



Joint Replacement Guide



Reading Hospital

TOWER HEALTH

Advancing Health. Transforming Lives.



Welcome

You have made an important decision to have your hip or knee replaced. Our team is dedicated to guiding and caring for you every step of the way.

There are about one million joint replacement surgeries performed every year in the United States. That number is expected to continue to climb over the next 20 years.

Your hospital stay is just a short part of this journey. The doctors, nurses and therapists will be sure you are safe and stable before discharge.

This manual is available online for sharing with family or other caregivers. Go to towerhealth.org/jointclass

If you have any questions, please contact your surgeon's office or the program coordinator at the hospital.

Don't wait! Watch this today!

Scan here with your phone camera to learn more about getting ready for your surgery.

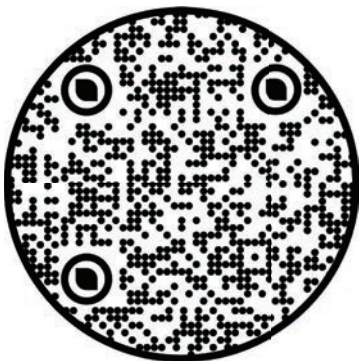




Table of Contents

Before Surgery

Medical Clearance.....	1
Dental Clearance.....	1
Smoking Cessation.....	1
Weight Loss.....	1
Medicines.....	2
Nutrition.....	2
Planning Ahead.....	3
Pre-Admission Testing.....	6
Skin Preparation.....	7

Hospital Stay

Recovery.....	8
Activity.....	11

Discharge Planning

General Discharge Instructions.....	13
Dental Guidelines.....	15

Therapy

Preparing for Surgery.....	16
Gait Sequence, Transfers.....	19
Resources.....	25



Before Surgery

Our Patient Guide to Joint Replacement is a general overview of what you can expect. Being prepared for surgery by reducing risk factors that impact healing will help you feel more confident about your recovery.

Medical Clearance

You may be asked to have a medical clearance form completed by your family doctor or, if necessary, other specialists. Your surgeon's office will discuss this with you and explain what paperwork is necessary from your doctor. **If a medical clearance is needed but not done before surgery, your surgery could be postponed.**

Dental Clearance

Your surgeon will determine if you need dental clearance. If you have any pain or other symptoms in your mouth, please let your surgeon know. Otherwise, it is not necessary to have a preoperative dental clearance. Remember, good oral hygiene is important to prevent infection. Following your surgery, it is important to take an antibiotic one hour before each dental appointment for at least one year. For more information, please refer to the Dental Guideline on page 15.

Stop Smoking

Smoking is **not allowed** on our campus. Smoking can affect healing as well as cause breathing problems. If you are interested in quitting, please talk with your primary care provider.

Healthy Weight

When you have painful joints, weight loss can be difficult. Excess weight puts more stress on joints and can affect your health in general. If weight loss is a goal before surgery, we can help with a referral to an appropriate resource. Please discuss this with your primary care provider or surgeon.

Medicines

After surgery, you will be on a special medicine to help reduce the risk of a blood clot.

There may be other medicine that you will need to stop before surgery. Aspirin products, as well as NSAIDS (Aleve®, Motrin®, Advil®, Ibuprofen®, Naproxen, Mobic®, Celebrex®), should be stopped one week before surgery. The exception is 81 mg Aspirin, or “baby aspirin”. Do not stop this medicine if you currently take this dose, unless directed by your doctor. Other things that should be stopped before surgery are over-the-counter herbs and supplements. If you are taking blood thinners and over-the-counter herbs and supplements, please discuss with your surgeon whether or not you should take them before surgery.

Refer to the list you were given regarding medicines on the morning of surgery.

Nutrition

Good nutrition is always important but even more so for healing. Follow a healthy diet before and after your surgery to help you heal.

Dairy Products – two to three servings of low-fat dairy foods daily

- Provides calcium, vitamin D and phosphorus to help your bone tissue adapt to the new joint

Fruits and Vegetable – at least five servings daily

- Provides Vitamins A and C and zinc that helps wound healing

Meat, Fish and Poultry – two to three servings daily (one serving = two to three ounces)

- Other high protein foods include eggs, tofu, peanut butter, cheese, yogurt, dried beans, lentils and nuts
- Protein promotes wound healing

Breads, Cereal, Pasta and Whole Grains – at least six servings daily

- Provides energy and essential vitamins and minerals

Fluids – At least six to eight cups of fluids daily

- Water, and decaffeinated beverages are the best choices

If you would like to schedule an appointment with a clinical dietitian, please ask your doctor.

