



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

A Patient and Family Guide to Hip or Knee Replacement Surgery

The University of Kansas Hospital Main Campus



Dedicated to excellence

Thank you for selecting The University of Kansas Health System in partnership with orthopedic surgery and sports medicine for your advanced total joint care. It is our pleasure to serve you, and we are committed to excellence in patient care. We are dedicated to providing a world-class patient experience for you and your family.

Your recovery is our goal

Bones, muscles, ligaments and tendons are all connected in a way that helps our body move – something most of us take for granted. The lack of movement or its restriction changes everything about how we function in our daily lives.

Sometimes our movements are restricted because of normal wear and tear on our bodies. Other times, an injury or disorder has damaged one of these vital functions, and we need therapy or surgery to heal properly.

Among the best for advanced surgical care

As the region's premier academic medical center, our dedicated surgeons and staff will ensure you experience the highest quality care possible. Supported by state-of-the-art physical facilities, our specialty-trained and experienced surgeons provide patients the latest in advanced surgical options to treat their conditions.

Our unique combination of research, education and compassion ensures that you will receive the most advanced level of care possible. We are very pleased to extend a warm welcome to you on behalf of The University of Kansas Health System orthopedics and sports medicine.

Location

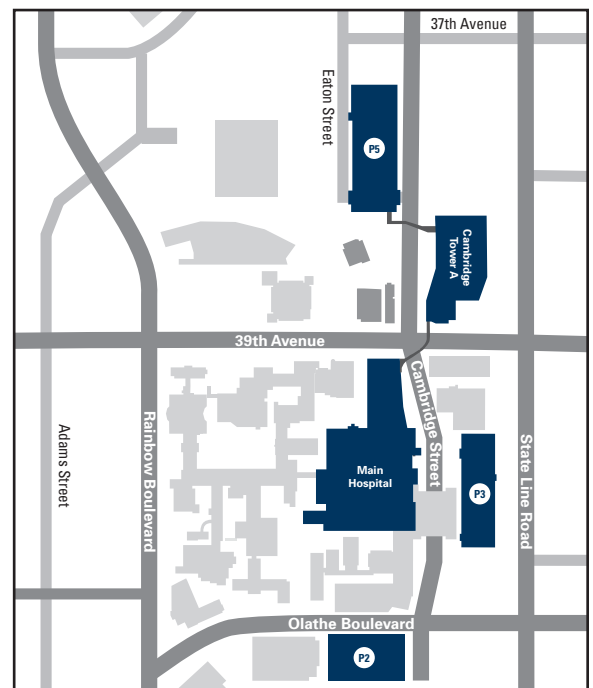
The University of Kansas Hospital

4000 Cambridge St.

Kansas City, KS 66160

Main phone: 913-588-6100

Information desk: 913-588-5000



Your orthopedic care team

The primary goal of your orthopedic team is to give you the best patient care possible and to exceed your treatment expectations.

The staff and physicians at The University of Kansas Health System make it their mission to help you function at the best possible level. Surgeons partner with a skillfully trained network of specialists, nurses, physical and occupational therapists and anesthesia and case management staff to help you make a quick recovery.

Your care team members include:

Orthopedic surgeon

- Establishes your medical care plan and performs surgery
- Checks on you in the hospital
- Evaluates you at postoperative clinic appointments

Resident physician/advanced practice provider

- Checks on you in the hospital and analyzes your medical status while assisting other doctors and your orthopedic surgeon
- Evaluates you at postoperative clinic appointments
- Follows the directives set forth by your surgeon

Anesthesia team

- Creates a pain management plan through communication with you, your surgeon and the pain management team
- Acquires your medical history pertinent to surgery and anesthesia
- Provides anesthesia during your surgery
- Administers pain management services to you on the day of surgery

Registered nurses

- Coordinate your care in the hospital, following the directions set forth by your surgeon
- Provide personal care and education regarding your surgery
- Communicate your medical status and other information to your doctor
- Give you the medication ordered by the physician

- Aid in your transition from the hospital to your home with the assistance of the nurse case manager and social worker
- Answer questions and assist with issues and concerns
- Provide support after surgery during your routine follow-up clinic appointments

Patient care assistants/healthcare technicians

- Obtain temperature, blood pressure, heart rate and breathing rate
- Measure intake and output
- Provide daily care and assist with hygiene and mobility

Physical therapist

- Assesses your physical abilities and your home setting
- Instructs you on proper mobility and exercise techniques
- Educates you on how to use assistive walking devices such as walkers, canes or crutches
- Guides you on proper home activities after you leave the hospital
- Conducts daily physical therapy with you in the hospital

Occupational therapist

- Teaches you methods to manage self-care activities during the postoperative period such as bathing, dressing and eating
- Helps you acquire needed adaptive equipment for self-care activities
- Recommends other home equipment needs

Your orthopedic care team (continued)

Nurse case manager and social worker

- Assist in identifying possible needs when you leave the hospital
- Help coordinate continued care after you leave the hospital, including assistive equipment, home health visits or transition to a facility (such as an acute rehabilitation or skilled nursing facility) based on your insurance benefits and eligibility

Pharmacist

- Reviews your medications daily to make sure they are appropriate for your overall health status
- Assists your surgeon and other medical staff in prescribing, dosing and managing certain medications
- Answers questions and concerns about your medications

Pain management team

- Because every person feels pain differently, every patient's pain is assessed individually. A pain management team member will ask you questions to assess your pain level and then suggest a course of action to your physician. This includes the type of medication, how much you will take and any additional pain-relieving therapies.



