

The **JOINT REPLACEMENT** *Camp*



*The Surgery,
The Recovery,
and Your Future
with This New Joint*



WILLIS-KNIGHTON HEALTH SYSTEM

Statement of Publication

This patient education handbook has been prepared for you using general information that is typical to most surgeries. *If you receive other instructions from your surgeon, please follow the surgeon's instructions. Every person is different and your physician knows you best.*





WELCOME

Welcome to Willis-Knighton Health System and our joint replacement pre-operative course. Whether you have already scheduled your joint replacement procedure or simply want to gain information about what to expect in preparation for that decision, this class has been designed just for you.

Of course anyone who has surgery will have some level of apprehension. “What will happen?” “How will I feel?” “How long will I have to stay in the hospital?” “How will the pain be controlled?” “How long will recovery take?” We will be answering all these questions and more. This booklet will include the information covered here today as well as some additional details.

Today’s sophisticated surgical techniques and implants allow patients who have joint replacement surgery to gain a new sense of mobility and freedom from joint pain. The word “miraculous” is sometimes overused, but in the case of a person who has suffered severe joint pain and who has been confined to home, the results of joint replacement can truly be “miraculous.” Patients routinely say that joint replacement surgery changed their life.

This class will feature speakers from the various departments that patients

come in contact with, offering information that will be helpful. Because the basic information covered in this class is included in the booklet, you may want to follow along, but you will not have to take notes – and the good news is that there will be no test at the end of the class.

First of all, we are pleased that you have chosen or are considering using Willis-Knighton for your joint replacement surgery. When you decide to have joint replacement in our full-service hospital, you are making a wise decision. Most surgeries are considered “routine.” But in case something happens that is not part of the routine, you will have the security of knowing that all of the critical care resources are right here. Willis-Knighton continues to receive national recognition for its quality of care and our dedication to quality is never-ceasing. We are always striving to improve the care we deliver to our patients.



YOUR WILLIS-KNIGHTON HEALTHCARE TEAM

The People Who Will Care for You

While you are at Willis-Knighton you will come in contact with a wide variety of people.

Your **orthopaedic surgeon** is the doctor who performs the joint replacement surgery and who is responsible for your care throughout your hospital stay and following your surgery. Your surgeon's support staff such as a surgical assistant, nurse or technician will also participate in your care.

An **anesthesiologist or certified registered nurse anesthetist** will make up your anesthesia team and will work together to administer your anesthesia during surgery. Postoperatively, the anesthesiologist, in some cases, may help manage your pain.

Your **primary care physician** – an internal medicine or family practice specialist – will perform your pre-operative physical.

Nurses – You will come in contact with several nurses during your stay – from the nurses in surgery and recovery to those on the floor. We even have nurses who can visit your home to provide care after the surgery if that is required.

Physical Therapist – A physical therapist will help you regain strength and motion in your joint. You will have physical therapy during your stay and most patients have therapy for a few weeks after they return home.

Occupational Therapist – Your occupational therapist will show you how to handle tasks like bathing and dressing.

Dietitian – A dietitian will assure that your dietary needs are met while you are in the hospital and give you pointers on maintaining a healthy diet afterwards.

Respiratory Therapist – Your respiratory therapist will check your oxygen level and give you oxygen if prescribed by your physician. You will be instructed on how to use a deep breathing device in order to keep your lungs healthy.

Care Manager – A care manager will coordinate your discharge and help you identify the resources you may need.

Fitness Instructor – A fitness instructor may assist you in your recovery by creating a custom exercise prescription for you to follow to strengthen the muscles that power your newly replaced joint.

Admitting staff - These individuals will ensure proper registration and billing of insurance for patients having surgery. Pre-registration for surgery allows for pre-operative testing to be completed and read prior to your surgery. This will be more efficient for you, the physician and hospital staff. Pre-cert staff will call to verify insurance coverage, obtain the effective date, deductibles / co-pay amounts, percentage of payment and network providers. We also ask if the procedure requires pre-authorization. If it does, once authorization has been completed, the number is documented in your records.

Laboratory Staff – A member of the laboratory phlebotomy team will collect your specimens if your physician orders laboratory tests to be performed.

WHO QUALIFIES FOR JOINT REPLACEMENT SURGERY?

Hip and knee problems are often caused by arthritis – either osteoarthritis (the most common type) or rheumatoid arthritis. Osteoarthritis is related to wear and tear on the joint and generally is one of those “gifts” you receive as you grow older. Rheumatoid arthritis is an inflammatory disorder that affects people of all ages. Joint replacement can significantly reduce or alleviate pain caused by either type of arthritis.

Other reasons for joint replacement surgery include:

- Congenital Hip Dysplasia
- Failed Prior Procedure
- Gouty Arthropathy
- Osteonecrosis
- Paget’s Disease
- Post-Traumatic Conditions (fractures)
- Severe Varus or Valgus Deformity
- Spondylo Arthropathy
- Total Joint Revision Surgery
- Tumor



WHO DOESN'T QUALIFY FOR JOINT REPLACEMENT SURGERY?

Patients who are not good candidates for joint replacement include those who:

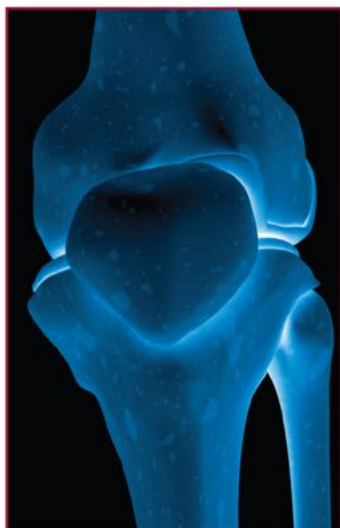
- Are morbidly obese
- Are being treated for sepsis (a system wide infection)
- Have an increased risk for falls due to fainting or dizzy spells
- Have severe osteoporosis



KNEE REPLACEMENT

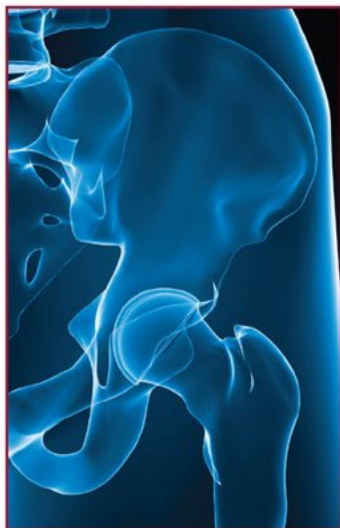
The knee is one of the largest joints in your body. When cartilage in the knee becomes thin due to arthritis or injury, the bones rub together and cause pain, weakness and limit your motion.