Planning Ahead

It is **very important** to be prepared before your surgery. We want to be sure you have a plan that is right for you when it is time to go home. Some people return home as quickly as the day of surgery. Most return home after one to two nights in the hospital.

- Our goal is to safely discharge you to your home. If you are safe to perform these tasks, whether by yourself or with your caregiver's help, you are safe to go home.
 - Walk with an assistive device
 - Get in and out of bed
 - Get in and out of the shower
 - Get on and off the toilet or commode
 - Go up and down stairs if needed in your home

We do not expect that you will clean, do laundry, mow grass, shovel snow, etc. for several weeks.

- Find a family member or friend to be your "coach" and who will assist you in the first few days or weeks after surgery. Share this booklet with your coach to help them learn how best to help.
- Make sure your pathways are clear to walk with your walker or crutches. Remove extension cords, throw rugs and other items that might cause a fall.
- Arrange to stay on the main level of your home, or rearrange things to avoid numerous trips up and down the stairs.
- If you live alone, try to have a first floor set-up. If you must climb steps, you may need a second walker. Your insurance will usually cover one item like a walker every five years.
- If you are thinking about other equipment, most times it is not covered under insurance. Ask family or friends to borrow equipment (bath bench, extra walker, leg lifter, raised toilet seat). Churches or organizations may have equipment to lend to you. Purchase equipment at retail stores, thrift shops or yard sales.
- Think about the safest and easiest way to get into your house. An entrance with no steps or one step is easiest.
- If you have stairs with no railings, it is highly recommended that a railing be installed. It is much easier and safer to go up and down stairs with a railing.
- Have things you will need daily within reach.
- Good lighting and nightlights are important for safety.
- Plan ahead for meals that are easy to prepare. Be sure you have your pantry stocked with basics. If you are considering Meals on Wheels, contact this group as soon as possible for information.

- Don't be afraid to ask for help from family and friends.
- If you have pets, consider having someone feed them, walk them, and change litter and bedding for the first few weeks. The day you come home, have someone corral your pets so that you can safely get in the house before you are greeted.
- We recommend no pets in bed with you until your wound is fully healed.
- Transportation should be planned before you come to the hospital. You will need someone to drive you to therapy, the lab, and doctor appointments for the first few weeks. If you are alone, please talk to family and friends to schedule as many drivers as possible. If you are planning on using public transportation but do not have a pass, begin that process now. It takes several weeks to process the application.
- If there are any areas in your home that are causing you some concern, take a picture of that area to show our therapists. They will work with you to problem solve before you are discharged.
- If you are borrowing a walker, crutches or cane, please make sure it is brought to the hospital and shown to the therapists before you are discharged, if it has not been sized for you. If you own one of these items and have not loaned it to anyone, nor had any change in your height, it does not have to be brought in. Be sure to have the assistive devices brought to the hospital the day of discharge. This will be used when you transfer in and out of the car. If you do not have equipment, our therapists will make sure you have the devices you will need before you are discharged. Walkers are generally covered under insurance.
- Outpatient therapy should be arranged before you come to the hospital.
- If you are safe for home but may not be ready for traveling to and from outpatient therapy, home health therapy can be arranged for the first few weeks. A therapist will come to your house three times a week. After two weeks, outpatient therapy will begin. This is dependent upon your insurance plan and may include copays and deductibles.
- If you are not able to safely care for yourself at home, our case manager will discuss skilled nursing facilities with you and your family. Options will be based on your insurance plan, available choices and your preferences. Acute rehab settings are usually **not** approved by insurances.
- If you need an extended nursing home stay, our case manager or social worker will work with your insurance company. In the event your first choice facility is not available, you will be asked for a second choice. The case manager or social worker can help you and plan the most appropriate discharge plan. If you have any questions, please discuss with your Care Manager.

You may be thinking you would prefer not to go home. Use this simple scoring sheet to see which plan is best for you.

