

Department of Orthopaedics

EXPECTATION CONTRACT

Success after having a joint replacement requires teamwork between you and your health care team. Our goal is for you to have a smooth recovery and get back to doing your normal activities. We need to make sure you understand our program and have the support of family and friends. Below, we have listed what we need from you and what you can expect from us.

REQUIREMENTS OF PATIENT BEFORE AND AFTER SURGERY

1. It is expected that you will go directly home at discharge; therefore it is important you have a caregiver when going home from the hospital. Your caregiver will need to stay with you for up to one week after surgery. Please have your caregiver come to your preoperative appointment and also to your physical therapy session. Your caregiver will need to be available to transport you home the day after your surgery (most patients discharged by noon). Please make sure they are available at all times to pick you up.

Caregiver Name: _____

Address: _____

Phone Number: _____

2. Preparing your home and obtaining medical equipment before surgery will ensure a smooth recovery. Required medical equipment is listed in the Patient Guide for Total Hip and Total Knee Replacement Surgery. Prescriptions for medical equipment will be provided if needed.
 3. We have provided a joint replacement education booklet for you and your caregiver to review before surgery. This booklet will help you understand what to expect before surgery, after surgery, and therapy goals. It is required that you and your caregiver read the handbook before surgery.
 4. You will be expected to start your mobility program shortly after surgery. This will help you reach your therapy goals and prevent complications that can happen after surgery such as a blood clot.
 5. After your discharge from the hospital, we expect that you contact us for all questions or concerns instead of going to your primary care clinic or the emergency room.
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WHAT YOU CAN EXPECT FROM YOUR HEALTH CARE TEAM

1. We will review the Patient Guide for Total Hip and Total Knee Replacement Surgery with you and your caregiver and answer all questions or concerns before your surgery.
 2. We will work with you and your caregiver to help you go home safely after surgery.
 3. We will begin your mobility program the day of surgery.
 4. We will help keep your pain under control by using long-acting numbing shots and providing pain medications as needed.
 5. We will contact you after your discharge from the hospital to make sure any questions or concerns are addressed.
 6. We will answer your phone calls in a timely manner and provide you with an after-hours number for emergent concerns.
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Introduction

While we know that you are looking forward to relief from your hip or knee pain, we understand that you may be anxious about the surgery and recovery process. That's why we've prepared this handbook. The orthopaedic team wants you to have an improved quality of life. Our goal is to improve joint motion and strength, provide pain relief and most importantly help you get back to your normal activities.

The Purpose of this Handbook

The Patient Guide for Total Hip and Total Knee Replacement Surgery is a communication and education tool for patients, doctors, physical and occupational therapists and nurses. It is designed to educate you so that you know what to expect every step of the way, how you can prepare and how to take care of your new joint for life.

Orthopaedic Surgeons



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Bring this patient guide to your presurgery education class, your preadmission testing appointment, on the day of your surgery and any appointments with your doctor or physical therapist.

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Section 1: Preparing for Surgery

Date of Surgery _____ Arrival Time _____

Where to Go

- Check in at Nebraska Medical Center, Clarkson Tower, Patient Access located at 4350 Dewey Ave. Omaha, NE 68198.
- Check in at Bellevue Medical Center at 2500 Bellevue Medical Center Drive Bellevue, NE 68123. Go to the main entrance to check in for surgery

One to Two Weeks Before Surgery

One to two weeks before surgery you will have a series of appointments with your orthopaedic care team.

WHAT TO BRING TO YOUR PRESURGERY VISITS

- List of home medications with current dosage
- Insurance cards
- Driver's license/ID
- Family member or friend
- List of questions you have for your surgeon

During your history and physical, you will be taught what medications to stop before surgery and what medications to take the morning of surgery. Notify your doctor as soon as possible if you have had steroid injections into any joint within the last six months.

You should stop anti-inflammatories seven days before surgery. Common anti-inflammatories include but are not limited to: ibuprofen, Aleve, Advil, Motrin, Mobic, Arthrotec, naproxen.