In joint replacement surgery, the knee joint is resurfaced and new components are added to make the knee function better. In some cases, only a partial knee surgery is required with only one side of the joint being resurfaced.



HIP REPLACEMENT

Normal hips have cartilage that allows them to move against each other without pain. However, in patients with arthritis, that cartilage layer is destroyed and movement of the bones rubbing together causes pain and limits motion. In hip replacement surgery, your arthritic hip is replaced with an artificial one that is best for you.

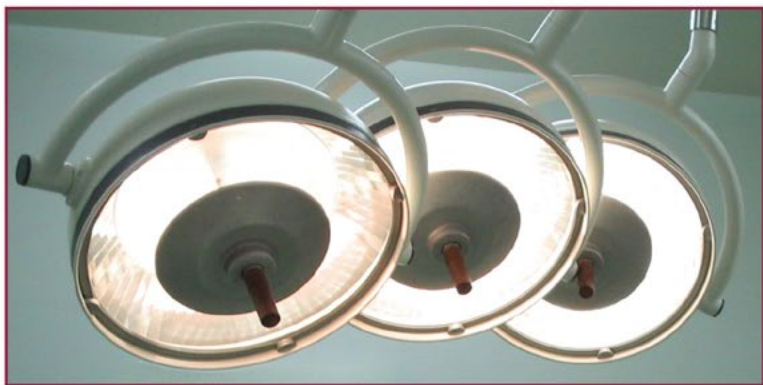


RISKS

Like any surgery, joint replacement surgery has risks. It is considered a “major surgery” so you need to be aware of these risks. Although they are not common, they can occur. They include:

- Problems from anesthesia
- Infection
- Surgical bleeding
- Blood clots
- Damage to nerves or blood vessels
- Dislocation with hip replacement
- Dislocation of the patella with a knee replacement
- Leg length discrepancy
- And – very rarely – death.

Every precaution to avoid complications will be taken. And, again, you will have the benefit of being in a full-service hospital recognized for quality care.



BEFORE SURGERY

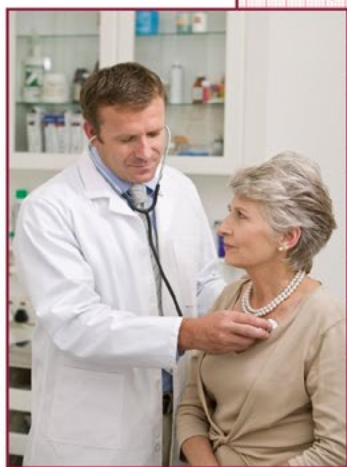
Before you have surgery, it's important to do specific things to assure that your surgery will go as smoothly as possible and that you will have the resources you need to recover.

VISIT TO YOUR PRIMARY CARE DOCTOR

At least three to four weeks prior to your surgery, you should schedule a physical examination by your primary care doctor. This is to check for any medical problems that could put you at risk during the surgery or hamper your recovery. Your physician should provide the following information:

- A complete medical history
- A complete physical examination
- Pre-Admission Testing – Lab tests (blood and urinalysis), EKG (electrocardiogram), chest x-ray.

If any of these exams or tests shows you have risk factors, you may need more testing. Your doctor will contact you if anything is abnormal.



Medications

The visit to your doctor is a good time to ask about the medications you are taking and whether you can take them before surgery. Be sure your doctor is aware of all medications – including vitamins and over-the-counter medications. Ask your doctor to provide you with directions for taking medications before surgery, including whether there are any prescription medications or over-the-counter medications that should be discontinued prior to your surgery.

If you are taking medication that contains aspirin or others such as anti-inflammatories, arthritis medication or blood thinners, your physician will recommend that you avoid or stop taking them.

Medication Notes:

- Extra Strength Tylenol is acceptable.
- If you take Coumadin for a health condition, please talk to the doctor about when you should stop taking it. If you have been given a prescription for Coumadin by the joint replacement surgeon, take it at 5 p.m. on the day before your surgery.
- On the morning of your surgery, you should take only the medications you have been instructed to take at that time and with just a small sip of water.



Preventing Infection

Infections are commonly passed through your mouth or skin. Therefore, you will want to help assure that you follow these preventive measures.

Cleansing Your Skin

Two weeks prior to your surgery begin to shower or bathe with an antibacterial soap to decrease bacteria on your skin. Dial and Phisoderm are two brands that are generally available at your local pharmacy or grocery store. Your physician may prescribe a special antibacterial wash to be done the night before and morning of surgery. Wear clean clothing every day.

Hand Hygiene: *Your Most Powerful Defense Against Infections* -

While in the hospital, you are vulnerable to developing an infection – especially if you’ve had an operation. We are very concerned about patient safety and we do many things to prevent hospital acquired infections. The single most important step to preventing infections is performing HAND HYGIENE! Hand hygiene is the newest term to describe washing or decontaminating hands.

Our staff is knowledgeable in identifying the key opportunities for hand hygiene. For example, staff will be washing their hands before & after they touch you. Staff will be using soap and water or an alcohol hand rub for hand hygiene. Remember: It’s okay to ask staff to wash their hands prior to touching you if you do not observe them doing so.

Visiting the Dentist

If you have not had a dental check-up recently, please schedule one prior to your surgery. Infections from dental problems can spread to the bloodstream and create problems.



LIVING WILL-ADVANCE DIRECTIVES

Your surgery is not considered to be life-threatening. However, Louisiana Law requires that we determine whether you have a living will or advance directive and, if you do not, provide you with information. If you already have an advance directive, you should bring the document with you when you arrive for surgery.

In order to make one's wishes known to his/her physician and other healthcare workers, a person has the right to make a declaration specifying those wishes in the event he/she becomes incompetent or is otherwise unable to make those wishes known. To help you be informed about this subject, you will receive a copy of Willis-Knighton's policy statement regarding such declarations, a summary of Louisiana law and sample forms upon admission. Because the forms are written for the general public, they may not meet your specific needs. In such a case, you may want to consult with your physician or attorney to have a document drafted to meet your specifications.

Your Advance Directive becomes part of your medical chart once you are admitted.

An advance directive becomes effective as soon as any one of the following happens:

- You are unable to communicate your wishes for medical care, either verbally or in writing.
- You become deeply comatose and are close to death due to a terminal illness.

