

Northern Light Orthopedics Patient Guidebook

# Total Hip and Knee Joint Replacement Surgery



**Northern Light**<sup>SM</sup>

Mercy Hospital

Patient ID Sticker

I acknowledge that I received this information booklet about my upcoming surgery.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

This Guidebook Belongs to:

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Pharmacy Name and Phone: \_\_\_\_\_

This guidebook is designed to provide information and education about all phases of care for your joint replacement surgery so that you will know what to expect every step of the way. Please bring this guidebook with you for all pre-surgical appointments, your hospital stay, and post-surgical appointments. Important dates and times to remember: (Please write below)

Surgery: \_\_\_\_\_ at \_\_\_\_\_ AM or PM

Pre-Admission Testing/Evaluation: \_\_\_\_\_ at \_\_\_\_\_ AM or PM

Follow up Appointment with Surgeon: \_\_\_\_\_ at \_\_\_\_\_ AM or PM

Please list **all medications** you are currently taking including prescription medications, over the counter medications and herbal or dietary supplements:

Medication Name	Directions (how often do you take it?)	Dose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____





For more than 90 years, Northern Light Mercy has fulfilled its mission of carrying out the healing work of Christ by providing clinically excellent, compassionate health care for all, with special concern for the poor and disadvantaged. Our goal is to help you regain your ability to engage in life at the level that gives you the greatest satisfaction. While YOU are the most important member of your health care team, be assured that there are several outstanding medical professionals serving on it.

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# Welcome to Northern Light Mercy Hospital

175 Fore River Parkway  
Portland, ME 04102  
207-879-3481

[NorthernLightHealth.org/Mercy-Hospital](http://NorthernLightHealth.org/Mercy-Hospital)

## Additional Contact Information

<b>Main Number/Operator</b>	.....207-879-3000
<b>Clinic for Surgical Services (PAT)</b>	.....207-553-6145
<b>Care Management (general inbox)</b>	.....207-553-6239
<b>Financial/Billing/Insurance Queue</b>	.....207-879-3470
<b>Pre-Registration</b>	.....207-879-3860
<b>Physical Therapy</b>	.....207-879-3287
<b>Occupational Therapy</b>	.....207-879-3387
<b>Orthopedic Services</b>	.....207-553-6295
<b>Northern Light Home Care &amp; Hospice</b>	.....207-780-8624
<b>Surgical Waiting Room</b>	.....207-553-6440

Thank you for choosing Northern Light Mercy Hospital to meet your healthcare needs. Our staff and your surgeon are dedicated to providing you with the finest surgical care available.



## Planning for Hip Surgery

When it’s working properly, your hip lets you walk, sit, bend, and turn without pain. To keep it moving smoothly, a complex network of bones, cartilage, muscles, ligaments, and tendons must all work in harmony.

The hip is a very stable ball-and-socket joint. The ball portion of the joint is called the femoral head and is part of the upper leg bone (femur). The socket portion is called the acetabulum and is part of the pelvic bone. The femoral head (ball) fits into the acetabulum (socket). Both the femoral head and acetabulum have a smooth, friction- free surface of cartilage.

Arthritis is the wearing away of this cartilage layer to the underlying bone. Without this cartilage layer, the hip becomes painful with motion and daily activities, such as walking.

## Your Hip Replacement Surgery

In total hip replacement surgery, the ball and socket that have been damaged by arthritis are removed and replaced with artificial parts. These artificial parts are called “implants” or “prostheses”.

There are many different types of implants available and many different techniques used to place the implants. Your surgeon will evaluate your unique situation and recommend the options best for you.

Your doctor will discuss anticipated benefits and potential risks of the procedure with you.



If you have been given precautions to follow, we strongly recommend that you purchase a “Hip Kit” for after your surgery.

**Hip Kit items:**

- ☐ Sock Aid/Elastic Shoe Laces
- ☐ Reacher
- ☐ Dressing Stick
- ☐ Long Handled Shoe Horn
- ☐ Long Handled Sponge



There are several types of hip kits available, which may or may not include a dressing stick and elastic shoelaces. Most hip kits contain a sock aid, reacher, long handled shoe horn, and a long-handled sponge. There are many options of where to purchase a hip kit. Several options are:

- Amazon.com
- Alimed.com
- Walmart.com
- Black Bear Medical (Stillwater Avenue, Bangor or Marginal Way, Portland)
- Northern Light Pharmacy (State Street, Bangor or Fore River Parkway, Portland)

\*Insurance does not cover this equipment. It is an “out-of-pocket” expense. Most hip kits range between \$30-45, though **prices vary**. We recommend that you shop around.

## Mobility Assistive Devices or Durable Medical Equipment (DME)

- Check with your surgeon to determine what special equipment needs you may have. This equipment may need authorization from your physician or insurance company to avoid out of pocket costs.
- You will need a walker or crutches after surgery. A front wheeled walker is the only style of walker appropriate after a joint replacement and is the preferred device. Do not buy a four-wheeled walker. See the images below.
- If you have your own equipment, please bring it the day of your surgery. If you are unable to acquire equipment prior to the day of surgery, we will supply you with what you need. However, please be aware pricing may be higher with hospital based equipment than it is from a medical supply store, or web-based ordering.
- This equipment is available for purchase at the Northern Light Mercy Hospital pharmacy, Miller Drug, located on the Fore River campus at 195 Fore River Parkway, Portland. (207) 535-1600.
- Equipment can also be purchased at:
  - Amazon
  - Alimed
  - Walmart
  - Black Bear Medical (Stillwater Avenue, Bangor or Marginal Way, Portland)





## Knee Osteoarthritis & Total Knee Anterior Flexed



**Knee Osteoarthritis,  
Anterior Flexed**



**Total Knee,  
Anterior Flexed**

## Hip Osteoarthritis & Total Hip



**Hip Osteoarthritis**



**Total Hip**

## Total Knee Extended & Partial Knee Extended



**Total Knee,  
Extended**



**Partial Knee,  
Extended**





# Planning for Knee Surgery

Together, you and your surgeon have decided that replacing your knee with an artificial joint is the best solution to help relieve your pain and help you return to enjoying normal, everyday activities.

During knee replacement surgery, the surfaces of the damaged thigh (femur), lower leg (tibia), and usually the kneecap, are replaced with specially designed metal and polyethylene plastic joint components.

There are two methods of joining the artificial parts and your bones:

- Cemented
- Non-cemented

With a non-cemented joint, the bone grows into specially prepared surfaces of the prosthesis allowing for fixation. With cemented components, the bone cement provides a mechanical fixation for bonding the prosthesis to the bone.

Your surgeon will determine which prosthesis and method of fixation is best for you. Most often the decision is based on your age, activity level, your health, and how your bones appear on X-ray.

## Unicompartmental (Partial) Knee Replacement

Partial knee replacement effectively relieves pain and returns patients to their desired lifestyle. This surgery is safely and effectively performed as a “same day” procedure. This means you can go home on the same day as your surgery. This works best for people who have already started the work of recovery before surgery. Please read this booklet, do your best to follow the instructions and advice, and attend ‘joint camp’. Prepare your body and home for the best results of your surgery!

# What are the risks of joint replacement surgery?

**Infection:** This is not common but can occur soon after surgery or even years later from bacteria that can enter the blood stream and settle in your artificial joint. An infection often results in the need for additional surgery.

**Deep Vein Thrombosis:** Blood clots may go to your lungs and cause difficulty breathing or chest pain. If it does occur, is most likely to occur shortly after surgery. After surgery, you will be on medication to decrease your risk of having a blood clot go to your lungs (pulmonary embolism).

**Dislocation of Hip:** The new joint can pop out of place if the joint is flexed or rotated excessively.

**Swelling:** Swelling of your leg is common after surgery. Your support hose stockings (TEDS) will help with this. Other risks such as nerve injury, fracture around your artificial joint, and the joint wearing or loosening with time are less common. Swelling can also be managed by ice and elevation, as seen on page 29.

**Weakness:** Your new joint will be held in place by your own soft tissues (muscles) which will temporarily be weakened as a result of the surgery. Your physical therapist will teach you exercises to do before and after your surgery to strengthen and tone these muscles. Your recovery will be much better if you do these exercises as taught to you.

**Despite these risks, joint replacement is usually very safe and effective!**

**You can look forward to decreased pain and the ability to be more active.**

## IMPORTANT- Pre-Registration

### Pre-Registration: 207.879.3860

Pre-registration is essential to providing your care. After your surgery has been scheduled, call 207.879.3860 to complete the pre-registration process. Have your insurance card available for this call. You may be asked:

- Your legal name, date of birth, mailing address, phone number, Social security number
- Name of health insurance holder, his or her address, phone number and social security number
- Name of health insurance company, mailing address, policy and group number
- Your employer, their address, and phone number
- Name, address and phone number of person to notify in case of emergency

Step 1 - Preoperative Call or Testing

Clinic for Surgical Services

Once your surgery is scheduled and you have pre-registered, a nurse from surgical services will call you. Some patients may need to come to the hospital for a pre-operative testing appointment. On the phone you will be asked about medications, your health history, and prior anesthesia history. The nurse who calls you will discuss which medications you may take the day of surgery. There are some medications that should be discontinued for several days before surgery. **Your surgeon will inform you of any medications you take that should be stopped.**

The nurse will also confirm the date and time of your surgery, including what time to arrive at the hospital. Your surgeon’s office will notify you if these times change.

Please have the following information readily available:

- List of all medications including prescriptions and over the counter medications
- List of prior surgeries
- Specialists (cardiologist, pulmonologist, etc.) names and telephone numbers

If you are scheduled for a pre-operative testing appointment, the following may be included in your visit:

- Blood (lab) work
- ECG
- Medical Management Consult/Hospitalist
- Chest X-ray

**Please let us know if you have had any recent tests. It is very important that you go to this appointment or your surgery date may have to be changed.**

Care Navigation Services

Northern Light Orthopedic and Total Joint services follow world-class standards to ensure your safety and success. An offered service is Care Navigation. You will most likely be assigned to the care of a specially trained nurse called a Care Navigator who will help you though the journey of joint replacement, before, during, and after your procedure. They will assess you for your needs and tailor care to you, offering the best chances for a successful procedure. Most patients find a worthy ally during the process who serves to increase, motivation, preparedness, and better outcomes.

**My Care Coordinator is:** \_\_\_\_\_

**Their phone number is:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

Step 2 - Surgery Scheduling

Your Role in Preparing for Surgery

Surgery Scheduling

Your surgery date will be scheduled by your surgeon’s office. Please be advised your arrival time is approximately two to three hours prior to your scheduled surgery start time. **You will receive a phone call from your surgeon’s office if there is any change in the time of your surgery.**

Step 3 - Verify Insurance Coverage

Your Role in Preparing for Surgery

Contact Your Insurance Company

All insurance companies are different in the coverage and requirements for joint replacement surgeries. Although each doctor’s office has staff that can assist you with processing your insurance claim, you may want to contact your insurance company directly for specific information prior to your surgery. From them, you should ask if pre-authorization, pre-certification, second opinion or a referral form is required.

