



# ONE STEP AHEAD

Your Educational Guide to  
Total Joint Replacement

**Sebastian River Medical Center**  
A STEWARD FAMILY HOSPITAL



COMPREHENSIVE ORTHOPEDIC CENTER





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# Welcome to the Comprehensive Orthopedic Center at Sebastian River Medical Center

We are pleased you have chosen The Comprehensive Orthopedic Center at Sebastian River Medical Center to have joint replacement surgery.

The goal of surgery is to:

- Relieve pain
- Restore independence
- Return to an active lifestyle

Our team is committed to making your surgical experience as positive as possible. That's why we provide the Total Joint Replacement Program — designed to expand you and your family's knowledge and understanding of all aspects of your joint replacement surgery, including what to expect before, during and after your procedure. Our goal is to build your confidence in your decision to have total joint replacement surgery, to provide you with high quality health care and to facilitate the best possible surgical outcome.

This booklet corresponds with the information you will receive during class and also serves as a resource to help you throughout your joint replacement surgery journey. This booklet contains a lot of information — you do not need to read it all at once.

Please note, this booklet and the educational class only serve as general guides and should not replace medical and/or professional advice. Since each surgeon has his/her own individual methods and preferences, we encourage you to speak with your surgeon directly to determine the optimal treatment plan for you. Attending class, reviewing the information within this booklet and abiding by your surgeon's recommendations will help contribute to achieving the most positive results possible.

## The amount of progress you make depends on your participation in your care.

As part of our commitment to caring, you can count on our health care team to:

- Conduct a “bedside shift report”, enabling the nursing staff to collaborate with each other and you on your care, right at your bedside.
- Check in with you at least once per hour during your stay, as part of our intentional rounding process.
- Help manage your pain, and to clearly explain your medications and any associated side effects.
- Keep you informed of your daily treatment and care.
- Clean your room daily, providing you with fresh surroundings.
- Provide you with a quiet, healing environment.

Our goal is to exceed your expectations. If there is anything we can do to make your stay more pleasant, please let us know. Again, thank you for choosing the Comprehensive Orthopedic Center at Sebastian River Medical Center. We consider it a privilege to serve you.



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## Your Health Care Team

During your stay at Sebastian River Medical Center, a full team of interdisciplinary health care providers will work with your orthopedic surgeon to help you before, during and after surgery. Depending on your individual needs, you may encounter some or all of the following members of our health care team:

### Orthopedic Surgeon

Will perform the procedure to repair your damaged joint.

### Anesthesia Provider

Manages administering your anesthesia and monitors your vital signs during your procedure.

### Hospitalists

Hospitalists are internal medicine physicians who specialize in caring for patients within a hospital setting. Your orthopedic surgeon may consult with a hospitalist to effectively manage your medical needs (i.e., diabetes).

### Registered Nurses (RN)

The nursing staff will instruct, support and guide you throughout all phases of your hospital stay from preoperative care to discharge. They will coordinate your daily activities and help you with mobility, treatments, personal care, pain management and discharge planning.

### Certified Nursing Assistants (CNA)

Working under the direction of the registered nurses, certified nursing assistants will provide personal care, obtain vital signs and assist with mobility.

### Physical Therapists

Tailoring an exercise program for your specific needs, physical therapists will work with you to strengthen your new joint and supporting muscles, instruct you in mobility, transfer techniques, and teach you how to safely use any necessary medical aid or equipment.



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## Occupational Therapists

Occupational therapists will teach you how to complete daily tasks as independently as possible including getting in/out of bed, dressing, maintaining personal hygiene and completing household chores all while abiding to the precautions and/or restrictions outlined by your surgeon.

## Case Managers

Case managers will work closely with you to help plan your discharge. For instance, they can provide you with information regarding community resources available and can help you to better understand your insurance benefits.

## Pharmacists

The pharmaceutical team will review medication orders and will dispense all medications prescribed by your physician. Pharmacists can also provide pain management recommendations.

## Dietitians

Dietitians will be available for consultations regarding any special dietary needs or education (i.e., diabetic, vegan, etc.).

## Understanding Hip Replacements

The hip joint is one of your body's largest weight-bearing joints. A ball and socket joint, your hip is held in place by powerful ligaments and muscles, which help your hip remain stable even during twisting and extreme ranges of motion. A healthy hip allows you to walk, squat and turn without pain. When your hip joint is damaged, it is likely to hurt when you move. When a natural hip must be replaced, a prosthesis is used.



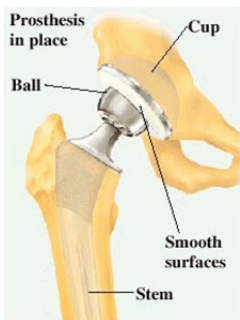
### A Healthy Hip

In a healthy hip, smooth cartilage covers the end of the thighbone (ball) and the portion of the pelvis (socket) that joins the thighbone. This enables the ball to glide easily inside the socket. When the surrounding muscles support your weight and the joint moves smoothly, you are able to walk painlessly.



### An Unhealthy Hip

In an unhealthy hip, the cartilage no longer serves as a cushion, causing the ball and socket to rub together. The rubbing causes both bones to become irregular and their surfaces to roughen like sandpaper. As you move your leg, the ball grinds in the socket, causing pain and stiffness.



### A Prosthetic Hip

Made of titanium or cobalt-chrome, an artificial ball replaces the head of the thighbone and an artificial cup replaces the worn socket. A stem is inserted into the thighbone for stability. These parts connect to create a new artificial hip. A high density polyethylene component lines the new socket, replacing the cartilage. All parts have smooth surfaces for comfortable movement.

### Trivia

Modern hip replacement surgery was invented by Sir John Charnley in England in 1962. The University of California in Los Angeles performed the first hip replacement in the United States in 1969.

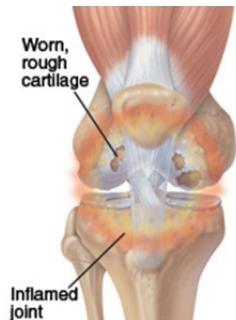
# Understanding Knee Replacements

Your knee is a hinge-like joint, formed where the thighbone, shinbone and kneecap meet. Your knee joint is supported by muscles and ligaments, and is lined with cushioning cartilage. Over time, the cartilage can wear away and, as a result, your knee can become stiff and painful. Replacing the natural knee joint with a prosthesis can alleviate the pain and restore movement.



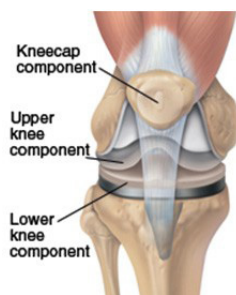
## A Healthy Knee

A healthy knee joint bends easily. Cartilage, a smooth tissue, covers the end of the thighbone, shinbone and underside of the kneecap. Healthy cartilage absorbs stress, enabling the bones to glide freely over each other. Joint fluid lubricates the cartilage surfaces, making movement even easier.



