Your guide to successful joint replacement

Legacy Health
Total Joint Centers
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Welcome

Thank you for choosing Legacy Total Joint Center–Good Samaritan. Preparing and planning for your total joint replacement surgery is important for a successful outcome. We look forward to our first meeting with you at the total joint class. We have designed this class to optimize your surgery and rehabilitation outcomes, and it is an important part of your care. Pre-Admission Services at Legacy Good Samaritan Medical Center will be contacting you to schedule your class.

Our Total Joint Center provides comprehensive pre-operative and post-operative rehabilitation services for our patients undergoing total shoulder, total hip and total knee replacement. Our program involves care by a multidisciplinary team of rehabilitation specialists. This includes doctors, nurses, physical therapists, occupational therapists, pharmacists, social services and nurse total joint case managers. Working together, these skilled professionals provide you with a full array of patient services:

• Total joint class
• Advanced planning for hospital stay and post-hospital care
• Individualized physical therapy
• Occupational therapy — instruction on bathing, dressing, home safety, utilizing assisted devices and more

Our goal in the Total Joint Center is to make your recovery and rehabilitation as easy, pleasant and productive as possible. Please contact us if you have any questions or concerns along the way. Our team is excited to be your partner in this process, and we hope we can assist you in approaching your surgery with knowledge and confidence.

We are here to help, and we are committed to do everything we can to make your surgery and recovery a success.

Total Joint Center staff

Important phone numbers

Legacy Good Samaritan Medical Center

Main Hospital .......................................................... 503-413-7711
Clinical Resource Coordinator .................................. 503-413-7629
Total Joint Center Coordinator ................................. 503-413-7649
Bloodless Surgery Program ................................. 503-413-8396
Financial Counselor .................................................. 503-413-8417
Patient Business Services ....................................... 503-413-4048
Pre-Admission Services ........................................... 503-413-8036
Rehabilitation Services ........................................... 503-413-7753

www.legacyhealth.org/totaljointcenter
Anatomy overview

Healthy hip joint

The hip is a ball-and-socket joint that joins the leg with the pelvis. The rounded head of the femur, or thigh bone, articulates with the acetabulum, or socket of the pelvis.

Both surfaces, when healthy, are covered with a strong and lubricated layer of cartilage. This cartilage cushions the joint and allows the bones to move against each other with smooth, painless movements.

The ball and socket are held together by a strong capsule of ligaments. This capsule allows the hip to have the second largest range of movement, second only to the shoulder.

An X-ray of a healthy hip shows space between the femoral head and the acetabular socket. This space is actually the cartilage that is not visible on X-rays.
**Arthritic hip joint**
The term arthritis is often used to describe a condition in which there is damage to the cartilage. An X-ray of an arthritic hip shows a loss of space between the bones, representing damaged or worn-out cartilage. This loss of cartilage forces the bones to rub together causing more damage, pain and loss of function.

**Hip replacement surgery**
During hip replacement surgery, the damaged joint is replaced with a new, artificial joint.

During surgery, the femoral head, or ball, will be removed and replaced with a metal prosthetic ball. This prosthesis will continue down into the shaft of the femur.

The acetabular socket will then be resurfaced with a new liner. The new ball and new socket are then joined together to form the new hip joint.
Anatomy overview

Healthy knee joint

The knee is the largest joint in the body. It is a modified hinge joint formed by two bones held together by thick bands of tissue called ligaments. The two bones are the femur, or thigh bone, and the tibia, or shin bone. Ligaments help keep the knee joint steady.

The patella, or kneecap, is also part of the knee joint and is embedded in the big quadriceps tendon. The patella glides over the end of the femur as the knee bends.

The quadriceps, the long muscle on the front of the thigh, helps strengthen the knee.

A smooth substance called articular cartilage covers the surface of the bones where they touch each other within the joint. The meniscal cartilage acts as a cushion between the bones and allows the surfaces of the knee to move with very little friction.