Resources

Some resources you may find helpful during your surgery preparation and recovery include:

The University of Kansas Health System

kansashealthsystem.com/surgery

American Academy of Orthopaedic Surgeons

aaos.org

American Association of Hip and Knee Surgeons

aahks.org

National Institute of Arthritis and Musculoskeletal and Skin Diseases

niams.nih.gov

Arthritis Foundation

arthritis.org

Important phone numbers

Main hospital	913-588-5000
Orthopedic and sports medicine	913-588-6100
Orthopedic unit (Unit 43)	913-588-4350
Patient relations	913-588-1290
Outpatient pharmacy	913-588-2361
Indian Creek Campus	913-945-9800
Preoperative assessment clinic	913-588-2178

Presurgery checklist

Please review the list of important items to bring during your Preoperative Assessment Clinic appointment:

- ☐ List of all doctors involved in your care, including outpatient office phone numbers
- ☐ Current list of medications, including vitamins and herbal supplements (ask pharmacy for a current list)
- ☐ Driver's license (or any form of photo identification)
- ☐ Insurance card and any additional insurance information
- ☐ Allergies, including reactions (example: hives, itching) and when you experienced the reaction
- ☐ Anesthesia surgical history
 - Date(s) of surgery, including any anesthesia reactions and any blood transfusions
- ☐ Cardiac (heart) health history
 - Instructions from cardiologist for medications (example: warfarin, coumadin, plavix)
 - Recent physician's note, including electrocardiogram results and clearance for surgery
- ☐ Liver, pulmonary (lung), nephrology (kidney) health history
 - Recent physician's note, including coagulation lab results and clearance for surgery

Hospital stay and recovery

Please review the list of important items to prepare for your hospital stay and after you leave the hospital:

- ☐ Do you have someone who will be staying with you upon discharge? Plan for someone to stay with you for about one week.
- ☐ Does my insurance cover Lovenox injections? You may call your prescription coverage provider to see if you have coverage.
- ☐ Do I own or can I borrow durable medical equipment? What do you own (check all that apply)?
____ roller walker ____ wheelchair ____ bedside commode
____ shower chair ____ cane ____ crutches ____ other
- ☐ Do I know which outpatient physical therapy location I would like to use?
Please list name _____
- ☐ Do I know which home health agency I would like to use when I leave the hospital?
Please list name _____
- ☐ Do I know which rehab facility/skilled nursing I would like to use, if needed?
Please list name _____
- ☐ I have questions for the nurse care manager or the social worker.
Please list questions _____

- ☐ Do I have prescription coverage for medications? ____ Yes ____ No

Presurgery chlorhexidine shower instructions

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 day of surgery and hospital stay. You can reduce the number of germs on your skin and decrease the risk of a surgical site infection by preparing your skin with a special soap called chlorhexidine gluconate (CHG).

The liquid soap is provided by the hospital and can be obtained from the Pre-Anesthesia Testing nurses or from our hospital inpatient unit. If unable to pick up, you may purchase at your local pharmacy without a prescription. If you are allergic, please use antibacterial soap instead, such as Dial. Please follow the instructions below:

***** SUBSTITUTE ANTIBACTERIAL SOAP FOR CHG IF YOU ARE ALLERGIC *****

1. Shower with CHG the NIGHT BEFORE and MORNING OF your surgery. You should use half the bottle with each shower. Do not use the soap on open wounds.
2. With each shower or bath, shampoo your hair, wash your face and clean your genital area with the soap you normally use.
3. Rinse your hair and body thoroughly.
4. Turn water off and apply the CHG soap to your entire body from the neck down using a clean washcloth. **Do not apply this soap near eyes, ears or on genital area.** This product can cause blindness or hearing loss if used on eyes and ears.
5. Do not shave surgical area.
6. Wash your body gently for 2 minutes. Pay special attention to the area where you will have your surgery. Do not scrub your skin too hard. Do not wash your body with your regular soap after CHG is used.
7. After this soap has been on your skin for 2 minutes, rinse your body thoroughly.
8. Pat yourself dry with a clean, soft towel. Do not apply any lotion, powder, deodorant, perfume or aftershave on your hair, face or skin after you shower.
9. Put on freshly laundered clothes and sleep on freshly laundered linens.
10. Wear freshly laundered clothes to the hospital the day of surgery.

Stop using the CHG soap and call your doctor if you have a skin reaction or any other irritation.

For questions, call The University of Kansas Health System Outpatient Pharmacy at 913-588-2361.

Resources

Resources for durable medical equipment (wheelchairs, walkers, shower chairs, CPAP machines, etc.)

American HomePatient

1500 NW Vivion Road
Kansas City, MO 64118
816-241-4141

Apria Healthcare

16815 College Blvd.
Lenexa, KS 66219
913-492-2212

Coalition for Independence

4911 State Ave.
Kansas City, KS 66102
913-321-5140

Georgetown Health Care Center

5605 Merriam Drive
Merriam, KS 66203
913-362-0313

Med Resources

8061 Flint St.
Lenexa, KS 66214
913-234-4641

Sleepcair

14333 W. 95th St.
Lenexa, KS 66215
816-221-3535

The Dream Works

1119 N. 5th St.
Kansas City, KS 66101
913-281-8695

The Whole Person

3710 Main St.
Kansas City, MO 64111
816-561-0304

Walgreens, Walmart and CVS pharmacies

Resources for in-home private duty nursing care (out-of-pocket)