You will also want to find out if your insurance covers home care or rehabilitation services such as a skilled nursing facility. Most doctors’ offices will take the necessary steps to obtain your surgical pre-certification, but you will want to find out about your care options for after your surgery.

One of our financial counselors is available to assist you if you do not have insurance, have Medicaid or need to make payment arrangements. Please call our Patient Accounts department at **207-879-3860**. A financial counselor will verify your insurance coverage and review your benefit level. The counselor will contact you at least 7 days prior to your surgery to advise you of any co-pay/deductible/co-insurance amounts that may be due. The representative will be able to take a credit card payment over the phone for your estimated amount due. We accept Visa, MasterCard or Discover.

You can also bring cash, check or credit card to the financial counselor on the day of your pre-admission testing or surgery. If you are not able to pay the full amount you can also make an advance deposit towards the estimated amount due. The financial counselor is also available to financially screen for Medicaid or charity care. The financial counselor can be reached at **(207) 879-3470**. Feel free to use our toll free number as well **1-800-293-6583 ext. 6136**.

**My Insurance Company:** \_\_\_\_\_

**Their phone number is:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_



## Preparing for Surgery

### Pre op Hip and Knee Replacement Education Class

Our educational class, **Joint Camp**, is conveniently held online and can be accessed as many times as you need. Set aside 30 minutes with your support person to see a summary of some of the important information in this book and much more. We ask that you perform your **Functional Survey** first to let your care team know about your current pain and dysfunction. In six months we will reach out to you to ask you to fill out the survey again as a way to monitor your progress. Simply choose the survey that applies your surgery, hip or knee (see graphic below)/ Once the survey is submitted, Joint Camp will begin. We strongly recommend that you attend this program before your surgery. Patients who attend this class have a better understanding of what they can expect before, during and after their surgery and their recovery is quicker and easier. Your care team will track your attendance.

The surveys are located at the following website and must be completed prior to accessing **Joint Camp**: <https://northernlighthealth.org/Our-System/Mercy-Hospital/Care-Centers-Services/Orthopedics/Patient-Resource-Center>

Point your mobile device's camera at this QR Code to visit the Joint Camp website:



### Same Day Surgery

We understand home is the most comfortable environment when recovering so we work to get you back there when you are safely ready. Advances in orthopedic surgery have created safer pathways for patients to undergo an outpatient joint replacement. New surgical techniques, robust education, and a multilayered pain management plan all contribute to a patient's success.

Northern Light Mercy Hospital has developed an evidenced-based, patient-centered pathway for same day joint replacement. Patients who are generally healthy and motivated to discharge the same day should discuss this option with their surgeon. Your surgeon will consider your overall health, support system, and lifestyle to develop a plan that is best for you. To set you up for success, our staff is positioned to give you all the tools and support you need to safely go home the day you have had your new joint replacement. Ask your care team about our program today!



# Preparing for Surgery

## Advance Directive

Northern Light Mercy supports and complies with our patients' advance directives. Please bring a copy of your Living Will and/or Durable Power of Attorney for Health Care for your medical records. If you do not have an advance directive, and would like information on creating one, ask your surgeon's office or visit <https://northernlighthealth.org/HIM> to obtain one.

## Home Medications

Leave your own medications at home, unless directed to do so by your surgeon. We will provide you with your medications should you need an overnight bed.

## Stop Smoking and Vaping

Before your surgery, it is very important to quit smoking and refrain from inhaling marijuana and vaping products. Smoking not only increases your risk of lung problems after surgery but also hinders healing. In some instances, your surgeon may choose not to operate if you continue to smoke. If you need assistance, please call the Maine Tobacco Helpline at **1-800-207-1230**. This free, confidential service has proven highly successful for many people.

## Surgery Scheduling

Your surgery date will be scheduled by your surgeon's office. Please be advised your arrival time is approximately 2 to 3 hours prior to your scheduled surgery start time. **You will receive a phone call from your surgeon's office if there is any change in the time of your surgery.**

## Nutrition

Eat healthy foods like fruits, vegetables, lean meats, and whole grains. If your doctor has recommended you lose weight, it is very important that you do the best you can to do this. Extra weight increases your risk of complications after surgery.

## Physical Examination

You may be asked to see your primary care physician to assess your overall health and identify any medical conditions that could interfere with surgery or recovery. Be sure to tell your surgeon about: all medications you take, all allergies or sensitivities particularly to metals, any history of phlebitis (blood clots) or pulmonary emboli (blood clots in your lungs) and recent infections. Depending on your health history, joint replacement surgery may be cancelled without a "surgical clearance" from your primary care provider.

# Preparing for Surgery

## Dental Care

Although infections after joint replacement are not common, an infection can occur if bacteria enter the bloodstream. Any tooth or gum problems can be a source of infection and need to be treated before surgery. After surgery, your surgeon will advise you about antibiotics to be taken before dental work. Do not schedule any dental work 1 month prior or 2 to 3 months after surgery.

## Shape Up Before Your Surgery

The surgery date to replace your worn-out joint is coming up and you're wondering if you will bounce back or struggle to get back on your feet again. If you want a speedy recovery and best possible outcomes, you need to get to work! You need to get in "surgery shape." Many people with arthritis and pain favor their joints and limit their physical activities — unfortunately their muscles become weaker. We recommend that you begin to strengthen your muscles so that it is easier for you to regain movement and strength after surgery. This will greatly assist in your recovery.

## Physical and Occupational Therapy

It is important to be as fit as possible before undergoing a total joint replacement. This will make your recovery much faster and easier. Exercises should be done now and continue until your surgery. You should be able to do them in 15-20 minutes and it is recommended that you do them 2-3 times a day.

Remember that you need to strengthen your entire body, not just your leg. It is very important that you strengthen your arms by doing chair push-ups because you will be relying on your arms to help you get in and out of bed, in and out of a chair, walk, and to do your exercises after surgery. Do not do any exercises that are too painful!

There are exercises in the back of the book. Please refer to these exercises and complete them as directed. The more you do before surgery, the stronger you will be after surgery. If you have any questions about these exercises, please feel free to contact your surgeon or discuss with your physical therapist.

## Diabetes and Blood Glucose Management

Managing your blood glucose is always important, but it is extremely important before surgery. In fact, managing your blood glucose before surgery can help reduce the risk of problems after surgery, such as infection and other complications. Surgery can affect our blood glucose control in many ways. Stress before and after surgery can cause your body to release hormones that may make it more difficult to manage blood glucose levels. Surgery can also affect our normal diet, and may change your usual medication routine. Our diabetes will be managed throughout the entire surgical process, starting with a thorough review during pre-operative testing and continuing through the post-op period.







## Planning Ahead for Your Surgery

Although your hospital stay will be short, things that can improve your recovery include:

- Check with your surgeon to determine what medical equipment you will need
- Arrange furniture so you can walk around easily
- Clear clutter from the floors of your home and remove any throw rugs so you won't trip and fall
- Check that hand rails are secure both entering your home and within
- Be sure you have a clear path to the entrance of your home
- Get a non-slip mat for the bottom of your bathtub or shower to prevent slipping. A hand-held shower head works well.
- Wrap up or tape down any long electric/ telephone cords
- Consider a sleeping area on the first floor. Attempting stairs to a second floor the day of discharge may be too difficult or unsafe. Avoid using your stairs to the second floor until approved by physical therapy
- Sleeping in a reclined and supported position may be more comfortable after surgery. Using a recliner or multiple pillows may also make sleeping easier
- Use a cordless phone or cell phone
- Store food and supplies that you use often in cupboards or on counters that are at waist to shoulder level
- Place clothing that you use most often in drawers and closets at waist to shoulder level
- Buy or make individual meals that can be frozen or reheated easily

### Arrange to Have Someone:

- Take you home from the hospital
- Stay with you for the first week after you go home from the hospital
- Help with house cleaning, chores, and laundry
- Help with errands and groceries
- Take you to your doctor's office for follow-up visits
- Care for a child, spouse, pet, or parent while you are in the hospital and after you are discharged from the hospital

### Prepare Your Bathroom

- If your shower is a bathtub, you should have a safety seat without arms. If you have a shower stall, you can use any safety seat
- The seat should have feet with rubber tips to keep it from slipping
- Some people find that a hand-held shower hose helps them out which are available at local home improvement stores
- Consider having hand rails installed in your shower
- Use of an elevated toilet seat with hand rails will help you maintain any hip precautions that you have and is also helpful for those who have knee replacements. They can be purchased at a pharmacy or department drug store





# Fall Prevention Checklist

## In General

- ☐ Remove all clutter
- ☐ Remove low lying objects
- ☐ Avoid cords
- ☐ Maintain clear pathways
- ☐ Be aware of pets or children who can pop up in front or behind you
- ☐ Clean up all spills immediately
- ☐ Avoid walking on stairs, wooden or waxed floors, wearing socks or nylons
- ☐ Choose shoes that have a slip-resistant sole
- ☐ Exercise regularly – it improves muscles and strength
- ☐ Stand up slowly to avoid unsteadiness or light-headedness

## Telephones

- ☐ Cordless phone or cell phone accessible
- ☐ A phone in the bedroom, living room, and kitchen
- ☐ Answering machine
- ☐ Ask family & friends to let the phone ring 10 times

## Seating

- ☐ Use sturdy, stationary chairs with armrests
- ☐ Make sure chairs are of the appropriate height
- ☐ Do not use chairs with wheels

## Walkways

- ☐ Make sure walkways are level
- ☐ Make sure there is enough lighting
- ☐ Keep walkways free of objects
- ☐ Construct non-slip surfaces

## Steps

- ☐ Keep steps in good repair
- ☐ Construct non-slip surfaces
- ☐ Mark the edges
- ☐ Secure handrails on both sides
- ☐ Place bright contrasting colored tape on the top and bottom step

## Kitchen

- ☐ Make sure that storage areas are easily reached without using a stepstool or chair
- ☐ Be careful of slippery linoleum floors
- ☐ Place a non-skid mat near the sink areas to absorb any spilled water

## Bathroom

- ☐ Have doors that are wide enough to enter; unobstructed thresholds
- ☐ Be careful of floors that may be slippery when wet
- ☐ Make sure you have a shower mat in the bathtub
- ☐ Make sure you have a shower seat
- ☐ Have grab bars available and securely fastened
- ☐ Make sure the toilet seat is the proper height to you can easily sit down and stand up
- ☐ Use non-slip bath mat

## Lighting

- ☐ Use bright, glare free lighting
- ☐ Have light switches available before entering the room
- ☐ Install motion sensor lights
- ☐ Use clap-on lights
- ☐ Replace burnt out light bulbs immediately
- ☐ Utilize nightlights in the bedroom, hallway, and the bathroom

## Rugs/Carpet

- ☐ No scatter rugs
- ☐ Non-slip backing
- ☐ Rugs need to be firmly attached
- ☐ Padding not excessive

## Bedroom

- ☐ Move sleeping area to first floor during the first week of recovery
- ☐ Have a lamp or light switch that you can easily reach without getting out of bed
- ☐ Make sure bed height is appropriate to get in and out of
- ☐ Make sure the heights of the closet rods and drawers are where you can reach them easily



## The Day Before Surgery

The day before your surgery, you can eat your usual diet for supper as well as eat or drink until midnight. You are not to eat or drink anything after midnight unless your surgeon instructs you otherwise. You may brush your teeth. At your pre-admission testing appointment, you will be instructed which of your medications you should take on the day of surgery. You should take these medications with a small sip of water. You will need to shower with antiseptic soap called Chlorhexidine as instructed by your surgeon. See the instructions on the next page.

