Welcome!

Thank you for choosing Legacy Total Joint Center–Salmon Creek. Preparing and planning for your total joint replacement surgery is important for a successful experience.

We look forward to our first meeting with you at the total joint class. You will learn about your surgery. You will also find out what to expect in the hospital and when you leave the hospital. Preadmission Services will contact you to schedule your class.

Legacy Total Joint Center–Salmon Creek has earned the prestigious Gold Seal of Approval for knees, shoulders and hip replacement from The Joint Commission.

We provide services that will help you before and after surgery. Our program includes care from a team of specialists. The team includes doctors, nurses, physical therapists, occupational therapists, pharmacists, social services and nurse total joint case managers. This team works together to provide:

• Total joint class
• Planning for your stay in the hospital and care after you go home
• Individual physical therapy
• Occupational therapy (how to bathe, dress, be safe at home and use assisted devices)

Please read this guidebook. Inside you will find important information about joint replacement surgery. It will take you "step by step" through your experience.

Feel free to write notes, add personal info and mark important pages. We want you to save other materials from your doctors in this notebook. Please bring this notebook to all of your appointments. Please also bring it to the hospital the day of surgery. Please call us or your surgeon if you have any questions.

We are excited to be your partner in this process! We hope you feel confident about your surgery.

This is a general guide for your surgery experience. Please follow the instructions your medical team gives you, even if those instructions are different from what you read here.
Important phone numbers

Legacy Salmon Creek Medical Center
Main hospital ............................................. 360-487-1000
Total Joint Center coordinators:
  Nurse ................................................... 360-487-5225
  Physical therapy......................................... 360-487-5341
  Preadmission Services ..................................... 360-487-1830
  Nurse practitioner (for pre-surgical medical clearance) ... 360-487-2811
  Financial Services ........................................ 360-487-1080

Rebound Orthopedics
Main number ............................................. 360-254-6161
Surgery scheduling ....................................... 360-449-1063
Appointment line ......................................... 360-254-6165

The Vancouver Clinic
Orthopedics clinic ........................................ 360-882-2778, ext. 1850
Surgery scheduling ....................................... 360-397-3889
Appointment line ......................................... 360-882-2778

Longview Orthopedic Associates
Main number ............................................. 360-501-3400

Locations

Legacy Salmon Creek Medical Center — 360-487-1000
2211 N.E. 139th St.
Vancouver, WA 98686

Rebound Orthopedics — 360-254-6161
Legacy Salmon Creek Medical Center
Medical Office Building A, Suite 300
2121 N.E. 139th St.
Vancouver, WA 98686

Physicians’ Pavilion
200 N.E. Mother Joseph Place, Suite 110
Vancouver, WA 98664

Rose Quarter
One Center Court, Suite 110
Portland, OR 97227

East Vancouver
3101 S.E. 192nd Ave., Suite 103
Vancouver, WA 98683

The Vancouver Clinic Orthopedics — 360-882-2778
Salmon Creek
2525 N.E. 139th St., Suite 140
Vancouver, WA 98686

87th Avenue
700 N.E. 87th Ave.
Vancouver, WA 98664

Battle Ground
2005 W. Main St.
Battle Ground, WA 98604

Columbia Tech Center
501 S.E. 172nd Ave., Suite 140
Vancouver, WA 98684

Longview Orthopedic Associates — 360-501-3400
625 Ninth Ave., Suite 210
Longview, WA 98632
### Legacy Total Joint Center–Salmon Creek

#### Appointments checklist

<table>
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<th>Before surgery</th>
<th>Surgery</th>
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<tr>
<td><strong>Total joint class</strong></td>
<td><strong>Day</strong></td>
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<tr>
<td><strong>Lab work/EKG</strong></td>
<td><strong>Date</strong></td>
</tr>
<tr>
<td><strong>Nurse pre-assessment (PAS)</strong></td>
<td><strong>Location</strong>: Legacy Salmon Creek Medical Center 6th floor classroom</td>
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<tr>
<td><strong>Medical clearance</strong></td>
<td><strong>Location</strong>: Legacy Salmon Creek Medical Center</td>
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<tr>
<td><strong>Dental exam (if indicated by surgeon)</strong></td>
<td><strong>Post-op physical exam with surgeon</strong></td>
</tr>
<tr>
<td><strong>Blood donations (if indicated by surgeon)</strong></td>
<td><strong>Location</strong>: Legacy Salmon Creek Medical Center</td>
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<tr>
<td><strong>Pre-op physical exam with surgeon</strong></td>
<td><strong>Location</strong>: Legacy Salmon Creek Medical Center</td>
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**After surgery**

- **Outpatient physical therapy**
- **Post-op physical exam with surgeon**

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*Note: If done at Legacy Salmon Creek Medical Center, it will be coordinated with Lab and Preadmission.*
“All of my apprehensions were overcome, with more than pleasant results.”

— former Legacy Total Joint Center–Salmon Creek patient
Anatomy overview — knee

**Healthy knee joint**

The knee is the largest joint in the body. It is a “hinge-type” joint. It is 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 stable.

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

The quadriceps are the long muscle on the front of the thigh. They help strengthen the knee.

Articular cartilage is a smooth substance. It covers the bones where they touch each other within the joint. The meniscal cartilage is a cushion between the bones. It 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. It also shows space between the femur and patella. This space is really the cartilage. You just can’t see it on X-rays. This space should be about ¼-inch thick.
**Arthritic knee joint**

The word “arthritis” is often used to describe cartilage damage. An arthritic knee X-ray shows a loss of space between the bones. This means there is damaged or worn-out cartilage. This cartilage loss makes the bones to rub together. This causes damage, pain and loss of function.

