



Department of Orthopedics
Total Joint Replacement

A guide for patients.

 Southcoast® Health

Please be sure to bring this
booklet with you both to your
pre-op class and to the hospital
on the day of your procedure.



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As you and your surgeon have decided on joint replacement, this booklet will provide you with the information that you need to do well. Here, you will not only learn more about arthritis and joint replacement, but also how to prepare for your surgery and what to expect throughout your recovery and rehabilitation period.



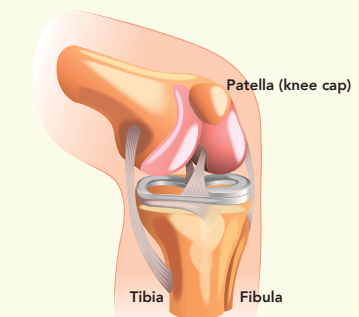
Introduction

What is a joint?

Simply put, a joint is where two bones meet.

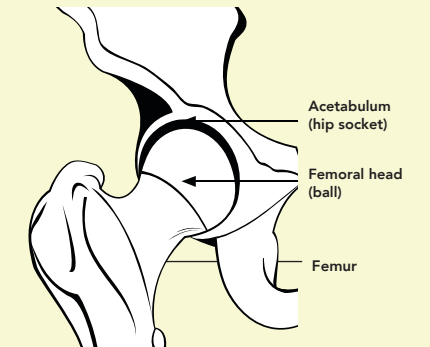
The Knee Joint

The knee is a hinge joint.



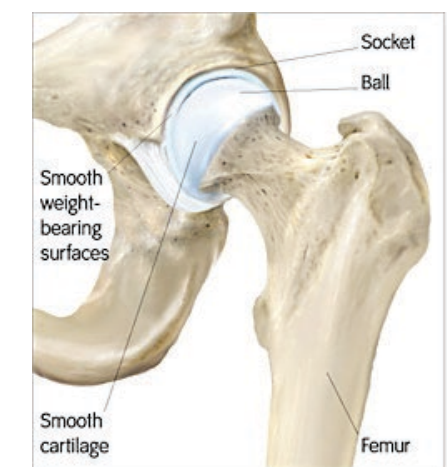
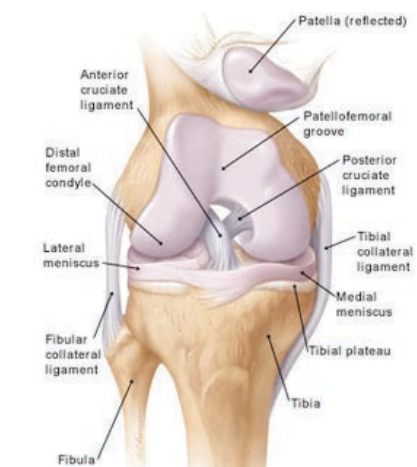
The Hip Joint

The hip is a ball and socket joint.



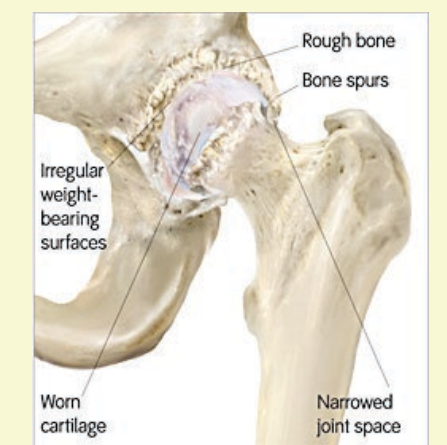
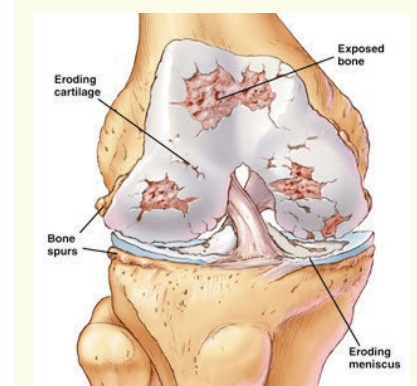
Normal Joints

Normal joints are smooth, because they are lined by glistening cartilage. When this cartilage liner is in good shape, the joint motion is smooth, comfortable and full.



Abnormal Joints

Joints wear out and over time the smooth cartilage liner wears away. A worn-out joint has rough, painful and limited motion.



What is arthritis?

- Arthritis is joint wear and tear, or “mileage”.
- The word “arthritis” literally means joint inflammation.
- Inflamed joints are painful and have restricted movement.
- Arthritis affects almost all of us and is to be expected as we age.
- Arthritis can develop at an early age. In these cases, there is often a genetic predisposition, trauma or excess weight.
- Osteoarthritis and rheumatoid arthritis are the two most common reasons why joints wear out.

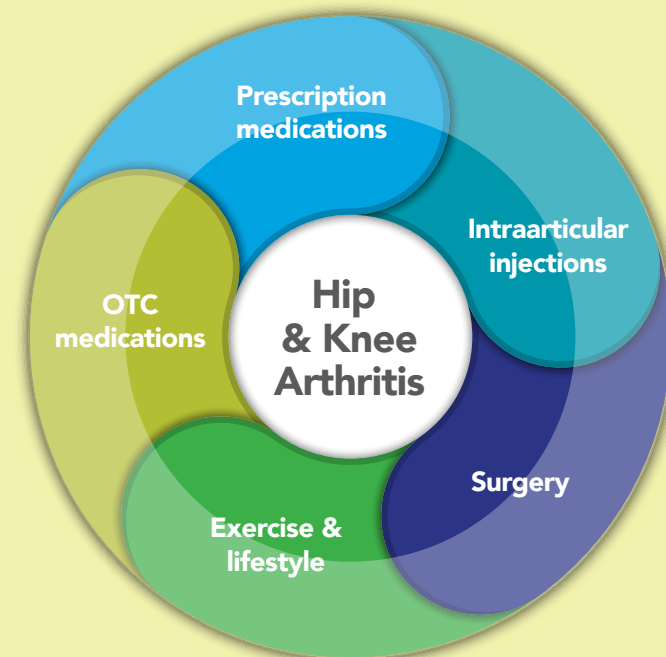
How do we treat arthritis?

Southcoast utilizes a multimodal team approach to managing arthritis of the hip and knee.

When joint wear begins to cause symptoms, we start with non-surgical care. This includes:

- Medication to minimize symptoms, such as acetaminophen (Tylenol) and ibuprofen.
- Activity modification.
- Weight loss.
- Physical therapy to maintain strength and reduce stiffness.
- Injections to reduce inflammation or “lubricate” joints.

As arthritis progresses, some patients benefit from minor surgery in the form of arthroscopic procedures. Ultimately, for painful and damaged joints, there is joint replacement surgery.



About Joint Replacement Surgery

In a joint replacement, the damaged cartilage liner of the joint is removed and replaced. The new component parts are made of metal, plastic and ceramic. Your unique needs determine what type of material is used.

In the knee, the damaged cartilage from the joint’s surface is removed and replaced with a smooth, man-made liner. In the hip, the damaged ball is removed and replaced, and the socket is relined.

Knee and hip joint replacement surgeries are two of the most common surgeries performed in the United States. Joint replacement is now a routine, highly-evolved surgery, and often is minimally invasive. Nationally, the satisfaction rate for knee replacement is more than 90% and for total hip replacement, satisfaction is more than 95%.