An X-ray of a normal knee shows space between the femur and the tibia as well as between the femur and patella. This space is actually the cartilage, which is not visible on X-rays. This space should be about ¼-inch thick.
Arthritic knee joint
The term arthritis is often used to describe a condition in which there is damage to the cartilage. An X-ray of an arthritic knee shows a loss of space between the bones, representing damaged or worn-out cartilage. This loss of cartilage forces the bones to rub together causing damage, pain and loss of function.

Knee replacement surgery
During knee replacement surgery, the damaged joint is replaced with a new, artificial joint. During the surgery a thin layer of bone is removed from both the femur and tibia and is replaced with an artificial surface. The back of the kneecap, or patella, may also be resurfaced. Your surgeon will discuss the procedure with you and can answer any questions or concerns you may have.
Pre-surgical appointments

Your pre-surgical appointments are part of our commitment to prepare you for the best possible outcome. We will gather important information about your health so we can safely care for you. Completing these visits as scheduled will help avoid any delays or cancellations on the day of surgery.

Medical clearance
An evaluation by a medical practitioner may be recommended to ensure that you are in good condition for surgery. This evaluation can be done by your primary care provider. They will review your complete medical history and discuss with you any medication changes or further testing you may need. This appointment should take place about three weeks before your surgery so we can coordinate any further tests and prevent any delays in scheduling.

What to expect at this visit:
- A review of your medical history and current medications
- A physical exam
- You may have blood drawn
- You may be asked to provide a urine sample
- You may have an EKG (wear comfortable clothing)

Pre-admission services
During this visit, you will speak with a patient access representative (admitting) and a pre-admission nurse. Your electronic medical record will be established for your hospitalization.

What to expect at this visit:
- The patient access representative will verify your address, contact information and insurance.
- The nurse will review your medical history and current medications.
- The nurse will ensure all necessary steps are complete for surgical clearance.

You may have blood work and/or an EKG performed (wear comfortable clothing).
- Review information about the day of surgery.
- If you are a member of the Bloodless Surgery Program (BSP) and have not already done so, please contact the BSP office at 503-413-8396.

Pre-surgical appointment with your surgeon
Before your surgery, you will see your surgeon. At this visit, your surgeon will:
- Review your blood work and information from your medical clearance appointment and ensure that you are fit for surgery.
- Check your surgical site.
- Review the benefits, risks and alternatives of your surgery and have you sign a consent form.
- Answer any questions you may have.

Take the time to write down any questions you have for your surgeon, so you will remember to ask them during your appointments.
Please bring the following with you:

- This notebook
- List of all medications and their doses, or your medication bottles. Please include any over-the-counter medications, vitamins and herbal or other supplements.
- Primary care provider’s name and phone number
- List of your past surgeries
- Be ready to discuss any medical problems including:
  - Heart trouble
  - Kidney trouble
  - Diabetes
  - Cancer
  - Blood clots or bleeding problems
  - Reactions to anesthesia
- Picture ID
- Insurance card(s)
- Advance Directives (if you have any)
- Any paperwork you receive at previous appointments. These can be stored in the pocket in the back of this book.
- List of questions/concerns you would like to discuss. Feel free to list these in the Notes section of this book.

**Checklist for pre-admission appointments**

<table>
<thead>
<tr>
<th>Medications to stop taking, and when</th>
<th>Date and time of last dose</th>
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<th>Medications to take the morning of surgery</th>
<th>Time taken</th>
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To be filled in by doctor/nurse practitioner:
Preparing for surgery

There are many steps you can take in the days and weeks before your surgery to put yourself on the road toward a successful recovery.

Mobilize your support system
Legacy Health is dedicated to “family-centered care.” However you define family, we believe their involvement is an important part of your experience.

We encourage a family member or friend to come with you to your appointments and class before surgery. You will also want to start thinking about your support system after discharge.

We think the optimal discharge location is your home, with a support system to assist you. Every patient recovers at varying speeds. How much care you will need will depend on how you feel and how well you are moving.

We expect you to have someone to help care for you for a week or two after the surgery. You will also need someone to drive you to therapy and doctor appointments. It is helpful to have your support person present during your therapy in the hospital. This will allow the therapist time to teach them how to provide the support you will need at home.

