



Lakeland Regional **Health**<sup>®</sup>

# TOTAL JOINT REPLACEMENT & ORTHOPEDIC SURGERY

*Your Health. Our Promise.*

[myLRH.org](http://myLRH.org)





# TABLE OF CONTENTS

- 1 WELCOME
- 1 WELCOME LETTER
- 2 ABOUT OUR PROGRAM
- 2 MISSION AND VISION
- 2 PRE-OPERATIVE TEXTING
- 3 MEET YOUR TEAM
- 4 IMPORTANT NUMBERS
- 5 UNDERSTANDING YOUR SURGERY
  - Problems
- 6 RISK
- 6 WHAT TO EXPECT
  - Hip
  - Knee
- 8 SHOULDER
- 8 FRACTURE
- 9 PREPARING FOR SURGERY
  - Understanding your insurance
  - Total joint class presentation
  - Advance directive
  - Blood transfusion
  - Preoperative testing
  - Preoperative reminder
  - Preventing infection
  - Exercise

- Diet and nutrition
- Medications
- Discharge planning
- Preparing yourself
- Preparing your home
- Packing for hospital
- Preoperative timeline checklist
- 27 SURGERY DAY
  - Map
  - Leaving for hospital
    - Reporting to surgery
    - Parking/wayfinding
  - Before Surgery
    - Preoperative admissions
    - Surgery waiting room
    - Anesthesia
  - Going to surgery/recovery room
- 29 AFTER SURGERY
  - Postoperative care
  - Pain control
  - Exercises/activities
  - Rehab activities
  - Therapy schedule
  - Discharge
  - Hospital recovery schedule
  - Same day surgery checklist
- 39 LIFE AFTER JOINT REPLACEMENT
  - Recovery at home
  - Calling Your Surgeon
  - Hip do's and don'ts

- Lifetime activities
- MRI precautions
- Invasive Procedures
- Metal detectors
- Mood disturbances/difficulty sleeping
- 45 ADDITIONAL
  - mymobility™ program
  - Appointment follow up
  - Transfer to car
  - Physical therapy for the knee
  - Physical therapy for the hip
  - Questions and Answers with Common Concerns
- 52 RESOURCE LINKS
  - Hospital webpage
  - Total Joint Class
  - Diabetes education
  - My Plate

**Disclaimer:**  
The content of this booklet is for informational purposes only, and is not intended as medical advice or a substitute for the professional opinion of a physician or other healthcare provider involved in your treatment. We encourage you to consult with your treating physician or other healthcare professional in connection with diagnosis and treatment decisions.





# WELCOME

Welcome to the Lakeland Regional Health Orthopedic Program for Joint Replacements. We are honored to care for you. Making the decision for Total Joint Replacement surgery is a positive first step on the path to achieving your lifestyle potential. We will accompany you and your loved ones on this journey from initial diagnosis through successful rehabilitation.

As your healthcare team, we understand that surgery can be a scary and stressful experience. We want to address your concerns by providing accurate information, educating you and your loved ones about your hospital stay, and keeping you updated about changes that will affect your care. Our goal is to provide exceptional quality care and improve the quality of your life through increased mobility and independence.

The following information is provided to introduce and educate you on our program. Please read through this booklet and visit our website for additional links on topics pertaining to the Joint Replacement Surgery.

Feedback from your care will be collected and used to improve outcomes for all of Lakeland Regional Health Joint Replacement patients. Examples of the information we collect: length of stay, pain management, patient satisfaction, range of motion, etc.

By measuring performance, we can tell what we are doing well and recognize areas where we need to adjust so that we continue to deliver exceptional care to every patient.

**Thank you for choosing Lakeland Regional Health for your Joint Replacement Surgery.**

## Your Healthcare Team

Lakeland Regional Health  
Joint Replacement Program

# ABOUT THE LRH JOINT REPLACEMENT PROGRAM

We are pleased that you have chosen Lakeland Regional Health for your Joint Replacement surgery.

### You have selected a program that:

- + Performs over 1100 joint replacements every year.
- + Is recognized Statewide for our expertise and capabilities in Total Joint Replacement.
- + Uses a patient-centered team approach to provide exceptional quality care.
- + Features a joint replacement program developed by physicians, nurses, therapists, and other healthcare professionals.
- + Uses evidence-based practice.

### Our Mission

We deliver the best outcomes and safest care by placing people at the heart of all we do. We improve lives every day by promoting wellness, education and discovery.

### Our Vision

Together, our Promise is **YOUR HEALTH.®**

### Our Promises

- + To treasure all people as uniquely created,
- + To nurture, educate and guide with integrity,
- + To inspire each and every one of us to do our very best.

### Pre-Operative Texting

Patients will receive pre-operative texts at 72 hours and 24 hours. At 72 hours patient will be notified that they have a procedure scheduled on specific date and will be given a number to call for questions. At 24 hours the patient will be provided with date and time for procedure, along with a number to call for questions. At the 24-hour text, a request will ask the patient to confirm their appointment.

**Please Note:** The patient will still receive automated voicemail and email in addition to the texts. Patient will need to arrive 2 hours prior to their scheduled procedure time.







# YOUR CARE TEAM

- Anesthesiologist**  
Performs your pre-operative physical exam, puts you to sleep for surgery, and monitors your vitals and sedation needs during the operation.
- Manager**  
Responsible for the oversight of the orthopedic surgery and/or ambulatory surgery unit at our hospital.
- Hospitalist**  
Oversees your medical needs while in the hospital.
- Nursing Team**  
Provides most of the hands-on care in the hospital, before, during and after surgery.
- Occupational Therapist**  
Helps you learn to take care of yourself after surgery.
- Orthopedic Surgeon**  
Performs your actual surgery and is responsible for your overall care during your hospital stay.

- Clinical Resource Nurse – Educator**  
Registered Nurse that facilitates the Total Joint Class and oversees education on the Orthopedic unit.
- Physician Assistant/Nurse Practitioner**  
Helps your surgeon with office visits, surgical procedures, and hospital rounds.
- Physical Therapist**  
Helps you regain strength and motion in your new joint both during your stay and after you return home.
- Case Management**  
Helps admitted patients get the equipment and services needed for rehabilitation after surgery. The surgeon’s office will help those having same-day surgeries get the equipment and services they need.
- Team Leaders**  
Registered Nurses that are assigned each shift to oversee the Orthopedic or Ambulatory surgery unit.

# IMPORTANT NUMBERS

- LRH Main Hospital**  
863.687.1100
- Ambulatory Surgery Unit**  
863.284.1690
- Orthopedic Unit**  
863.687.1100 (ext 2975)
- Orthopedic Unit Manager**  
863.687.1458
- Clinical Resource Nurse Orthopedic**  
863.687.1100 (ext 6179)
- Physical Therapy**  
863.687.1100 (ext 2535)
- Social Worker**  
863.687.1100 (ext 1593) **or** (ext 1496)
- Pre-Admit Testing**  
863.687.1100 (ext 5858)
- Surgery Waiting Room**  
863.687.1100 (ext 2773)
- Gift Shop**  
863.687.1100 (ext 361404)
- Pastoral Care**  
863.687.1100 (ext 1247)
- Financial Services**  
863.687.1100 (ext 1196)
- Publix Retail Pharmacy**  
863.284.1934

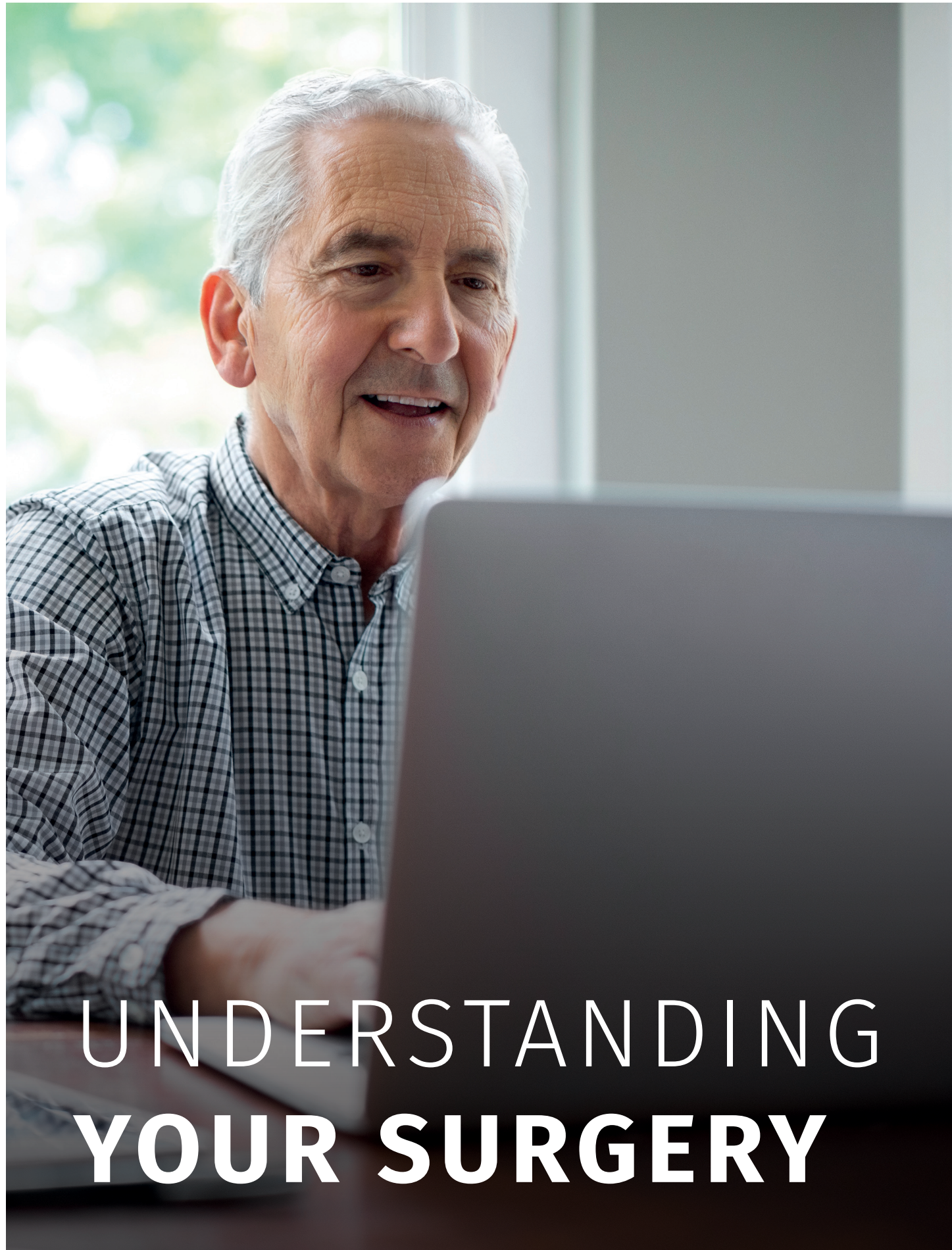
## How To Call A Patient Room

1. Call the hospital main number (863.687.1100), then **press 4**.
2. Give the patient name and/or room number.
3. The operator will connect your call to the patient.
4. If you know the extension to the room already, you can enter that after dialing the main number.

## Doctor’s Office

- Lakeland Regional Health Medical Center**  
1324 Lakeland Hills Blvd  
Lakeland, FL 33805  
863.687.1100
- Lakeland Regional Health Grasslands Campus**  
3030 Harden Blvd  
Lakeland, FL 33803  
863.687.1500
- Watson Clinic Orthopedic Main Campus**  
1600 Lakeland Hills Blvd  
Lakeland, FL 33805  
863.680.7000
- Watson Clinic Orthopedic Highlands Campus**  
2300 E Highway 540A  
Lakeland, FL 33813  
863.680.7214
- Central Florida Orthopaedic Surgery Associates PL**  
2000 E Edgewood Dr #112  
Lakeland, FL 33803  
863.666.3436





# UNDERSTANDING YOUR SURGERY

## COMMON REASONS FOR SURGERY

### Arthritis

- + **Osteoarthritis** is the most common form of arthritis. Twenty-seven million people have this diagnosis. It is most often related to wear and tear of the cartilage over the years. Its onset is usually after age 50. As exposed bones rub together, they become rough. This rubbing of bone causes further damage to the area causing pain, inflammation and immobility. Factors that predispose this condition include family history, obesity and previous joint surgery or fractures.
- + **Rheumatoid arthritis** is one of the more common kinds of inflammatory arthritis. It is a chronic (long-term) inflammatory disorder affecting the joints of the body. These joints include the hip, knee, elbow, shoulder, wrist, hands and feet. Rheumatoid arthritis is considered an autoimmune disease, which means body cells irritate the lining around the joint leading to destruction of the cartilage. This form of arthritis occurs in all age groups. It causes stiffness, joint swelling, weakness of ligaments and decreased range of motion.

