



PATIENT GUIDE FOR TOTAL HIP AND TOTAL KNEE REPLACEMENT SURGERY

Department of Orthopaedic Surgery



SERIOUS MEDICINE. EXTRAORDINARY CARE.®

Department of Orthopaedics

EXPECTATION CONTRACT

Welcome to Nebraska Medicine Department of Orthopaedics. The ultimate goals of a joint replacement are to provide pain relief, improve joint motion, and most importantly help you get back to your normal activities. 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 SURGERY

1. We require that you have a caregiver available to help you at home when you discharge from the hospital. Your caregiver will need to come to your pre-operative appointment and one physical and/or occupational therapy session while you are in the hospital.
2. Studies show that going to a skilled nursing facility after a joint replacement increases risk of infections and slows rehabilitation. It is expected that you will go directly home at discharge; therefore it is important to have a caregiver to help you when you go home.
3. We may require that a home health care company come to your home before surgery to help you prepare your home and also provide information that will help us after your surgery.
4. 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.
5. 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.
6. 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.
7. 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.

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 and avoid skilled nursing placement.
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.

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.

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

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For more information about the Rapid Recovery Program, go to
NebraskaMed.com/for-providers/points-of-care/rapid-recovery-program



Section 1: Preparing for Surgery

Date of Surgery _____

Arrival Time _____

WHERE TO GO

Access Services and Patient Registration – Clarkson Tower, Level one.

Driving to and Parking at Clarkson Tower

- GPS address: 4350 Dewey Ave., Omaha, Neb.
- Please use the complimentary valet parking Monday to Friday, 7 a.m. to 7 p.m. available in front of Clarkson Tower
- Self-parking, please use Orange Parking. Parking is located at the intersection of 42nd Street and Dewey Avenue.

Appointment Check List

HISTORY AND PHYSICAL | PRE-ANESTHESIA SCREENING

Clarkson Tower, located near Clarkson Gift Shop

Date:

Time:

APPOINTMENT WITH:

Location:

Date:

Time:

The first step in preparing for your surgery is preparing to go home after surgery. Below are recommendations to help ensure your home is safe for you and your new joint.

Caregiver

Please be ready to have a support person available to help you at home for the first few days after leaving the hospital. Depending on your level of independence, a caregiver does not have to be with you 24 hours a day.

We recommend that your caregiver comes to your pre-operative appointments and if possible at least one physical and/or occupational therapy session while you are in the hospital.

Caregiver name: _____

Address: _____

Phone number: _____

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 pre-operative visit.

You may use a walker or crutches up to 6 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 6 months and/or have any active dental issues you will need to be evaluated and treated by a dentist at least 3 weeks before surgery. This will help reduce your risk of infection after surgery.

Home Health Care

Depending on your doctor, you may go home with home health care, which consists of nursing care and physical therapy. Please let us know of a home health care company you prefer.

Home health care company: _____

Phone number: _____

Nicotine, Drug and Alcohol Free

You must be nicotine free for several weeks before your procedure. Do not use drugs or drink alcohol for at least 48 hours before your surgery.

Skilled Nursing Care When Leaving the Hospital

Some people need more help after surgery and require a stay in a skilled nursing facility. We will follow your progress during your hospital stay and give you a list of skilled nursing facilities, if needed.

Call your insurance company to discuss what skilled nursing, home health care, and medical equipment benefits you have.

Preparing Your Home for Surgery

Before being admitted to the hospital for your joint replacement, it is recommended that you prepare your home to make sure you have a smooth and safe transition after leaving the hospital.