DIET & NUTRITION

Your body heals best when your nutritional needs are being met. Eating a healthy diet and achieving and maintaining a healthy weight can help to reduce the risk of heart disease, high blood pressure, diabetes and cancer and will help eliminate pressure on your joints.

A good general rule is to limit your intake of fats, sweets and alcohol and eat more fruits, vegetables and grains.

Iron Supplement

Iron is found in every cell of the body and is essential in the manufacture of red blood cells. Your body needs iron to make oxygen-carrying proteins in hemoglobin and myoglobin. Hemoglobin is found in red blood cells and myoglobin found in muscles. An iron supplement will help your body fight infection and is essential in creation of collagen which is the major protein that comprises your bone, cartilage and connective tissue.

Here are some tips for taking an iron supplement:

- Take the supplement on an empty stomach with a glass of water or juice.
- Refrain from drinking tea and coffee with meals because they can hinder iron absorption into your body. Instead, you may drink coffee and tea between meals.
- Include iron-rich foods in your diet such as lean meat, fish and poultry.
- Include vitamin C-rich foods that help your body absorb iron: strawberries, orange juice, cantaloupe, tomatoes, broccoli, and red or green chili peppers.

For more information about iron, how much you need at your age and foods that contain iron, go to the Willis-Knighton website www.wkhs.com

and click on the Health Information tab. Click on Health Library and search the “Entire Health Library” for the this article: Good Food Sources of Iron.

Exercise

An exercise program should be a part of your regular daily schedule. Exercise has been proven to improve your breathing, cardiac function, strength and balance. Regular exercise reduces your chance of falling by increasing your stability and stamina. Regular exercise also improves your mood by releasing endorphins. Please review the strengthening exercises in the Appendix. You will want to perform these exercises in advance of your surgery as well as afterwards. These exercises will help to support your recovery.

Here are a few additional lifestyle issues to consider:

Limit Alcohol – A week prior to surgery, eliminate or at least, limit your alcohol intake to one glass of wine or beer or a cocktail per day.

Stop Smoking – Stop smoking to increase your healing. Smokers are more likely to experience lung complications during and after surgery.



PREPARING FOR DISCHARGE

It is best to prepare for your discharge *before* you have surgery, not while you are in the hospital.

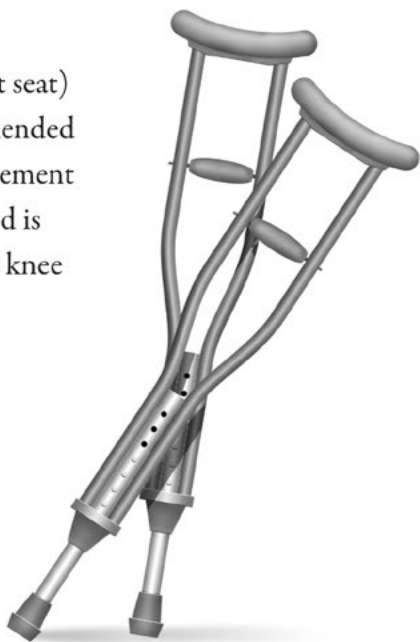
A discharge plan will be tailored to your needs by a care manager as the physician determines what is best for you. The goal will be to ensure that your strength and endurance are such that you can take care of yourself.

There are some things that you can arrange before you have surgery.

Medical Equipment

Some items like a walker or crutches are covered by insurance. Others would be leased or rented and may or may not be covered by insurance. Some churches and clubs loan medical equipment so you may want to check with organizations of which you are a member to determine availability. Some of the more common items include:

- Walker or crutches
- Elevated commode (raised toilet seat) with arms. This is often recommended for patients who have hip replacement or bilateral knee replacement and is optional for patients with single knee replacement.
- Shower chair or bench
- Long-handled sponge
- Hand-held shower
- Grab bars



You may purchase the commode seat, shower chair or other helpful devices from a medical supply store. Some pharmacies also have these items. You should ask your doctor for a prescription for these items to assure that you can receive insurance coverage when applicable. Your case manager can be a resource in obtaining these items as well.

Your walker or crutches will be ordered for you while in the hospital and delivered to your room where a therapist will help you learn the proper usage.



INSURANCE COVERAGE

Health insurance varies from company to company. You will need to check with your insurance provider before you have surgery to ask what is covered and what is not covered under your plan. Most insurance cards have a number listed for you to call. Please do this in advance of your surgery so you will have no surprises about insurance coverage. We have provided you with a list of questions you will want to ask. You may want to include all of this information on one sheet of paper so you will have it with you in the hospital and when you return home.

- Be sure to get the name of the person to whom you speak about this coverage. (*Representative's Name*) _____
- Indicate the date and time you called. (*Date & Time*) _____
- Have your policy number handy for reference. (Policy #) _____
- Tell insurance representative the type of surgery you will be having:
Total Hip, Total Knee, Bilateral Knee or Hip Replacement

Ask these questions:

- Do you require that my hospital stay be preapproved?
 yes no
- Who will preapprove the hospital stay? _____
- Do I need to do anything to be preapproved?
 yes no
if yes, what _____
- Do you cover additional days if I have complications?
 yes no
- How many extra days would be allowed for complications? _____

- If I cannot immediately return home when I am discharged, do I have benefits for more rehabilitation and physical therapy?

yes

no

- ◆ What type of coverage benefits do I have?

◆ Home Health Care yes no

◆ Skilled Nursing Facility yes no

◆ Rehabilitation Facility yes no

- How much will insurance pay for:

◆ Home Health Care _____

◆ Skilled Nursing _____

◆ Rehabilitation Facility _____

- What is my co-pay for this surgery? _____

- How much is my deductible? _____

The Admitting department and your case manager will also help obtain this information upon admission.

BLOOD LOSS

Blood loss during joint replacement is often minimal and typically does not require medical intervention. Some physicians use options such as the Cell Saver device, which captures blood lost during surgery, cleans and filters it and then returns it to you during surgery. Only on rare occasions where a patient may be prone to anemia would a transfusion of blood products be indicated.

MEALS

Before you leave to go to the hospital, prepare and freeze or purchase frozen meals. Shop for nonperishable meals that are easy and convenient to use when you return home. Organize your kitchen to avoid bending, lifting or reaching.

ASK FOR HELP

If you live alone, talk to a friend or family member and ask them to be available to help you during the first few days after your return home.