### Avascular necrosis (AVN)

- + **Avascular necrosis (AVN)** is the death of bone in the head of the hip bone due to a lack of blood supply. AVN may be associated with long-term use of steroid medications and excessive alcohol intake, but many times we never know the reason for AVN. AVN may have no signs or symptoms associated with it. Most patients, however, experience pain or loss of range of motion in the affected joint. Pain is usually worse when standing or walking.

### Risks of Joint Replacement Surgery

- + Joint replacement is major surgery. It is important that you are aware of potential risks and complications. These include problems from anesthesia, infection, bleeding from your incision, blood clots, damage to nerves or blood vessels, dislocation with hip replacement, and very rarely, death. Although these complications are rare, they are possible. Every precaution is taken by your healthcare team to avoid these complications. Over time, an artificial joint may become loose or wear out, and may require further surgery and repair.

## WHAT TO EXPECT FROM JOINT REPLACEMENT SURGERY

Generally, surgery is successful. Pain is relieved, deformity is corrected and patients resume former activities and enjoy an active lifestyle.

Long-term success rates vary from 15 to 25 years, depending on age, weight and activity level.



# TOTAL HIP REPLACEMENT

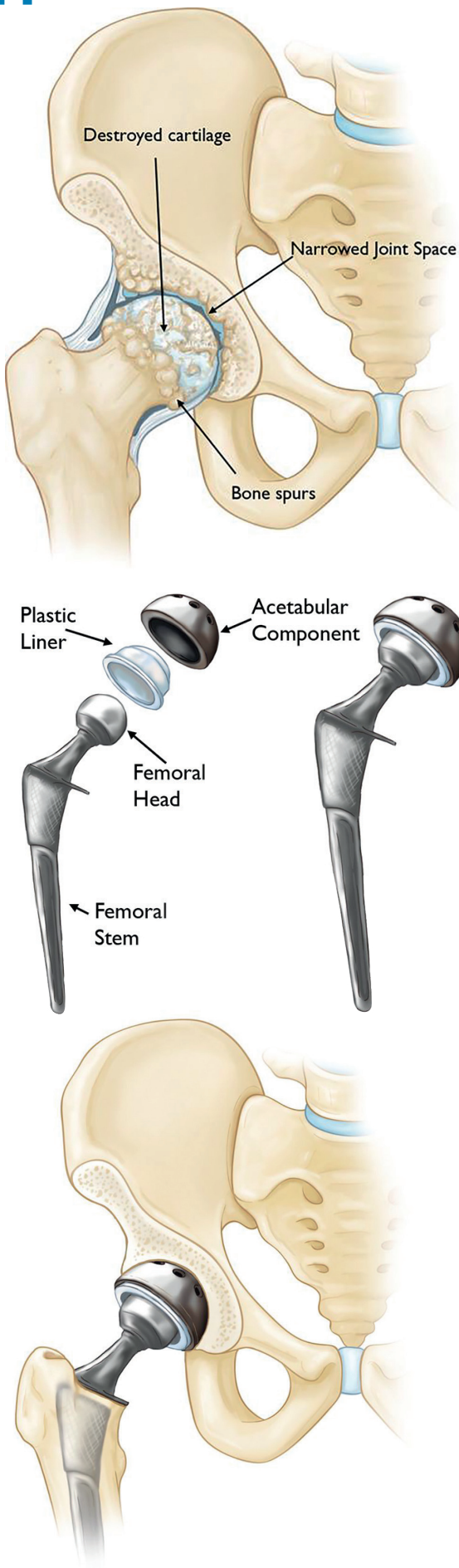
Your hip is a ball and socket joint, and is composed of two parts: the round head of the femur (the ball) and the acetabulum (the socket in your pelvis). In the normal hip joint, these two bones are coated with smooth cartilage that allows them to move against each other without friction or pain.

In an arthritic hip, the cartilage layers are destroyed and the bone rubs against bone, causing pain and limiting motion.

Standard Hip Replacement surgery replaces your arthritic hip joint with an artificial ball and socket joint. A ball, which can be made of metal or ceramic, is attached to a stem that fits into your thighbone. It can be cemented or non-cemented depending on your age and the condition of your bone. A plastic liner with an outer metal shell is secured into your pelvis. Your Orthopedic surgeon will choose the type of prosthesis that best meets your individual need. Once in place, the artificial ball and socket function like your natural hip.

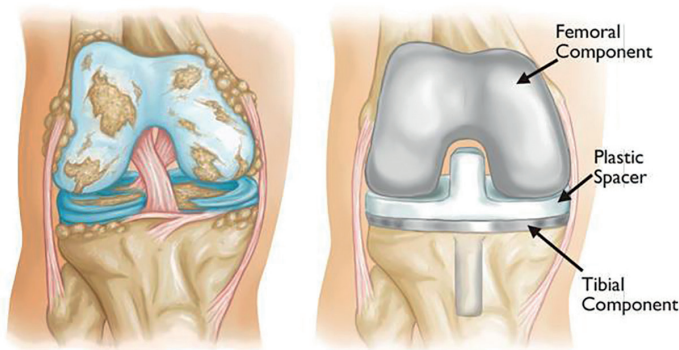
There are two approaches to total hip replacement surgery: the standard posterior approach and the anterior approach. The incision in hip replacement surgery varies in size and location depending on the approach used. Your surgeon will choose the approach that is best for you.

We will let you know what instructions to follow for the approach used in your surgery.



# TOTAL KNEE REPLACEMENT

The knee is a hinge joint, and is composed of three parts: the end of the thigh bone (femur), the top of the shin bone (tibia) and the knee cap (patella).



In a normal knee, these three bones are covered with a smooth cushion called cartilage. That helps the bones to move easily. If you have arthritis in your knee, that cushion is destroyed causing your bones to rub together. That causes pain, swelling (inflammation), muscle weakness and limited motion.

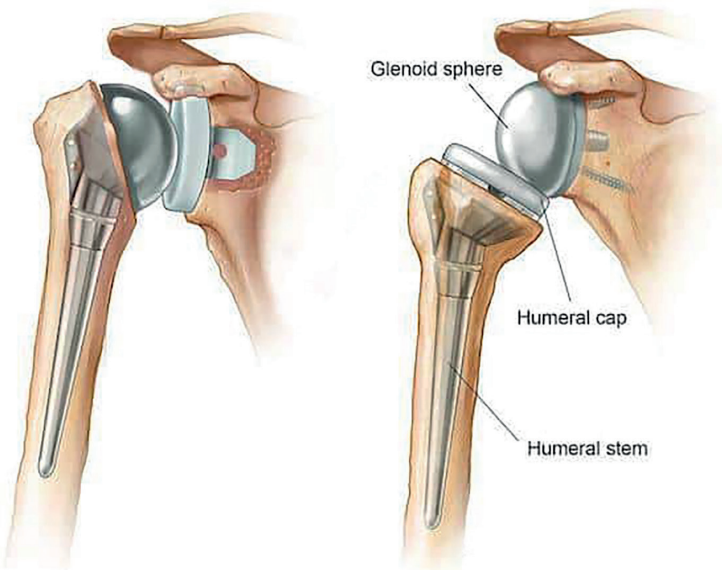
When you have a total knee replacement, the surgeon resurfaces your knee joint. Metal parts are cemented to the ends of the bones and a plastic spacer is inserted between them. The knee cap is also resurfaced with a plastic button. When in place, these new parts move together like a normal knee joint.

There are several approaches to total knee replacement surgery: standard knee replacement, partial knee replacement, and patellofemoral joint replacement. Depending on the type of surgery you are having, your incision may be between 3 and 8 inches long. The surgeon will let you know the type of surgery that is best for you.

# TOTAL SHOULDER REPLACEMENT

Shoulder replacement is not as common as hip or knee replacement, but it provides many of the same positive results for patients.

The entire joint or just part of the joint may be replaced. Common reasons for replacement include severe fractures, arthritis from a number of causes, and severe pain or loss of full motion that affects your daily life.



Trauma, osteoporosis, and overuse are common causes of fractures.

Treatments can range from casts and braces to traction and surgery. If surgery is required to treat a fracture, your doctor and physical therapist will help guide you as you plan your care.





# UNDERSTANDING YOUR **HEALTH INSURANCE**

You and your family should take time to understand your health insurance coverage, especially for the care you may need after you leave the hospital.

Please bring your insurance cards and photo identification card with you to this visit. If you have not already made payment arrangements with the hospital, we will talk with you about financial responsibility and payment options regarding this surgery. Please bring a check or credit card with you on the day of surgery.

Please check with your insurance carrier to determine your need for pre-authorization. If you have any questions about your co-payment or your insurance authorization, please call 863.687.1199.

# TOTAL JOINT **CLASS**

The orthopedic surgeons from both Lakeland Regional Health and Watson Clinic encourage you to attend the Total Joint Class.

The class is offered in person or online. For more information, please visit [myLRH.org/TotalJointClass](https://myLRH.org/TotalJointClass).

If you have questions and would like to speak with a team member, please call 863.687.1100 (ext. 2975).

# ADVANCE **DIRECTIVE**

An Advance Care Plan (Advance Directive; Living Will) will let your family and care providers know what kind of treatments you want in the event that you are very ill and cannot make your own decisions.

Please review your advance directive or living will and bring a copy with you to the hospital. If you do not have one, you can complete one before your admission.

More information can be found at [myLRH.org](https://myLRH.org). This information is also offered to you at admission.

# BLOOD **TRANSFUSIONS**

Blood transfusions maybe required after a joint replacement surgery, however, in the event that a blood transfusion is necessary, Lakeland Regional Health has blood and blood products available for you. As an alternative, you may donate your own blood in advance of the surgery (an autologous donation). Ideally, an autologous donation takes place approximately 4-6 weeks prior to surgery. You can also have a family member or a friend donate blood for your use (donor-directed blood).

## **Reinfusion System**

A reinfusion system is a closed, sterile system that recycles the blood drainage from your joint during surgery. The use of this (Cell Saver) may be used during your surgery and you would receive the blood back through an IV within the first few hours after surgery.



# PRE-OPERATIVE TESTING AND TEACHING

To be fully prepared for your surgery, your orthopedic surgeon would like you and a guest to attend our pre-operative education class in person or virtually. For more information about this class, please visit [mylrh.org/TotalJointClass](http://mylrh.org/TotalJointClass). Please watch the presentation and the exercise video. This class will help you be a part of your care and gain a better understanding of your surgery and rehabilitation. Questions regarding content can be submitted through the Orthopedic webpage at Lakeland Regional Health or by calling the Orthopedic floor team leader.

Pre-operative testing is very important to make sure you are safe to have anesthesia. Pre-operative testing normally consists of laboratory testing (lab work), an electrocardiogram (EKG) if you are 50 years old or have a history of cardiac issues, and a chest x-ray (if requested by your surgeon). COVID-19 testing should be done within four (4) days of your procedure. Your provider may also test and decolonize you for MRSA to also help prevent a Surgical Site infection. The treatment usually includes an application to the nares (inside the nostrils). You may have these done at the Lakeland Regional Health Pre-admitting testing department.

The medical clearance program your surgeon uses will vary. You may be asked to visit your Primary Care Physician (PCP) or a specialist that you are currently being treated by to be cleared for surgery depending on your history and health status.

## PRE-OPERATIVE REMINDER

**Please notify your surgeon if you notice any of the following:**

- + Symptoms of flu, cold, or virus (nausea, sore throat, runny nose, headache, chills, vomiting, diarrhea, coughing, fever, etc.)
- + Any type of skin conditions, including cuts, scrapes, bruising, bug bites, etc.
- + Any type of open, draining or reddened wound anywhere on your body.
- + Any injury to the surgical leg
- + Any significant change in swelling to your surgical leg
- + Any new medications you have started since your pre-operative visit

## PREVENTING INFECTIONS

Infections can enter your body in different ways, but most of the time they enter through the skin and the mouth.

