontward, leaning back as you lift one leg at a time onto the floorboard of the vehicle.
6. Center yourself on the seat.
7. Bring the seat back to a comfortable position.
8. Put on your seatbelt.

GETTING OUT OF THE VEHICLE:

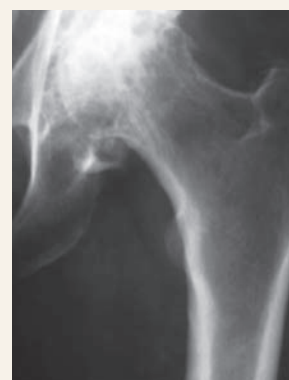
1. Push the seat all the way back. Recline the back of the seat at least halfway.
2. Scoot yourself sideways and backward as you lift one leg at a time out of the vehicle and onto the ground. Lean back as you do so.
3. Slide your affected leg out in front of you. Push yourself up with one hand on the dashboard and the other on the back of the seat. Be sure to lower your head to avoid hitting it on the doorframe.
4. Gain your balance and place your hands on the walker/crutches/cane.

Total Hip Post-Op Exercises, Goals and Activity Guidelines

Exercise is the only way to regain your strength and range of motion after a total hip replacement. Because pain may have limited your movement before surgery, you may gain even more strength and range of motion than you had before with continued effort. Exercise will help you strengthen your hip and other muscles. Continue with your walking program and challenge yourself to go farther every day. The more you are active and exercise, the more mobile you will become. If your doctor wants you to have physical therapy, it will be arranged for you at home or in an outpatient setting. If physical therapy is ordered for home and you are not contacted within 24 hours of your discharge, notify your surgeon's office.



Normal hip



Arthritic hip



Post-operative hip

DISLOCATION

Certain body positions and activities can cause hip dislocation.

Prevention of dislocation is critical to your success and includes the following:

☐ FOR THE ANTERIOR SURGICAL APPROACH

DO place one to two (1-2) pillows under the knee of your operated leg while lying on your back in bed/couch as directed by your hospital physical therapist

DO NOT extend your operated leg behind you (hip hyperextension)

DO NOT turn your operated leg out to the side (hip external rotation)

DO NOT stand and pivot away from your operated side

DO NOT lie on your side unless you keep a pillow between your knees. This is for comfort.

DO NOT twist your body when standing

DO NOT put more weight on your affected leg than instructed

☐ FOR THE POSTERIOR SURGICAL APPROACH

DO use a pillow between your legs when lying on your back or side

DO NOT bend forward more than 90°

DO NOT lift your knee higher than your affected hip

DO NOT bring legs together or cross your legs

DO NOT turn your affected leg inward

DO NOT reach across your affected leg

DO NOT twist your body when standing

DO NOT put more weight on your affected leg than instructed

☐ FOR THE POSTEROLATERAL SURGICAL APPROACH

Chairs should be high enough to allow your knees to remain lower than your hips. It should have a firm seat, so that you do not sink down into it.

DO NOT lie directly on your operative hip

CALL YOUR SURGEON IMMEDIATELY IF ANY OF THE FOLLOWING OCCUR:

A persistent temperature of 101.5 F° or higher

Bleeding or drainage from the incision site

Redness or increasing swelling from the incision site

Calf (lower leg) pain, chest pain or shortness of breath

If you fall down or injure yourself – specific to your new joint

If you have an infection in any area of your body

If you need emergency dental work and need to see the dentist

OR IF YOU NOTICE ANY OF THESE SIGNS OF DISLOCATION:

New onset of severe hip or groin pain

A turning in or out of your leg that is new

You are unable to walk or put weight on your leg

Increased numbness or tingling of the leg

Change in length of the leg

A bulge felt over the hip

HIP EXERCISES

Review all exercises with your physical therapist. **Perform your exercises 10-15 times, two to three times daily.** Feel free to do the exercises with both legs. Be sure to follow your hip precautions and do not hold your breath while exercising. Use ice on your hip after you exercise if you have muscle soreness from the exercise.

You may put as much weight on your affected leg as you can tolerate unless instructed otherwise by your physical therapist and physician.

ANKLE PUMPS

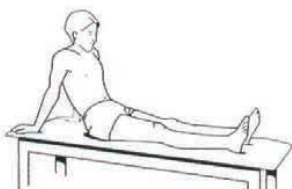
With leg relaxed, gently bend and straighten ankle. Move through full range of motion.



