



# Guidebook for Hips and Knees

Name:	Date of Surgery:
<b>Surgeon:</b>       Phone #:	<b>Primary Care Physician (PCP):</b>       Phone#
<b>Pharmacy:</b>       Address:       Phone #:	<b>Emergency Contact:</b>       Relationship:       Phone #:

## Welcome

Welcome to Piedmont Healthcare. We are delighted you have chosen Piedmont for your joint replacement surgery. We are dedicated to making your healthcare experience the best it can be, returning you to independent living and to an improved quality of life.

Congratulations on taking a great next step toward getting back on track to an active and healthy life. It is our pleasure to serve and guide you on this journey. Our goal at Piedmont is to provide you with the best experience possible. We pride ourselves on the high quality care that our skilled care teams and talented physicians provide to thousands of people per year across the southeast.

We believe the more information you have on what to expect before, during, and after your joint replacement surgery, the more empowered you will be to actively partner with us in making your surgery and recovery a success.

We hope that you take advantage of everything that we have to offer and become an expert about your health and care in preparation for your surgery.

- **In-person Joint School**
  - o Available in your community at **most** Piedmont **hospitals**
- **Orthopedic Nurse Navigators**
  - o RNs who are your advocate. They teach Joint School, assist with pre-operative preparation, provide support throughout treatment, answer questions and address concerns. A Navigator is available at **most** Piedmont **hospitals**
- **Online classes**
  - o [piedmont.org/orthopedic/total-joint/joint-school](http://piedmont.org/orthopedic/total-joint/joint-school)
- **Online physician talks**
  - o [piedmont.org/orthopedic/total-joint/total-joint-replacement](http://piedmont.org/orthopedic/total-joint/total-joint-replacement)
- **Online physical therapy demonstrations**
  - o [piedmont.org/orthopedic/orthopedic-patient-education](http://piedmont.org/orthopedic/orthopedic-patient-education)
  - o [piedmont.org/media/file/Knee-Replacement-Excercises.pdf](http://piedmont.org/media/file/Knee-Replacement-Excercises.pdf)
  - o [piedmont.org/media/file/Hip-Replacement-Excercises.pdf](http://piedmont.org/media/file/Hip-Replacement-Excercises.pdf)
- **Online and/or printed Guidebook for Hips and Knees**
  - o Printed Guidebooks are available at In-person Joint School
  - o [piedmont.org/media/file/Hip-Knee-Guidebook.pdf](http://piedmont.org/media/file/Hip-Knee-Guidebook.pdf)



**Thank you for choosing Piedmont. We look forward to taking very good care of you.**

# Medication List

**Please fill out the Medication List with the requested information.**

Name:		Primary Care Physician:	
Medication Name/Dosage	Instructions	Reason for Therapy	Duration
What is the name of your medication? What is the dosage?	When and how do you take this medication?	Why are you taking this medication?	How long have you been taking this medication?

**Extremely Important!**  
Always have a list of your current medications and the dosages so that the correct medication and dosage can be prescribed for you while you are in the hospital. You should also have contact information for your local physician (name and phone number) and any details on medical information, allergies, or past reactions to anesthesia.

### As Soon As Possible After Scheduling Surgery

- Make a discharge plan
- Designate a Coach and include them in your calendar of events
- Start Prehabilitation (Prehab)
  - Start walking a minimum of 30 minutes daily to build up stamina
  - Start daily strengthening exercises
  - Increase protein in your daily diet
  - Start a multiple vitamin with iron
- Begin accumulating the needed durable medical equipment

### Four Weeks Before Surgery

- Complete medical clearance with your Primary Care Physician – needs to be no more than 30 days before surgery
- Attend Joint School and complete Pre-Admission Testing

### One to Two Weeks Before Surgery

- Go to pre-operative visit with surgeon if needed
- Stop medications/supplements that cause bleeding
- Start a stool softener if prone to constipation or sensitive to narcotics
- Contact Piedmont business office 855-788-1212 to complete registration
- Begin Incentive Spirometry exercises to improve lung function
- Start preparing your home for recovery

### About Joint Replacement Surgery

In recent years, improvements in materials and techniques have made total joint replacement a common and highly successful surgery. More than 90% of people have good to excellent results following joint replacement surgery. Most hip and knee replacement surgeries take between 1-2 hours. In the majority of cases, people are walking with a walker or cane within hours of surgery and begin physical therapy the day of surgery. A joint implant's longevity will vary in every patient based on factors such as age, weight, activity level and medical conditions. An implant is a medical device subject to wear that may lead to mechanical failure. There is no guarantee that your implant will last for any specified length of time but is generally thought to last 20 or more years. More and more joint replacements are done as outpatient procedures with discharge to home the day of surgery; rarely does someone stay in the hospital more than 1-2 days.

### Why Joint Replacement May Be Needed

An injury, disease or normal aging can cause articular cartilage to become thin, rough or worn. When it does, the bones begin to rub together. This results in a slow wearing away of the bone surface, which can cause pain and stiffness.

The most common cause of joint disease:

- **Osteoarthritis** occurs as the cartilage thins due to wear and tear that destroys the cartilage. This is the most common form of arthritis.
- **Rheumatoid Arthritis** may affect many parts of the body including the synovial membrane in joints. The diseased membrane makes large amounts of fluid, which thins the cartilage and causes the joint to swell.
- **Traumatic Arthritis** may occur at any age. This type of arthritis is from an injury to the joint, which damages the cartilage.
- **Avascular Necrosis** is the death of the bone due to a lack of blood supply.



We strive to enable patients to walk the day of surgery and resume normal activity in 6 to 12 weeks.