**You can reduce the risk of infection by doing the following:**

### Hand Washing & Hand Sanitizer

The most effective way to prevent an infection is to frequently wash your hands and use hand sanitizer.

### Keeping Your Skin Clean:

Take a shower using an antimicrobial soap such as Hibiclens or CHG for three (3) showers:

- + **Showers 1 and 2:** The morning and the evening the day before your surgery
- + **Shower 3:** the morning of your surgery.

*Do not use any lotions or body rubs after using the antimicrobial soap.*

### Dental Visits:

Bacteria can easily enter your bloodstream through the mouth during dental procedures and cause widespread infection. To minimize this problem, schedule a dental check-up in the weeks before your surgery if you haven't had one recently. Continue to brush and floss your teeth regularly. After surgery, remember to inform your dentist of your new prosthesis.

### Shaving:

Do not shave your operative leg five (5) days before surgery to help prevent an infection. Please follow instructions you were given by your surgeon.



## EXERCISE

Exercise is the key to your recovery. One of the goals of the pre-operative class is to teach you the proper exercises and precautions important to keep your new joint healthy. Your exercise program begins before surgery, and continues while you are in the hospital, and when you go home. Gather props and start exercising one month prior to your surgery, exercising both legs as best you can. When exercises are completed on your non-surgical leg, you build strength, endurance, and balance while standing or supporting your surgical leg. Exercises can be done while lying in bed. The therapists will tailor the exercises to fit your needs and progress, since every patient is unique. There are illustrations at the back of this book that shows all exercises.



It is normal to experience some muscle soreness while exercising.

- + Elevating your foot at, or slightly above the level of your heart may help to relieve swelling.
- + Using an ice pack on the painful area may also help to relieve pain and further reduce swelling.
- + Make sure you do not keep the ice on longer than 20 minutes at a time, and remove the ice for at least 20 minutes afterwards to give your skin a break.
- + If you are exercising now (walking/swimming/ etc.) please continue to exercise, stay active.
- + Try to develop the habit of exercising regularly before surgery.
- + If you experience increased joint pain, please notify your therapist, nurse or surgeon.

Exercise Props

- + A medium sized ball or an empty 2-liter bottle
- + A towel
- + A chair with no wheels and sturdy arms
- + A pillow

DIET AND NUTRITION

A well-balanced nutritious diet is an important factor in healing. Eating well and maintaining a healthy weight also helps eliminate stress to your joints and may reduce your risk for other diseases.

Reference Links:

- + To view our *Diabetes Resource List*, visit [myLRH.org/DiabetesResources](http://myLRH.org/DiabetesResources)
- + To view our *Diabetes Self Care Instructions*, visit [myLRH.org/DiabetesCare](http://myLRH.org/DiabetesCare)
- + To view our *Diabetes Self Care Instructions* in Spanish, please visit [myLRH.org/DiabetesCareSp](http://myLRH.org/DiabetesCareSp)
- + MyPlate.gov

Protein is important both pre- and post-operatively. Eating enough protein before and after surgery promotes healing. Increase your iron and calcium before and after surgery. Iron helps to deliver oxygen and carbon dioxide within your red blood cells to other body tissues. Iron is necessary for the production of energy and the support of your immune system. A diet low in iron can lead to anemia, a condition that causes fatigue, weakness, shortness of breath, and irregular heartbeats. These symptoms signify a decrease in red blood cells that carry oxygen. Calcium helps to build the bones. Increasing your diet with fiber after surgery will help prevent constipation. Eat foods that are naturally grown and picked like vegetables and fruits. Avoid things that are manufactured, boxed, or bagged.

Hydration is another important component of pre- and post-operative nutrition. Hydration helps to stabilize blood pressure after anesthesia and has many other important benefits to your health. Make sure you drink plenty of fluids; especially, water to keep your body well hydrated.

If you have diabetes, the goal should be to have your blood sugars constantly under 200 to help your body heal.

Additional Health Tips

- + Stop smoking or using any other forms of tobacco. Smoking increases your risk of lung complications during and after surgery because of increased mucus production. This creates a greater risk after surgery for pneumonia. Smoking also decreases circulation and will increase your risk of heart complications. Smoking can delay your healing. Our campus is a smoke-free environment.

- + Limit Alcohol Consumption. Limit your alcohol intake to one glass of wine or beer, or one cocktail per day starting 5-7 days prior to surgery. After surgery, check with your doctor before resuming alcohol consumption.
- + Protein Shakes. Your surgeon may feel that it is beneficial to drink protein shakes prior to your surgery, in addition to your regular diet. Please consult your surgeon.

MEDICATIONS

Medications to Stop

To minimize the risk of post-operative complications, there are certain medications that you need to avoid or stop. These are medications that contain aspirin, anti-inflammatories, blood thinners and arthritis medications. Please do not take these medications for the 7 days prior to your surgery.

Some vitamins, herbs and herbal teas/juices may need to be stopped as well. Vitamin E, Omega Fish Oils and Flaxseed supplements need to be held for the 7 days prior to surgery. The pre-admission testing nurse will review your list of medications and let you know what medicines to discontinue. If you are unsure about which medications to stop or have questions regarding medications, please call your surgeon.

**Note:** You may take plain, Extra-Strength Tylenol, or Tylenol Arthritis (acetaminophen) for pain. Please do not exceed 3,000 mg in 24 hours.

Other Medication Notes

- + If you currently take diabetic medications such as Metformin, Glucophage, or Avandamet, **STOP** taking 24 hours before surgery.
- + If you are on a blood thinner, please contact your prescribing physician for permission and instructions on stopping your medication. Examples of blood thinners include medications such as aspirin, Coumadin, warfarin, Plavix, Eliquis, Xarelto, NSAIDs, or other blood thinners.
- + The morning of your surgery, take only the medications you have been instructed to take by the pre-admission testing nurse or surgeon, including a betablocker if you are on one, with a small sip of water.
- + Please create an accurate medication list that includes the name of the drug, the dose you are taking, and how often you are taking the medication. Please include all medications, over-the-counter drugs, herbals, weight loss products, etc. Anything that you are routinely taking we would like to know about.
- + Please provide us with your allergies, with the reactions that you have when taken.





# DISCHARGE PLANNING

There are several options available for care after you are discharged from the hospital: home health, outpatient physical therapy and sub-acute unit. The discharge plan option that is chosen for you is based on several factors:

- + Your surgeon
- + Your insurance company
- + Your progress and health up to the time of discharge (physical therapy evaluation)
- + Your home situation

Descriptions of these options are provided below:

## Outpatient Rehabilitation

Patients discharge to home that are able to leave their home for rehabilitation services may receive physical or occupational therapy at any outpatient therapy location accepted by their insurance. The surgeon’s office will set your appointments if this option is chosen.

## Home Health Care

Patients that are able to go home but are not able to leave their home for important rehabilitation services may need home health services. The social worker at the hospital will help to arrange necessary home care within your service area and insurance coverage. Services that may be provided through a home health care agency include: physical therapy, occupational therapy, laboratory draws, staple or suture removal and or wound care. These services will be set up for you during your hospital stay on an as needed basis. If you are admitted to the hospital the social worker will set up an appointment with home health, but if you are same day surgery the surgeon’s office will set the appointments. Social services will also help you get

any durable medical equipment needed such as, bedside commode or walker.

**Note:** Physical therapy is usually 2-5 times a week for approximately 1 hour each visit for two weeks. After the initial two weeks physical therapy will continue on an outpatient basis which will be set up by the surgeon’s office.

## Sub-Acute Rehabilitation Facility

For patients that do not meet the minimum requirements to be safely discharged home, transfer to a skilled nursing facility, (often referred to as a sub-acute rehabilitation), may be recommended. The length of time spent at a skilled nursing facility is based on the patient’s progress, usually 5-15 days. Should this option be recommended, the social worker will discuss this option with you and your family.

## Equipment Needed at Home

Equipment you may need once you return home may include:

- + 3-in-1 elevated commode (raised toilet seat) with arms. This equipment can be used as a bedside commode, a raised toilet seat, or a shower seat. This is necessary equipment for patients with hip replacement or bilateral (both) knee replacement. It is optional for patients with a single knee replacement.
- + Walker. A standard walker that has no wheels or 2 front wheels only.
- + Shower chair or bench. The use of these devices depends on the design of your bathroom-generally not covered by insurance.

If you are having same-day surgery and plan to return home the evening of your surgery, your surgeon’s office should provide you with a prescription for the needed equipment at your pre-operative visit. The surgeon’s office can send referrals to home health and durable medical equipment companies of your choice so that the equipment may be obtained prior to surgery. Usually the equipment is covered by most insurance companies is the walker, cane, and occasionally the 3-in-1 commode. There are other assistive devices such as a long-handled reacher, sponge, sock aid, shoehorn, dressing stick and elastic

shoe laces. These items are optional, and collectively are commonly referred to as a joint kit. The joint kit is typically not covered by insurance.

Prior to leaving the hospital, the social worker will obtain for you the equipment recommended by your surgeon and therapists that will be covered by your insurance company. The equipment will be available for you to take home upon discharge. Since every patient will not require all of these devices, and they are not always covered by your insurance company, please discuss with your therapist or surgeon before purchasing.

## Transportation Needs

You will need to have a family member or friend pick you up from the hospital the day you are discharged. **You should avoid riding home in a compact car, sports car, truck or any vehicle with a raised suspension.**

# PREPARING YOURSELF

- + Stock your freezer with meals
- + Make sure that you have plenty of home medications for the time you will be at home
- + Plan for pet care while you are recovering
  - To decrease the risk of infection from pet dander, don’t allow pets to stay in bed with you until your wound is healed.
  - Ensure that incision is covered prior to placing your pets near the surgical leg
- + Have a dental checkup prior to surgery (if needed)
- + Solicit help to prepare your home for rehabilitation





# PREPARING YOUR HOME

There are a number of ways you can prepare your home for your return after surgery to help alleviate any anxiety.

## Help at Home

You will need help at home for at least the first 2-5 days after discharge. Have a family member or friend that can assist you with meals, bathing and dressing, and make sure that you are using proper body mechanics when moving. They should take you to your follow-up appointment with your surgeon and to your outpatient rehabilitation therapy appointments. This person would need to have education on your discharge instructions, precautions, and goals for rehabilitation.

This healthy support person could be a good source of encouragement throughout the process of healing. They can help you get your house ready for your rehabilitation.

## Safety

- + Remove scatter/throw rugs from around the house
- + Thoroughly dust your home prior to surgery to help prevent risk of infection
- + Have a well-lit pathway to your bathroom (night lights)
- + Make sure all stairways are secure and have sturdy hand railings
- + Tuck away long phone, computer or lamp cords and any other tripping hazards. Plan to use a cordless phone if you have one. The phone will fit nicely into a clothing pocket and will be available to you if an emergency should arise.

- + Mark uneven floors with colorful tape
- + Use smoke detectors
- + Have a list of emergency numbers that you will be able to reach
- + Arrange your furniture so you move easily through the house with your walker, 25-29 inches wide
- + If possible, have rails installed in your tub or shower. You may also want to purchase a shower bench or chair, non-skid mats and a hand-held shower nozzle
- + Pets should be placed in a closed room prior to you entering your house to prevent an accident. You may need help caring for your pets for the first few weeks after surgery.
- + Select a chair from your home with a back, firm seat cushion and arms that you can designate as “your chair” after you return home from surgery. The height of the seat should be 22 inches off the ground. No chairs with wheels. Soft low seats could put you at risk for post-surgery injury.
- + If your bedroom is upstairs, you may want to prepare a sleeping area downstairs for the first week or two after you return home from surgery.
- + Arrange shower items for easy reach, remember you might need a shower chair for safety.
- + Have plenty of clean towels, washcloths, and sleepwear available. Also, clean bedsheets available.

## Meal Planning

- + Prepare and freeze or purchase small portion meals for times you may be alone
- + Stock up on meals that can be frozen for later use such as bread, vegetables and fruit
- + It is recommended you do not take pain medication on an empty stomach. It will be helpful to have single-serving snacks on hand for this, such as snack baggies with fruits and /or vegetables, applesauce, crackers, fruit bars, etc.