QUADRICEPS SET

Tighten muscles on top of thigh by pushing the back of your knee down into the surface.

Hold for three (3) seconds.



HAMSTRING SET

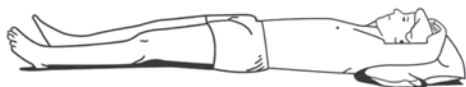
Tighten muscles on back of thigh by pulling heel downward into the surface.

Hold for three (3) seconds.



GLUTE SET

Tighten buttock muscles. Hold for three (3) seconds.



HEEL SLIDE

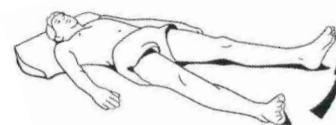
Bend the operated hip and pull heel toward buttocks. Hold for three (3) seconds. Return to starting position.



HIP ABDUCTION/ADDUCTION

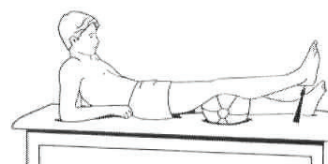
Gently bring leg out to side, then back to the starting position.

Keep your knee straight.



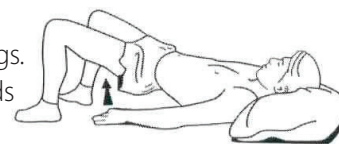
TERMINAL KNEE EXTENSION

With knee bent over bolster, straighten knee by tightening muscle on top of thigh. Hold for three (3) seconds. Be sure to keep back of the knee on the bolster.



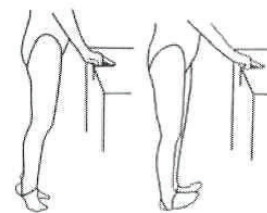
BRIDGING

Bend your knees, and plant your feet flat. Raise your hip/pelvis by pushing down evenly on both legs. Hold for three (3) seconds.



TOE-UP (ANKLE PLANTAR AND DORSI-FLEXION)

Holding a stable object, rise up on toes. Hold for three(3) seconds. Then rock back on heels and hold for three (3) seconds to complete set.



ABDUCTION

Holding a chair for balance, feet shoulder width apart and toes pointed forward. Swing the operated leg out to side, keeping knee straight. Do not lean. Repeat using other leg.



Total Knee Post-Op Exercises, Goals and Activity Guidelines

Exercise is the only way to regain your strength and range of motion after a total knee replacement. Because pain may have limited your movement before surgery, you may gain even more strength and range of motion than you had before with continued effort. Exercise will help you strengthen your knee and other muscles. Continue with your walking program and

challenge yourself to go farther every day. The more you are active and exercise, the more mobile you will become. If your doctor wants you to have physical therapy, it will be arranged for you at home or in an outpatient setting. If physical therapy is ordered for home and you are not contacted within 24 hours of your discharge, notify your surgeon's office.



Normal knee



Arthritic knee



Post-operative knee

BED MOBILITY

- Use a pillow between your knees when lying on your side.
- Bend your unaffected leg to help push yourself to a new position.
- Do not elevate your leg by placing a pillow only under your knee as this can promote blood clots and loss of range of motion. Elevate your leg above the level of your heart by placing pillow(s) – lengthwise – under your entire leg or pillow(s) just under your calf for elevation.

CALL YOUR SURGEON IMMEDIATELY IF ANY OF THE FOLLOWING OCCUR:

-
A persistent temperature of 101.5 F° or higher
.....
-
Bleeding or drainage from the incision site
.....
-
Redness or increasing swelling from the incision site
.....
-
Calf (lower leg) pain, chest pain or shortness of breath
.....
-
If you fall down or injure yourself – specific to your new joint
.....
-
If you have an infection in any area of your body
.....
-
If you need emergent dental work and need to see the dentist
.....

OR IF YOU NOTICE:

-
New onset of severe knee pain
.....
-
You are unable to walk or put weight on your leg
.....
-
Increased numbness or tingling of the leg
.....
-
Change in length of the leg
.....

Elevate your leg above the level of your heart in the way the physical therapist taught you while you were in the hospital. **Do not** place a pillow under your knee to relieve pain. Instead, place a pillow under your calf for elevation and comfort.



KNEE EXERCISES

Review all exercises with your physical therapist. **Perform your exercises 10-15 times, two to three times daily,** unless noted otherwise. Feel free to do the knee exercises with both legs. Do not hold your breath while exercising. Use ice on your knee after you exercise if you have muscle soreness from the exercise.