### Goals Of Surgery

- Relieve pain (the main reason for most people)
- Improve joint motion
- Correct deformity
- Restore independence
- Return to an active lifestyle

## Your Hospital Care Team

**Orthopedic Surgeon** – performs the surgery and oversees your treatment.

**Advanced Practice Professional (APP)** – health care professionals licensed to examine, diagnose, and treat patients in collaboration with their physician partners. Physician Assistant (PA) or Nurse Practitioner (NP).

**Anesthesiologist** – physicians who ensure your safety and comfort during surgery.

**Anesthetist** – advanced practice nurses or anesthesia assistants who administer anesthesia medications.

**Hospitalist/Inpatient Medical Service (IMS)** – physicians who manage other health conditions not related to the surgery such as diabetes, high blood pressure while you are in the hospital.

**Hospital Pharmacist** – monitors medications for correct use, side effects, and potential drug interactions.

**Registered Nurse or Licensed Practical Nurse (RN, LPN)** – nurses who monitor you for complications and coordinate your care.

**Patient Care Technician (PCT)** – assists your nurse in providing daily care.

**Physical Therapist (PT)** – evaluate you and develop a plan to help you recover safely. They teach you exercises to regain muscle strength and how to use aids such as walkers and canes.

**Physical Therapy Assistant (PTA)** – assists your therapists in providing daily therapy sessions.

**Occupational Therapist (OT)** – teach you easier ways to do daily activities such as bathing and dressing as you heal.

**Case Manager** – nurses or social workers who assist with preparation for your discharge home from the hospital. They coordinate services such as home health or outpatient therapy and equipment.

**Orthopedic Navigator/Coordinators** – nurses who answer questions and address concerns throughout the entire episode of care.

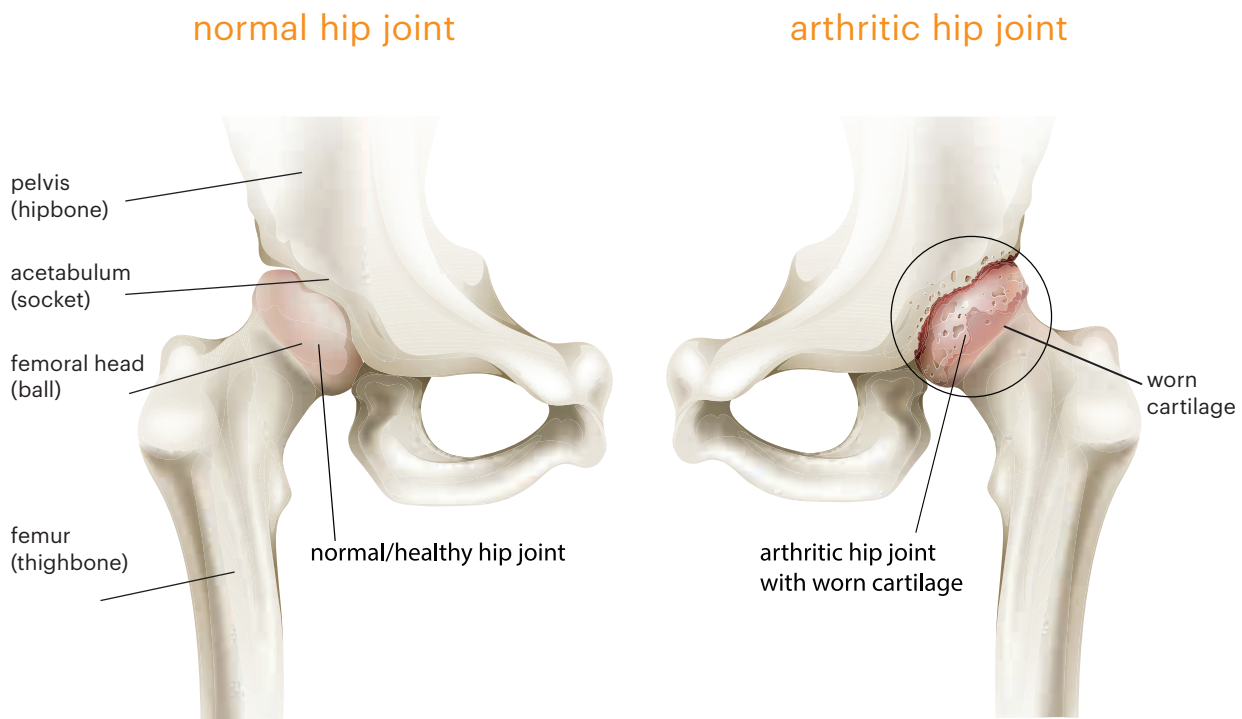




## Understanding Total Hip Replacement

The hip joint is a ball-and-socket joint. The ball (femoral head) is attached to the top of the femur (thighbone). The acetabulum (socket) is curved and is part of the pelvis (hipbone). The ball rotates in the socket and allows you to move your leg in all directions.

A smooth substance called cartilage acts as a cushion between the ball and socket. A thin membrane (synovial membrane), containing synovial fluid, surrounds the joint and lubricates the cartilage. The cartilage allows the ball to glide easily inside the socket, as well as provides a smooth surface on your bones to make movement easy and painless.



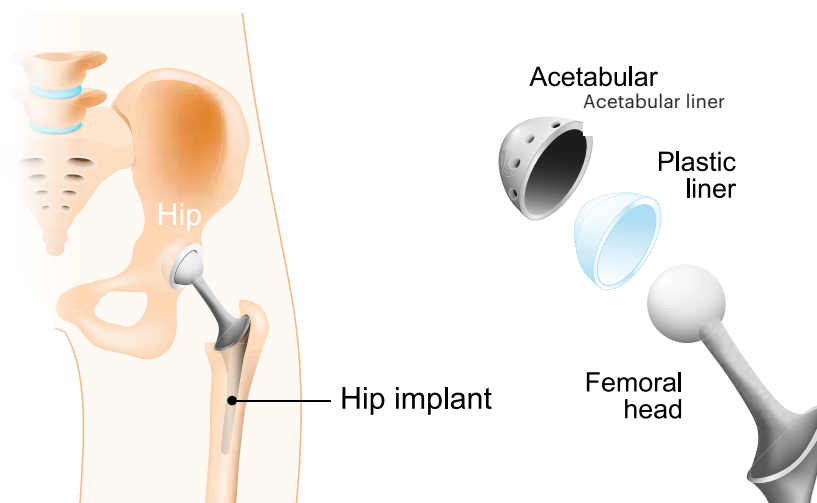
With an arthritic hip, the cartilage wears out. The bones rub together and become rough, resulting in inflammation and pain. Therefore, you have decreased range of motion and difficulty walking.



