

# SENTARA ORTHOJOINT CENTER<sup>®</sup>

PATIENT AND FAMILY GUIDEBOOK



[SentaraOrthopedics.com](https://www.SentaraOrthopedics.com)

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Look for Tips for  
Success throughout  
the Guidebook.

# GENERAL INFORMATION

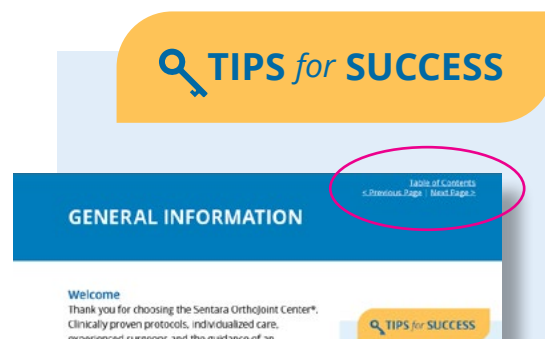
## Welcome

Thank you for choosing the Sentara OrthoJoint Center®. Clinically proven protocols, individualized care, experienced surgeons and the guidance of an Orthopedic Patient Navigator are ready to help you return to your favorite activities.

Use this book as your guide to a better joint replacement experience. Take it with you to all of your appointments during your joint replacement journey:

- Doctor visits
- Educational sessions
- Pre-admission screenings
- Therapy visits
- Hospital for surgery

You will find valuable health information, helpful hints and all the information you will need in one place.



If you are reviewing this guidebook on a PC or mobile device use the prompts at the top right-hand side of the page to move easily between pages or jump to a new section.

Our goal is to keep you safe and provide the most successful joint replacement journey as possible. Please let us know how we can improve on any aspect of your care.

Each year more than 1 million people make the choice to have joint replacement surgery. The surgery aims to relieve pain and restore independence. Our goal is to ensure you have an exceptional experience and achieve the best outcomes from your joint replacement surgery. We look forward to helping you return to a healthier and more active lifestyle. Let's get started!

### Features of the Sentara OrthoJoint Center®

- Preoperative (pre-op) education
- Family and friends participating as “Coaches” in the recovery process
- Your own casual clothes (no drafty gowns)
- Nurses and therapists trained to meet the unique needs of joint replacement patients
- Orthopedic Patient Navigator to assist you before and after surgery
- A schedule that includes therapy to get you up and walking so that you can safely return home to complete your recovery

We know from experience that patients who participate in their care have better outcomes. The Sentara OrthoJoint Center® will include you in each step of your journey toward a higher quality of living.

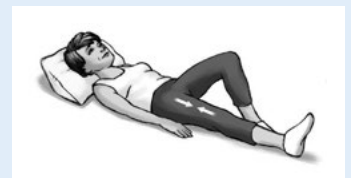
### Using the Guidebook

Knowing what happens before and after joint replacement surgery prepares patients to participate in their care and decreases anxiety. The Sentara OrthoJoint Center® Guidebook for joint replacement surgery includes:

- What to expect before and after surgery
- How to prepare for surgery
- Tips for Success

This guidebook is a tool for you to get a basic understanding of joint replacement surgery. Your joint replacement team may add or revise any of the guidebook recommendations based on your unique needs.

### TIPS for SUCCESS



Start doing your pre-op exercises (see [pages 33-43](#))

Identify your Coach early and encourage them to read this Guidebook

# SENTARA ORTHOJOINT CENTER® TEAM

## Orthopedic Surgeon

The orthopedic surgeon is a highly skilled doctor who will perform the surgery.

## Physician Assistant (PA) and Nurse Practitioner (NP)

Help the surgeon with hospital visits, during surgery and in the office.

## Hospitalists

Doctors who specialize in hospital care, who may help with your needs while you are in the hospital.

## Orthopedic Patient Navigator (OPN)

The Orthopedic Patient Navigator is a role that is unique to the Sentara OrthoJoint Center®. Sentara has learned that joint replacement patients benefit from having a central point of contact. The OPN helps coordinate your care needs from the surgeon's office, to the hospital and after you have been released, including:

- Offering preoperative education
- Answering questions and managing your hospital care
- Acting as an advocate before and after surgery

Contact the OPN with any questions or concerns.

## Registered Nurse (RN) or Licensed Practical Nurse (LPN)

Much of your care will be provided by an RN. RNs are responsible for your daily care and will ensure physicians' orders are completed. An LPN works under the direct supervision of the RN and may assist in your care.

### TIPS for SUCCESS

To find helpful information about the location where you are having surgery, including the phone number for the Orthopedic Patient Navigator, visit [SentaraOrthoEducation.com](http://SentaraOrthoEducation.com) (or use the QR code), click on the location where you will be having surgery for additional details.



### **Physical Therapist (PT)**

A PT will guide your return to daily activities. Your PT will train you and your Coach in safe transfer techniques, provide gait training and teach exercises designed to regain your strength and motion after surgery.

### **Occupational Therapist (OT)**

If ordered by your surgeon, an OT may guide you on doing daily tasks such as bathing and dressing with your new joint. Your OT may also educate you on special equipment in your home during recovery.

### **Orthopedic Tech**

These team members assist you with mobility. They will help you safely move around your room and in the hall when appropriate.

### **Certified Nurse Assistant/Nursing Care Partner**

These team members help the nursing staff with your daily care.

### **Volunteers**

Volunteers are trained to help patients as directed by the clinical team. Your volunteer may be a past joint replacement patient. You may want to return as a volunteer yourself.

### **Other Specialists**

Throughout your joint replacement journey, you may have other specialists involved in your care. This could include a registered dietitian, diabetes educator or another medical specialist.



You and your Coach are the most important members of your team.

# PREPARING FOR SURGERY AND DISCHARGE

## Coach's Checklist

- Pain medication do's and don'ts
- Blood thinner medication dosing, side effects and instructions
- Review incision care in your discharge teaching
- Signs and symptoms of infection
- How to put on the TED stockings (if ordered - please review your surgeon's instructions)
- Signs and symptoms of a DVT and pulmonary embolism
- How to use an incentive spirometer and how often
- Movement restrictions
- How to help the patient in and out of bed
- How to help the patient up and down stairs
- The exercise program to follow at home
- Diet restrictions, recommendations and constipation prevention
- How to use equipment properly
- How to reach your surgeon in case of an emergency

If you have any questions or concerns, please ask a member of the Sentara OrthoJoint Center® before discharge.

## Importance of Your Coach

The people you interact with in your daily life, friends and family, are obviously important to you. It is very important to involve a family friend or relative to act as your Coach throughout the joint replacement process.

Your Coach should participate in pre-op education, give support during exercise sessions and keep you focused on healing. Your Coach should encourage you to maintain your exercise program and promote safety while recovering.

Your Coach can be one person or a team of people. Consider the following: spouse, partner, friends, neighbors, church members, sorority sisters, extended family members.



Learn more about the benefits of recovering at home on [page 30](#).

### Planning For Discharge

Joint replacement surgery is an elective, planned surgery. Knowing your discharge plan is a key part of your recovery process. **It's important to make arrangements before surgery for your Coach to stay with you at home.**

### Going Home

Please arrange for someone to pick you up. You will get written discharge instructions concerning medications, physical therapy information, activity, etc. A care manager will discuss any equipment needs. Be sure to take your guidebook with you to use as a reference.