You may put as much weight on your affected leg as you can tolerate unless instructed otherwise by your physical therapist and physician.

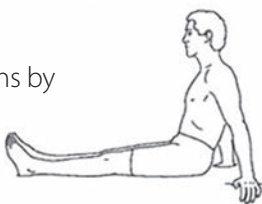
ANKLE PUMPS

With leg relaxed, gently flex and extend ankle. Move through full range of motion. Avoid pain.



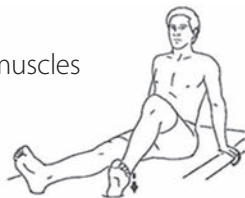
QUADRICEPS SET

Tighten muscles on top of thighs by pushing knees down into surface. Hold for three (3) seconds.



HAMSTRING SET

With knee slightly bent, tighten muscles on back of thigh by pulling heel down into surface. Hold for three (3) seconds.



HEEL SLIDE

Slide heel towards buttocks until a gentle stretch is felt. Hold for three (3) seconds. Relax.



HIP ABDUCTION

Bring leg out to side and return. Keep knee straight.



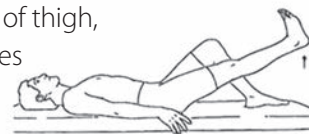
TERMINAL KNEE EXTENSION

With knee over bolster, straighten knee by tightening muscles on top of thigh. Keep bottom of knee on bolster.



STRAIGHT LEG RAISE

Tighten muscles on front of thigh, then lift leg eight (8) inches from surface, keeping knee locked.



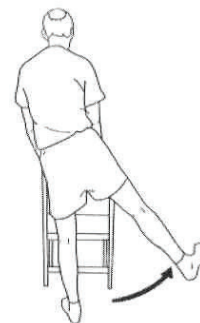
HEEL RAISE: BILATERAL (STANDING)

Rise on balls of feet. Hold for three (3) seconds.



HIP ABDUCTION

Holding a chair for balance, feet shoulder-width apart and toes pointed forward. Swing the operated leg out to side, keeping knee straight. Do not lean. Repeat using other leg.



HIP EXTENSION

Using a chair for balance, keep legs shoulder-width apart and toes pointed forward. Slowly extend one leg back, keeping hip straight. Do not lean forward. Repeat with other leg to complete set.



CHAIR KNEE FLEXION

Keeping feet on floor, slide foot of surgical leg back, bending knee. Your non-surgical leg may assist as needed. Hold for three (3) seconds.



HIGH PROTEIN BEVERAGES

Drinking a high protein beverage is a good way to get additional protein.

Nutrition Facts	
1 servings per container	
Serving size 1 Carton (330 mL)	
Amount per serving	
Calories	230
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 30g	

Use the nutrition facts panel to check if a protein beverage has at least 15 grams of protein or more per serving.

Common protein beverage brands (these are examples only and not endorsed by Cottage Health):
Ensure, Orgain, Premier Protein and Fairlife

TIPS FOR CALCULATING PORTION SIZES:

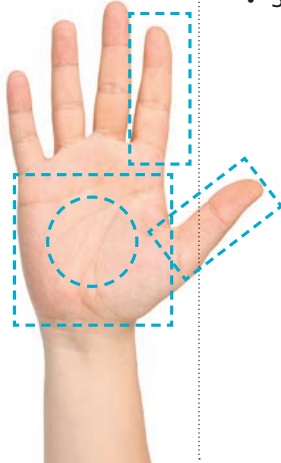
To give you a general idea of how much protein you are consuming, you can use your hand to measure portion sizes of food.

Index Finger:
one (1) oz hard cheese

Thumb:
two (2) Tbsp
nut butter

Palm of Hand:
three (3) oz.
meat, poultry
or fish

Palmful:
one (1) oz nuts



HIGH PROTEIN MEAL AND SNACKS IDEAS

BREAKFAST:

- Omelet, scrambled eggs, or frittata made with cottage cheese
- Oatmeal made with milk, topped with nuts or nut butter
- Berry parfait made with greek yogurt and mixed nuts
- Pancakes or waffle mix made with protein powder

LUNCH & DINNER:

- Sandwiches topped with tuna or egg salad, turkey slices, or nut butter
- Salads topped with nuts and lean protein (fish, chicken, turkey)
- Tacos, burritos, or quesadillas filled with chicken, shrimp, or fish
- Burgers made from beef, chicken, turkey, or beans

