WELCOME

A Disease-Specific Certified Program in Total Hip and Total Knee Replacement Surgeries

Preoperative Teaching Manual for Total Knee and Hip Replacement
WELCOME!

We are so glad to have the opportunity to meet and talk with you before your surgery.

Our hope is that by providing you with more information and teaching prior to your surgery you will feel more comfortable with your hospital stay and more knowledgeable about decisions regarding your health care.

This booklet is intended to be a general guide. Your physician may order additional specific restrictions or limitations. You are responsible for following your surgeon’s specific directions.

Please contact us or your surgeon if you have any questions or concerns. We look forward to meeting with you.

Sincerely,

Elise Matocha RN, BSN, ONC
Irenia Vinuya RN, ONC
Bone & Joint Nurse Navigators
512-324-BONE
512-324-2663
WHAT TO DO BEFORE...

Coming to your Bone and Joint Pre-operative Teaching Class

1. Please complete the history form titled “Adult Patient Profile-Part A” located in the Passport envelope.
   - This is a history form and questionnaire.
   - Fill in the blanks and use check marks where indicated.
   - Please be as specific as possible when listing your current medications, including your dosage and number of times taken per day.
   - Please bring any advanced directives (medical power of attorney, living will, etc) with you to the pre-operative visit so that we can make a copy for your medical record.

2. Review the contents of the manual prior to the class.

3. Please bring this manual with you to class.

4. We encourage you to bring one family member or friend to the class to be your coach if possible.

5. The pre-operative class will take approximately one and a half hours. You will also need to plan on spending one and a half hours to complete your pre-admission process.
   (Total pre-admission process may take three hours.)

6. Please contact us if you have questions before coming to class.

   Call Elise Matocha or Irenia Vinuya at 512-324-BONE (2663).
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PREOPERATIVE SURGERY VISIT

Date and time of visit: ________________________________

- Your preoperative visit will be at Seton Medical Center Austin located at 1201 West 38th Street.

- To access the valet parking enter from 38th Street. If the valet parking is full, please drive around to the back of hospital and use the South Garage.

- Be prepared to pay for parking.

- Report to the surgery center pre-admission desk located on the first floor North Entrance, by the front door.

Your pre-surgery visit will include stops at the following stations:

1. **Registration**
   You will speak with an admissions counselor and pre-register for your hospitalization.

2. **Teaching**
   A registered nurse will guide you through the preoperative visit and provide you with pre-operative teaching that will describe what to expect before, during and after surgery. He or she will explain how conditioning and preparation prior to surgery can speed up the recovery process.

   A physical therapist will instruct you on exercises to do before and after surgery, teach movement precautions and provide you with transfer and gait information. An occupational therapist will discuss ways to make your home a safe environment after surgery, and will further instruct you on movement precautions and use of assistive devices.

3. **Anesthesia**
   You will be seen by the anesthesia group who will review your planned procedure, medical history and laboratory studies. Additional tests could be ordered at that time as well.
4. Tests

If your physician or anesthesiologist has ordered specific tests (blood work, x-rays, EKGs) these will be done at this time.

5. Clinic

As advised by your surgeon, you will visit with an advanced practice nurse who will evaluate your readiness for surgery and make referrals as needed. This is done approximately four weeks before your surgery and you will be notified if you need to attend this clinic.

When you come for your pre-surgery visit, be sure to bring your:

• Surgery Passport (given to you in the doctor's office). Please fill in the Patient History Information sheet.
• List of your current medications.
• Insurance information.
• Copy of Advanced Directives (Durable Power of Attorney, Living Will).
• This manual.

If possible, we recommend having a family member or friend accompany you to the pre-operative teaching class so that he/she can participate in your teaching. This person should be whoever will be available to help you during your recovery process.
WHAT YOU SHOULD KNOW...
Before Surgery

Items you might want to bring to the hospital on the day of surgery. The person who accompanies you will take responsibility for the these items while you are in surgery.
- Toothbrush and Toothpaste
- Shaving equipment
- Deodorant
- Eye glasses/contact lens case
- Loose fitting, comfortable clothing (examples include robes, loose fitting shorts, t-shirts, pajamas, sweatpants, etc.).
- A pair of comfortable, non-skid shoes
- Books, puzzles, magazines if you so desire

What should I leave at home?
- Valuables: Do not bring cash over five dollars, keys, credit cards, jewelry or any valuables.
- Medicines: Medication will be provided by the Hospital. Only in rare circumstances will the Hospital not have the medication you need in stock. By keeping your medications at home it is safer for you because it will help eliminate any confusion.

What else is important?
- During your preoperative visit, the anesthesia group will give you instructions regarding eating and drinking prior to surgery. This will depend on what time you are scheduled for surgery. They will also give you instructions about any diabetic medication adjustment for the day of surgery.
- Please alert the preoperative staff during your visit if you have sleep apnea. Please bring your machine to utilize during your hospital stay.
- Do not shave your legs for a minimum of three days before surgery. Shaving can cause tiny cuts in the skin through which bacteria can enter.
- You might need money (approximately $50.00) for wheelchair van transport home if there will not be someone available to drive you home.

WHAT YOU SHOULD KNOW...
Day of Surgery

Diet
- Do not EAT, DRINK, SMOKE, or take medications after midnight unless your doctor tells you to.

Preparations
- Relax and get a good night’s rest!
- Shower as usual unless otherwise directed.
- Do not shave your legs.
- Wear easy to remove, comfortable clothing.
- Plan to arrive two hours before your scheduled surgery time or as instructed.
Plan of Care: Knee and Hip Replacement

This is a list of things you can expect after surgery. Following these activities will help with your recovery.