If you have concerns about returning home after your hospital stay please let your surgeon and care team know so we can discuss this with you. For a small number of patients, a short stay at a nursing facility may be needed. If necessary, we can assist you in making these arrangements in conjunction with your insurance company.

Prepare your body
- Good nutrition is important in the healing process. It is important to eat a well-balanced diet including fruits, vegetables and lean protein.
- Be sure to drink at least six 8-ounce glasses of fluid each day. These can be water, juice or non-caffeinated soda.
- In the time leading up to your surgery, be sure to keep your bowels regular. This will help prevent problems with constipation after surgery. Constipation is often a side effect of pain medications.
- Make sure all necessary dental work is completed before surgery. For any dental work done after surgery, you must take antibiotics before a procedure to help prevent infection. You will need to do this for at least two years or longer after your surgery. Please consult your surgeon.
- Smoking increases the risks of complications during surgery and recovery. If you need information on how to quit, please ask.
- Please take good care of your skin on the leg to be operated on. Any scratches from things like yard work or pets could lead to a canceled surgery. If you do develop any abrasions or rashes, please contact your surgeon’s office.
- Remaining as active as your pain will allow before surgery will keep your muscles strong. Your muscles provide support that you will need to recover after surgery. Recommended exercises begin on page 9. Please begin these before surgery.

<table>
<thead>
<tr>
<th>Equipment shopping list</th>
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<tr>
<td>□ Commode</td>
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<tr>
<td>□ Crutches</td>
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<tr>
<td>□ Dressing stick</td>
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<td>□ Flexible sock-aid/</td>
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<tr>
<td>plastic sock-aid</td>
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<tr>
<td>□ Long-handled shoe</td>
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<tr>
<td>horn</td>
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<tr>
<td>□ Raised toilet seat</td>
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<tr>
<td>□ Long-handled bath</td>
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<tr>
<td>sponge</td>
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<tr>
<td>□ Reacher</td>
</tr>
<tr>
<td>□ Shower/bath bench</td>
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<tr>
<td>□ Transfer tub bench</td>
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<tr>
<td>□ Walker</td>
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</tbody>
</table>
Create a recovery environment at home
- Remove loose throw rugs, which can get caught in your walker. Be careful with slick floors.
- Remove bathmats from all bathrooms.
- Pick up any clutter and clear pathways. Your walker or crutches will take up more room than you are used to.
- If you have stairs, make sure you have a sturdy handrail.
- You may need a raised toilet seat. If it is difficult for you to stand up from the toilet now, it will be difficult after surgery. A seat with armrests is nice if you do not have a counter close by to steady yourself. You can also have grab bars installed.
- Prepare some meals ahead of time and have them in the freezer to make mealtime less stressful.
- Fill any necessary prescriptions so you have enough of your daily medications to last several weeks after your surgery.
- Anticipate what you will be using for ice packs and have them ready (gel packs, ice in a bag, large bag of frozen peas).
- Store frequently used items in an easy-to-reach place.

Prevent falls — A checklist for your home

Falls are often caused by hazards that are easy to overlook. This checklist will help you find and fix those hazards in your home.

When you walk through a room, do you have to walk around furniture and objects stored on the floor?
- Ask someone to move the furniture so your path is clear, allowing room for walker or crutches.
- Keep objects off the floor and stairwells.

Do you have throw rugs on the floor?
- Remove rugs. They can be a hazard, particularly when using a walker or crutches.

Is the shower floor or tub slippery? Do you need support when getting up from the toilet?
- Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.
- Have grab bars secured next to the toilet, tub or shower.

Is the path from your bed to the bathroom dark?
- Put in a night-light to help you see where you are walking.
- Place a lamp close to the bed where it is easy to reach.

Are the handrails loose or broken? Is there a handrail on only one side of the stairs?
- Fix loose handrails or put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs.