The information in this book is about both traditional total knee replacement and MAKOplasty partial knee resurfacing. However, there are a few important differences between the two.

**Knee replacement surgery**

During knee replacement surgery, the damaged joint is replaced with a new, artificial joint. A thin layer of bone is removed from both the femur and tibia. It is replaced with an artificial surface. The back of the kneecap, or patella, may also be resurfaced. Your surgeon will talk with you about the procedure. They can answer any questions you have.
MAKOplasty
MAKOplasty is a robotic-assisted partial knee replacement. The knee is made of three compartments: the medial (inner), lateral (outer) and the patellofemoral (top). A MAKOplasty may be done when arthritis is only in one or two of the knee compartments. The surgeon-guided robotic burr (cutter) removes damaged bone from the knee compartment(s). The bone is resurfaced with a metal implant.

To get ready for MAKOplasty, your surgeon will schedule a CT (computerized tomography, or X-ray) scan of your knee. This is done at least one week before surgery.

MAKOplasty is done through a small incision. It is less invasive than traditional knee replacement. Most patients have less pain and have a faster recovery.

Most MAKOplasty patients get to go home the day after surgery.

Notes
Anatomy overview — hip

Healthy hip joint

The hip is a ball-and-socket joint. It joins the leg with the pelvis. The rounded head of the femur, or thigh bone, unites 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. It allows the bones to move smoothly against each other and without pain.

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 in the body. It is 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 the cartilage that is not visible on X-rays.

Healthy hip joint
**Arthritic hip joint**

The word “arthritis” is often used to describe cartilage damage. An X-ray of an arthritic hip shows a loss of space between the bones. This means there is damaged or worn-out cartilage. This loss of cartilage forces the bones to rub together. This causes more damage, pain and loss of function.

**Hip replacement surgery**

During hip replacement surgery, the damaged joint is replaced with a new, artificial joint. The femoral head, or ball, will be removed. It will be replaced with a metal prosthetic ball. This prosthesis will go down into the shaft of the femur. The acetabular socket will then be resurfaced with a new liner. The new ball and new socket will then be joined together. This will form the new hip joint.
“The program coordinators kept me informed and guided me along the way. Thank you!”

— former Legacy Total Joint Center–Salmon Creek patient
Pre-surgical appointments

Your pre-surgery appointments help get you ready for surgery. We will gather important information about your health so we can safely care for you. A Preadmission Services representative will call you. The representative will coordinate and schedule your appointments for preadmission, medical clearance and your total joint class.

We will mail you a letter with your scheduled appointments. Then, a preadmissions registered nurse will call you to get your medical history.

Preadmission Services

During this visit, you will talk with a patient access representative (admitting). The patient access representative will make sure your address, insurance and contact information are correct.

Medical clearance

A Legacy internal medical services nurse practitioner will do your medical evaluation before surgery. The evaluation will make sure you are in good shape for surgery. They will review your complete medical history. They will also talk to you about whether or not you need to change any medicines or have more tests. This appointment is usually three weeks before surgery.

What to expect at this visit

• You will have blood drawn.
• You will be asked to give a urine sample.
• You will have an EKG (wear comfortable clothing).
• You will review your medical history and current medications.
• You will have a physical exam.

Total joint class

You will learn valuable information that will help make your joint replacement experience a success. Please have your support person come with you, so they will know how to help you after surgery.

Pre-surgical appointment with your surgeon

About a week 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, to make sure you are fit for surgery
• Check your surgical site
• Review the benefits, risks and alternatives of your surgery and ask you to sign a consent form.
• Answer any questions you may have

Please take time to write down any questions you have for your surgeon to help you remember to ask them during your appointments.

Be sure to complete these visits to avoid any delays or cancellations on the day of surgery.

Parking

Park on the fourth floor of the parking structure. The skybridge from the parking structure goes right to the second floor of the hospital.
Please bring the following with you:

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

Medication instructions provided by the doctor or nurse practitioner:

<table>
<thead>
<tr>
<th>Medications to stop taking and when</th>
<th>Date and time of last dose</th>
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<thead>
<tr>
<th>Medications to take the morning of surgery</th>
<th>Time taken</th>
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“The class before the surgery was extremely helpful. I truly hope every patient has the opportunity to attend.”

— former Legacy Total Joint Center–Salmon Creek patient
Preparing for surgery

There are many steps you can take in the days and weeks before your surgery to help with your recovery.

Get your support system in place soon
Legacy Health provides family-centered care. How you define family is up to you. We believe their involvement is important for you to have a positive experience and successful recovery.

We encourage you to start planning now for who will be helping you throughout this time. We encourage you to have your support person come with you to your appointments and class before surgery. You will also want to start thinking about the support system you will have after you leave the hospital.

We think your home is the best place for you to recover. You will need a support person to help you. Every patient recovers at a different speed. 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 surgery. You will also need someone to drive you to therapy and doctor appointments. It is helpful to have your support person with you during your therapy in the hospital. That way, the therapist can teach them how to give you support at home.

If you are worried about going home after your surgery, please let your surgeon and care team know before your scheduled surgery. We can help you set up an alternate plan if home is not the best or safest plan for you.

