

Total Joint Replacement

Welcome to Hoag Orthopedic Institute

As you prepare for total joint replacement surgery, you will probably have a number of questions. This booklet is designed to answer some of those questions and guide you from pre-surgical procedures through the post-surgical healing process.

The information in this booklet is designed as a general guide, while the information provided by your physician is specific to your individual needs.

You have selected one of the area's leading orthopedic care teams for your procedure. Hoag Orthopedic Institute surgeons perform over 2,800 total joint replacements each year – making Hoag the number one joint replacement hospital in Orange County. It is the combination of this medical expertise, the quality care from our staff and the overall Hoag Orthopedic Institute program that work together to create successful patient outcomes.

Frequently Used Numbers

Orientation Class Registration

800/514-4624

Nurse Navigator

949/727-5010

Fax 949/727-5012

Advanced Directive Information – Patient Representative

949/727-5151

Hoag Orthopedic Institute – Nursing Floors

Second Floor 949/727-5200

Third Floor 949/727-5300

Hoag Orthopedic Institute Main Phone Number

949/727-5000

Case Management Department

949/727-5439

Total Joint Replacement Orientation Class

1. Introduction
 - Pre-hospital preparation
2. Admitting process
 - Pre-op unit
 - Operating room
 - Post-anesthesia recovery unit
3. Transfer to Hoag Orthopedic Institute
2nd or 3rd Floor
4. Discharge planning
5. Physical therapy
6. Occupational therapy

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Total Hip Replacement

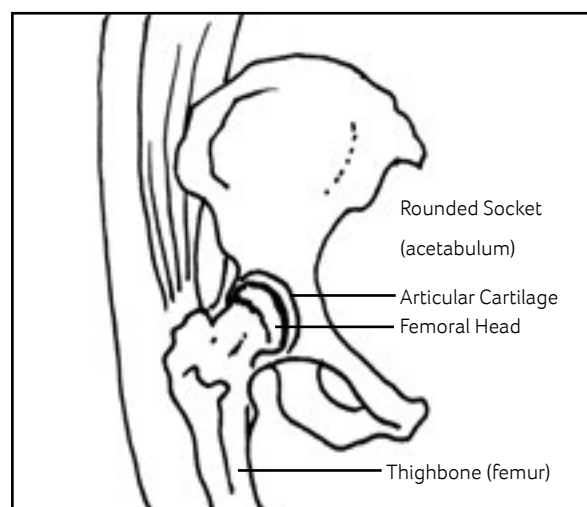
How the Normal Hip Works

The hip is one of your body's largest weight-bearing joints. It consists of two main parts: a ball (femoral head) at the top of your thighbone (femur) that fits into a rounded socket (acetabulum) in your pelvis. Bands of tissue called ligaments connect the ball to the socket and provide stability to the joint.

The bone surfaces of your ball and socket have a smooth durable cover of articular cartilage that cushions the ends of the bones and enables them to move easily.

All remaining surfaces of the hip joint are covered by a thin, smooth tissue called synovial membrane. In a healthy hip, this membrane makes a small amount of fluid that lubricates and almost eliminates friction in your hip joint.

Normally, all of these parts of your hip work in harmony, allowing you to move easily and without pain.



Normal Hip

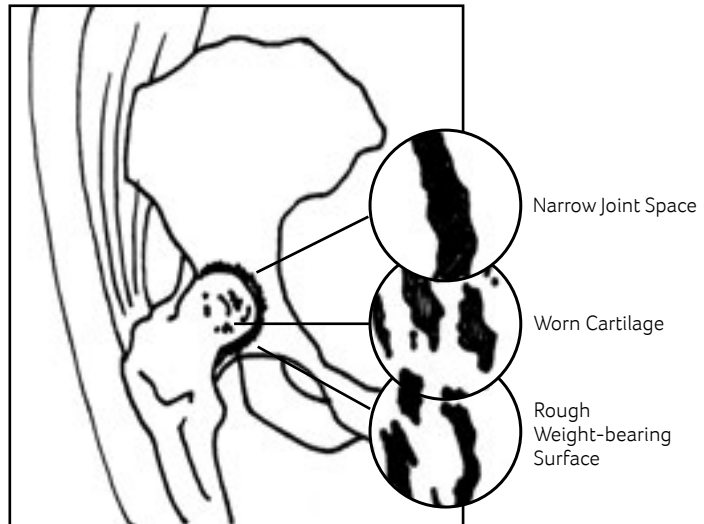
Common Causes of Hip Pain and Loss of Hip Mobility