## An Unhealthy Knee

In an unhealthy knee, the cartilage cracks or wears away, usually due to usage, inflammation and/or injury. The worn, roughened cartilage no longer enables the joint to glide smoothly or freely, resulting in stiffness and pain. As more cartilage wears away, exposed bones rub together whenever the knee bends, resulting in roughened surfaces and additional pain.



## A Knee Prosthesis

The roughened end of the thighbone, shinbone and underside of the kneecap are replaced with components made of strong metal (titanium or cobalt-chrome) and plastic (polyethylene). With new smooth surfaces, the knee prosthesis enables bones to glide freely and the knee to bend easily. Although knee prosthesis does have its limitations, it enables you to move and walk with greater comfort.

### Trivia

A Canadian orthopedic surgeon, Dr. Frank Gunston, applied Dr. Charnley's principles of hip replacement to the knee.



## Preparing for Surgery

### Medical Clearance

Depending upon your age and medical condition, your surgeon may require you to obtain medical clearance from your primary care physician prior to undergoing surgery. Medical clearance varies for each patient and generally involves lab work, a chest X-ray and an electrocardiogram (EKG) — which should all be completed one to two weeks prior to your scheduled surgery. No appointment is necessary for outpatient lab work or simple radiology procedures. This is a walk-in service at the Diagnostic Center Monday-Friday 7 a.m. to 5 p.m. Closed weekends and holidays.

Advanced Imaging and Cardiopulmonary testing can be scheduled by calling **772-589-5000**. If you elect to conduct your preoperative tests at another facility, please phone your surgeon's office two to three days prior to your scheduled surgery date to make sure the test results have been received.

### One Step Ahead: Your Educational Guide to Joint Replacement

We are committed to providing the highest level of care and helping you get back to living a healthy, active life. To help you achieve your full joint health we **recommend** you to either attend our in-person educational pre-op class and/or view the video online.

- To schedule your in-person class please call **772-581-2068** and leave a detailed message with your best contact information. A member of our team will return your call to schedule your class.
- To watch the video online, please visit the Orthopedics page on our website, **sebastianrivermedical.org**, under the Services tab.

Watching the video and/or attending our in-person educational class will help you and your caregiver to better prepare for surgery and potential hospital stay. In addition, the live class provides you an opportunity to ask questions and network with other patients who are preparing for total joint surgery. Plus, it allows our Physical Therapy team to evaluate whether you need additional instruction for any other special mobility issues you may experience.

**To schedule your class, call 772-581-2068. Please bring this booklet with you on the day of surgery, as it will serve as a useful tool.**

Class Location: Sebastian River Medical Center  
13695 US Highway 1  
Sebastian, FL 32958



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## Medications

Be sure that your surgeon has a current list of your medications. Discuss with your surgeon and your medical physician which medications you should stop taking prior to your surgery. There are some medications they may want you to stop taking as early as one to two weeks prior to surgery. If you are taking a blood thinner, you need instructions for continuing or stopping the medication. Each surgeon has different requirements, so you need to have a clear understanding of your surgeon's protocol.

Herbal medicines and supplements can interfere with other medicines. Check with your doctor to see if you need to stop taking these before surgery.

You may be instructed by your surgeon and medical physician to take certain oral medications with a small sip of water on the morning of your surgery.

We recommend that you fill any prescriptions prescribed by your surgeon prior to your scheduled surgery date. This way, the medications necessary for your recovery will be at home, and ready for use after you have been discharged from the hospital.

## Equipment

Also included in this packet is a list of different types of medical equipment you may need during recovery and physical therapy. Your surgeon and/or physical therapist will work with you to determine your specific equipment needs.

## Get in Shape for Surgery

The physical preparations you make can positively affect the outcome of your surgery and your recovery time. Here are a few recommendations:

- If you smoke, cut down or quit. Smoking changes blood flow patterns, increases blood pressure and heart rate, delays healing and slows recovery.
- If you drink alcohol, do not drink an alcoholic beverage for at least 48 hours prior to your surgery.
- Eat nutritious foods. If you are overweight, your doctor may recommend a weight loss program.
- Consult with your doctor regarding pre-surgical exercises. When having hip or knee replacement surgery, exercise can strengthen your upper body and help you better cope with crutches or a walker after surgery. Isometric exercises can help maintain the strength of your leg muscles. Familiarize yourself with your post-surgery exercises and practice them now so that they will be easier to perform following surgery. This booklet provides a few exercises for before and after surgery, but please consult with your physician first.

# Nutrition Before Orthopedic Surgery

Nutrition plays an important role in recovery from orthopedic surgery. Following these simple steps and strategies can help enhance your recovery and success after surgery.

- 1. Consume enough protein.** Two weeks prior to surgery, make sure you are eating enough protein every day. The exact amount of protein you need is different for everyone, but research has shown that 65-100 grams per day is optimal for most individuals. Protein plays an important role in building and maintaining muscle and our immune system.

Food	Amount	Protein (grams)
Ground sirloin	3 oz	24
Tofu, firm	1/2 cup	20
Tuna fish packed in water	3 oz	20
Pork tenderloin	3 oz	18.4
Chicken breast, boneless/skinless	3 oz	26
Cottage cheese, low fat	1/2 cup	13.4
Soy milk	1 cup (8 oz)	11
Soybeans	1/2 cup	11
Vegetable or soy patty	1 patty	11
Pumpkin seeds	1 oz	8.5
Milk: fat free, low fat, whole	1 cup (8 oz)	8
Peanut butter, smooth or creamy	2 Tbsp	8
Yogurt	6 oz	8
Egg substitute	1/4 cup	7.5
Cheese	1 slice (1 oz)	7
Kidney beans, canned	1/2 cup	7
Nuts: peanuts, pistachios, almonds	1 oz	6
Fish (haddock, flounder, perch, pollock)	1 oz	6.5
Egg, whole or hard-boiled	1 egg	6
Sunflower seeds	1 oz	5.5

- 2. Eat the rainbow.** Include different colors of fruits and vegetables at each meal and snack. This will ensure you are eating a variety of different nutrients important for muscle, bone and cartilage repair.
- 3. Eat less of these.** Reduce or eliminate added sugars, caffeine and alcohol from your diet. If you smoke, QUIT. These all increase stress on the body, deplete you of nutrients and have been shown to slow healing.