Do not stop aspirin unless instructed otherwise. Please talk to your doctor about all medication you are taking. You may take acetaminophen (Tylenol), as it does not increase the risk of bleeding.

Enhanced Recovery After Surgery

The following medications will be:

- Delivered to your home
- Will need to be picked up at the Outpatient Pharmacy at Durham Outpatient Center located at 4400 Emile St., Level two

PAIN MANAGEMENT

- **Tylenol 1,000 mg**
 - Take 1,000 mg (two tablets) the night before your surgery
- **Celebrex 200 mg**
 - Take 200 mg (one capsule) the morning before your surgery
 - Take 200 mg (one capsule) the night before your surgery

NUTRITION OPTIMIZATION

- **Clear Fast Oral Solution (zero to two bottles)**
- **Night before surgery:**
 - *No history of diabetes:* Drink 1 bottle of Clear Fast the night before your surgery (by 9 pm).
 - *History of diabetes:* Drink 12 ounces of a clear, noncaloric beverage such as water, black coffee, etc., the night before your surgery (by 9 pm).
- **Morning of surgery:**
 - *No history of diabetes or Type 2 diabetic not on insulin:* Drink 1 bottle of Clear Fast three hours before your surgery (*one hour* before you are scheduled to arrive to the hospital).
 - *History of diabetes and/or on a fast-acting insulin:* Drink 12 ounces of a clear, non-caloric beverage such as water, black coffee, etc., three hours before your surgery (*one hour* before you are scheduled to arrive to the hospital).

INFECTION PREVENTION

- **Bactroban Nasal Ointment**
 - See decolonization protocol
- **Chlorhexidine (CHG) Body Wash**
 - See decolonization protocol

Transportation

Plan for who will take you home after surgery. Occupational therapy will provide education during your hospital stay on how to get in and out of a car.

Handicap stickers can be ordered before your surgery. Please let your doctor know if you need one and it will be mailed to your home address.

Adaptive Equipment

You will need adaptive equipment when you go home. It is easier if you have the equipment before you go home from the hospital.

If you have a long drive home, please have a walker with you at dismissal so you can get out of the car if you need to take breaks along the way. Your surgeon will be happy to get you all necessary prescriptions for these devices during your preoperative visit.

You may use a walker or crutches up to six weeks after surgery. This benefits you by increasing your strength, and also helps with safety.

Dental Health

If you haven't seen a dentist in the last six months and/or have any active dental issues, you will need to be evaluated and treated by a dentist at least three weeks before surgery. This will help reduce your risk of infection after surgery.

Home Checklist

- Arrange for help for housework, meals or medication. Do you need someone to drive and run errands? Mow the lawn? Walk the dog?
- Do your shopping. Have healthy foods, drinks and other household items ready when you get home. Do your banking. Pay your bills.
- Arrange for transportation to and from the hospital. Make sure your transportation will be available the whole day of surgery and the day after surgery (many patients leave by noon the day after surgery).
- Person bringing you to the hospital: _____
- Person bringing you home day of or day after surgery: _____

Medical Equipment and Supplies List

- Hip Replacement: Front wheeled walker, grabber, toilet seat riser, shower chair, long-handled shoe horn and sock aid
- Knee Replacement: Front wheeled walker, toilet seat riser, shower chair and leg lifter
- Other Supplies: 4x4 gauze, medical tape, Glad Press n' Seal, ice packs (or ice for your cryo cuff machine)

Surgery Checklist

- Fax FMLA paperwork or disability paperwork to **402.559.8746**
- Financial assistance: Contact a financial counselor at **402.559.5346** or via email at pasfinancialcounselors@nebraskamed.com

Hospital Bag Checklist

- Paperwork:
 - Insurance information and ID
 - List of allergies
 - Medication list
 - Copy of Advanced Health Care Directive or Durable Power of Attorney if you have one
- Toothbrush, deodorant, dentures
- Brush, comb
- Hearing aids and eyeglasses
- Clothing to go home in: loose fit clothing, socks and undergarments
- Nonskid slippers or easy slip on tennis shoes
- CPAP machine if you use one at home
- Phone and phone charger
- Total joint education booklet

Nicotine Free

You must be nicotine free for several weeks before and after your procedure. Your doctor will require a nicotine test before we are able to schedule surgery.