## Breathing Exercises

- + Spending more time than usual in bed while recovering can lead to shallow breathing. Decreased activity and less airflow through your lungs can be an increased risk for developing pneumonia. Start your breathing exercises prior to surgery. Cough and deep breathe regularly.





# PACKING FOR THE HOSPITAL

Pack your suitcase for the hospital a day or two before your surgery.

## Items to include in your bag are:

- + Personal care items such as toothbrush, toothpaste, deodorant, hairbrush, comb, etc.
- + Skid proof bottoms, tennis shoes or flat, rubber-sole shoes with an enclosed heel and toe for walking in the hall. No Crocs or slippers.
- + Clothing such as gowns, shorts, t-shirts, pajamas, and a lightweight bathrobe. Pants are permitted, but please make sure they are loose or can stretch to accommodate bandages and swelling
- + A walker, if you already have one, may be brought in so that the physical therapist can make sure it is adjusted properly
- + Cell phone and cell phone charger
- + Glasses, dentures, hearing aid, and other personal care items with their cases.
- + Bring loose fitting clothing to wear home
- + Braces or other orthotic devices that you use regularly

## Also bring:

- + If you have sleep apnea, bring your own CPAP/ BiPAP machine
- + A list of medications you are currently taking, including the amount, strength, and how often you take it. Please include any supplements and vitamins that you stopped taking prior to surgery. Your doctors and nurses can tell you when to start taking these medications again
- + A list of any allergies to medications or food that you have and what reaction
- + Photo ID, Insurance card, and contact information for your care partner
- + A copy of your Living Will, Advanced Medical Directive, Directive for Final Healthcare (if you have one)

## Additionally:

- + Leave jewelry, credit cards, or large sums of money at home. Hospital is not responsible for lost personal items that are in your possession during your stay.
- + Remove all piercings
- + Label your things with your name. If you bring your own pillow, make sure it has a colored pillowcase (makes it distinctive from hospital pillows and easier to keep up with).
- + Plan to have someone at the hospital by early morning on the day of discharge to help listen to and remember discharge instructions from nursing, physical therapy and your physician.
- + You will be notified by hospital between 2:30 pm and 4:00 pm on the business day before your surgery. The automated call will be confirming the time of your surgery and the arrival time at the hospital. If you do not receive this call contact the surgery department at 863.284.1690 (surgeries scheduled on Monday will be called on Friday).

# PRE-OPERATIVE TIMELINE CHECKLIST

## 4 weeks before surgery:

- ☐ Schedule your pre-operative physical date  
Date: \_\_\_\_\_
- ☐ Begin taking your iron supplement
- ☐ Have a balanced, healthy diet each day
- ☐ Complete pre-operative education class  
Date: \_\_\_\_\_
- ☐ Start pre-operative exercise program

## 2 weeks before surgery— per your surgeon:

- ☐ Begin preparing your home
- ☐ Stop all smoking and alcohol intake
- ☐ Continue to eat balanced, healthy meals
- ☐ Prepare/buy/freeze meals for use after discharge

## 1 week before surgery— per your surgeon:

- ☐ Stop taking NSAIDs (example: ibuprofen advil, motrin, aleve), aspirin products, blood thinners (example: aspirin, Coumadin, warfarin, Plavix, Eliquis, and Xarelto) and arthritis medications
- ☐ Stop taking herbal medications and supplements
- ☐ Notify your surgeon if you have an open wound, rash, or sore, or if you have a cold, virus or fever

## Four days before surgery:

- ☐ Ensure you have completed your Pre-Op COVID-19 Test

## Two days before surgery:

- ☐ **STOP** taking diabetic medications such as Glucophage/Metformin/Avandamet 48 hours before surgery

## Day before surgery:

- ☐ Wash with antimicrobial soap such as Hibiclens or CHG soap in morning
- ☐ Wash with antimicrobial soap in evening
- ☐ Pack for Hospital
- ☐ Do not eat or drink after midnight, including gum, cough drops, hard candy, mints, tobacco, etc. (or as instructed by doctor's office)

## Day of surgery:

- ☐ Take medications for blood pressure, heart disease, seizures, Parkinson's and thyroid with a sip of water
- ☐ Wash with antimicrobial soap
- ☐ Be on time to the hospital:

Surgery time: \_\_\_\_\_

Arrival time: \_\_\_\_\_



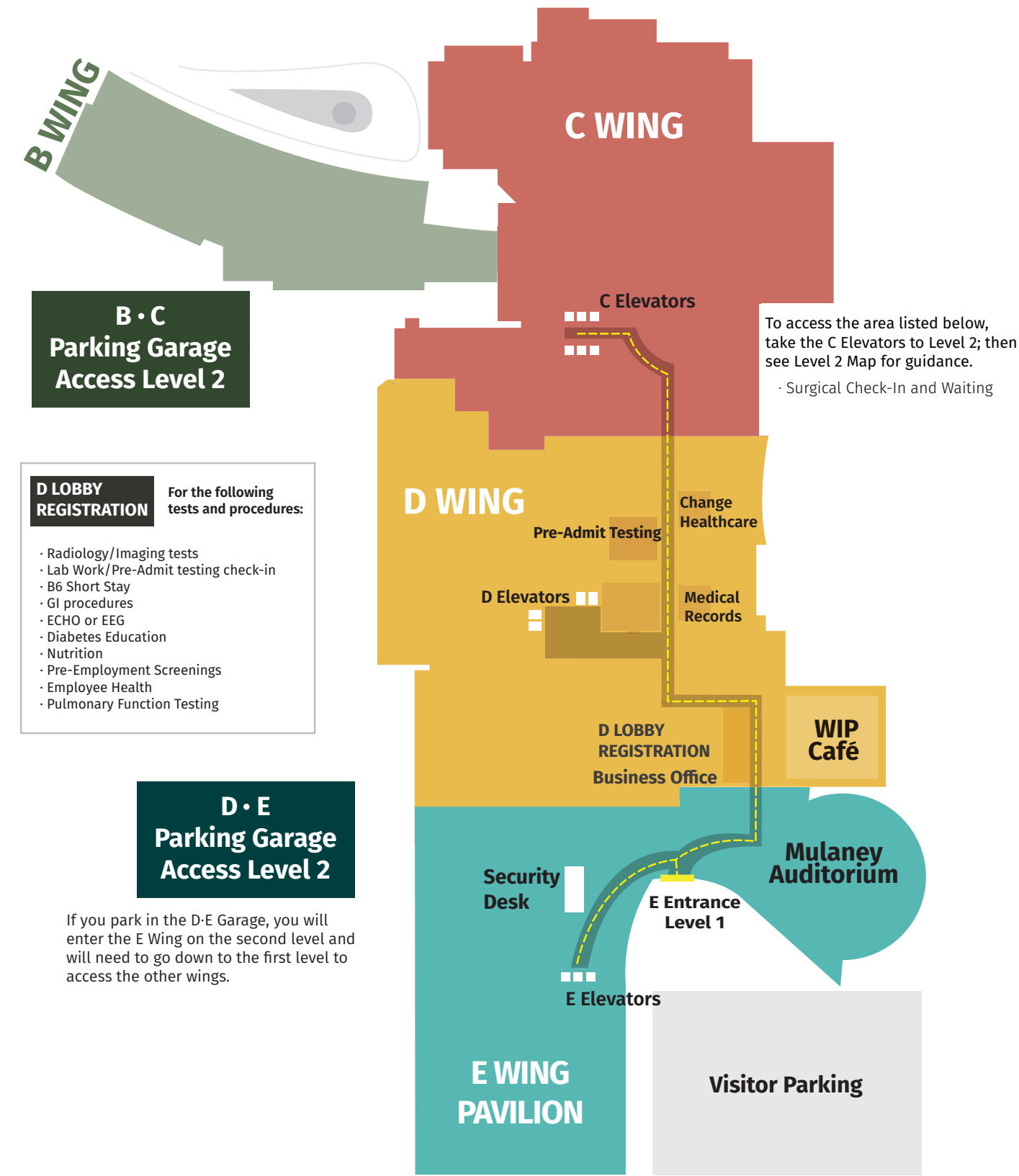




# MEDICAL CENTER CAMPUS - LEVEL 1 MAP

Recommended entrance for joint surgery patients is the B-C Entrance or B-C Garage entrance.

The map below provides guidance from the E Wing to the rest of the Medical Center Campus through the Level 1 hallway. The C Elevators can take you to Level 2.

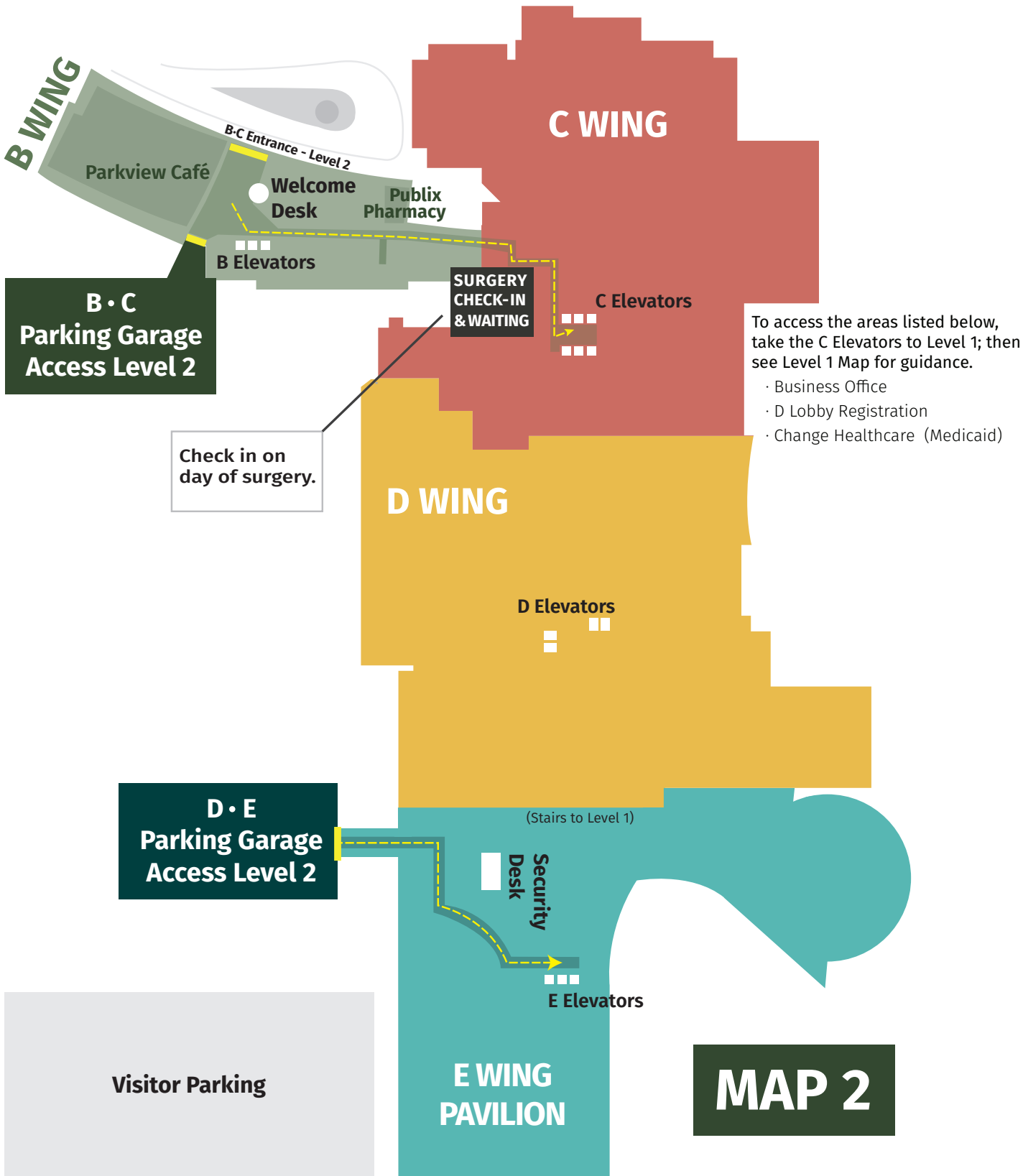




# MEDICAL CENTER CAMPUS - LEVEL 2 MAP

If you were told to arrive at the B Wing on the day of surgery, you are encouraged to enter through the B Entrance or from the B-C Garage for easiest access to your check-in area.