AVOID FALLS OR ACCIDENTS

Prepare your home for your return by thinking in advance of the things you can do to be sure your home is “safety-enhanced.” You want to do all you can to avoid a fall.

- Remove all throw rugs and put them away.
- Be sure you have a portable phone or cell phone that you can take with you in a pocket as you are moving through the house.
- Check for any electrical cords that might cause you to trip or fall.
- Be sure furniture arrangement allows you adequate space for a walker or crutches as you are moving about.
- If you have a small pet, be sure to arrange for your pet’s care and safety while you are recuperating. Keep in mind that small pets “under foot” can be responsible for falls. (You could hurt not only yourself but your pet as well.)
- Place nightlights in outlets to light a path for your hall, bedroom and bathroom.
- Select a chair that will be “your chair” during your recovery. This chair should have a back, firm seat cushion and arms. The ideal height is 18 to 19 inches off the ground. This should not be a chair

that has wheels or that rocks or swivels. If you must sit elsewhere, sit in chairs with high seats or place a firm pillow on the seat of a lower chair to keep in high enough for your knees to be lower than or level with your hips.

- Consider having a grab-bar professionally installed in your tub or shower.
- Purchase or borrow a shower chair or tub transfer bench.
- Be sure the bathmat in your bathroom is nonskid or remove it. Keep floor dry and free of obstacles.
- Find a bag that you will be able to use to carry things in when you can't use your hands (crutches).

PACKING FOR YOUR HOSPITAL STAY

Please review the following list of items and determine what you need to bring with you to the hospital. Remember not to bring jewelry, credit cards, cash or other valuable items with you to the hospital. The hospital cannot be responsible for lost or stolen items.

Pack this booklet with your belonging so you will be sure to have it with you during your stay.

Personal Items

- Clothing (short pajamas, short gown, bathrobe, undergarments to wear under your gown or robe, jogging suit or other loose clothing to wear home when you are discharged)
- Tennis/athletic shoes or other flat shoes with rubber soles.
- Toiletries (toothbrush, toothpaste, denture cleanser, comb, deodorant, make-up, shaving supplies)
- Eyeglasses, contact lenses, dentures, hearing aid (cases for these, extra batteries for hearing aid if needed)

Other Items

- Advance Directive/Living Will
- List of medications you are currently taking, including dosage (A handy form is available at www.wkhs.com. Click on Patients & Visitors, Information for Patients, My Medicine List.)
- List of any allergies to foods or medications.
- Walker or crutches (as suggested by physician), if you already have this. Be sure to label with your name. Consider having these brought to you once you are in a room following surgery.
- List of phone numbers of friends and family you might need to contact.
- Books, magazines.

Note: If you will be going directly to a rehabilitation facility instead of home following your surgery, you will need loose, comfortable clothing to wear during the day. Label your things with your name.



THE DAY BEFORE SURGERY

Do not eat any solid food or any liquids after midnight on the day prior to your surgery. If you fail to follow these instructions, your surgery will be delayed or cancelled.

Report any changes in your physical condition to your doctor since these may affect your safety and recovery. These include: cold, fever, rash or skin problem, sore throat, urinary problem or anything out of the ordinary.

Bathe or shower the night before your surgery. You will want to pay special attention to the knee or hip to be operated on. You should wash the area twice spending at least five minutes doing so. Washing your skin removes the bacteria and helps to prevent infection at the incision site.



DAY OF YOUR SURGERY

Most joint replacement surgeries begin early in the morning. That means you must report to admitting early, so pay careful attention to the time given to you.

AT HOME

- If you have been instructed to take any medications on the morning of surgery, you should do so with a small sip of water as soon as you get up. Do not eat or drink anything else until told to do so by your doctor.
- You may shower and brush your teeth, rinsing with water, but not swallowing the water.
- Wear loose-fitting clothing that is easily removed (no back zippers or pantyhose).
- Do not use make-up or wear nail polish.
- Do not use deodorant, perfume, shaving creams or lotions.
- Be sure to bring a case for your glasses, contact lenses, dentures or hearing aid.
- Leave valuables such as jewelry, cash, etc., at home.
- Have a friend or family member take you to the hospital.

AT THE HOSPITAL

- Report to the Admitting Office.
- Indicate who you wish to be notified when the surgery is completed.
- Bring any forms or test results given to you by your doctor as well as this manual.
- You will be asked to register and sign a consent form indicating that the doctor has explained the surgery he/she is going to perform, along with any complications and risks.

- You will be asked to remove dentures, hearing aids, hairpins, wigs, jewelry, glasses, contact lenses and clothing and change into a hospital gown.
- Give items to your friends or family member for safekeeping while you are in surgery. If no one can stay during the surgery, the nurse will place them in a personal belongings bag while you are in surgery.
- A nurse will re-check all medical records and conduct a brief exam, taking your vital signs. You will be asked to empty your bladder.
- You will identify with the nurse and the surgeon the correct knee or hip involved in the procedure.

YOUR FAMILY AND FRIENDS

A friend or family member is welcome to stay with you while you are waiting to be moved into the operating room.

Once you have been taken back to the OR your friend or family may wait in the surgical waiting area. The length of your surgery may take several hours which will include pre-operative procedures, the actual surgery and time in recovery before being returned to a room. If your family members have questions about when the surgery will be completed, they should check with the patient care representative.

ANESTHESIA

You will meet with an anesthesiologist on the morning of your surgery. The anesthesiologist will want to know if you have had any problems with anesthesia or medications in the past.

The choice of anesthesia for your surgery will depend on many factors, including your medical history, medications, and the type of surgery you are having. There are several possibilities including general anesthesia, epidural or spinal anesthesia, nerve blocks to anesthetize the surgical extremity, or a combination of these.

Most often your surgery will be performed under general anesthesia. This means that you will be put to sleep for surgery and not feel any pain and be completely unconscious during the surgery. Following completion of the procedure, you will awaken from surgery and be taken to the recovery room. Depending on the type of surgery, you may be offered epidural, spinal, or nerve block to help with pain control after surgery during the recovery time in the hospital.

Depending on your medical history, sometimes the procedure is performed under epidural or spinal anesthesia. This means prior to the surgery, your lower extremities will be completely anesthetized while you are sedated. Then you will be taken to the operating room and surgery will be performed while you are heavily sedated.

IN SURGERY

You will be given an intravenous line (IV) to replace fluids and to administer medications. A catheter will be inserted into your bladder before surgery and will likely be removed within 24 hours.