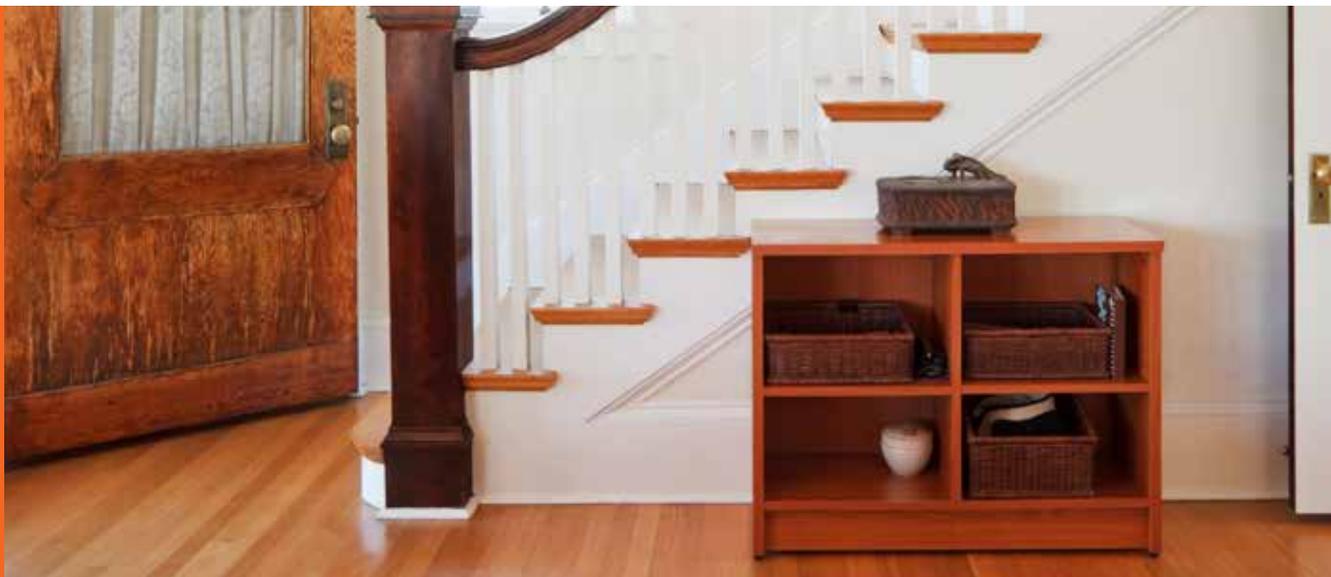
- Have all necessary equipment on one level (bathroom, somewhere to sleep, etc.). We do not want you walking up and down stairs frequently if possible; although you will be taught this during your hospital stay
- Place items you use regularly in easy reach so you do not have to reach up or bend down.
- Move furniture, clear clutter, secure or remove loose rugs and electrical cords to prevent falls.
- Plan ahead and have chores completed before your admission to the hospital, for example, laundry, yard work or grocery shopping.

Check with your insurance provider to see if you have a preferred provider for durable medical equipment (DME).

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 5 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 and make sure lights are working
- 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



HOMEWORK

1. Pick up throw rugs and cords.
2. Finish chores such as laundry, shopping, grocery shopping, pet care, etc.
3. Count the number of stairs outside and inside your house and note if you have railings:

Inside stairs _____

Railings? yes no

Outside stairs _____

Railings? yes no

4. What is the height of your toilet? _____
5. Is the toilet seat: Round Oval
6. Do you have a shower? What is the setup?
Shower: Walk in
 Bathtub shower
 Bench

7. What is the width of your doors?

Bedroom door _____

Bathroom door _____

8. What is the height of your bed? _____

Equipment: Hip Replacements

REQUIRED

- Walker
- Toilet seat riser*/commode
- Reacher

*It is strongly recommended that a toilet seat riser be purchased before admission to hospital.

OPTIONAL

- Sock aid
- Shoe horn
- Handled sponge
- Shower chair

Knee Replacements

REQUIRED

- Walker

OPTIONAL

- Toilet seat riser
- Leg lifter
- Shower chair

Common Supplies

- Glad Press'n Seal® wrap
- Gauze
- Tape
- Ice packs

One to Two Weeks Before Surgery

One to two weeks before your surgery you will have an office visit with your doctor. You may have other appointments that day (with Anesthesia and for your history and physical, etc.) so please arrive on time.