<table>
<thead>
<tr>
<th>Day Of Surgery</th>
<th>POST-OP DAY #1 or DAY OF DISCHARGE</th>
<th>POST-OP DAY #2 or DAY OF DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consults</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Physical Therapy (PT)/Occupational Therapy (OT)</td>
<td>• PT will see you morning and afternoon. You will learn how to walk with your walker.</td>
<td>• Continue with your physical therapy 2x a day. Walk at least 100-150 feet today.</td>
</tr>
<tr>
<td></td>
<td>• If your surgery is scheduled for morning time, you may begin your Physical Therapy (PT) Program this afternoon.</td>
<td>• OT will help you to adapt to temporary lifestyle changes as needed. EX: Bathing, showering, dressing and grooming.</td>
</tr>
<tr>
<td></td>
<td>• OT will help you to adapt to temporary lifestyle changes as needed. EX: Bathing, showering, dressing and grooming.</td>
<td>• Case Manager will visit to discuss your discharge plans and equipment needs.</td>
</tr>
<tr>
<td></td>
<td>• Case Manager will visit to discuss your discharge plans and equipment needs.</td>
<td>• Occupational Therapy will continue if needed.</td>
</tr>
<tr>
<td><strong>Treatments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TO PREVENT BLOOD CLOTS IN YOUR LEGS:</td>
<td>• Continue with ankle pumps.</td>
<td>• Slowly increase your activity level and pace yourself as you prepare to go home.</td>
</tr>
<tr>
<td>• Pump your ankles 20-30x every hour</td>
<td>• Support stockings should be removed for skin care for 20 minutes then reapplied daily.</td>
<td>Before you leave your nurse will give you instructions about how to care for your dressing at home.</td>
</tr>
<tr>
<td>• Wear support stockings and leg compression devices.</td>
<td>• Continue with Incentive Spirometry.</td>
<td>• Continue deep breathing, ankle pumps and cold therapy at home as well.</td>
</tr>
<tr>
<td>• Deep breathe and use your Incentive Spirometry (IS) to take 10 deep breaths every hour while awake</td>
<td>• Continue using cold therapy.</td>
<td></td>
</tr>
<tr>
<td>• Use cold therapy to operated area to decrease pain and swelling.</td>
<td></td>
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<tr>
<td><strong>Medications</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• You will experience some pain.</td>
<td>• Your IV or nerve block pain medication will be stopped:</td>
<td>• Continue with your pain medication as needed.</td>
</tr>
<tr>
<td>• Your pain level should be under control.</td>
<td>◦ Take the pain pills routinely to keep pain at a tolerable level.</td>
<td>• Continue to take your blood thinner daily or as directed until you see the surgeon for follow up visit in the office. You will get further instructions at that time.</td>
</tr>
<tr>
<td>• You may need to be awakened during the night to stay on the pain medication schedule.</td>
<td>◦ Let us know if your pain is not controlled, so that we can look for other ways to control the pain.</td>
<td>• Take stool softener while you are on pain medication. A common side effect of pain medication is constipation.</td>
</tr>
<tr>
<td>• You may receive pain medication through your vein (IV), nerve block and pain pills.</td>
<td>◦ Continue to take pain pills with crackers or food.</td>
<td></td>
</tr>
<tr>
<td>• Start taking the pain pills routinely as soon as you are able.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Take pain pills with crackers or food.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Day Of Surgery

**Diet**
- Diet – Nausea is common following surgery. You will start with clear liquids (ice chips, water, juice, jello) and advance to regular food as tolerated unless otherwise ordered by your doctor.

**Activities**
- The staff will assist you to stand or transfer to a bedside commode when you need to use the bathroom.
- Alert them before your bladder feels full.
- DO NOT attempt to get up without staff assistance.
- Call, Don’t Fall.

### POST-OP DAY #1 or DAY OF DISCHARGE

- Your IV fluids may be stopped if you are eating and drinking.
- You may return to a regular/high fiber diet.

### POST-OP DAY #2 or DAY OF DISCHARGE

- Regular/high fiber diet.
- Drink lots of fluids.

### Going Home

**Examples of Needs:**
- Equipment – Rolling walker, bedside commode, and continuous passive motion machine CPM (for some knee patients if ordered by doctor).
- Home health care arrangements.

**Discharge Day**
You are going home! Your schedule for the day will be:
- Get up in the chair for breakfast
- Ask for pain pills as needed.
- Participate with PT-work on stairs if needed.
- Have a family member/friend scheduled to pick you up after:
  - Your equipment is delivered
  - Your surgeon and medical physician have visited.
- Discharge instructions are reviewed with you by your nurse and signed.
  - Staff will assist you in getting you and your belongings into the car.
WHAT YOU SHOULD KNOW...
During Surgery

- Surgery usually lasts one to two hours for a single joint and two to three hours for two joints or a revision. You will stay in the post-anesthesia care unit (recovery room) for a couple of hours.
- During your surgery, your family will wait in the Surgery Center Waiting Room on the first floor until a room assignment is given. Because we are waiting on patients to be discharged upstairs your family should be prepared that most of their waiting time will be in the waiting room.
- When your family does get your room assignment they are welcome to wait in the room, watch TV, use the telephone and wireless internet.
- You will not be there for a while yet!

THE SURGERY WAITING ROOM

Waiting during a surgical procedure can seem like a very long time for your family. At Seton Medical Center, we will take care of your family while we are taking good care of you!