Prepare your body
• Good nutrition is important for healing. It is important to eat a well-balanced diet including fruits, vegetables and lean protein.
• Drink at least six 8-ounce glasses of fluid each day. These can be water, juice or non-caffeinated beverages.
• Keep your bowels regular before surgery. This will help keep you from becoming constipated after surgery. Constipation is often a side effect of pain medications.
• Make sure you have any necessary dental work done before surgery. When you go to the dentist after surgery, you may have to take antibiotics to help prevent infection. Please talk to your surgeon.
• Smoking increases the risks of complications during surgery and recovery. If you need information on how to quit, please ask.
• Remain as active as your pain will allow before surgery. This will keep your muscles strong. Your muscles provide support. You will need that support to recover after surgery. We will give you exercises that will help target those muscles most important to your recovery. Be sure to do exercises to help strengthen your arms. Arm strength is especially important if you are having both knees replaced at the same time.
• Please take good care of the skin on your leg that will have surgery. Any scratches from things like yard work or pets could lead to a canceled surgery. Please call your surgeon’s office if you do develop any cuts or rashes.

Create a safe recovery environment at home before surgery
• Remove anything that could get caught in your walker and cause you to fall. Examples are loose throw rugs or extension cords. Be careful with slick floors.
• Pick up 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.
• Remove bathmats from bathrooms.
• 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 may want to consider installing grab bars in your bathroom.
• Meals — Make some meals ahead of time. Store them in the freezer. Get food that is easy to digest. Examples are soups, gelatin, yogurt, pudding, crackers and fruit.
• Medications — Fill any prescriptions ahead of time. Make sure you have enough of your daily medications to last several weeks after your surgery.
• Put things you use a lot in an easy-to-reach place.
Preparing for surgery

- Ice packs — Think about what you will be using for ice packs and have them ready in the freezer before you come to the hospital. Examples: gel packs, ice in a bag, homemade ice packs.

<table>
<thead>
<tr>
<th>Prevent falls — A checklist for your home</th>
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<tbody>
<tr>
<td><strong>When you walk through a room, do you need to walk around furniture and objects stored on the floor?</strong></td>
</tr>
<tr>
<td>☐ Ask someone to move the furniture so your path is clear. Make room for a walker or crutches.</td>
</tr>
<tr>
<td>☐ Keep objects off the floor and stairwells.</td>
</tr>
<tr>
<td><strong>Do you have throw rugs on the floor?</strong></td>
</tr>
<tr>
<td>☐ Remove rugs. You can trip over them, especially when using crutches or a walker.</td>
</tr>
<tr>
<td><strong>Is the shower floor or tub slippery? Do you need support when getting up from the toilet?</strong></td>
</tr>
<tr>
<td>☐ Put a non-slip rubber mat on the floor of the tub or shower.</td>
</tr>
<tr>
<td>☐ Have grab bars secured next to the toilet, tub or shower.</td>
</tr>
<tr>
<td>☐ Get a raised toilet seat with handlebars and put it on your toilet.</td>
</tr>
<tr>
<td><strong>Do you have handrail(s) for your stairs?</strong></td>
</tr>
<tr>
<td>☐ Fix loose handrails or install new ones.</td>
</tr>
</tbody>
</table>

| Is the path from your bed to the bathroom dark? |
| ☐ Get a nightlight to help you see where you are walking. |
| ☐ Place a lamp close to the bed. Make it easy to reach. |

| Other things you can do to prevent falls: |
| ☐ Get your eyesight checked regularly. |
| ☐ Improve the lighting in your house. |
| ☐ Get up slowly after you have been sitting or lying down. |
| ☐ Wear shoes with good support. Wear them both inside and outside of the house. |
| ☐ Coil or tape cords and wires next to the wall so you won’t trip over them. |
| ☐ Have your doctor check your medications. This includes over-the-counter medicines. Some medicines can make you dizzy or sleepy. |

<table>
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<tr>
<th>Homemade ice pack recipe</th>
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<tr>
<td>2 parts water</td>
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<tr>
<td>1 part rubbing alcohol</td>
</tr>
<tr>
<td>Combine in a gallon-size zip-lock plastic bag. Double bag. Place in freezer.</td>
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</tbody>
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<table>
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<tr>
<th>Equipment you may need</th>
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<tbody>
<tr>
<td>☐ Crutches</td>
</tr>
<tr>
<td>☐ Dressing stick</td>
</tr>
<tr>
<td>☐ Sock aid</td>
</tr>
<tr>
<td>☐ Bath sponge with a long handle</td>
</tr>
<tr>
<td>☐ Shoehorn with a long handle</td>
</tr>
<tr>
<td>☐ Raised toilet seat</td>
</tr>
<tr>
<td>☐ Long-handled reacher</td>
</tr>
<tr>
<td>☐ Shower/bath bench</td>
</tr>
<tr>
<td>☐ Transfer tub bench</td>
</tr>
<tr>
<td>☐ Walker</td>
</tr>
</tbody>
</table>
The week before surgery
Who is your support person? ____________________________
Is your support person going to stay with you for a week or two? _____
Where do you plan to go after leaving the hospital? ____________________________
Do you have your ice packs made or purchased and put in the freezer? _____
Do you have your bathroom equipment set up? _____

Medications
☐ Do not take anti-inflammatory medications for seven days before surgery. These medicines include ibuprofen, Aleve, naproxen, etc.
☐ If you take blood thinners regularly, find out when you need to stop taking them before your surgery. These include aspirin, Coumadin/warfarin, Plavix, Lovenox, etc.
☐ If you take diabetes or high-blood-pressure medication, find out when you need to stop taking them before your surgery. (Refer to the list you received from the nurse practitioner at your medical clearance appointment.)