Nicotine causes your blood vessels to shrink which means your new knee/hip will not receive the oxygen and blood flow needed to help you heal. Nicotine also increases your risk for infection. Being nicotine free means you cannot use anything with nicotine such as: cigarettes, chewing tobacco, nicotine patches, nicotine gum, etc.

Drugs and Alcohol

Do not use drugs or drink alcohol for at least 48 hours before your surgery.

Fall Prevention

About half of all falls happen at home. To make your home safer, we recommend the following:

- Stand up slowly and then count to five before walking
- Use walking aid at all times
- Try not to go up and down stairs
- Keep your floors and walking areas clear from clutter. Remove furniture that blocks your way. Secure cords and wires near the wall to avoid tripping over them. Get rid of throw rugs
- Be sure the lights in your house are working well and provide good lighting throughout your home. Make sure you can reach switches and lamps easily. Place a lamp close to your bed that is easy to reach
- Fix all steps and sidewalks to make them smooth and even. Put handrails on stairs
- Keep your bathroom area safe. Use nonslip rubber mats on the floor and in the tub or shower. Place a grab bar or handrail in your bathroom and close to the toilet
- Keep items you use regularly in cabinets which are within easy reach and do not require using a step stool
- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers

Infection Prevention Begins Before Surgery

We strive to prevent infections and want you to get involved and play an active role in your health. We need to be sure that your skin is as free of germs as possible before your surgery. You can reduce the number of germs on your skin and reduce the risk of getting an infection by washing your skin with a special antibacterial skin cleanser chlorhexidine. Shower with it rather than taking a bath.

BACTERIAL DECOLONIZATION PROTOCOL

The bacterial decolonization protocol was designed by one of Nebraska Medicines leading infectious diseases doctors. It will help reduce bacteria on your skin, in your home, and also kill a very deadly bacteria called staph, which is well known for causing horrible infections.

Begin this procedure five days prior to your planned surgery date.

DECOLONIZATION CALENDAR

Preparation day

- Wash bed linens in hot water
- Clean household surfaces

Day 1

- Apply nasal ointment: AM PM
- Use CHG scrub

Day 2

- Apply nasal ointment: AM PM
- Use CHG scrub
- Wash bed linens in hot water
- Clean household surfaces

Day 3

- Apply nasal ointment: AM PM
- Use CHG scrub

Day 4

- Apply nasal ointment: AM PM
- Use CHG scrub

Day 5

- Apply nasal ointment: AM PM
- Use first bottle of CHG soap with provided loofah
- Wash bed linens in hot water
- Clean household surfaces

Day of Surgery

- Use second bottle of CHG soap with provided loofah

Nothing on your skin or in your hair are allowed. Remove all jewelry and piercings.

******Do not apply any lotions, powders or deodorants to your skin after showering with CHG soap. These items may prevent the cleanser from killing germs.***

Preparation:

Begin both the CHG body scrubs and nasal ointment on the same day. Use one body scrub per day for the first four days, use one bottle of CHG soap with the provided loofah the night before and the second bottle of CHG the morning of your surgery. Apply the nasal ointment twice daily (see detailed instructions below) during this five day time.