(During your pre-op phone call from the hospital, we will tell you where to arrive for your surgery or procedure.)



# DAY OF SURGERY

## Leaving for the Hospital

- + **DO NOT** take your diabetic medications such as Metformin, Glucophage, or Avandamet within 24 hours of surgery.
- + Take only the medications you have been instructed to take by the surgeon with a small sip of water as soon as you get up. These would be medications for Thyroid, Heart Disease, Blood Pressure, Seizures, or Parkinson's disease.
- + You need a shower. Take your third and final surgical scrub antimicrobial soap shower as directed.
- + **DO NOT** shave your legs.
- + Brush your teeth. Upon awakening, you may brush your teeth and rinse with water, but do not swallow the water.
- + Wear proper clothing. Wear clothes that are loose fitting and easily removed.
- + Remove all jewelry and any piercings. Your procedure may be cancelled if jewelry or piercings are not removed for your safety.
- + Leave jewelry and other valuables at home.
- + Remove make up. Do not wear any make-up, mascara, eye shadow, eyeliner or false eyelashes.
- + Remove all fingernail and toenail polish, except clear.
- + Avoid using perfumes or any scented lotions.
- + Bring a container/case with your name on it for your contact lenses, glasses, hearing aids, and dentures. Keep additional belongings in the car until after your hospital room has been assigned.
- + Make sure all of your belongings are labeled.

- + Make sure you have nothing to eat/drink. This includes gum, cough drops, hard candy, mints, tobacco etc., unless otherwise instructed by your doctor's office.
- + If you use a CPAP machine for sleep apnea, bring it with you to the hospital.
- + Photo ID, Insurance Card, and Copay.
- + Current Medication list. Please include the name, dose, and how often you are taking the medication. Please list herbals, weight loss medications, and over-the-counter medications.
- + COVID Testing. Pre-procedure COVID test within 4 days.

## Reporting to the hospital

- + Report to the hospital 2 hours before surgery or according instructions given by your surgeon's office.
- + Use the B-C parking garage and enter Hospital B entrance. Report to Information/Welcome Desk and you will be directed to the surgery waiting area. If you have issues with mobility, please call 863.284.1690 to let us know.

## Visitors

- + A friend or family member should come with you and will need to check in at the surgery waiting room so the surgeon can talk with them after surgery.
- + Only one visitor is allowed in the pre-op holding area with the patient and only two visitors are allowed at the hospital the day of the procedure.

**Please refer to the visitor's policy for the most updated allowances.**





# BEFORE SURGERY

## Admission

After checking in at the surgical waiting area, you will go to the Pre-op Holding Area and receive a hospital identification bracelet and be asked to change into a gown. Your clothes will be placed in a plastic bag. If you wear dentures, eyeglasses or contact lenses, you will need to remove them at this time.

An admitting nurse will re-check your medical records and conduct a brief physical exam that includes your vital signs and blood glucose level. You will be asked to urinate to empty your bladder. An intravenous (IV) line will be inserted into your vein that allows fluid and medications to be given during and after surgery. You will be asked to confirm which knee or hip is being operated on by marking the operative leg. You might get medicine to help with any stomach issues. A urinary catheter may be inserted during surgery and is usually removed after surgery in the recovery room. Stockings or compression wraps may be used to help promote circulation during and after surgery.

## Surgical Consents

You will be asked to sign a surgical consent if you haven't already signed one. If you have any questions about the consent, be sure to ask your doctor before surgery.

## Operating Room

You will be connected to monitors and anesthesia will begin. The surgery may take 2-3 hours or longer including prep and recovery.

## Blood Glucose Testing

During your pre-operative physical exam, an admitting nurse will check your blood glucose level. If your results are significantly elevated, we may have to cancel your surgery and refer you back to your Primary Care Physician and/or Endocrinologist for follow-up care.

# SURGERY WAITING ROOM

There is an electronic tracking board in the waiting room that tracks each patient's surgery. Each patient will be assigned a number that will be given to the family. The electronic tracking board will list what area the patient is currently in, surgery start time and surgery end time. Once you are ready to move from the recovery room to your hospital room, your family will be notified of your room.

After surgery, the surgeon will discuss your surgery with your family. If, at any time, your family has questions about when your surgery will be finished, they may check with the volunteer at the desk.

# ANESTHESIA

Your anesthesia for total joint surgery involves a variety of anesthesia.

Regional anesthesia includes spinal/epidural and peripheral nerve blocks.

Your anesthetic sedation, general anesthesia or some combination of the above. The type of anesthesia will be specifically tailored to your needs and will be discussed with you prior to the procedure. The goal in choosing the proper anesthetic for you is to reduce your post-operative side effects from treatment such as nausea. We

are working to make your stay comfortable after surgery as well as choosing the proper anesthetic for your total joint surgery.

## General Facts:

- + Your anesthesiologist will meet with you prior to your surgery
- + Tell the anesthesiologist if you have ever had any problems with anesthesia or medications
- + After examining you and discussing your medical history and desires, the best anesthetic plan will be determined for you
- + After surgery, you may have a tube under your nose providing you with oxygen

## General Anesthesia:

- + You are given intravenous medications that put you to sleep for your operation
- + These medications produce complete loss of sensation and perception
- + You may have a sore throat for a few days after surgery from the breathing tube
- + You will wake up quickly when surgery is over

## Spinal Anesthesia with Sedation:

- + You will receive local anesthetics through a small injection in your back. You will be given some medication to help you relax during this procedure, which only takes a few minutes. This medication allows you to wake up faster, less groggy, less nauseated, and ready to work with physical therapy more quickly.
- + Local anesthesia blocks the nerves that give you feeling to your legs and hips. This medication makes your legs numb through the duration of the surgery.
- + Sedative medications are given with your intravenous fluids before and during your surgery to keep you comfortable.





### Peripheral Nerve Block:

- + Local anesthetic placed directly where the key nerves are to block pain in and around the surgical area.
- + It's a brief relief without the side effects of narcotics
- + Quick return to normal

### Peri-Articular Injection:

Your surgeon may also perform a peri-articular injection, which is a series of shots of a numbing medication around the joint capsule. This is done during the surgery while you are under anesthesia, and acts as another form of local pain control after the surgery.

Based on your health, age and a variety of other factors, your orthopedic surgeon and anesthesiologist will recommend the best anesthesia plan for you.

### Going into Surgery

Shortly before your surgery, you will be taken into a holding area until the operating room and staff are ready. You will then go into the operating room where you will be prepared for surgery. The average length of time for the surgery is 2-3 hours. The length of time varies depending on the type of surgery. These rooms are kept very cold for operating room staff comfort and for infection control. The staff will provide warm blankets for you.

### Recovery Room

**After your surgery is completed, you will be taken to the recovery room where:**

- + Nurses will check your blood pressure, pulse, breathing, heart rate, temperature and evaluate pain levels
- + You will receive medications for pain, as needed. It is difficult to have zero pain.
- + Nurses will check your dressings, circulation to your operated limb, encourage you to take deep breaths and to move your ankles and feet.



- + Medication will be given for nausea as needed.
- + You will stay in the recovery area until your vital signs are stable, pain is controlled, and you are awake, usually 1-2 hours.
- + You may have x-ray of your new joint after surgery
- + If you had a hip replacement, you may have a special wedge pillow between your legs.

After your recovery room stay you will be transferred to your hospital room. At this time, you begin your post-operative recovery. Please inform your family that the length of time in the recovery room will vary depending on your progress.





# AFTER SURGERY

## HOSPITAL **STAY**

The average length of stay in the hospital after knee or hip replacement is 1 day. Some patients may even go home on the same day of their surgery. Please ask your surgeon about this option to find out if you would be a good candidate to go home on the day of your surgery. Everyone is different, however, and your doctor will determine when you are ready for discharge. During your hospital stay, you will receive care from your healthcare team at Lakeland Regional Health for Joint Replacement. The team will prepare you for your return home or transfer to another facility as discussed previously. This section includes information on your hospital stay and your discharge from the hospital.

## POST-OPERATIVE **CARE**

From the recovery room you will be taken to your hospital room. You may wake up feeling groggy, and will see several types of equipment and tubes. Do not be alarmed as this is all a part of the recovery process.

### ***Intravenous Fluids, Antibiotics***

You will be provided with fluids through an intravenous (IV) tube. They are usually stopped once prescribed antibiotics are done and/or if you are drinking plenty of fluids. Antibiotics are also given intravenously for 24 hours. These are started prior to your surgery, and continue after surgery to help prevent infection.

### ***Diet***

The nursing staff will advance your diet to regular food according to your tolerance. Specialty diets (diabetic, cardiac, etc.) will be advanced as well. It is normal to experience a loss of appetite for the first few days after surgery. Your nursing staff will encourage you to eat and to drink plenty of fluids.

### ***Surgical Dressings***

Your surgical site will be covered with a dressing that may be bulky at first. Your nurse will look at your dressing periodically. Your dressing may be changed per the doctor's order. However, some dressings do not require changing at all after surgery, it depends on the type of dressing placed. Please ask your nurse for instructions for your individual dressing.

### ***Drainage Tubes***

Sometimes a small tube is placed in your knee or hip incision during surgery. The tube collects excess fluid and blood so it does not build up and cause more pain. The tubes are usually removed the morning after surgery.



**Knee Immobilizer**

A knee immobilizer is sometimes used after total knee replacement surgery. When you have had knee surgery, it is worn at night to help increase knee extension, and occasionally, may be used when you are walking, until you gain enough strength to keep your new knee joint from buckling. The staff will assist you with this device and remind you when to wear the knee immobilizer.

**Cold Therapy**

To help control pain and swelling, your surgeon may elect to use cold therapy. This may be either a cooler, like the “cryo-cuff, or with an ice pack. Choice of device will be dependent upon physician’s preference and type of surgery. You will be encouraged to use cold therapy frequently after surgery to minimize post-operative pain and swelling. If your physician orders a “cryo-cuff” it is yours to take home, make sure to take the power cord and the cooler.



**Foot Compression Pumps/  
Calf Compression Pumps**

For the first few days after surgery, special foot wraps or leg wraps may be used while you are in bed. These wraps attach to an air pump that inflates and deflates every few minutes to encourage circulation to your legs which helps in preventing blood clots by encouraging blood flow.



**Oxygen**

Oxygen is sometimes used after surgery to help you breathe easier. The oxygen is usually only needed for the first day. The oxygen may be given through a tube placed close to your nose or through a mask placed over your mouth and nose. The oxygen saturation level (how much oxygen you have in your blood stream) will be monitored periodically by placing a clip or monitor on your fingertip.

**Capnography**

If you have sleep apnea or you are determined to be at risk for sleep apnea you may wake up with an oxygen tube that has a circle that is placed on your nose and hangs above your mouth. This device monitors the amount you exhale, assuring that you take enough deep breaths.

**Blood Thinning Medication**

You will be asked to take a blood thinning medication for a short time after your surgery to minimize the risk of developing a blood clot. Lovenox, Arixtra, Eliquis, Xarelto and aspirin are all examples of blood thinners. Your medication may either be a pill or an injection. Your surgeon will decide which medicine is right for you.

**Nausea Medications**

Some people experience nausea, or even vomiting after surgery. Anesthesia and other medications cause nausea for some people, but this usually goes away after the first day. Your surgeon will order medication to help reduce and eliminate any nausea you may experience. Please keep your nurse informed if you experience any nausea.

**Incentive Spirometer or  
PEP (Positive Expiratory Pressure)**

These small hand-held devices help you take deep breaths. They help expand your lungs more fully, preventing respiratory complications after surgery. Your nurse and/or respiratory therapist will teach you how to use the device that is chosen for you; incentive spirometer or the PEP. It is very important that you use the device at least 10 times every hour while you are awake. You may also be encouraged to use these devices if you have a low-grade temperature. You will be encouraged to cough and breathe deeply. It is recommended that you bring the device home with you and continue to use it for 2 weeks after discharge, or until your physician gives you clearance to stop.



**Constipation**

After surgery, constipation is a common problem. Pain medications, decreased activity, and changes in your diet all interfere with your normal bowel patterns. Stool softeners are usually given daily. Laxatives may be given also, as needed. Please do not be embarrassed to discuss this with your healthcare team.