Other things you can do to prevent falls
- Have your vision checked regularly. Poor vision can increase your risk of falling.
- Get up slowly after you sit or lie down.
- Wear supportive shoes both inside and outside the house. Avoid going barefoot or wearing slippers.
- Improve the lighting in your home. Fluorescent bulbs are bright and cost less to use.
- Coil or tape cords and wires next to the wall so you cannot trip over them.
- Have your doctor check your medications, including over-the-counter meds. Some medicines can make you sleepy or dizzy.
“Prehabilitation” for joint replacement
Improving exercise tolerance and strength prior to your surgery may lead to a faster recovery and help decrease complications. Here are exercises you can begin now.

Ankle Pumps
1. Bending the ankle, lift the foot up toward your leg.
2. Then push the foot away from your leg, pointing your toes.
3. Repeat 10 times every hour.

Quad Sets
1. With your leg straight, tighten the front thigh muscle. Your knee should press down on the bed and your heel lift slightly.
2. Make sure your kneecap moves up and your knee fully straightens.
3. Hold for 5 seconds, then relax.
4. Do 10 repetitions, 5 times per day.

Gluteal Sets
1. Tighten your seat muscles by squeezing your buttocks together.
2. Hold for 5 seconds, then relax.
3. Do 10 repetitions, 5 times per day.

Hamstring Sets
1. Tighten the muscle on the back of your thighs by pulling your heel back and slightly bending your knee, digging your heel into the bed.
2. Hold for a count of 5. Repeat.
**Straight Leg Raises**
1. Lie on your back with your leg straight and the other knee bent as shown.
2. Do a Quad Set (see previous), then raise your straight leg off the bed about 12–18 inches.
3. Lower your leg slowly, keeping the knee tight and straight.
4. Do 10 repetitions, 2 times per day.

**Heel Slide**
1. Lie on your back.
2. Bend your knee and slide your heel toward your bottom. Let your hip stretch and bend as far as you can.
3. Slowly straighten and lower your leg.
4. Do 10 repetitions, 2 times per day.

**Terminal Knee Extension/Short Arc Quad**
1. Lie on your back with a support under your knee. (A coffee can or towel roll works great.)
2. Leave the knee on the roll and raise the foot up until the knee is straight.
3. Slowly lower the foot.
4. Do 10 repetitions, 2 times per day.
**Hip Abduction**

1. Lie on your back.
2. While keeping your knee tight and straight, slide the whole leg out to the side. Keep your knee and toes pointing up.
3. Slowly bring your leg back to the center.
4. Do 10 repetitions, 2 times per day.
5. *Do not* cross midline.

**Extension Stretch (knee only)**

1. Sit with your operated leg propped up on a chair, or lie on your back with a roll under your heel as shown.
2. Relax and allow your knee to sag down and stretch straight.
3. Try to hold stretch for 2 minutes every hour while awake.
4. Do this 5–10 times per day.
Standing exercises — To begin after your surgery
Do these only on your operated-side leg unless your therapist tells you otherwise. Hold firmly onto a solid surface while performing each exercise. Tell your therapist if you have any problems doing the exercises.

Standing Hip Abduction
1. Stand tall and lift the leg out to the side. (Keep your knee straight.)
3. Slowly lower it back down. Keep trunk upright while doing this exercise.

Standing Hip Extension
1. Stand tall and lift the leg backwards, keeping your knee straight.
3. Slowly lower it back to the starting position.
**Standing Hip Flexion/Marching in Place**
1. Stand tall while you lift the knee so that the foot is off the floor 3–5 inches.
2. Hold it up in the air 3–5 seconds.
3. Slowly lower it back to the floor.

**Mini Squats**
1. Stand supported by your walker, a sturdy chair or the counter. Place your feet shoulder width apart.
2. Slowly squat down several inches.
3. Slowly stand back up. Do not let your knees go beyond your toes during the squat. Keep your head and chest centered over your feet.
**Additional exercises for knee replacement only**

**Seated Knee Flexion**
1. While sitting in a chair, slide the foot of the operated leg back under your knee as far as you can tolerate, to let the knee stretch.
2. You can also leave the foot firmly on the floor and slide forward in the chair to bend your knee.
3. Hold the stretch for 30–60 seconds.
4. Do 5–10 times per day.