Instructions for the CHG body wash:

Apply the CHG in the shower daily for five days using the following procedure:

- Rinse your body and hair with warm water. If shampooing hair, use regular shampoo. Rinse hair and body completely to remove any shampoo residue
- Take care not to get CHG in your ears or eyes
- Days one through four use one CHG scrub and wash your entire body from your neck down
- The night before and the morning of your surgery, apply the CHG soap to the loofah and wash your entire body from the neck down. You will notice this soap does not lather like regular soap. Focus on your planned surgical site
- Completely rinse the CHG from your body. This cleanser will continue to kill germs even after you rinse
- Do not apply any lotions or powders to your skin after showering. These items may prevent the cleanser from killing germs

Additional instructions:

- Shower with CHG rather than tub bathing
- Have someone wash any body parts you cannot reach. Hard to reach areas may

include your back, legs or feet

- If you are having surgery do not remove any body hair in the planned surgical area
- Do not use if you are allergic to or have known sensitivity to CHG. If an allergic reaction does occur, stop using the product, phone your doctor or seek medical attention

Instructions for the Nasal Ointment:

- Wash hands well with soap and water or disinfect hands with alcohol hand sanitizer
- Open the mupirocin 2% (Bactroban) ointment. Place small amount (size of match head) of ointment onto a clean cotton swab and massage gently around the inside of the nostril on one side. Use a new cotton swab for the other nostril so that you do not contaminate the mupirocin tube
- After applying the ointment, press a finger against the nose next to the nostril opening and use a circular motion to spread the ointment within the nose
- Apply the mupirocin ointment twice daily for five days

Household Instructions:

- Wash underwear, clothing, (including night clothes) washcloths and towels daily. Use hot water
- On days two and five of the regimen, put clean bed linens on the bed, and clean household surfaces (tables, countertops, doorknobs, bathtubs, etc) with an antibacterial cleaning solution. Vacuum carpets and furniture

Section 2: In the Hospital

Before Your Surgery (Pre-operative)

When you get to the preoperative area your nurse will review your medical history and place an IV. A tiny patch called scopolamine may be placed behind your ear to help stop nausea after surgery. This will stay behind your ear for three days. The surgical team will meet with you and review your plan. The surgery site will be marked. Required consent forms will be reviewed with you to sign.

Your friends and family will be sent to the surgery waiting area. If they need to leave the waiting area while you are in surgery, they should notify staff members when they leave and return. A nurse will notify them when the surgeons are closing. Once the surgery is completed, the surgeon will come and speak to them.

During Your Surgery

Total joint replacement surgery takes approximately one to two hours. The type of anesthesia that will be used will be discussed with you before the procedure by an anesthesiologist.

After Your Surgery (Post-operative)

POST-ANESTHESIA CARE UNIT: RECOVERY ROOM

Common symptoms that happen after surgery:

- Blurry vision
- Dry mouth
- Chills
- Pain/discomfort
- Sore throat

Nursing staff will be monitoring your blood pressure, pulse and breathing very closely during this phase of your joint replacement. Sometimes people require a little bit of oxygen which is normal. Let nursing staff know if you have pain or nausea. Medications are available to ease your discomfort.

After surgery you will be transferred to the orthopaedic floor. Visitors and guests will be given your location information.

FOLLOWING YOUR SURGERY

The goal during your hospital stay will be to maximize your comfort and begin your ability to move and regain your independence. Early mobility is extremely important, therefore it is your health care team's goal to start your mobility program within the first few hours after your surgery. Mobility may include sitting on the edge of the bed, moving to a chair or walking. Discharge planning will begin with your nurse, social worker, case manager and doctors. Be aware of your own discharge goals.

Pain Management

You are going to have pain. One of our primary goals is to manage your surgical pain to ensure you are able to work with therapy and begin walking as soon as possible.

PAIN GOAL

Nursing staff will ask you your pain goal for the oncoming shift. This should reflect an acceptable level of pain in which you will feel able to get up to the bathroom, spend time talking with your family or working with physical and occupational therapy.

MULTICARE APPROACH

Using more than one way of controlling pain is helpful. You will be given a combination of treatments to help keep you pain under control. This can involve pain medications (given before, during and after surgery), and nonmedication options such as ice, movement and repositioning.