What to take to the hospital
☐ Photo ID and insurance card
☐ Glasses, contact lenses, hearing aids and/or dentures with the necessary storage containers
☐ CPAP machine, if you use one. Please bring it clean, complete and in working order.
☐ Toiletries
☐ Loose-fitting, comfortable clothes that allow access to your knee(s)/hip(s). Examples are elastic waist-band shorts, sweats and non-skid shoes.
☐ This notebook
☐ Walker and/or crutches if you already have them

The day before surgery
☐ Call your surgeon if you have a sore throat or fever.
☐ Limit alcohol. Do not smoke for 24 hours before surgery.
☐ Change your bed sheets.
☐ Shower with special soap (Hibiclens) as instructed.
☐ Do not allow pets in your bed.
☐ Do not eat or drink anything after midnight (unless your doctor tells you to). This includes water, gum, hard candy, lozenges and chewing tobacco.
☐ Get a good night’s sleep. Set your alarm!

The morning of surgery
☐ Shower and scrub the part of your body that will have surgery with the special soap (Hibiclens).
☐ Do not put on body lotion, deodorant or makeup. Do not wear contact lenses.
☐ Leave medications, jewelry and valuables at home.
☐ Please be at the hospital at the instructed time: ________________
“Legacy has a superb staff. Every person contributed to my recovery. They responded with care and compassion.”

— former Legacy Total Joint Center–Salmon Creek patient
At the hospital

Check in at the surgery desk. It is on the second floor of the hospital.
We will take you to a private room in our Short Stay unit. Your support person can go there with you.
While you are in Short Stay, you will:
• Meet the nurse who will coordinate your pre-surgery care
• Change into a hospital gown
• Have an IV (intravenous catheter) started. This will allow for IV fluids and antibiotics.
• Have your surgical site prepared. The hair on your leg(s) will be removed with clippers. The area will be scrubbed again.
• Confirm your surgery with your surgeon. Get your surgical site marked by the surgeon.
• Speak with the anesthesiologist and surgical nurse about your surgery
• Take your first pain medication

Surgery
The surgery usually takes two to three hours. While you are in surgery, your support person can wait in our waiting lounge. The surgeon will want to talk with them after your surgery.
Your support person should check in at the volunteer desk. If they want to go to the cafeteria or for a short walk, the volunteer will give them a pager. They can also get your support person’s cell phone number to call after your surgery.

After surgery
After surgery, you will be taken to the recovery room. Our staff will care for you as you wake up from anesthesia.
• They will monitor your heart rate, blood pressure, respiratory status and temperature.
• Nurses will treat any pain or nausea you may have.
• You may 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, a member of our staff will take you to your private room on the sixth floor in the Total Joint Center. Your support person 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 in the Total Joint Center. Our staff will bring your belongings to your new room. If you wish, your support person can keep your belongings and take them up to your room.
The road to recovery

Pain management

Joint replacement surgery is designed to reduce the amount of pain you are currently experiencing. You will still have some discomfort after surgery. Your incision will need to heal. You will also need to get used to your new joint.

We will do all we can to help you be comfortable. Not all pain can be taken away, but pain medications can help to lessen the pain you feel after surgery. You should be comfortable enough to do your physical therapy and rest.

Be sure to talk with your health care team. Tell them how you feel and if you are in pain. We need to know how much pain you are having when you are moving your joint, not just at rest. We will talk about options for pain relief. We will also talk about what you can expect from different pain-relieving care. This communication is especially important the first 24 hours after surgery.

When you first return from surgery, you may be surprised at how little pain you have. This is because of the anesthesia. We cannot be sure how long this will last. Please let your nurse know as soon as you begin to feel pain.

You can receive pain medicine in different ways. Intravenous line, or IV, medicines work quickly, but generally do not last very long. Oral medications, or pain pills, last longer. These medications work best if you take them when the pain begins. Right after surgery, you may need a combination of IV and pain pills. By the time you leave the hospital, you will take only pain pills. You will get a prescription for pain medication before you leave the hospital.

You will learn about our blue “pain medication record sheet” in the total joint class. Your nurse will teach you and your support person how to use the sheet. You can use it to help you understand how to manage your pain while you are in the hospital and at home. You can also help manage your pain with ice therapy, repositioning, movement and simple relaxation techniques. The pain will lessen as you get better and recover from your joint replacement.

This is one tool your nurse may use to better understand your pain.
Mobility
Getting up and moving is probably the best way for you to recover and avoid complications after surgery. Moving helps with circulation, lung health, digestion and management of constipation. It also helps lessen pain.

Most people try to stop doing something when it causes pain. However, moving and using your new joint will help to lessen your overall pain. If you don’t move, your joint will become stiff, achy and painful. Each time you get up will get easier and you will be one step closer to a working joint. Do not be afraid to use your new joint. Move and put weight on it. This will help you heal.

Nursing and therapy staff will work together to get you moving. Have a health care worker help you until your therapist tells you that you can move on your own.

Bladder care
Your urine catheter will be removed when you are able to get up and walk. This will decrease your risk for a bladder infection. Please call for help when you need to go to the bathroom. Our staff will be happy to help you.