LOCATION: Your family will wait in the surgery center waiting room. This area is located on the first floor of the hospital with convenient access to the main lobby, elevators, restrooms and the Chapel.

The Seton cafeteria vending machines and coffee/snack kiosk are located on the ground floor. Cafeteria hours are 6:30-10 a.m., 11 a.m. - 3 p.m. and 5 - 7 p.m.

A reception desk is located in the surgery center waiting room. The staff is available to answer questions and offer directions to you if needed. We ask that your family or friends remain in the surgery center.

The surgeon will contact your family in the surgery center waiting room to inform them of your condition after surgery is completed.
WHAT YOU SHOULD KNOW...
After Surgery

After your surgery is finished you will be taken to the PACU (Post-Anesthesia Care Unit). The nurses in PACU are specially trained to care for you.

When you wake up the nurse will be telling you where you are and that your surgery is over. The drugs used in anesthesia will most likely cause you to have blurry vision, a dry mouth, chills and sometimes nausea. You may also have a sore throat for a couple of days from a tube that was placed in your windpipe to help you breathe during your surgery.

You may begin to feel pain in your hip or knee and the nurse in the recovery room will help you to keep it under control.

As you wake up you will notice the nurse checking your bandage, blood pressure, pulse, respiratory rate, etc. You will be attached to a heart monitor and an oxygen monitor. You will hear these monitors beeping.

You may begin your deep breathing and ankle pump exercises.

You will stay in PACU up to three hours.

Visitors are not allowed in PACU.

When you are released from PACU the surgery personnel will take you to your hospital room. Your family may already be there waiting for you to arrive.
YOUR ORTHOPEDIC CARE TEAM

At Seton Medical Center, we are committed to providing care to you and your family that will be individualized to suit your needs and exceed your expectations. Our group of caregivers will work together as a team to ensure that this happens. Some or all of the following caregivers may be involved in your plan of care:

**Orthopedic Physician / Physician Assistant**
- Performs your surgery and directs your care
- Sees you daily on hospital rounds
- Checks on your progress at follow-up appointments

**Medical Physician**
- May help with medical care as requested by your surgeon

**Anesthesia Team**
- Administers anesthesia to you during the surgery
- Monitors your condition during surgery
- May help direct your pain management in the postoperative period.

**Orthopedic Nursing Director**
- Provides 24-hour administrative and clinical leadership for the orthopedic inpatient unit
- Provides leadership support for the Orthopedic Bone & Joint Center Program
- Contact: 512-324-3274

**Orthopedic Clinical Managers**
- Provide administrative and clinical leadership on the orthopedic inpatient unit
- Provide day to day follow-up, along with the nursing team leader
- For staff and patient concerns contact: 512-324-1000 ext. 17605

**Bone & Joint RN Navigators**
- Provide pre-operative teaching
- Assist the Sixth Floor nursing staff in coordinating your care
- Provide follow-up after you are discharged to home
- Names: Elise Matocha RN, BSN, ONC
  Irenia Vinuya RN, ONC
  Contact: 512-324-2663
**Sixth Floor Nursing Staff**  
- Includes RN's, LVN's, clinical assistants  
- Plans and coordinates your care based on physician orders and nursing expertise  
- Communicates information about your condition and progress to other team members  
- Teaches you and your family about your care needs  
- Assists you with your personal care needs

**Case Manager/Social Worker**  
- Coordinates your plan of care for discharge  
- Arranges for discharge needs including equipment and any home health needs  
- Interacts with other team members and insurance companies as needed  
- Case Manager: 512-324-1000 ext. 18921  
  Social Worker: 512-324-1000 ext. 18963

**Physical Therapy**  
- Provides pre-operative teaching  
- Instructs and assists you with pre/postoperative exercise programs  
- Teaches movement precautions  
- Instructs you in transfers, walking and stair climbing  
- Contact number: 512-324-1575

**Occupational Therapist**  
- Assists you with adapting to temporary daily living changes  
- Assesses needs for adaptive equipment for self care  
- Teaches movement and self care precautions  
- Trains caregivers as needed  
- Contact number: 512-324-1575

**Dietary Host**  
- Provides information and dietary options as needed

**Also Available:**  
- Chaplain Services  
- Patient Representative
WELCOME TO THE SIXTH FLOOR

Your return to maximum physical functioning is our primary concern.

The orthopedic unit is located on the sixth floor. Nurses and support staff are here to care for you 24 hours a day. Our sixth floor team is available to help you with your questions, concerns or special needs:

Team Leader Sixth Floor 512-324-3965
Orthopedic Teaching Navigators 512-324-BONE (2663)
Case Managers (discharge planning) 512-324-1000 ext. 18921
Clinical Managers 512-324-1000 ext. 17605
Director 512-324-3274
Social Worker 512-324-1000 ext. 18963

Visiting Hours
We do not have any restrictions. However, to allow us to provide the care you need, please limit your visitors to two at a time. Encourage visitors to come later in the day so you can participate in your therapy with fewer distractions. If a member of your family would like to stay the night, cots are available upon request. Let us know as soon as you arrive on the sixth floor to ensure cot availability.

Meals
Meal trays arrive on the unit near these times:
Breakfast 7:30 - 8 a.m.
Lunch 12 - 12:15 p.m.
Supper 6 p.m.

Please let us know if you need a special diet. Kosher, vegetarian, calorie or fat restricted diets are available upon request. Juices, Jell-O, milk, coffee and crackers are kept on the unit if you get hungry between meals. Just let us know your needs.