Assessment	Value	Score
Age	< 65 years old	= 2
	66 to 75 years old	= 1
	> 75 years old	= 0
Gender	Male	= 2
	Female	= 1
How far, on average, can you walk?	Two blocks or more (may include rest)	= 2
	One to two blocks (mall walking)	= 1
	Housebound (most of the time)	= 0
Do you currently use an assistive device?	No	= 2
	Cane of any type	= 1
	Walker/crutches	= 0
Do you have outside help (home health, meals on wheels, etc.)?	None or once a week	= 1
	Two or more times a week	= 0
Will you have assistance after surgery (spouse, child, friend, etc.)?	Yes	= 3
	No	= 0
	Score:	

Discharge predictor by score:

- **Less than 6:** You may need skilled nursing after hospital stay. Your team will help you with options.
- **6 or above:** Plan to go home. You may need home health services

The more prepared you are before surgery, the better your recovery after surgery.

Pre-Admission

Your Pre- Admission appointment will be a phone interview.

The phone appointment will take about 10 minutes to complete. Please be prepared with a complete list of the following:

- Medication List with medication name, dosage, and time of day you take each medicine
- Medical conditions you have been diagnosed with
- Family History of medical conditions
- Past Surgeries
- Allergies
- Hospitalizations with required isolation
- Problems you experienced with previous surgeries or anesthesia
- Questions you have for us

You may be asked to stop taking certain medicines before surgery. The nurse will review what medicines you may take the morning of surgery. If you have any questions please contact your surgeon or the Program Coordinator.

Prehab

Before surgery, we recommend one to two pre-op sessions with a physical therapist. The goal is to begin working toward better physical shape to achieve the best long-term outcome, after surgery.

The therapist will review equipment you may need as well as explain the exercises you should begin before surgery. Any safety concerns can also be discussed with the therapist.

Your surgeon's office can provide a prescription to you for these sessions.

Skin Preparation For Surgery

Please follow any special skin preparation instructions you may have been given by your surgeon or the pre-admission testing area.

Be extra careful to protect the skin on your legs and hips. Pet scratches, skin cuts from shaving or other open sores could cause your surgery to be canceled.

Call your surgeon if you have any changes in your medical or dental health

Hospital Stay

Recovery

Upon arrival to your room, you will be welcomed and asked a few questions. It may seem that we repeat some questions. We just want to be sure everything is accurate.

After surgery and throughout your stay your nurse will monitor:

- Your vital signs (temperature, blood pressure, pulse, respiration and oxygen level).
- Your oxygen for the first 24 hours after surgery.
- Your breathing. Take a few deep breaths and cough. This will help to keep your lungs clear and prevent pneumonia.
- Your use of incentive spirometry. This device helps keep your lungs clear and prevent pneumonia.
- Your surgical dressing and circulation.
- Your pain
 - You will be asked to rate your pain on a scale from 0 (no pain) to 10 (worst pain imaginable).
 - You should not expect to be pain-free. Our goal is to keep your pain at an acceptable level for you.
 - Ice, elevation and repositioning of your leg helps control pain.
 - You need to ask for pain medication. Keep your pain in control by asking for pain medication when the pain is uncomfortable versus unbearable.
 - Your nurse will write the time your pain medication is due on the white board in your room as a reminder.
 - Take your medication with food or milk to decrease upset stomach. Crackers, ginger ale, etc. are available from the kitchen on the unit.
 - Side effects of pain medicine/remedies:
 - **Nausea** – medicine taken with food or milk/ginger-ale helps reduce nausea.
 - **Constipation** – starting the night of surgery, the nursing staff will begin offering you stool-softeners and laxatives to help reduce constipation and promote regular bowel movements. Immobility can contribute to constipation. It is important to move as much as you can with the help of staff.

- **Urinary Retention** – Some patients experience difficulty urinating on their own. The nursing staff will monitor urine output and scan your bladder. If you are unable to urinate and have discomfort in your abdomen, the nurses will relieve the pressure by inserting a catheter to drain your bladder.
- **Dizziness** – get up slowly and always with assistance. Be sure to stay hydrated as you recover.
- **Drowsiness** – limit visitors and get some rest.