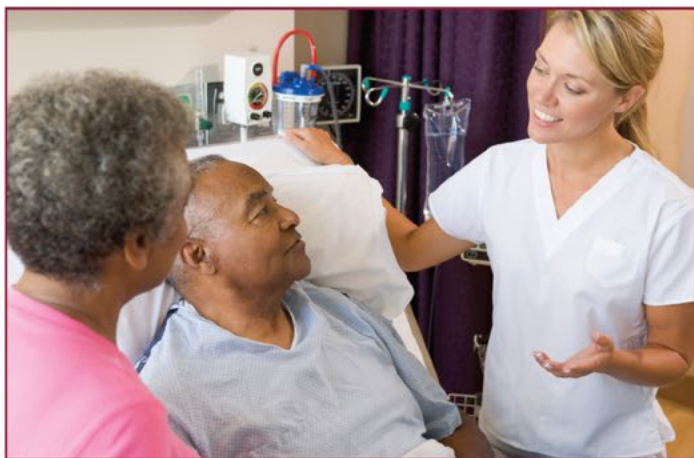
Shortly before surgery begins, a nurse will take you into the operating room where the hip or knee will be prepared for the surgery.

Your incision site will be bandaged and may include a tube to drain any blood that may have collected around the new joint. This tube will remain in place for two to three days.

RECOVERY

Upon completion of the procedure, you will be transported to the recovery room where nurses will monitor your vital signs, check blood pressure, pulse and breathing. They will also assess your pain and administer pain medications as needed. If you are using patient-controlled anesthesia, this may be started in the recovery room. However, if you are given IV narcotics in recovery then it will be delayed until you get to your hospital room. You will be educated about the options for patient controlled anesthesia prior to your surgery. Nurses will check your bandages and ask you to move your ankles and feet.

From the recovery room, you will be transported to the hospital room where your family can rejoin you.



WHAT TO EXPECT DURING YOUR HOSPITAL STAY (DAYS 1 TO 3)

Every surgery is different; however, the average length of hospital stay following joint replacement is two to three days. Your doctor will determine when you are ready to leave.

Throughout your stay you will be cared for by a variety of people on the healthcare team. These healthcare professionals will have one objective in mind – your recovery. They will prepare you to return home or to transfer to a rehabilitation facility.

IV FLUIDS

The IV line started during surgery will be used to administer fluids and medications. If you are drinking fluids, the IV can generally be removed on the second day.

BANDAGES

During surgery, a bandage or compression dressing will be placed over the incision site. Depending on your doctor's orders, the nurse may check your incision site and bandages and changed them as appropriate. Some doctors prefer to remove the dressing themselves. (Note: The sutures or staples will have to remain in the site for about two weeks.)

DRAINAGE TUBES

If a drainage tube was inserted into your incision to remove blood, it will generally be removed on the second day.

If you have had a catheter inserted to allow for your bladder to empty into a bag, it will be removed when you are able to walk to the bathroom to void, generally on the second day.

SUPPORT STOCKINGS

It is common for elastic stockings to be placed on both legs after surgery to prevent clots and promote blood circulation.

OXYGEN

Your oxygen level will be monitored at all times and you will be placed on oxygen as indicated.

BLOOD THINNER

You will be given a blood thinner to prevent clots. A blood sample may be taken each day to determine the dosage amount required. This is done early in the morning so expect to be awakened by lab personnel.

BLOOD TRANSFUSION

You may require a blood transfusion if your blood count is low or if you are dizzy.

PAIN CONTROL

There will be normal post-operative pain that can be managed by medication. *Don't hesitate to ask for pain medication when you need it.*

The amount of pain you have after your operation is difficult to predict. Generally, patients who have a hip replacement will experience “mild” to “moderate” pain. Patients who have a total knee or shoulder replacement are expected to have “moderate” to “severe” postoperative pain. Individual results may vary. You may want to take your pain medication before your therapy time, even if you are not feeling much pain. This will help to prevent pain during the therapy.

Your pain will be evaluated frequently. You will be asked to rate your pain based on a scale of 0 to 10, with 0 being no pain at all and 10 being the worst imaginable pain. Evaluating your pain regularly will allow the doctor to determine the appropriate dosage and frequency that pain medications should be administered. If you experience any side-effects from the pain medication (nausea, itching, drowsiness, constipation), be sure to tell the nurse immediately.

Pain control will be administered in one of several ways:

- Nerve blocks, including possible spinal or epidural block and peripheral nerve blocks
- Pain Pills
- Patient Controlled Analgesia (PCA) – *This is a button you will push to administer pain medication as you need it.*
- Ice Packs
- Exercise

YOUR ACTIVITIES

On the evening of the surgery, you will spend most of your time in bed, but you will be encouraged to sit on the edge of the bed or use the bedside commode. If your surgery is early in the day, physical therapy may come to see you to help you up on the first day.

To help you get out of bed, an overhead trapeze may be attached to your bed. You can use this to pull yourself up or change position. You will be assisted out of bed to sit in a chair on the day following surgery. You are encouraged to sit up when you eat your meals.

BREATHING ACTIVITIES

You will be asked to perform deep breathing exercises and to cough after surgery. This helps prevent lung congestion.

When you cough, take a deep breath and cough from your abdomen.

For a deep breath, inhale as deeply as you possibly can and hold while counting to 10. Then exhale and repeat five times. You will be asked to use a small device called an inspiriometer that will help increase your lung function and prevent pulmonary (lung) complications. You will be asked to use this about 10 times every hour while you are awake using these instructions and volumes prescribed by your doctor:

- Hold inspiriometer in an upright position.
- Exhale normally.
- Then place lips tightly around the mouthpiece.
- Inhale slowly to raise the white piston in the chamber.
- When inhaling maintain the top of the yellow flow cup in the “BEST” flow range.
- At maximum inhalation attempt to hold the white piston at its highest level for 3 seconds.
- When the inhalation is complete, remove mouthpiece from mouth and exhale normally.
- Allow the piston to return to bottom of chamber, rest and repeat the exercise.



THERAPY

You will have access to physical and occupational therapists who will help prepare you for discharge. Before you are discharged you must be able to do the following:

- Get into and out of bed by yourself
- Walk more than 100 feet with or without your walker or crutches
- Go to the bathroom safely
- Get in and out of the shower safely
- Get in and out of a car
- Safely navigate stairs at home (if applicable)

PHYSICAL THERAPY

Physical therapy is an important part of your recovery. While hospitalized you will receive physical therapy twice a day, repeating exercises you performed prior to your surgery. You will be encouraged to walk with crutches or a walker. Your level of activity will be increased as you gain strength. You will probably use the walker, crutches or a cane for two to eight weeks following surgery.