**Muscle Relaxers**

A medication may be prescribed by your surgeon that helps to relax the muscles of your operative leg(s), and decrease muscle spasms.

**Early Walking/Ankle Pumps**

While awake perform your “ankle pump exercises” frequently. Early walking is important, get up with assistance of physical therapy or nurse staff and walk with walker to bathroom with-in first few hours after surgery.







# PAIN MEDICATIONS AND PAIN CONTROL

## Pain Scale

You will be able to discuss with your surgeon the best way to control your pain after surgery. Several methods of pain medication delivery may be used based on the rating you give your pain. The goal is to manage your pain so you are able to accomplish what you need to over the course of your treatment. Lakeland Regional Health uses several pain scores, but most often the numeric scale. The scale rates the intensity of the pain you are experiencing, 0 through 10. Zero is no pain and ten (10) is the worst pain you have ever felt. It is common to experience some pain after surgery, but through physical therapy, mindfulness and medication, we will work with you to manage the discomfort.

Controlling your pain is very important to us. By using the scale we will be able to monitor your level of pain as well as the effectiveness of the pain medication you are receiving. Pain medication is not given as a scheduled medication, it is upon request. Please let your nurse know if you are having pain before it gets out of control (greater than 4).

## Multi-Modal pain control

Your staff will want to keep your pain managed through a variety of different strategies. In addition to pain medications, your nursing team will also use things such as ice and mobility to help keep you as comfortable as possible. Ice will be an important tool in reducing pain and inflammation after surgery (if surgeon uses this modality). Walking is good to relieve stiffness and achiness in the joint.

## Peripheral Nerve Block

Prior to your surgery, most patients receive a peripheral nerve block, which is a local anesthetic placed directly where key nerves are located to block pain in and around the surgical area. This allows for good pain relief without the side effects of narcotics. The purpose of this block is to provide continual pain relief at the site of surgery without patients having to remember to ask for medications. This block will gradually wear off over time. You may feel tingling when the medication starts to wear off; this is the time to ask for pain medication (pills).

## Pain Pills

After your surgery, you will be encouraged to take oral pain medications to control your discomfort. Your nursing staff will want to use pain pills before IV pain medication, to make sure that they work to relieve your pain properly before you go home.

Pain medications are ordered upon request and will not be automatically brought to you. It is important to let your nurse know when your pain starts to increase so they can work to keep your pain at a manageable level. Please remember that there are many different types of pain. There are usually multiple choices for pain relief: muscle relaxers, nerve pain pills, anti-inflammatory medications and opioids. Your surgeon is in charge of prescribing your pain medications after surgery, so if you have concerns regarding pain management, please talk with the surgeon prior to surgery.

## Ambulate (get up and walk)

Get up and walk for five (5) minutes every waking hour gradually increasing walking times. This can help your circulation, strength, and range of motion, which can ease your pain.

# POST-OPERATIVE EXERCISES AND ACTIVITIES

## Coughing and Deep Breathing Exercises

Coughing and deep breathing help prevent lung congestion after surgery.

- + To cough, take a deep breath in and cough forcefully from your abdomen.
- + To take a deep breath, inhale as deeply as you can and hold while counting to 10. Now exhale all the air. Repeat this exercise 5 times.

The hand-held devices, incentive spirometer or PEP, previously discussed will help with the deep breathing exercises.

## Physical Therapy

Physical therapy begins the day of surgery unless otherwise ordered by your physician. Some pain should be expected when starting activities after surgery, but it is very important to begin moving as early as possible. Your surgeon will prescribe pain medications to help minimize the pain you may experience during therapy

A physical therapist will assist you in learning how to safely get in and out of bed, and walk with your walker. The therapist will also assist you in regaining strength and motion in your operated leg and will review precautions with you that will protect your new joint as you recover. After surgery, you will be told how much weight you can put on your operated leg when walking. This is referred to as your weight-bearing status. Participating in physical therapy strongly influences your recovery.



Occupational Therapy

An occupational therapist may assist you in learning how to safely perform your daily activities such as bathing, dressing, and getting in and out of the bathtub or shower.

Rehabilitation Goals

- + Maximize your joint strength and mobility while carefully following your surgeons movement precautions
- + Get in and out of your bed and chair safely
- + Walk safely with an assistive device, like a walker
- + Dress yourself using adaptive equipment (grabbers or dressing aides) if needed.

REHABILITATION ACTIVITIES

Many activities will require modification for a period of time after your surgery. Your physical therapist will address such issues as getting in and out of a car, climbing stairs or steps, and use of specialized equipment to assist you during your recovery period. Remember, consistent progressive physical therapy is the key to your success.

Bathing, Showering, Dressing

You may sponge bathe or shower after your surgery with a waterproof dressing as recommended by your surgeon. You may be able to utilize a tub bench to assist with bathing in either a shower or tub. Reachers, sock aides, long handled sponges and long shoehorns are items that may assist you in bathing and dressing, safely.

Mobility

The physical therapist will teach you how to get in and out of the bed safely. You will also be instructed how to stand from a sitting position and sit back down again, how to use a walker, how to get in and out of a car, and how to turn in bed, etc. The nursing staff will reinforce what the therapists have taught you. Vehicles, which sit low or high to the ground can be difficult to get in and out. Therefore, we recommend a standard size vehicle for your ride home.

Walking

Following joint replacement, there may be limitations placed on the amount of weight you will be allowed to put on your operated leg as you walk. Your surgeon will advise you what your limits will be. Most patients walk with the assistance of a walker following surgery. Your therapist will discuss options available to you but a standard walker with no wheels is usually recommended.

Stairs or Steps

If you have stairs or steps in your home, your therapist will practice the appropriate way to negotiate them. Remember to go up the stairs with your non-operated leg first (“up with the good leg”) and go down the stairs with your operated leg first (“down with the bad leg”).

Post surgical bruising and swelling

Some bruising and swelling is normal for the healing process. You may notice this condition for 2-3 weeks.

THERAPY SCHEDULE

Physical therapy will include the following:

- + Physical therapy evaluation
- + Instruction in specific exercises
- + Instruction in total hip precautions
- + Training in bed mobility and sitting on the side of the bed
- + Instructions in walking with a walker

The first visit and after surgery and throughout your hospital stay you will:

- + Have physical therapy once or twice a day
- + Receive ongoing reinforcement in total hip precautions
- + Continue specific exercises and increase repetitions as tolerated
- + Continue with bed mobility and instruction in sitting and standing
- + Begin walking at least 25 feet and increase the distance with each treatment as tolerated

Minimum Goals:

- + Walk 100-150 feet with an assistive device, using the correct weight bearing
- + Walk up and down stairs and/or steps with assistance
- + Demonstrate your home exercise program
- + Demonstrate safe transfers, mobility, and sitting techniques
- + For Total Hip Replacement patients: verbalize and demonstrate the ability to perform activities without breaking the precautions.
- + DO NOT place anything directly underneath the bend of the knee.
- + After completing your exercises or walking, remember to elevate your leg while seating.





# DISCHARGE FROM THE HOSPITAL

Planning for your discharge began in your surgeon’s office, before you were admitted to the hospital. We do this so we can provide the most comprehensive plan of care for you and your family. Sometimes there is a need to adjust this plan, depending on your progress. Some things that will be considered are:

- + The amount and type of therapy you will need
- + The amount and type of assistance you will receive from your caregiver
- + Your home environment
- + Your insurance plan



## Prior to being discharged, you will be given:

- + Prescription for pain medicine, unless received at surgeon’s office
- + Instructions for the use of aspirin, if indicated
- + Prescription for a blood thinner, if ordered, unless received at surgeon’s office
- + Written discharge instructions
- + The phone number for home health and the equipment company, if applicable
- + Information to set up your follow-up appointment with your surgeon, usually 10-14 days after surgery

Discharge prescriptions can be sent to the Publix Pharmacy in the B-Wing. Prescriptions can be delivered to the patient bedside or picked up on the way to the patient’s car.

**(Please allow at least 1 hour for the pharmacy to fill the script. Please notify your nurse if this pharmacy is your preferred choice.)**

## The Drive Home

Make sure that the friend or family member taking you home brings pillows for you to sit on in the car. When getting in the car:

- + Move the front passenger seat back as far as possible
- + Place the pillows on the car seat and recline the seat slightly, if possible
- + If your drive home is long, stop to stand up and stretch after 45 minutes to 1 hour
- + Be sure to take a pain pill before you leave the hospital to help with your pain until you get your prescription filled

You should avoid riding home in a compact car, sports car, truck or any vehicle with raised

suspension.

# HOSPITAL RECOVERY SCHEDULE

(may vary based on individual needs)

## Day of Surgery

- ☐ Ankle pumps
- ☐ Turn in bed with Assistance
- ☐ Incentive spirometer or PEP
- ☐ Deep breathing and coughing exercises
- ☐ Diet as tolerated
- ☐ Tubes and dressing in place
- ☐ Possibly walk with physical therapy
- ☐ Social Worker may visit
- ☐ May be discharged home

## Day 1

- ☐ Ankle pumps
- ☐ Incentive spirometer or PEP
- ☐ Physical therapy
- ☐ Start walking and sit out of bed at least three times a day
- ☐ Diet as tolerated
- ☐ Continue pain medication for pain control
- ☐ Social worker visit
- ☐ May be discharged home

## Day 2 (if needed)

- ☐ Ankle pumps
- ☐ Incentive spirometer or PEP
- ☐ Continue physical therapy
- ☐ Increase walking distance

☐ Discharge home or SNF

# SAME DAY SURGERY CHECKLIST

## Before Surgery

- ☐ Obtain Durable Medical Equipment (walker, bedside commode)
- ☐ Obtain prescriptions (pain, blood thinners)
- ☐ Prepare home (trip hazards, meals, help)
- ☐ Have Home Health Physical Therapy set up
- ☐ Have My Mobility set up if applicable

## Day of Surgery

- ☐ Pain under control
- ☐ Education on surgical incision care
- ☐ Tolerate fluid and food
- ☐ Urinate
- ☐ Helper available for education and ride





# RECOVERY AT HOME

Your recovery period will take 6-12 weeks. Each day you will be able to resume more and more activities. Keep in mind, however, that recovery is a gradual process, and we all recover at our own pace.

## Care After Discharge

### Medications

#### Blood thinners

##### Lovenox, arixtra

Form of injection. You will be taught how to give yourself injection from your nurse prior to discharge if the surgeon prescribes.

##### Xarelto, Eliquis, Aspirin

Taken by mouth. You may be asked to take this medication once or twice a day, as prescribed by your surgeon. You will get instructions prior to discharge if prescribed.

#### Pain Medications

Take as prescribed. Do not drive while taking pain medication.

#### Laxatives and Stool Softeners

Medication for constipation. May take over-the-counter laxatives or stool softeners, such as Milk of Magnesia, Dulcolax, or Colace.

#### Muscle Relaxer

If prescribed, please take as directed. Examples of muscle relaxers are Soma, Robaxin, or Flexeril and they help relieve muscle cramps or spasms.

## Incision Care

After surgery, wear loose-fitting clothing to avoid pressure on your incision. You or your family member will need to look at your bandage every day for signs of bleeding or infection. Depending on which dressing your physician chooses you may be required to change the bandage at home. If a dressing change is required, you will be provided instructions before discharge. Some swelling and bruising at the incision site is normal the first few days after surgery. If you have staples, they will be removed 10-14 days after surgery, usually at the surgeon's office.

## Showering/Bathing

Do not submerge surgical leg or take a bath until surgeon lets you know it is safe to do so. Follow surgeon's order for showering.

## Exercise and Mobility

You will need to continue the exercise program your therapist began with you while in the hospital. Patients who had a total hip replacement MUST follow the hip precautions for 3 months at home and in outpatient therapy until advised by your surgeon.

## Support Stockings (TEDS)

Your surgeon may order support stockings for you to wear after discharge. Remember that there should be no wrinkles or kinks in the stocking to prevent damage to your skin. The stockings need to be removed three times a day for 30 minutes each time. Check your legs, especially your heels, for any sores. Hand wash daily and hang to dry during one of the 30-minute breaks.

## Equipment

Different types of equipment may be recommended by the surgeon or physical therapist to assist you with your daily activities after surgery. If they are recommended you will be given instructions on use by therapist or nursing staff.