## What is involved in a Standard Hip Replacement

With hip replacement, the weight-bearing surfaces of the hip joint are replaced with man-made materials called a prosthetic implant or hip prosthesis. The prosthesis consists of four components: acetabular component (socket), acetabular liner, femoral head (ball), and femoral stem. Once the components are aligned, movement that is more natural and less painful is restored.

- **Acetabular component (socket):** the metal cup fits into the resurfaced socket of the pelvis/hipbone. It is usually made of metal but can also be made of plastic.
- **Acetabular liner:** the liner fits into the cup and allows the femoral head (ball) to glide easier. The liner can be made of a high-quality plastic (polyethylene) or ceramic.
- **Femoral head (ball):** the ball will fit directly into the plastic or ceramic lined socket and attach to the femoral stem. The ball can be made of either metal or ceramic or a combination of materials.
- **Femoral stem:** the stem inserts inside the femur. The stem is metal and made with either titanium, cobalt-chromium alloys, or a titanium and cobalt mixed metal.



### Fixation

Both the acetabular component and femoral stem are attached with either cement or press fit (cementless). When cemented in place, a fast drying cement attaches the prosthesis to your actual bone. When press-fit, the specially textured implant allows your bone to grow into the prosthesis and secure it into place.

### Approach

There are two surgical approaches for hip replacement: anterior and posterior. The difference is how the surgeon opens the body to reach the hip joint.

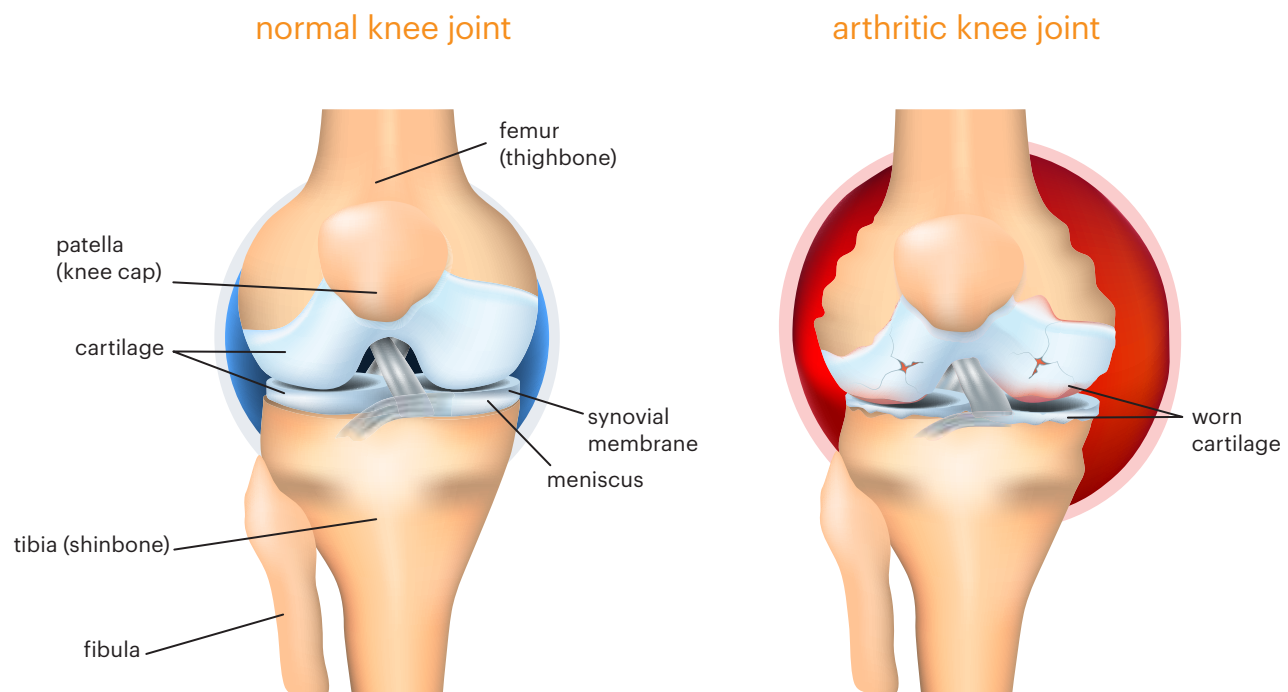
- Anterior – incision is made in the front of the leg
- Posterior – incision is made on the side of the hip toward the back of the body

**Talk to your surgeon about what materials, fixation and approach is best for you.**

## Understanding Total Knee Replacement

The knee is the largest joint in the body. It is made of the femur (thighbone), tibia (shinbone), and the patella (kneecap). When you bend or straighten your knee, the end of the femur rolls against the end of the tibia, and the patella glides in front of the femur.

A smooth substance called cartilage acts as a cushion between the thighbone and shinbone. A thin membrane (synovial membrane), containing synovial fluid, surrounds the joint and lubricates the cartilage. The cartilage provides a smooth surface on your bones to make movement easy and painless.



With an arthritic knee, the cartilage wears out. The bones rub together and become rough, resulting in inflammation and pain. Therefore, you have decreased range of motion and difficulty walking.