Barr Private Care Services

1828 Swift Ave., Suite 202
North Kansas City, MO 64116
816-471-5151

BrightStar Care

10100 W. 87th St., Suite 110
Overland Park, KS 66212
913-535-0255

CareStaf

4400 W. 109th St., Suite 101
Overland Park, KS 66211
913-498-2888

Kansas City Home Care

6400 W. 110 St., Suite 200
Overland Park, KS 66211
913-341-4800

Visiting Angels

7819 Wornall Road, Suite 2
Kansas City, MO 64114
800-365-4189

Identifying in-network skilled nursing or inpatient rehabilitation facilities

- **Amerigroup Kansas Medicaid:** myamerigroup.com
- **Blue Cross Blue Shield:** bcbs.com
- **Blue Cross Blue Shield of Kansas City:** bluekc.com
- **Coventry:** coventryhealthcare.com
- **Humana, Humana Gold or Humana Gold Plus:** humana.com
- **Medicare:** medicare.gov
- **Sunflower State Kansas Medicaid:** sunflowerstatehealth.com
- **United Healthcare:** myuhc.com
- **United Healthcare Kansas Medicaid:** uhccommunityplan.com

Step 1: Visit your insurance company's individual website.

Step 2: Click on the link "Find a Doctor" or "Find a Doctor, Hospital or Pharmacy."

Step 3: Enter your insurance policy number or address where applicable.

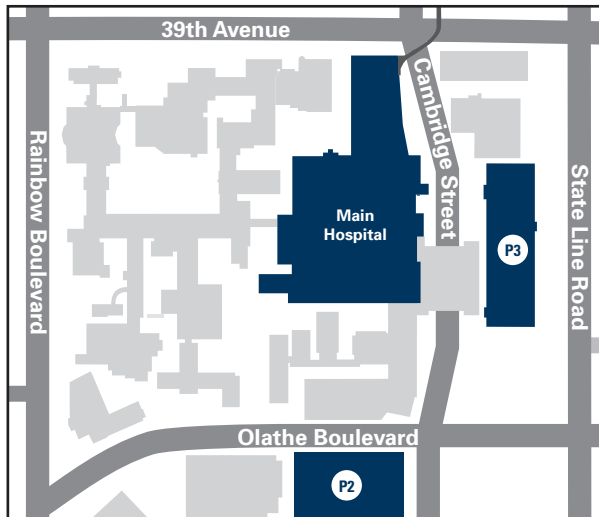
Step 4: Select "Skilled Nursing Facility" or "Extended Care Facility" under list of searchable options.

Step 5: Review list of in-network facility options.

Planning your visit

Parking and transportation

Two garages offer patient and visitor parking. Bring your parking ticket inside with you for validation. The fee is \$3 with validation.



Parking Garage 3 (P3) is located across from The University of Kansas Hospital main entrance.

Parking Garage 2 (P2) is located on the corner of Olathe Boulevard and Cambridge Street, which is across from the Orthopedics and Medical Pavilion. Valet parking for our patients is available at the hospital's main entrance. Space is limited. Hours are 7 a.m.-4 p.m. Monday-Friday. There is a \$3 fee. Reclaim your vehicle at the valet desk in the hospital lobby. For questions, call 913-207-3293. Long-term parking is available if your vehicle will be in a garage for more than one day. For special rates, contact Patient Relations at 913-588-1290. Contact Parking Services for long-term and handicapped parking information at 913-588-5175. Color-zone parking marked by blue, red and yellow signs may be used free of charge during the hours of 5 p.m.-6 a.m. Monday-Friday and any time during weekends or holidays.

Visiting guidelines

Family and friends are important to a patient's recovery, and visitors are welcome.

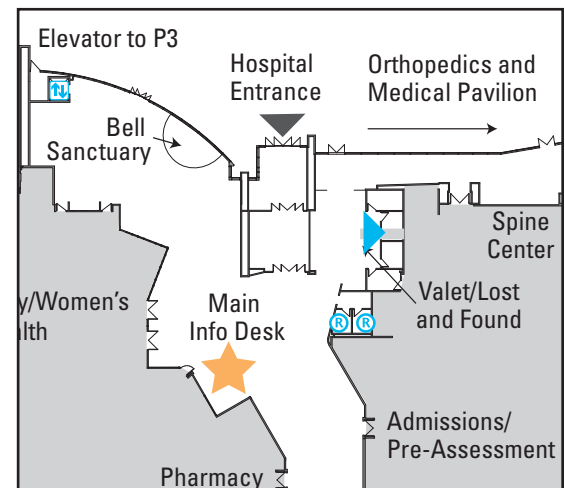
- Guidelines for visitors may vary and are based on patients' conditions and need for rest.

Nurses can provide specific information on behalf of the unit.

- Children ages 6-12 may visit but must be supervised by an adult (other than the patient) at all times. If you would like younger children to visit, please speak with the patient's nurse prior to making arrangements.
- To protect our patients and staff, we ask that visitors who are ill not come to the hospital.
- Hospital doors are locked each evening at 8:30 p.m. At that time we ask visitors to leave so patients can rest. After 8:30 p.m., visitors may enter through the Emergency Department and will receive an ID badge.
- Our nursing shift changes are 7-7:30 a.m. and 7-7:30 p.m. We ask that family and friends not call for routine patient updates during this time so our nurses can focus on patient safety. We recognize your need for information and will gladly provide updates at other times.

Directions to Surgery Registration and the Preoperative Assessment Clinic

- Park in the P3 garage, located across the street from the hospital's main entrance.
- Enter the hospital through the main entrance.



Directions to surgery

- From the hospital lobby, go past the escalator to the elevators.
- Take the elevator to the second floor.
- Follow the signs to Waiting Room #1.