The average length-of-stay for patients who have undergone joint replacement surgery is less than three days. Depending on the specific procedure and a specific patient’s general health and stamina, some patients can go home the day of, or the day after surgery. In order to accomplish this goal, a large part of care coordination starts before you are admitted. At our pre-operative class, there is a presentation explaining every step, from the day before surgery through recovery. With this class you will understand beforehand what the expectations are and how the clinical course should progress. **For all patients having joint replacement, attendance at our pre-op class is required.**

When should I have this type of surgery?

Based on your history, physical examination, x-rays and response to conservative treatment, your orthopedic surgeon will let you know if and when joint replacement is a good treatment option.

Knee Implant



Femoral Component

Tibial Component

Hip Implant



Acetabular Component (“Socket”)

Femoral Head Component (“Ball”)

Femoral Stem



Surgery and Smoking

Cigarette smoking is recognized as one of the major causes of preventable disease. Most people know that smoking is linked to heart and respiratory diseases, as well as to several cancers. However, many people are not aware that smoking has a serious negative effect on bones, muscles and joints, and that smoking often leads to poorer outcomes from orthopedic surgery.

Effects of Smoking

- Increases overall surgical risk.
- Has a negative effect on bone and incision healing after surgery.
- Slows the overall recovery process.
- Increases the rate of infection, blood clots and pneumonia.
- Renders pain medication less effective.
- Leads to poor results after joint surgery.

Smokers have a higher rate of complications after surgery than nonsmokers. In fact, smoking may be the single most important factor in post-operative complications.

Do not smoke for at least one to two months before surgery. Your doctor will be happy to help you learn to quit.

For help with quitting smoking, call QuitWorks.

1-800-879-8678

Spanish & Portuguese: 1-800-833-5256

Am I too old for this surgery?

Age is not a problem if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your primary care physician for an opinion about your general health and readiness for surgery.

How long will my new joint replacement last?

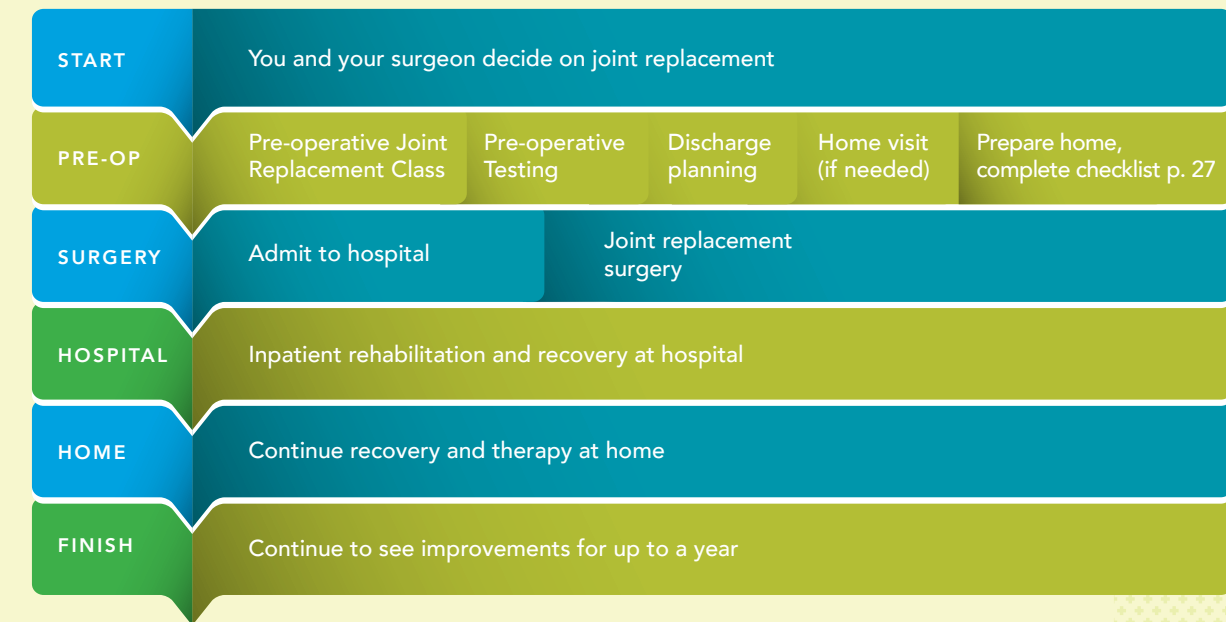
All implants have a limited life expectancy depending on an individual's age, weight, activity level and medical condition. A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a mechanical device subject to wear that in time may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery to keep your new joint healthy, there is simply no way to guarantee that your implant will last for any specific length of time.

What are the possible complications associated with joint replacement?

While uncommon, complications can occur during and after surgery. Some complications include infection, blood clots, implant breakage, dislocation, and premature wear. These may necessitate implant removal and possibly revision surgery. Other complications include unequal leg length, nerve injury, foot drop, adverse reactions to anesthesia, stroke, heart attack and death.

While joint replacements are generally successful in reducing pain and restoring function, they cannot be expected to work as well as your own joint before it became arthritic. Although implant surgery is extremely successful in most cases, some patients still experience pain and stiffness. No implant will last forever; factors such as a patient's post-surgical activities and weight can affect longevity.

Joint Replacement Timeline



Surgical Date Scheduling

- Joint surgery is typically scheduled two to three months in advance to give you and your family and caregivers time to prepare.
- You will be given a date, time and location for a Pre-operative Joint Replacement Class.
- You will be given a date of surgery and a time and location to report to Patient Admitting.
- You will receive a phone call from Physical Therapy about 24-36 hours after your surgery is booked to schedule outpatient PT sessions.
- These outpatient PT sessions will generally start 2 weeks after you are discharged from the hospital but it is important that these appointments get booked early so that you have a spot when ready to transition to outpatient therapy.

Preparing for Surgery

Pre-operative Joint Replacement Education Class

This class will give you basic, important information about joint replacement surgery and provide you the opportunity to meet members of the team. We will cover:

- The importance of a “coach”
- What to expect before, during and after your surgery
- Pre-operative medical evaluation
- Pre-operative testing
- Pre-operative exercises and nutrition
- Pre-operative skin care
- Home safety and preparation
- Pre-operative diet
- What to bring to the hospital
- Discharge planning
- The surgical procedure
- Recovery Room (PACU)
- Pain control
- Prevention of complications
- Home medical equipment

Select a Coach

We hope you have selected a coach. A coach can be your spouse, a friend, a family member, a neighbor or anyone that can be a support to you as you recover from your joint replacement surgery. Your coach can help you with:

- Preparing your home
- Taking medication
- Activities of daily living
- Transportation to follow-up appointments
- Running errands
- Home exercises
- Listening



Pre-operative Medical Evaluation

Your surgeon’s office will assist you with scheduling a pre-operative evaluation and clearance with your primary care doctor. You may need to have medical clearance prior to your surgery. Any dental problems need to be completed two weeks prior to your joint surgery. If you have any doubt about your dental health, contact your dentist as soon as possible.

During pre-admission testing, you will have blood drawn, a swab of your nostrils, a heart tracing and possibly a chest x-ray. You will be interviewed by a member of the pre-admission team to review your medications and medical and surgical history. Please be sure to explain any allergies and sensitivities. At the time of your preadmission visit, it will be determined if you will require further consultation or additional testing prior to surgery.

Blood Transfusion

Although uncommon during or after joint replacement surgery, on occasion patients may require a blood transfusion. If a blood transfusion is necessary, the blood comes from the community blood bank. The blood bank follows universal guidelines in screening blood and blood products to ensure safety. If you have any questions or concerns about blood transfusions, you should discuss them with your surgeon prior to surgery.