## What is involved in a Standard Knee Replacement

With knee replacement, the weight-bearing surfaces of the knee joint are replaced with manmade materials that make up the implant/prosthesis. The prosthesis consists of four components: femoral component, 2 tibial components, and patellar component. The metal parts of the implant are made from titanium or cobalt/chromium-based alloys. In order to ensure a smooth, gliding motion, and to avoid friction, metal surfaces always move against plastic.

- **Femoral Component:** is made of metal that curves up around the end of the femur (thighbone). It has a central groove to allow the patella (kneecap) to move up and down smoothly as the knee joint bends and straightens.
- **Tibial Component:** is made up of two parts. (1) a flat metal platform or tray that secures to the top of the tibia (larger of the two bones in lower leg) and (2) a plastic (polyethylene) liner or spacer that snaps onto the top of the tray.
- **Patellar Component:** is a dome-shaped “button” piece of plastic (polyethylene) that replicates the surface of the kneecap.



## Fixation

All components are attached with either cement or press fit (cementless). When cemented in place, a fast drying cement attaches the prosthesis into your actual bone. When press-fit, the specially textured implant allows your bone will grow onto the prosthesis and secure it into place.

**Talk to your surgeon about the details of your surgery.**

## Plan for Leaving the Hospital

**The Piedmont program makes it possible for you to discharge from the hospital 1-2 days after surgery.** Discharge planning started the moment you decided to have surgery. One of the benefits of having elective surgery (a surgery scheduled in advance because it does not involve a medical emergency) is being able to select a date that is convenient for you and your support system. Preparing a plan for discharge is very important for your recovery. You should plan to recover at home (people tend to eat, sleep, move around more and heal better at home) with assistance from friends or family members after leaving the hospital. It is critical that you identify someone to be your “Coach” who will be available to stay with you 24 hours a day for at least the first 3 days after you go home and be readily available to you for an additional 10-14 days.

### You will be discharged from the hospital when:

- Your medical condition is stable.
- Your pain is tolerable with oral pain medication.
- Your discharge arrangements are complete.
- You successfully met therapy goals.

### Designate a family member or friend to be your Coach

The people that are involved in your daily life, friends and family, are important. During your joint replacement journey, the involvement of a friend or relative participating as your “coach” is very important. Your coach should be with you from Pre-Admission Testing, through your stay in the hospital, and after your discharge to home. They are encouraged to attend Joint School, give support during your therapy sessions, and keep you focused on healing. They will ensure that you continue your exercises when you return home, and that your home remains safe during your recovery.



## Prehabilitation (Prehab) – BEFORE your Joint Surgery

Many patients with arthritis of the hip or knee avoid using their painful leg. Muscles become weaker, making recovery slower and more difficult. To speed your recovery, it is important to get in the best physical shape possible for your surgery. The aim is to prevent going into surgery weak and de-conditioned.

### Goals of Prehab

**Improve Fitness Level:** Increases overall stamina and improves the rate of healing and recovery.

- Start walking a minimum of 30 minutes daily
- Other conditioning programs are water aerobics, swimming, stationary cycling, Tai Chi

**Improved Muscle Strength:** Builds strength and flexibility by preparing the muscles for an increased workload during the months of recovery.

- Begin isometric exercise (*Exercises are on pages 15-17*)
- Perform 5-10 repetitions of each exercise 2 times a day
- Can be performed at home without exercise equipment

**Improved Nutrition:** The nutrients from food provide us with the strength, energy and ability to heal. People who are well nourished are less likely to develop infection and heal faster. Protein aids the body in repairing damaged tissues.

- Foods high in protein: meats, poultry, seafood, eggs, peas, nuts, soy, seeds, dairy products
- Start drinking high protein supplements 1-2 weeks before and after surgery

**Improve Iron levels:** Iron aids in the production of red blood cells, increased red blood cells leads to increased oxygen circulation and faster healing. Iron also helps prevent anemia, which makes you feel tired, dizzy, weak, and short of breath which can interfere with participating in therapy after surgery.

- Start a Multiple Vitamin with Iron
- FYI: Iron frequently causes constipation, start a stool softener if needed

Your surgeon and/or anesthesiologist will request pre-operative lab tests before your surgery. This will be done at either the hospital during your pre-admission testing appointment or at your medical clearance appointment with your primary care physician.

***Always talk to your physician before starting a new vitamin regimen or exercise program.***

## Joint School Class Outline

This is a comprehensive class to prepare you and your coach for a successful surgery and recovery.

- Understanding your procedure
- What to expect during the hospital stay
- Physical/Occupational Therapy
- Pain Management
- How to care for yourself at home
- Role of the coach/caregiver
- Discharge planning

## Medications and Supplements that Increase Bleeding Risk During Surgery

- Non-Steroidal Anti-Inflammatory Drugs (NSAIDS) need to stop at least 7-10 days before surgery. Over-the-counter NSAIDS are medications such as Ibuprofen (Advil, Motrin), Naproxen (Aleve), Aspirin (if your Aspirin is prescribed by a cardiologist or neurologist talk to them before stopping). Prescription NSAIDS are medications such as Celebrex, Meloxicam/Mobic, Diclofenac/Voltaren, Indomethacin/Indocin, Nabumetone/Relafen.
- Herbal supplements need to stop at least 2 weeks before surgery. The following supplements can increase the risk of bleeding (list is not exhaustive): Omega 3 fatty acids/fish oil, Vitamin E, Chondroitin, Glucosamine, Turmeric, Capsaicin, Cumin, Valerian, Garlic, Ginkgo, Ginseng, Licorice, Ginger, St. John's Wort, Ephedra, Goldenseal, Feverfew, Saw Palmetto, and Kava-Kava.
- Prescription Anticoagulation/Blood Thinner Drugs: such as Coumadin, Xarelto, Eliquis, Pradaxa, Plavix, physician ordered Aspirin will need to be held according to your prescribing physicians directions.