Preparing for surgery

We encourage you to be prepared for your upcoming surgery and hospital stay, as well as the care you will receive after you leave the hospital.

Please review this handbook, including the important checklists for your preoperative assessment, hospital stay and recovery planning phases of care.

Preoperative Assessment Clinic

The appointment is typically scheduled within 10 days of your surgery date. A care team member will call to schedule this appointment.

- This required consultation provides a thorough clinical assessment to prepare you for surgery.
- Information may be obtained over the phone.
- You will be given your arrival time and approximate surgery time as well as when to stop eating and drinking.
- Certain tests may be ordered, including blood testing, electrocardiogram (EKG) and chest radiograph (X-ray) to assess your heart and lungs, and MRSA nasal screen.
- Medical information will be reviewed during this consultation. Prepare a complete list of your medications, vitamins and herbal supplements, including their dosages and instructions.
- Please be advised that you are not required to fast prior to pre-anesthesia testing.

Joint Education Class

An optional, cost-free patient education class is available to you presurgery. The class provides information on what to expect on the day of surgery and during your recovery. Classes are offered weekly. To register, call your surgeon's nurse or our inpatient unit at 913-574-1650.

Physical therapy

Patients should have a physical therapist selected and have an appointment scheduled before surgery to start after they are discharged from the hospital.

Notify your physician if:

- There is any possibility you are pregnant.
- You become ill with a cough, fever, sore throat, nausea, vomiting or flu-like symptoms.
- You need to cancel your procedure.
- If you have any wounds or skin infections on your body, as your surgery may need to be rescheduled due to an increased risk of infection.

Notify same day surgery at 913-588-2141 if you are going to be late.

When to arrive for surgery

You will receive a call after 2 p.m. on the business day before your surgery if your surgery time has been changed from what was discussed with your pre-anesthesia nurse. At that time, the staff will provide you with your new arrival time and any other changes needed. (If your surgery is scheduled for Monday, the clinic staff will call you on Friday.) Remember to arrange for transportation to and from the hospital. If you require supplemental oxygen, please make sure you have a full tank for your appointment and transportation to and from the hospital.

Preparing your home

Preparing your home before surgery enables a much smoother transition from hospital to home and makes for an easier and safer recovery. A well-prepared home causes less work for your family members or caretakers once it's time to arrive home after you leave the hospital.

Consider preparing a sleeping area on the ground floor of your home. Climbing stairs should be limited during your initial recovery period.

A ground floor bathroom should be accessible for your first few days at home. If you have a low toilet, you may want to consider purchasing a toilet seat riser from your local pharmacy or medical supply store. Also consider purchasing a shower chair to assist with bathing.

Arrange for help

- You will not be able to drive for at least two weeks or more after your surgery, which will be discussed prior to leaving the hospital. Arrange to have someone drive you for at least two weeks after your surgery.
- Consider asking a friend or family member

to purchase groceries, help with laundry and other household chores, run errands and drive you to your follow-up doctor appointments.

Organize your home

- While you are in the kitchen (and in other rooms as well), place items you use regularly at arm level so you do not have to reach up or bend down.
- Set up a “recovery center” where you will spend most of your time. Things like the phone, television remote control, radio, facial tissues, wastebasket, pitcher and glass, reading materials and medications should all be within reach.

Potential fall hazards

- Remove throw rugs from walkways in your path. They can be a trip threat during your recovery.
- Identify and remove any trip hazards, such as electrical cords, clutter or other obstacles in your home. Pets may also increase your risk of falls, and it is helpful to have someone watch your pets during recovery or make reservations at a local kennel.

The day of surgery

Where to arrive

Enter through the main hospital entrance and report to the surgery registration area on the ground floor across from the information desk. After registration, you will be directed to the surgery waiting room on the second floor. Please stay in the waiting area until a staff member escorts you to the presurgery holding area, where your pulse, blood pressure and respirations will be checked. Assistance will be provided to you, if necessary, to change into a gown. Your belongings will be placed in a labeled bag.

Medications

You may take medications discussed with your pharmacist during the Preoperative Assessment Clinic consultation, including your pain medications the morning of your surgery. Take them with a small sip of water, and note the time you took the medications.

Hygiene

It is preferred to bathe or shower the night before and the morning of your procedure with chlorhexidine gluconate 4% antimicrobial skin cleansing solution. If you were unable to pick some up from the hospital, you can purchase it at your local pharmacy.

Eating and drinking

Do not eat or drink anything, including alcoholic beverages, after midnight the day before your surgery unless instructed otherwise by your surgeon, the anesthesiologist or registered nurse. For your safety, gum, mints, candy, chewing tobacco, etc., are also not allowed after midnight. If you eat or drink prior to your surgery, you will be at high risk for serious complications. Your surgery may need to be rescheduled if this occurs.

What to wear

Comfortable, loose-fitting clothing is advised. Comfortable, sturdy walking shoes should be worn to the hospital as well. The hospital will provide a gown and nonskid socks, so

it's not necessary to bring your own from home. Do not wear makeup, fingernail polish or jewelry of any kind, including body piercings, to the hospital. You will be required to remove contact lenses and tampons prior to your surgery.

What to bring

Some items will make your morning run more smoothly at admissions check-in. These include:

- A copy of your living will, advance directives or durable power of attorney for your file
- Insurance card and prescription cards
- Photo identification
- Medical equipment, such as a hearing aid, CPAP/ BiPAP machine and all needed equipment. If you have an internal medical device such as a pacemaker or AICD, please bring the medical device identification card.
- A case or container for eyeglasses, dentures and partials to include with your belongings during surgery.
- If staying overnight, please bring all home medications (i.e. an inhaler) in their original bottles. Please do not bring over-the-counter medications or pain medications (i.e. controlled substances).