The most common cause of chronic hip pain and disability is arthritis. Osteoarthritis, rheumatoid arthritis and traumatic arthritis are the most common forms of this disease

Osteoarthritis usually occurs after age 50 and often in an individual with a family history of arthritis. In this form of the disease, the articular cartilage cushioning the bone of the hip wears away. The bones then rub against each other, causing hip pain and stiffness.

Rheumatoid Arthritis is a disease in which the synovial membrane becomes inflamed, produces too much synovial fluid and damages the articular cartilage, leading to pain and stiffness.

Traumatic Arthritis can follow a serious hip injury or fracture. A hip fracture can cause a condition known as avascular necrosis. The articular cartilage becomes damaged over time and causes hip pain and stiffness.



Hip with Arthritis

Total Knee Replacement

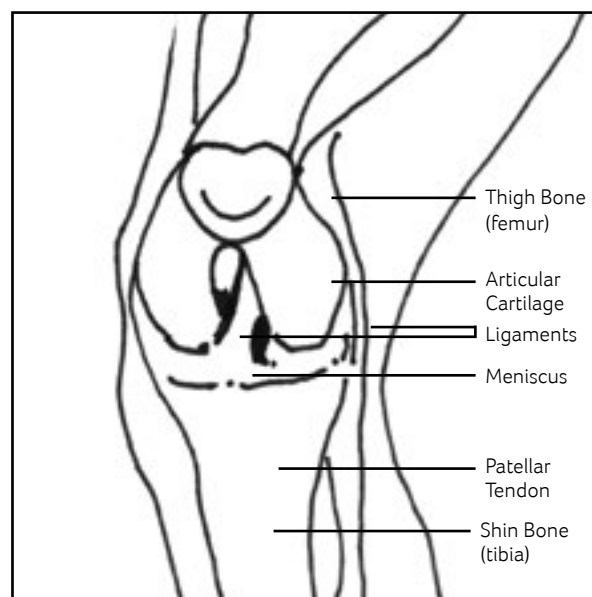
How the Normal Knee Works

The knee is the largest joint in the body. Normal knee function is needed to perform routine everyday activities. The knee is made up of the lower end of the thigh bone (femur), which rotates on the upper end of the shin bone (tibia), and the knee cap (patella), which slides in a groove on the end of the femur. Large ligaments attach to the femur and tibia to provide stability. The long thigh muscles give the knee strength.

The joint surfaces where these three bones touch are covered with articular cartilage, a smooth substance that cushions the bones and enables them to move easily.

All remaining surfaces of the knee are covered by a thin, smooth tissue liner called the synovial membrane. This membrane releases a special fluid that lubricates the knee and reduces friction in a healthy knee to almost zero.

Normally, all of these components work in harmony. But disease or injury can disrupt this harmony, resulting in pain, muscle weakness and less function.