### Home Care Services

Should you require care at home following discharge, these services will be ordered by your physician. The Northern Light Home Care & Hospice clinical team includes nurses, medical social workers, and rehabilitation therapists (physical, speech and occupational). Should you choose Northern Light Home Care & Hospice, the team also includes home health aides or certified nurse's aides who can help you with bathing and grooming if needed. We refer to this as the continuum of care and are committed to make healthcare work for you. The discharge planning department will stop by your room to make the necessary arrangements. Once you are home, we will be in touch with you to schedule your first home visit.

For your records, here is the phone number:

**Northern Light Home Care & Hospice: 1.800.757.3326**

## Pre-Surgical Checklist

**2 weeks** prior to surgery: (DATE:\_\_\_\_\_)

- ☐ Your physician will ask you to **stop taking Aspirin, anti-inflammatory medications like Ibuprofen, Aleve, Advil, or Naproxen.** You are also asked to stop taking garlic, flax seed, or Vitamin E supplements.
- ☐ If you take blood thinners, the doctor will instruct you when to discontinue these medications.

**5 days** prior to surgery: (DATE:\_\_\_\_\_)

- ☐ Some surgeons will order an ointment called Mupirocin or Bactroban to be applied in each nostril 2 times a day. Please use as instructed by your surgeon.

**3 days** prior to surgery: (DATE:\_\_\_\_\_)

- ☐ Some surgeons will require that you Wash or shower with HIBICLENS antimicrobial skin cleanser (Chlorhexidine gluconate- CHG) every day. **DO NOT USE HIBICLENS ON FACE OR AS A SHAMPOO.**
  - ☐ Take a shower and wash your entire body, including your hair, using your normal shampoo and soap.
  - ☐ Rinse thoroughly.
  - ☐ Apply the antimicrobial skin cleanser to a wet clean wash cloth avoiding your eyes, ears and genital area. Pay special attention to the area where your surgery will be done.
  - ☐ Turn off the water to prevent rinsing off the soap too soon.
  - ☐ After washing gently for 5 minutes, turn the water back on and rinse your body completely.
  - ☐ Using a fresh, clean towel, dry your body.

**Night Before Surgery** (DATE:\_\_\_\_\_)

- ☐ Repeat the steps for washing or showering with the antimicrobial skin cleanser.

**Day Of Surgery** (DATE:\_\_\_\_\_)

- ☐ Repeat the steps for washing or showering with the antimicrobial skin cleanser.
- ☐ Dress warmly with freshly washed clothes. Keeping warm before surgery decreases your risk of developing an infection
- ☐ **Do Not** use lotions, powders, or creams after this shower.

## What to Bring

### Day of Surgery

Please do not bring valuables to the hospital.

Please bring:

- Exercise shoes with a closed-in heel and non-slip sole
- Glasses, hearing aid, and any other items you use everyday
- You will be getting dressed after surgery in regular comfortable clothes; no jeans or other restrictive clothing
- Loose fitting tops and pants comfortable enough to perform postoperative exercises
- Grooming items such as shampoo, toothpaste, and deodorant in case you need to spend the night
- A list of medications you are currently taking (we will need the name, strength and what time of day you take them, and how often you take each medication). Leave all medications at home unless your surgeon has told you to bring it in. We cannot leave these medications at the bedside.
- A list of allergies (to food, material or medicine) and how you react to each one
- Your Advance Directive (Living Will) or Health Care Power-of-Attorney (if you have one). Our staff is required by law to ask if you have one when you are admitted. They will make a copy for your medical record and return the original.
- If you have sleep apnea, please bring your CPAP or BiPAP

### Pre-Surgical Care Area

On the day of surgery, please let us know if you have any new concerns or if there has been a change in your health since your pre-op visit. The pre-surgical area, also known as the Ambulatory Care Unit, is where we begin to prepare you for your surgery. An intravenous catheter ( IV) will be placed in a vein in the hand or lower arm. IVs are used to administer fluids and medication.

### Anesthesia

An anesthesiologist will review your records and will meet with you prior to surgery. You will discuss your anesthesia options. They will discuss the use of a “nerve block” or the injection of a local anesthetic drug is around a bundle of nerves that provides sensation to the surgical area. The pain relief may last from 6 to 18 hours, with some numbness lasting longer at times. Your anesthesia provider may also offer a spinal anesthetic, where a small amount of numbing medication is injected in your lower back to provide pain relief during the procedure. This is a very safe option and the preferred method for anesthesia during total joint surgery.

### Operating Room

A member of the Operating Room (OR) Staff will take you to the OR on a stretcher. There will be someone from the OR team with you at all times. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, ECG, and other devices for your safety. At this point, you will be ready for surgery. After surgery, your doctor will meet your family in the waiting room or call them at home to let them know how you are doing.

### Post-Anesthesia Care Unit (PACU)

After surgery you will be taken to the recovery room, also called the PACU ( Post Anesthesia Care Unit) . There you will be watched closely by nurses specifically trained in caring for patients after anesthesia and surgery.

If you have had spinal anesthesia, you may be drowsy and numb from the waist down and unable to move. If you had a general anesthetic, you will be drowsy and may be a bit disoriented. We will quickly begin to treat your surgical pain with medications. Your discomfort should be tolerable but do not expect to be pain free.

When you are awake and your condition is stable, you will be moved from PACU to the area where you will be discharged. You may be taken back to where you started, the Ambulatory Care Unit, or to a patient room for observation prior to discharge. The staff will let you know where and when you will see your family.



## Managing Your Symptoms

### Pain and Discomfort

Pain management is an important part of your care. Good pain control helps your body rest and heal with greater comfort as well as help you feel better faster. Unfortunately, pain is a common experience after surgery. Most of the discomfort occurs the first 12-24 hours following surgery, but our goal is to help you to be as comfortable as possible.

You have probably been asked to use the 0-10 pain scale before. You will be asked to rate your pain frequently after surgery. 0 pain is just that – nothing hurts, everything is fine. A 10 is the worst pain you have ever had. We aim for controlled pain immediately after surgery. This is a level of pain at which you can do your exercises and rest. Think about what your pain is like right now and think about what the goal for pain control after surgery will be.

Your anesthetic plan will include a nerve block (discussed on page 27). The effects of this block can be long lasting – sometimes lasting anywhere from 6 to 12 hours or more after surgery. It is not uncommon to have a sudden increase in pain night of surgery. Make sure you take your pain medications as prescribed. Patients are commonly prescribed Tylenol (acetaminophen) and an NSAID (ibuprofen, Aleve/naproxen, Meloxicam) as well as an opiate (oxycodone, Dilaudid/hydromorphone, Ultram/tramadol) after surgery to help control pain.

### Additional Ways to Improve Pain Control

- Talk to your doctor or pharmacist about over-the-counter pain medications and doses that are appropriate for you. Scheduling acetaminophen ( Tylenol) or ibuprofen ( Motrin) at regular intervals throughout the day will help prevent pain from becoming too severe and limit the amount of opioid you need.
- Use relaxation techniques such as breathing exercises, music, meditation, reading, and humor. Laughter is great medicine!
- Follow individual recommendations for movement and exercise to decrease muscle tension and increase circulation.
- ICE & ELEVATION (See page 29) to combat swelling.

## Managing Symptoms

### Leg Elevation to decrease swelling (*edema management*)



**Some swelling at your joint site after surgery is to be expected, particularly the first several days. Ice and elevation will help bring down the swelling. Ice should be for 20-30 minutes at least 3x a day (don't leave the ice pack on all the time or overnight. Please remember to put a cloth (pant leg, face cloth, dish towel) between your skin and the ice pack. Elevation should be higher than your heart – so at least 2-3 pillows — 20-30 minutes at least 3x a day. Keep the knee as straight as you can tolerate when you elevate, your foot should be the highest point of your leg.**

# Patient’s Guide to Post-Operative Opioids

## General Recommendations

Opioid medications are safe when used at prescribed doses and for limited periods of time. The dose of opioid is reduced gradually (or tapered) over several days to prevent symptoms that may occur from stopping them cold turkey.

Opioids should be used on an as needed basis. For example, if your medication label states, “one tablet every 4 hours as needed” and you feel that don’t need it in 4 hours, you can skip that dose and take your medication in 6 hours. If the prescription states “1 to 2 tablets,” you may not need 2, one tablet may be enough. It’s usually preferable to start with one and take an additional in 30 – 45 minutes if needed.

Examples of prescription opioids are oxycodone, hydrocodone, and hydromorphone.

## Important Reasons for Reducing Your Opioid Usage in the Days Following Surgery

- Opioids can cause constipation and nausea.
- Opioids may cause slowed breathing (known as respiratory depression).
- Opioids may cause drowsiness and can increase your risk of falling.
- Opioids may cause you to not sleep as well at night.

You can become dependent on opioids, meaning that you feel the need to take the medication long after you have recovered from surgery.

*\*Should you require a refill on your medication, please call your doctor by 12 noon on Thursdays to request a refill. Phoned in refills on Friday will processed the following Monday.*

## Prevention of Constipation

While taking opiate medications, you should take a stool softener (Colace/docusate sodium) to help prevent constipation. Sometimes people need laxatives as well. If you go 3 days without a bowel movement, it is recommended to take a laxative. They range from very mild to strong – Senna, MOM (Milk of Magnesia), MiraLAX, Dulcolax (bisacodyl), Mag (Magnesium) Citrate, or even a Fleets enema. Increased fiber and fluids are important as well to manage / prevent constipation. Laxatives and your bowels need adequate water to work, so hydration is important.