# Lower Extremity Strengthening Exercises Before Joint Replacement

The following exercises build strength in your legs. You may also perform these exercises following surgery to help speed your recovery. Please consult with your physical therapist (PT) if you should exercise one or both legs. You may also be given special instructions. Unless you're told otherwise, try to complete five to 10 sets of each exercise at least two times each day.

Do not do any exercise that is too painful.

## Ankle and Foot

### Ankle Pumps



With both ankles together, gently flex and extend your ankle. Move through the full range of motion. Avoid pain.

## Trunk Stability

### Gluteal Sets



Tighten buttock muscles. Hold for 10 count. Relax.

## Hip and Knee

### Quad Sets



Tighten your muscles on top of your thighs by pushing your knees down onto a surface. Hold for 5-10 seconds. Relax.

### Hip Abduction/Adduction



Bring one leg at a time out to the side and return. Keep your knee straight throughout the entire move.

### Heel Slide (Supine)



Slide one heel towards your buttocks until a gentle stretch is felt.

### Short Arc Quads



With your surgical knee over a bolster, straighten your knee by tightening the muscles on top of your thigh. Keep the bottom of your knee on the bolster.

# Upper Extremity Strengthening Exercises Before Joint Replacement

The following exercises help to build upper body strength, which will be necessary when using a walker or crutches following surgery. Be sure to exercise both arms. Your physical therapist (PT) or surgeon may also recommend that you hold hand weights when completing these exercises.



## Biceps Curls

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



## Triceps Curls

Sit in a chair and lean forward at the waist.

Bend your elbow so that your forearm is parallel to the floor. Then straighten your elbow as you extend your arm behind you.



## Seated Press-Ups

Sit in a sturdy chair with armrests.

With palms flat on the armrests, press down to lift your buttocks from the chair.

Hold for a few seconds. Bend your elbows to slowly ease back down.



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## The Day Before Surgery

- Remove all jewelry; please do not bring any jewelry to the hospital.
- Remove nail polish, if applicable.
- Prepare what to bring to the hospital.
- Leave all valuables at home (credit cards, money, etc.).
- Shower the night before and the day of surgery with Dyna Hex (Chlorhexidine); and do not shave the area of your surgery.
- Do not smoke, chew gum or eat candy.
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT** (except for medications instructed by your surgeon).
- Be sure to increase fluid intake 1-2 days prior to surgery.

## The Day of Surgery: Preoperative

- Shower the day of surgery with Dyna Hex (Chlorhexidine); do not shave the area of your surgery. Do not apply lotions or sprays after showering.
- Do not wear makeup or lipstick to the hospital.
- Arrive at the hospital two hours prior to your scheduled surgery time (i.e., if your surgery is scheduled at 10 a.m., please arrive at 8 a.m.).
- Enter through the hospital's main entrance and check in at the front desk.
- You and your family member or caregiver will be accompanied to the preoperative area.
- When provided a hospital gown, please undress and put on the gown (which ties in the back).
- Your preoperative nurse will take your vital signs, review your personal history and review your medication reconciliation form. You will be administered an IV.
- You will be asked to sign the surgical and blood consent forms.
- Meet with the anesthesiologist, who will discuss the plan for anesthesia. You will be asked to sign the anesthesia consent form.
- Meet your surgical nurse.
- Meet with your surgeon, who will mark the correct surgical site with a black marker pen.
- You will receive an antibiotic through your IV prior to your surgery, and you may receive pre-anesthesia medication. You are now ready for the operating room. At this time, your family member or caregiver will be escorted to the surgical waiting room. The surgeon will speak with them in this room after your surgery is completed.



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## After Surgery: Post Anesthesia Care Unit (PACU)

- Your vital signs will be monitored very frequently, until stable.
- You will have a dressing on your surgical wound.
- Your surgeon may order an X-ray to be taken of your surgical area.
- Your nurse will assess your pain level and provide pain medications through your IV, as needed.
- Once you are awake enough and do not feel nauseated, you will be allowed ice chips and liquids.
- If you had a hip replacement, you may have a foam triangular pillow between your legs.
- You may have an ice pack on the surgical area.
- You will have some type of compression device on both legs to prevent deep vein thrombosis (DVT) (blood clots in the legs).
- Approximately one hour after you arrive in PACU, you will be taken either back to Ambulatory Care or to your regular hospital room — at which time you will be able to see your family.



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## Acute Care Phase

For postoperative recovery, you will either return to Ambulatory Care or be assigned a patient room on the 3rd floor.

A nursing care team member will review your treatment/care plan with you, along with the goals for discharge. You can use your call light or call their phone directly for any needs you may have. They will check in with you at least once per hour.

A charge nurse is also available for any concerns or needs you may have.

The telephone in your room has an on/off button for your comfort and convenience. To reach the hospital staff, dial 101, then their 4-digit phone number. To make local calls, dial “9” first, then the local phone number. You will not be able to make long distance calls from your patient room.

## Assessments and Monitoring

Your vital signs, including blood pressure, temperature, pulse, respirations and oxygen saturation, will be closely monitored after your surgery. Your pain level will also be noted at the time your vital signs are taken. The RN will conduct a physical assessment, including the neurovascular status of your operative extremity and status of your incision/dressing.

## Diet

At first, you will be provided with ice chips, and will then advance to liquids. Once you can advance to solid foods, you will be provided a menu with instructions on how to call the Dietary Department to order your meal selections. Side effects of surgery/anesthesia/medications can include nausea and vomiting. Anti-nausea medications will be given as ordered by your physician. If you have had previous problems with nausea/vomiting after surgery, please inform your anesthesiologist in the preoperative area.

Guest meal tickets may be purchased in the cafeteria for \$5.00 each. Also, family members or caregivers may utilize the cafeteria between 7:00 a.m. – 9:30 a.m. for breakfast, and 11:00 a.m. – 1:30 p.m. for lunch, Monday through Friday.

## Pain Management

After surgery, you may experience varying degrees of discomfort. This is normal and will improve with each passing day. The goal of pain management is to maintain a level of comfort that enables you to participate in activities and rest. Keeping pain under control is essential to your recovery — and will improve your ability to eat, sleep and exercise.

All hospital personnel will use the following scale to communicate with you regarding your level of pain.



Your physician will select the most appropriate pain medication for you. Many different medications and ways to administer medications are available. Most pain medications are ordered on an as-needed basis. Therefore, you should request medication before your pain reaches a high level and before partaking in physical therapy and exercise.

## Nerve Blocks

During your surgery, an anesthesiologist may administer a numbing medication to block pain in the nerve area of the surgical site. Nerve blocks typically last between 24 and 72 hours. During this time, you may experience some tingling or numbness in the affected extremity and/or changes in your range of motion, all of which will return to normal once the nerve block wears off.