Bowel care
Pain medicine causes constipation. Your nurse will tell you how to prevent constipation. Drink lots of water. Eat a high-fiber diet. Keep active. Ask your doctor or nurse any questions about bowel care.

Respiratory care
Your lungs could become congested after surgery. This could cause pneumonia. To help prevent pneumonia, your nurse will encourage you to cough and deep breathe. They will also show you how to use an incentive spirometer (IS) or flutter valve (devices that help to expand and clear the lungs). Getting out of bed also helps your lungs work properly.

Getting rest
Make sure you find time to rest. During the day, it is important to find a balance between hard work and down time. Rest in bed without distractions. This is the best way to recharge. Limit your visitors during your initial recovery.
Preventing blood clots

You can get blood clots when your circulation is impaired. We will work together to help keep your circulation moving.

• Your surgeon may have you wear elastic stockings called TED hose. TED hose put pressure on your legs. This helps with circulation. It also helps keep you from swelling. You should wear these stockings 23 hours a day. Nursing staff will help you take them off to clean and check your skin. Wear your TED hose for six weeks after surgery unless your doctor tells you otherwise.

• Sequential compression devices (SCDs) are worn over your stockings. They put gentle pressure on your calves. Wear your SCDs at all times, while in the hospital, unless you are walking or exercising. Please tell your nurse if the SCDs are not putting pressure on your calves while you are in bed or sitting in a chair.

Let your doctor know right away if you have any of the following. If so, you might have a blood clot.
• Calf pain in either leg
• Warmth, redness or tenderness in your calves
• Difficulty breathing or chest pain

• 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)

If you are at risk for blood clots, your surgeon will have you take medicine to help prevent them.

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

Special instructions for patients taking anticoagulation medications

What to do if you take anticoagulation medications on a regular basis:
• Tell all health care workers that you are taking these medicines. Health care workers include doctors, dentists and pharmacists.
• Do not take any prescription or over-the-counter medications unless your doctor or the anticoagulation pharmacist asks you to.
• Bleeding and bruising are side effects of anticoagulants.

Tell your doctor if you have:
• Blood in your 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:
• Suddenly feel very tired, short of breath or have chest pain
• Pass out
• Have black stools that are like tar
Physical therapy — knee

Your surgeon may prescribe a continuous passive motion (CPM) device. You will want to move after surgery to help lessen pain. A CPM can help you move. You can use the CPM while you rest in bed. It will help keep your knee joint from getting stiff. You can increase the motion gradually. The CPM is for comfort. If the CPM is uncomfortable, please tell your nurse or physical therapist.

Continuous passive motion device in use

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. They will also show you how to move in bed, how to get in and out of bed, and how to walk with a walker or crutches. You will feel tired, but activity is important for your recovery.

At the hospital

Activities you can expect

Day of surgery — Placement of CPM. Review beginning exercises. Dangle at the edge of the bed. Elevation of your leg with pillows or CPM, as ordered by your surgeon. Walk with staff member in your room and possibly in the hall, if you are feeling well enough.

Some patients may go home this evening if all goals are met.

Day one after surgery — Sit up in the chair for at least two meals. Review your exercise program. Walk to the bathroom and in the hall with a walker or crutches. Put on comfortable clothes. You will learn how to go up and down steps.

Most patients meet their goals and get to go home this day.

Ice and elevate the surgical leg above the level of your heart five times a day.
Physical therapy — hip

Physical therapy (PT) staff will start working with you the day of surgery. They will help you gradually increase your activity. They will teach you an exercise program. They will also teach you 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 feel tired, but activity is important for your recovery.

Activities you can expect

- **Day of surgery** — Review beginning exercises and hip dislocation precautions. Dangle at the edge of the bed. Walk with a staff member in your room and possibly in the hall, if you are feeling well enough.

- **Day one after surgery** — Sit up in the chair for meals. Review exercise program. Walk with staff member to the bathroom and in the hall with a walker or crutches. Put on comfortable clothes. You will learn about helpful equipment in occupational therapy. They will also show you how to dress, take a shower and get in and out of a car safely. Many patients go home this afternoon if all goals are met. If you need to stay another night in the hospital, you will continue to work toward your goals.
“The patient notebooks were organized and laid out in black and white with checklists and everything. Because of the notebook, my home is safe to go home to.”

— former Legacy Total Joint Center–Salmon Creek patient
Home and beyond

Leaving the hospital
We will work with you to make sure you have everything you need after you leave the hospital. We will help get you any equipment or support you may need.

Before you go home, you need to:
- Be in stable medical condition
- Be able to get in and out of bed with little help
- Demonstrate that you can safely use crutches or a walker
- Be able to go up and down stairs (if you have them at home)
- Have your support person trained to assist you
- Have your pain managed by ice, repositioning and oral pain medications

You will do an exercise program at home. Our physical therapists will show you what to do at home while you are in the hospital.

Your surgeon wants you to keep seeing a physical therapist after you leave the hospital. This outpatient physical therapy usually starts one or two days after you go home. We can help you set this up, if you need us to.

Pain management
Pain is expected after major surgery. You are encouraged to take regular-strength Tylenol (acetaminophen) every six hours (unless you’ve been told by your doctor that you can’t). Do not take more than 3,000 mg in 24 hours.

You will be prescribed a narcotic pain medication to use as a supplement to the Tylenol. You should only take pain medication as needed to be able to rest comfortably and participate in your therapy.