Pre-operative Exercises

The physical preparations you make before surgery can affect both the outcome of the surgery and your recovery time. You can get a jump start on your recovery by doing pre-operative exercises for strength and range of motion. Your pre-operative exercises are found on page 18 of this booklet. Avoid any of these exercises if they cause pain. These exercises are to be performed on both your operative and non-operative extremity.

Pre-operative Nutrition

An optimal nutritional state is an important consideration in providing successful surgical outcomes. As part of a healthy lifestyle, many patients will be losing weight. However, in the month or two before surgery, we recommend maintaining a steady weight to be sure you are strong for surgery and rehabilitation. A member of the team will ask you questions about your nutrition before surgery. Your surgeon may recommend taking protein supplements before or after surgery.

Preventing Infection

Infection is rare but a serious complication of joint surgery. Most infections come from certain skin bacteria (such as Staph) that can enter the incision at the time of surgery. There are several proven regimens to reduce this risk that your surgeon and team will put into place. Let your surgeon know immediately if you have any type of open wound or infection of any kind.

In rare cases an infection can spread to your surgical site from your bladder (urinary tract). Be sure to let your surgeon and medical doctor know if you have, or have had, a bladder infection, or any problems at all with urination.

Pre-operative Skin Care

Preparing your skin before surgery can greatly reduce the risk of infection at the surgical site.

DO NOT shave your body with a razor for 72 hours prior to surgery. Check the skin areas around your surgical site to maintain good skin health prior to surgery. If you note any pre-operative cuts, scratches, redness or open areas let your surgeon know right away.

To reduce skin bacteria before surgery, all patients need to wash with a special soap called Chlorhexidine (CHG), which we will distribute to you. Note: If you are allergic to CHG let us know and you will not use CHG.

You will need to wash your entire body with CHG for the **five days** before surgery and on the morning of surgery, using the following regimen:

1. Wash your entire body and hair (including beard) with your regular soap and shampoo.
2. Thoroughly rinse off everywhere.
3. Stepping back from the water flow, apply CHG to your entire body, taking care to avoid your eyes, mouth and the inside of your rectum/vagina.
4. Wash thoroughly with CHG for five minutes.
5. Pay special attention to your surgical site.
6. After the five minutes, rinse thoroughly.
7. Do not use your regular soap after rinsing off the CHG.
8. Pat dry with a clean towel.
9. Do not apply lotion, powders or perfume.
10. Put on clean clothing.

Warning: CHG must be kept out of the eyes, mouth, vagina and rectum. Do not use CHG if you are allergic to it.

Many of us also carry Staph bacteria in our nostrils (nose), without any signs or symptoms. If you are such a carrier, this can be the source of a surgical infection. To check for this, all patients will have a swab culture of the nostrils. This is quick and pain free, using a cotton-tipped swab. The treatment to reduce nostril (nasal) Staph is to use an antibacterial ointment, called Mupirocin, in each nostril, twice a day, for the five days before surgery.

After the nasal culture, you will be notified if the results are positive. Those patients who are notified as positive for nasal Staph will have a prescription given for Mupirocin. Use the Mupirocin as directed by applying some to each nostril, twice a day, for five days before surgery.

Pre-Operative Physical Therapy Home Visit

Your surgeon will discuss discharge plans with you and decide if a pre-operative physical therapy home visit is needed. If determined that this will be beneficial, the Southcoast Visiting Nurse Association will contact you approximately one to two weeks prior to surgery to schedule a home evaluation either by phone or a home visit. This evaluation will include:

- Complete assessment of your living situation and home environment.
- Teach basic movement precautions and home safety recommendations.
- Review the process for Total Joint Replacement and discharge home.
- Discuss the importance of a “coach” and participation in the Total Joint class.
- Review the exercise program and adaptive equipment needs.
- Establish a connection with you and your “coach”.

Anesthesia

You will discuss anesthesia options with your surgeon and anesthesiologist. Regional anesthesia also referred to as “Spinal” and “blocks” are our preference for joint replacement surgery. In general, patients who receive spinal anesthesia can have fewer complications than patients who receive general anesthesia. If you are not a candidate for a spinal, the anesthesia team will discuss options with you on the day of surgery.

Nothing to Eat After Midnight

No solid foods to eat after midnight. Patients who are **not diabetic and do not have stomach emptying issues** will be allowed to drink clear liquids up until 2 hours before surgery. This will be discussed at your pre-admission testing visit and included in your pre-op instructions. You will also be instructed on which medications you should take the morning of surgery.

What to Bring to the Hospital

- Personal hygiene items (toothbrush, toothpaste, deodorant, razor and other toiletries).
- Shorts, tee shirts, loose-fitting clothing, socks and sneakers. You won't be wearing a hospital gown after the first night.
- Reading materials.
- Your favorite music for personal listening.

Do not bring any valuables to the hospital (jewelry, credit cards, etc.).

Discharge Planning

Our goal is for you to be discharged to home and continue your recovery with the assistance of visiting nurses, physical therapy, your coach and family. Literature supports that patients have a quicker recovery and fewer complications when they are discharged to home versus rehab facilities.

What to Expect: Your Surgery

Arrival at the Hospital on the Day of Surgery

- Check in at the Patient Admitting Desk at the time you were given.
 - At St. Luke's Hospital, the Surgical Admitting Desk is located within the Surgery Center, located on West Street.
 - At Charlton Memorial Hospital, the Admitting Desk is located by the main entrance, on the first floor.
 - At Tobey Hospital, please enter at the Main Entrance to Admitting.
- After your registration is complete, you will meet an orthopedic surgery team member.
- Your family will be directed to a waiting area. When your surgery is completed, those waiting for you will be contacted by the surgeon.
- Your team member will bring you to the pre-op area.
- After you change into a surgical gown, your team will begin preparing you for surgery. This includes starting an intravenous line and receiving medication.
- Your operating room nurse, as well as your anesthesiologist, will interview you and review and confirm important information.
- Your surgeon will mark your incision site.
- Patients who are having a nerve block usually have this done at this point.
- A team member will then wheel you on your stretcher to the operating room, where you will see your surgeon and meet other members of the surgical team.
- The surgical team will conduct a “time out” to verify that everything is as planned.
- Following surgery, you will be taken to a recovery area (called the PACU), where you will remain for one to two hours. The nurses will assess your pain level and monitor your incision.
- You will then be taken to your room on the orthopedic unit where your joint replacement team will begin working with you.
- On the unit, you will receive pain medication as needed and you will be given IV antibiotics for the first 24 hours.
- You will be assisted to get out of bed and begin walking during the first hours after surgery.
- You will be shown how to do in-bed ankle pump exercises. It is very important that you begin ankle pumps on this first day and continue to do them throughout your hospital stay. Ankle pumps help prevent blood clots from forming.
- You will begin using a sequential compressing device on your legs, also to prevent blood clots.
- You will begin using an Incentive Spirometer to aid in taking deep breaths.