Preventing Blood Clots

- You will take a medication to help reduce the risk of developing a blood clot. Your surgeon will decide which medicine you should take. Your nurse will provide you with education about these medicines. Watch for signs and symptoms of a blood clot in either leg.
- Constant pain in calf
 - Swelling in the leg that does not go down despite rest and elevation
 - Warmth in leg
 - Red streak moving up and down your leg
- Signs and symptoms of a blood clot in your lung(s) (Pulmonary Embolism or PE):
 - Restless, anxious feeling
 - Sudden shortness of breath, even at rest
 - Chest pressure
 - Dizzy, sweaty, disoriented

Devices used on your legs will help prevent blood clots. We will help you use this while you are in bed. In addition, move your feet around and make sure you are staying hydrated.



Activity

Day of surgery:

- Therapy will start the day of surgery
 - You will be taught exercises, including walking and getting out of bed. You may be instructed in dressing, bathing and car transfers.
 - If you are ready, you will start stair training.
 - If you discussed this with your doctor you may be going home a few hours after surgery if you are safe.

Day after surgery:

- Continue walking, stair training, exercising and transfers.
- Expect to get dressed today.
- If you are safe with therapy and cleared medically, you are going home today.



Discharge Planning

Discharge From The Hospital

A care coordinator or case manager will visit you after surgery. He or she will assist you with discharge planning.

Discharge Requirements

- Your doctor said you can go home. Please be patient while your care team makes sure everything is in place for your discharge home. Discharges usually take place between noon and 5 p.m.
- Physical therapy has determined you are safe to go home. Sometimes this is done after only one session, but you may need an afternoon therapy session the day of discharge.
- You need to be medically cleared.
- You need to receive any equipment that you do not currently have such as walker, shower chair or commode.
- Your care coordinator or case manager may be checking for prescription coverage for you.
- Your nurse will review your discharge instructions.

It is important to understand that you, your nurse, therapist and doctor are all one team. Open communication is essential to achieve the best outcome from your surgery. Do not hesitate to share any questions or concerns throughout your hospital stay.

Discharge Instructions for Joint Replacement

Follow-up with your surgeon between two to four weeks after your discharge.

Activity

- Weight bearing as tolerated on your joint.
- Use your walker or crutches as instructed when ambulating.
- Get up and move around every hour while awake to reduce stiffness.

Pain Management

- Ice your joint as instructed. Elevate your leg on pillows when not walking and especially after therapy to decrease swelling. Swelling may continue for several weeks and even months. If you had a knee replacement, do not place the pillow behind your knee.
- Continue to take pain medicine as needed to be comfortable. You can also use Tylenol® if that is working for you. Remember not to exceed more than 4000 mg per day if taking anything with Tylenol® in it, including your prescription pain medications.
- Listen to your body and avoid, "over doing it". "Pushing through pain" with activity can lead to increased inflammation and scar tissue development.

Wound Care

- Once your dressing is removed, your wound should be left uncovered unless otherwise directed by your surgeon.
- Please do not put any ointments, lotions or other skin products on your incision until advised to do so by your surgeon.
- Avoid sun exposure to the wound area for the first month. Apply sunscreen to the scar for the next year when sunbathing or outside with the area exposed. The incision area is sensitive to the sun and may burn easily.

Showering

- You may shower the day after your surgery, if cleared by your surgeon.
- Do not scrub the wound area.
- Gently pat dry with a clean towel.
- Do not soak the wound area in standing water (bathtub, jacuzzi, swimming pool) until the wound is healed, or as directed by your surgeon.

Bowel Management

- Your normal routine will most likely be off schedule following surgery.
- Do not let more than two to three days go by without moving your bowels.
- Laxatives, stool softeners or an enema at home can be used to prevent constipation.
- Drink plenty of fluids and eat high fiber foods to promote normal bowel activity.

Dental Guidelines

Your surgeon may have discussed the need for you to take preventative antibiotics before any dental procedures (cleaning, cavity, root canal, etc.). Some patients are asked to do this for one year following joint replacement and some patients are on lifetime prevention, depending on certain risk factors. Many of the dentists in the area are also recommending this precaution. The medication that is generally prescribed is Amoxicillin 500 mg tablets, four tablets taken one hour before the dental procedure. If you are allergic to penicillin, Clindamycin 300 mg tablets, two tablets taken one hour before the procedure will be prescribed. This is to prevent infection. This guideline was developed by the American Academy of Orthopedic Surgeons (AAOS) and the American Dental Association (ADA).