Pain control options:

- Oral/IV pain medication
- Ice
- Repositioning
- Exercise

May be given before surgery:

- Oxycodone (Oxycontin)
- Acetaminophen (Tylenol)
- Celecoxib (Celebrex)
- Gabapentin (Neurontin)

May be given during surgery:

- Nerve block
- Bupivacaine liposome (Exparel)

STAY ON TOP OF YOUR PAIN

When you feel like your pain level is going up, contact your nurse for pain medications. It is much easier to stay ahead of pain than to catch up when pain is not controlled.

PREMEDICATE

The times for your next physical and occupational therapy sessions will be written on the board in your room. Be aware of these times and make sure you are given pain medication one hour before they begin.

There can be side effects to pain medications. If you have side effects they will be treated. Side effects are not considered allergies. Side effects may include: nausea, itching, drowsiness and constipation. Allergic reactions include hives, severe rash and shortness of breath.

Nausea

Some people may experience nausea due to the surgery or due to pain medications. You may be prescribed a medication to help with the nausea or vomiting.

- When you arrive on the inpatient unit: Your nurse will order you a clear liquid tray and give you some saltine crackers. We encourage you to try to eat something because pain medications can cause nausea on an empty stomach
- Scopolamine patch: Your doctor may have this patch placed behind your ear before surgery. If so, the patch will remain in place for three days
- Ondansetron (Zofran): Usually given during surgery and as needed after surgery. Side effects are limited but may include headache

Blood Clots Prevention

Having a total joint replacement puts you at risk for blood clots. Deep vein thrombosis (DVT) and pulmonary embolism (PE) are blood clots that can be prevented.

DEEP VEIN THROMBOSIS (DVT)

This condition is a blood clot that forms in a vein deep inside the body. This type of clot most commonly develops in the legs. This condition is dangerous, because the clot can break free and travel through the bloodstream to the lungs.

PULMONARY EMBOLISM (PE)

A serious complication of deep vein thrombosis is called pulmonary embolism. This occurs when the clot breaks free, travels through the bloodstream and lodges within one of the pulmonary vessels. These are the arteries that supply blood to the lungs.

Prevention includes:

- Move, move, move – as soon as possible
- When lying in bed, pump your feet up and down to get blood that is pooling in your legs back to your heart
- Get out of bed and start walking as soon as possible. Challenge yourself to get out of bed for all meals and to walk at least three times a day

SEQUENTIAL COMPRESSION DEVICE (SCDS)

These devices wrap around the calf of your legs and fill with air. They will be applied during your surgery to prevent blood from pooling in your legs. This will decrease your risk of blood clots. These are to be on whenever you are in bed or in a chair. For best results, we encourage you to keep them on for at least 18 hours per day.

BLOOD THINNING MEDICATIONS

Starting after surgery you will take a blood thinner to help prevent blood clots. Your doctor will decide which blood thinner you will be on. You can expect to be on a blood thinner for up to one month following your surgery.

Constipation

Decreased activity and pain medications slow down your bowels and therefore constipation can happen very quickly. To prevent constipation you will be given stool softeners during your hospital stay.

You can reduce your chances of constipation by:

- Eating a diet that is full of fiber
- Drinking plenty of fluids during the day
- Increasing activity: walk, walk, walk
- Going to the bathroom at regular times every day



Prevent Falls

During your hospital stay and when you are at home, it is VERY important to prevent falls to protect your new joint.

After surgery, you are at an increased risk for falling. Factors that put you at risk:

- Unsteady walking
- Pain medications
- Different environment

IN THE HOSPITAL

Never get up out of bed without assistance.

Call. Don't Fall.

- Use the call light at all times
- Don't wait until the last minute when needing to go to the restroom
- Always wear a gait belt when walking
- Always wear fall socks to ensure you don't slip
- Use your walking aids at all times

Lung Health

After surgery people tend to not breathe deeply and are lying in bed more than normal.

This puts them at risk for getting pneumonia.

In order to ensure your lungs stay clear and you don't get pneumonia, you will be asked to use an incentive spirometer.