Hospital Stay

- During your hospital stay, the lab will come very early in the day to draw blood.
- If present, your Foley catheter will be discontinued, usually by noon on the day after your surgery.
- You will have pain medication available, when needed.
- On the day of your surgery when you arrive on the nursing unit, the nurses will be checking your ability to feel and move your legs. When you have feeling and can move, the nursing staff or physical therapist will get you up and out of bed. If you arrive to the unit before 4pm you will walk a minimum of two times and if you arrive after 4pm you will only be expected to walk one time. You will be expected to be up and out of bed for meals and after the day of surgery you will walk at least four times a day with the help of your care team.
- You will be helped out of bed every morning and to bathe.
- If you prefer to take your bath at night, just let your clinical associate know.
- We will help you dress in the loose-fitting clothing that you brought from home. (Shorts and tops are usually best.)
- You need to be mentally prepared to “work” and participate in your care by doing things such as getting out of bed for your meals and participating in physical therapy twice a day.
- You should request pain medication 45 minutes to one hour before going to therapy sessions.
- Your coach’s participation is encouraged in your recovery as much as possible.
- You will have two sessions with physical therapy each day; your coach is invited and encouraged to participate in these sessions. You will also walk with the nursing staff two times each day.

- Visitors are welcome, preferably in the late afternoon or evening.

For Discharge to the Home (the goal for most patients)

- Someone responsible needs to drive you home.
- Before leaving, you will receive complete written instructions concerning medications, physical therapy, activity, follow-up and incision care.
- Equipment needs, exercise/physical therapy plans and any home healthcare agency needs will be discussed and arranged before discharge.

If Discharged to a Skilled Nursing Facility

- For a variety of reasons, discharge to a nursing facility is not encouraged, but may be necessary in special circumstances.
- Transfer papers will be completed by the nursing staff for the nursing facility.
- A physician from rehab will be caring for you in consultation with your surgeon.
- Expect to stay seven days, based on your progress.
- Upon discharge home, complete instructions will be given to you by the rehab staff.

What to Expect: After Surgery

Pain Control

- You will be given a prescription for pain medication at the time of discharge.
- Take pain medication when needed before activity and exercise.
- Change your position every 45 minutes throughout the day.
- Ice and cold therapy are used to reduce pain and swelling.
- You will be shown how to use ice for pain control. Applying ice to your affected joint will decrease discomfort. Do not use an ice pack for more than 20 minutes at a time each hour. You can use ice before and after your exercise program.
- Ice your joint for 15 to 20 minutes after exercise periods to reduce pain.
- If you are using a cold therapy unit, follow the provided instructions.
- Post-operative pain, soreness, swelling and bruising will decrease over 6 to 12 weeks. However, you could have occasional swelling for up to nine months.

Pain Scale

Pain is to be expected after surgery. People used to think that severe pain after surgery was something they “just had to put up with.” Today, you can work with your nurses and doctors before and after surgery to prevent or relieve pain. They will help you understand why pain control is important for recovery as well as for your comfort. Our goal is to get your pain to a tolerable level in order for you to mobilize and participate in physical therapy. The goal is not “0” pain. The nurses will use this pain scale to assess and understand your pain level.



Narcotic pain medication, inactivity and dehydration can cause constipation. Here are some things you can do to prevent constipation:

Prevention of Constipation

- Eat fruits and vegetables daily.
- Drink extra water and fluids.
- Walk every hour.
- Use laxatives and stool softeners, if needed, especially while still taking narcotic medication.
- Miralax or generic, 1 Tablespoon mixed with 8 oz. liquid, 1 to 5 times per day.

Blood Thinners — Preventing Blood Clots

All total joint patients will need measures to prevent blood clots. As part of this process, medications are used. Some medications are in pill form, some are given by injection and some require periodic blood tests. Your regimen and all instructions will be completely in place before you leave the hospital.

Recognizing a Blood Clot

It's important to look for the following symptoms of blood clots. If you suspect that you have a blood clot, call your surgeon as instructed on your "First Response" sheet found on page 24 of this booklet.

- Swelling in thigh, calf or ankle of either lower extremity that does not go down with elevation.
- Pain and tenderness in calf.
- Shortness of breath that continues at rest
- Chest pain or tightness.
- If you go to the emergency room, be prepared to explain that you have had joint surgery and believe you have a blood clot. Be prepared to tell them your surgeon's name.
 - Charlton Emergency Department 508-973-7041
 - St. Luke's Emergency Department 508-973-5388
 - Tobey Emergency Department 508-273-4180

Preventing Leg Swelling

- Some patients will be asked to wear special stockings (known as "TEDS") to prevent leg swelling. If you are using these special stockings, ask your surgeon when you can discontinue use. Usually, this is when your activity level increases and you are "up" more than "down."
- Avoid sitting with your knees bent
- Two or three times a day, spend 20 to 30 minutes lying down with your legs up on pillows
- Do your ankle pumps, just as you did in the hospital
- Notify your physician if you notice increased pain or swelling in either leg

Caring For Your New Hip: Precautions, Preventing Dislocations

For a period of time after a total hip replacement there is a risk of the hip ball coming out of its socket, which is called dislocation. The risk of dislocation can be greatly reduced by following simple "hip precautions" during your hospital stay and after your return home.

Be sure to discuss any questions or concerns with your surgeon. Your therapist will discuss specifics with you during your treatment sessions.


For all total hip replacement patients, never force your hip into excessive flexion, nor turn your operated leg inward or cross your operated leg or ankle. See next page for examples.

Post Op Driving Recommendations

In general patients are permitted to drive when they feel safe and competent and are no longer taking narcotics. The usual time frame is about 2 weeks when surgery is done on your left side and about 3 weeks when surgery is done on your right side. Please discuss any specific questions or concerns with your surgeon. If you are having a hip replacement you must make sure that you can maintain your precautions when getting in and out of the vehicle.

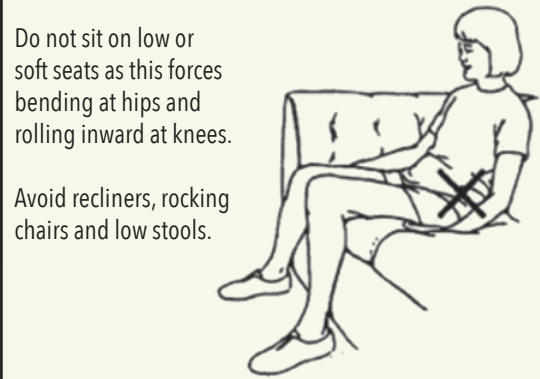
Important Precaution Tips After a Hip Replacement Surgery

Hip Precautions: No Adduction




Keep legs apart at all times. Do not cross legs whether standing, sitting or lying down. Use a pillow to keep legs apart in bed.

Hip Precautions: Sitting



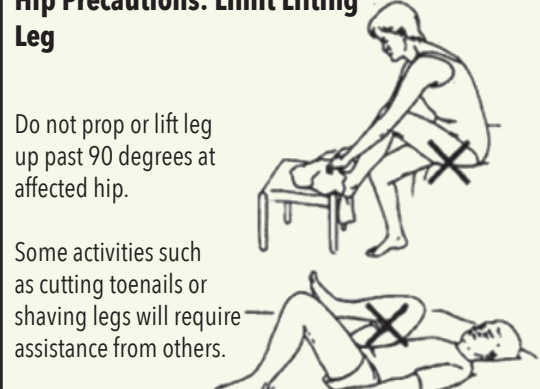
Do not sit on low or soft seats as this forces bending at hips and rolling inward at knees. Avoid recliners, rocking chairs and low stools.