The prescription can be obtained from your orthopedic surgeon at your first follow-up appointment. If you have questions, please consult with one of these healthcare professionals. Daily brushing and flossing with routine professional dental cleaning is recommended for life. Because some dental issues may lead you to infection, please reschedule or postpone any routine visits in the week before or 3 months after surgery. Please advise your orthopedic surgeon if you are having any dental work done that cannot be rescheduled as it may postpone your surgery.

Therapy

Exercising Before Surgery

Increasing your level of fitness before surgery will improve your recovery.

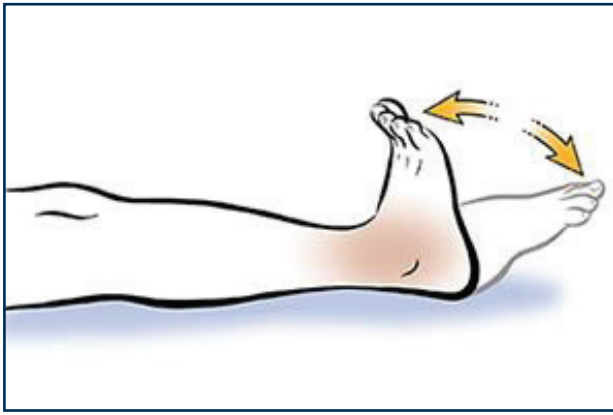
We recommend the following eight exercises for you to begin now and continue doing until your surgery. You should be able to do them in 15 to 20 minutes, and it's recommended that you do all of them three times every day. It is not harmful for you to do more. Consider this a minimum amount of exercise prior to your surgery.

Also, remember that you need to strengthen your entire body, not just your leg. It is very important that you strengthen your arms by doing chair push-ups (for example, exercise #6) because you will be relying on your arms to help you get in and out of bed, in and out of a chair, walk, and to do your exercises after surgery. If you have shoulder problems, discuss this exercise with your surgeon or therapist.

Stop any exercise that is too painful. Do not hold your breath during exercises.

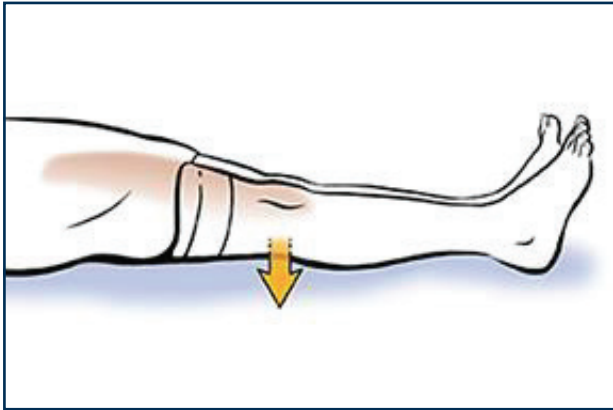
Knee and Hip Exercise Plan before Surgery:

1. Ankle pumps	15 reps, 3 times every day
2. Quad sets	15 reps, 3 times every day
3. Gluteus sets	15 reps, 3 times every day
4. Abduction and adduction (slide leg out and in)	15 reps, 3 times every day
5. Heel slides	15 reps, 3 times every day
6. Arm chair pushups	15 reps, 3 times every day
7. Straight leg raise	15 reps, 3 times every day
8. Standing heel and toe raises	15 reps, 3 times every day



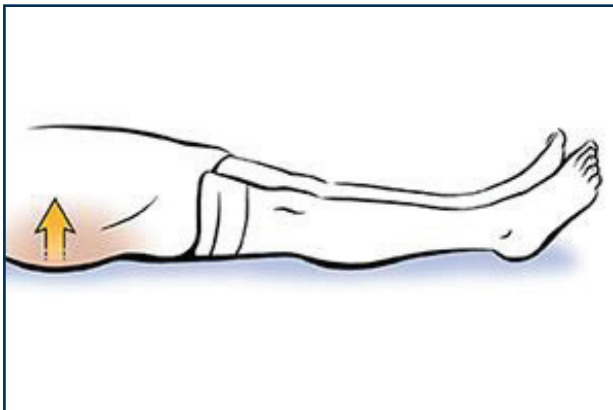
Ankle Pump

Move ankle up and down. Repeat 15 times.