Do not bring

- Large sums of cash, jewelry or other valuables

Bring only items you need. Mark them clearly with your name for easy identification.

Presurgery holding area

In the holding area, your anesthesiologist will discuss the type of anesthesia you will receive. Your signed consent is required for anesthesia to be administered. After consent, your anesthesiologist or a nurse will start your IV line and begin the anesthetic and other medications, as needed. Additionally, a small tube may be placed into your leg to deliver numbing medicine.

continued on page 10

The day of surgery (continued)

During surgery

While your surgery may be scheduled for a specific time, that may change. You will be notified of any changes in advance.

In the operating room, you will be greeted by a nurse who will verify your name and surgical procedure. Your pulse, blood pressure and oxygen level will be monitored throughout the surgery.

Friends and family members are encouraged to remain in the second floor waiting room. They should check in with the front desk staff in the 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. Nurse liaisons will be able to provide updates to your friends and family members as you proceed through surgery and the initial recovery phase.

Recovery room

Blurry vision, dry mouth, chills, pain, sore throat and discomfort are common experiences as you awaken from anesthesia in the recovery

room. A nurse will check your dressing, blood pressure, pulse and respirations. Oxygen may be administered to help you breathe more easily. Let your nurse know if you have pain or experience nausea. Medications are available to ease your discomfort.

The length of time you spend in the recovery room is dependent upon the type of surgery and anesthetic you had, in addition to your body's response to surgery. Time varies depending on your needs and the availability of a bed on the appropriate floor of the hospital.

After surgery

Due to the high number of patients who need our care, we have both private and semi-private rooms. A private room may not be available as we must prioritize these for patients with a medical need. Once you have been assigned a room, your nurse and aide will get you settled and check your blood pressure, pulse, respirations, dressing and overall comfort level. Inform your nurse if you have pain, nausea or other discomfort.

A patient's guide to daily activities after joint replacement surgery

Surgery day

- Learn about:
 - Pain medication
 - Fall prevention
 - Blood clot prevention
 - Lab tests and vital sign check times
 - Hospital equipment
- Stand and begin walking with therapists if you are assessed as being able to begin recovery by your surgeon.
- Sit on the side of your bed with help from nursing.
- If you tolerate sitting on the edge of the bed, nursing may help you move to a chair.
- Drink plenty of fluids and begin eating food by evening.
- Continue to use your incentive spirometer device for deep breathing to help keep your lungs healthy.

Day 1 - After surgery

- Learn about:
 - Hip precautions and knee positioning
 - Medications to prevent constipation and about the medication chosen by your doctor for blood clot prevention.
 - Changes in pain medication from intravenous to oral
- Work with therapists and nurses to:
 - Get out of bed and stand up. Never attempt to stand alone!
 - Walk greater distances in the hallway
 - Walk to the bathroom instead of the commode
 - Practice using stairs as instructed by the physical therapist
 - Sit in your chair for meals
 - Practice using crutches or walker, if required
 - Practice giving yourself a blood clot prevention shot, if required
- Wear your foot pumps at all times when you are in bed.
- Meet your case manager to confirm plans for discharge to home or skilled nursing facility for rehabilitation and coordinate transfer of care including transportation.
- Continue to use your incentive spirometer device for deep breathing to help keep your lungs healthy.
- If your pain is well-controlled and you pass physical therapy, you will be discharged.

Equipment and therapy

Equipment

- **TED Hose:** Stockings are often worn up to six weeks after surgery to increase the blood circulation in your legs and prevent blood clots from forming. Assess your skin daily for irritation to prevent skin breakdown.
- **SCD (sequential compression device) or foot pumps:** The devices placed on your feet or legs while you're resting in bed pump air throughout to stimulate circulation and increase blood flow.
- **Walker:** Physical therapists may provide a walker for your use while you're in the hospital. The team will assist you in arranging for a walker if you need one at home.
- **Bedside commode:** A bedside commode or elevated toilet seat may be helpful after surgery. It may be helpful to purchase one for your home prior to your surgery. Typical toilet seats are too low for hip replacement surgery patients. Your new hip should not bend past 90 degrees.

Therapy

Physical therapy

A physical therapist will visit you until you have met your goals. Your participation with the physical therapist will help you regain your independence after your surgery. With your physical therapist, you will review and practice postoperative exercises, ways to get in and out of bed, standing, walking and stair-climbing techniques. Your physical therapist's recommendation will help determine your discharge plan.

Knee precautions

Knee replacement surgery patients are given guidelines to adhere to by their physical therapists. Precautions include:

- Do not put pillows under your knee.
- Avoid raising the foot of the bed while in the hospital.



Hip precautions

Depending on your hip replacement surgery, your surgeon may ask you to follow hip precautions. **Your new hip should not bend past 90 degrees.** The following guidelines are based upon your procedure and will be reviewed with you by your physical therapist if necessary.

- Do not sit on low soft chairs or low toilets. Do use chairs that keep your knees lower than or even with your hips.
- Do not reach down for items on the floor. Do use your reacher.
- Do not bend, stoop, squat or perform other activities that cause extreme hip bending (tying shoes, putting on socks, reaching into low kitchen cabinets.)
- Do not plant your feet and twist at your hip.
- Do not roll to get out of bed.
- Do not bend your leg that was operated on back while standing.
- Do not rotate your leg that was operated on outward or inward.
- Do not move your leg that was operated on into an extreme position to the side.