### Going Home with Home Health

Key points to remember when you leave the hospital include:

- Your surgeon will know what next steps are needed for your care.
- A care manager will work with you to determine what you will need at home and discuss options with you.
- You will need to arrange transportation from the hospital. You can safely ride home with a family member or friend.



# PREPARE YOUR HOME FOR YOUR RETURN

## **This checklist offers some ideas that joint replacement patients have found helpful:**

Place any frequently used items such as remote control, phone charger, etc. on an easy to reach shelf or surface.

Check railings to make sure they are not loose.

Do laundry before leaving for surgery and put it away.

Put clean linens on the bed.

Prepare meals and freeze them in single-serving containers.

Tend to the garden, and finish any other yard work.

Store throw rugs and tack down loose carpeting.

Remove electrical cords and other obstacles from walkways.

Put nightlights in bathrooms, bedrooms and hallways.

Consider putting grab bars in the shower/ bathtub. Put adhesive slip strips in the bottom of the tub.

If your pet stays in your home, be aware of your pet's location so that you do not trip or lose your balance.





### **Medical Clearance for Surgery**

When your surgery was scheduled, your surgeon discussed medical clearance with you. Certain blood tests (and other testing) will be required before your surgery.

Be sure to review your medication list with members of your healthcare team (this includes anything that you put on yourself or consume, including ear drops, eye drops, supplements, vitamins, creams, ointments, patches and suppositories).

### **Put Healthcare Decisions in Writing**

Sentara keeps patients' wishes and preferences at the forefront of their care. Upon arrival for your surgery, you will be asked if you have an advance directive. If you do, please bring a copy to the hospital with you so the document can become a part of your medical record. Advance directives are not a requirement for admission.

### **Smoking Cessation**

It is recommended that you stop smoking. Smoking slows down the healing process by keeping oxygen from circulating to your joint. It also shrinks blood vessels and decreases the amount of oxygen in your blood. Smoking can also increase blood pressure, heart rate and clotting, which can cause heart problems. If you need help to quit smoking, ask about hospital resources.

### **Recreational Substances**

Talk to your doctor if you regularly consume alcohol and/or recreational drugs. If you see a pain management physician, please discuss this with your surgeon.



### **Start Preoperative Exercises**

Many patients with arthritis favor their painful joint. As a result, the muscles become weaker, making recovery slower and more difficult. For this reason, it is important to start an exercise program before surgery to improve strength and flexibility. Doing this can help you recover more quickly and ease your recovery process.

You should be as flexible and as strong as possible before having joint replacement surgery. Always talk to your doctor before starting a preoperative exercise plan. This guidebook includes exercises your doctor may tell you to start now ([pages 33-37](#)). It is recommended that you do all exercises twice a day.

After surgery, arm strength will be important for activities of daily living, such as getting in and out of bed, using the toilet and using a front-wheel walker. You can do chair push-ups to strengthen your arms.

# GENERAL DIET CONSIDERATIONS

## Food Choices for Orthopedic Health

Protein is necessary for healing after surgery, and it can be obtained from foods such as meats, cheese, eggs, whole grains and legumes. It is also important to get plenty of vitamins. Make an effort to include calcium and vitamin D-rich foods in your diet. If you're missing out on these foods, you may want to talk to your doctor about supplements. Supplements can sometimes interact with other medications, though, so be sure to choose supplements with the help of a healthcare provider.

## Weight Control

- Maintaining a healthy weight helps with mobility after surgery and prevents unnecessary stress on your joints. It is important to be mindful of body weight when preparing for and recovering from surgery.
- Losing a few pounds before surgery can help
- Don't lose too much weight quickly, as this can deprive your body of nutrients necessary for recovery

## Blood Sugar Control

High blood sugar levels can result in a number of undesirable side effects for orthopedic patients. These may include:

- Risk of infection
- Risk of fractures
- Excess weight gain

If you have diabetes or pre-diabetes, it is especially important that you comply with your balanced meal plan (including portion size) and medication regimens during the period of time surrounding surgery.

The better you control your blood sugar, the less impact diabetes will have on your overall health and the better outcome you will have following orthopedic surgery.

If you would like to get more information about diabetes or pre-diabetes or need additional resources to help with weight loss, please contact your surgeon's office or your Orthopedic Patient Navigator.

What you eat plays an important role in helping you recover from surgery as well as life-long orthopedic health.

# UNDERSTANDING YOUR SURGERY AND ANESTHESIA

## **What will happen before my surgery?**

You will meet your anesthesiologist the day of your surgery. Your anesthesiologist will go over all information needed to assess your general health. This will include your medical history, laboratory test results, allergies and current medications. The anesthesiologist will use this information to decide the type of anesthesia best suited for you. Your anesthesiologist will also answer any other questions you may have. You will also meet your surgical nurses. Intravenous (IV) fluids will be started and preoperative medications may be given, if needed. Once in the operating room, monitoring devices will be attached, such as a blood pressure cuff, EKG, pulse oximeter, etc. At this point, you will be ready for anesthesia.

## **What does my anesthesiologist do during surgery?**

Your anesthesiologist is responsible for your comfort and well-being before, during, and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesiologist is also responsible for fluid replacement when needed.

## **What can I expect after the surgery?**

You will be taken to the Post Anesthesia Care Unit (PACU) after surgery. During this period, you may be given extra oxygen and specially trained nurses will closely observe your breathing and heart functions.

## **What type of anesthesia is available?**

- **General Anesthesia** causes loss of consciousness.
- **Regional Anesthesia** involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of feeling to a large area of the body. Regional anesthetic techniques include spinal blocks, epidural blocks and other nerve blocks.

## **Will I have any side effects?**

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. While improved anesthetic agents and techniques have reduced side effects, they can still occur for some patients. You will be given medication if nausea should develop.

# PREPARING FOR YOUR SURGERY



## **Preoperative Education**

You should plan to participate in pre-op education for joint replacement surgery patients. It is strongly suggested that you invite a family member or friend to act as your Coach. The Coach's role will be explained in your pre-op education.

For more information about preoperative education, contact your surgeon's office, visit [SentaraOrthoEducation.com](http://SentaraOrthoEducation.com) for online materials or call 1-800-SENTARA (736-8272) for the class schedule at the hospital where you are having surgery.

### Check with Your Surgeon for Specific Instructions

#### Preoperative Visit

You may have a preoperative appointment at your surgeon's office. This is a good time to ask any last minute questions.

#### Stop Medications and Supplements that Increase Bleeding

Stop taking all anti-inflammatory medicine such as aspirin, Motrin and naproxen sodium. Other medications can affect bleeding times, such as Vitamin E, turmeric, fish oil, etc. These medications and supplements may cause more bleeding. If you are taking a blood thinner, you will need special instructions from your doctor for stopping this medication.

#### Stop Taking Herbal Supplements

Some herbal medicines may interfere with other medications. If you are taking herbal medicines, ask your doctor if you should stop taking these medicines before surgery.

#### Restarting Medications

Reminder: after surgery, make sure to check with your surgeon before restarting any NSAIDs such as ibuprofen, naproxen sodium, Advil, Aleve, Motrin and Meloxicam.