## Oral Medications for Pain

Once nausea subsides and you are able to drink liquids, oral pain medication can be provided. You will be discharged with some form of oral pain medication. In some cases, all you may need is a Tylenol (acetaminophen). Depending upon your digestive tract and rate of absorption, it may take approximately 30 to 45 minutes before oral pain medication takes effect. Some physicians use alternatives to opiate pain medications, such as anti-inflammatory medications. Your nurse will discuss all medications prescribed, including their purpose and possible side effects.

## Other Medications

During your hospital stay, your physician will prescribe any of your home medications that they feel are appropriate. These medications will be dispensed by the hospital pharmacy and administered by the RN. PLEASE DO NOT BRING YOUR MEDICATIONS FROM HOME. Also note, hospital medication administration times may vary from your home schedule.

## Cold Therapy

Cold therapy is not just used in the hospital. The use of cold therapy will assist in decreasing the amount of pain and inflammation after surgery.

### Cold Therapy Instructions

1. You will be given 2 sets of gel packs with a compression sleeve. One set to use and one set to keep frozen.
2. The gel packs will remain cold for 3-4 hours. (Change them out when they become warm.)
3. Compression sleeve: White side faces skin surface. Can be directly placed onto skin. Use the Velcro straps to secure in place. NOT too tight!
4. **REMEMBER:** IF YOU HAVE PAIN, USE IT!

## IV Fluids

You will be given fluids through your IV until you can tolerate adequate amounts of oral liquids. Although the IV fluids will be discontinued, the IV catheter will remain in place until you are discharged from the hospital.

## Respiratory Care

Your nursing team will provide you with an incentive spirometer — a breathing device used to promote deep breathing and to prevent pneumonia and lung congestion. You will be provided instructions how to correctly use the device. You should complete your respiratory exercises 10 times per hour while awake.



## Blood Clot Prevention

Preventing deep vein thrombosis (DVT) or blood clots in legs is a priority after joint replacement surgery. Your care team will be very focused on improving circulation in your lower extremities. You also need to take an active role in preventing this complication. If at any time you experience pain in your calves, please report it to your care team.

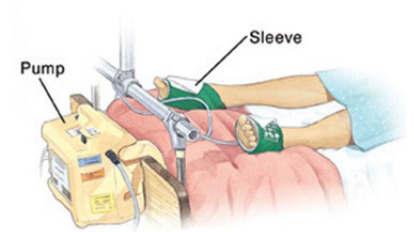
You will be prescribed some form of a blood thinning (anticoagulant) medication to be taken on a daily basis. Your surgeon will determine the length of treatment. Your care team will discuss with you the types of anticoagulant medication, how and when to take it, its food and drug interactions, any necessary lab tests and possible side effects. Prior to your discharge, please be sure that you and your caregiver fully understand and have written information regarding the anticoagulant you will be taking.

## Anti-embolism Hose

You may need to wear “TED” hose, which are white, thigh-high stockings that compress muscles and improve blood flow to prevent deep vein thrombosis (DVT). The compression stockings should be worn daily four to six weeks as instructed by your surgeon, and can be removed at bedtime. Do not allow the stockings to bunch up on your leg and form creases — the stockings should be kept smooth. The stockings launder easily and dry quickly.

## Compression Devices

Following surgery, your lower extremities will be wrapped and attached to a machine. The machine pumps air into the wrap, applying pressure to the muscles within your lower extremities to mimic muscle contraction — similar to what happens when you walk or tighten your muscles. The machine will then release the air from the wrap to mimic a relaxed phase. This process makes the blood pump through your venous system, preventing it from becoming stationary and forming clots.



This device should be worn only when you are in bed. If your nursing care team neglects to put the compression device back on after walking, if you don't feel the pumping mechanism working, or if the machine makes a beeping sound, please call and alert the nursing team immediately.

## Ankle Pumps/Circles

You can actively participate in preventing deep vein thrombosis (DVT) by completing ankle pump exercises 10 times per hour while you are awake. It's an effective way to pump blood through your leg.



Pull your foot forward at the ankle and then push down like you would on a car brake. As a helpful reminder, complete the exercises at the top of every hour, or whenever a TV show is finished.

## Dressing/Incision Care

After your surgery, your incision will be covered with a large dressing to promote cleanliness and to absorb any fluid. Your incision may be closed with staples, or the skin edges brought together and bonded with special glue.

**The RN will educate you and your caregiver on correct incision care and dressing changes according to your surgeon's preference.** Prior to any incision care, hands must be thoroughly washed.

Do not ...

- Leave your incision open to air.
- Allow your incision to get wet, until approved by your surgeon.
- Apply any creams or ointments to your incision, unless directed by your surgeon.



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## Elimination: Urine

During surgery, an indwelling catheter may be placed. If not, the nursing team will assess your bladder status frequently. You should be able to urinate within six to eight hours after surgery (you receive a lot of IV fluid during surgery). If you are unable to urinate or have no urge to go, the nurse will use a bladder scan to check the amount of urine in your bladder. If your bladder is full and you are unable to urinate, then a one-time catheterization may be administered. Bedside commodes are available if you are not at the stage of walking into the bathroom with assistance.

## Elimination: Bowel

You will be given a stool softener or fiber pill on a daily basis, and a bowel stimulant may be provided, as needed. Narcotics, vitamins, iron and decreased activity all contribute to decreased bowel function. Constipation can be painful. Be sure to drink adequate amounts of fluids and order foods high in fiber.

## Lab Tests/Blood Transfusions

With new surgical procedures and available medications, the need for blood transfusions following joint replacement surgery has declined. Some blood loss is expected during joint replacement surgery. Your physician will monitor your complete blood count (CBC) — including white blood cell count, hemoglobin, hematocrit — and your electrolytes.

## Activity

Your physical therapist will meet with you on the day of surgery, to discuss your therapy plan and weight bearing status. The nursing team will assist you in/out of the bed/chair, with walking, to/from the bathroom, etc. If your physical therapist helps you out of bed to sit in a chair, the nursing team will need to help you return to bed. If, at any time, you feel that you have been sitting long enough, please call your nursing care team for assistance. While in bed, you can be turned and repositioned for comfort (with hip replacement, you can be positioned on your side as per hip precautions).

## Physical Therapy (PT)

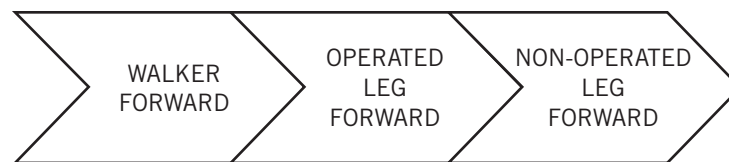
Physical therapy is the process of restoring movement and strength to operative joints, enabling you to regain independence and mobility.