OCCUPATIONAL THERAPY

An occupational therapist will evaluate your ability to perform daily activities like bathing or dressing. If you are having difficulty with these activities, the therapist will help you learn to use equipment to assist with these activities. These may include: a reacher or tongs to help retrieve items in higher or lower levels, a long-handled shoehorn to help guide your foot into a slip-on shoe or a sock aid to help you put socks on without bending.

JUST FOR HIP REPLACEMENT PATIENTS

Turning In Bed

You may not want to move, but it is important to do so! Turning in bed helps prevent lung congestion, blood clots and skin problems. Your nurses will help you turn. It is critical that you do everything you can to increase mobility. If other precautions apply to your situation, your physician and nurses will instruct you on them.

Walking

On the day of or the day following your surgery, a physical therapist will arrive to help you get out of bed and walk. The therapist will show you how to move from the bed to the chair and will indicate how much weight you can place on the new joint as you move, using a walker. On the first day, you will sit up for at least half an hour. Then you will begin walking to the bathroom and down the hall, increasing your distance each time.

When you are ready to sit in the chair, be sure to follow these instructions:

- reach for the arms of the chair
- slide your surgical leg forward before sitting down
- do not lean forward while sitting in the chair.
- do not pick up items from the floor

Ankle Pumps

You should begin performing ankle pumps immediately after surgery to enhance circulation in your feet. To do this, bend the ankle up toward your body as far as possible. Hold 1 second. Now point the toe away from your body. Hold 1 second. Perform 10 repetitions twice a day. See illustration in exercise section.

JUST FOR KNEE REPLACEMENT PATIENTS

Promoting Circulation

To promote circulation in your knee and assure good range of motion, a Continuous Passive Motion (CPM) machine may be placed on your leg several times a day. The goal will be to increase the amount of flex in your knee every day you are hospitalized. Some patients may not require the use of a CPM depending on their physician protocol. You should not place pillows under your knee as this reduces mobility of the joint. It is okay to place a pillow under your ankle or foot.

Turning In Bed

You may not want to move, but it is important to do so! Turning in bed helps prevent lung congestion, blood clots and skin problems. Your nurses will help you turn to your side and will position pillows for you. Do not place a pillow under your knee if you are lying on your back.

Walking

On the day following your surgery, a physical therapist will arrive to help you get out of bed and walk. (Patients with a partial knee replacement may begin to walk on the day of your surgery.) The therapist will show you how to move from the bed to the chair and will indicate how much weight you can place on the new joint as you move, using a walker. You will sit up for at least half an hour. You will be walking in your room to the bathroom and then down the halls.

Ankle Pumps

You should begin performing ankle pumps immediately after surgery to enhance circulation in your feet. To do this, bend the ankle up toward your body as far as possible. Hold 1 second. Now point the toe away from your body. Hold 1 second. Perform 10 repetitions twice a day. See illustration in exercise section.

YOUR NUTRITIONAL NEEDS

Just as nutrition was important before surgery, it will be important afterwards as well. On the day of the surgery, you will probably not be hungry. You will be restricted to liquids until you are better able to tolerate solid food. It's not unusual to have a loss of appetite for the first few days following surgery, so don't worry. However, you should begin to eat a well-balanced diet just as soon as you feel able to do so. Include high fiber foods from whole grains, fruits and vegetables. Focus on lean protein such as chicken, turkey and fish and maintain this diet for life.

CONDITION H

- Condition H (Help) was created to address the needs of you, the patient, in case of an emergency, or if you or your family has immediate concerns regarding your condition.
- If you or your family wants to call a Condition H, you must call the hospital operator by pressing "0" on your bedside phone. Tell the operator that you are calling for a Condition H and give your name, the patient's name and location, and your concern.
- The operator will activate a Condition H and notify a nursing supervisor to come to your room to address your concerns. Additional clinical support will be called as needed.

Condition H should be called for patient condition concerns. If you have other concerns during your stay, please refer to the patient rights and responsibilities of your patient hand book.



DISCHARGE

When the doctor determines that you are stable you will be discharged, returning home or transferring to a rehabilitation facility. Your disposition will be determined by the following:

- How well you can get in and out of bed
- Your comfort level with a walker, crutches or cane
- Your ability to walk from the bedroom to the bathroom and kitchen
- Whether you have family or friends who can help you regularly until you are able to return to an acceptable level of independence
- Whether you have stairs and can go up and down them safely

Your discharge papers will include:

- Pain medication prescription and reconciliation
- Instructions for physician follow up & appointments
- Incision care
- Precautions

Based on the type of surgery you have and your progress, you may receive any of the following services:

Home Health – You may need a physical therapist, occupational therapist, home health nurse or home health aide to assist you with exercises, medications or bathing and dressing (if your insurance permits).

Extended Care – Rehabilitation/Nursing – Based on your progress and home support, you may need to stay in a skilled nursing or rehabilitation facility to help you fully gain independence. If you need this extended care, a care manager will help identify a suitable facility for you within a few days of your surgery.

Traveling

The friend or family member who comes for you should bring a pillow for you to sit on in the car. Notify the person who picks you up that you should not ride in a compact car, sports car, truck, or any vehicle with a raised suspension.

If your trip is long, be sure to stop and get out of the car and stretch after 45 minutes.

Pillows should be placed on the front passenger car seat, which should be slightly reclined and moved back as far as possible.

If transferring to a rehab facility, transportation will be arranged for you by a case manager.



AT HOME

If you go home to a skilled care unit or inpatient rehab program:

WOUND CARE

When you are in the hospital, the nurse will explain how to change your dressing. Check your incision daily and keep it clean while it heals. Do not apply any medications or lotions to your incision unless told to do so by your physician.

BATHING

While your incision is draining, you will be restricted to sponge baths. Once the draining has stopped, follow your surgeon's instructions regarding showering. If you have a tub chair, you will want to position it so that the shower does not spray directly on your incision. If your staples or stitches have not been removed, you can cover the incision site with plastic to keep it dry while you are showering. Do not take a tub bath until your incision has healed.