Normal Knee

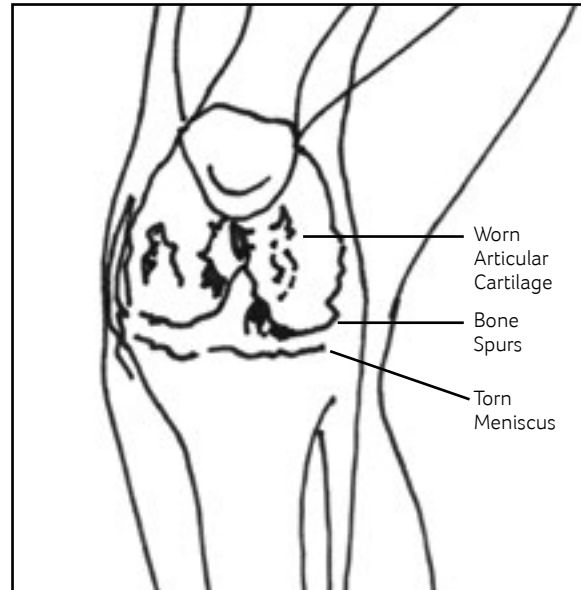
Common Causes of Knee Pain and Loss of Knee Function

The most common cause of chronic knee pain and disability is arthritis. Osteoarthritis, rheumatoid arthritis and traumatic arthritis are the most common forms of this disease.

Osteoarthritis usually occurs after age 50 and often in an individual with a family history of arthritis. The cartilage that cushions the bones of the knee softens and wears away. The bones then rub against each other, causing knee pain and stiffness.

Rheumatoid Arthritis is a disease in which the synovial membrane becomes thickened and inflamed, producing too much synovial fluid and which overfills the joint space. This chronic inflammation can damage the cartilage and eventually cause cartilage loss, pain and stiffness.

Traumatic Arthritis can follow a serious knee injury. A knee fracture or severe tears of the knee's ligaments may damage the articular cartilage over time, causing knee pain and limiting knee function.



Knee with Arthritis

Medical and Professional Staff

Anesthesiologist/Certified Registered Nurse Anesthetist

A physician or advance practice nurse that is responsible for your anesthesia (putting you to sleep or numbing your legs) for total joint replacement. The anesthesiologist or nurse anesthetist may also be involved in pain management issues before and after surgery.

Case Manager/Discharge Planner

A registered nurse or social worker who works closely with your surgeon and the other team members to help you make decisions about your discharge plan. This may include home health physical therapy, outpatient therapy, home equipment, and/or any skilled nursing care if needed. The case manager/discharge planner can also answer your questions about insurance coverage for services and equipment.

Nurse Practitioner (NP)

A registered nurse with advanced skills and education that works with your surgeon to manage your care. An NP can diagnose and treat health care problems. An NP can prescribe medications, order, and interpret needed tests. Nurse practitioners often see you before, during, and/or after total joint replacement surgery.

Occupational Therapist (OT)

A healthcare professional that is responsible for planning safe ways for you to complete your daily activities, such as bathing. The OT may partner with the physical therapist (PT) to complete your exercise routine. The OT offers ideas to assist you in creating a safe home environment. Adaptive equipment is used to simplify self-care tasks and protect joints while conserving energy.

Orthopedic Surgeon

A physician/surgeon that performs your total joint replacement and directs your care. This doctor guides your rehabilitation and follows you through office visits.

Physical Therapist (PT)

A therapist that plans your physical rehabilitation after your total joint replacement. This therapist will help you regain range of motion, muscle strength, and balance to walk safely with your new joint. You will learn how to use assistive devices such as a walker or cane, which will be needed temporarily after your surgery. Sometimes patients will attend physical therapy before surgery to learn exercises to build strength.

Physician Assistant (PA)

A health care professional that works with your physician to prescribe, diagnose, and treat health care problems. Physician assistants often see you before, during, and/or after total joint replacement surgery.

Registered Nurses (RNs)

Professional nurses that are responsible for managing your bedside nursing care following your surgery. Nurses use the surgeon's instructions to guide your care. RN's provide education to you and your family about your health and safety needs. This includes information before and after surgery and helps you plan for your discharge from the hospital. RNs also provide care and education in your surgeon's office.

Hoag Orthopedic Institute Pre-admission Orientation

It is highly recommended that you attend Hoag's pre-admission orientation three to four weeks in advance of your surgery date. The orientation is held frequently throughout the month for your convenience. During this important orientation session, you will have the opportunity to meet members of our Hoag Orthopedic Institute team, including the nursing and rehabilitation staff, review your pre-admission preparations, hospital stay and plans for your return home.