## Health Care Decisions

**Advance Medical Directives** are printed instructions that communicate your healthcare wishes if you are unable to communicate them for yourself. This document may be called an Advance Directive, Healthcare Power of Attorney or Living Will. The Georgia Advance Directive combines these into one document.

The Healthcare Power of Attorney (also known as Healthcare Agent or medical decision maker) allows you to designate someone to make healthcare decisions for you if you are unable to make them yourself. Some of the decisions you may allow your healthcare agent to make include medical interventions, organ donation, and autopsy.

The Living Will portion communicates your healthcare wishes if you have a terminal condition or are in an irreversible coma AND unable to speak for yourself. Some of the healthcare instructions included are related to life sustaining equipment, medications, hydration and nutrition.

You may complete an Advance Directive on your own. An attorney or notary is NOT required in the state of Georgia. If you have an Advanced Medical Directive, bring a copy of the document with you to the hospital. A Registration Clerk will scan it into your electronic medical record.

## Total Knee and Hip Replacement Exercises

Below are descriptions of the recommended exercises for before, during, and after your surgery. There are twelve (12) exercises for both hip and knee replacements, three (3) additional exercises specifically for knee replacements, and two (2) additional exercises specifically for hip replacements. Each exercise has a video demonstration on our website [piedmont.org/orthopedic/orthopedic-patient-education](http://piedmont.org/orthopedic/orthopedic-patient-education) performed by a Piedmont physical therapist. Practice the exercises along with the videos to make sure you are doing them correctly. You can also download the PDF of the exercises and print a 1-2 page copy to put by the bed or your favorite chair for easy reference.

Video demonstrations are available online at [piedmont.org/orthopedics](http://piedmont.org/orthopedics) under Patient Education

Perform the exercises slowly. Start with 5-10 repetitions of each exercise twice a day on both legs. Increase the number of repetitions each week - make 20 repetitions your goal. Expect to be sore at the beginning. **STOP** any exercise that causes extreme pain.



### 1. Ankle Pumps

Gently point toes up towards your nose and down towards the surface. Do both ankles at the same time or alternating feet.

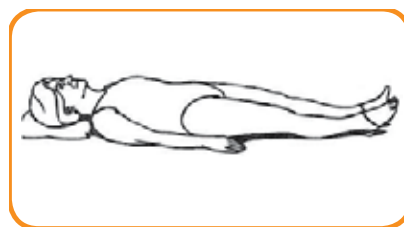
**Coaches note:** Perform throughout the day, 10 per hour while awake.



### 2. Quad Sets

Slowly tighten thigh muscles of legs, pushing knees down into the surface. Hold for 5 count.

**Coaches note:** Look and feel for the muscle above the knee to contract. As strength improves, the heel should come slightly off the surface.



### 3. Gluteal Sets

Squeeze the buttocks together as tightly as possible. Hold for 5 count.

**Coaches note:** Patient can place hands on right and left gluteal (buttocks) area and feel for equal muscle contractions.



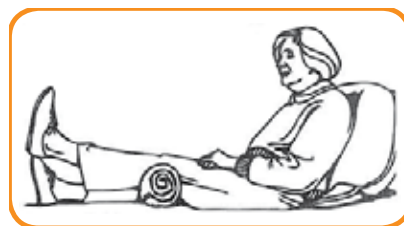
### 4. Abduction and Adduction

Slide leg out to the side. Keep kneecap and toes pointing toward ceiling. Gently bring leg back to pillow. May do both legs at the same time.



### 5. Heel Slides

Bend knee and pull heel towards buttocks. If needed, assist by pulling with a bed sheet placed under the foot for increased knee bend.

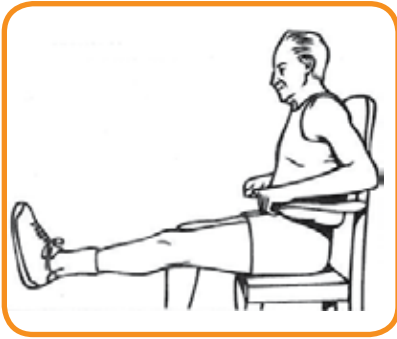


### 6. Short Arc Quads

Place a large rolled towel (about 8" diameter) under the leg. Straighten knee and leg. Hold straight for 5 count.

**Coaches note:** Work for full extension (straightening) of the knee. Assist with hand under heel, encouraging lifting the foot from the hand.





### 7. Knee Extension - Long Arc Quads

Slowly straighten operated leg and try to hold it for 5 count.

**Coaches note:** Encourage patient to completely straighten knee.



### 8. Standing Heel Raises

Hold on to a walker or chair. Rise up on toes slowly for 5 count. Come back to foot flat on the floor.

**Coaches note:** When lifting up, do not lean backward.



### 9. Standing Knee Flexion

Holding on to a walker or chair, bend the knee, lifting foot toward buttocks. Hold for 2 count.

**Coaches note:** The tendency is for the hip to come forward as the knee is bent. Encourage a straight line from the shoulder to knee.

## Additional Exercises Specifically for Hip Replacement



### 10. Standing Rocks

Holding onto the walker or chair, place your surgical leg behind you. Rock weight back and forth over the surgical leg keeping the knee straight. Do **NOT** lift the heel.

**Coaches note:** The tendency is for the knee on the surgical leg to bend. Encourage a straight knee on that leg and equal weight bearing through both legs.



### 11. Standing Partial Squats

Holding onto the walker or chair, slowly squat by bending your knees and slightly pushing your buttocks out (act like you are about to sit down). Keep both feet on the floor.