As you heal, the pain will get better. The narcotic will be the first medication that you will reduce using.

For any narcotic, reduce the number of pills and how often you take them on a gradual basis. Keep taking the Tylenol as you decrease the use of the narcotics, to help maintain pain control. Keep track on your blue pain medication record sheet.

Remember to ice and elevate your leg above the level of your heart several times throughout the day to help decrease swelling.

Possible problems
- Stiffness
- Blood clot
- Infection
- Metal parts coming loose
- Prosthetic wear
- Pain that lasts a long time
- Dislocation (hip)

Regular follow-up appointments with your surgeon
Please see your surgeon as often as they ask you to for years to come. Please also get X-rays when they ask you to. Your surgeon will let you know how often you need to do things. It is your responsibility to make appointments and get X-rays when your surgeon asks you to.
Call your doctor if you have any of the following. These might be signs of infection.

- Warmth, redness, more pain or incision swelling
- 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: Other infections in your body can cause an infection in the area of your joint replacement. Please call your doctor if you have any signs of an infection.

Please do not have any unnecessary dental work for three to four weeks after your surgery. This includes teeth cleaning. Before you have dental work done, please let your dentist know about your joint replacement. Depending on your surgeon’s recommendation, you may need to take an antibiotic. If needed, your dentist can give you a prescription. Please call your surgeon with any questions.
On your way to lifelong success

We hope you have a great experience at Legacy Salmon Creek Medical Center. After surgery, it is up to you to take good care of your new joint and make it last. It takes most people three to six months to completely get back their strength and energy after a total joint replacement. Within this time, you should be continually getting better.

Your new joint should give you a more active lifestyle. You will need to exercise and stay fit. Keep a healthy weight. The more you weigh, the harder you will be on your joints. Please limit sports and activities that are high impact. Please also limit anything that requires a lot of turning or swinging. These activities are good for you: golf, swimming, cycling, walking, hiking, general conditioning and traveling. Please ask your doctor any questions you may have about exercise and activity.

You will beep if you pass through a metal detector at an airport or other high-security location. Tell the security officers about your joint replacement when you get near the security area. Let them know where your implant is located. A security officer can offer you a private screening that could include screening with a hand-held wand and a pat-down inspection.

Congratulations!
Exercises for after knee replacement

**Phase 1**

**Ankle pumps**
1. Bending both ankles, flex the feet up and down quickly.
2. Repeat 10 times every hour.

**Quad sets**
1. With your operated leg straight, tighten the front thigh muscle. The back of the knee should press down on the bed.
2. Hold for 5 seconds, then relax.
3. Do 10 repetitions, 5 times per day.

**Phase 2**

**Heel slides**
1. Starting with your operated leg flat on the bed, slide your heel toward your bottom, bending your knee, until you feel a strong stretch.
2. Slowly push heel back out to straighten the leg.
3. Do 10 repetitions, 2 times per day.
**Knee straightening — Foot lift**

1. Lie on your back with a support under your operated knee. (A towel roll works great.)
2. Leave the knee on the roll and raise your foot up until you knee is straight.
4. Do 10 repetitions, 2 times per day.

**Leg slides**

1. While keeping the knee of your operated leg tight and straight, slide the whole leg out to the side. Keep your knee and toes pointed up.
2. Slowly bring your leg back to the center.
3. Do 10 repetitions, 2 times per day.

**Knee straightening stretch sitting up**

1. Sit with your operated leg propped up on a chair.
2. Relax and allow your knee to sag down and stretch straight for one minute.
3. Do 10 times per day.

**Knee straightening stretch lying down**

1. Lie on your back with a roll under your heel as shown.
2. Relax and allow your knee to sag down and stretch straight for one minute.
3. Do 10 times per day.
**Knee bending — Sitting stretch**
1. While sitting in a chair, slide the foot of the operated leg back under your knee as far as you can tolerate.
2. Keeping your foot firmly on the floor, slide your bottom forward on the chair to increase the stretch.
3. Once at maximum stretch, hold for one minute.
4. Do 10 times per day.

**Sitting leg lifts**
1. Sit on the edge of your bed or in a chair with your thighs supported.
2. Straighten the knee of your operated leg by lifting your foot off the floor, while keeping your thigh supported on the chair.
3. Slowly bend your knee to lower your foot to the floor.
4. Do 10 repetitions, 5 times per day.
Straight leg raises
1. Lie on your back with the operated knee straight and the other knee bent as shown.
2. Keeping your knee tight and straight, raise your operated leg off the bed 12–18 inches.
3. Lower your leg slowly, keeping the knee tight and straight.
4. Relax muscles between each repetition.
5. Do 10 repetitions, 2 times per day.
Exercises for after hip replacement

**Phase 1**

**Ankle pumps**
1. Bending both ankles, flex the feet up and down quickly.
2. Repeat 10 times every hour.

**Quad sets**
1. With your operated leg straight, tighten the front thigh muscle. The back of the knee should press down on the bed.
2. Hold for 5 seconds, then relax.
3. Do 10 repetitions, 5 times per day.

**Buttocks squeeze**
1. Squeeze your buttocks muscles together.
2. Hold for 5 seconds, then relax.
3. Do 10 repetitions, 5 times per day.
Phases 2

Heel slides
1. Starting with your operated leg flat on the bed, slide your heel toward your bottom, bending the knee and hip.
2. Slowly push heel back out to straighten the leg.
3. Do 10 repetitions, 2 times per day.