Hip Precautions: Limit Hip Flexion



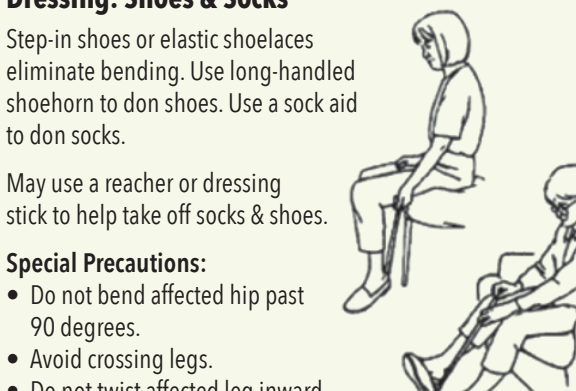
Do not bend forward at hips past 90 degrees while standing, sitting or lying down.

Hip Precautions: Limit Lifting Leg



Do not prop or lift leg up past 90 degrees at affected hip. Some activities such as cutting toenails or shaving legs will require assistance from others.

Dressing: Shoes & Socks




Step-in shoes or elastic shoelaces eliminate bending. Use long-handled shoehorn to don shoes. Use a sock aid to don socks. May use a reacher or dressing stick to help take off socks & shoes.

Special Precautions:

- Do not bend affected hip past 90 degrees.
- Avoid crossing legs.
- Do not twist affected leg inward.

Dressing: Limited Hip Flexion



Always use long-handled devices for self care. Keep reachers handy to pick up dropped items.

General Information

- Recuperation can take from six up to 12 weeks; you may feel weak during this time.
- Use ice for swelling and discomfort.
- You may have a low-grade fever (below 100.5° F).
- If you feel feverish, take your temperature. If greater than 100.5 degrees, let your visiting nurse and surgeon know.
- NO alcohol may be consumed while you are taking narcotic pain medication.
- Do not smoke. It slows healing and increases your chance of infection.
- Walk with your walker or crutches until your doctor or Physical Therapist says you that these aids may be discontinued.
- If you have a total knee replacement, you may hear some clicking noises as you walk. This is a normal occurrence.
- Your joint replacement may cause metal detectors to go off in airport security. Plan on mentioning this as you go through security. You may be asked to show your incision.

Caring for Your Incision

- Most patients will go home with a special surgical waterproof bandaid that stays in place for a week.
- You may shower with this waterproof dressing in place.
- For those with a conventional dressing in place, you will be given specific instructions from your care team.
- When your surgical bandage is removed, or after you shower, keep your incision covered with a light, dry, sterile dressing unless instructed otherwise by your physician.
- Be sure to wash your hands before you change your dressing.
- If you have staples, they will be removed 10 to 14 days after surgery.
- If your incision was closed with absorbable sutures, steri-strips or skin glue, no removal is needed. The glue or steri-strips eventually come off as you shower.
- It is normal to have some numbness around your incision.
- Notify your surgeon and the visiting nurse if there is any drainage or increasing redness or swelling. These may be signs of an infection requiring immediate treatment.
- If you feel feverish, take your temperature. If your temperature is greater than 100.5 degrees, let your visiting nurse and surgeon know.

Showering

- You may shower at any time if you have a waterproof dressing in place.
- If you have a conventional dressing in place, you may begin showering three days after your operation. If no drainage is present at the incision, no protection of the wound is required. If there is drainage from the incision, try to keep it covered and dry while showering.
- A shower stool is recommended. Taking a bath is not recommended.
- Do **not** soak your incision for at least 6 weeks after surgery (for example, in a bath tub, pool, hot tub, open water).
- Do **not** scrub your incision, you may wash it gently and pat it dry.
- Cover your incision with a light, dry sterile dressing after your shower.
- Your surgeon will tell you when a dressing is no longer required.

Signs of Infection

Look closely for the following signs of infection. If you think you may have an infection, call your surgeon immediately, as detailed on your First Response Sheet, found on page 24 of this booklet.

- Increased swelling and/or redness at incision site.
- Change in color, increasing amount or any odor of incisional drainage.
- Increased pain in knee or hip area.
- Fever greater than 100.5° F (a low-grade fever below 100.5° is common after joint surgery).
- Your incision is very red, warm and tender.

Late Infection Prevention

- Invasive procedures such as dental cleaning, colonoscopy or a bladder catheter can cause bacteria to be released into your blood that can lead to a joint infection.
- This may be prevented by taking an antibiotic before any such procedure.
- You may be given a prescription for antibiotics to be used before any invasive procedure. The specific details for use will be on the antibiotic pill bottle label.
- Be sure you tell your dentist or anyone else doing any invasive procedure that you have a joint replacement and will need antibiotic pre-treatment before **any** invasive procedure is done. This preventive routine is to be followed until specified otherwise by your surgeon.

Home Exercise Program



Heel Slide: While flat, bend knee and slide heel toward buttocks and then slide back to straight. Repeat opposite side.



Short Arc Quads: With a towel roll under the knee of the operated leg, lift your heel off the bed. Repeat opposite side.



Ankle Pumping: Bend ankles up and down.

Heel Slide

PRE-OP | POST-OP*

Sessions per Day: 2
 Sets: 2
 Repetitions: 15

Short Arc Quads

PRE-OP | POST-OP*

Sessions per Day: 2
 Sets: 2
 Repetitions: 15

Ankle Pumping

PRE-OP | POST-OP*

Sessions per Day: 2
 Sets: 2
 Repetitions: 15

* Your therapist will assign your Post-op* numbers

Isometric Hamstring

PRE-OP | POST-OP*

Sessions per Day: 2
 Sets: 2
 Repetitions: 15

Hip Abduction

PRE-OP | POST-OP*

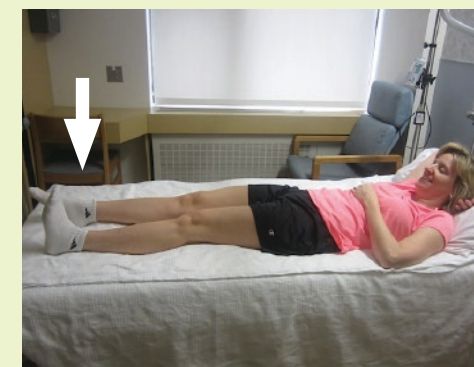
Sessions per Day: 2
 Sets: 2
 Repetitions: 15

Straight-Leg Raise

PRE-OP | POST-OP*

Sessions per Day: 2
 Sets: 2
 Repetitions: 15

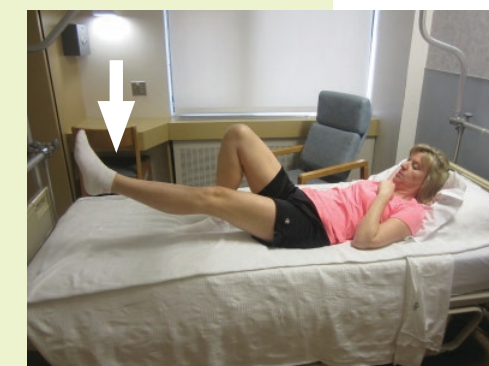
* Your therapist will assign your Post-op* numbers



Isometric Hamstring: On operated side, press your straight leg firmly into the bed, and hold for 6 seconds. Repeat opposite side.

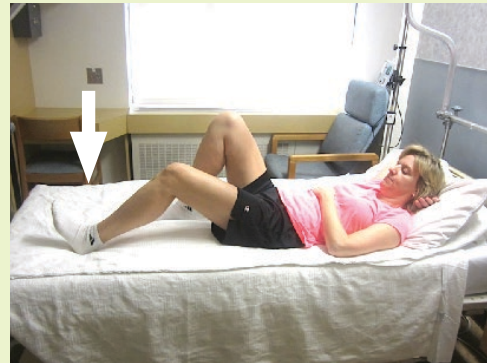


Hip Abduction: Slide the operated leg sideways in bed, keeping your leg pressed on the bed. Repeat opposite side.