**Coaches note:** Encourage erect posture with eyes forward. Do not bend at the waist.

## Additional Exercises Specifically for Knee Replacement



### 12. Straight Leg Raises

Bend good knee, securing heel on surface. Keep affected leg as straight as possible and tighten muscles on top of thigh. Slowly lift straight leg 10 inches from the surface and hold for 2 count. Lower it slowly, keeping the muscle tight.

**Coaches note:** Make sure the straight leg is maintained and the knee does not bend with the lift. Go slowly. If needed, put hand under foot as in #6.



### 13. Extension Stretch

Prop foot of operated leg up on a chair. Put a roll under your ankle. Sit back and try to relax. You may apply ice at the same time. Stretch for 5 minutes.

**Coaches note:** When sitting for any length of time, prop your foot as shown. **Do not sit with your knee bent more than 2 hours at a time without changing positions.**



### 14. Sitting Knee Flexion

Keeping feet on floor, slide foot of operated leg backward, bending knee. Hold for 5 count.

**Coaches note:** Each time bend to the point of pain and then just a little more. Slide foot underneath chair, keeping hips on chair.

## To Help with Using a Walker or Cane

These exercises help build upper body strength. You will need to rely more on your arms to help move yourself around (using a walker/cane, getting up from a chair or bed) after surgery. Be sure to exercise both arms. To add 1-5# of weight, there's no need to purchase special equipment, therapy recommends using a can of soup or bags of rice or beans as weights.



### Biceps Curls

- Sit up straight in a chair. Keep your elbow close to your body and your wrist straight.
- Bend your arm, moving your hand up to your shoulder. Then slowly lower your arm.



### Triceps Curls

- Sit, leaning forward from the waist.
- Bend your elbow, so that your forearm is parallel to the floor. Then straighten your elbow as you extend your arm behind you.



### Seated Press-Ups

- Sit in a sturdy chair with armrests.
- With palms flat on the armrests, press down to lift your buttocks from the chair. Hold for a few seconds.
- Bend your elbows to slowly ease back down.

## Recommended Durable Medical Equipment (DME)

There is equipment that therapy recommends you use for 2-4 weeks after surgery, some items are required and some are optional. Go ahead and start accumulating the equipment you will need prior to surgery so you can have them in place when you return home from the hospital. A good place to start locating equipment is in friends or relatives attics/basements; other great places are GoodWill, Salvation Army, and thrift stores. Equipment is also available at specialized DME stores, pharmacies, and on website like Amazon.



**Rolling Walker**

Required



**Cane**

Optional (Usually graduate to a cane after walker)



**Elevated Toilet Seat**

Optional (Can also be used in the shower as a shower chair)



**Tub Transfer Bench**

Optional (Expect to sit to shower at first)



**Handheld Shower and grab bars**

Optional



**Hip Kit**

Required for Posterior Hips.  
Optional for Anterior Hips and Knees

### Begin preparing your home to maintain your independence and increase your safety after surgery:

#### Minimize Tripping and Falling Hazards:

- Install railings on both inside and outside stairs
- Remove plants and other items from both inside and outside stairs
- Remove slick mildew or ice from outdoor steps
- Remove scatter rugs, electrical cords and clutter from pathways
- Ensure the inside of your home is well lit
- Use night lights, particularly on the way to the bathroom
- Ask a friend or family member to care for your pets

#### Furniture:

- Chairs or recliners versus sofas or couches are easier to sit down on and rise from after surgery
- Chairs should have a firm back and arm rests
- Ideal surface height is two inches above knees
- Add an extra firm cushion to low chairs
- Add another mattress or place the bedframe on blocks for low beds
- If your bedroom is upstairs, a second walker is convenient
- Temporarily rearrange furniture to make larger passageways while using a walker

#### Bathroom Safety:

- You will be sitting to shower the first 2-4 weeks after surgery
- Obtain a shower chair for walk-in showers or transfer tub bench for bathtubs

#### Or

- Temporarily remove sliding glass doors from bathtubs to use bench
- Install grab bars in or near your shower or bath (towel racks do not prevent falls)
- Be sure that your shower or tub has a non-slip coating or mat
- Install a hand-held shower attachment for easier bathing
- Temporarily move frequently use items to waist height to prevent reaching and squatting

#### Kitchen Safety & Food Preparation:

- Stock up on prepared and canned food and other staples
- Buy frozen meals or prepare your own and freeze
- Reorganize cabinets/pantry/refrigerator so frequently used items are easy to reach
- Put a high stool in the kitchen to sit on while doing counter top activities

Your arrival time will be communicated to you by the hospital. Arrival times are usually 2 hours before surgery to allow enough time to prepare you for surgery.

### Two Days Before Surgery

- Begin daily Hibiclens (CHG) Showers
- Stop shaving legs
- Start drink at least 8 glasses of water per day
- Start packing overnight bag

### Night Before Surgery

- Stop eating food at midnight. Follow Pre-Admission Testing instructions.

### Day of Surgery

- Take only the medications instructed by Pre-Admission Testing
- Follow hospital provided fasting instructions
- Bathe with Hibiclens - no makeup, lotion, finger and toenail polish or jewelry
- Arrive at the hospital at the assigned time
- Leave personal belongs in the car until after surgery
- Provide Registration Clerk at-sign in:
  - Advance Directive if completed and witness
  - Patient Financial Responsibility if required (co-payment or deductible)
  - Insurance card, photo ID or driver's license

### Items to Take to the Hospital in Overnight Bag

- Personal hygiene items (toothbrush, deodorant, battery-operated razor, etc.)
- A list of all the medicine you take including the name of the medication, dosage, instructions, and reason for taking the medication
- A list of any allergies you have (to food, clothing, medicine, etc.) and how you react to each one
- Loose-fitting clothes (shorts, T-shirts)
- Flat shoes or tennis shoes with enclosed heels and non-slip soles
- CPAP Machine (if needed for sleep disorder)
- Glasses, hearing aids, etc.
- Walker (we can adjust it for you)

### Anesthesia

The Operating Room and Post Anesthesia Care Unit (PACU) at the hospital are staffed by board certified and board eligible anesthesiologists.