1. Sit on the edge of your bed, if possible, or sit up as far as you can in bed.
2. Hold the incentive spirometer in an upright position.
3. Place the mouthpiece in your mouth and seal your lips tightly around it.
4. Breathe in slowly and as deeply as possible. Notice the yellow piston rising toward the top of the column. The yellow indicator should reach the blue outlined area.
5. Hold your breath as long as possible. Then exhale slowly and allow the piston to fall to the bottom of the column.
6. Rest for a few seconds and repeat steps one to five at least 10 times every hour.
7. Position the yellow indicator on the left side of the spirometer to show your best effort. Use the indicator as a goal to work toward during each slow deep breath.
8. After each set of 10 deep breaths, cough to be sure your lungs are clear.

Please note:

Breathing in fast does not completely inflate your lungs. Breathe in nice and slow. You will find this more challenging but it will fill your lungs with air more fully.

Recovery Milestone Checklist

KEEPING YOU MOVING AFTER SURGERY

Take frequent walks in the halls. Do your coughing and deep breathing exercises often. Staying active will help you recover faster.

KEEPING YOU COMFORTABLE AFTER SURGERY

Some pain after surgery is normal. Stay ahead of your pain with scheduled non-sedating medicines. Ice and relaxation may help.

KEEP YOU NOURISHED BEFORE AND AFTER SURGERY

Eat small amounts of food often. Choose healthy, protein rich foods as much as possible. Good nutrition helps with wound healing.

HOW TO USE AN INCENTIVE SPIROMETER

Watch this informational video to learn how to use an incentive spirometer after surgery. Scan the QR code with your iPhone or compatible Android phone or tablet. Open the camera app and point the camera at the QR code.



Three hours after surgery I have...	Yes	No
Made sure my nurse knows if I am feeling sick or have any significant pain		
Started my breathing exercises (deep breathing, coughing and used my incentive spirometer)		
Sat on the edge of the bed, dangled my legs		
Started taking sips of liquids		
Started to chew gum		
Stood and used a walker		
Tried different methods to control my pain: <ul style="list-style-type: none"> • Changing positions • Applied/Rotated ice and heat • Distraction (Music, TV, Visitors, Reading) • Taken my pain medicines (avoiding narcotics when possible) 		



KEEP WALKING!

Activity is an important part of your recovery. Check off a box each time you walk to track your activity.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I may have the following lines, tubes or drains:

- **Oxygen tubing:** Can be removed when oxygen levels remain above 92%
- **IV for fluids:** Can be stopped once tolerating liquids

Six hours after surgery I have...	Yes	No
Made sure my nurse knows if I am feeling sick or have any significant pain		
Continued my breathing exercises hourly (deep breathing, coughing and used my incentive spirometer)		
Continued to drink liquids		
Tried some solid food		
Started walking with my walker (walking once – even if it is just a short distance like to the bathroom)		
Started to get familiar with the adaptive equipment I will need		
Sat upright in a chair (goal is three times today)		
Started chewing gum (goal is three times today)		

THERE ARE THINGS YOU CAN DO TO HELP CONTROL YOUR PAIN. TRY:

- Changing positions
- Walking
- Applying/Rotating ice and heat
- Distraction (music, TV, visitors, reading)
- Taking your pain medicine (avoiding narcotics whenever possible)

12 hours after surgery I have...	Yes	No
Made sure my nurse knows if I am feeling sick or have any significant pain		
Continued my breathing exercises hourly (deep breathing, coughing and used my incentive spirometer)		
Continued to tolerate drinking		
Continued to eat solid foods		
Walked in the hall (goal is three to four times today)		
Sat upright in a chair (goal is three times today)		
Been chewing gum (goal is three times today)		

CHEWING SUGAR FREE GUM HELPS THE GUT RECOVER.

Check off a box every time you chew gum!

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drinking coffee is another great way to stimulate gut activity after surgery!