EXERCISE

You will want to maintain some level of activity while you are at home. When you leave the hospital, your therapist will provide you with exercises. You may have a physical therapist visit to assist you in these activities or you may be assigned to outpatient physical therapy. The therapist will tell you what exercises to do and how often to do them. It is important for you to do these exercises to support your recovery. If you have severe pain or have difficulty doing the exercises, please notify your doctor immediately. Do the exercises as prescribed for you. Use the exercise log in this booklet to document your exercise program.

WALKING

Walking will help you strengthen your muscles and reduce swelling. Always walk on even surfaces such as floors and sidewalks. Do not walk on grass or gravel. You should take short walks every two hours during the day and increase the distance each time. Be sure to use your walker, crutches or cane.

SITTING

Use the chair you have selected as “your chair” for sitting. Do not sit on soft cushioned furniture or any low chairs, stools or toilets. Do not sit anywhere for more than 30 minutes without pumping your legs up and down. This will help your circulation.

REACHING

Do not bend over under any circumstances. Always use a reacher tool to help you pick up objects off the floor.

SLEEPING

If you are having trouble sleeping, you may want to take Tylenol PM and/or drink warm milk before bedtime. If you have been told to sleep with a pillow between your legs, continue doing so until told by your physician that you can discontinue use.

CLIMBING STAIRS

When climbing stairs, go up placing your good leg up first. When going down the stairs, your operative leg should go first.



RESTRICTIONS

Do not do any of these activities until you have been seen by your doctor for your first post-operative visit, generally in three to four weeks.

- Return to work
- Drive a car
- Take a tub bath
- Engage in sexual activity
- Participate in sporting activities

MEDICATION

Before you leave the hospital, your doctor will prescribe medication for you. The nurse will review this information with you and your family member. Be sure to ask if you have any questions about medications. If you are experiencing problems with constipation, you may take over-the-counter laxatives or stool softeners, such as Milk of Magnesia, Dulcolax suppositories or pills, Colace stool softener, a Fleets enema or Metamucil.

DIET

Following surgery, you may discover that your appetite is decreased, but it is important for you to eat a well-balanced diet to help you recover. This is not the time to try a weight loss program. Good nutrition will help restore your strength and energy. If you find that you are not hungry, eat small more frequent meals or add a nutritional supplement such as Boost or Ensure to your meal plan.

CAUTION

Notify the doctor if you have any of the following:

- Persistent fever (100 degrees or over)
- Shaking or chills
- Popping sensation in the hip
- Drainage, tenderness, swelling, or increased redness at the incision site
- Increased pain in your leg
- Increased swelling in the leg or foot (apply an ice pack; if swelling does not go down, notify your doctor)
- Increased and sudden shortness of breath
- Sudden chest pain
- Involved leg becomes cool to the touch, numb, tingles or becomes dusky colored

If you plan to have dental work done or any kind of procedures involving the urinary tract or abdomen, your surgeon or dentist may want you to take an antibiotic. Be sure to mention this to the doctor who will be performing the procedure.



LIVING WITH YOUR JOINT REPLACEMENT

FOLLOW-UP APPOINTMENTS

Your first follow-up appointment will be prescribed by your surgeon typically within 7-10 days after surgery. To insure that your implant is performing well, the surgeon will likely take x-rays at every visit.

SECURITY SITES

An artificial joint may activate metal detectors at airport security or other secure locations. Be sure to tell the screening agent that you have a joint replacement. Always carry the implant certification card furnished by the manufacturer.



ACTIVITIES

Most people are able to return to most of their normal activities within three to six months of their surgery. Your surgeon will offer the final word on what is acceptable and unacceptable. Some activities should be avoided entirely.

Here is a typical list of what is permissible and what is not.

Acceptable	Marginal	Avoid Completely
Swimming	Basketball	Jogging or running
Biking	Water skiing	Contact sports (football, rugby, etc.)
Walking	Weight-lifting (greater than your body weight)	High impact aerobics
Jumping sports		
Golf	Horseback riding	
Tennis (social, clay surface)		
Low impact aerobics		
Water Aerobics		
Fishing		
Gardening		
Dancing		
Nordic Track		
Bowling		
Elliptical stepper		
Racquetball		
Rock Climbing		
Hiking		
Snow skiing		



FREQUENTLY ASKED QUESTIONS

These are common questions and typical answers. Keep in mind that every person is different and always follow your surgeon's instructions.

How long will the surgery take?

Depending on the condition of your hip or knee and the procedure being performed, the surgery may take anywhere from one to three hours.

How long will I experience pain?

That's difficult to say because different people react differently to the surgery. Your pain should be controlled by medication. Most people report that they experience soreness for at least a month.

Why do I have to wear stockings and how long do I have to wear them.

They help prevent blood clots and should be worn for at least three to six weeks following the surgery.

When are the sutures/staples removed?

Generally, within 10 to 14 days of the surgery.

Do I really need a walker (crutches, cane)?

Yes. You will need to learn to walk safely with your implant. The assistive device will provide you the stability you need as you are learning how to use your new joint.

When can I shower?

When the incision has stopped draining.

How long do I have to keep doing these exercises?

Regular exercise should be part of your life from now on. However, the exercises given you by the physical therapist should be continued until you have no pain and can walk without limping.

When can I start driving?

Your surgeon will give you advice as to when it is appropriate for you to drive. You can not be under the influence of narcotic pain medicines.

When can I cross my legs and sleep without a pillow between them? (hip replacement)

Talk to your physician as some may not have this restriction. Others may say three months.

What should I do if my leg/foot begins to swell?

If swelling does not go down, contact your surgeon.

How long will the implant last?

This can vary depending on your age, weight and the amount of activity you engage in. Generally, an implant will last from 15 to 20 years.

I seem to have started having mood swings. What should I do?

This is normal and generally improves as you improve. However, if it continues, please tell your physician.

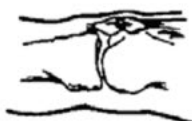
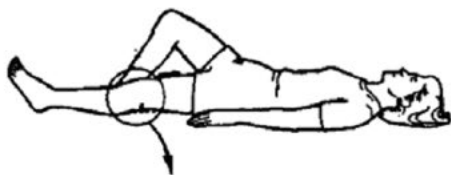
I am still very tired and fatigued. When will I get my energy level come back up?.

It may take up to six months for your energy level to resume to pre-op levels.