#### Dental Care

Oral health and hygiene are important to healing and overall wellness. There may be a waiting period after your joint replacement surgery before you can have dental procedures (including cleanings).

Please check with your surgeon for their recommendations about having a dental exam before your surgery. Most dental issues need to be cared for before having joint surgery. You do not want to develop an issue with a loose filling, a cavity or other problems during your recovery.

After your joint replacement, talk with your surgeon about the need to take antibiotics before dental work.



### Night and Morning Before Surgery

#### Skin Preparation

You will be given specific instructions about skin preparation before surgery. Please follow the instructions carefully, and understand that the final steps of skin preparation will take place at the hospital.

Your skin preparation includes:

- Shower with pre-surgical wash, as directed
- Do not shave your surgical site within 3 days prior to your surgery

#### Food and Liquid Consumption

You will be given specific instructions about eating and drinking before surgery. Please review these instructions and follow them carefully.

### What to Bring to the Hospital

You are encouraged to bring comfortable clothes and personal hygiene items. We recommend clothes with elastic waistbands; zippers and buttons should be avoided.

For safety reasons, please do not bring electrical items such as fans or electric blankets. You may bring battery-operated items. Cell phones, laptops and tablets are permitted for use in your room. Remember to bring any chargers for those items.

Feel free to bring items with you that might ease your anxiety or pass the time, such as headphones, reading material, etc.





### **Please bring the following to the hospital:**

- This guidebook
- A copy of your advance directives (living will) if you have one
- Insurance card, driver's license or photo I.D.
- If your insurance requires a copay and you have not already paid it before the day of surgery, it may be collected when you arrive.
- Comfortable clothes to wear after surgery (T-shirt, shorts, flat shoes or tennis shoes)
- If you have a walker or bought one and it has NOT been fitted to you, have someone bring it to the hospital the day of your surgery and your physical therapist will check it for safety and fit. It may be helpful to put it in the trunk of your car you are bringing to the hospital, so it is available.
- CPAP if you use one. Know your settings and bring all of the parts. We will provide the water.
- Medication list

### **Do NOT bring to the hospital:**

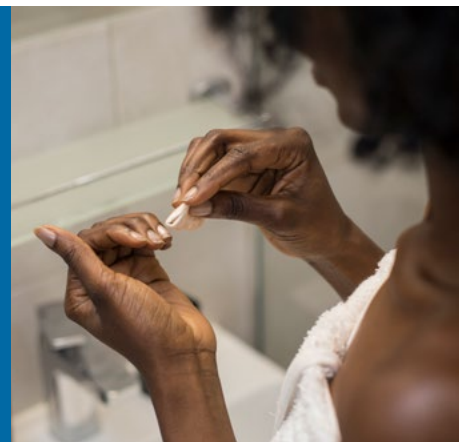
- Jewelry and valuables

### **Preoperative Education**

You should plan to participate in preoperative education for joint replacement surgery patients. It is strongly suggested that you invite a family member or friend to act as your Coach. The Coach's role will be explained in your pre-op education. For more information about preoperative education, contact your surgeon's office or visit [SentaraOrthoEducation.com](http://SentaraOrthoEducation.com) (or scan the QR code).



Reminder! If necessary, please remove fingernail and toenail polish, including acrylic nails prior to surgery.



# YOUR MEDICATION LIST

You will get specific instructions about medications and dosages, including when to stop some of them. Please follow the instructions carefully.

Prepare and review a medication list before surgery. Take time to make sure you include prescription medications, over-the-counter (OTC) medications, supplements, and natural herbs (including patches, creams, drops, etc.) on the list below or if you have already made your own. Check your Sentara MyChart and make sure all your medications are current.

It is very helpful to your admission process and direct patient care at the hospital. Do not forget to bring it in with you on the day of surgery.

**This list is for the medications you are currently taking (prior to surgery). There is a spot for you to write down your postoperative pain medication instructions on [page 21](#) and medications for blood clot prevention on [page 27](#).**

Drug Name	How much will I take?	When do I take it?	Why was I given it? (e.g., relieve pain)	Instructions I was given about the medication.

Drug Name	How much do you take?	When do you take it?	Why do you take it? (e.g., high blood pressure)	Instructions I was given about use before and after surgery.

**Make a quick note of any specific medication questions you want to ask your doctor.**

**Allergies:**

Remember to include ALL of the medications and supplements you take.

# DAY OF SURGERY



## Sentara OrthoJoint Center®

1. After you are cleared by the PACU team, you will be taken to your room or discharged home.
2. You can expect to be up and moving within hours after your surgery.
3. It is important to continue your ankle pump exercises; see [page 33](#) for exercise.
4. You should also start breathing exercises using an incentive spirometer as directed.

## Day of Surgery/Preoperative Preparation

Arrive at the hospital as instructed by your pre-op phone call. A prompt arrival gives staff enough time to prepare you for surgery. Preparation for surgery includes these activities:

- A nurse and an anesthesiologist will interview you.
- A nurse will start your IV.
- Antibiotics will be given through your IV as ordered.
- Your surgical site will be prepared.
- Your surgeon will mark your surgical site and answer any questions you may have.
- There may be other preparation activities as ordered.

Your safety is our greatest concern. Pain medications, equipment and surgery increase your risk for falling. **Never attempt to get up without calling for assistance and having an orthopedic care team member present.**

**Understanding Pain and Your Role**

**You play a major role in controlling your postoperative pain!**

It is easier to prevent pain from getting out of control rather than to manage it once it becomes intense. Remember to take your pain medication with food to decrease the risk of nausea.

Let your nurse know when you feel pain or discomfort that affects your ability to carry on a conversation, sleep at night or do physical therapy. Make sure to tell your nurse and caregivers if your pain is not being controlled with the medication you have been given.

**Enhanced Recovery After Surgery**

Controlling pain is a key to enhanced recovery after surgery. Your care team will use a combination of non-narcotic pain medication along with other techniques to control your pain. This is called a multi-modal approach. Key components when addressing pain include:

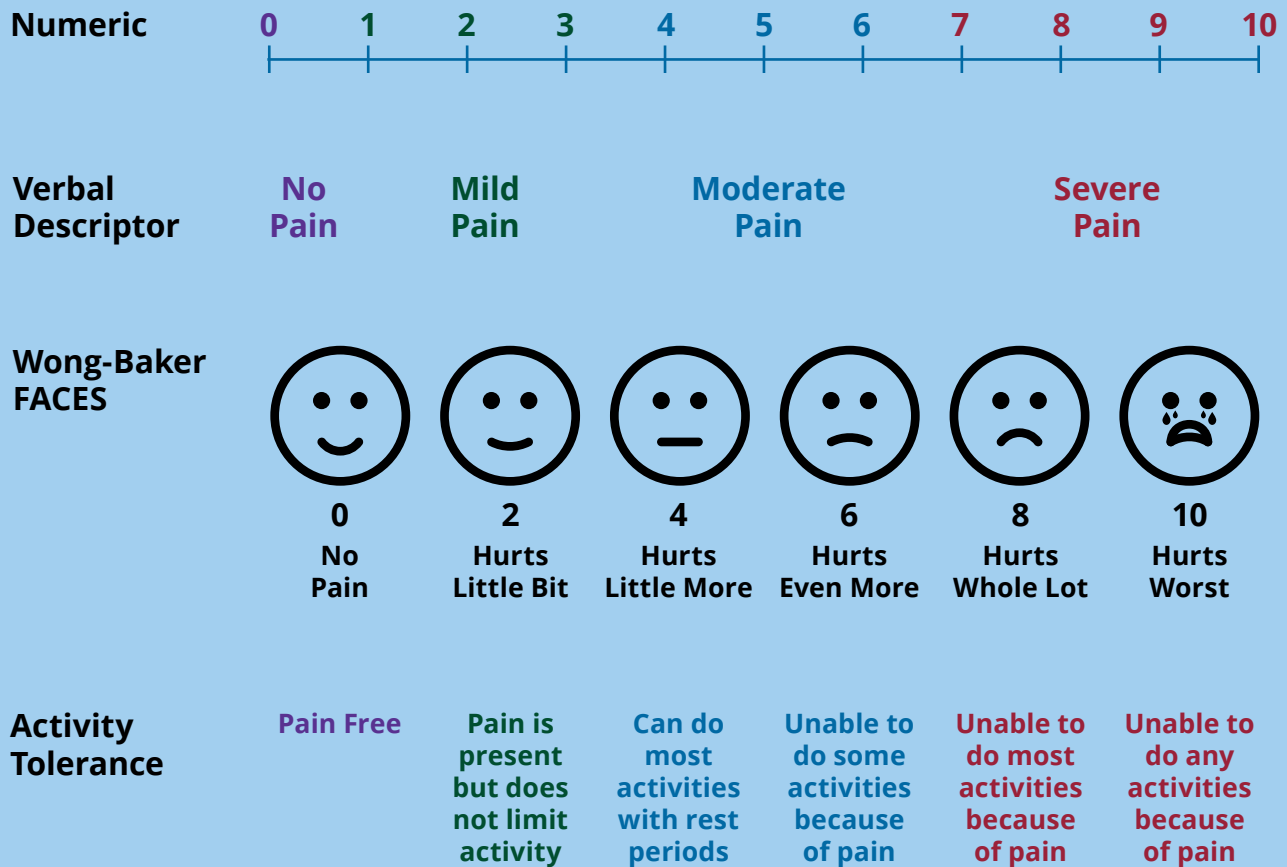
- Starting pain control before surgery
- Controlling pain using different types of medications and techniques after surgery

**Write down the medications and instructions you were given for postoperative pain medication:**

Drug Name	How much will I take?	When do I take it?	Why was I given it? (e.g., relieve pain)	Instructions I was given about the medication.

**Pain Scale**

A pain scale will be used to keep you involved in managing your pain. Assigning a number to the level of pain you are having will help clinicians understand the severity and decide how to best manage your pain. A score of “0” means you have no pain and “10” means you are in the worst possible pain.



You will have discomfort or pain postoperatively. The team will work to manage it so that you can eat, sleep and be mobile.

## Breathing Exercises

Techniques like deep breathing, coughing and use of an incentive spirometer can lower the risk of pneumonia, a potential complication after surgery. These techniques are described below. While in the hospital, you will be using an incentive spirometer as instructed by your care team.

### Deep Breathing

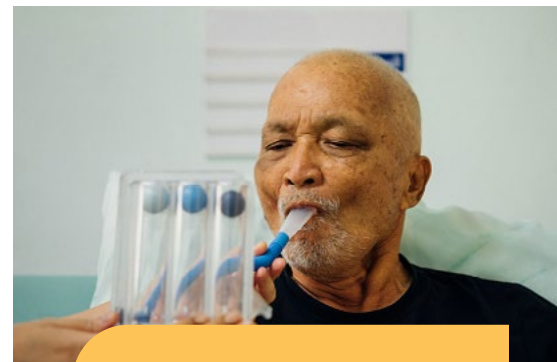
- To deep breathe, you must use the muscles of your abdomen and chest. Breathe in through your nose as deeply as you can.
- Hold your breath for 2 to 3 seconds.
- Let your breath out slowly through your mouth. As you breathe out, do it slowly and completely. Breathe out as if you were blowing out a candle (this is called “pursed-lip breathing”). When you do this correctly, you should notice your stomach going in. Breathe out for 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.

### Coughing

- Take a slow deep breath. Breathe in through your nose and concentrate on filling your lungs completely. Breathe out through your mouth and concentrate on emptying your chest completely.
- Repeat with another breath in the same way.
- Take another breath and hold it for the count of three, then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

### Incentive Spirometer

You will get an incentive spirometer to help keep your lungs clear. It is recommended that you do 10 repetitions every hour while you are awake. You should continue to use your incentive spirometer as directed when you leave the hospital.



### TIPS for SUCCESS

Deep breathing, coughing and using an incentive spirometer can reduce the risk of pneumonia.

### After Surgery

Depending on the time of your surgery, physical therapy (PT) may work with you on the same day. They will assess your safety and therapy needs. You will possibly be out of bed and even up walking with a walker the same day as surgery. Your Coach is encouraged to observe while you are working with physical therapy to help ensure a smooth transition home.

If you stay overnight, the morning after your surgery may start as early as 5 a.m. You can expect to be helped out of bed and seated in a recliner in your room. If not seen by PT prior, the physical therapist will assess your progress and get you walking with a walker. Once again, your Coach is encouraged to observe while you are working with physical therapy to help ensure a smooth transition home.

### Going Home

When it is determined that it is safe for you to return home, your transition team will finalize plans for you. The team will ensure you understand the next steps and how to use the required equipment.

### Prescriptions

You will get written discharge instructions concerning medications, physical therapy, activity, etc. The Sentara To Home pharmacy (located in most Sentara hospitals) can conveniently fill your prescriptions for you. Sentara To Home pharmacy is available Monday – Friday, hours vary by location. Visit [Sentara.com/SentaraToHome](http://Sentara.com/SentaraToHome) to find the hours and location where you are having surgery. If you want to have your prescriptions filled by an outside pharmacy, notify your care team.

### Care at Home

Your surgeon may choose to order home care and/or outpatient physical therapy to support your recovery after surgery. They will continue to work with you on the exercises and activities you began in the hospital.

### Transportation Plan

Write down your:

Coach: \_\_\_\_\_

Ride Home: \_\_\_\_\_

Backup: \_\_\_\_\_

Never get up without help from a staff member while in the hospital.

Be sure to take your guidebook home with you to use as a reference.



# LIVING WITH YOUR JOINT REPLACEMENT

## Caring for Yourself at Home

When you go home, there are many things you need to know for your safety, recovery and comfort.

### Comfort Tips

- Take your pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to a non-prescription pain reliever as directed by your doctor.
- Change your position every 45 minutes.
- Use ice/cold packs for pain control as directed. Applying ice/cold packs will lower discomfort. You can use ice/cold packs before and after your exercise program.
- Pineapple has natural anti-inflammatory properties from bromelain and may reduce inflammation, swelling and bruising after surgery. Be sure to check with your surgeon before adding to your diet!

A bag of frozen peas can be used as an ice pack or you can make your own ice pack by combining one cup of rubbing alcohol and three cups of water in a 1-gallon zip-top bag (double bag). Place this in the freezer until it turns into slush.