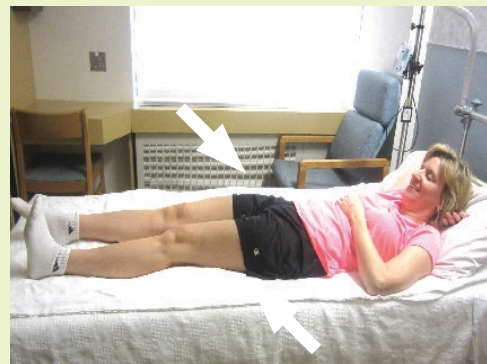


Straight-Leg Raise: With non-operated leg bent, slowly lift the operated leg up and down. Repeat opposite side.

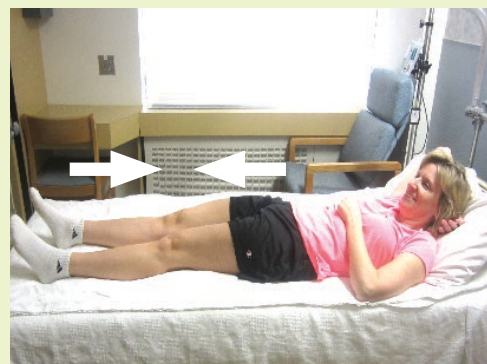
Home Exercise Program



Hamstring Press: Lie on your back with knees bent and toes up. On your operated side dig your heel into the bed and press down firmly for 6 seconds. Repeat opposite side.



Gluteal Contractions: Squeeze buttock muscles as tightly as possible while counting to 15.



Quad Set: With operated leg out straight, slowly tighten and hold thigh muscle, while counting to 15.

PRE-OP | POST-OP*

Hamstring Press

Sessions per Day: 2
 Sets: 2
 Repetitions: 15

PRE-OP | POST-OP*

Gluteal Contractions

Sessions per Day: 2
 Sets: 2
 Repetitions: 15

PRE-OP | POST-OP*

Quad Set

Sessions per Day: 2
 Sets: 2
 Repetitions: 15

* Your therapist will assign your Post-op* numbers

PRE-OP | POST-OP*

Seated Knee Extension

Sessions per Day: 2
 Sets: 2
 Repetitions: 15

PRE-OP | POST-OP*

Standing Hip Flexion

Sessions per Day: 2
 Sets: 2
 Repetitions: 15

* Your therapist will assign your Post-op* numbers



Seated Knee Extension: Sit up straight on a chair with your feet flat on the floor. Slowly lift your foot to the level of your hip, then lower. Repeat opposite side.



Standing Hip Flexion: Holding onto a stable surface, lift knee of operated leg slowly up and down.

Home Exercise Program

Do not start these exercises until 3 weeks after surgery.



Standing Hip Extension: Holding onto a stable surface, extend leg backwards trying to lift foot off the ground. Return to standing.



Standing Hip Abduction: Lift operated leg out to side, bring back to midline.

	PRE-OP	POST-OP*
Standing Hip Extension		
Sessions per Day:	2	
Sets:	2	
Repetitions:	15	

	PRE-OP	POST-OP*
Standing Hip Abduction		
Sessions per Day:	2	
Sets:	2	
Repetitions:	15	

* Your therapist will assign your Post-op* numbers

Durable Medical Equipment Overview

Walker. Standard or rolling device for support to maintain balance and stability.



Shower Chair. Place the bath seat in the tub or shower and elevate to the appropriate height.



Long-handled Bath Sponge.

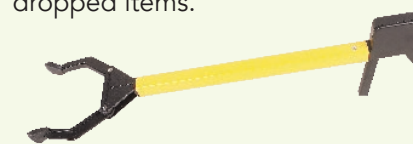


Assists you with washing your lower legs and feet. The long-handle reduces the need to bend. You can also wrap a towel around the sponge to help with drying off.

Seat Cushion. Is placed on any low chair to avoid the "Danger Position" (which is when the hips are below the knees)



Reacher. Help pick up dropped items.

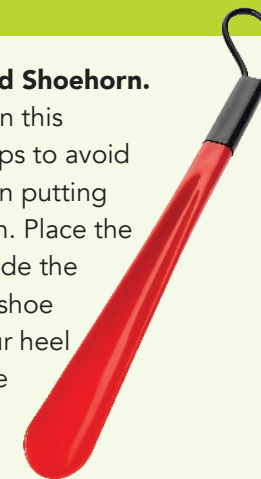


Sock Aide. Use to put on socks, underwear or pants.



Long-handled Shoehorn.

The handle on this shoehorn helps to avoid bending when putting your shoes on. Place the shoehorn inside the back of your shoe and push your heel down into the shoe.



Elastic Shoelaces. Elastic laces provide firm support yet stretch to allow your feet to slip in or out of the shoes without having to untie and retie them.



Commode. Can be used with the bucket to provide bathroom facilitates or remove the bucket and place over your toilet to raise the seat.



Total Joint Care “First Response” Instructions

After Total Joint Replacement it is common initially to have inflammation at the site of your surgical incision. But, contact your surgeon if you notice:

- Increased swelling
- Increased redness
- Increased drainage
- Increased pain
- Recurring fever over 101 degrees

Or, if you suspect you have a blood clot:

- Increased leg swelling
- Increased leg pain
- Increased calf tenderness
- Shortness of breath

Please Contact Your Surgeon

Dr. _____

at _____

In the rare circumstance you cannot reach your doctor directly, call the Orthopedic Call Center at 508-973-2211 and ask that they contact your doctor or the covering doctor.

Appointment Information

Glossary

Anticoagulants: Anticoagulant medications are blood thinners that may be prescribed to minimize or treat blood clots.

Arthritis: Joint wear and tear or mileage. There are two major types of arthritis, osteoarthritis and rheumatoid arthritis.

Arthroplasty: An operative procedure in which an arthritic joint surface is replaced or modified.

Aspirin: Aspirin is considered a non-steroidal anti-inflammatory drug (NSAID). It is often used to manage pain from arthritis and to prevent blood clots.

Assistive devices: Items provided by an occupational therapist, which help maintain activities of daily living. Examples include a reacher, long-handled shoe horn, sock aid, dressing stick, long-handled sponge and elastic shoelaces.

Bone cement: Special glue often used to securely hold total joint parts in the bone.

Cartilage: A smooth, soft tissue that covers the ends of bones and serves as a cushion between joint surfaces.

Cold Therapy: Used to relieve pain and swelling through the cooling of the incision.

Compression stockings: Stockings used to help compress the veins in the leg, improve venous flow, and reduce leg swelling. This helps minimize the potential for blood clots.

Coumadin: Slow-acting, oral anticoagulant. Requires periodic blood testing.

Femoral head: “Ball” of the hip joint at the upper thigh bone sitting within the hip socket.

Femur: Large, long bone of the upper leg (thigh bone).

General anesthesia: Deep sleep is induced and maintained during the procedure using IV medications and inhalation of anesthetic agents.

Hip socket: The “cup” or acetabulum of the pelvis that holds the femoral head. Together the femoral head and acetabulum constitute the “Hip Joint.”

Inflammatory arthritis: Chronic systemic disease, such as rheumatoid arthritis or gout, that can cause swelling and inflammation and damage to the joint lining (synovium).