Call Button
When you press your call button the clerk at the sixth floor desk will notify your nurse or clinical assistant. At times we may be with another patient when you call. It may take a few minutes for us to arrive, so you may also call your nurse or clinical assistant on their portable phones. We encourage you to anticipate your needs.

Careboard
The erasable white board in your room will be used to communicate your plan of care, needs, reminders, your care team names and phone numbers, and any other information that is important to you.
Activity
Early and frequent mobility is the key to a successful recovery. As your strength and
endurance improves you will be able to get in and out of bed on your own, however
until then, we will assist you. Please press your call button for help. Our goal is that
you “Call, don’t fall!”

Medication
The hospital purchases medications from a variety of drug companies so the pills we
will give to you may not look like the pills you take at home. Please ask your nurse if
you have questions about the medications you are receiving.

We are unable to use any medications that are brought from home. Please send
home any medicines you may have with you. This is for your safety.

Linen
The sheets on your bed are changed every other day and whenever soiled. If you
would like your sheets changed in addition to these times please let the staff know.

Bathing
We encourage you to actively participate in the bathing process because the exercise
will greatly assist in healing. We will help you with a sponge bath until discharged
home so that your wound will stay dry. Please alert staff when you are ready.

Rehab Community Room (Gym)
You may have a few therapy sessions in the sixth floor gym. Since you may be with
other patients, please bring loose fitting, comfortable pants (shorts, workout pants,
pajama pants, etc.).

Chaplain
A chaplain is available 24 hours a day if you or your family would like to talk to him/
er. Please let the staff know your need.

Special Services
If you have hearing or visual impairments or other special needs that we can help you
with please let us know.

Traction
The bed in your room will have an overhead frame with a bar attached (trapeze) to
help you pull yourself up in bed. It is important that you call anytime you want to get
out of bed.

Patient Representative
Available for any concerns or unresolved problems. Please let the staff know if you
would like to talk to a patient representative.
SETON MEDICAL CENTER REHABILITATION SERVICES

Physical and Occupational Therapy
Welcome to the Bone & Joint Center. Seton Medical Center Rehabilitation Services is committed to providing you the resources you will need to help prepare you for your surgery.

The following information is meant to assist you with your preparation.

• Begin the exercises shown to you as soon as possible. Improved muscle strength before surgery can decrease the time you spend recovering after the surgery.

• You will rely tremendously on your upper body and arms after surgery with the use of an assistive device. The exercises included in this book will help improve the strength in your arms for better endurance with walking.

• Inspect your home environment and implement any safety suggestions recommended in this book. Completing these changes before you go home from the hospital will ease your recovery and ensure your safety.

• You play an important role in your recovery. We encourage you to do your best with the physical and occupational therapists. Success of this surgery is a TEAM effort and YOU are a critical member of this team.

• If you have any questions or concerns, please call our department at 512-324-1575.

We look forward to working with you.

Sincerely,

SMCA Rehabilitation Services
Physical and Occupational Therapists
Starting Your Exercise Program

Before your surgery, perform the exercises one to two times each day.

Start with 10 repetitions and gradually increase by one to two repetitions each day until you can perform 15 to 20 repetitions. If you can tolerate this, continue to perform 15 to 20 repetitions of each exercise until your surgery.

Perform each exercise with slow and controlled movements. You may rest in between each exercise to prevent over exerting yourself.

Do not hold your breath. Breathe out during the most difficult part of the exercise.

Before your surgery remember to exercise within the limits of your pain tolerance.

If pain or discomfort increases with an exercise, stop performing the exercise. Stop all exercise if you experience any chest pain, dizziness or excessive perspiration and call your doctor immediately.

Lifetime Joint Replacement Precautions

1. You should not engage in collision sports; e.g., rodeo, rugby, martial arts, snow or water skiing. Any activity where there is a high likelihood of falling can potentially damage the prosthesis and may require you to have surgery done over prematurely. **Do Not Fall!** Most all other activities are encouraged.

2. If you have dental work or medical procedures planned, tell your dentist/physician that you have an artificial joint. You may need to take antibiotics to prevent possible bacteria from getting into your bloodstream and possibly to your artificial joint. Artificial joints make a great place for bacteria to hide from your immune system. Again, this could lead to additional surgeries and redoing the joint replacement.

3. **DO NOT RUN** for the sake of exercise. **Walking for the sake of exercise is beneficial.** Running will increase the wear and tear on the prosthesis, causing it to need early replacement.

4. If your surgeon or procedure requires Total Hip Precautions, then those precautions should be considered a lifelong change even though the risk of dislocation is less likely after the first year.
Use of Walker

Proper Fit
Your walker has been adjusted to fit. Standing within the walker with your shoulders relaxed and your hand on the handgrips, the handles should be even with the crease of your wrist when your arms are at your sides.

If you change the heel height of your shoes by an inch or more, please make the appropriate adjustment to the walker by using the push button of each walker leg.

Walking
Place the walker forward and flat on the floor. Place your “involved leg” forward, the length of a normal step. Distribute your weight between your hands and involved leg according to the weight bearing instructions from your physician. Step forward with your “good” leg so that the steps are the same lengths.

Repeat the sequence.

Note: Develop a normal walking rhythm. Do not limp.

Remember to maintain your prescribed weight bearing status to reduce soft tissue swelling and pain. Your prescribed maximum weight bearing is _______on your _______leg.