### Body Changes

- Drink lots of fluids to keep from getting dehydrated.
- A high protein diet will promote wound healing.
- Do not sleep or nap too much during the day. You need to be up and moving.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, if necessary. A high-fiber diet can also help ease constipation. If you do not have a bowel movement in three days, call your surgeon's office.

While you are recovering, try not to nap too much during the day while you are healing so that you will sleep better at night.

### Recognizing and Preventing Potential Complications and Infection

#### Signs of Infection That Need Immediate Attention

- Increased swelling and redness at the incision site
- Change in color, amount, and odor of drainage
- More pain in the joint that is not relieved by pain medication
- Fever greater than 101.0 degrees

#### Prevention of Infection

- Take proper care of your incision as ordered by your surgeon.
- Talk with your surgeon and ask if you will need to take antibiotics for future procedures.
- Update your healthcare providers, including your dentist that you have had a recent joint replacement surgery.
- Wash your hands before and after using the bathroom. Ensure all guests do the same. Keep hand sanitizer in convenient locations and use often.

#### Incision Care

- Follow the instructions given to you when you were discharged.
- Your surgeon will tell you when you may shower.
- If there is increased drainage, redness, pain, odor or heat around the incision, call your surgeon or a medical professional involved in your postoperative care.
- Take your temperature if you feel warm or sick. Call your surgeon if your temperature exceeds 101.0 degrees.

#### Blood Thinners

After surgery, there is an increased risk of blood clots. This is why blood thinners are prescribed after surgery.





**Reduce the Risk of Blood Clots in the Legs**

- Perform ankle pumps.
- Wear your compression stockings if ordered.
- Walk several times a day.
- Take your blood thinner as directed.

Blood clots can form in either leg.

**Signs of Blood Clots in the Legs**

Please notify your surgeon if you experience:

- Swelling in thigh, calf or ankle that does not go down with elevation
- Pain, heat, redness and/or tenderness in the calf or groin area

**Write down the medications and instructions you were given for postoperative blood clot prevention:**

Drug Name	How much will I take?	When do I take it?	Why was I given it? (e.g., reduces the chances of a blood clot forming)	Instructions I was given about the medication.

### Signs of a Pulmonary Embolus

- Sudden chest pain
- Shortness of breath
- Difficult and/or rapid breathing
- Confusion

### Pulmonary Embolus

An unrecognized blood clot could break away from the vein in your leg, and travel to the lungs. This may cause chest pain and/or shortness of breath. **Blood clots are an emergency.** You should call 911 if you suspect a pulmonary embolus.

### Prevention of Pulmonary Embolus

Recognize if a blood clot forms in your leg, and call your surgeon promptly.

### Compression Stockings

Some surgeons may order special compression stockings. Compression can help minimize swelling, improve circulation and can lower the chance of blood clots.

- If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg above heart level.
- Wear the stockings consistently as ordered by your surgeon.
- If you notice increased pain or swelling in either leg. Call your surgeon or a medical professional involved in your postoperative care.

Let your surgeon know if you experience issues such as increased pain or swelling.

If ordered, your surgeon will choose either knee high or thigh high compression stockings for you to use.



# WHEN YOU ARE AT HOME AFTER YOUR SURGERY



## Red Zone — You are in the Red Zone; take action now.

- Chest pain
- Shortness of breath
- Fall (with pain/injury/loss of consciousness)
- Call 911 right away!



## Yellow Zone — You are in the Yellow Zone; call right away.

### If you are receiving Home Health Care

#### **ACTION: Day or Night**

- Call Home Health, available 24/7:
- Temp >101°F with chills, sweating, shaking
- Changes in your incision — significant swelling or redness around the incision
- Increased drainage (foul odor or cloudy color)
- Uncontrolled pain
- Not tolerating physical therapy (if ordered), weakness
- No bowel movement in 3 days
- Fall without injury or loss of consciousness

### Use this if you are NOT receiving Home Health Care

#### **ACTION: Call Day, Night or Weekend for the following symptoms as directed by your care team.**

- Temp >101°F with chills, sweating, shaking
- Changes in your incision — significant swelling or redness around the incision
- Increased drainage (foul odor/cloudy color)
- Uncontrolled pain
- New onset weakness
- No bowel movement in 3 days
- Fall without injury or loss of consciousness

#### **ACTION: Call Daytime**

Surgeon's office: \_\_\_\_\_

Navigator: \_\_\_\_\_



## Green Zone — You are in the Green Zone, right where you need to be.

- Bruising and swelling of the surgical incision
- Continue exercise program, as directed
- Pain okay with medication
- Normal bowel pattern

#### **ACTION:**

- Do ankle pumps to prevent blood clots (VTE)
- Use ice as directed

### Remember

- Keep ALL appointments
- Take all medicines as ordered
- Drink plenty of water and choose healthy foods to eat
- Use incentive spirometer as directed in your After Visit Summary

# TOP 10 REASONS TO HEAL AT HOME

# 1

## **Healing at Home Reduces Your Risk of Getting Germs.**

Exposure to germs can increase your chance of getting healthcare-associated infections (HAIs). HAIs are illnesses caused by germs that people get while they are receiving care at a healthcare facility. HAIs can happen in any healthcare setting and are caused by bacteria, fungi or other less common infections.

We take specific precautions to prevent HAIs. We want to prevent a HAI even after your stay at the hospital! While the home is not perfectly clean, there is a lower chance of getting germs there. Those germs that people might get at home are less dangerous and there is less opportunity for spreading infections from patient to patient.

- Make sure your sheets, clothing and home are clean before you return home. Have extra bottles of hand sanitizer for guests and family members.

# 2

## **You Have Control of Your Environment.**

Preparing your home before surgery will make coming home so much easier. Small things like installing night lights and doing the laundry allows you to relax and focus on getting better. Pre-made meals from the freezer are an easy way to prepare a quick, healthy meal.

- Move frequently used items to the countertop level and remove throw rugs to lower the risk of falling.

# 3

## **You Are Not Alone. We're Here to Help.**

Most patients go directly from the hospital to home to heal. Once you are settled at home, you still have access to help, including your therapy provider, the Orthopedic Patient Navigator, your Coach and your surgeon's office.

- The therapists in the hospital will prepare you to safely get around your home. This includes walking up and down stairs and getting in and out of a car.

# 4

### **You Have More Privacy.**

As much as we respect your privacy in the hospital, nothing can compare with the comfort and privacy of your home.

- REMEMBER: Your Coach or other friend or family member will need to stay with you for at least the first two days.
- After the first couple of days, you may be able to do more than you thought. Nevertheless, it is a good idea to have someone come by and help with meals and housework.



# 5

### **You Are Prepared and Know What to Expect.**

Participating in Preoperative Education will prepare you for an even better surgery experience. You have this Patient and Family Guidebook with details about what to expect before, during and after your surgery. Additionally, the Orthopedic Patient Navigator is available Monday - Friday for your questions or concerns.