Ligaments: Firm bands of tissue that connect the bones of joints and stabilize the joint while allowing motion.

Lovenox: A faster acting, injectable anticoagulant. No blood testing required.

Muscles: Provide the power for movement of a joint through their attachment to bone. Muscles require strengthening (therapy) after surgery.

Osteoarthritis (degenerative arthritis): The normal use over years can cause the cartilage surfaces to crack and wear away, leaving bony surfaces to rub together and produce pain. This is the most common form of arthritis and the most common reason for knee joint replacement.

Patella: The knee cap. This bone serves as the protector of the joint space in the knee and is mechanically important for proper extension of the knee.

Post-Anesthesia Care Unit (PACU): The recovery room where you are taken following your surgery to be monitored while you wake up.

Prosthesis: Another word for the artificial joint parts.

Rheumatoid Arthritis: An autoimmune disease in which the body’s immune system mistakenly attacks the joints.

Spinal Anesthesia: A regional anesthetic administered into the lumbar spinal area producing an absence of pain, sensation and motion in the lower limbs for a limited amount of time.

Tendons: Bands of tissue that attach muscle to bone.

Tibia: The larger of the two bones in the lower leg. Also known as the shin bone. The smaller bone is the fibula.

Total Hip Arthroplasty (THA): The arthritic ball (femoral head) of the upper thighbone (femur) is removed along with the damaged cartilage from the hip socket (acetabulum). The femoral head is replaced with a metal or ceramic ball that is attached to a metal stem solidly implanted within the thighbone. The hip socket is replaced with a plastic liner within a metallic shell.

Total Knee Arthroplasty (TKA): The damaged surfaces of the femur, tibia and patella are removed by the surgeon and replaced with artificial liners matched to the patient's own natural knee size.

Xarelto: An oral anticoagulant. No blood testing required.

Educational Websites

There are numerous websites that offer educational information for arthritis and joint replacement surgery. They provide definitions of medical terminology, research and news, as well as diagrams and interactive virtual surgeries. You may have an interest in checking out the following sites.

Arthritis Foundation — arthritis.org

The Arthritis Foundation offers a great deal of information about diseases, such as osteoarthritis and rheumatoid arthritis. The site also has a section that describes joint replacement surgery options.

Health Finder — healthfinder.gov

Sponsored by the U.S. Department of Health and Human Services, this site has information on diseases like osteoarthritis and rheumatoid arthritis as well as links to other great websites.

American Academy of Orthopaedic Surgeons — orthoinfo.org

The American Academy of Orthopaedic Surgeons website has patient information and resources about joint replacement surgery in English, Spanish, Chinese, Japanese and Portuguese.

There are also a number of total joint replacement surgery videos available on YouTube.

Home Safety Checklist

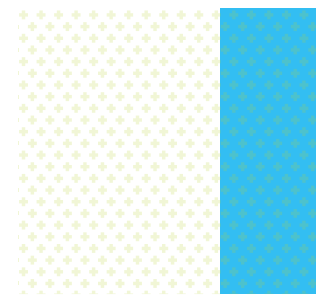
Use this safety precautions checklist to eliminate some of the most common dangers in the home. For your convenience, simply tape this list to your refrigerator for easy viewing.

- Remove throw rugs from walkways.
- Always pick your feet up when walking.
- Use a cooking timer, especially if you leave the kitchen while the stove/oven is on.
- Keep all flammable items away from the stove/oven, including shirt sleeves and towels.
- Place frequently used items within easy reach by rearranging shelves and counters.
- Take your time getting in or out of the tub or shower.
- Use a non-skid bathmat or shower chair.
- Keep phones and emergency numbers in every room of the house, and by your bed.
- If you live alone, stay in contact with a neighbor or relative on a daily basis.
- Use a pill organizer or journal to keep track of daily medications.
- Call your physician if you do not feel well or if you have any questions about medications.
- If you use a walker, do not carry items; use your walker basket or attached bag.
- Keep electrical cords out of the way. Place them under rugs or furniture or along walls or baseboards.
- Never stand on a chair, box or other unstable object.
- Keep stairways clear of clutter.
- Take your time on the stairs.

Please complete this section.

Joint Replacement Surgery Checklist

- Surgery Scheduled on _____
- Name of Coach _____
- Joint Replacement Class Date and Time _____
- Pre-operative Exercise Start Date _____
- Pre-operative Testing Date and Location _____
- Medical Clearance Appointment _____
- Dental Clearance Appointment _____
- Home safety preparation completed.
- Personal items for the hospital gathered.
- Skin cleansing start 5 days before and finish the morning of surgery.
- No solid foods to eat after midnight. If instructed can drink clear liquids up to 2 hours before surgery time.
- Download **Trusted Patient Coach App** and complete registration.



Patient Rights & Responsibilities

Patient Bill of Rights

As a patient of Southcoast Hospitals Group, your rights include the right to:

- Receive care and treatment in a safe and secure environment and to have all reasonable requests responded to promptly and adequately within the capacity of the hospital.
- Receive considerate and respectful treatment that supports your values and beliefs. Pastoral counseling is available upon request.
- Know the name and professional specialty of any doctor or other person who participates in your care.
- Receive complete and current information in terms you can understand.
- Have a family member, friend or other individual to be present with you for emotional support during the course of stay unless the individual's presence infringes upon other's rights, safety or is medically or therapeutically contraindicated.
- Expect confidentiality of communication and medical record information regarding your diagnosis, treatment and care.
- Review your medical records in the presence of your doctor or nurse, and receive a copy at a reasonable fee.
- Be informed of procedures, treatments, risks, benefits and alternatives in order to make decisions and give consent.
- Refuse treatment and be informed of the risks of your decision.
- Receive information and your rights if you choose to participate in research, investigational studies or clinical trials.
- Personal privacy during medical treatment and care.
- Refuse to be examined, observed or treated by students or any other hospital staff without jeopardizing your access to other medical care.
- Prompt life-saving treatment in an emergency without discrimination on the basis of economic status or source of payment.
- Receive an explanation if you must be transferred to another institution.
- Receive an explanation of your bill regardless of the payor, and receive information concerning financial assistance and free health care.
- Have complete information, at the time of pre-admission, about the hospital's maternity practices.
- Appoint a Health Care Proxy as a substitute decision maker for your health care should you become unable to make or communicate your own decisions.
- Request assistance from the Bioethics Committee if faced with an ethical concern or conflict.
- Receive accurate written information on emergency contraception and have emergency contraception made available to you if you are a female rape victim of childbearing age.

Patient Rights & Responsibilities

We welcome all concerns and compliments about the service you or your loved one receives while our patient. Southcoast is committed to reviewing all patient concerns and communicating steps taken to address and resolve such concerns. To file concerns about your care at Charlton, St. Luke's or Tobey, contact:

**Southcoast Health System
Patient Experience Department**
101 Page Street
New Bedford, MA 02740
Southcoast Hotline: 1-877-264-7244 (toll free)
E-mail: info@southcoast.org
www.southcoast.org

**Massachusetts Department of Public Health
Division of Health Care Quality,
Complaint Unit**
99 Chauncy Street
Boston, MA 02111
800-462-5540
www.mass.gov/dph/dhcq/

Massachusetts Board of Registration in Medicine
200 Harvard Mill Sq., Suite 330
Wakefield, MA 01880
781-876-8200
www.massmedboard.org

**The Joint Commission
Division of Accreditation Operations
Office of Quality Monitoring**
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Fax: 630-792-5636
www.jointcommission.org

Concerns About the Privacy of Your Medical Record

The Southcoast Privacy Officer can assist you with concerns about inappropriate access to your medical record. Please call the Compliance and Privacy Hotline at 508-973-5040.