You will meet with the Anesthesiologist on the day of surgery to discuss the risks and benefits associated with each anesthetic option, as well as complications or side effects that can occur.

#### Types of Anesthesia

- General anesthesia - produces temporary unconsciousness and unresponsiveness for entire body.
- Regional anesthesia (spinal blocks, epidural blocks and arm/leg blocks.) - involves the injection of a local anesthetic providing numbness, loss of pain, or loss of sensation to a particular area of the body.

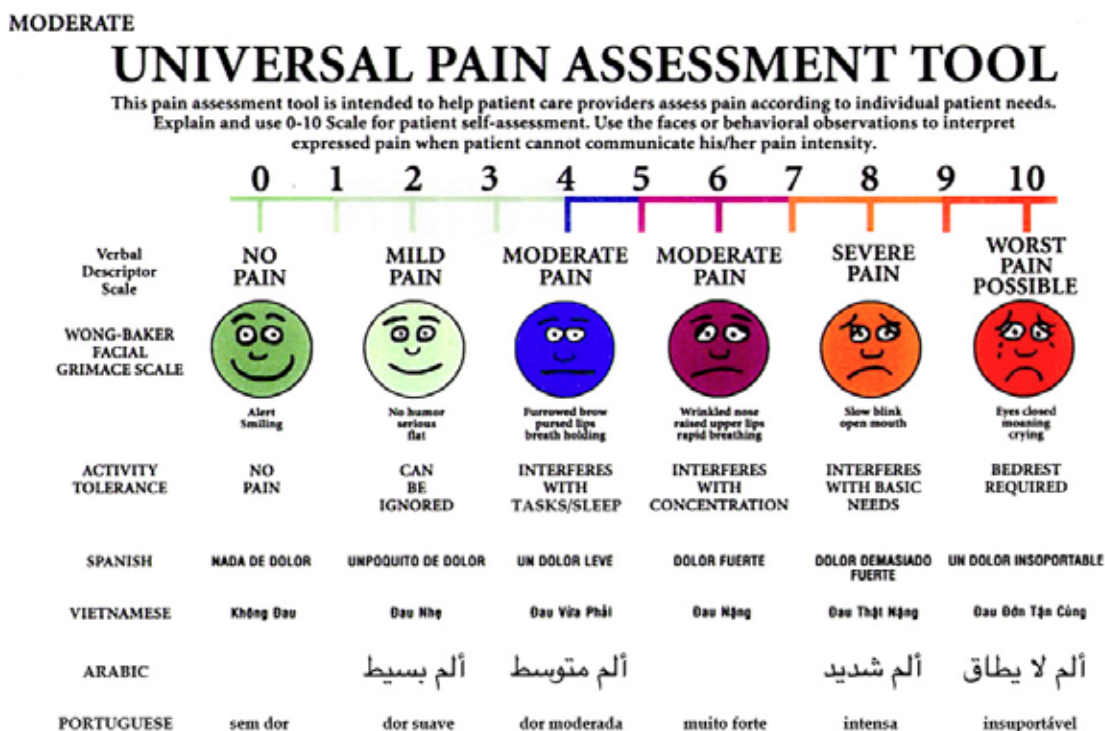
## Understanding Pain

Recovery from any surgery involves pain and discomfort. Pain management begins with you. Pain control following surgery is an important part of your care. The goal is to recognize and treat your pain quickly, which allows you to participate in the therapy program. Pain can be chronic (lasting a long time) or acute (lasting a short period of time) — and pain will change through the recovery process.

**Regardless of which pain control regimen you are on, if your pain is not relieved, please notify your nurse promptly.**

### Pain Scale

Using a number to rate your pain can help the Care Team understand and help manage your pain. “0” means no pain and “10” means the worst pain possible. With good communication, the team can make adjustments to make you more comfortable.



Opioids are powerful medications used to treat moderate to severe pain and should be taken for the shortest period of time as possible. Using opioids may cause addiction. While addiction is more common in people with a personal or family history of addiction, it can occur in anyone. If you are concerned about addiction, or have a history of substance abuse with alcohol or any drug, talk with your surgeon.



## Day of surgery:

Once you are transferred to your room expect to be;

- Out of bed
- Sitting in a chair for meals
- Up to bathroom



## Don't Fall

If you need to get up for **anything** call your care team using the nursing call system. **DO NOT** rely on family or friends for assistance. Our healthcare providers have been properly trained to assist with your needs.

## The morning after surgery expect to be:

- Out of bed
- Bathed
- Dressed in your own clothes (Shorts/T-shirts are best)
- Sitting in a chair for breakfast
- Work with physical and/or occupational therapy
- Your coach is encouraged to be present and attend your therapy sessions.





### Discharge Plan:

Have your transportation arranged. You will receive discharge instructions concerning medications, activity and care of your surgical incision.

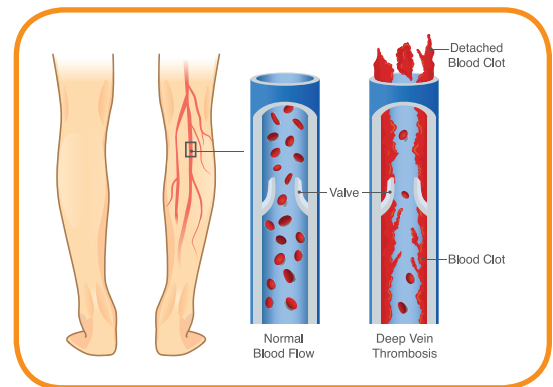
Going to a Sub-acute Rehabilitation facility is based on medical needs and recommendations from your Physical Therapist.