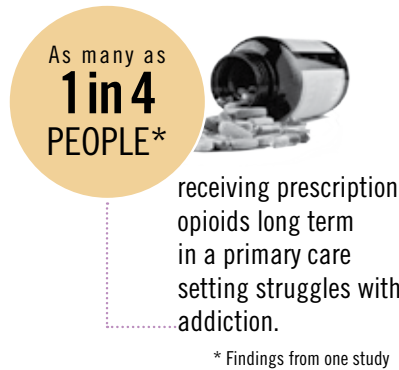


Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

## WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

**Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use.** An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating



## RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

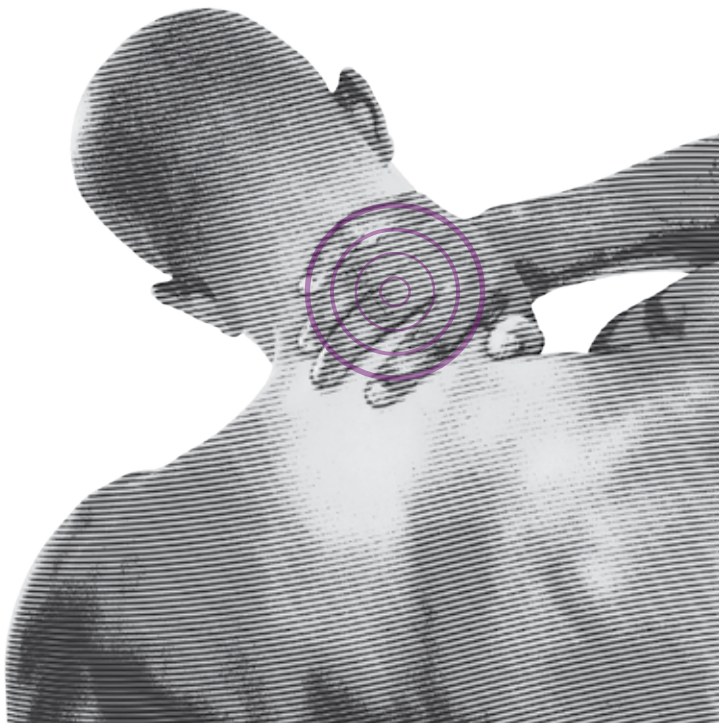


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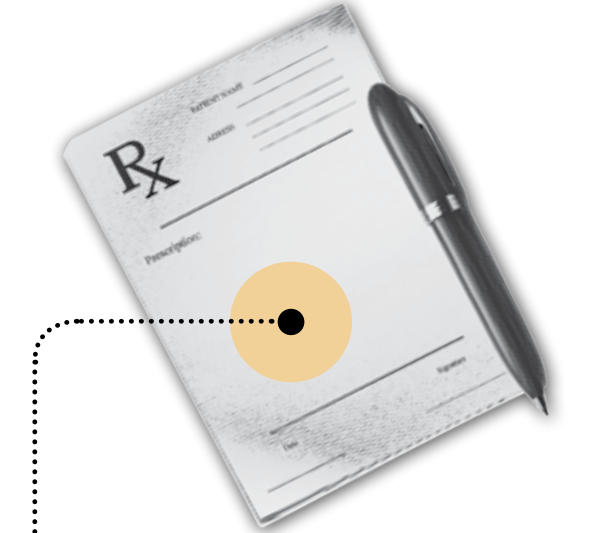
# KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- ❑ Pain relievers such as acetaminophen, ibuprofen, and naproxen
- ❑ Some medications that are also used for depression or seizures
- ❑ Physical therapy and exercise
- ❑ Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



## IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:



### Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.

- ❑ Never take opioids in greater amounts or more often than prescribed.
- ❑ Follow up with your primary health care provider within \_\_\_\_ days.
  - Work together to create a plan on how to manage your pain.
  - Talk about ways to help manage your pain that don't involve prescription opioids.
  - Talk about any and all concerns and side effects.
- ❑ Help prevent misuse and abuse.
  - Never sell or share prescription opioids.
  - Never use another person's prescription opioids.
- ❑ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ❑ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration ([www.fda.gov/Drugs/ResourcesForYou](http://www.fda.gov/Drugs/ResourcesForYou)).
- ❑ Visit [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose) to learn about the risks of opioid abuse and overdose.
- ❑ If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

Medication	Purpose	Possible Side Effects
<p>**Almost any medication can cause an allergic reaction. Severe reactions, such as shortness of breath or swollen moth are life-threatening and require immediate attention. Milder reactions, such as hives or nausea are not mife-threatening but may still require medical attention. Notify your caregiver IMMEDIATELY if you experience ANY reactions. **</p>		
Analgesics		
NSAIDS	Relieve chronic or acute pain	Stomach pain, indigestion, heartburn, diarrhea
Narcotics		Constipation, fatigue, dizziness, sweating, nervousness, trouble breathing
Anti-infectives		
Antibiotics	Fight infections that can be caused by bacteria	Nausea/vomiting, diarrhea, yeast infections (women), ringing in ears
Diabetes Medications		
Insulin	Lower blood sugar in patients with high blood sugar	Injection site irritation, weight gain/loss, low blood sugar, stomach pain, nausea/ vomiting, diarrhea
Oral Anti-glycemics		
Blood Thinners		
Anticoagulants	Treat or prevent blood clots and lower the risk of a stroke or heart attack	Bruising, bleeding (in urine, mouth, nose, or stool), trouble breathing, headache, dizziness, weakness, ringing in ears, stomach pain
Aspirin		
Stool Softeners		
Laxatives	Treat constipation	Stomach pain, diarrhea, fatigue, urine discoloration, rectal irritation
Enemas		
Nausea Medications		
Antiemetics	Prevent nausea/vomiting and upset stomach	Anxiety, dizziness, drowsiness, headache, constipation, urinary rentention, dry mouth, low blood pressure



## Take Care of Yourself at Home

### Symptoms to watch for

**Call your surgeon immediately if you develop any of the following complications:**

You should call your doctor's office immediately if you experience:

- Increased bleeding, drainage or redness associated with your wound (some bruising is expected)
- A fever greater than 101.5 degrees (38.5 degrees) for 24 hours
- Persistent calf pain or swelling that does not improve with elevation (putting the leg on two-three pillows bringing it above the level of your heart)
- Calf pain or swelling could be an indication of a blood clot
- Redness, warmth, or tenderness in the back of the calf of your leg(s)
- Worsening pain not controlled by rest, ice and pain medications
- Worsening or persistent numbness in the surgical leg
- Difficulty urinating or if you have symptoms of burning with urination
- Abdominal discomfort that persists longer than 24-48 hours
- A persistent headache that is different when sitting or lying down
- New problems urinating or having control of your bladder or bowel movements
- Persistent nausea or vomiting

**Call 911 immediately if you have sudden onset of chest pain or difficulty breathing**

## Take Care of Yourself at Home

### What to Do in General

- Take antibiotics 1 hour before dental procedures or cleaning or other invasive procedures for as long as instructed by your surgeon.
- Although the risks are very low for postop infections, it is important to realize that a risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 101 degrees or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or BandAid on it and notify your doctor. Occasionally, antibiotics may be needed. Antibiotic ointment can be applied to small scratches.
- Notify all health care providers performing any procedure that you have an artificial joint, as some individuals or procedures may require antibiotics prior to the procedure. Your surgeon will let you know if this is necessary or not.
- When traveling, stop and change position every 30 minutes to prevent your joint from tightening.

### Hand Washing/Infection Prevention

Every surgical wound must be considered "contaminated" with your normal skin bacteria.

The area for the incision is thoroughly scrubbed and prepped before surgery, but your normal skin bacteria eventually returns. You will receive an IV antibiotic during surgery to help your immune system resist an infection, but it is your individual immune system which determines your risk for a wound infection.

Hand washing is the number one way to avoid an infection. It is important that everyone caring for you, including your family and friends, wash their hands with soap and water or alcohol gel upon entering your area of care. We encourage you to ask anyone who enters your area, "Did you wash your hands?" It is also important that you also wash your hands after eating, using the bathroom, or when visibly soiled.



# Take Care of Yourself at Home

## Blood Clot Prevention (Preventing Complications)

You will receive a pair of support stockings, commonly known as TED stockings or compression socks. You'll need to wear these for 2 to 4 weeks depending on the direction of your surgeon. This will help prevent blood clots (you may hear these referred to as DVTs – Deep Vein Thrombosis). They are to be put on in the morning and removed at night. Hand wash and hang to dry. Moving is also important after surgery to help make sure you don't get a blood clot. This can be ankle pumps (point your toes up to the ceiling, then all the way down away from you) while you're sitting or lying down, but this also means walking. You should stand up and take a few steps once every hour while you're awake.

If you find that you're having swelling in your calf that doesn't go away after ice and elevation, pain in the middle of your calf that doesn't go away, or redness and heat in your calf, call your surgeon or your care coordinator. These can be signs of a blood clot or DVT.

You will be on a blood thinner (anticoagulant). Most commonly these might be aspirin, Coumadin/ warfarin/Jantoven, Eliquis/apixaban, or Xarelto/rivaroxaban. You will receive specific instructions for how to take these. **If you already take a medication that thins your blood, you will need to discuss with your surgeon if this medication should be stopped before surgery.**

## Surgical Bandage

### Unicompartmental knee replacements (partial or UKA)

48hrs after surgery, take off the ACE wrap and the cast padding (fluffy cotton between skin and ACE).

### Total Knee and Hip replacements

Leave the Mepilex (silver strip over incision with thin film over it) in place. This will usually be removed 7 days after surgery or at the post-op appt. Discharge instructions will have the details related to your case. If you have had a Total Hip Replacement, you mostly likely will only have the Mepilex dressing. You might have a puffy dressing (thick tape and gauze). That puffy dressing can usually be taken off after the first day – you will get specific instructions when you are discharged from the hospital.

### Drainage

Drainage is normal. The Mepilex is designed to pull the drainage away from your skin. You don't need to worry about replacing it unless it's leaking from under the bandage or greater than ½ saturated. If you need to take it off, replace with a dry, sterile dressing (large gauze and tape) and keep it dry (you'll need to wrap the site to take a shower to prevent it from getting wet). Wash your hands thoroughly before changing dressings if a dressing change is necessary.

# Take Care of Yourself at Home

## Compression Stockings

- **Wear during the day, take off at night (until told otherwise)**
- **Hand wash and air dry as needed**

### How to put on your compression stockings:

1. Put a short plastic baggie on the foot – you only need the bag to go just below the heel.
2. Place the TED hose over the bag and it will easily glide over the bag, over the foot and ankle. Center the heel in the fabric square.
3. Continue to pull the stocking up the leg.
4. Fold back the opening at the toes to remove the baggie off the foot.
5. Reposition the toe opening over the end of the toes for comfort.