In most cases, your physical therapist will meet with you on the same day as your surgery.

A gentle level of physical therapy typically begins on the day of surgery. Initially, the physical therapist will instruct you on how to get in and out of bed safely. You will then progress to getting in and out of a chair. In addition, you will learn to walk with a front wheel walker. Your therapist will adjust the walker to your specific height requirement.



Proper ambulation sequence with the walker:



Your physical therapist will instruct you on exercises to improve your strength and increase your endurance. To facilitate a faster recovery and to promote optimal function of your new joint, you must continue exercising and adhering to any restrictions given to you when you return home. You may need to exercise four to five times a day for a month or more. Determined by your physician, your physical therapist will also provide you with your weight bearing status, which is the amount of weight you can put onto your operated joint. Typically, you will be allowed to bear weight as tolerated.

## Occupational Therapy (OT)

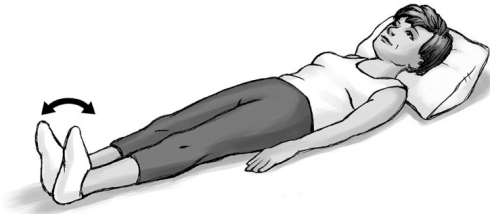
Occupational therapy assists you in regaining independence with your daily living activities, such as bathing, dressing and getting to/from the restroom. Your occupational therapist will teach you different ways to complete these tasks safely and independently following your surgery. The use of certain assistive devices will enable you to achieve more independence while completing self-care tasks. Occupational therapy also focuses on building upper body strength. You will rely on your arms much more when using a walker, so it is important to build strength and endurance in your arms.

# Exercises After Joint Replacement

Your physical therapist will discuss which exercises are right for you.

## Ankle and Foot

### Ankle Pumps



With both ankles together, gently flex and extend your ankle. Move through the full range of motion. Avoid pain.

## Trunk Stability

### Gluteal Sets



Tighten buttock muscles. Hold for 10 count. Relax.

## Hip and Knee

### Quad Sets



Tighten your muscles on top of your thighs by pushing your knees down onto a surface. Hold for 5-10 seconds. Relax.

### Hip Abduction/Adduction



Bring one leg at a time out to the side and return. Keep your knee straight throughout the entire move.

### Heel Slide (Supine)



Slide one heel towards your buttocks until a gentle stretch is felt.

### Short-Arc Quads



With your surgical knee over a bolster, straighten your knee by tightening the muscles on top of your thigh. Keep the bottom of your knee on the bolster.

## Total Knee Replacements: PRECAUTION

Do not twist your knee. If you need to turn, lift your operative leg and take small steps in the direction you'd like to turn.



*DON'T twist your knee.*

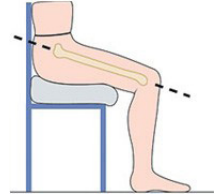


*DO take small steps to turn your body.*

# Total Hip Replacements: POSTERIOR PRECAUTIONS

## 1. Don't bend your operated hip beyond 90 degrees.

- Don't raise your knee higher than your hip.
- Don't sit on sofas or low chairs. Put cushions down first.
- Use an elevated toilet seat.



### To Sit Down

When you sit down, back up until you feel the bed or chair against your legs. Reach back for the bed or armrests of the chair and slide your operated leg straight out in front of you. Don't lean forward as you sit. When seated, get assistance for lower extremity dressing or use dressing aids.

### To Stand Up

When you stand up, push up from the bed/chair, keeping your operated leg straight out in front of you. Raise yourself without leaning forward. It is in standing up from sitting that you must concentrate the most on not bending your hip more than 90 degrees.



## 2. Don't allow your legs to slouch or cross.

- Keep a pillow or abduction wedge between your legs when you lie down.
- Keep your legs 3 to 6 inches apart while sitting or use your wedge or pillow.
- Put a pillow between your legs when you lie on your side.

## 3. Don't allow your toes to turn inward (no internal rotation).

- Always keep your toes pointed straight ahead or slightly turned out.

## REMEMBER

Do not bend your hip more than 90 degrees.



Do not cross your legs (knees or ankles).

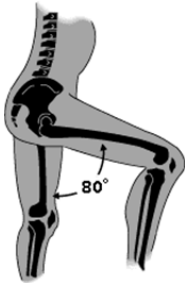
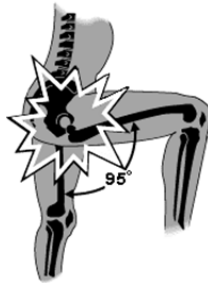








Do not turn your toes inward.



# Hip Safety: Dos and Don'ts

## Posterior Hip Precautions

Safe		Dangerous
	<p>You must not flex the leg above the hip at any time.</p> <p>No more than 90°.</p>	
	<p>When sitting, keep knees below hips.</p> <p>Do not lean forward.</p>	
	<p>When stooping, bend one knee, keep "new joint leg" back.</p> <p>Never squat.</p>	
	<p>When reclining with both legs straight, lean back on hands.</p> <p>Never lean forward.</p>	

# Total Hip Replacements:

## ANTERIOR PRECAUTIONS

### 1. No leg extension and external rotation at the same time.

- Do not put your leg into a “soccer kick” position.



## REMEMBER

- Do not sit in a low, soft, or unsupportive chair. Choose a firm, supportive chair with arms.
- Use caution when bending forward to allow proper healing of surgical incision.
- No pivots or twisting at your hip when standing or turning.
- Use caution if getting in/out of bed toward surgery side. Move both legs together and don't let your surgery leg “fall” or “hang” off the side of the bed.

## 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 new hip safe, please follow your “hip precautions” and the following steps in order to get into and 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.



### To Sit Down

- Stand with your back to the car. Keep your operative leg straight and that foot slightly forward.
- Feel the car touch the back of your nonoperative knee.
- Hold onto the side of the car with one hand, and the walker or dashboard with the other hand.
- Slowly lower yourself onto the car seat. Remember to watch your head.