Please call 800/514-HOAG (4624) to schedule your class reservation.

Pre-admission Screening Appointment (PAS)

Please follow the pre-surgery admission instructions provided to you by your surgeon's office. Your surgeon will want you to have a variety of pre-surgery diagnostic tests, including laboratory tests, an EKG and a possible chest X-ray. You may also be asked to consult with your family physician or specialist for pre-surgery testing and medical clearance. Most insurance plans allow you to have all your pre-surgery tests done at Hoag Hospital.

PAS office will contact you to schedule your PAS appointment four to eight weeks prior to surgery.

Please bring with you to this appointment:

1. Your completed health questionnaire
2. Your insurance information and insurance cards
3. A copy of your Advance Directive (if applicable)
4. Your medication list
5. Sleep apnea screening

Review Insurance and Financial Planning

Thoroughly review your insurance benefits and/or alternative plans for payment. Find out what your insurance plan or Medicare covers. Are medical aids such as crutches, walkers and raised toilet seats reimbursable expenses? Does your plan cover inpatient care in a skilled nursing facility? What about home healthcare?

If you have any questions about your health insurance benefits, please call your insurance plan's customer relations department. The number is usually toll-free and may be found on the back of your insurance card.

Arrange For Home Care

Before going into the hospital, consider the support system you will have when you return home. You will need some assistance for the first few weeks with cooking, bathing, housekeeping, shopping, errands, etc. Do you have a caregiver, spouse, companion, friends or family member who will be able to help? If an adequate support system at home is not available, it may be appropriate to go to a skilled nursing facility.

Visitors During Your Hospital Stay

Think about when you want friends and relatives, other than your primary caregiver, to visit you. Perhaps you would rather they wait until you return home, since you will be busy with your rehabilitation in the hospital. Put yourself into the best possible frame of mind for the challenges ahead.

Risks and Possible Complications of Total Joint Replacement Surgery

The following is a list of potential complications and risks associated with major surgeries such as your total joint replacement. This list is provided not to frighten you, but to inform you of the possible risks of the procedure.

- > *Complications from anesthesia*
- > *Infection (rate less than 1%)*
- > *Dislocation (rate is 3% in primary total hip replacements and 5-15% with revision arthroplasties)*
- > *Loosening of implants*
- > *Injury to blood vessels*
- > *Injury to nerves*
- > *Leg length inequality (i.e. leg longer or shorter)*
- > *Fracture of your bone during implantation*
- > *Blood clots*
- > *Blood loss*
- > *Blood transfusion reactions*
- > *Death*

Your physician is aware of these possible complications and takes many precautions to reduce these risks. If you have any questions or concerns about these or other complications of surgery, please discuss them with your physician.

Decision-making, Advance Directives and Other Rights

Who makes decisions about my treatment?

Doctors provide you with information and advice about treatment, but you have the right to choose which treatment option(s) will be followed. You can say “Yes” to treatments you want, and “No” to any treatment you don’t want - even if the treatment that you refuse might improve your health or keep you alive longer.

How do I know what I want?

Doctors must tell you about your medical condition, explain what different treatments can do for you and what “side effects” they may cause. Your doctor must offer you information about any serious problems that medical treatment is likely to cause.

Often, more than one treatment might help you and different people have different ideas about which is best. Your doctor can tell you which treatments are available, but he or she can’t choose for you. That choice depends on what is important to you.

What if I’m too sick to decide?

If you can’t make treatment decisions, your doctor will ask your closest available relative or friend to help decide what is best for you. Most of the time that works, but sometimes not everyone agrees. That’s why it is helpful if you specify in advance what you want in case you can’t speak for yourself later. There are several kinds of “advance directives”

that you can use to say what you want and who you want to speak for you.

One kind of advance directive under California law lets you name someone to make healthcare decisions for you when you are unable. This form is called a DURABLE POWER OF ATTORNEY FOR HEALTHCARE.