Leg slides — Anterior lateral approach
1. While keeping the knee of your operated leg tight and straight, allow caregiver to slide your whole leg out to the side, keeping your leg relaxed. Keep your knee and toes pointed up.
2. Without caregiver assistance, slowly slide your leg back to the center.
3. Do 10 repetitions, 2 times per day.

or

Leg slides — Posterior approach or direct anterior approach
1. While keeping the knee of your operated leg tight and straight, slide the whole leg out to the side. Keep your knee and toes pointed up.
2. Slowly bring your leg back to the center.
3. Do 10 repetitions, 2 times per day.
**Bridging**
1. Lie on your back with both knees bent and feet flat on the bed.
2. Tighten your buttocks then raise your hips off the bed.
3. Slowly lower your hips back down to the bed.
4. Do 10 repetitions, 2 times per day.

**Sitting leg lifts**
1. Sit on the edge of your bed or in a chair with your thighs supported.
2. Straighten the knee of your operated leg by lifting your foot off the floor, while keeping your thigh supported on the chair.
3. Slowly bend your knee to lower your foot to the floor.
4. Do 10 repetitions, 5 times per day.
“I appreciated the nurturing environment and the private rooms. Legacy is my hospital of choice. I live far away, but it is well worth the distance.”

— former Legacy Total Joint Center–Salmon Creek patient
Frequently asked questions about knee replacement

How long will I be in the hospital?
Before you go home, you should be able to get in and out of bed with little or no help. You should also be able to walk up and down the hall with a walker or crutches, and use the bathroom by yourself. Most total knee patients can do these things the day after surgery.

How long will I need my walker or crutches?
You are allowed to put your full weight on your operated leg right away. You can use an assistive device, but it can be painful at first. You will need to use an assistive device as long as you are still limping. Practice walking without a limp with the walker/crutches. When you can do this without putting pressure on your arms, try to walk without the crutches/walker. This takes one to two weeks for most people.

How long will I need to be off work?
If you have a job that is physical in any way, plan to take at least eight weeks off. If you have a sit-down job, you may be able to go back sooner. In either case, you need to take time to recover until you reach your goals.

Can I do anything to hurt my new knee?
Don’t be afraid to use your new knee. The prosthetic parts are securely in place when you leave the operating room. You can do the gentle stretching exercises your physical therapist gives you without hurting your incision.

Can I kneel on my new knee?
You can kneel on your new knee after the incision is completely healed and the swelling is gone. It is not comfortable to kneel on a hard surface. You can kneel on grass while working in the yard. You must have the range of motion needed. If your knee does not bend far enough, you will be uncomfortable.

My knee is bruised and swollen after surgery. Is that normal?
Some bruising and swelling in your knee is normal. Your body is recovering from surgery. It may take a while for your tissue and blood vessels to get back to normal.

To treat swelling, elevate your feet above your heart. Put an ice pack on your knee. You may want to use ice to help relieve pain and swelling for several months after surgery. A balance of activity is key. Walk a little. Sit a while. Lie down with your feet up for a while.

Remember, icing your knee and elevating it above the level of your heart will help reduce the swelling.

Let your doctor know right away if you have redness, warmth or calf pain. These are signs of a blood clot.

How long will I need to take pain medication?
It will take a few weeks for your incision to heal. During the two weeks, you will probably need pain medicine. Your need for the pain medicine will become less during this time. You can take the prescribed narcotic as needed, in addition to Tylenol. As you heal, you can move toward just taking Tylenol. Please do not take more than the Tylenol package directs. Please check with your surgeon before you use other over-the-counter pain medications.

Once your incision heals, you should start to feel better than you did before surgery. Remember to use ice and elevation to relieve pain and swelling. Your knee will tell you when to rest and elevate. Your job will be to listen to it.

How will this affect my sleep?
It is very important to get your rest. You will have busy days doing therapy exercises, walking and healing. Sometimes it will be difficult to find a comfortable position to sleep. Your knee will get stiff when it is not moving. Try to change positions while sleeping.

While sleeping on your back, elevate your lower leg with a few pillows. This will also lessen swelling. You may find a continuous passive motion (CPM) machine helpful. It keeps your knee moving while you are resting. When not using the CPM, sleeping...
on your side is fine. This will probably be more comfortable with a pillow between your knees to pad them.

**When can I take a shower?**
That depends on your surgeon and what is used to close your incision. Most patients can shower with a waterproof covering on their incision. You will get instructions while you are in the hospital.

**Will I need physical therapy?**
Absolutely. You will be seen in the hospital by physical therapy staff. They will teach you exercises. They will also teach you how to walk properly.

The success of your joint replacement depends on you meeting your goals for strength and range of motion. If your knee turns out stiff or weak, you will not be happy with the results.

For the best result, make follow-up visits to an outpatient physical therapist. They will help you progress your exercises. They are also a great resource. Ask them any time you have questions about your home program.

**Is it possible to exercise too much?**
Limit your exercise in the first six to eight weeks. Do only what the physical therapists tell you to do. Do your home exercises on your own. Try to walk a little farther each day. If your knee starts to feel more swollen and sore, lie down. Elevate your leg so that your foot is above your heart. Put ice on your knee. Everybody has a different recovery time. Your knee will let you know when you need to rest. Listen to it.

**When can I drive?**
You need to be completely off all narcotic medications to drive. If you had surgery on your right leg, you will need to have healed enough to use the pedals safely. This can take four to six weeks.