<https://www.aorn.org/outpatient-surgery/issues/2013/08/ideas-that-work-anti-embolism-stockings>



Ace Bandage      Gauze      Compression Sock      Mepilex (Antibacterial Dressing)      Skin Closure: Staples or Steri Strips



## Step 9 - What to do for activity

# What to do for activity before and after your hip or knee surgery:

## Pre-operatively

- Get a referral from PCP or surgeon for out-patient physical therapy for pre-op exercise and education
- Begin home exercise program as directed by your physical therapist
- Stay active with low impact activities like walking and swimming
- Obtain walker with front wheels to use after surgery. Handles of walker should reach the crease of your wrist when standing up straight with arms dangling at your sides. **Avoid** rollator walker for use post-op

## Hospital Phase

- Day of Surgery - Perform ankle pumps, thigh squeezes and buttock squeezes 10 x each, every hour for circulation
- Ice surgical site – use a barrier between ice pack and skin. Ice for 20-30 min 4-5x/day to help keep swelling and pain under control
- Elevate post-surgical knee with leg straight on multiple pillows, higher than your heart for 20-30 min 4-5x/day to assist with management of swelling
- Advance home exercise program as directed by your physical therapist with goal to exercise your post-op joint 3x/day
- Avoid sitting greater than 1 hour – change positions or walk to reduce stiffness from immobility

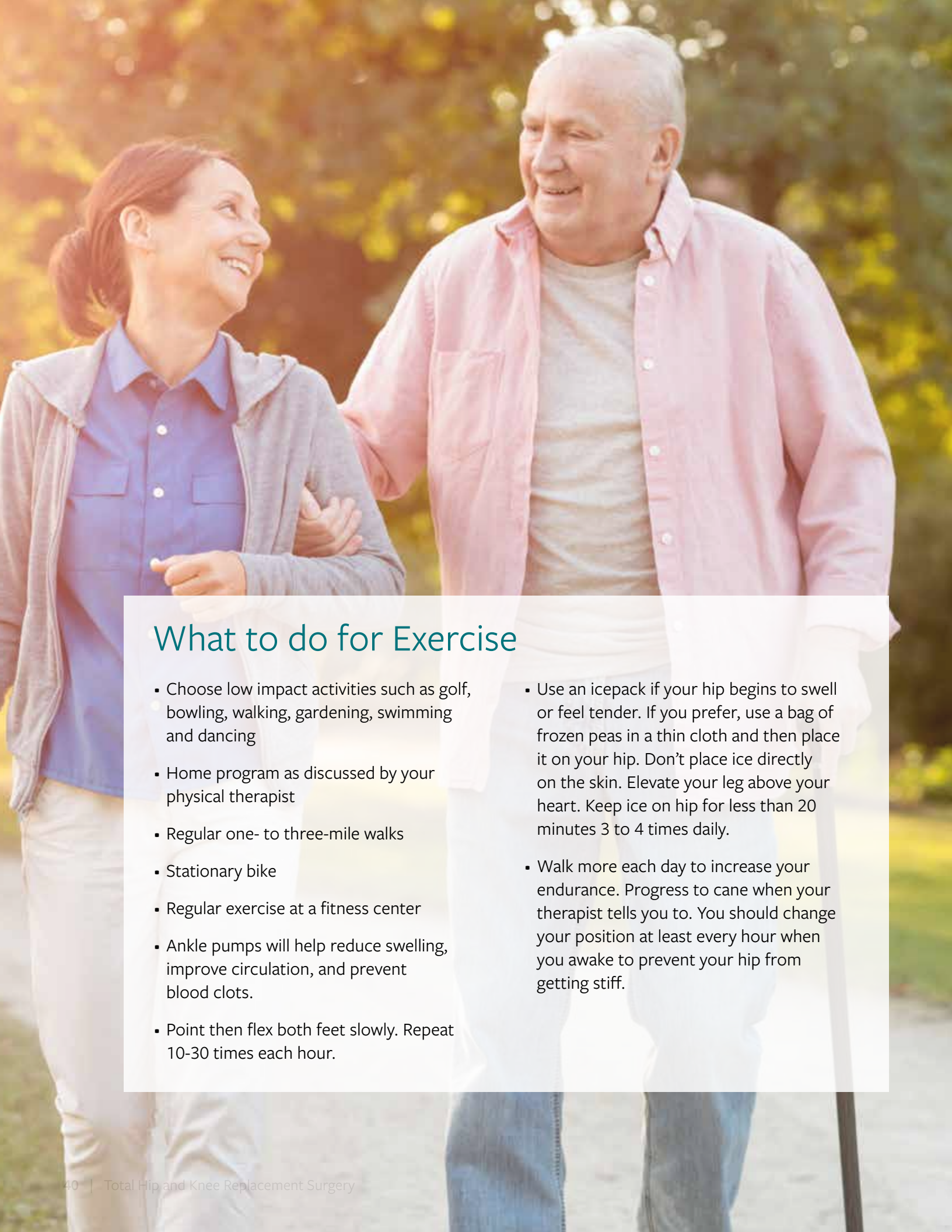
## Home Health Phase

- Continue with home exercise program initiated by hospital physical therapist 3x/day until modified or updated by your home physical therapist
- Increase walking distance each day. Progress from your walker to a cane or no device when cleared by your home physical therapist
- Ride stationary bike if available and as directed by home physical therapist

## Out-Patient Phase

- Transition to out-patient physical therapy in clinic setting to maximize strength, range of motion and function of your new joint
- Addition of resistive exercise or weights as directed by out-patient physical therapist
- Resume low-impact activities. Good additions may include golf, bowling, gardening, dancing and swimming
- Regularly walk one to three miles per day when able
- Begin regular exercise at a fitness center
- Continue new active lifestyle into wellness!





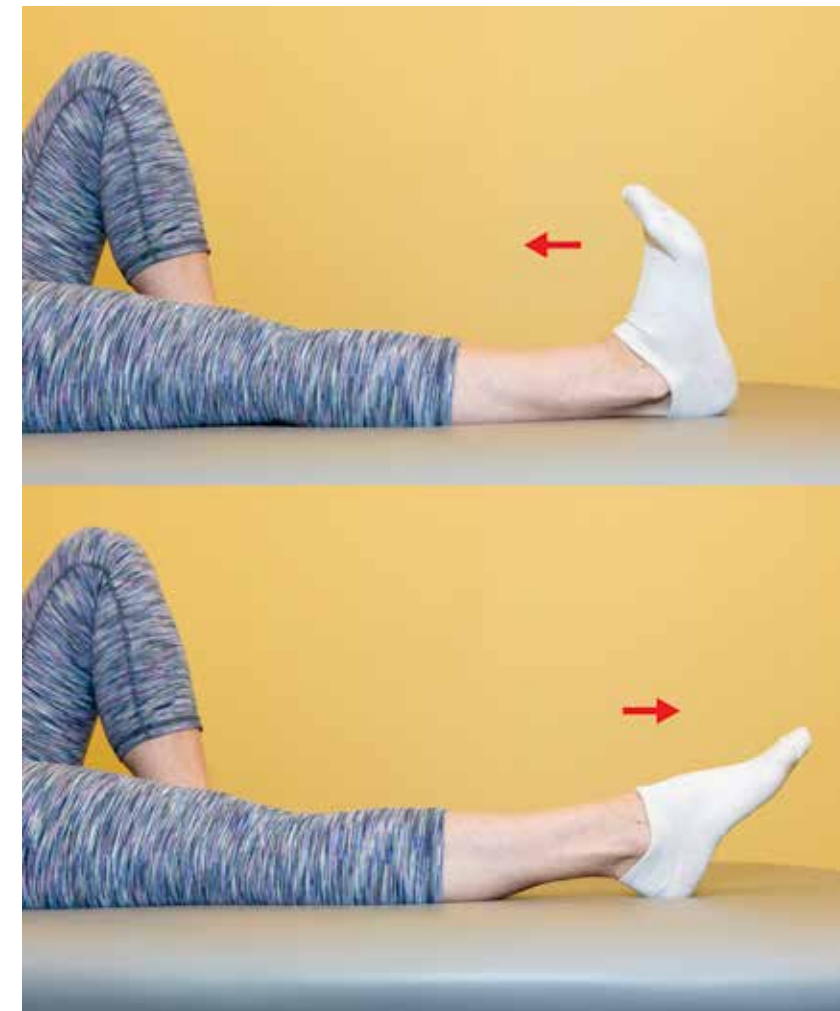
## What to do for Exercise

- Choose low impact activities such as golf, bowling, walking, gardening, swimming and dancing
- Home program as discussed by your physical therapist
- Regular one- to three-mile walks
- Stationary bike
- Regular exercise at a fitness center
- Ankle pumps will help reduce swelling, improve circulation, and prevent blood clots.
- Point then flex both feet slowly. Repeat 10-30 times each hour.
- Use an icepack if your hip begins to swell or feel tender. If you prefer, use a bag of frozen peas in a thin cloth and then place it on your hip. Don't place ice directly on the skin. Elevate your leg above your heart. Keep ice on hip for less than 20 minutes 3 to 4 times daily.
- Walk more each day to increase your endurance. Progress to cane when your therapist tells you to. You should change your position at least every hour when you awake to prevent your hip from getting stiff.

## Exercises

**\*These should be performed as tolerated, if too painful stop.**

### Hip/Knee Ankle Pumps



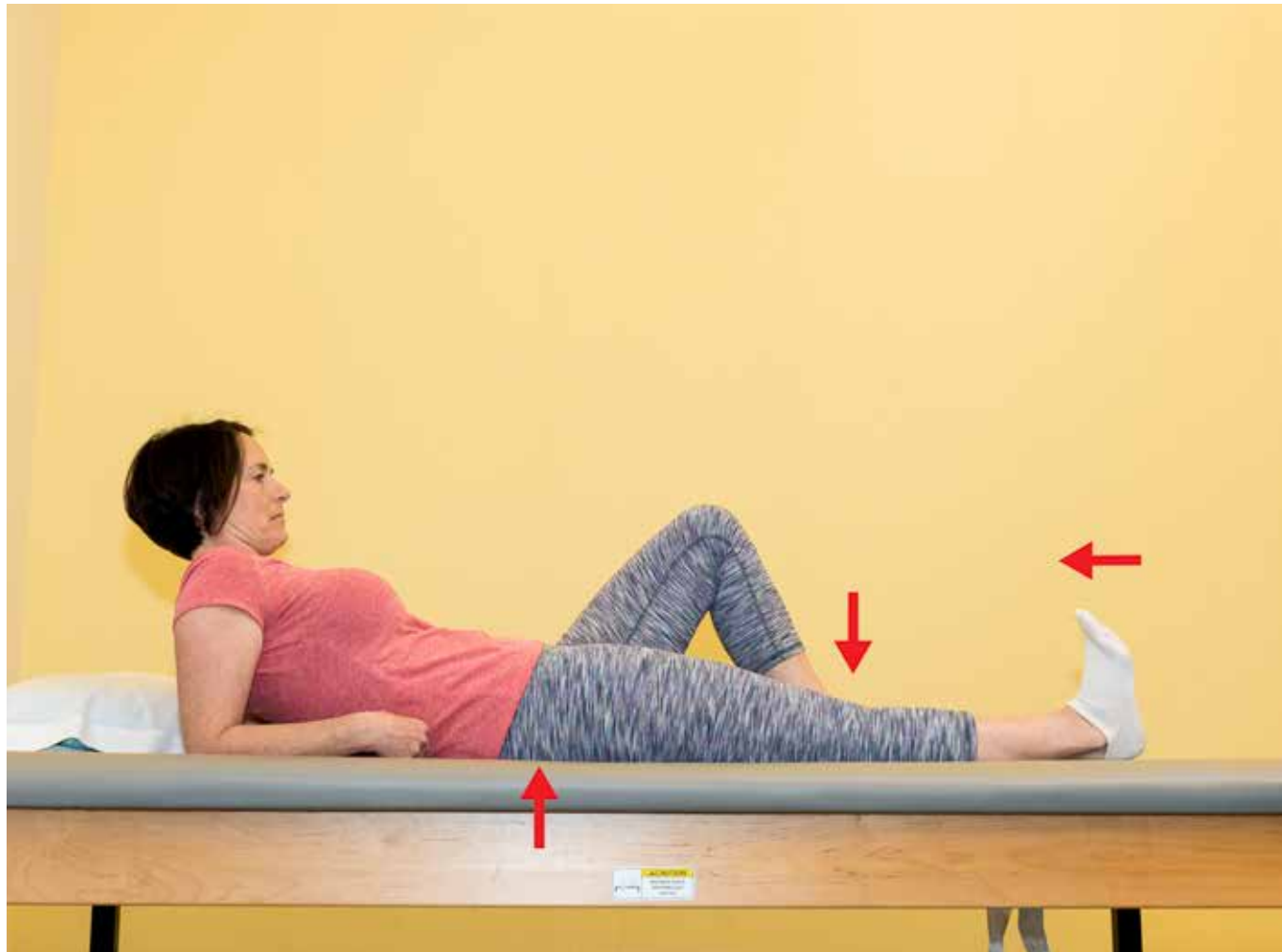
**With your leg relaxed, gently flex and extend ankle.  
Move through full range of motion.**