EXERCISES

HIPS:



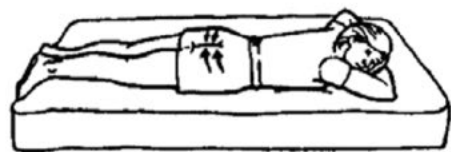
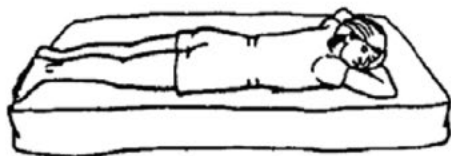
1. Sit or lie on your back with ___ leg straight.
2. Press the back of your ___ knee downward.
3. This will tighten the muscle on top of your thigh and move your kneecap as shown.
4. Hold for 2 seconds.
5. 15 repetitions, 2 times per day.



1. Lie flat on back.
2. Slide ___ heel toward your buttocks, bending the knee.
3. Hold 2 seconds and slowly lower
4. 15 repetitions, 2 times per day.



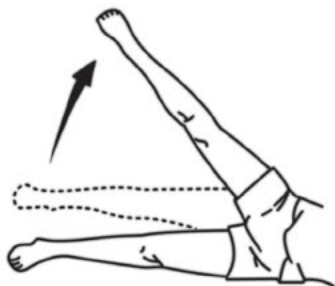
1. Lie on your back with ___ inch roll under ___knee.
2. Raise heel off floor until knee is straight
3. Hold 2 seconds and slowly lower
4. 15 repetitions, 2 times per day



1. Lie on belly or back.
2. Tighten buttocks together.
3. Hold 2 seconds, slowly relax
4. 15 repetitions, 2 times per day.

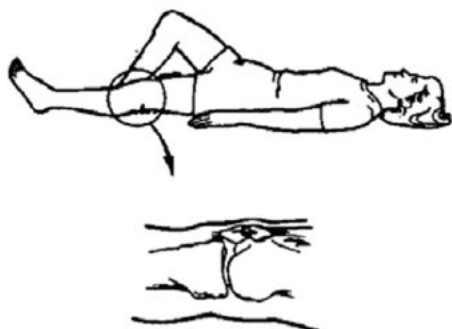


1. Bend ankle up toward your body as far as possible
2. Hold 1 second
3. Now point toe away from your body.
4. Hold 1 second
5. 10 repetitions, 2 times per day.

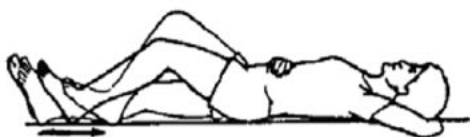


1. Lie flat on back.
2. Slide ____ hip out to side.
3. Bring back in, NOT GOING PAST NEUTRAL.
4. 15 repetitions, 2 times per day.

KNEES



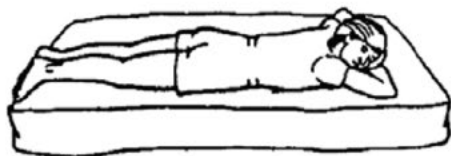
1. Sit or lie on your back with ___ leg straight.
2. Press the back of your ___ knee downward.
3. This will tighten the muscle on top of your thigh and move your kneecap as shown.
4. Hold for 2 seconds.
5. 15 repetitions, 2 times per day.



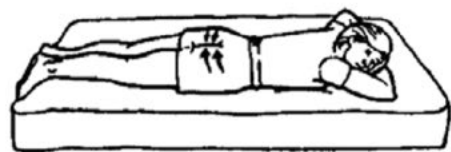
1. Lie flat on back.
2. Slide ___ heel toward your buttocks, bending the knee.
3. Hold 2 seconds and slowly lower
4. 15 repetitions, 2 times per day.



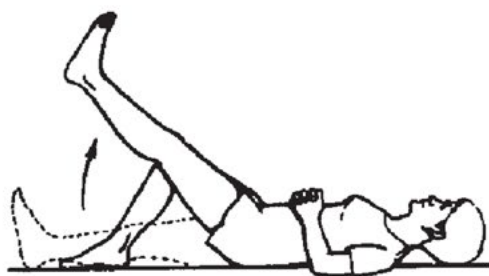
1. Lie on your back with ___ inch roll under ___knee.
2. Raise heel off floor until knee is straight
3. Hold 2 seconds and slowly lower
4. 15 repetitions, 2 times per day



1. Lie on belly or back.
2. Tighten buttocks together.
3. Hold 2 seconds, slowly relax
4. 15 repetitions, 2 times per day.



1. Bend ankle up toward your body as far as possible
2. Hold 1 second
3. Now point toe away from your body.
4. Hold 1 second
5. 10 repetitions, 2 times per day.



1. Lie on back with ____ knee straight and the other knee bent as shown.
2. Keep the leg completely straight, then raise it about 12 inches
3. Hold 2 seconds and slowly lower
4. 15 repetitions, 2 times per day

IMPORTANT TELEPHONE NUMBERS

Home Health (318) 212-4180

Hospital Numbers

Willis-Knighton Medical Center	(318) 212-4000
..... <i>Patient Room Calls</i> 212-4001	
Willis-Knighton South	(318) 212-5000
..... <i>Patient Room Calls</i> 212-5001	
WK Bossier Health Center	(318) 212-7000
..... <i>Patient Room Calls</i> 212-7001	
WK Pierremont Health Center	(318) 212-3000
..... <i>Patient Room Calls</i> 212-3001	

Business Office (all hospitals) (318) 212-4030

Health Information Management (Medical Records)

Willis-Knighton Medical Center	(318) 212-4300
Willis-Knighton South &	(318) 212-5300
WK Bossier Health Center	(318) 212-7300
WK Pierremont Health Center	(318) 212-3300

Admitting

Willis-Knighton Medical Center	(318) 212-4010
Willis-Knighton South	(318) 212-5010
WK Bossier Health Center	(318) 212-7010
WK Pierremont Health Center	(318) 212-3010

Compliance Hotline 1-888-884-2499

Care Management

Willis-Knighton Medical Center	(318) 212-4650
Willis-Knighton South	(318) 212-5650
Willis-Knighton Bossier Health Center	(318) 212-7650
Willis-Knighton Pierremont Health Center	(318) 212-3650

Other Resources

Rehab	(318) 212-4710
ECC	(318) 212-6820
PCC	(318) 212-8200
Live Oak	(318) 212-2000
Condition H	0

Lifeshare Blood Center..... (318) 222-7770

Surgeon: _____

Telephone Number: _____

Primary Care Physician: _____

Telephone Number: _____

Physical Therapist: _____

Telephone Number: _____