24 hours after surgery I have...	Yes	No
Made sure my nurse knows if I am feeling sick or have any significant pain		
Continued my breathing exercises hourly (deep breathing, coughing and used my incentive spirometer)		
Continued to tolerate drinking		
Continued to eat solid foods		
Walked in the hall (goal is four times today)		
Sat upright in a chair (goal is three times today)		
Been chewing gum (goal is three times a day)		
Walked at least 100 feet		
Walked up and down stairs		
Understood and am able to do the exercise program indicated by my doctor		
Learned and maintained hip/knee precautions		
Started getting ready for discharge		

QUESTIONS:

Write down notes or any questions you may have for your nurse or doctor here.

Discharge Readiness I am ready to go home when...	Discharge Goal Met
My vital signs are stable	
I have no signs of infection	
I have no fluids or shots given through an IV	
I am drinking fluids and I am able to eat	
My pain is controlled with oral pain medicines	
I am able to get out of bed, move around, and get dressed with little to no help	
I understand how to: <ul style="list-style-type: none"> • Sit and stand from chairs, bed and toilet • Dress and perform other home activities • Get in and out of a car • Get in and out of bed • Get in and out of tub or shower 	
I understand my exercises and how to maintain hip/knee precautions	
I understand my discharge instructions	
I and/or my caregivers understand my wound care plan for home	
All of my questions have been answered and I know when to follow up with my surgeon	

Section 3: Going Home

When preparing to go home from the hospital you will receive an After Visit Summary. This will list all medications, follow-up appointments and doctor orders. Please bring your After Visit Summary with you to all your follow-up appointments.

Follow-up Appointments

Expect your first appointment after surgery to be within three to six weeks. This is dependent on doctor preference.

Incision Cares

Your incision will be closed with staples, glue and/or sutures. It is normal for your operative knee or hip to be swollen and warm to the touch. Until your surgeon says so, do not get your incision wet. Keep your incision covered, clean and dry at all times.

- Wash your hands before and after the dressing is changed
- Do not submerge your incision (no baths or swimming)
- When showering, cover the incision with a dressing and plastic wrap
- If your incision accidentally becomes wet, pat it dry and replace dressing
- Do not put ointments or creams on the incision
- As the incision heals it may itch but avoid scratching it

Call your doctor right away if you have any of the following:

- Temperature greater than 101.5 degrees
- Green/yellow drainage
- Foul-smelling drainage
- Increased redness or swelling at the incision site

Blood Thinners (Anticoagulation)

You will be discharged with a medication to help prevent blood clots. If you are discharged on the drug called warfarin (Coumadin) your blood will have to be drawn twice a week to monitor the medication dose.

Call your doctor right away if you have any signs of bleeding problems:

- Bruising that occurs without your awareness
- Black, tarry or bloody stools
- Bleeding gums
- Blood in the urine
- Coughing up blood
- Cuts that take a long time to stop bleeding
- Nosebleeds
- Vomiting blood or a coffee ground-like substance

WHEN TO CALL

911

- Chest pain
- Shortness of breath
- Rough cough with bloody sputum
- Excessive sweating
- Dizziness

Surgeon

- Redness
- Pain
- Swelling in the leg, ankle or foot

Pain Management

You will go home with pain medications. Staying on top of the pain and taking your pain pills before therapy will help. Your pain will get better and the amount of pain pills you need will decrease.

- Take pain pills at regular intervals to make sure you stay on top of pain; usually every four to six hours
- Take pain pills one hour before physical therapy
- Make sure you call for refills on pain medication at least a few days before you run out
- Call your doctor if you have uncontrolled pain or pain that does not get better with rest or with medication

Driving

You should not drive for safety reasons for approximately four weeks due to pain pills and decreased strength. Please call your doctor's office before you start driving to discuss how you are doing and if it is safe to begin driving.

Dental

You may not go to the dentist until three months after your surgery. You will be required to take an antibiotic one hour before all dental or invasive procedures. If you feel you have a dental emergency, please call your orthopedic nurse to discuss your dental problem.

How to Reach Us After You Go Home

You can reach your doctor's nurse Monday through Friday, 8 a.m. to 4 p.m. Please call **402.559.8000** if you have any questions or concerns. If it is after hours and you are unable to wait until the next business day, a doctor is available 24 hours a day at **402.559.4000**.