- There is also a video online that is available 24 hours a day for your viewing. This can be shared with friends and family too:  
[SentaraOrthoEducation.com](http://SentaraOrthoEducation.com)

# 6

### **You Will Get Better Sleep at Home.**

Sleep is the body's time to rebuild, restore, and get well. Naturally, it is most important to have quality sleep to get better after surgery. You are more likely to get the best sleep at home in your own bed. You will not have constant interruptions at home like talking, equipment sounds, and unfamiliar beds. These interruptions can keep you from getting enough sleep, which can slow down healing. You can ask physical therapy for tips on getting comfortable in bed.

## 7 You Will Get Back to Your Schedule Quicker.

The pace of your hospital stay can blur the days together. Going home can give you the chance to get back to your normal routine sooner. Being in your home and having family and friends stop by for a visit can help lift your spirits and keep you alert and active.

- Try not to nap too much during the day for better quality of sleep at night. Eating small meals on a regular basis throughout the day may be more appetizing than three large meals.

## 8 At Home You Are in Charge of Medication Timing.

With your Coach to help you, you can take your medication when you are ready for it. Rather than waiting for rehab staff to help or bring you medications, you can adjust your schedule to best suit your needs.

- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, if necessary. A high-fiber diet can also help ease constipation. If you do not have a bowel movement in three days, call your surgeon's office.

## 9 You Are Like No Other. Neither is Your Recovery.

Before you even got to the hospital, you had a personalized plan for what to do after your surgery. Your surgeon will determine your therapy needs after you leave the hospital.

- Talk to your surgeon about what is best for your recovery and make an appointment for your follow-up visit.

## 10 Home May Be the Most Cost-Effective Recovery Option.

Each insurer offers a unique set of benefits that will determine any out-of-pocket expenses. Make sure you assess your recovery options and financial obligations.



# KNEE SURGERY: PRE- AND POSTOPERATIVE EXERCISES

These exercises are best performed on your bed or sofa.



## Gluteal Squeeze

- Squeeze buttocks muscles as tightly as possible while counting out loud to 5.
- Repeat 20 times.
- Complete 2 sessions per day.

**Coach's Note:** Patient may place hand under buttock area and feel for muscle contraction.



## Quad Sets

- Slowly tighten muscles on thigh of straight leg while counting out loud to 5. Relax.
- Repeat 20 times.
- Complete 2 sessions per day.

**Coach's Note:** Look and feel for the muscle above the knee to contract. The heel may come off the surface if done correctly.



## Ankle Pump

- Bend ankles to move feet up and down, alternating feet.
- Repeat 20 times.
- Complete 2 sessions per day.

## Heel Slide

- Bend knee and pull heel toward buttocks.
- Hold 5 seconds. Return.
- Repeat 20 times.
- Complete 2 sessions per day.

**Coach's Note:** Patient should actively bend up surgical leg. Additional stretch can be obtained with towel, sheet, or theraband.



## Knee Extension Stretch

- With rolled towel under ankle of surgical leg, place ice pack across knee.
- Hold 5 minutes, or as tolerated.
- Complete 3 sessions per day.

**Coach's Note:** The knee should be unsupported to allow for a greater stretch.



## Short Arc Quad

- Place a large can or rolled towel under knee. Straighten leg.
- Hold 5 seconds.
- Repeat 20 times.
- Complete 2 sessions per day.

**Coach's Note:** Assistance may be needed under the patient's heel as patient attempts to straighten the knee.



## Straight Leg Raise

- Tighten muscles on front of thigh, then lift leg 6-12 inches from surface, keeping knee locked.
- Repeat 10 times per set.
- Do 2 sets per session.
- Complete 2 sessions per day.

**Coach's Note:** Keep leg straight. Assistance may be needed by supporting under knee and ankle.





## Abduction

- Slide one leg out to side.
- Keep kneecap pointing up.
- Gently bring leg back to pillow.
- Repeat 20 times.
- Complete 2 sessions per day.

**Coach's Note:** Encourage patient to keep kneecap/toes pointed up.



## Quad Strengthening

- Tighten muscles in top of thigh and straighten out knee.
- Hold 5 seconds, counting out loud.
- Repeat 20 times.
- Complete 2 sessions per day.

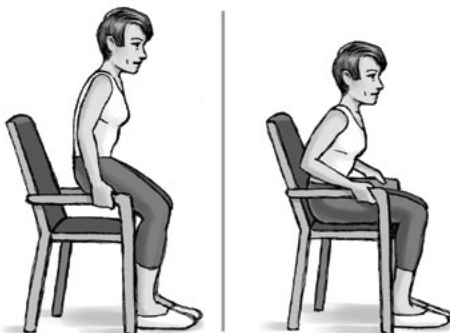
**Coach's Note:** Encourage patient to completely straighten knee.



## Chair Knee Flexion

- Keeping feet on floor, slide foot of operated leg back, bending knee.
- Hold 20-30 seconds.
- Repeat 20 times.
- Complete 2 sessions per day.

**Coach's Note:** Patient should bend knee to point of pain and then a little more. Slide knee under chair, keep hips on chair. With foot planted on the floor, move buttocks forward in chair for greater stretch.



## Arm Chair Push-ups

- Put hands on arms of chair and push body up out of chair.
- Repeat 20 times.
- Complete 2 sessions per day.

**Coach's Note:** Ensure patient does not lean too far forward. Emphasize to patient to push down into the armrests.

# HIP SURGERY: PRE- AND POSTOPERATIVE EXERCISES

Follow your hip precautions as directed by your surgeon.

## Gluteal Squeeze

- Squeeze buttocks muscles as tightly as possible while counting out loud to 5.
- Repeat 20 times.
- Complete 2 sessions per day.

**Coach's Note:** Patient may place hand under buttock area and feel for muscle contraction.



## Quad Sets

- Slowly tighten muscles on thigh of straight leg while counting out loud to 5. Relax.
- Repeat 20 times.
- Complete 2 sessions per day.

**Coach's Note:** Look and feel for the muscle above the knee to contract. The heel may come off the surface if done correctly.



## Ankle Pump

- Bend ankles to move feet up and down, alternating feet.
- Repeat 20 times.
- Complete 2 sessions per day.



## Heel Slide (do not go past 90° of hip flexion)

- Bend knee and pull heel toward buttocks.
- Hold 5 seconds. Return.
- Repeat 20 times.
- Complete 2 sessions per day.

**Coach's Note:** Patient should actively bend up surgical leg. Reinforce not to bend greater than 90 degrees of flexion.





## Abduction

- Slide one leg out to side.
- Keep kneecap pointing up.
- Gently bring leg back to pillow.
- Repeat 20 times.
- Complete 2 sessions per day.

**Coach's Note:** Do not have the surgical leg cross midline of body.



## Short Arc Quad

- Place a large can or rolled towel under knee. Straighten leg.
- Hold 5 seconds.
- Repeat 20 times.
- Complete 2 sessions per day.

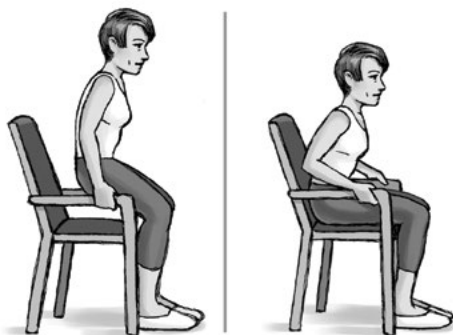
**Coach's Note:** Support under patient's heel if assistance is needed for patient straightening out knee.