Occupational therapy

An occupational therapist will be contacted if needed. If occupational therapy is needed, they will help you achieve everyday tasks, such as getting dressed, while adhering to

movement and weightbearing precautions. You will be advised on using any adaptive equipment, such as reaching devices, shower equipment, elevated toilet seats or a bedside commode.

Hip safety: Getting into and out of a car

After hip surgery, getting into or out of a car can be difficult. To keep your hip safe, follow your “hip precautions” and the tips on this sheet. The steps below help you get **into** a car. Reverse them to get **out of** a car.

Before getting into a car

- Have someone move the seat as far back as it will go.
- Recline the back of the seat if possible.
- Place a pillow on the seat to keep your hips above your knees, especially if the seat is low.

1



Photo courtesy of Krames

2



Photo courtesy of Krames

1. Sit down

- Stand with your back to the car. Keep your operated leg straight and that foot slightly forward. Feel the car touch the back of your other knee.
- Hold onto the side of the car and the walker or dashboard.
- Lower yourself slowly onto the seat. Watch your head.

2. Bring your legs into the car

- Slide back into the center of the seat.

What to expect after surgery

Pain management

The goal of pain management is to make you as comfortable as possible by reducing your pain, but allowing you to remain alert enough to move, breathe deeply and help care for yourself. These activities help prevent complications and speed up recovery.

- Many people experience postsurgery pain and discomfort for four to six weeks.
- You are the expert on your pain.
- Tell staff or a nurse if you hurt or are uncomfortable.
- It's important to ask for and take pain medicine when you feel pain. Waiting longer may result in your pain being more severe and the medicine taking longer to take effect.

- Inform staff or nurses if your pain medicine fails to work or makes you uncomfortable in any other way.

Nurses will ask you to rate your pain on a scale of 0 to 10, with 0 as no pain at all and 10 as the worst pain imaginable. Even though your pain may not be totally gone, it is important for it to be at a tolerable level to allow you to rest and move comfortably.

Types of pain medications

Oral medications: Patients are often given pain medicine in the form of a pill once they are able to tolerate fluids and are preparing to go home. This medicine will be given to you only as needed, when you request it.

When to call the doctor

Call the Orthopedic Clinic at 913-588-6100 from 8 a.m. to 4:30 p.m. during the weekdays or visit your nearest Emergency Room/Urgent Care Clinic after hours, on weekends or holidays.

Signs and symptoms to report immediately:

Warning signs of a blood clot

- Sudden shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing
- Severe pain in your calf and leg unrelated to your incision
- Tenderness or redness of your calf
- Swelling of your thigh, calf, ankle or foot

Warning signs of an infection

- Persistent fever of 101.5 degrees Fahrenheit
- Shaking chills, difficulty breathing, confusion/disoriented
- Increasing redness, tenderness or swelling of the wound
- Thick, foul-smelling, yellow drainage from the wound
- Increasing pain with both activity and rest

Medication refill instructions

- NARCOTIC MEDICATIONS WILL NOT BE FILLED AFTER OFFICE HOURS OR ON WEEKENDS.
- Please provide at least 48 hours in advance for your doctor's office and pharmacy to refill medications.
- Contact your pharmacy. If you have refills remaining, they will refill your medication automatically. If not, they will send an electronic request to our office.
- Speak with your surgeon about how to manage and fill pain management medications after surgery and throughout recovery.

Alternative pain management techniques

- Distraction (methods such as reading and talking can turn away attention from pain.)
- Guided imagery (meditation and breathing exercises)
- Cold therapy (applying ice packs can reduce pain.)
- Music therapy
- Relaxation (decreasing stress, reducing muscle tension or remembering pleasant experiences can help reduce pain.)

Swelling, bruising and cold therapy

You may experience swelling of your hip or knee for 3-6 months following the procedure. Also, you may notice bruising near and around the incision site. As the healing progresses, the swelling and bruising will reduce. Cold therapy or an ice pack can help reduce pain and swelling. To help relieve discomfort, place an ice pack while awake with a barrier such as a towel to protect your skin and incision site and apply for 15-20 minutes 3-4 times per day.

Homemade ice pack recipe:

- 2 cups water
- 1 cup rubbing alcohol
- Plastic reclosable zip-top bag – gallon or quart sized

Mix water and rubbing alcohol together in plastic bag and place in freezer. Use as recommended for therapy.

Other medications

Stool softener

Constipation is a common side effect of pain medicine. The nurses will work with you to get your bowels regulated after surgery. You will be given a stool softener each day while you're on pain medicine. Laxatives may be ordered, as well.

IV fluids

You will receive IV fluids for hydration while in the hospital. This will continue until you are eating and drinking well, which is typically the day following surgery.

Blood clot prevention

A medication will be started in the hospital and may be continued when you go home. This medication will help prevent blood clots. It may be oral (aspirin, Plavix, Warfarin) or injectable (Lovenox, Arixtra), dependent on your risk factors for blood clots and your surgeon's preference. If you are already on blood thinners, your doctor and pharmacist will talk to you about restarting this medication after surgery.

Diet

After surgery, you are able to drink liquids and most patients are able to eat a regular dinner.

Labs

Lab tests will be administered to determine that you are healing properly. Lab tests typically occur between 3 and 4 a.m. before your doctor visits you in the hospital each morning.

Vital signs

Nursing aides will check your vital signs (blood pressure, temperature, oxygen level, pulse) every four hours after surgery for at least the first 48 hours. The frequency of checking vital signs will decrease as you progress during your hospital stay.