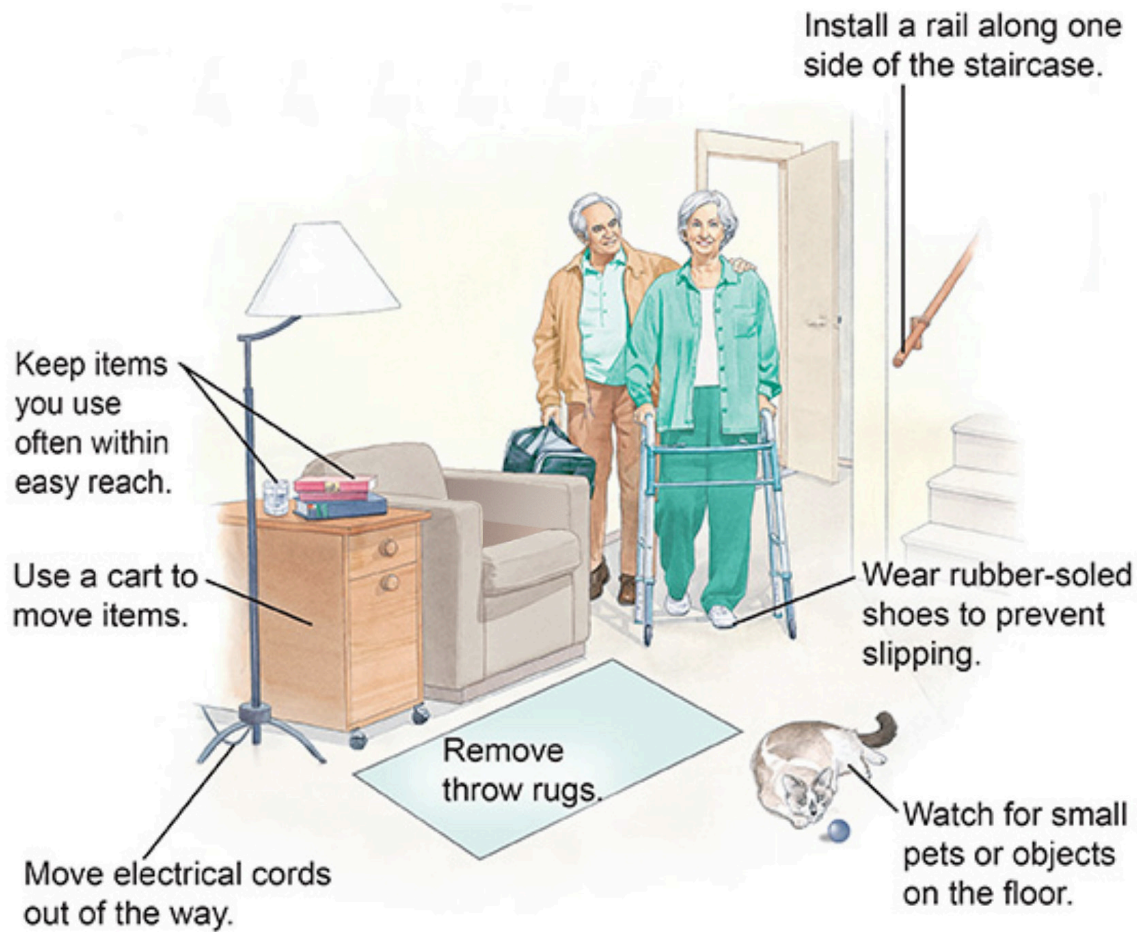
### Bring Your Legs Into the Car

- Slide back into the center of the seat.
- Lift your legs, one at a time, into the car. As you do so, move your body. Do not twist.

# Home Safety: Before and After Surgery

You should prepare your home prior to surgery so that it is a safe environment for you following surgery. The following are general recommendations:

- If you live alone or have special needs, arrange for someone to stay with you for a minimum of 48 hours following surgery.
- Put frequently used items within easy reach. Remember, it may be painful and unsafe to bend down or reach up to get items.
- Prepare and freeze meals, which can be easily reheated, in advance.
- Consider first floor options (temporary). If your bathroom isn't on the first floor, do you have access to a portable commode?
- Organize your bills and, if possible, pay bills in advance.
- Refill your maintenance medications, if necessary.





The prevention of falls after surgery is a primary concern as most falls occur at home. The best way to prevent a fall after surgery is through good planning before surgery. The following recommendations can help you avoid potentially dangerous areas within your home:

- Remove loose or throw rugs.
- Clear and/or widen pathways to allow room for your walker.
- Be aware that thick carpets can cause the walker to drag or catch.
- Make sure stair railings outside and inside of your house are secure. Do you need the railing to be professionally installed?
- Consider installing shower rails and a hand-held shower head.
- Rearrange items in your kitchen cabinets so that your most commonly used items are within easy reach.
- Clean floors, but do not wax floors.
- Remove or move electrical cords that may get caught in your walker/crutches.
- Select a sitting chair when you come home. A good chair:
  - Is firm with arm rests.
  - Has a seat height of at least 18 inches from the floor.
  - Allows your feet to be flat on the floor.
  - Allows your knees to be lower than your hips.
- Do you have pets? Will your pet be underfoot when you are walking? Consider making arrangements for pet care.
- Move/have a nightstand on the side of your bed opposite of your operative side.
- Use night lights in your bedroom and bathroom.
- Keep a telephone at the side of your bed and sitting chair.
- Keep your walker close to your side of the bed when sleeping.
- When getting up to walk, sit or stand still for one minute before moving to enable your blood pressure to adapt and to ensure stability.
- Always wear proper fitting footwear.
- Wear shoes when walking on non-carpeted floors.
- Sit while putting on socks and shoes. Total hip patients should use a sock tool/aid.
- Make sure nightgowns, dresses, pants and pajama pants are short enough to avoid tripping when standing, walking or climbing stairs.

# Total Joint Replacements: Equipment

Your surgeon, physical therapist and occupational therapist will recommend what type of equipment you will need following surgery. While some items will be provided at the hospital, other items may not be covered by insurance. If possible, borrow items from friends, retirement communities and local organizations. Items may also be purchased at:

- Pharmacy stores.
- Retail stores.
- Home care/medical supply stores.
- Thrift stores.

Ask your physician for recommendations regarding equipment.

## General Equipment Needs

**Front Wheel Walker:** All patients with total hip or knee joint replacements will need to use a 2-wheeled walker. Please bring your walker to the hospital so that the physical therapist can evaluate its appropriateness and safety.

**Hand-held Tools:** There are several hand-held tools that can assist you with daily activities at home. These include:

- Hand-held shower head — helps you while bathing.

### Hip-Kit:

- Long-handled grasper — helps you pick up items from the floor and pull up pants, without bending at the waist more than 90 degrees.
- Sock tool/aid — enables you to put on socks without reaching down to your feet.
- Long-handled shoe horn — enables you to slip on shoes without reaching down to your feet.
- Long-handled sponge — enables you to wash below your knees without bending more than 90 degrees.



## Post-Hip Surgery Equipment

**Abductor Pillow or Regular Bed Pillows:** All patients with posterior total hip replacements need to keep their legs apart while sleeping or in bed. Use an abductor pillow or regular pillow to serve as a reminder to keep your legs separated.

**Elevated Toilet Seat:** Because of total hip precautions (cannot sit with knees above your hips), you will need an elevated toilet seat or 3-in-1 commode. Some patients prefer to use a bedside commode, which can be positioned over the toilet.