Getting In/Out of the Car
1. Approach the vehicle so that the door can swing clear of the walker.
2. Open the door and step forward. Then pivot to back up to the seat.
3. Once you feel the car frame behind you, grasp the doorframe, dashboard, or seatback and gently lower yourself to the seat.
4. From a seated position, scoot your hips back then pivot to bring your legs into the vehicle.
5. To exit the vehicle, simply reverse the process. Pivot in the seat to bring your legs out and scoot to the edge before you attempt to stand.
6. Never hold onto a car door, as it will move.
**Going Up/Down a Curb or Step**

**Do Not** attempt to climb a set of stairs with a walker unless your physical therapist has instructed you in the appropriate method.

**Up With the Good**

1. Approach a curb or step head on. Stand close to the step.
2. Set all four posts of the walker up on the higher level.
3. Step up with your strongest leg to lift you up against the force of gravity. Follow up with your operated/weaker leg.

*Alternate techniques can be taught by your physical therapist.

**Down With the Bad**

1. Step so the toes of both feet are at the edge of the curb/step. Set all four posts of the walker down on the lower level.
2. Step down with the operated/weaker leg first. This way your strongest leg is under you, controlling how quickly you descend.
3. Support your weight on your arms and step down with the stronger leg.

**Use Caution Near:**

- Electrical cords in your path
- Throw rugs
- The corner of your bedspread
- Toys on the floor
- Water or oil on the floor
- Family pets
- Changes in floor surfaces, example: carpet to tile

**Note:** Temporary disabled parking permits are available from the Texas Department of Motor Vehicles. A doctor’s prescription is required to obtain a permit.
Walking with Crutches

Proper Fit
Your crutches have been adjusted to fit. With your shoulders relaxed and the crutch tips 6” to the side and 2” forward of your toes, you should have 2 –3 finger widths between the top of the crutch and your armpit. Your elbow should be bent approximately 30 degrees.

Safety Tips
- Keep crutch tips clean. Check them for wear and snug fit.
- Replace damaged tips.
- Pick up all throw rugs and exposed electrical cords.
- Avoid water, mud, gravel surfaces, and be careful around pets and small children.
- Slow down on uneven surfaces and carpeting.
- Do not use escalators. Travel longer distances to use an elevator.
- Do not bear more weight on your operated leg than your physician advised.

To Sit or to Get Into or Out of a Car
1. Back up until you feel the chair behind your legs.
2. Take the crutches out from under your arms and take hold of the chair.
3. Lower yourself to the seat.
4. Before rising, scoot out to the edge of the seat, then slide the operated leg out ahead to limit weight bearing as you stand.
5. Use your arms on the seat of the chair to push up to standing.
6. Use the same technique for getting into the car. Once seated, pivot to bring your legs in/out of the car.
Upper Extremity Strengthening Exercises for Total Joint Replacement Patients

Resist elbow flx uni w/wt
- Begin with arm at side, sit or stand, elbow straight, palm up, weight in hand.
- Bend elbow upward.
- Return to starting position.
- Repeat with the other arm.

Special Instructions:
If you do not have weights at home, use a soup can instead. Perform 1 set of 10 repetitions, twice a day.

Resist elbow ext uni supine w/wt
- Lie on back, arm over head, elbow bent and hanging as shown.
- Hold weight in hand.
- Straighten elbow through available range.
- Return to start position.
- Repeat with the other arm.

Special Instructions:
If you do not have weights at home, use a soup can instead. Perform 1 set of 10 repetitions, twice a day.
AROM shld depress bil (seated pushup)

- Sit on a firm surface, with arms at side.
- Push downward with both hands, raising buttocks off the chair or seat.
- Return to start position.

Special Instructions:
Keep elbows straight.
It sometimes helps to place a book on each side of your body, and place your hands on them.

*You may also use a chair with armrests and push downward with both hands to lift buttocks off the chair.
Perform 1 set of 10 repetitions, twice a day.
Hold exercise for 5 seconds.

Issued By: Rehabilitation Services

Signature: 

These exercises are to be used only under the direction of a licensed, qualified professional. SMC- Inpatient Physical Therapy
Except as to user supplied materials ©1996-2000 BioEx Systems, Inc.
Total Knee Replacement Exercises

AROM ankle DF/PF (elevated ankle pumps)
• Lie on back.
• Move foot up and down, pumping the ankle.
• Perform 1 set of 20 hourly while awake.

Iso knee ext sit (quad sets)
• Sit with leg extended.
• Tighten quad muscles on front leg, trying to push back of knee downward.
Perform 1 set of 10 repetitions, three times a day.
Hold exercises for 5 seconds.

AROM knee ext (SAQ) sit
• Lie on back, with involved leg bent to 45 degrees, supported with a gallon can or pillow, as shown.
• Straighten leg at knee.
• Return to start position.
Perform 1 set of 10 repetitions, three times a day.

Issued By: Rehabilitation Services

Signature: ________________________________

**Total Knee Replacement Exercises**

**AROM hip/knee (heel slides)**
- Lie on back with legs straight.
- Slide heel up to buttocks.
- Return to start position.

Perform 1 set of 10 repetitions, three times a day.

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**Stretch knee ext supine**
- Lie face up, ankle supported on roll.
- Relax leg and allow gravity to straighten leg.

Perform three to four times a day for 15 minutes each time.

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**AROM hip flx (SLR) supine knee bent**
- Lie on back with uninvolved knee bent as shown.
- Raise straight leg to thigh level of bent leg.
- Return to starting position.

Perform 1 set of 10 repetitions, three times a day.

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**Issued By:** Rehabilitation Services

Signature:

Total Hip Replacement Exercises

AROM ankle DF/PF (elevated ankle pumps)
- Lie on back.
- Move foot up and down, pumping the ankle.
- Perform 1 set of 20 hourly while awake.