Breathing exercises

The ability to breathe deeply is necessary for your lungs to remain clear and to avoid complications like pneumonia. The incentive spirometry device helps you take deep breaths. Nurses or respiratory therapists will provide you with assistance in learning how to use the device. Breathing exercises should be conducted every hour while you are awake.

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What to expect after surgery (continued)

Doctor visits

Doctors usually visit patients daily. Times may vary based on schedules. Use this opportunity to ask questions and discuss your care plan.

Avoiding falls and complications

Due to your recent surgery, you are at an increased risk for falls immediately after surgery and for a few days afterward due to your altered mobility. Falls can cause additional injury and complications to your recovery. Your bed alarm will be activated to help alert staff and nurses when you get out of bed so they can help you. Do not attempt to stand alone. Please call staff to get up every time.

Nurses, aides and therapists will use a gait belt to help you when you are up, in addition to a walking device for safety. It is very important that you request and allow the nurses and staff members to assist you.

Follow movement precautions, as instructed by your physical therapists and surgeon.

Fill your prescriptions at the hospital

As an added value to our patients, our Outpatient Pharmacy can fill your prescriptions quickly and easily before you leave the hospital.

Be prepared to provide the following:

- The original copy of your prescriptions
- Full payment or the co-payment required by your insurance carrier

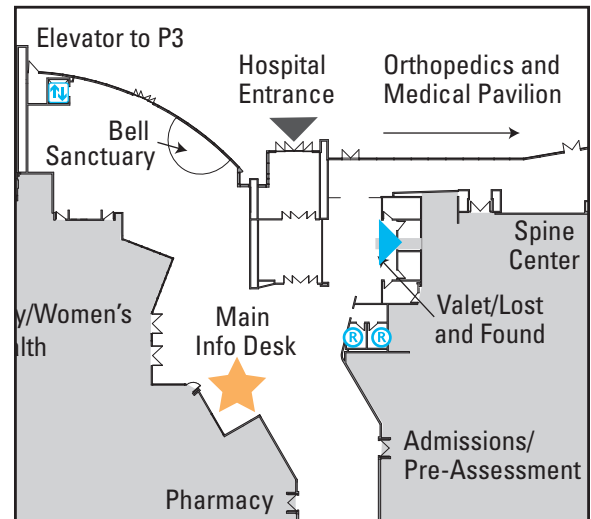
For your convenience, we accept cash, check, MasterCard, Visa, American Express and Discover.

Hours of Operation:

7 a.m. – 9 p.m. Monday-Friday

9 a.m. – 5 p.m. Saturday-Sunday

9 a.m. – 5 p.m. Holidays



After you leave the hospital

What happens from here?

Our goal for you is to discharge to home the day after surgery with outpatient physical therapy and/or home health. During your hospital stay, the discharge planning team will take time to learn about any potential discharge needs and work with you to find your best options. Possible ongoing care options that may be discussed with you and your family members include:

- **Home health:** These services come to your home. They offer skilled intermittent care and treatment for illness or injury. This may include nursing services, physical therapy and occupational therapy.
- **Outpatient therapy:** This is our recommended form of therapy. It's for patients who require further physical and/or occupational therapy. Services may be set up with our hospital team or at a location closer to the patient's home. We recommend 2-3 times per week, with the first appointment scheduled as soon as possible after discharge.
- **Inpatient rehabilitation:** This program provides intense, short-term physical, occupational and/or speech therapy for a total of three hours each day. The goal of this program is to help patients return to home. Please keep in mind a patient may still need 24-hour assistance or supervision after discharge. Medical criteria for acceptance is needed and may not always be approved by your insurance company.
- **Skilled nursing facility:** These facilities provide short-term care, including physical and/or occupational therapy. The level of care depends on the patient's ability to participate. This is a less intense program and may be recommended for patients who are unable to participate in 3 hours of therapy each day. The goal of this program is to help patients return to home. Criteria for acceptance is needed and may not always be approved by your

insurance company.

Discharge instructions

When your doctor feels you are stable enough to go home, you will be released from the hospital. Please arrange for someone to pick you up from the hospital by noon to transport you home. Your nurse will review your discharge instructions, including all medications.

Follow-up appointments

For the next six to eight weeks, you will continue to heal and recover from surgery. It is essential to your recovery that you attend your follow-up appointments. Your doctor will assess your progress during these appointments. The first appointment will be within 2 weeks of surgery for both hip and total knee replacements. The timeframe for the follow-up appointment is listed as a guideline and will be scheduled as necessary based on your procedure and recovery by your doctor.

Dressing changes and incision care

Your surgical incision will have a dressing which will be changed per instructions provided when you are discharged from the hospital. Do not use ointments or creams. If you have any questions, please contact your doctor's office directly to consult regarding dressing changes and incision care.

Walking

Walking is an important part of your recovery, but guidelines must be followed. They include:

- Use your walker or crutches when walking, as instructed, until your initial follow-up visit. Although you may feel you can walk without the walker, your bones take from six to eight weeks to heal. Walking without your walker may slow or hinder your recovery.
- Walk daily and increase the distance each day, allowing rest between activities.

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After you leave the hospital (continued)

Sitting and driving

Resting during your recovery is important, but it's also important to stay active. Here are guidelines about sitting and driving:

- Do not sit for extended periods of time. Getting up, walking and changing positions are important to recovery.
- Stop every hour during long car trips to get out and move around.
- Use a pillow or chair cushion to raise the seat on low chairs.
- Do not cross your legs.
- As a safety precaution, do not drive while taking pain medications.