**Shower Seat or Tub Transfer Bench:** Using a shower seat or tub transfer bench can assist you with bathing safely, while enabling you to follow hip precautions.

**Chair with Straight Back Support and Arms:** Due to the total hip precautions (not sitting with knees above the hips and not bending the waist more than 90 degrees), sit in a chair that offers a straight back support and armrests.





## Preparing for Discharge

You will be discharged from the hospital the day of surgery or the following day after your surgery. You, your Orthopedic surgeon, hospitalist (if needed), physical therapist, case manager and family will discuss where and when your discharge will take place. The goal is to get you back home.

In your packet is a **discharge checklist**. Before leaving the hospital, make sure your nurse, physician(s), physical therapist and case manager have thoroughly answered all your questions and concerns.

## Postoperative Activity Restrictions

- Do not drive until you have permission from your surgeon (approximately two to six weeks).
- Do not ride in a car for more than one hour without stopping and moving your legs.
- Walk as much as possible. Take short frequent walks instead of one long walk.
- Walk with your walker or crutches until instructed by your surgeon or physical therapist.
- Avoid sexual relations until you have permission from your surgeon.

Avoid the following activities for the first six to eight weeks. You may resume these activities earlier if approved by your surgeon:

- Walking on sand, snow, ice or extremely uneven terrain.
- Lifting/carrying heavy objects.
- Climbing on ladders.
- Wearing high-heeled shoes, flip flops or shoes without heel support.
- Jumping, jerking, pulling, twisting and running.
- Golfing and aquatic exercises.

## Incisional Care

Your incision must be monitored closely for at least the first two to three weeks.

- If the incision is draining, keep it covered with a sterile dressing.
- If you have staples, the staples will be removed in 10 to 15 days by your surgeon's office staff or your home health care professional.
- You may shower as directed by your surgeon. Stand with your good leg toward the stream of water. Do not scrub/rub the operative area. Pat it dry for the first few weeks of showering.
- Do not soak in a bath tub or use a hot tub or swimming pool until your incision is completely healed and you have approval from your surgeon.



## Doctor and Dentist Visits

It is important to inform other physicians that you have had a joint replacement — even years following your surgery.

For dental and invasive medical procedures, take preventive antibiotics on the day of the procedure. For a prescription, call your surgeon, physician or dentist. Do this for two years, or the time frame specified by your surgeon.

### PRIORITY MEDICAL CONCERNS

Call your surgeon's office immediately if you notice any of the following symptoms. If you are receiving home health care, call your home health agency immediately.

- Increased and prolonged pain.
- Fever higher than 101 degrees.
- Increased drainage, swelling or redness around the incision.
- Dramatic increase in the size of your lower leg (calf area).
- Increased tenderness in the calf area.
- Shortness of breath or chest pain.
- Persistent nausea and vomiting.
- Black, tarry stool.
- Vomiting blood or material that looks like coffee grounds.
- Nose bleeds, bleeding from the gums or bloody urine.

# Nutrition After Orthopedic Surgery

Nutrition plays an important role in recovery from orthopedic surgery. Following these simple steps and strategies can help enhance your recovery and success after surgery.

- 1. Eat enough calories and protein.** Surgery increases the body's need for calories. Maintaining a proper post-op diet and calorie intake is essential to provide your body with the tools it needs to heal itself. Include a protein source at each meal/snack for your muscles and bones.

## Strategies for Appetite Changes

*Eat small frequent meals:* aim for 5-6 small meals per day  
*Select nourishing foods:* choose foods that contain calories and protein in place of zero calorie options

- 2. Calcium for Bones.** Calcium is an important mineral in your bones. You doctor may recommend a calcium and vitamin D supplement. Listed below are good food sources of calcium.

Food	Serving	Milligrams (mg)
Cereal, calcium fortified	1/2 cup	200-670
Cereal bar, calcium fortified	1 each	300
Cheese: cheddar, mozzarella, muenster	1 oz	205
Cheese: provolone, jack, Swiss	1 oz	220
Cheese: ricotta, part skim	1/2 cup	335
Eggnog, nonalcoholic	1 cup	330
Fish, sardines, drained	3 oz	325
Milk, buttermilk	1 cup	285
Milk, dry solids	1/4 cup	210
Milk, evaporated	1 cup	660
Milk, fat free	1 cup	305
Milk, reduced fat	1 cup	285
Milk, whole	1 cup	275
Soy milk or rice milk, calcium fortified	1 cup	300-370
Tofu, fortified with calcium sulfate or lactate	1/4 cup	215
Yogurt, fruit or plain	8 oz	275-450

# Nutrition After Orthopedic Surgery

3. **Include Fiber.** Eat fiber at each meal and snack to maintain regular bowel movements. Listed below are high fiber foods.

Food	Amount	Total Fiber (g)
Bran cereal	1/3 cup	8.6
Cooked kidney beans	1/2 cup	7.9
Cooked lentils	1/2 cup	7.6
Cooked black beans	1/2 cup	7.6
Canned chickpeas	1/2 cup	5.3
Baked beans	1/2 cup	5.2
Pear	1	5.1
Soybeans	1/2 cup	5.1
Quinoa	1/2 cup	5
Baked sweet potato, with skin	1 medium	4.8
Baked potato, with skin	1 medium	4.4
Cooked frozen green peas	1/2 cup	4.4
Bulgur	1/2 cup	4.1
Cooked frozen mixed vegetables	1/2 cup	4
Raspberries	1/2 cup	4
Blackberries	1/2 cup	3.8
Almonds	1 oz	3.5
Cooked frozen spinach	1/2 cup	3.5
Vegetable or soy patty	1 each	3.4
Apple	1 medium	3.3
Dried dates	5 pieces	3.3

4. **Vitamin C for Collagen Production.** Vitamin C helps the body heal wounds and form bone. Vitamin C is found in citrus fruits, green and red peppers, collards greens, broccoli, spinach, strawberries, tomatoes and potatoes.
5. **Drink plenty of water.** This will help avoid constipation and improve skin turgor. Drink 48-64 ounces of water daily.



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# Discharge Planning

## Case Management

Your doctor's office and our case manager will assist you with your discharge needs.

Where you receive your post-total joint care will be determined by your specific needs, caregiver availability and payment sources (i.e., insurance coverage). Options include outpatient therapy or home health care.

Please ask questions about your insurance coverage so that you and your physician may select the most appropriate post-total joint care option for your needs.

## Outpatient Therapy

Outpatient therapy is the preferred way to receive therapy after your discharge from the hospital. You will need:

- Order from your physician.
- Appropriate insurance coverage.

Sebastian River Medical Center offers outpatient therapy for your post-surgical needs.