WHAT TO BRING TO YOUR PRE-OPERATIVE VISIT

- List of home medications with current dosage
- Insurance cards
- Driver's license/ID
- Family member or friend (optional)
- 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. Please list these medications below. Notify your doctor as soon as possible if you have had steroid injections into any joint within the last 6 months.

You should stop anti-inflammatories 7 days before surgery. Common anti-inflammatories include but are not limited to: ibuprofen, Aleve, Advil, Motrin, Celebrex, Mobic, Arthrotec, naproxen. Please talk to your doctor about all medication you are taking. You may take Tylenol, as it does not increase the risk of bleeding.

Questions and Concerns Before Surgery

You may receive a call from Nebraska Medicine's Access Services department up to 3 days before surgery. The nurse will go over questions or concerns you may have.

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 soap called Hibiclens (CHG). CHG is available at most pharmacies. Shower with CHG rather than taking a bath. Studies prove that showering removes more germs than a tub bath.

You will be required to do the following:

1. Scrub the surgical hip or knee with the CHG scrubs provided by your doctor each day for 3 days before surgery. Scrub the surgical hip or knee for 5 minutes while in the shower. For example, if your surgery is scheduled Tuesday, then you would need to scrub the surgical area Saturday, Sunday, and Monday. **NO LOTIONS OR POWDERS TO OPERATIVE LEG AFTER HIBICLENS WASHING HAS STARTED.**
Day 1:
Day 2:
Day 3:
2. Wash from neck down with CHG soap the night before and morning of surgery.
 - No shaving surgical leg 1 week before surgery
 - Remove nail polish from fingers and toes

INSTRUCTIONS FOR CLEANSING YOUR BODY WITH CHG BEFORE YOUR SURGERY

For best results, have someone wash any body part(s) you cannot reach. Hard to reach areas may include your back, legs or feet. It is important that you wash all of your body parts. Don't skip – ask for help.

The night before surgery:

1. Take your usual shower. Shampoo your hair if you desire.
2. Rinse hair and body completely to remove any shampoo residue.
3. If your skin is visibly dirty, bathe first with a non-CHG soap before using the CHG soap.
4. Apply CHG to a clean, moist washcloth. You will need to use 4 ounces of the CHG on your body. (This is the entire contents of small 4-ounce bottle).
5. Liberally apply the solution to your body from the chin down. Wash your entire body, especially the surgical site(s) listed here: _____
6. Allow CHG to sit and soak into the skin for 1 to 2 minutes. Then lightly rinse the CHG from your body. This cleanser will continue to kill germs even after you lightly rinse.
7. Do not apply any lotions, powders or deodorants to your skin after showering. These items may prevent the cleanser from killing germs.
8. Make sure you have clean, fresh linens on your bed.

The morning of surgery:

1. Rinse your body with plain, warm water.
2. Apply CHG to a clean, moist washcloth. You will need to use 4 more ounces of the CHG on your body. (This is the entire contents of small 4-ounce bottle).
3. Liberally apply the solution to your body from the chin down. Wash your entire body, especially the surgical site(s) listed above.
4. Allow CHG to sit and soak in to the skin for 1 to 2 minutes. Then lightly rinse the CHG from your body. This cleanser will continue to kill germs even after you lightly rinse.
5. Do not apply any lotions, powders or deodorants to your skin after showering. These items may prevent the cleanser from killing germs.

Day of Surgery

You should not have anything to eat or drink after midnight the day of surgery. This includes gum, suckers, cough drops, and/or mints. The only exception is medications the doctor has told you to take with a small sip of water.

- You may brush your teeth, rinse, and spit. Do not swallow any water
- No topical ointments or creams on the skin the morning of surgery
- Unless otherwise instructed, shower and wash your skin with CHG soap the morning of your surgery

What to Bring

Please limit the amount of personal belongings you bring.