Total Joint Program Rehabilitation Locations

Total Joint Program Southcoast Outpatient Rehabilitation Services

To schedule an appointment please call:

Phone: 508-973-9450

Toll Free: 844-608-2598

Greater Fall River

Hanover Rehab 235 Hanover Street, Fall River, MA 02720

Mon – Thu: 7 a.m. to 6:30 p.m. / Fri: 7 a.m. to 5:30 p.m.

Linden Tree Family Health Center 2444 East Main Road, Portsmouth, RI 02871

Mon, Wed, Thu: 7 a.m. to 6:30 p.m. / Tue: 8:30 a.m. to 5 p.m. / Fri: 8 a.m. to 12 p.m.

Swansea Rehab 479 Swansea Mall Drive, Swansea, MA 02777

Mon, Thu: 9:30 a.m. to 7 p.m. / Tue, Wed: 7:30 a.m. to 4:30 p.m. / Fri: 7:30 a.m. to 4 p.m.

Truesdale Outpatient Rehab 263 Stanley Street, Fall River, MA 02720

Mon, Wed: 7:30 a.m. to 7 p.m. / Tue, Thu: 7:30 a.m. to 5 p.m. / Fri: 8 a.m. to 5 p.m.

Greater New Bedford

Brain & Spine Center 480 Hawthorn Street, Dartmouth, MA 02747

Mon, Wed: 7 a.m. to 7 p.m. / Tue, Thu: 7 a.m. to 7:30 p.m. / Fri: 7 a.m. to 4:30 p.m.

Fauce Corner Road — Physical Therapy 300 C Faunce Corner Road, Dartmouth, MA 02747

Mon: 8 a.m. to 7 p.m. / Tue-Thu: 7 a.m. to 7 p.m. / Fri: 7 a.m. to 4:30 p.m. / Sat: 8 a.m. to 12 p.m.

Greater Wareham

Tobey Outpatient Rehab 1 Recovery Road, Wareham, MA 02571

Mon, Wed: 8 a.m. to 8 p.m. / Tues, Thu: 7 a.m. to 7 p.m. / Fri: 7 a.m. to 5:30 p.m.

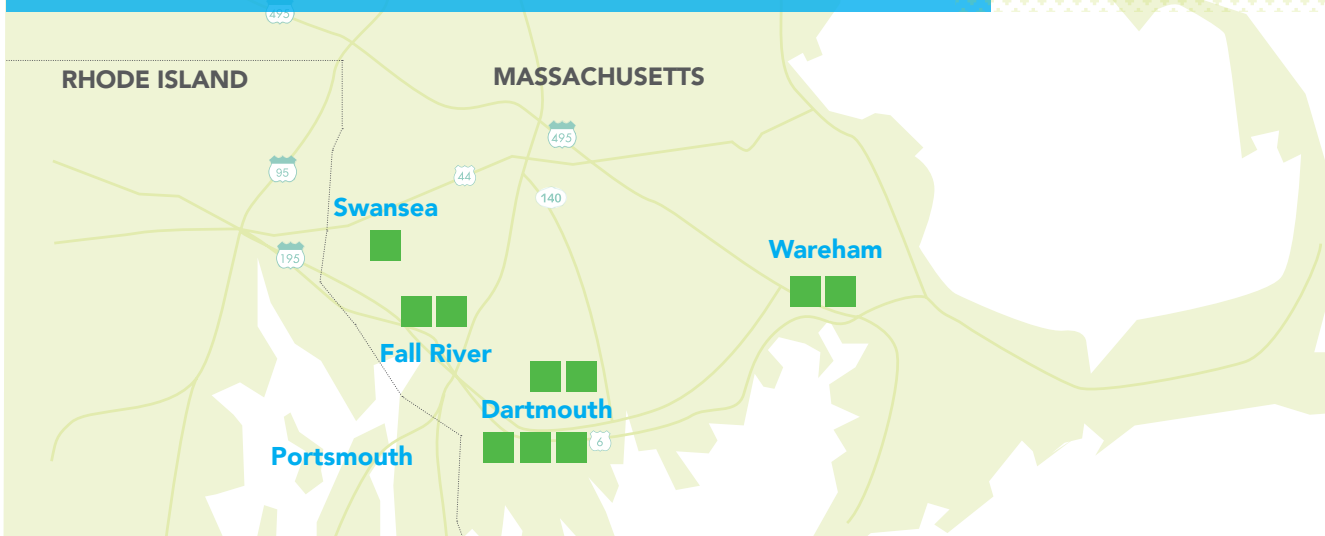
Southcoast Visiting Nurse Association

Greater Fall River, Greater New Bedford, Greater Taunton and East Bay Rhode Island Communities

508-973-3200 Toll Free 1-800-698-6877

7 days a week

Rehabilitation Services Outpatient Locations



Swansea

479 Swansea Mall Drive
Swansea, MA 02777

508-973-1560 • Fax: 508-973-1565

> Physical Therapy, Orthopedic,
Balance

Fall River

235 Hanover Street
Fall River, MA 02720

508-973-9470 • Fax: 508-973-9475

> Physical Therapy, Occupational
Therapy, Hand Therapy, Speech
Therapy, Audiology, Hearing Aid
Dispensing & Repair, Balance,
Orthopedic, Neurological Rehab

263 Stanley Street
Fall River, MA 02720

508-973-7445 • Fax: 508-973-7446

> Physical Therapy, Occupational
Therapy, Hand Therapy, Orthopedic,
Balance, Neurological Rehab

Dartmouth

300B Faunce Corner Road
North Dartmouth, MA 02747

508-973-9370 • Fax: 508-973-9235

> Physical Therapy (for men & women
with pelvic floor dysfunction, pelvic
pain disorders, lymphedema and
other issues following breast cancer)

300C Faunce Corner Road
North Dartmouth, MA 02747

508-973-9380 • Fax: 508-973-9395

> Physical Therapy, Orthopedic

Mashpee Building
49 State Road
Dartmouth, MA 02747

508-973-9230 • Fax: 508-973-9222

> Audiology, Hearing Aid Dispensing
& Repair

480 Hawthorn Street
Dartmouth, MA 02747

508-973-9110 • Fax: 508-973-9111

> Physical Therapy, Occupational
Therapy, Hand Therapy, Speech
Therapy, Functional Spine,
Orthopedic, Balance, Neurological
Rehab

Schwartz Center for Children
1 Posa Place
Dartmouth, MA 02747

508-994-2609 • Fax: 508-994-2738

> Pediatric Physical Therapy,
Occupational Therapy, Speech
Therapy

Wareham

1 Recovery Road,
Wareham, MA 02571

508-273-1950 • Fax: 508-273-1955

> Physical Therapy, Orthopedic,
Balance, Neurological Rehab

Gleason YMCA

33 Charge Pond Road
Wareham, MA 02571

508-273-1950 • Fax: 508-273-1955

> Aquatic Therapy

Notes

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Notes

Lined area for notes on page 33.



Charlton Memorial Hospital

363 Highland Avenue
Fall River, MA 02720

St. Luke's Hospital

101 Page Street
New Bedford, MA 02740

Tobey Hospital

43 High Street
Wareham, MA 02571



More than medicine.