**Repeat 15 times every hour while awake.**

## Exercises

**\*These should be performed as tolerated, if too painful stop.**

### Hip/Knee muscular holds – Quadriceps set/Gluteus sets



**Pull toes toward your knee, tense muscles on front of thigh and simultaneously squeeze buttocks. Keep leg and buttocks flat on bed. Hold for 5-6 seconds.**

**Repeat 15 times. Do 2 sets per session.**

**Do 1 session every morning and every evening.**

## Exercises

**\*These should be performed as tolerated, if too painful stop.**

### Hip/Knee Heel Slide



**Slide your heel toward buttocks until a gentle stretch is felt. Hold 10-15 seconds. Relax.**

**Repeat 15 times per set. Do 2 sets per session.**

**Do 1 session every morning and every evening.**



## Exercises

**\*These should be performed as tolerated, if too painful stop.**

### Hip/Knee Short Arc Quad



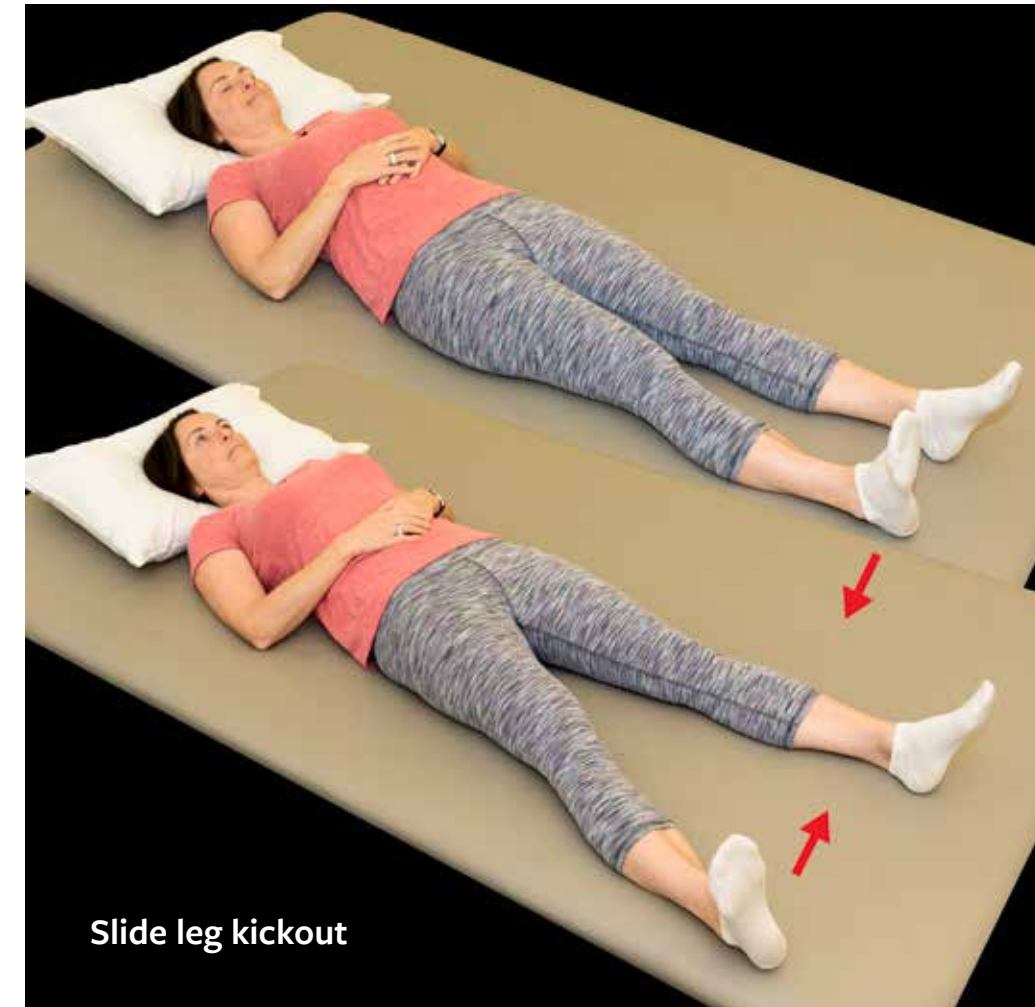
**Place a towel roll or pillow under your knee. Raise your foot off the bed surface by straightening your knee. Do not raise your thigh off the towel roll or pillow.**

**Repeat 15 times per set. Do 2 sets per session.  
Do 1 session every morning and every evening.**

## Exercises

**\*These should be performed as tolerated, if too painful stop.**

### Hip/Knee Slide Leg Kickout



**Lie on back or stand. Slide leg out to the side and return to the center. Keep toes pointed up and knees straight.**

**Repeat 15 times (each leg). Do 2 sets per session.  
Do 1 session every morning and every evening.**



Exercises

\*These should be performed as tolerated, if too painful stop.

Hip Only: Bridging



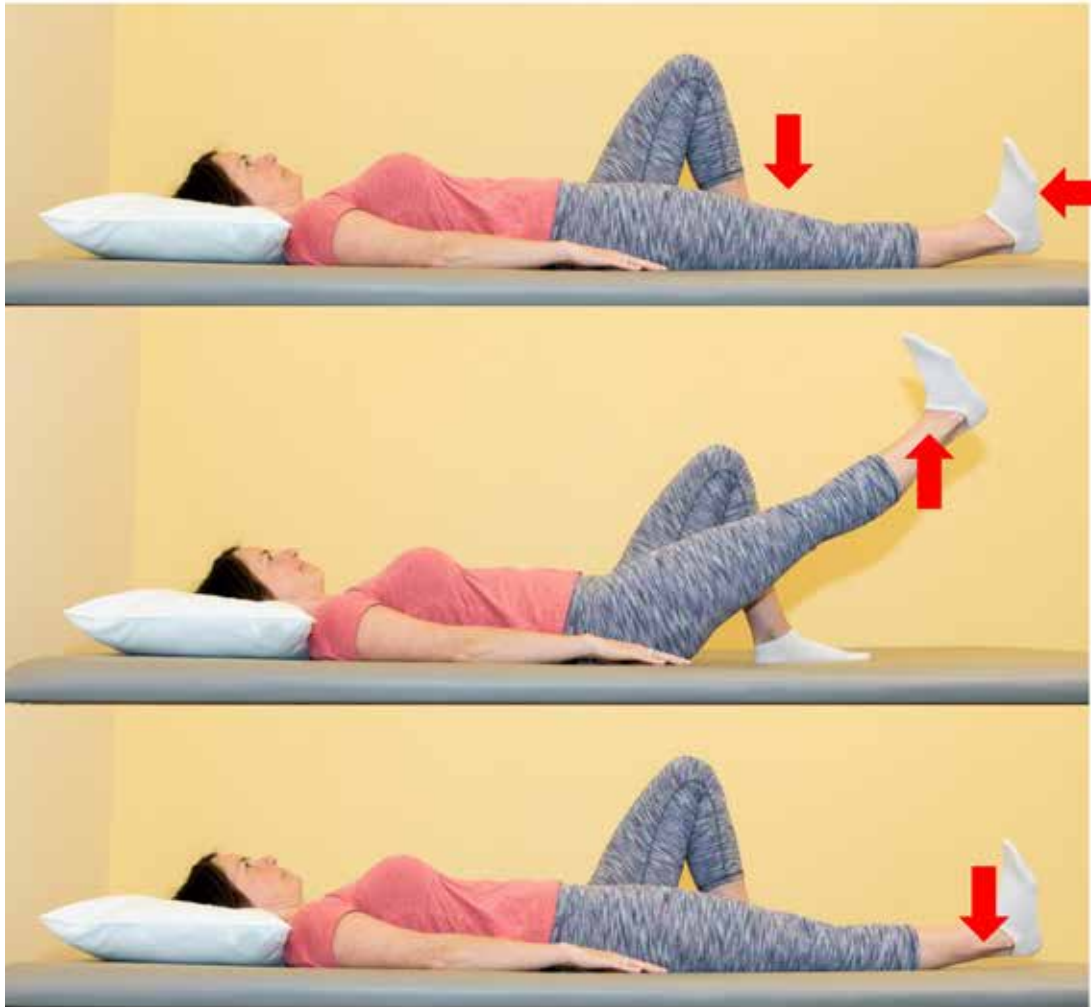
Lie on bed with knees bent.  
Lift hips off the bed while squeezing the muscles in your buttocks.  
Return to start position.

Repeat 15 times per set. Do 2 sets per session.  
Do 1 session every morning and every evening.

Exercises

\*These should be performed as tolerated, if too painful stop.

Knee Only: Three-Point Straight Leg Raise



Flex your ankle, tighten the muscles on the front of the thigh,  
then lift your leg up to but not higher than the bent leg, keeping  
knee locked.

Repeat 15 times per set. Do 2 sets per session.  
Do 1 session every morning and every evening.