Iso knee ext sit (quad sets)
- Sit with leg extended.
- Tighten quad muscles on front leg, trying to push back of knee downward.

Perform 1 set of 10 repetitions, three times a day.
Hold exercise for 5 seconds.

AROM knee ext (SAQ) sit
- Lie on back, with involved leg bent to 45 degrees, supported with a gallon can or pillow, as shown.
- Straighten leg at knee.
- Return to start position.

Perform 1 set of 10 repetitions, three times a day.

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Total Hip Replacement Exercises

AROM hip/knee flx (heel slides)
• Lie on back with legs straight.
• Slide heel up to buttocks.
• Return to start position.

Perform 1 set of 10 repetitions, three times a day.

AROM hip abd uni supine
• Lie on back on firm surface, legs together.
• Move leg out to side, keeping knee straight.
• Return to start position.

Perform 1 set of 10 repetitions, three times a day.

Iso hip gluteal sets supine
• Lie on back with legs straight
• Squeeze buttocks together.
• Hold and repeat.

Perform 1 set of 10 repetitions, three times a day.
Hold exercise for 5 seconds.

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Precautions for Total Hip Replacement

The following instructions and precautions pertain to **Total Hip Replacement** patients ONLY. Your surgeon may or may not require you to follow these precautions. He or she will order these precautions after surgery if necessary. The purpose of these restrictions is to prevent you from dislocating your hip. It will not harm you to familiarize yourself with these precautions.

1. Do not bend your hip beyond 80° – 90° as ordered by your physician.
2. Do not cross your legs.
3. Do not rotate your operated leg to the extreme of in/out.
4. Your physician will determine your maximum weight bearing. Excessive weight bearing can lead to a poor result or decreased longevity of your replacement. Follow your physician’s instructions.

You will be given full instructions on lying, sitting, standing and walking while in the hospital. We **DO NOT** wish to change these when you go home, at least until you go for your check-up with your physician. **The following list of precautions is for your home use.** These precautions should be strictly followed for the first six weeks following your surgery. Your physician may alter or extend this time frame, especially if your hip replacement is a redo of a previous total hip replacement.

1. **DO NOT TRY TO BEND YOUR HIP MORE THAN 80° – 90°**
   You will need help putting on socks or shoes.

**DO NOT** sit on low stools, low overstuffed furniture or toilets. If you have been using a raised toilet seat while in the hospital, you will need to continue to use this at home until your physician says you no longer need it. Choose chairs with arm rests. Sit up in a chair frequently for short periods of time. Prolonged sitting may increase swelling and stiffness, which can lead to blood clot formations.
2. **DO NOT CROSS YOUR LEGS**
   It is important for you to remember NOT to bring your operated leg past the middle of your body. Also, it is important for you to note that twisting your waist and bending forward over your operated leg is the same as bringing your leg past the middle of your body.

   When you are sitting or lying in bed, keep your knees apart. When you go home, sleep with a pillow between your legs to serve as a “reminder” to keep your legs apart.

3. **DO NOT ROTATE (TURN IN OR OUT) YOUR LEGS** but keep them in a neutral, straight position when you are sitting, when you are lying in bed (except during exercise) and when you are walking. Remember that rotation with your hip bent (flexed) can cause a **DISLOCATION. DO NOT** reach or twist over your operated side to pick up or set down items on your bed or chair.

   Your operated leg may have a tendency to roll **outwards** when in bed. If this occurs, roll up a towel or fold a pillow and prop it against your thigh so that your toes are pointed up toward the ceiling.
4. **Put a pillow between your legs to prevent your operated leg from falling past the midline of your body. DO NOT** lie on your side without this pillow between your legs for the first six weeks after your surgery.

![Illustration of a person sleeping with a pillow between their legs]

5. **DO NOT** try to put on your stockings by yourself without equipment until approximately six weeks after surgery. Ask your doctor when you can do this safely. You cannot do this because it involves bending your hip more than 90°, a position for **DISLOCATION**. When putting your pants on, place **surgical** leg in the pant leg first then follow with **non-surgical** leg. You will need help pulling them up for approximately six weeks.

6. **A LONG HANDLED** shoe horn is helpful for putting on your shoes. Slide-on shoes are not recommended, as they are not as safe as shoes that enclose your heel.

Remember that you have a new hip, but it is not completely healed at this time. Further instructions regarding your care will be given to you at the end of your first return visit to the doctor.
PAIN MANAGEMENT EXPECTATIONS

Your Care Team members, directed by the physician and anesthesiologist, will work together to manage your pain control. Our goal is to minimize your pain and provide you with satisfactory pain relief.

Because it is unrealistic to say you will have “no pain” after surgery, satisfactory pain relief allows you to sleep, eat, get out of bed and perform your exercises.

Pain Scale
We will utilize a pain scale to measure your level of pain because it provides us with consistent, measurable information to help us evaluate your pain.

Our Expectations of You
• Let the nurses know as soon as you feel the pain beginning because it gets harder to ease the pain once it intensifies. Your doctor has ordered pain medication on an “as needed basis.” This means that your pain medications are not automatically scheduled. However by requesting your pain medication routinely, you will keep your pain under control.
• Utilize the pain scale to describe your pain as a number when communicating your level of pain. This will help the care team to know if their methods are effective or if changes need to be made.
• Remember that your pain is now a positive, healing pain and that the faster you are able to get up, walk and exercise the faster you will heal and go home.
• Actively perform the range of motion exercises every hour to decrease pain and stiffness, and work the excess fluid out of your limb.
• Remember to take your pain medications with food to avoid an upset stomach. Crackers are available at all times.
• The use of cold packs will help decrease pain and swelling.
What You Can Expect from Us
• Our care team will work together to respond promptly to your pain needs.
• We will utilize all options available to ensure satisfactory pain relief including repositioning and relaxation techniques.