SNACKS:

- Trail mix
- String cheese
- Hard boiled egg
- Vegetables with hummus dip
- Greek yogurt
- Roasted chickpeas
- Apples with peanut butter
- Sliced cheese and crackers

PORTION SIZES AND AMOUNT OF PROTEIN

Listed are the portion sizes and average amount of protein for select high protein foods:



Three (3)
oz meat:
21 g protein



Three (3)
oz chicken:
21 g protein



Three (3)
oz fish:
21 g protein



Two (2) eggs:
14 g protein



One (1) cup
milk:
10 g protein



Three quarter
(3/4) cup greek
yogurt:
15 g protein



Half (1/2) cup
cottage cheese:
14 g protein



One (1) oz
cheese:
7 g protein



Half (1/2) cup
tofu:
10 g protein



Two (2) tbsp
nut butter:
7 g protein



A quarter (1/4)
cup nuts:
7 g protein



Half (1/2)
cup beans:
7 g protein

Resources

HELPFUL CONTACT INFORMATION

Additional information can be found at cottagehealth.org/ortho

GOLETA VALLEY COTTAGE HOSPITAL	805-967-3411
Pre-op Department	805-681-6410
Case Manager	805-681-6466
Out Patient Physical Therapy	805-681-6450
SANTA BARBARA COTTAGE HOSPITAL	805-682-7111
PPSU/Short Stay	805-569-7526
Case Manager	805-324-9137

RESOURCES

American Academy of
Orthopedic Surgeons
aaos.org

American Association of
Hip and Knee Surgeons
aahks.org

Arthritis Foundation
arthritis.org

Joint Implant Surgery and
Research Foundation
jisrf.org

Medline Plus
medlineplus.gov

PROVIDING FEEDBACK

Thank you for choosing
Cottage Health. Your
feedback is important to
us. In the coming weeks,
you may receive a patient
satisfaction letter in the
mail. We would appreciate
you taking a few moments
to complete the survey.
We constantly seek ways
to improve our program
so that our patients may
have a positive experience
and excellent outcomes.



OPIATE DISPOSAL

Help keep your family and community safe, starting in your home—get rid of any unused or expired prescription opioids that may be in cabinets, drawers, or anywhere else you store medicine. Remove these medicines as soon as possible to reduce the chance of accidental or intentional opioid misuse.

What is an opioid?

Prescription opioids are powerful pain-reducing medicines that include oxycodone, hydrocodone, morphine and others. Doctors prescribe opioids after surgeries and for injuries; however, these medicines can have serious risks if they are misused by accident or on purpose.

Why is opioid disposal important for me and my family?

Prescription opioid misuse is one of the most common types of illegal drug use in the United States. Many people who misused prescription pain-reducing medicine said that they got it from a friend or relative.¹

How To Dispose Of Leftover Medication

Dispose of your opioids as soon as they are no longer needed at a drug take-back program or safe drop site. Find a site at apps.deadiversion.usdoj.gov/pubdispsearch, TakeBackDrugs.org or FDA.gov/DrugDisposal.

DO NOT flush medicines down the toilet. A recent study showed that 80% of US streams contain small amounts of medicines. Sewage systems cannot remove these substances from water that then travels into lakes, rivers or oceans. These medication byproducts can badly affect wildlife and the environment. Very small amounts of medicine have even been found in drinking water.

Drop Off Directions: Place medicines in a bag or keep medications in their original containers but remove or scratch out all personal information before placing in drop box.

CVS Pharmacies: Goleta, Santa Barbara, Carpinteria, Buellton, Lompoc and Santa Maria offer medication drop off including controlled substances (opioids, sedatives, etc.). Additional drop off locations are frequently added so ask your usual pharmacy if they offer medication drop off when you pick up your prescription.

Keeping unused opioids in the home creates a serious health risk, especially if teens or children live with or visit you.

Remember:

- Don't share your opioid prescription with others.
 - Store opioids out of sight and out of reach of children or teens in your home.
 - Dispose of unused opioids safely when there is no longer a medical need for them.
-

¹ Substance Abuse and Mental Health Services Administration. (2018). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data>



Complete your required
pre-operative information via
MyChart

To sign up, visit:
cottagehealth.org/mychart

Or scan the QR Code:



Or download the Cottage Health
MyChart App



Technical assistance
7 a.m. - 11 p.m. every day
805-324-9439



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