## Exercises

**\*These should be performed as tolerated, if too painful stop.**

### Knee Only: Towel Prop Extension



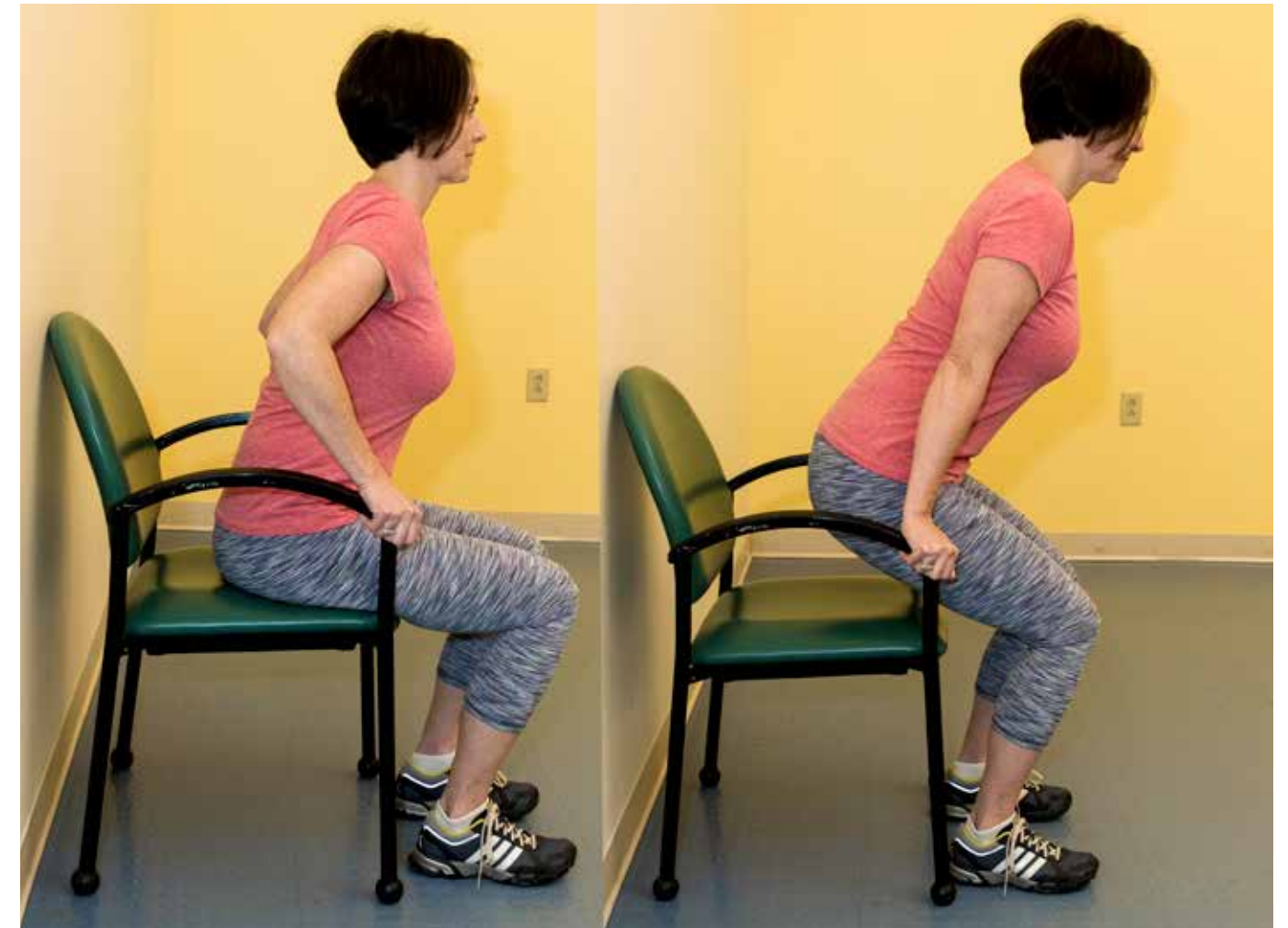
**Place a rolled towel under your ankle. Relax in this position for 5-10 min to allow a stretch to be felt at the back of the knee.**

**Do 1 session every morning and every evening.**

## Exercises

**\*These should be performed as tolerated, if too painful stop.**

### Hip/Knee: Armchair Push-ups



**With hand on armrests, push up from chair. Use legs as much as necessary. Return slowly.**

**Repeat 15 times per set. Do 2 sets per session. Do 1 session mid-day.**



# Exercises

\*These should be performed as tolerated, if too painful stop.

## Knee Only: Long Arc Quads



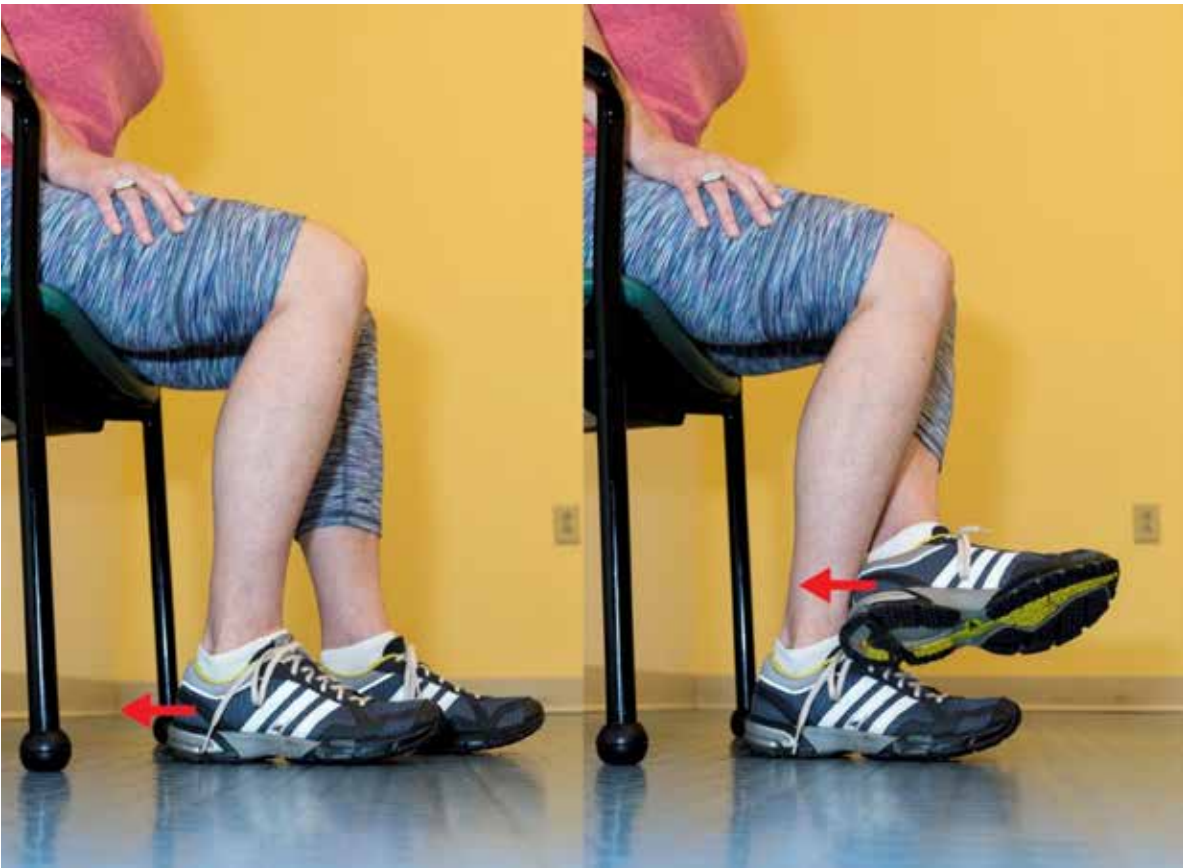
Sit, with involved leg bent to 90 degrees, as shown. Straighten leg at knee with emphasis on tightening the muscle in your thigh. Hold 5 seconds. Return to start position.

Repeat 15 times per set. Do 2 sets per session.  
Do 1 session mid-day.

# Exercises

\*These should be performed as tolerated, if too painful stop.

## Knee: Heel Slides (Sitting)



Sit in a chair with your feet on the floor. Slide your foot back on your operative leg. You may use your non-operative leg to help push your operative leg back to get an extra stretch. Return to start position.

Repeat 15 times per set. Do 2 sets per session.  
Do 1 session mid-day.



# Managing Common Activites

## Stair Negotiation

### To Go Up the Stairs

Hold onto handrail if available and use cane/crutch in the opposite hand as usual.  
Place your “good” (unoperated) leg up first.  
The “bad” (operated) leg follows with the help of the cane/ crutch and rail.

### To Go Down the Stairs

Hold onto handrail if available and use the cane/crutch in the opposite hand as usual.  
Put the cane/crutch down onto the next step to assist the “bad” (operated) leg down first  
The “good” (unoperated) leg follows.

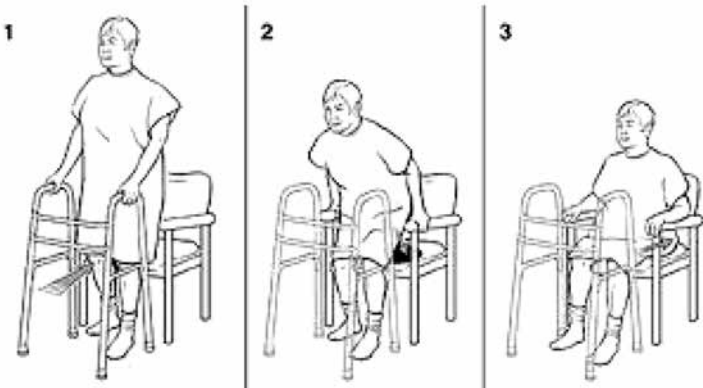
# Managing Common Activites

## Safe Use of Walker in Everyday Activities

The use of a walker can increase the safety of walking independently. However, there can be challenges in a home setting. The following suggestions will help you increase your safety, independence and ease of using a walker in your home.

### General Principles

- Stay within the walker with the center bar in front of you.
- Keep both hands on the walker.
- Do not overreach or lean on your walker.
- Get as close as you can to the item you are reaching for.
- Use an apron, a walker basket, or walker bag for transporting items. Food items should be in sealed containers to prevent spills.
- When reaching for items face toward the object.
- When standing remember to push off from the surface to stand up.
- When sitting remember to get close to the surface, then reach back with both hands to ease yourself down.



### To back up:

When backing up from a counter/ sink, or to a chair, or toilet.  
Step back with your strong leg – stop – bring the walker back leaving at least a hands width of space between you and the front of your walker.

### To turn:

Take small steps when turning with the walker. Turn by moving the walker a short distance, then your legs. You may also turn by walking with a walker in a big circle.

### To sit:

Back up with your strong leg until you feel the chair against your legs. Reach back with both hands to ease down into the chair.

# Managing Common Activites

## Kitchen Navigation



### To Reach Into Cupboards

When reaching for items in an upper cupboard, stand directly in front of the cupboard, with the walker in front of you, or next to you if you have a walker basket, and be as close as possible to the cupboard.

Place one hand on the counter for support and reach up with your other hand. If the item is not within reach, move walker sideways to get closer, use your reacher or ask for assistance.



### To Reach Into Lower Cabinets

When reaching for items in a lower cupboard or dishwasher, stand sideways and next to the cupboard/dishwasher you want to open. Put one hand on the counter for support and use the other hand to open the door.

Place one hand firmly in the middle of the walker for support if there is no counter.



### To Use the Sink

Stand directly in front of the sink. Place the walker as close to the sink as possible. Remove one hand from the walker and complete the dish, food prep etc. with the other hand on the countertop.

# Managing Common Activites

## Kitchen Navigation



### To Use the Stove/Oven

To use the stove top, stand directly in front of the stove, with the walker next to you and as close as possible to the stove. Place one hand on a nonheated surface and use the other to perform the task.

To use the oven, position the walker sideways and next to the oven. Place one hand on the counter and use the other hand to open the door and put items in or take them out.



### To Use the Refrigerator

Position the walker at the side of refrigerator so that you are facing the door. Place one hand on the counter or side of appliance then reach to open the door with the other hand. You may need to move your walker inside the door slightly, so that you are close enough to reach items and so that the door does not shut before you retrieve your items. Step back with your strong leg first.

Have a friend or family member organize your most frequently used items on the top shelves so that they are within easy reach. Items used frequently should be placed towards the front of the shelves.

### Moving Items Down a Counter

Never attempt to balance a container of food on the walker!

- \* Use your counters to slide food from one place to another.
- \* Be careful NOT to over reach when you move the item.