**Standing Knee Flexion**
1. Place operated leg on first step with foot secure on step and heel down.
2. Lean trunk forward over foot, bending knee gradually and gently.
3. Hold for 30–60 seconds.
4. Do 5–10 times per day.
## Preparation checklist

### Medications
- Do not take anti-inflammatory medications for seven days before surgery, e.g., ibuprofen, Aleve, Naproxen, etc.
- If you take blood thinners on a regular basis, such as aspirin, Coumadin/warfarin, Plavix, Lovenox, etc., make sure you have directions from your surgeon about when to stop taking them before surgery.
- If you take medication in the morning for diabetes or high blood pressure, or seizure medications, make sure you have directions from your surgeon about how to take them the morning of surgery.

### What to take to the hospital
- This notebook.
- Please wear comfortable, loose-fitting clothing, such as pants or shorts with an elastic waistband.
- Your walker or crutches (resources given at class)
- Toiletries.
- Glasses, contact lenses, hearing aids and/or dentures with the necessary storage containers.
- Any inhalers, eye drops, medicated creams or CPAP machine. Please alert the staff if you bring these items to the hospital.

### The day before surgery
- **Do not eat or drink anything after midnight** (unless instructed otherwise by your doctor). This includes water, gum, hard candy, lozenges and chewing tobacco.
- Limit alcohol intake and do not smoke for 24 hours before surgery.
- The night before surgery, shower with the special soap provided.
- Notify your surgeon if you develop a sore throat or fever.
- Get a good night’s sleep. Set your alarm!

### The morning of surgery
- If instructed, scrub your surgical site with the special soap provided. Do not apply body lotion, deodorant or makeup, or wear contact lenses.
- Do not take jewelry or valuables to the hospital.
- Please come to the hospital at the instructed time.
At the hospital

Check in at the admitting desk located at the main entrance of the hospital. From here, you will be escorted to a room in our Short Stay Unit. A friend or family member is welcome to accompany you to this area.

While you are in Short Stay you will:
- Meet the nurse who will coordinate your pre-operative care
- Change into a hospital gown
- Have an IV (intravenous catheter) started to give you fluids and antibiotics
- Have your surgical site prepared
- Confirm your surgery and have your surgical site marked with your surgeon
- Speak with the anesthesiologist and surgical nurse about your surgery

Surgery
The procedure usually takes approximately two hours in the operating room.

While you are in surgery, friends and family can wait in our waiting lounge. The surgeon will want to talk with them when your surgery is finished.

Your friends and family should check in at the volunteer desk. If they wish to go to the cafeteria or for a short walk, the volunteers will give them a pager so they can be notified when they need to return.

After surgery
After surgery you will be transported to the recovery room. The specially trained staff will care for you as you awaken from anesthesia.
- Your heart rate, blood pressure, respiratory status and temperature will be monitored closely.
- Nurses will assess and treat your pain and any nausea you may experience.
- You will have a tube (Foley catheter) that collects your urine.
- Your surgical site will be covered with a dressing.
- You may have a tube for drainage from your surgical site.

When you are ready to leave the recovery room, you will be transported to your room on the surgical unit. Your friend or family member will be able to join you in your room.

What happens to your belongings?
Your belongings will be locked up until you have been assigned a room on the surgical unit. Our staff will transport your belongings to your new room. If you wish, your family member can keep your belongings and take them to your room.
The road to recovery

Pain management

Joint replacement surgery is designed to reduce the amount of pain you are currently experiencing. However, you will have some discomfort following surgery as your incision heals and you get used to your new joint. Our medical staff will do everything possible to attend to your comfort. Although not all pain can be eliminated, pain relief medications can safely lessen the pain you feel after surgery. You should be comfortable enough to participate in your rehabilitation as well as rest effectively. As you progress, you can expect the pain to be less intense.