# CALLING YOUR SURGEON



## Healthy Zone: Feeling well

## Action = Daily Maintenance Plan

### If you are feeling well:

- + Pain under control
- + No fever
- + Physical therapy and exercises going well
- + Tan dressing not overly bloody or wet
- + No increased swelling, warmth or pain to either leg
- + Appetite returning to normal, regular bowel movements

### Do this:

- + Continue to take medications as directed.
- + Keep up with your physical therapy visits and exercises.
- + Take tan dressing off 7 days after surgery. Then, clean wound with gentle soap and water daily.
- + Drink lots of liquids, especially water and not alcohol. This will help prevent dehydration and constipation.
- + Ice as needed.
- + Keep follow-up appointments with the doctor.

## Caution Zone! Not feeling well

## Action = Step up care!

### If you have any of these symptoms::

- + Pain not controlled, unable to make progress with physical therapy due to pain.
- + Increased joint stiffness
- + Increased clear or bloody drainage from wound
- + Constipation

### Do this:

- + Call your doctor. We may need to make changes to your plan of care or medications.
- + Drink more liquids—goal 8–10 glasses of water daily. Eat a diet with more fiber. Stool softeners, which you can buy at a pharmacy, might help. Ask your doctor if you have any questions.

## Danger Zone!! Feeling worse

## Take Action!

### If you have any of these symptoms::

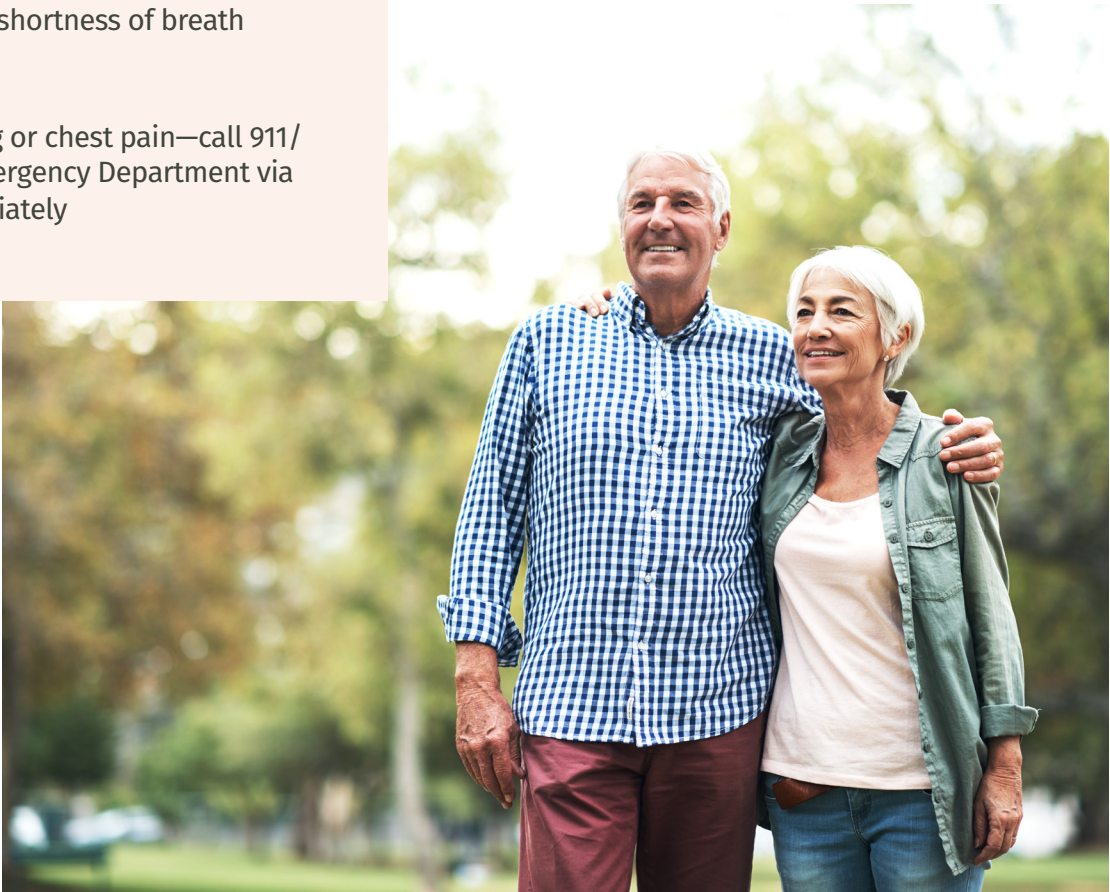
- + Continuous fever over 101.0F (38.3C)
- + Redness, foul-smelling drainage (yellow, green) or pus at surgery site.
- + Tenderness or redness with warmth around the incision
- + Chest congestion or chest pain with coughing, or when taking a deep breath
- + Calf pain (increasing pain, warmth, redness, tenderness)
- + Increased swelling in the thigh, calf, ankle or foot
- + Increasing pain with activity and rest that is not managed by pain medications
- + Dizziness or confusion
- + Fall with or without hitting surgery site
- + Sudden severe pain
- + Sudden increased shortness of breath
- + Shaking or chills
- + Difficulty breathing or chest pain—call 911/ go the nearest Emergency Department via ambulance immediately

### Do this:

- + Call your doctor immediately!
- + If it is the weekend and your doctor is unavailable, or if your symptoms are severe, go to the ER.

## Signs of a Stroke (FAST)

- + Arm weakness
- + Facial drooping
- + Chest pain
- + Shortness of breath





# HIP DO'S AND DON'TS

For your safety, you may need to adhere to Hip Precautions that you were instructed on by physical therapy, particularly during the first 6 weeks or as directed by your surgeon.

- + Follow your hip precautions, as instructed by therapist
- + Use a pillow between your legs for turning onto, or for sleeping on your non-operative side
- + Armchairs will be easier than armless chairs if you have hip weakness
- + Use bedside commode over your toilet, or an elevated toilet seat on your toilet if recommended by your therapist
- + Do not pivot/twist on your operative leg
- + Do not cross your legs, even at the ankles
- + You may be required, by your surgeon, to use a knee immobilizer when sleeping to help you follow your hip precautions.

The above precautions should be followed with most hip replacements. Your surgeon and therapist will provide specific guidelines for you.

## Restricted Activities

Until you see your doctor for the first post-operative check-up in 10-14 days, DO NOT do any of the following:

- + Return to Work
- + Participate in Sports
- + Engage in Sex
- + Drive a Car
- + Take a Tub Bath or get in a Swimming Pool or Hot Tub

# LIFETIME ACTIVITIES

(check with your physician prior to beginning these activities)

## Recommended:

- |                               |                    |
|-------------------------------|--------------------|
| Swimming                      | Dancing            |
| Biking                        | Nordic track       |
| Walking                       | Bowling            |
| Golf                          | Fishing            |
| Gardening                     | Elliptical stepper |
| Low impact and water aerobics |                    |

## Not Recommended:

- |             |   |
|-------------|---|
| Basketball  | Tennis  |
| Skiing      | Weight lifting with weights that exceed 50 pounds |
| Racquetball |   |

## Avoid Entirely:

- |                    |                      |
|--------------------|----------------------|
| Jogging or running | Contact sports       |
| Jumping sports     | High impact aerobics |

## Post-Operative Follow-Up

Usually 10-14 days from surgery, you will need to schedule your appointment as soon as you return home from the hospital.

# MRI PRECAUTIONS

**+** Caution: Please notify MRI personnel that you have an implant before the procedure.

# INVASIVE PROCEDURES REQUIRING A PRE-ANTIBIOTIC

## Examples may include:

- |                      |                               |
|----------------------|-------------------------------|
| Any Dental Procedure | Liver Biopsy                  |
| Colonoscopy          | Genitourinary Instrumentation |
| Sigmoidoscopy        | Prostate and Bladder Surgery  |
| Any Infection        | Kidney Surgery                |
| Tonsillectomy        | Vaginal Exams and GYN Surgery |
| Bronchoscopy         | Barium Enema                  |

When in doubt, call your Orthopedic Surgeon for guidance.

# METAL DETECTORS

Your new hip or knee may activate metal detectors used for security in airports and some buildings. Tell the security agent about your joint and carry your card confirming that you have an artificial joint.

# MOOD DISTURBANCE/ DIFFICULTY SLEEPING

You may experience some:

- + Anxiety
- + Depression
- + Fatigue
- + Irritability
- + Sleeping issues
- + Changes in eating habits

**+** These symptoms are common after major surgery. However, if you have any concerns please contact your health care team.

## To Help with Difficulty Sleeping:

- + Sleep in a dark room
- + Avoid napping during the day
- + Limit food and liquids close to bedtime
- + Avoid alcohol and caffeine
- + Ice your surgical site only as instructed by physician
- + Sleep in a cool room





# MYMOBILITY™ PROGRAM

Lakeland Regional Health partners with mymobility™ to provide patients with Apple® technology to stay updated with information that allows us to track your progress after surgery and helps you to stay connected with your care team.

Some patients who will be enrolled in this program, obtain an Apple Watch® 30 days prior to their surgery. Information sent to the patient includes daily to do lists, educational materials, questionnaires, and exercises specific to their procedure.

If you have questions, please consult your surgeon.

## Zimmer Biomet's mymobility™ Program

Preparing for and recovering from surgery can seem overwhelming. Knowing what to expect and receiving timely reminders can help ease the process as you approach your surgery date.

Lakeland Regional Health has partnered with the Zimmer Biomet's mymobility™ app to help you prepare for and recover from your procedure. Our app gives you constant connection to your care team, so you'll receive helpful reminders, progress reports and support that's unique to you. It's a personalized way to keep you moving and keep you connected like never before.

Knowing what to expect and receiving timely reminders can help ease the process as you approach your surgery date. Mymobility™ keeps you connected to your surgeon and care team throughout this process. Surgeon-assigned care plans used through the mymobility™ app provide properly timed to-do lists and notifications aimed to keep you on track during your surgical preparation and recovery. Encrypted messaging within the app allows you to send videos, pictures and/or text messages to your surgeon and care team without the need for an appointment.

After surgery, your surgeon will likely assign daily exercises aimed at regaining movement. Your surgeon may assign easy to follow video-guided exercises through the app. This allows you to

perform the exercises in the comfort of your own home while your surgeon and care team track progress remotely.

Every patient's orthopedic journey is unique, In addition to helpful reminders, progress reports, and the care plan, the mymobility™ app allows you to rate and share your progress and satisfaction in real time.

If you are interested in utilizing Zimmer Biomet's mymobility™ Program or have any questions, please consult your surgeon.





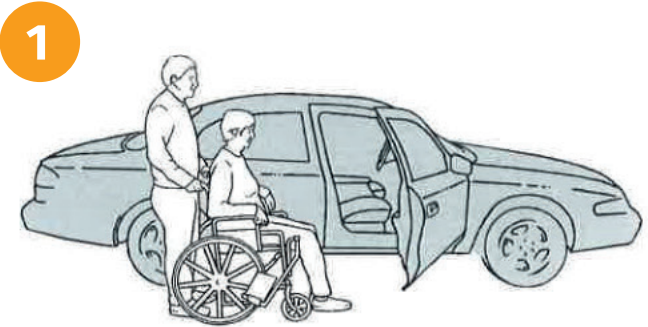
# APPOINTMENT FOLLOW UP

Dr _____	Dr _____
For _____	For _____
Date _____	Date _____
Time _____	Time _____
.....	
Dr _____	Dr _____
For _____	For _____
Date _____	Date _____
Time _____	Time _____
.....	
Dr _____	Dr _____
For _____	For _____
Date _____	Date _____
Time _____	Time _____

# TRANSFER: WHEELCHAIR TO CAR (ASSISTED)

### General Tips:

- Position wheelchair as close as possible. Leave enough room for helper and person to stand and pivot.)
- Remove feet from footrests, move footrests out of way, lock the brakes.
- Put feet flat on the ground. Place the uninvolved foot slightly behind the involved foot.
- If both legs are weak, put the stronger leg slightly behind.
- Be sure to explain the procedure to the person you are helping before you begin.