## Quad Strengthening

- Tighten muscles in top of thigh and straighten out knee.
- Hold 5 seconds, counting out loud.
- Repeat 20 times.
- Complete 2 sessions per day.

**Coach's Note:** Be careful not to lean too far forward. Encourage patient to straighten knee.



## Arm Chair Push-ups

- Put hands on arms of chair and push body up out of chair.
- Repeat 20 times.
- Complete 2 sessions per day.

**Coach's Note:** Ensure patient does not lean too far forward. Emphasize to patient to push down into the armrests.

# ACTIVITIES OF DAILY LIVING

If you have hip precautions, your therapist will discuss them with you to lower the possibility of a dislocation after your surgery. Be sure to ask your surgeon how long you need to maintain the hip precautions.

## Lying in Bed

- Keep a pillow between your legs when lying on your back. Position your leg such that your toes are pointing to the ceiling — not inward or outward.
- To roll from your back to your side, bend your knees slightly, and place a large pillow (or two) between your legs so that your operated leg does not cross the midline. Roll onto your side.



## Sitting: For All Joint Patients

- Back up to the center of the chair until you feel the chair on the back of your legs.
- Slide out the foot of the operated side, keeping the strong leg close to the chair for sitting, if needed initially for pain.
- Reach back for an armrest one at a time.
- Slowly lower your body to the chair, keeping the leg of your operated side forward as you sit.



## TIPS for SUCCESS

Do not pull up on your walker to help stand up.

Sit in a chair with armrests whenever possible.

## Sitting to Standing: For All Joint Patients

- Extend your leg of the side that was operated on, so the knee is lower than your hips, if needed initially for pain.
- Scoot your hips to the edge of the chair.
- Push up with both hands on the armrests. If sitting in a chair without armrests, place one hand on the walker while pushing off the side of the chair with the other.
- Balance yourself before grabbing for the walker.



Back up until you feel your leg on the bed.



## Getting Into Bed

- Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed).
- Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress.

Sit, keeping your knee lower than your hip.



- Move your walker out of the way, but keep it within reach.
- Scoot your hips around so that you are facing the foot of the bed.
- Lift your leg into the bed while scooting around (if this is your surgical leg, you may use a cane, a rolled bed sheet, a belt, or your elastic band to assist with lifting that leg into bed).

Scoot back on the bed, lifting the leg on the bed.



- Keep scooting and lift your other leg into the bed using the assistive device. Do not use your other leg to help as this breaks your hip precautions.
- Scoot your hips toward the center of the bed.

## Getting Out of Bed



- Scoot your hips to the edge of the bed.
- Sit up while lowering your non-surgical leg to the floor.
- If necessary, use a leg-lifter to lower your surgical leg to the floor.
- Scoot to the edge of the bed.
- Use both hands to push off the bed.
- Balance yourself before taking your first step.

## Getting Into/Out of the Tub Using a Grab Bar

Please refer to education/instruction provided by your therapist.

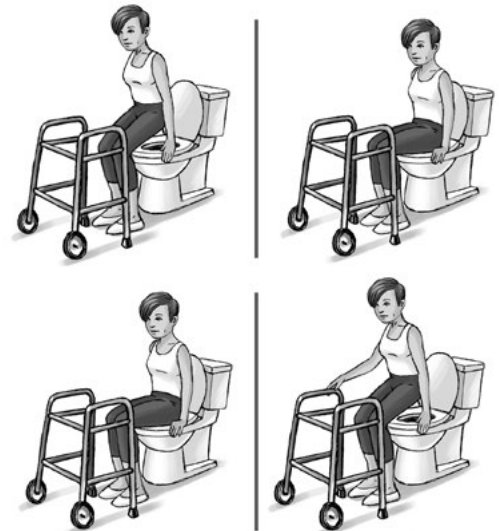
### Tips:

Although bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance. These items can be purchased at your local pharmacy. If a walk-in shower is not available, bathe at the sink until you are strong enough to step over the side of the bathtub.



## Getting On/Off the Toilet

Please refer to education/instruction provided by your therapist.



### TIPS for SUCCESS

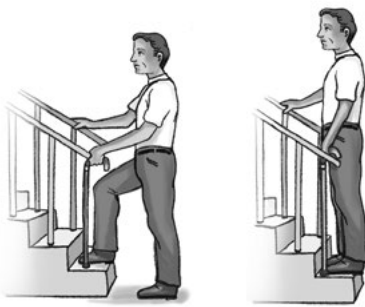
Take small steps. Keep the walker in contact with the floor, pushing it forward like a shopping cart. If using a rolling walker, you can advance from this basic method to a normal walking pattern. Holding onto the walker, step forward with the surgical leg, pushing the walker as you go; then try to alternate with an equal step forward using the non-operated leg. Keep pushing the walker forward as you would a shopping cart. When you first start, this may not be possible, but as you “loosen up” you will find this gets easier. Maintain your body in the center of the walker frame.





## Walking with a Walker

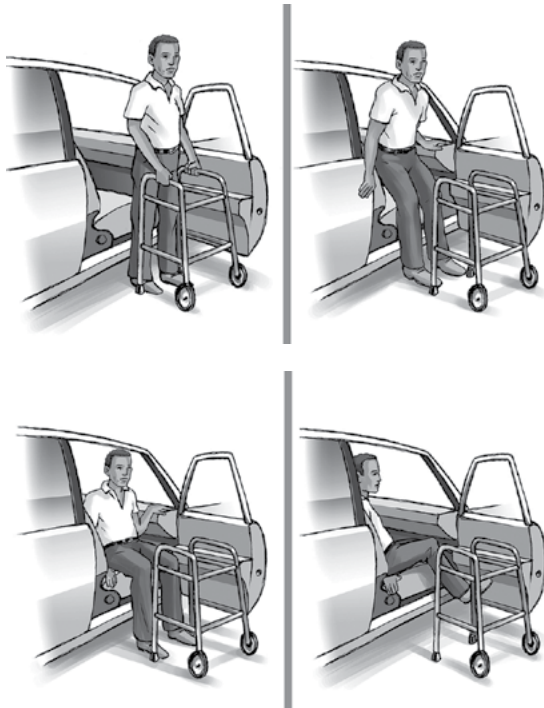
- Push the rolling walker forward.
- Step forward placing the foot of the surgical leg in the middle of the walker area.
- Step forward with the non-surgical leg. Do not step past the front wheels of the walker.



## Climbing Stairs

- Ascend with non-surgical leg first (Up with the good).
- Descend with surgical leg first (Down with the bad).
- Always hold onto the railing.

Note: as you climb or descend the stairs, both feet should be on the same step before you move to the next one.



## Getting Into a Car

- Push the car seat all the way back; recline the seat back to allow access, but always have it in the upright position for travel.
- Back up to the car seat until you feel the seat at the back of your legs. Reach your hand behind you for the back of the seat, using the other hand to secure a spot on the frame or dashboard.
- If you need to use the car door or walker, have someone hold the “unsteady objects.” Slowly lower to a sitting position. Scoot your hips back until you are securely on the seat.
- Leading with your hips, bring one foot into the car at a time until you are facing forward.