Communication with your health care team is essential. Tell your care providers how you feel and how well pain relief measures are working for you. We need to know how much pain you are having when you are moving your joint, not just at rest. In turn, we will discuss options for pain relief and what you can expect from different interventions.

This communication is especially important in the first 24 hours after surgery. When you first return from surgery you may be surprised at how little pain you are experiencing. This pain relief is a residual effect of the anesthesia you received. How long this lasts depends on the method of anesthesia provided and can vary from person to person. Please let your nurse know as soon as you begin to feel discomfort so we can continue to provide effective pain control.

Pain medications can be delivered in different ways. Medications delivered through an intravenous line, or IV, begin to work quickly but generally do not provide prolonged relief. Oral medications, or pain pills, provide longer lasting pain control. These drugs are most effective when taken as soon as pain begins. In the beginning you may require a combination of IV and oral pain pills. By the time you leave the hospital, you will take only oral pain medications.

Other effective ways you can help manage your pain include simple relaxation techniques, ice therapy, repositioning and movement. Practicing slow focused breathing before surgery can help this become an effective tool during your recovery.
Mobility

Getting up and moving is probably the most important part of your recovery and the most effective way to decrease your risk of developing a complication after surgery. Mobility aids digestion, improves circulation and lung health, and decreases pain.

Most people’s instinct is to stop doing something when it causes pain. However, moving and using your new joint is very effective in decreasing your overall pain. Being immobile causes your joint to become stiff, achy and painful. Each time you get up, it will get easier and you will be one step closer to your goal of a functional joint. Do not be afraid to use your new joint. Moving and putting weight on it promotes healing and will not cause any harm.

Nursing and therapy staff will work together to get you moving. Until given permission by your therapist, always have a member of your health care team assist with activity.

Bladder care

Your urine catheter will be removed the day after your surgery. Removing the catheter as soon as possible decreases the risk of getting a bladder infection. While you may be nervous about getting up and going to the bathroom, this is actually an important step in your recovery. Our staff will be able to assist you to the bathroom, or we can provide a bedside commode until you are able to walk to your bathroom.

Bowel care

The narcotics you are taking for pain control can cause constipation. You will be on a stool softener to avoid this. Other ways to keep your bowels regular are drinking water, including fiber in your diet and being active. If you have any concerns, please let your doctor or nurse know.

Respiratory care

Following surgery, congestion in your lungs may occur, which can lead to pneumonia. To prevent pneumonia, your nurse will instruct you on coughing and deep breathing as well as using a device called an incentive spirometer (IS). Getting out of bed also helps your lungs work properly.

Getting rest

It is important to find time to rest in order to participate effectively in your rehabilitation. During the day, you should create a balance between hard work and restorative down time. Resting in bed without distractions is the best way to recharge yourself. We encourage you to limit your visitors during your initial recovery.
Preventing blood clots

Blood clots can form when circulation is impaired. There are several ways we will work together to promote circulation.

If ordered by your surgeon, you will wear elastic stockings called TED hose. TED hose apply graduated compression to your legs to promote circulation and prevent swelling. These should be worn the majority of the day. Nursing staff will help you take them off for hygiene and to check your skin.

AV impulse boots are worn over your stockings. They provide gentle alternating compression to your feet. These should be worn at all times except when walking.

Exercise about every two hours:
— Start by wiggling your toes
— Next, pump your ankles up and down

— Tighten your thigh muscles (quad sets)
— Tighten the muscles in your seat (gluteal sets)

Depending on your personal risk for developing blood clots, you may be prescribed medication in addition to the other prevention measures. Medications that may be prescribed for you include aspirin or other medications commonly called “blood thinners,” or more appropriately, anticoagulants. Your surgeon will determine your specific medications.

Two commonly used types of blood thinners are warfarin (Coumadin®) and injectable anticoagulants like enoxaparin (Lovenox®) and fondaparinux (Arixtra®). If you have any questions about what medicines you will be taking, please discuss them with your surgeon.

Important: Tell your surgeon if you or someone in your family has a history of blood clots.