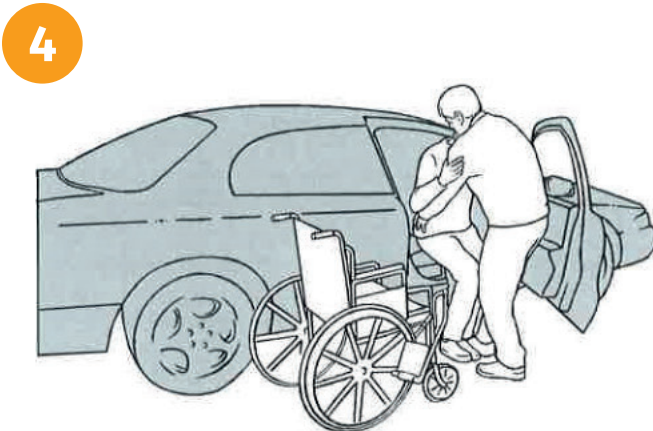
Starting position



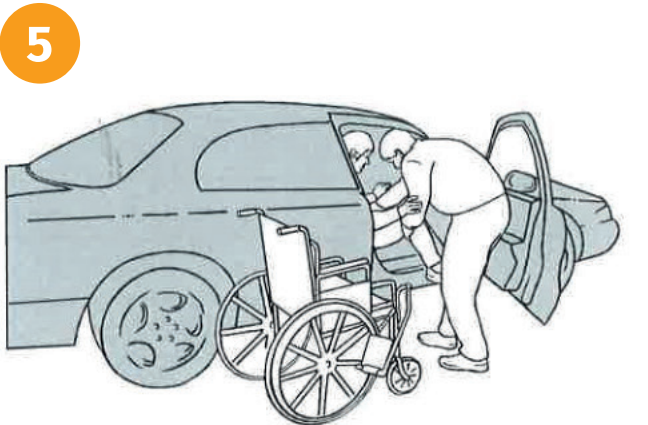
Help person to standing position. Let person balance a few seconds.



Help person to pivot so the backs of legs are against the seat.



Slowly lower the person to sitting position.



Lift each leg into the car.

*Reverse the procedure to return the person to the wheelchair.*



# PHYSICAL THERAPY FOR THE KNEE

## Straight Leg Raise

Bend one leg. Raise other leg 6-8 inches with knee locked. Exhale and tighten thigh muscles while raising leg. Repeat using other leg. **Repeat 10 times, 3 times a day.**



## Quad Sets

Slowly tighten muscles on thigh of straight leg while counting to 10 out loud. **Repeat 10 times, 3 times a day.**



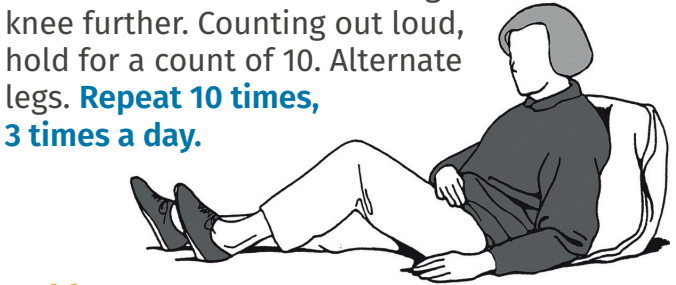
## Gluteal Squeezes

Squeeze buttocks muscles as tightly as possible while counting out loud for 10 seconds. **Repeat 10 times, 3 times a day.**



## Hamstring Sets

With one leg bent slightly, push heel into bed without bending knee further. Counting out loud, hold for a count of 10. Alternate legs. **Repeat 10 times, 3 times a day.**



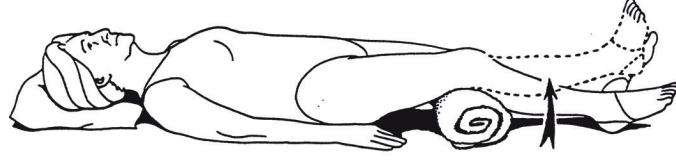
## Ankle Pumps

Bend ankles up and down, alternating feet. **Repeat 10 times, 3 times a day.**



## Short Arc Quads

Place a large can or rolled towel under leg. Straighten knee and leg. Hold one second. **Repeat 10 times, 3 times a day.**



## Abduction

Slide one leg out to the side. Keep kneecap pointing toward ceiling. Gently bring leg back to pillow. Repeat with other leg. **Repeat 10 times, 3 times a day.**



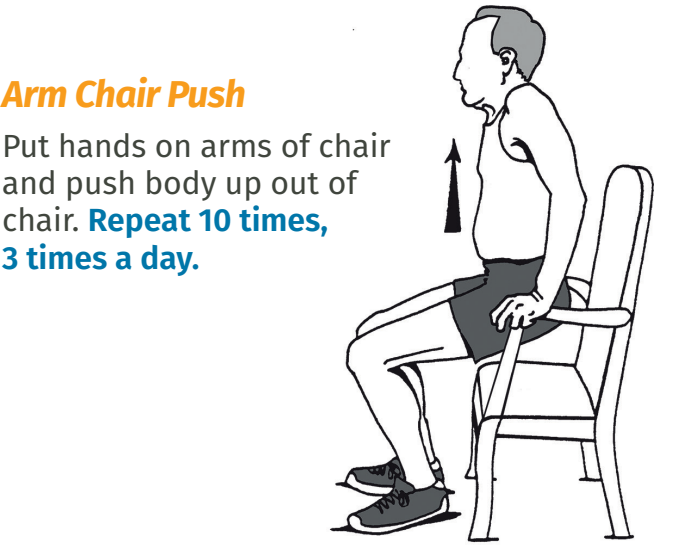
## Heel Slide

Bend knee and pull heel toward buttocks. Hold one second. Return. Repeat with other knee. **Repeat 10 times, 3 times a day.**



## Arm Chair Push

Put hands on arms of chair and push body up out of chair. **Repeat 10 times, 3 times a day.**



# PHYSICAL THERAPY FOR THE HIP

Based on the type of approach your surgeon used during your surgery, some hip exercises may or may not be recommended for you, and you may be instructed to follow certain precautions. Please check with your doctor or physical therapist before beginning any hip exercises following surgery.

## Quad Sets

Slowly tighten muscles on thigh of straight leg while counting to 10 out loud. **Repeat 10 times, 3 times a day.**



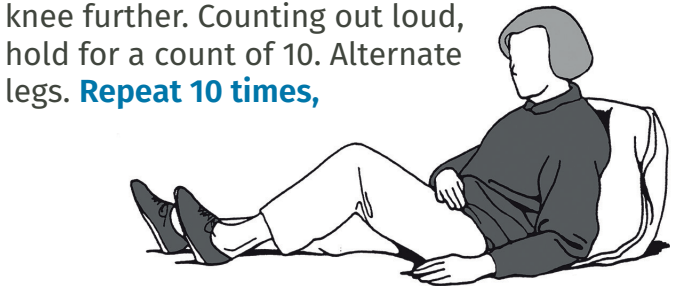
## Gluteal Squeezes

Squeeze buttocks muscles as tightly as possible while counting out loud for 10 seconds. **Repeat 10 times, 3 times a day.**



## Hamstring Sets

With one leg bent slightly, push heel into bed without bending knee further. Counting out loud, hold for a count of 10. Alternate legs. **Repeat 10 times,**



## Ankle Pumps

Bend ankles up and down, alternating feet.



## Short Arc Quads

Place a large can or rolled towel under leg. Straighten knee and leg. Hold one second. **Repeat 10 times, 3 times a day.**



## Abduction

Slide one leg out to the side. Keep kneecap pointing toward ceiling. Gently bring leg back to pillow. Repeat with other leg. **Repeat 10 times, 3 times a day.**



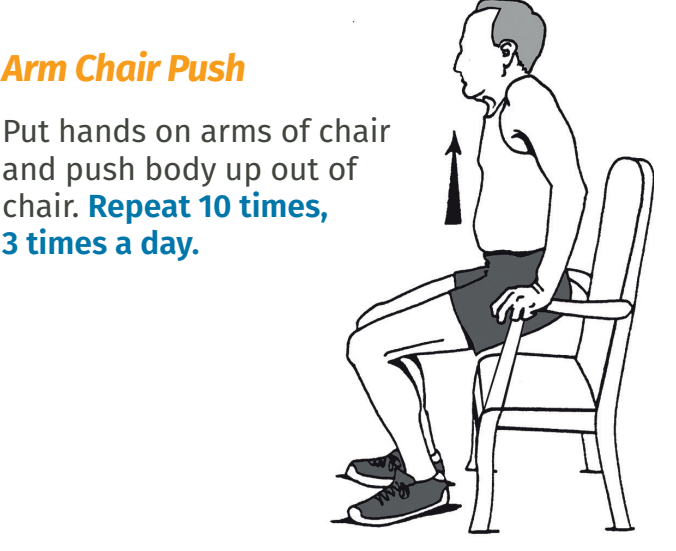
## Heel Slide

Bend knee and pull heel toward buttocks. Hold one second. Return. Repeat with other knee. **Repeat 10 times, 3 times a day.**



## Arm Chair Push

Put hands on arms of chair and push body up out of chair. **Repeat 10 times, 3 times a day.**





# QUESTIONS AND ANSWERS

## Pain

**Q. How much pain should I expect?**

You will experience some amount of pain after surgery. The amount is different for each person. The amount and type of pain you feel may not be the same as others may feel.

**Q. Why is controlling my pain important?**

It is important to control pain in order to carry out your daily functions comfortably. Pain that is controlled allows for walking, doing breathing exercises and other activities that promote strength and prevent complications while in the hospital.

**Q. What are some effects that pain can have on me?**

Effects may include a change in mental status, decreased activity, nausea, vomiting, insomnia, fatigue, headache, and restlessness.

**Q. Will I get addicted to the pain medicine?**

Some patients fear that they will “become addicted” to pain medications. Taking pain medication for the short period of time that is needed for healing will not cause an addiction, and you should not be afraid to take it.

**Q. What if my pain medicine doesn’t work?**

We will ask your pain level while you are in the hospital. If your medication is not working for you, please let us know and we will tell your doctor.

## Activities

**Q. How long do I need to maintain hip precautions?**

Your physician will provide guidance to you and let you know when you no longer have to follow your hip precautions.

**Q. When can I start driving?**

Approximately 4-6 weeks after surgery depending on which leg was operated on and your rehabilitation. You should not drive while taking pain medications.

**Q. How long do I have to keep doing the exercises?**

Specific exercises should be done until you are pain free and walk without a limp; however, regular exercise should be a lifetime commitment.

**Q. When can I take a shower?**

You may shower after your surgery with a waterproof dressing as recommended by your surgeon, and if there is no drainage. Do not submerge in a tub or pool. Dressing should stay intact and dry.

**Q. When can I resume sexual activity?**

Most people can resume sexual activity 4-6 weeks after surgery. It is important, however, that you and your partner have a clear understanding of the precautions you should follow to protect your new joint.

## Behaviors

**Q. What helps difficulty sleeping?**

Take Tylenol PM. Drink warm milk before bedtime. Turn off electronics and try reading a book.

**Q. What do I do for lack of appetite?**

Eat small, frequent meals. Drink Protein shake 2-3 times a day.

**Q. What can I do for swelling?**

Apply an ice pack for 20 minutes after exercise. If swelling does not go down over night, and after you have elevated your leg, notify your surgeon.

## Other Questions

**Q. I have numbness along the incision?**

This is normal and can last up to a year.

**Q. I have drainage from the incision?**

You may be asked to change your dressing daily. Remove bandage when oozing stops. If drainage continues, notify your surgeon.

**Q. I hear clicking with the knee bending?**

Occasionally you may feel soft clicking of metal and plastic. This is normal.

**Q. Will I activate metal detectors after my surgery?**

Your knee or hip may activate metal detectors required for security in airports. Carry your joint replacement confirmation card with you.

**Q. Will get mood swings or the Blues after surgery?**

Mood swings are normal. These sad feelings should improve with time. Call your surgeon if your emotional recovery is not progressing.

# RESOURCE LINKS

- + [myLRH.org/Orthopedics](http://myLRH.org/Orthopedics)
- + [myLRH.org/TotalJointClass](http://myLRH.org/TotalJointClass)
- + [myLRH.org/DiabetesResources](http://myLRH.org/DiabetesResources)
- + [myLRH.org/DiabetesCare](http://myLRH.org/DiabetesCare)
- + [myLRH.org/DiabetesCareSp](http://myLRH.org/DiabetesCareSp)
- + [Myplate.gov](http://Myplate.gov)







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