Pain Management Options
These various options will be discussed by your physician and anesthesiologist before surgery and may include:
• Patient Controlled Analgesia (PCA) is intravenously (IV) administered pain medicine under your control. You have a button on the end of a cord that you can push at will whenever more pain medicine is desired. This button will only deliver pain medicine at predetermined intervals, as programmed by the doctor’s order. There are safety features to keep you from getting too much medicine.
• The upside to PCA medication is that it can provide rapid pain relief. The downside is that IV narcotics are depressants and can cause changes in breathing patterns. You will have your oxygen level monitored while you are taking medication. Mood changes, hallucinations, itching, changes in breathing patterns, and constipation are also possible side effects of PCA usage. Therefore, the sooner you are off of the PCA and on pain pills, the better.
• SAFETY ALERT: PCA refers to a “PATIENT” Controlled Analgesia not “PARENT” or “PARTNER” controlled. The only person who may use the button is the patient.
• Pain pills and injections can be given starting the day of surgery and need to be given routinely to be effective. This includes late night hours. It is recommended that you let the nurses know early on when you begin to feel pain.
• Peripheral Nerve Block is a numbing medication that is started in surgery and is not a narcotic. It will numb your knee or hip area for a temporary time period. It is essential that you do not get up without calling the staff for assistance until the nerve block wears off. You are at a risk of falling until the block is resolved. A knee brace (support) will be used until the nerve block wears off.
PREVENTION OF COMPLICATIONS

Clot Prevention

DEEP VEIN THROMBOSIS: DVT is a disorder in which clots can form in the veins (especially the legs) causing the veins to become inflamed. DVT can become life-threatening if the clot breaks loose and travels to other parts of the body. Factors that can contribute to DVT are injury, surgery, and immobilization.

To prevent the development of blood clots in your legs your physician will order a blood thinning medication for you to take. This medication may be in the form of a pill or small injection.

You will also be required to wear support stockings to prevent your circulation from pooling in your legs and compression sleeves that fit over the stockings. This compression garment also assists to keep your blood in your legs moving by inflating and deflating air within the sleeves.

Blood that is moving is less likely to clot. One way to prevent clot formation is to actively exercise your ankles at least 20-30 times every hour during your hospital stay. Because this is so important the staff will remind you to perform your ankle pumps routinely.

Another way to prevent clot formation is early and frequent mobility:
• Sit up in the chair for meals.
• Use the bedside commode or bathroom with assistance.
• Walk in the halls with the physical or occupational therapist.

Keep Your Lungs Healthy

There are a few things you can do to keep your lungs healthy during the postoperative period:

The medications given to relieve your pain and the decrease in your overall physical activity can cause you to breathe less deeply and increase your risk of lung problems.
The best way to stay lung healthy is to slowly deep breathe and hold your breath a few seconds. This should be done as often as possible during your hospital stay. You will be taught to use an Incentive Spirometer (IS). IS exercises the lungs and as a result, improves blood flow through your body and helps prevent complications as well as helps you heal faster. IS should be done at least 10 times every hour in the hospital and continued for a few weeks at home.

**NOTE:** For the first few days after surgery (especially late afternoon and into the evening) it is normal to run a slight elevation in your body temperature. This elevation could go as high as 101 degrees. DO NOT be afraid. This does not mean you have an infection or that something is wrong. This is the body reacting to the process of surgery. This is actually an expected and wanted effect!

We encourage you to do the following to keep your temperature down:
- Drink lots of fluids.
- Deep breathe often and use the Incentive Spirometer hourly.
- Move around a lot.

**Keep Your Body Working**

The medications given to relieve your pain, the anesthesia sedation, and the decrease in overall physical activity can cause your stomach and colon to work less and therefore put you at risk for constipation.

The best ways to prevent constipation are to **drink a lot of fluids, eat high fiber foods and exercise your body** as much as possible. This includes:
- Walking the halls with assistance.
- Getting in and out of bed as much as possible.
- Actively participating in your daily activities.
- Performing your ankle pumps 20-30 times every hour.

Your physician will order a stool softener to be given every day while in the hospital, and if needed, laxatives can be given before discharge to help you feel more comfortable.

It is recommended to continue a daily stool softener at home until the narcotics are discontinued and you are more active. These can be bought over the counter.
DISCHARGE PLANNING

Prepare Your Home
• Remove throw rugs and move electrical cords out of the way.
• Add pillows to low chairs and use chairs with arms.
• Hip surgery patients should avoid all low-lying, soft chairs including rocking chairs.
• Rearrange furniture to allow enough clearance for a walker.
• Keep hallways and doorways clear of objects.
• Place the phone within easy reach, move the cord out of the way or consider a cordless phone/cell phone instead.
• Install nightlights in hallways and bathrooms.
• Get a bag, basket or tray for your walker to transport items.
• If possible prepare a bed in the main living area if you normally sleep upstairs.
• Store foods and other items at waist to shoulder level to prevent bending over and straining your hip or knee.
• Stock up on easy to prepare foods and items that you will need.
• Plan ahead and discuss with family and friends who would be able to help you with activities of daily living, including picking up groceries.