The following may be signs of a blood clot and should be reported to your doctor immediately:
➢ Calf pain in either leg
➢ Warmth, redness or tenderness of calf
➢ Difficulty breathing or chest pain

Special instructions for patients taking anticoagulation medications

- Tell all health care providers, including doctors, dentists and pharmacists, that you are taking an anticoagulant medicine.
- Do not take any prescription or over-the-counter medication, unless prescribed by your doctor or discussed with the anticoagulation pharmacist.
- The main side effect of anticoagulants is unusual bleeding or unusual bruising.

Contact your health care provider if you have moderate bleeding problems such as:
- Blood in the urine
- A nosebleed that lasts longer than 30 minutes
- A bruise that is very painful and swollen

Go to the nearest emergency room if you:
- Have black, tar-like stools
- Suddenly feel very exhausted, short of breath or have chest pain
- Pass out
Physical and occupational therapy — hip

Physical therapy
Physical therapy (PT) staff will begin working with you the day of surgery to gradually increase your activity. The therapists will teach you an exercise program, how to move in bed, how to get in and out of bed, and how to walk with either a walker or crutches. You will work with physical therapy twice a day. Expect to feel tired, but remember that activity is vital to your recovery.

Here are the activities you can expect:
- **Day of surgery** — Review beginning exercises and dangle at the edge of the bed. You will take some steps with a walker.
- **Day one after surgery** — Sit up in the chair for at least two meals, review exercise program, walk in the hall with a walker or crutches in the morning and afternoon. We encourage you to walk and exercise more frequently, if you are able, and to put on comfortable clothes.
- **Day two after surgery** — Walk to the bathroom as needed. Sit up for all of your meals. Practice your exercises on your own and with the therapist twice a day. Get in and out of bed with minimal help. Walk four to five times in the hall with your walker or crutches. Be instructed and practice going up and down steps, if you have some at home. If you have met your therapy goals and are medically stable, you can discharge home following afternoon therapy.
- **Day three after surgery** — You will continue to progress with your walking and exercises. You should be able to get in and out of bed with minimal help. Most patients are discharged home following morning therapy.

Occupational therapy
Occupational therapy (OT) will generally begin on the first day after your operation. Your goal in occupational therapy will be to learn how to follow your activities of daily living, including dressing, bathing, using the toilet and getting around your home while maintaining total hip precautions.

Occupational therapy will provide information on helpful equipment, lower body dressing, bathroom and car transfers, and will work with you once a day.
Physical and occupational therapy — knee

Physical therapy
Your surgeon may prescribe a continuous passive motion (CPM) device. Movement after surgery can help minimize pain, and one way to do this is with a CPM. Most patients find this gentle, continuous movement prevents stiffness while resting in bed. The degree of motion can gradually be increased to help you maintain greater range of motion in your new knee. The CPM may be placed upon your arrival to the surgical unit, or the following morning, depending on your surgeon’s specific instructions.

If the CPM is uncomfortable, please tell your nurse or physical therapist.
Physical therapy (PT) staff will begin working with you the day after surgery to gradually increase your activity. The therapists will teach you an exercise program, how to move in bed, how to get in and out of bed and how to walk with either a walker or crutches. Physical therapy will work with you twice a day. Expect to feel tired, but remember that activity is vital to your recovery.

Here are the activities you can expect:

- **Day of surgery** — Review the beginning exercises and dangle at the edge of the bed. You will take some steps with a walker.

- **Day one after surgery** — Sit up in the chair for at least two meals, practice exercise program and walk with a walker or crutches in the morning and afternoon. We encourage you to walk and exercise more frequently, if you are able, and to put on comfortable clothes.

- **Day two after surgery** — Walk to the bathroom as needed. Sit up for all of your meals. Practice your exercises on your own and with the therapist twice a day. Bend your knee to a 90-degree angle. Get in and out of bed with minimal help. Be instructed on and practice going up and down steps, if you have some at home. If you have met your therapy goals and are medically stable, you can discharge home following afternoon therapy.

- **Day three after surgery** — Practice your exercises on your own and with the physical therapist. Most patients are discharged home on this day following morning physical therapy.