Phone #: 772-581-2068, Fax #: 772-388-4286

## Home Health Care

Most home health care facilities have specific regulations for qualifying criteria in order to provide in-home care. It's important to know, in advance, if you qualify for home health care. Most commonly, criteria includes:

- Order from your physician.
- Recommendation from nursing and physical therapy.
- Appropriate insurance coverage (Medicare/PPO plans vs. managed care plans).
- Homebound status (some insurance companies only provide coverage if it is difficult for you to leave your home for therapy).

## Home Assistance

During the first few weeks following surgery, you may need some assistance at home with meal preparation, housekeeping and errands when you are home. This is especially true if you live alone. We recommend that you make arrangements several weeks prior to surgery to receive home assistance. Possible sources are:

- **Family:** If you have family coming in from out of town, they need to have flexible travel arrangements in case your doctor recommends further therapy.
- **Friends or Neighbors:** If you know several people who can help, delegate different tasks to different individuals to avoid overwhelming one person.
- **Church:** Many churches have groups that are available to provide assistance.



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## Other Helpful Information

After you are discharged from the hospital, please remember to:

- Drink plenty of fluids.
- Increase your fiber intake.
- Monitor your bowel movements and continue to take stool softeners and/or laxatives to prevent constipation.
- Control your pain. Monitor your pain level and continue taking your pain medication as prescribed by the hospital. Keep a written journal/schedule, noting the times and amounts of medication taken (this will help you to avoid any confusion). Continue to use cold therapy.
- Wear your TED hose (anti-embolism hose/compression stockings) as instructed by your doctor.
- Care for your incision as instructed by your discharge nurse. Be sure to watch for signs and symptoms of infection, including redness, increased swelling, fever, increased pain and/or skin that is hot to touch at the surgical site.
- Wash your hands thoroughly with soap and water before handling your incision to prevent infection.
- Call your surgeon's office to schedule a follow-up appointment. Your appointment should take place between 10 and 14 days after your surgery.
- Inform every physician and dentist you see that you have an artificial joint in your body. They will need to prescribe you an antibiotic to take prior to any invasive procedure, including routine dental cleanings.



## Frequently Asked Questions

The following are answers to questions we frequently receive from patients. We hope you find this information helpful.

**Q: Can I sleep on my side?**

**A:** Yes. Please ask the nursing staff to assist you. Do not attempt to do this on your own.

**Q: Can I move my legs?**

**A:** Yes, although pain will be a limiting factor.

**Q: Why can't I put a pillow under my knee?**

**A:** A pillow under your knee may cause your leg to swell more than normal and may cause you pain when standing. A pillow under your knee may also increase your risk of flexion contractures (inability to fully straighten or extend your joint).

**Q: Why is it so difficult to move my leg after surgery?**

**A:** Difficulty in moving your leg is due to neurologic inhibition. Your knee has suffered trauma and your body wants to protect the area by not wanting you to move it. It may also be due to the spinal anesthesia and/or nerve blocks you received before surgery.

**Q: How much movement did I regain in surgery and how much should I be able to do / obtain?**

**A:** Full flexion is approximately 120 – 140 degrees.

**Q: Can I go home once I am discharged from the hospital?**

**A:** You will be discharged home when you are stable and are able to:

- Sit to stand without assistance.
- Get in and out of bed without assistance.
- Ambulate a safe and comfortable distance (approximately 100 feet).

**Q: Will I need help at home?**

**A:** You will need help with meal preparation, laundry, housecleaning and bathing. When you are discharged from the hospital, you will be able to move yourself in/out of bed and on/off a chair or couch. We recommend that you have 24-hour assistance the first 48 hours following discharge.



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Thank You!

*Thank you for choosing the  
Comprehensive Orthopedic Center  
at Sebastian River Medical Center.*

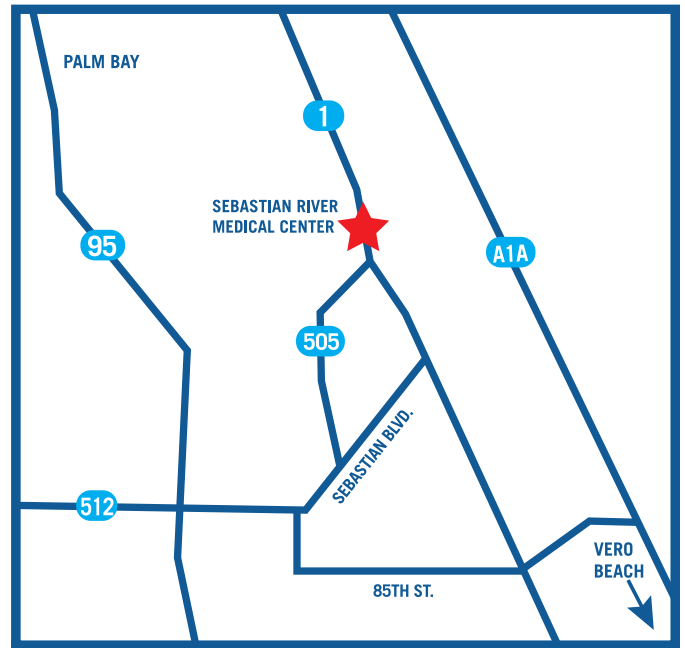


# ONE STEP AHEAD

## Your Educational Guide to Total Joint Replacement

### About Sebastian River Medical Center

Sebastian River Medical Center, a Steward Family Hospital, is a nationally recognized facility located along Florida's Treasure Coast offering high-quality care close to home. Sebastian River Medical Center is recognized by the American College of Cardiology as an Accredited Chest Pain Center with PCI, has earned The Joint Commission's Gold Seal of Approval® for Primary Stroke Center Accreditation, is accredited by the Joint Commission, designated a Bariatric Surgery Center of Excellence by the American Society for Metabolic and Bariatric Surgery (ASMBS) and the American College of Surgeons (ACS), recognized by Florida Blue with a Blue Distinction® Centers+ for Bariatric Surgery, designated a Optum Bariatric Center of Excellence, has over 100 affiliated physicians and over 650 nursing and ancillary staff. Sebastian River Medical Center provides state-of-the-art technology, comprehensive emergency services and award-winning surgical care.



### PHONE NUMBERS

Main Hospital.....	772-589-3186
Admitting.....	772-581-2036
Case Management .....	772-581-2051
Director of Orthopedic Services .....	772-388-4233
Outpatient Rehabilitation Services.....	772-581-2068

## Sebastian River Medical Center

A STEWARD FAMILY HOSPITAL



COMPREHENSIVE ORTHOPEDIC CENTER



13695 US Highway 1, Sebastian, FL 32958 | [sebastianrivermedical.org](http://sebastianrivermedical.org)

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