Prepare Your Bathroom
• Consider installing grab bars in your shower or tub for support as you get in and out.
• Use a long handled sponge to wash hard to reach areas including your legs (especially hip surgery patients who should not bend greater than 90 degrees) available at any discount store.
• Use a non-slip mat to keep the floor dry, and place a rubber mat or decals in the tub or shower floor.
• Use a commode chair or elevated commode seat to raise the height of your toilet. Your case manager can help you with obtaining these items.
• Relocate the position of your toilet paper to be within reach (especially hip surgery patients who should not bend greater than 90 degrees).
• Consider installing a hand-held shower hose.
• Store toiletry items within easy reach.
• Consider purchasing a long handled “grabber” to help you pick things up and assist with dressing.
Durable Medical Equipment
Please Be Advised That:

- Your occupational therapist or physical therapist will help you determine if any items are needed.
- If a Seton case manager arranges for equipment delivery to Seton and you take it home, you become financially responsible for those items whether they are covered by insurance or not.
- A rolling walker is covered by insurance.

Mobility Devices

- Two-Wheeled Walker
- Shower/Tub Chair
- Shower/Tub Bench
- Tub Transfer Bench
Hip surgery patients following Hip Precautions will need a **Hip Kit**. A Hip Kit should have at least four basic pieces: reacher, long-handled shoe horn, sock aide and long-handled sponge.

- Most shower items are not covered by insurance.
- You can purchase them at most medical equipment companies, some pharmacies and drug stores.

**Toilet Elevation**

- Standard Bedside Commode
- Toilet Seat Riser

(Some pharmacies/drug stores also carry toilet elevation devices.)
During Your Hospital Stay
We want you to be prepared when you go home, therefore we will begin teaching you about home preparation at your pre-operative teaching class. Our care team members will then follow up with you during your hospital stay to ensure that you have what you need in terms of equipment, supplies and help.

On Discharge Day
- Joint replacement patients should make arrangements to be ready to leave the hospital around 11:00 am on the day of discharge. This allows you to get home and to have your prescriptions filled.
- If any questions or concerns arise you will still be able to call your surgeon’s office.
- Prepare to have your family pick you up in a vehicle that would be easy to get in and out of without being too low to the ground or too high to get into.
- Have family take home excess belongings prior to discharge day if possible.
- If you need transportation going home from the hospital, a wheelchair van is available. If you need this service the case manager will make the request. The fee may be $50 or more.

Case Managers
Case managers/social workers specialize in helping patients and their families plan for discharge from the hospital. Case manager/social workers can provide information regarding possible options about your care after discharge.
- Your surgeon will determine when you will be released from the hospital.
- Please have your transportation and care arrangements made so that you may leave the hospital by 11:00 am on the day of discharge.
- Case manager office number: 512-324-1000 ext. 18921

Social Worker/Financial Counselor
The social worker or financial counselor can assist you in obtaining information about various federal, state and local financial assistance agencies. These agencies can answer questions regarding applying for social security, disability, food stamps and other assistance programs.
- Financial assistance and referrals are handled on an individual case basis. Questions about your hospital bill should be referred to a financial counselor.
- Financial counselor office number: 512- 324-1125
- Social worker office number: 512-324-1000 ext. 18963
**Home Health Care**

Some patients will need more care at home than their families can provide. Home visits from registered nurses or physical therapists are covered by Medicare, Medicaid and many private insurance companies if you have skilled care needs and are considered homebound. *Home healthcare requires a physician’s order.*

After discharge from the hospital some patients will need assistance with bathing, meal preparation and light housekeeping. As a rule, Medicare, Medicaid or private insurance does not cover custodial care or extended care hours. Consider planning ahead with family, friends, church community, etc., ahead of time if you need this type of assistance.

- When it becomes apparent you will have care needs that cannot be provided for at home, the case manager and/or social worker will begin to assist you and/or your family in making arrangements. The case manager/social worker will review the physician’s recommendations and your care needs to determine the level of care required.
**Durable Medical Equipment (DME)**

Your case manager will review any equipment needs with you and assist you in obtaining any durable medical equipment you will need at home after discharge.

Durable medical equipment includes walkers and bedside commodes. Ordered DME will be delivered directly to the hospital.

If you are borrowing a walker, cane or crutches or have them from a previous health condition, please bring them **during your hospital stay**. The physical therapist will perform a safety check and adjust the equipment to fit you.

A physician’s order is required for DME, and your insurance company’s guidelines will determine reimbursement. Medicare and Medicaid have specific criteria for DME coverage. Your case manager will verify your coverage and work with your insurance company if you need DME.

**Transportation**

The case manager can provide a list of local ambulance companies should it be necessary for you to leave the hospital via a stretcher. **There is no guarantee of reimbursement from Medicare, Medicaid or private insurance companies even if your physician has ordered the ambulance.** As with all medical expenses, the charges are subject to review, and you will be responsible for any charges not covered.

Wheelchair accessible vans are available if you are to leave the hospital via wheelchair. Although it is less expensive than stretcher transport, wheelchair van transport is not covered by Medicare and is rarely covered by private insurance companies. The case manager can provide you with a list of wheelchair van transport companies.

*In either case, it is suggested that a family member transfer all personal belongings if possible.*
**Special Notes**

- Be aware that after your surgery you will most likely set off metal detectors at the airport. Tell airport personnel prior to being scanned that you have a joint prosthesis.
- If you are planning any dental work, you may need to take an antibiotic prior to the dental procedure. Contact your family physician/internist at least a week prior to your dental appointment.
- You will be receiving home follow-up calls to check on your recovery and obtain your feedback about your hospital experience. We need your comments and suggestions to improve our service to you!

*Thank you* for choosing Seton Medical Center Austin. We appreciate the opportunity to serve you!