Quad Set

Lie on back, pillow under head, and press knee into bed, tightening muscle on front of thigh. Repeat 15 times. Do not hold your breath.



Gluteal Sets (butt squeezes)

Squeeze bottom together. Do not hold your breath. Repeat 15 times.



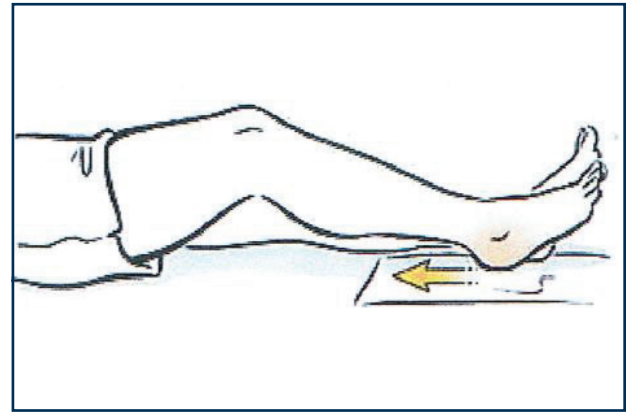
Hip Abduction and Adduction

(slide legs out and in)

Lie on back, slide legs out to side. Keep toes pointed up and knees straight. Bring legs back to starting point. Repeat 15 times.

Heel Slides

Lie on back and slide heel toward your bottom.
Repeat 15 times.



Arm Chair Pushups

Sit in a chair with arms. Have feet supported on floor. Trying to use mostly your arms, lift your bottom off the chair. If necessary, you may use your legs to help. Repeat 15 times.



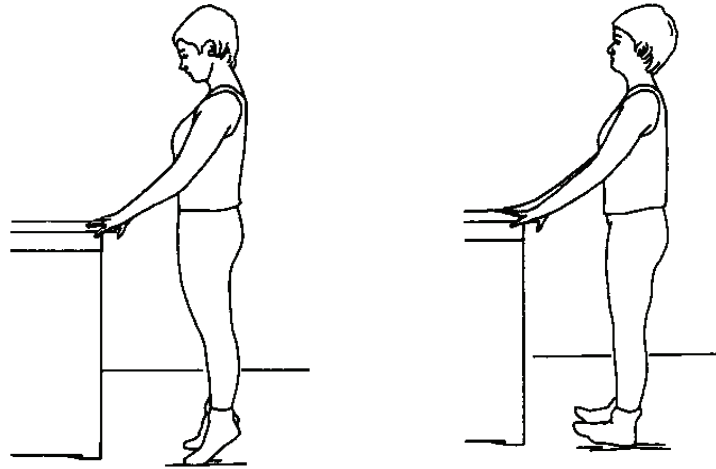
Straight Leg Raise

Lie on back, non-operative leg bent and foot flat. Lift opposite leg up about 12 inches. Keep knee straight and toes pointed up. Relax. Repeat 15 times.



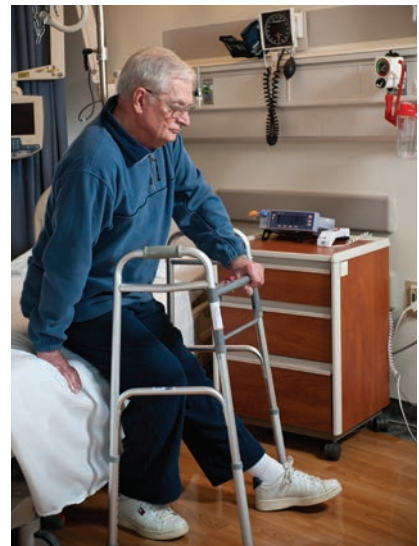
Standing Heel and Toe Raises

Stand at a counter or table for better support. Do 15 standing heel raises by going up on toes. Then do 15 standing toe raises by going back on heels.



Transfers And Stairs

Sit to Stand Transfer



1. Scoot to edge of bed or chair,
2. Push with both hands from where you are sitting, lean forward and start to stand up.

Stand to Sit Transfer

1. Make sure legs are against where you are going to sit.
2. Reach back with hand on non-operated side first for where you are sitting (for example, arm of chair or bed).
3. Reach back with other hand and start to sit.
4. Optional tip for sit to and from stand transfers – Placing operated leg forward lessens pressure during transfers and can help pain control.