**I feel a little depressed. Is that normal?**
Sure, you have just been through a lot. You are not sick and you probably do not like to be slowed down this much. Remember your recovery is not a sprint, it is a marathon. Keep track of all the progress you are making.

Talk about how you feel. It can help. Your physical therapist can be a great support. They have lots of experience helping people through all parts of recovery. Feel free to talk about any frustrations with them.

Side effects of the narcotic medications will also make these feelings worse. The sooner you can stop taking them, the better. If you keep feeling depressed, please talk to your doctor.

**Do I have to worry about infections after the incision is healed?**
Yes. Be sure to get treated if you think you have an infection anywhere in your body. We don't want that infection to spread to your new joint. A bladder infection is an example.

Please ask your surgeon if you will need antibiotics before you have any dental work done.

Remember: Frequent washing of your hands helps prevent infections and the spread of disease.
Frequently asked questions about hip replacement

How long will I be in the hospital?
Before you leave the hospital, you should be able to get in and out of bed by yourself. You should also be able to walk up and down the hall with a walker or crutches, and use the bathroom by yourself.

Most patients can do these things by the afternoon of the first day. Some patients may need to stay until the second day.

How long will I need my walker or crutches?
You can put your full weight on your operated leg right away. You will be using the assistive device because of the pain you will feel at first from the incision. If you still limp when you try to walk without the walker or crutches, it is too soon to do without. Practice walking without a limp with the walker or crutches. Once you find you can do this without putting any pressure through your arms, you can try to walk without the crutches or walker. This takes two to four weeks for most patients.

How long will I need to be off work?
If you have a job that is physical in any way, you should take at least eight weeks off. If you have a sit-down job, you may be able to go back sooner. Either way, you need to take time to recover and reach your goals.

How long do I need to worry about my dislocation precautions?
Try to make these a part of your daily life. The first three months are the most important. This is the time when the capsule around the hip joint is healing and tightening up.

An occupational therapist will work with you in the hospital. They will tell you how to move while following these important precautions. During your follow-up appointments, your surgeon will evaluate the stability of your hip. They will tell you how long to continue precautions.

How long will I need to take pain medication?
It will take a few weeks for you to heal and recover from the incision pain. During the two weeks you are healing, you will probably need to take pain medication. The amount you need to take will become less and less. You can take Tylenol in addition to the pain medicine. As you heal, you can start just taking Tylenol. Please do not take more than directed on the package. Please ask your surgeon before you use other over-the-counter pain medications.

Once the incision has healed, you should start to feel better than you did before surgery. Remember that you can use ice to relieve pain. You can also use elevation. Your hip will tell you when to rest. Your job will be to listen to it.

Can I sleep on my side?
You may sleep on your non-operative side with a pillow between your knees. This will help keep the leg of your new hip in good alignment.

While sleeping on your back, you can put a couple of pillows under your lower leg to elevate it. This will help with swelling that may be in your feet. It is common for your hip to get stiff when it is not moving, particularly at night. You will probably need to change positions frequently to find what works best for your sleep.

You will have busy days doing therapy exercises, walking and healing. It is very important you get your rest. Your new hip cannot cross your midline. While you are in the hospital, your physical therapist can show you how to avoid this.

When can I take a shower?
Most patients can shower with a waterproof covering on their incision. This depends on what your surgeon used to cover the incision. You will get instruction while you are in the hospital.

Will I need physical therapy?
Physical therapy staff will see you in the hospital. They will teach you exercises and how to walk properly. You will get the best results if you meet your goals for strength and mobility. You will receive a list of exercises to do after you go home. Your physical therapist will tell you how much to do.

Can I exercise too much?
Limit your activity for the first six to eight weeks. Do only what is comfortable. During this time, you should walk a little more each day. If your hip becomes more swollen and sore, lie down. Elevate your leg. Put ice on your hip. Everybody has a different recovery time.
**My leg is swollen after surgery. Is that normal?**

Some swelling in your leg and ankles can be normal. Your body is still recovering from surgery. It may take a while for your tissue and blood vessels to get back to normal. Change positions throughout the day. Elevate your feet above the level of your heart. Balancing your day with activity and rest is key. Walk a little. Sit a while. Lie down with your feet up for a while. Call your doctor right away if you have redness, warmth or pain in your calves. These may be signs of a blood clot.

**When can I drive?**

You need to be completely off all narcotic medications to drive. If you had surgery on your right leg, you will need to be able to use the pedals safely. That may take four to six weeks. Talk to your surgeon.

**I feel a little depressed. Is that normal?**

Yes. You have been through a lot. You are not sick. You probably do not like to be slowed down this much. Remember, your recovery is not a sprint, it is a marathon. Keep track of all your progress. Talk about how you feel with someone. Side effects of the narcotic medications will make these feelings worse. The sooner you can stop taking them, the better. Call your doctor if you continue to feel depressed.

**Do I have to worry about infections after the incision is healed?**

Yes. Be sure to get treated if you think you have an infection anywhere in your body. We don’t want that infection to spread to your new joint. A bladder infection is an example.

Please ask your surgeon if you will need antibiotics before you have any dental work done. Remember: Frequent washing of your hands helps prevent infections and the spread of disease.
Back pocket
— 4" pocket, with slits for TWO business cards, centered vertically, horizontally side-by-side centered but offset slightly to allow for binding
— bound into wire-o