- Photo ID
- Insurance card and prescription cards
- A copy of your living will, advance directives or durable power of attorney for your file
- List of home medications with current dosage
- Medical equipment such as an inhaler, hearing aid, CPAP/BiPAP mask and machine
- A case or container for eyeglasses, dentures and partials to include with your belongings during surgery
- Wear loose fitting clothing the day of surgery, and pack an extra set of loose fitting clothing to wear home
- Bring easy slip-on, non-skid shoes
- Toiletry items; the hospital will provide toiletry items if you don't bring any
- This handbook

Do not bring:

- Medications, unless told to do so by your doctor
- Large sums of cash, jewelry or other valuables



Section 2: In the Hospital

Before Your Surgery (Pre-operative)

When you get to the pre-operative 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 3 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 1 to 2 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 your our primary goals is to manage your surgical pain. Please read over the Pain Management: During Your Hospital Stay pamphlet that has been provided. This has important information about pain management and will be helpful during your stay.

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 non-medication options such as ice, movement, and repositioning.

Pain control options:

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

May be given before surgery:

- Oxycontin®
- Tylenol®
- Celebrex®
- Neurontin®

May be given during surgery:

- Nerve block
- Exparel

STAY ON TOP OF YOUR PAIN

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

PRE-MEDICATE

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 1 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 3 days
- Zofran (ondansetron): 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. Things will be done during your hospital stay and at home to prevent blood clots.

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, called a pulmonary embolism.

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 3 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 1 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. A few include: Dulcolax, Bisacodyl, Pericolace, and Miralax.

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 1 to 5 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.



Activity During Your Hospital Stay

Starting the day of surgery we will be working to help increase your activity level to prepare you to go home. Physical and occupational therapy will see you either the day of your surgery or the first day after surgery. Below is an outline of activity goals. Please remember everyone recovers at a different pace and there are many things to consider when increasing activity level and strength.

Please do not get up without help from staff to prevent falls.

Physical Therapy Total Hip Goals

GOALS AFTER SURGERY

Day of Surgery

1. Dangle legs at side of bed.
2. Standing and begin walking, with walker.
3. Walk to bathroom.

Goals by Discharge

1. Walk 100 feet or greater with walker or crutches.
2. Walk up and down stairs.
3. Understand and be able to do exercise programs as indicated by doctor.
4. Learn and maintain hip precautions.

Personal Goals:

1. _____
2. _____
3. _____

Occupational Therapy Total Hip Goals

GOALS AFTER SURGERY

Day of Surgery

Get familiar with adaptive equipment and start activities of daily living.

Goals by Discharge

1. Sitting and standing from chairs, bed and toilet.
2. Dressing and home activities.
3. Get in and out of car.
4. Get in and out of bed.
5. Get in and out of tub or shower.

Personal Goals:

1. _____
2. _____
3. _____

Please do not get up without help from staff to prevent falls.

Physical Therapy Total Knee Goals

GOALS AFTER SURGERY

Day of Surgery

1. Dangle legs at side of bed.
2. Standing and begin walking, with walker.
3. Walk to bathroom.

Goals by Discharge

1. Walk 100 feet or greater with walker or crutches.
2. Walk up and down stairs.
3. Understand be and able to do exercise programs as indicated by doctor.
4. Learn and maintain knee precautions.

Personal Goals:

1. _____
2. _____
3. _____

Occupational Therapy Total Knee Goals

GOALS AFTER SURGERY

Day of Surgery

Get familiar with adaptive equipment and start activities of daily living.

Goals by Discharge

1. Sitting and standing from chairs, bed and toilet.
2. Dressing and home activities.
3. Get in and out of car.
4. Get in and out of bed.
5. Get in and out of tub or shower.

Personal Goals:

1. _____
2. _____
3. _____

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 3 to 6 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 (for example, Saran Wrap™ or Glad Press'n Seal®)
- 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 4 to 6 hours
- Take pain pills 1 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 4 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 3 months after your surgery. You will be required to take an antibiotic 1 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 to 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**.



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