How to use Your Walker Sequence (to maintain weight bearing status or comfort)



1. Move walker first.
2. Step halfway into walker with operated leg.
3. Step up to operated leg with non-operated leg.

Transfer Into and Out of Bed

If it is possible, getting in and out of bed on the side opposite your operated leg is typically easier. For example, if your left leg is the operative leg, get in and out of bed on the right side of your bed.

How To Go Up And Down Curbs

Going Up



1. Put walker on curb, making sure all four legs are solid on curb.
2. Step up with non-operated leg first.
3. Lean on walker and step up with operated leg.

Going Down



1. Put walker down first, making sure your feet are close to the edge of the curb before you step down.
2. Step down with operated leg.
3. Step down with non-operated leg.

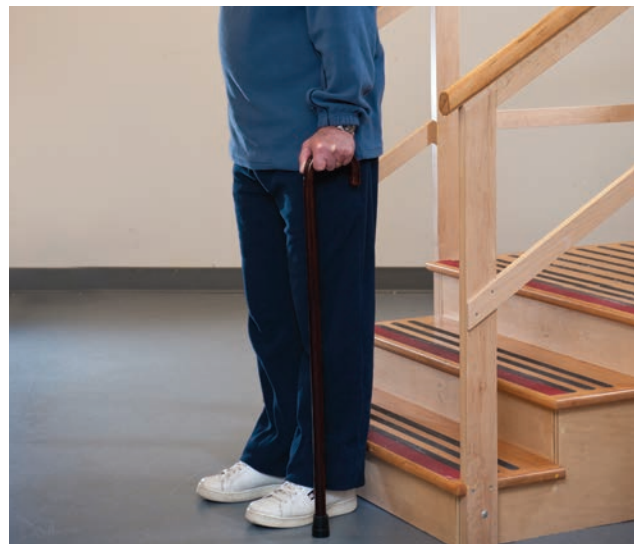
How To Go Up and Down Steps

Going Up



1. Grab rail.
2. Step up with non-operated leg first.
3. Step up with operated leg and bring cane to step.

Going Down



1. Grab rail
2. Come down with cane first, then step down with operated leg.
3. Step down with non-operated leg.

Car Transfer



1. Push the car seat all the way back and recline it. Return it to the upright position for traveling.
2. Place a plastic trash bag on the seat of the car to help you slide and turn forward.
3. Back up to the car until you feel it touch the back of your legs.
4. Reach back for the car seat and lower yourself down.
5. Scoot back on the seat.
6. Turn forward and lift legs into car.



Resources

Home Health Care - Just After Discharge

You may be going home from the hospital with some new challenges. You are well enough to go home, but may need to continue some treatments or therapies to make progress toward recovery. Some of these treatments may be physical therapy, occupational therapy, help with wound care, help with an intravenous infusion or help with other physical needs.

There are many agencies that can help with your nursing and therapy needs at home. Your insurance may tell us which home nursing group to choose. Sometimes you may choose among several nursing groups in your insurance network.

There may be charges to you depending on your insurance benefit. A member of your Care Management team will help with these arrangements.

There is a website that allows you to compare these agencies. Go to www.medicare.gov, and then scroll down to Search Tools. In the first column, click on Compare Home Health Agencies in Your Area.

Skilled Nursing Facilities

Some patients are unable to safely return to home after a few days in the hospital. The skilled level offers patients extra time to strengthen before safely returning home. Insurance plans generally allow for this skilled level rather than acute rehabilitation hospitals. The care coordinator will discuss options with you based on your insurance network. In the event your first choice is unavailable, you will be asked for a second choice. Transportation to these facilities is not covered under most insurances or ambulance memberships. The safest transport is by wheelchair ambulance and will be billed to you separately.

Acute and Rehab Providers

Rehabilitation hospitals provide inpatient medical and rehabilitative services following an accident, surgery or acute illness. This care is focused on helping you make the transition back into a full, productive life. Many insurances will not cover this level following a joint replacement.



Reading Hospital

TOWER HEALTH

Advancing Health. Transforming Lives.

[TowerHealth.org](https://www.towerhealth.org)