Occupational therapy
Occupational therapy (OT) will begin on the first day after surgery. Your goal in occupational therapy is to learn how to follow your activities of daily living, including dressing, bathing, using the toilet and getting around the house, while maximizing the flexion in your knee.
Home and beyond

Leaving the hospital
Together we will create a plan to meet your goals for a safe discharge. This plan will include assisting you in obtaining any equipment or other support you may need.

Most patients return home on the third day after surgery. In order to go home you need to meet the following criteria:
- Be in stable medical condition.
- Be able to get in and out of bed with minimal help.
- Demonstrate safety with mobility using crutches or a walker — walk a functional distance to make you safe at home. Be able to navigate stairs if you have them.
- Have your help at home adequately trained to assist you as needed.
- Have your pain managed by oral medications alone.

When you go home you will continue your rehabilitation with a home exercise program as instructed by the physical therapists during your stay.

In addition, your surgeon may prescribe home health physical therapy. This usually begins a day or two after discharge. We will assist you in setting this up if you have not already done so.

Discharge instructions
Throughout your stay, we will instruct you about how to care for yourself and your new joint after you leave the hospital. If you have any questions or concerns, please ask your surgeon or nurse as soon as possible.

Pain medication
Everyone’s needs vary as to how much and how long they will need to take a narcotic pain medication. Most people will need to take something the first couple of weeks, in diminishing doses. You can also try using an over-the-counter analgesic, like Tylenol, in between doses of narcotics to see how you manage. We expect you to have some pain with your therapy, but you should only take the medication you need. Also, remember to ice and elevate your leg periodically during the day. This will help with discomfort.

Possible complications
- Blood clot
- Stiffness
- Loosening of the metal components
- Prolonged pain
- Infection
- Prosthetic wear
- Dislocation

Regular follow-up appointments with your surgeon
It is very important, over the years to come, that you keep in touch with your surgeon and get periodic X-rays to make sure your joint continues to be healthy and the metal components are not loosening. How often you need to be seen will be determined by your surgeon, but it will be your responsibility to make those appointments.
Discharge checklist

☐ I have prescriptions for my new medications including pain medications.

☐ I understand my personal plan for preventing blood clots including any medication and follow-up appointments.

☐ Wear my TED hose on both legs for six weeks or until instructed by my surgeon.

☐ I understand how to care for my incision.

☐ I understand my personal plan for continuing therapy.

☐ I have, or know how to obtain, any necessary equipment.

☐ I have arranged for someone to drive me home and help care for me.

☐ I have a follow-up appointment with my surgeon.

Call your doctor if you notice any of the following because it might be a sign of infection.

- Warmth, redness, increased pain or swelling of incision
- Increased clear drainage from your incision
- Any thick, green or foul-smelling drainage from your incision
- Separation of the wound edges
- Temperature above 100 F

Note: Infections elsewhere in your body could cause an infection in the area of your joint replacement. Please consult with your doctor if you develop any signs of an infection.
On your way to a more active lifestyle

We hope your experience at Legacy Health is positive. After surgery, it is up to you to take good care of your new joint and make it last. It takes most patients three to six months to completely regain their strength and energy after a total joint replacement. If you follow your exercise and therapy routines, you can see continued improvement throughout this period.

The goal for replacing the arthritic joint is to enjoy a more active lifestyle. You will need to exercise and stay fit. Keep your weight at an optimal level; the heavier you are, the greater the wear on your joints. When you are choosing activities, remember to limit sports/activities that are high impact or have excessive pivoting. Activities that are ideal include golf, swimming, cycling, walking, hiking, general conditioning and traveling. (You will beep as you pass through the metal detector at the airport, so allow ample time to get through security.) Ask your doctor if you have concerns about exercise and activity.

Congratulations!
Better health for all

Donations to Good Samaritan Foundation help to ensure quality health care is available to everyone in our community. To learn more, please call the Office of Philanthropy at 503-415-4700, write P.O. Box 4484, Portland, OR 97208 or visit www.legacyhealth.org/giving.

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