## Common Post Operative Complications and Preventive Measures

### Blood Clots (Legs Deep Vein Thrombosis; Lungs Pulmonary Emboli)

- Get up and move
- Do ankle pumps
- Drink plenty of fluids
- Take blood thinner medications as prescribed by your surgeon

You will be given a blood-thinner to avoid blood clots in your legs and lungs. The length of time that you will take the blood-thinner will be determined by your surgeon. If you were given Coumadin, it will be necessary to do blood tests once or twice weekly to monitor the medication's effectiveness and adjust the dose, if necessary. It is important, for your safety, that you follow all of the instructions provided.



### Pneumonia

- Get up and move
- Use Incentive Spirometer or Cough and Deep Breathing exercises

### Ileus (Bowels go to sleep)

- Get up and move
- Drink plenty of fluids
- Prevent constipation

### Infection

- Wash hands
- Eat or drink enough daily Protein
- Monitor your surgery site for changes and notify surgeon if needed

**Remember:**  
Movement is Medicine

## Caring for Yourself at Home

- If transferred to a sub-acute rehab facility, a physician will monitor your progress and adjust the dose of blood-thinner medication, if necessary. When discharged from the rehab facility, home health or outpatient blood monitoring will be arranged by the rehab facility staff.

Try not to nap during the day so you will sleep at night.

## Be Comfortable

- Change position and get up and walk frequently (every 45 minutes - 1 hour) to prevent stiffness and swelling.
- Use cold therapy (ice cooler or packs provided by hospital) as needed either a couple of times a day or continuously to reduce swelling and relieve pain. Do not put ice packs or cooling pads directly on your skin. Use a towel or pillow case between you and the ice.
- Leg Swelling is normal and will usually resolve gradually over several weeks. Prolonged sitting with your foot in a down position tends to worsen the swelling. To prevent or reduce leg and ankle swelling: elevate operative leg and perform ankle pumps.
- Prevent constipation by drinking plenty of water, eating fiber and taking stool softeners. Over the counter laxatives, suppositories and/or enemas may be necessary.
- If pain prevents you from completing your daily exercises or participating in therapy, pain medication is most effective when taken 30-60 minutes before the activity begins.
- You may chose not to take prescription narcotic/opioid pain medications, talk to your surgeon about alternatives.

## Precautions for Opioid medications:

- Take your medications exactly as prescribed and read all instructions that come with your medication.
- Taking more than the prescribed amount or using with alcohol, benzodiazepines or other drugs can cause you to overdose or stop breathing.
- Opioids slow reaction time, cause drowsiness, and cloud judgement. It is unsafe for you to drive or operate heavy machinery while taking.
- Opioids are at risk of being diverted by anyone with access to your home. They should be stored in a safe and secure place such as a locked cabinet or safe.
- Unused opioids should be disposed of by either flushing down the toilet or turning in to a designated take-back location.

- ✓ Do not smoke.
- ✓ Balance your activity and rest.
- ✓ Resume a well balanced diet or the specific diet your physician recommended.
- ✓ Take your medications as prescribed.
- ✓ Monitor your incision daily.



## I am doing well...

- Pain is controlled with medications
- Physical Therapy is going well
- Incision is clean and dry, no signs of redness or unusual swelling
- Normal incision swelling and bruising

**Continue your physical therapy**



## I feel worse...

- Pain not well controlled with medications
- Fever of 101 or greater
- Physical Therapy not going well
- Drainage from incision
- Opening of incision
- Increase in swelling, can still bend hip, knee or ankle

**Call your surgeon and tell them your symptoms**



## I feel in danger...EMERGENCY

- Had a Fall
- Short of breath
- Chest pain

**Immediately call your doctor and seek emergency care (go to the emergency room or call 911)**



## Posterior Hip Precautions

**DO NOT** cross your legs when you are sitting, standing or lying down

**DO NOT** bend too far at the waist or raise your leg farther than 90 degrees

**Ask your surgeon if you will have any precautions after surgery and for how long.**

## Knee Precautions

Do **NOT** put a pillow or a roll directly under the knee. Always keep the knee out straight while lying down in bed.

## Dos and Don'ts for Rest of Your Life

### What to Do

- Notify your dentist or other physician/surgeon in advance if you are having dental work or other invasive procedures– cardiac cath, bladder exam, etc. Generally, prophylactic antibiotics are taken prior to a procedure.
- Although risks are low for post-operative infections, the risk remains. A prosthetic joint could possibly attract bacteria from an infection located in another part of your body. Call your primary care physician promptly if you have any signs of infection–urinary tract infection, abscessed teeth, etc. Early treatment is necessary.
- If you develop a fever of more than 101.0 degrees Fahrenheit or sustain an injury such as a deep cut or wound, you should clean it as best you can, put a dressing or adhesive bandage on it, and notify your physician. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your physician if area is painful or reddened.

### **Piedmont Athens Regional**

1199 Prince Ave.  
Athens, Georgia 30606

### **Piedmont Atlanta**

1968 Peachtree Road NW  
Atlanta, Georgia 30309

### **Piedmont Columbus Regional**

**Midtown Campus**  
710 Center St.  
Columbus, Georgia 31901

### **Piedmont Columbus Regional**

**Northside Campus**  
100 Frist Court  
Columbus, Georgia 31909

### **Piedmont Fayette**

1255 Highway 54 West  
Fayetteville, Georgia 30214

### **Piedmont Henry**

1133 Eagle's Landing Parkway  
Stockbridge, Georgia 30281

### **Piedmont Mountainside**

1266 Highway 515  
Jasper, Georgia 30143

### **Piedmont Newnan**

745 Poplar Road  
Newnan, Georgia 30265

### **Piedmont Newton**

5126 Hospital Dr NE  
Covington, Georgia 30014

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2151 West Spring Street  
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