Sports and exercise

While exercise is good, it's important to recover as directed by your doctor. Use these precautions:

- Do not engage in high-impact activities such as running, jumping, aerobics, basketball, tennis and skiing during the first three months after your surgery.

- Realistic activities include unlimited walking, swimming, golf, driving, hiking, biking and other low-impact sports.

Sleeping

If you prefer to sleep on your side, place a pillow between your knees to keep your hips aligned properly.

Bathing

Do not submerge your incision site, which includes restrictions to baths, hot tubs and swimming pools. If you have a plastic dressing, you may shower. After 6 days, you may shower without any dressing.

Sexual activity

Sexual activity may be resumed once the surgical incision has healed. If you have had hip surgery, maintain hip precautions.

Frequently asked questions

Do I bring my walker to the hospital?

Yes, you may bring your walker to the hospital, however, storage is limited. We recommend that the walker be brought the day of your discharge from the hospital to assist you with movement in preparation for transfer of care.

Can my family stay the night?

To respect our patients privacy and visitation hours, we have provided a Neighborhood and Amenities Guide to provide options for lodging in addition to extended stay and community lodging locations near the hospital.

Can I have a private room?

Due to the high number of patients who need our care, we have both private and semiprivate rooms. A private room may not be available as we must prioritize these for patients with a medical need.

My doctor saw me and told me I can leave (discharge), so why am I still here?

A nurse will review your discharge paperwork and instructions for transfer of care in addition to answering any questions you may have regarding your plan of care. It is important for our orthopedic team to provide support and patient education to ensure you understand your plan of care prior to leaving the hospital.

Will I have a private room if I am transferring to a skilled nursing or inpatient rehabilitation facility?

Every facility is different, and a private room cannot be guaranteed. Some facilities only have private rooms, while others will only offer semiprivate rooms unless a patient pays an out-of-pocket daily fee for a private room. A patient's insurance benefits and each individual facility will determine if arrangements for a private room can be made.

Who will make arrangements for home health, physical therapy, occupational therapy and equipment if needed upon discharge from a facility?

If a patient is leaving an inpatient rehabilitation or skilled nursing facility, that facility will be responsible for coordinating arrangements additional care needs, including home health, physical therapy, occupational therapy, equipment, etc. Each facility has a designated case management team to assist with discharge planning. The nurse case manager and social worker at the hospital will meet with patient's to discuss plan of care including assessment of home health, physical therapy, occupational therapy and equipment options based on insurance coverage. Please review the Hospital Stay and Recovery Checklist to prepare for transfer of care when leaving the hospital.

How long can I stand at a given time after surgery?

It is important to have periods of rest to support the recovery process after surgery. Your physical therapist will provide range of motion exercises to help you regain strength and balance and will assess your progress following each therapy appointment.

When can I start to drive after surgery?

As a safety precaution, do not drive while taking pain medications. Your surgeon will clear you to drive when medically ready.

Do I have to do anything different when I visit the dentist after surgery?

Do not have routine dental work done for 3 months after your joint replacement surgery. You will need to take antibiotics prophylactically as a precaution before your dentist visits. Contact your doctor's office at least one week prior to your dental appointment for a prescription.

Glossary of terms

Acetabulum

The socket in the ball and socket joint of the hip.

Advanced practice provider

Defines category of healthcare professionals, including advanced practice registered nurses (APRN), physician assistants (PA) and certified registered nurse first assistant (CRNFA).

Anesthesia

A process used before surgery that induces partial or complete loss of sensation. The analgesic may be topical (on the skin's surface), local (in one small area of the body), regional (in one region/larger area of the body) or general (the entire body).

Anticoagulant

A medication that prevents blood from clotting (also known as a blood thinner).

Arthritis

Soreness of a joint or joints resulting in pain, swelling and stiffness.

Avascular necrosis

A condition where thin tissue dies because of not having enough blood supply.

Deep vein thrombosis

Occurs when blood flow decreases (especially in the lower part of the legs), causing blood to pool in the legs and leading to blood collection and eventually a blood clot.

Degenerative joint disease

Deterioration (to become worse over a period of time) of the articular cartilage that lines a joint, which results in narrowing of the joint space, which leads to pain.

Discharge

The process of leaving the hospital following surgery and also involves patient education and transfer of care.

Dislocation

When the ball comes out of the socket in the joint.

Electrocardiogram (ECG or EKG)

A chart showing heart activity.

Femoral head

The top of the femur (thigh bone), which looks like a ball and fits into the hip socket. It is the ball in the ball and socket joint of the hip.

Femur

The long bone of the thigh.

Inflammation

Process to describe the body's attempt to heal itself when a part of the body gets hurt. This includes tissue and bone. The signs of inflammation may include redness, skin is hot to touch, swelling and pain.

Joint

The location where two or more bones meet.

Osteoarthritis (OA)

Arthritis that typically comes with middle age that is characterized by the worsening of a joint and a progressive wearing down of the joint surfaces, which causes pain, swelling, and stiffness.

Osteoporosis

When people get older – particularly women – they experience loss of bone mass and bone tissue, which leads to weaker bones and increased chances of fractures.

Patella

Kneecap.

Pelvis

The massive bone in the lower half of the trunk, formed of the hip bone on either side and in front, and the sacrum and coccyx in the back.

Rehabilitation

Returning to normal or near-normal manner,
following disease, illness or injury.

Rheumatoid arthritis (RA)

A disease that damages many joints, especially of the hands and feet.

Total joint replacement

Repair of a damaged joint by replacing with a manmade joint implant, made of either plastic, ceramic, titanium or other metal alloy, in an effort to return normal function to affected joint.

Notes

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