- When moving the item down the counter:
  - Move the item and then side step to where it needs to be; OR
  - turn your walker in the direction in which you need to move the item, slide the item and then take a few steps to move the item further.
- To move HOT items on the counter, place them on a hot pad and then slide the item down the counter.

# Managing Common Activites

## Bridging Technique

This is a useful move if you want to move something from the counter to a table or island. To do this stand halfway between the counter and table/island and pass the item from one hand to another. This technique avoids TWISTING ON A PLANTED FOOT.

**CAUTION:** only do if you have good balance and the distance between the counter and table/island is not too far.

**To carry items: Use an apron, walker bag, or walker basket**

- When carrying food from the counter or refrigerator to the table, use a walker bag, or basket to carry the food. Make sure the food is in tightly covered cups/bowls or use individual containers for drinks/food.
- You can also use the BRIDGING technique described above.
- Other options include: the use of rolling cart, or placing a chair seat to bridge the items from counter to table



walker with a basket



apron



walker with a bag

**Home safety tips**

- Stock up on toiletries, foods that are easy to prepare, and other items you'll need during your recovery.
- Store foods and other supplies between the level of your knees and the top of your head (your safe reach zone). This makes it easier to reach items without straining and reduces fall risk.

Ask friends and family to help out by checking in with you regularly. They may also help by running simple errands or doing small jobs around the house as you recover.

Modified from The Cleveland Clinic Foundation.

# Managing Common Activites

## Getting into a Car with a Walker

1.



**PREPARATION TIPS FOR CAREGIVER:**

- Place firm pillow on seat to elevate.
- Park away from curb
- Move seat back and recline
- Stand by to assist

**1a. Make sure car seat is as far back as possible and reclined.**

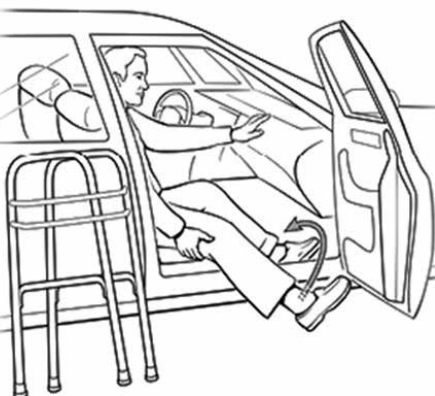
**1b. Back up to car, tuck head down and place hand on back of car seat, for support while sitting down.**

2.



**2. Use only unaffected leg to push up and back onto seat. Caregiver assists as needed.**

3.



**3. Slowly swivel around, use slick pillow cover, and wear smooth clothing to make this easier. Reverse process to get out of car.**



# Managing Common Activites

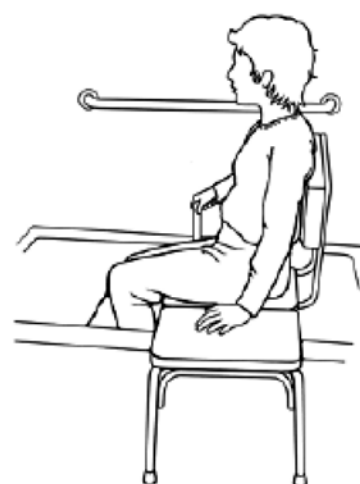
## Getting in and out of the Shower - Using a Tub Bench



Check with your doctor before you shower or bathe. You may want someone to help you when you get in and out of the tub or shower. Using walker, back up to appropriate height adjusted tub bench. Extend the operated leg forward, one hand on walker, one hand on bench and lower yourself down.



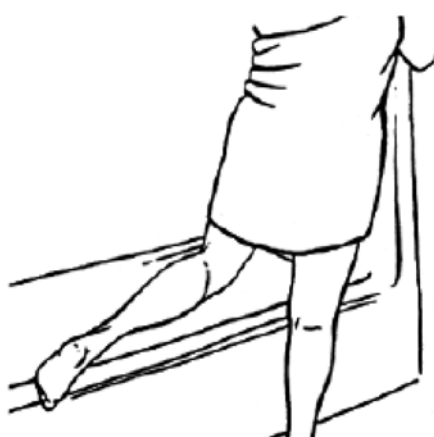
While sitting on bench, slide your hips to the inside of the tub. Extend operated leg and lift over tub edge.



Position yourself for a shower. Reverse the order of these steps to transfer out of the tub / shower.

# Managing Common Activites

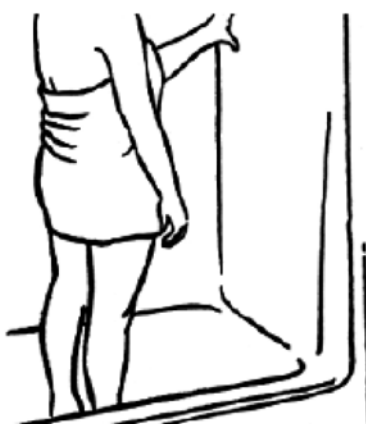
## Taking a Bath or Shower Without a Tub Bench



**To Get Into the Tub**  
Bend your non-operated leg, lifting your foot behind you. Lift your leg over the edge of the tub and stand with your non-operated leg.



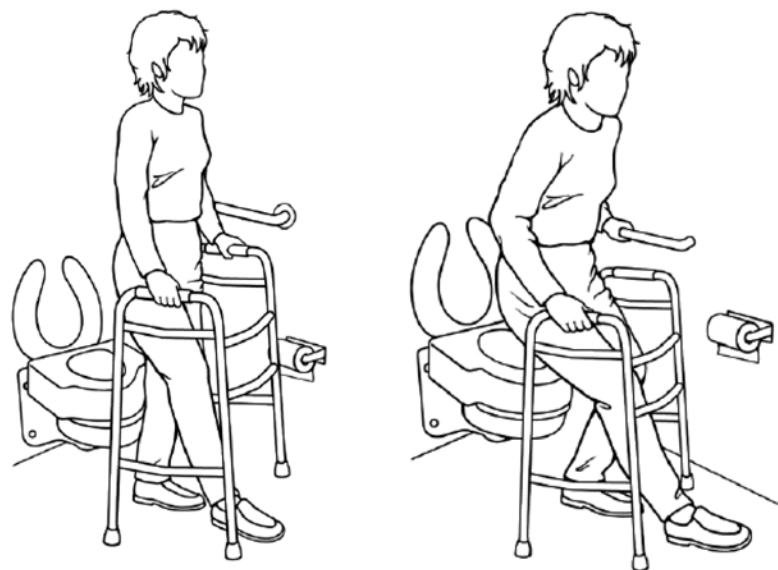
Take a step sideways with your non-operated leg to allow room for your operated leg in the tub.



Holding onto a bar, wall or helper for support, lift your operated leg into the tub. You may need a bathtub chair, a hand-held shower head and a non- slip bath mat. Position yourself for a shower. Reverse the order of these steps to transfer out of the tub /shower.

# Managing Common Activites

## Getting on the Toilet



You may need to obtain a raised toilet seat depending on your ability to move from sitting to standing. Extend your operated leg forward.

Slowly lower yourself onto the toilet. Use one hand to support yourself on a secure surface (not the walker).

**Transfer Off the Toilet**  
Extend your operated leg forward. Keep your back straight and slowly stand up from the toilet. Use one hand to support yourself on a secure surface (not the walker).



## When you get home

### This is a transitional time.

For some, going home is a relief. For others, it is the scariest thing in their world. Since your arrival at the hospital, the joint team has been directing you in your care; motivating you to get out of bed, eat, drink, get dressed, and go to the bathroom. The team has managed your pain and has worked to prepare you for your return home.

Please know when you are discharged to home, we are confident that you have the tools you need to successfully recover. You’ve worked hard educating yourself and preparing your home and your body for your new joint. You have read this book, attended Joint Camp, and worked closely with your surgeon and care team to ensure the best outcomes. You may be ready to fly on your own, but we are still here for you if you need anything throughout your recovery. Never hesitate to call your surgeon or care navigator if you need support.

Thank you for trusting us with your care and taking the time to learn and prepare yourself. Please, let us know how we’re doing. If we don’t deserve your highest rating, we want to know. We appreciate all comments, concerns, and suggestions!

Best Wishes and Happy Healing,

*Your Orthopedic Care Team at*



# Additional Resources

## Lodging

If you are traveling a distance to have your surgery, there are a number of other options for lodging in the greater Portland area. Some of the area hotels/motels offer a discount for family members. Please call for rates. You will need to inform the hotel/motel that you have a family member at Northern Light Mercy Hospital.

## American Academy of Orthopaedic Surgeons

Patient information provided by the professional organization for Orthopaedic surgeons.  
[www.orthoinfo.aaos.org](http://www.orthoinfo.aaos.org)

## American Association of Hip and Knee Surgeons

A sub-specialty organization of Orthopaedic surgeons the patient information section includes links to videos, support groups and includes information about your condition and surgery.  
<https://hipknee.aahks.org/>

## MedlinePlus

An extensive resource provided by the National Library of Medicine with the National Institutes of Health, this site offers information on various health topics and procedures, drugs and medications, as well as online surgery videos, interactive patient tutorials and much more.  
[www.medlineplus.gov](http://www.medlineplus.gov)

## NOAH (New York Online Access to Health)

NOAH provides access to high quality consumer health information in English and Spanish. The site consists of full-text consumer health information that is current, relevant, accurate and unbiased.  
[www.noah-health.org](http://www.noah-health.org)

# Lodging

## Gary’s House

97 State St., Portland, ME 04101  
Phone: 207-535-1320  
[www.garyshouse.org](http://www.garyshouse.org)

Gary’s House is an affiliate of Northern Light Mercy Hospital that provides a home away from home to families or loved ones of patients. There are nine tastefully decorated rooms in which to sleep, relax, make calls or watch T.V.

Suggested donation \$15/ night.  
Visit website to submit referral form.

## Clarion Hotel

1230 Congress St.,  
Portland, ME 04102  
Phone: 207-774-5611

## Holiday Inn Express

303 Sable Oaks Dr.,  
South Portland, ME 04106  
Phone: 207-775-3900

## Courtyard by Marriott Portland Airport

100 Southborough Dr.,  
South Portland, ME 04106  
Phone: 207-253-5005

## Tru by Hilton

Portland Airport Area  
369 Maine Mall Road  
South Portland, ME 04106  
Phone: 207-221-3131

## Embassy Suites by Hilton

1050 Westbrook St,  
Portland ME 04102  
Phone: 207-775-2200



## Notes

[illegible]

## Notes

[illegible]





## Northern Light Health

Acadia Hospital  
A.R. Gould Hospital  
Beacon Health  
Blue Hill Hospital  
C.A. Dean Hospital  
Eastern Maine Medical Center  
Home Care & Hospice  
Inland Hospital  
Maine Coast Hospital  
Mayo Hospital  
Mercy Hospital  
Northern Light Health Foundation  
Northern Light Laboratory  
Northern Light Medical Transport  
Northern Light Pharmacy  
Sebasticook Valley Hospital

[northernlighthealth.org](http://northernlighthealth.org)



**Northern Light**<sup>SM</sup>  
Mercy Hospital