Surgery Education Review

EATING/DRINKING

1. What time do you have to stop eating before surgery?
2. What time do you need to stop drinking clear liquids?
3. List some acceptable liquids you can drink.

PAIN

1. Can you name two ways to help your pain besides pain medicine?
2. While on pain medications what will you do to make sure you don't get constipated?
3. How long before your surgery do you need to stop anti-inflammatories?

INCISION CARE

1. How long do we want you to keep your incision covered and dry?
2. When showering, how will you keep the incision dry?
3. How often will you change the dressing on your incision?
4. You meet with friend, family member or medical professional and they tell you that the incision is healed and it is okay to get it wet, what will you do?
5. Can you name three things that may happen if your incision is beginning to get infected?

INFECTION PREVENTION

1. When bathing with chlorhexidine soap, why do we want you to use it very last in your shower routine?
2. How long will you let the soap sit on your skin before rinsing it off.

BLOOD CLOTS

1. How long will you need to take a blood thinner to prevent blood clots?
2. Name two things you can do to help prevent blood clots.
3. If you are worried about a blood clot what will you do?

FALL PRECAUTIONS

1. Can you tell me one of the most important ways to prevent a fall while in the hospital?
2. Before standing up what can you do to help prevent dizziness?
3. How long should you use your walker after surgery?

DENTAL

1. How long before you can go to the dentist after surgery.
2. For the rest of your life whenever you have any dental work what do you need to do an hour before the dental procedure?

AFTER HOURS

1. You are worried about your new knee or hip and our office is closed, who else could you call?
2. Why do we encourage you to call us before going to the emergency room?
3. If you ever need to call our after-hours number who will you ask for?

Frequently Asked Questions

WHEN CAN I DRIVE AGAIN?

This varies from patient to patient depending on one's comfort and confidence. Four to six weeks is a good average. Do not drive if you are taking narcotics.

WHEN CAN I TRAVEL?

You may travel when you feel comfortable. If you're taking long trips in the first three months, your surgeon may recommend aspirin, twice daily, to prevent blood clots. You may set off alarms as you pass through security. A letter or wallet card is NO longer of any help. Be proactive and inform security personnel.

WHEN CAN I GO BACK TO WORK?

When you can go back to work depends on your job. If you have a desk job or you're stationary, you may go back to work when you feel your strength has returned and your employer can accommodate your work environment. Some patients choose to work from home initially or at part-time status, if available. If your work is more active and labor intensive, you may require six weeks to three months before you can return to full duty.

WHAT ACTIVITIES CAN I DO AFTER SURGERY?

You may return to most activities as tolerated including walking, gardening, golf and swimming. Other activities may include fitness machines such as an elliptical machine, stationary bike or treadmill. High-impact activities such as running, jumping and open field activities should be avoided. Patients who have significant prior experience with high-impact activities need to discuss this with their surgeon.

HOW DO I TAKE CARE OF MY INCISION?

You will need to keep your incision covered and dry for six weeks following your surgery. Your incision may appear healed but can be irritated from clothing rubbing on the site. After six weeks you may shower with the incision uncovered. You can also apply lotions and or creams to the incisional site after six weeks. TED hose, if ordered, may be removed at six weeks.

WHEN CAN I RESUME SEXUAL INTERCOURSE?

You may resume sexual intercourse when you are comfortable.

Hip replacement patients need to avoid bending at the hip more than 90 degrees and rotating the surgical leg more than 35 to 40 degrees in either direction. More information concerning safe positions is available.

WHEN CAN I KNEEL?

Knee replacement patients should wait several months before trying to kneel. Kneeling may be painful and could be potentially harmful to your knee.

DO I NEED ANTIBIOTICS BEFORE DENTAL WORK OR OTHER INVASIVE MEDICAL PROCEDURES?

Yes. Antibiotics are required to limit the possibility of an infection occurring in your new prosthetic joint due to bacteria in your mouth getting into the bloodstream and traveling to the prosthesis.