Note: The car door and walker are NOT secure options.

### Dressing — Putting on Pants and Underwear

- Sit down.
- Put your surgical leg in first and then your non-surgical leg. Use a reacher or dressing stick to guide the waistband over your foot.
- Pull your pants up over your knees, within easy reach.
- Stand with the walker in front of you to pull your pants up the rest of the way.



### Dressing — Taking off Pants and Underwear

- Using your walker, back up to the chair or bed where you will be undressing.
- Unfasten your pants and let them drop to the floor. Push your underwear down to your knees.
- Lower yourself down, keeping your surgical leg out straight.
- Take your non-surgical leg out first and then the surgical leg.
- A dressing stick can help you remove your pants from your foot and off the floor.



### Dressing — How to Use a Sock Aid

- Slide the sock onto the sock aid.
- Hold the cords and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
- Slip your foot into the sock aid.
- Straighten your knee, point your toe and pull the sock on. Keep pulling until the sock aid pulls out.



### Dressing — Using a Long-handled Shoehorn

- Use your reacher, dressing stick, or long-handled shoehorn to slide your shoe in front of your foot. Please make sure you are sitting on a stable surface.
- Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
- Step down into your shoe, sliding your heel down the shoehorn.

Note: This should be performed sitting. Wear sturdy shoes that enclose the heel such as tennis shoes, shoes with Velcro closures or elastic shoelaces. DO NOT wear high-heeled shoes or shoes without backs.



# AFTER YOUR HIP OR KNEE REPLACEMENT SURGERY

## Around the House

### Kitchen and Bathroom

- Do NOT get down on your knees to scrub floors. Use a mop and long-handled brushes.
- Plan ahead! Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- Use a high stool, or put cushions on your chair when preparing meals for a better working height.

### Safety and Avoiding Falls

- Place all frequently used items between waist and shoulder level for easy access.
- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces. Your pets will be excited to see you! Have your Coach keep your animals secured until you are safely seated.
- Always maintain good lighting. Install night lights in the bathrooms, bedrooms and hallways.
- Keep extension cords and other cords out of pathways. Do NOT run wires under rugs; this is a fire hazard.
- Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with armrests. It makes it easier to get up.
- Rise slowly from either a sitting or lying position to avoid getting light-headed.
- Do NOT lift heavy objects for the first three months and then only with your surgeon's permission.



### Keep Moving

You should be on a regular exercise program three to four times per week, lasting 20-30 minutes.

# LIFE AFTER SURGERY

You need to have a regular exercise program to maintain the fitness and the health of the muscles around your joints. With both your orthopedic and primary care physicians' permission, you should be on a regular exercise program three to four times per week, lasting 20-30 minutes. Impact activities such as running and singles tennis may put too much load on the joint and are not recommended. High-risk activities such as downhill skiing are also discouraged because of the risk of fractures around the prosthesis and damage to the prosthesis itself. Below we have included recommendations.

## **General Recommendations**

- Discuss with your surgeon if you should take antibiotics prior to any procedure.
- Although the risks are very low for postoperative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 101.0 degrees or sustain an injury such as a deep cut, please report that to your surgeon's office.
- Please check with your surgeon if you are planning to travel after your surgery. When traveling, stop and change positions and do ankle pumps hourly.

## **Exercise Recommendations**

Choose low-impact activities when recommended by your surgeon. Examples include:

- Regular 1- to 3-mile walks outside or on a treadmill
- Stationary bike
- Aquatic exercises when cleared by your surgeon
- Regular exercise at a fitness center
- Low-impact sports such as golf, bowling, walking, gardening, dancing, swimming, etc. Talk with your surgeon or physical therapist about returning to specific sport activities.
- Avoid engaging in high-impact activities or contact sports that require a lot of starts, stops, turns or twisting motions.

# LIFETIME FOLLOW-UP VISITS

## Routine follow-up is important for several reasons.

### General guidelines:

- Every year, unless told differently by your physician
- Anytime you have mild pain for more than a week
- Anytime you have moderate or severe pain



There are two important reasons for routine follow-up visits with your orthopedic surgeon:

1. If you have a cemented joint, they need to assess the integrity of the cement.
2. The second reason for follow-up is that your prosthesis may wear.

X-rays taken at your follow-up visits can detect these problems. Your new X-rays can be compared with previous images to make these determinations. This will be done in your doctor’s office.

## Scheduled Follow-up Appointments

Surgeon	Primary Care Provider
1.	1.
2.	2.
3.	3.

# FREQUENTLY ASKED QUESTIONS



We are glad you have chosen Sentara OrthoJoint Center® for your surgery. People facing joint surgery often have the same questions. If there are any other questions that you need answered, please ask your surgeon or the Orthopedic Patient Navigator. We are here to help.

## **What is osteoarthritis and why does my joint hurt?**

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear-and-tear condition that destroys joint cartilage. Sometimes, as the result of trauma, repetitive movement, or for no clear reason, the cartilage wears down, exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or many joints.

## **How long will my new joint last and can a second replacement be done?**

All implants have a limited life expectancy depending on an individual's age, weight, activity level, and medical condition(s). A total joint implant's lifespan will vary in every patient. Remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specified length of time.

## **Will I need a walker or a cane?**

Yes, initially you will need a front-wheel walker. Patients progress at their own rate. Your physical therapist will assess your equipment needs.

### **Will I need help at home?**

Yes. Your Coach or another responsible person needs to stay with you for at least the first two days after you return home from the hospital. To help you at night, administering pain medication, assisting with meals and encouraging you to perform your home exercise program.

Having a Coach is an important part of your recovery. If you do not have a Coach or a team of people who are prepared to assist you, please discuss this surgeon.

### **What are the major risks?**

Infection and blood clots are two potential complications of surgery. To avoid them, your surgeon may use antibiotics and blood thinners.

Use the resources discussed in this book to decrease the potential of these risks.

### **Will the surgery be painful?**

You will have discomfort after surgery, but we will try to keep you as comfortable as possible with the appropriate medication.

### **What is total hip replacement?**

Removal of the damaged bone and cartilage from the thigh bone (femur) and hip bone with insertion of artificial joint, also known as prosthesis.

### **How long and where will my scar be?**

There are a number of different techniques used for hip replacement surgery. The type of technique will determine the exact location and length of the scar.

### **Will I need physical therapy when I go home?**

Your surgeon will determine your therapy needs after you leave the hospital.

### **Will my new joint set off security sensors?**

Your joint replacement is made of a metal alloy and may or may not be detected when going through some security sensors. Inform the security agent that you have a joint replacement. The agent will direct you on the security screening procedure.

### **What is total knee replacement?**

Removal of damaged bone and cartilage from the thigh bone (femur), shin bone, and knee cap with insertion of an artificial joint, also known as a prosthesis.



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# NOTES





S E N T A R A<sup>®</sup>

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Atención: si habla español, tiene a su disposición servicios lingüísticos gratuitos. Llame al 844-809-6648.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 844-809-6648 번으로 전화해 주십시오.

注意: 如果您讲中文普通话, 则将为您提供免费的语言辅助服务。请致电 844-809-6648。

*ATTENTION: Language assistance services are available to you free of charge. Call 844-809-6648.*

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