Who can fill out this form?

If you are 18 years or older and of sound mind, you are able to complete a DURABLE POWER OF ATTORNEY FOR HEALTHCARE form. You do not need a lawyer to fill it out.

Who can I name to make treatment decisions when I'm unable to do so?

You can choose an adult relative or friend you trust as your "agent" to speak for you when you're too sick to make your own decisions. Among those people you cannot designate as your agent are your healthcare provider or any employee of your healthcare provider, unless that person is a friend employed by the same provider as the patient completing the DURABLE POWER OF ATTORNEY FOR HEALTHCARE.

How does this person know what I would want?

After you choose someone, talk to that person about what you want. You can also write down in the DURABLE POWER OF ATTORNEY FOR HEALTHCARE the circumstances when you would or wouldn't want medical treatment. Talk to your doctor about what you want and give your doctor a copy of the form. Give copies to the person

named as your agent, any alternative agents and family members. And take a copy with you when you go into a hospital or other treatment facility.

Sometimes treatment decisions are hard to make and it truly helps your family and your doctors if they know what you want. The DURABLE POWER OF ATTORNEY FOR HEALTHCARE also gives them legal protection when they follow your wishes.

What if I don't have anybody to make decisions for me?

If you can't decide on an "agent," you can use another kind of advance directive to write down your wishes about treatment. This is often called a "living will" because it takes effect while you are still alive, but have become unable to speak for yourself. The California Natural Death Act lets you sign a living will called a DECLARATION. Anyone 18 years or older and of sound mind can sign one without an attorney.

When you sign a DECLARATION it tells your doctors that you don't want any treatment that would prolong your dying. All life-sustaining treatment would be stopped if you were terminally ill and your death was expected soon, or if you were permanently unconscious. You would still receive treatment to keep you comfortable.

The doctors must follow your wishes about limiting treatment or turn your care over to another doctor who will. Your doctors are also legally protected when they follow your wishes.

Are there other living wills I can use?

Instead of using the DECLARATION in the Natural Death Act, you can use any of the available living will forms. You can use a DURABLE POWER OF ATTORNEY FOR HEALTHCARE form without naming an agent, or you can just write down your wishes on a piece of paper. Your doctors and family can use what you write to decide about your treatment. But living wills that don't meet the legal requirements of the Natural Death Act don't give as much legal protection for your doctors if a disagreement arises about following your wishes.

What if I change my mind?

You can change or revoke any of these documents at any time as long as you can communicate your wishes.

Must I complete one of these forms?

No, you don't have to fill out any of these forms if you don't want to. You can just talk with your doctors and ask them to write down what you've said in your medical chart. And you can talk with your family. But people will understand your treatment wishes more clearly if you write them down. Your wishes are also more likely to be followed if you write them down.

Will I still be treated if don't fill out these forms?

Absolutely. You will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you.

Remember:

- A DURABLE POWER OF ATTORNEY FOR HEALTHCARE lets you name someone to make treatment decisions for you. That person can make most medical decisions – not just those about life sustaining treatment – when you can't speak for yourself. Besides naming an agent, you can also use the form to specify when you would and wouldn't want particular kinds of treatment.
- If you don't have someone you want to name to make decisions when you can't, you can sign a NATURAL DEATH ACT DECLARATION. This DECLARATION says that you do not want life prolonging treatment if you become terminally ill or permanently unconscious.

How can I get more information about advance directives?

If you would like to complete an advance directive, please ask your nurse for a copy or call Hoag Patient Relations at 949/727-5151. Hospital employees cannot witness these forms and therefore you are encouraged to complete them before coming to the hospital. If you wish to complete one while you are here, contact family members and/or friends or request a Notary Public to come in to witness your signature.

All of us at Hoag Orthopedic Institute want our patients to understand their right to make medical treatment decisions. The hospital complies with California laws and court decisions on advance directives. We

do not condition or otherwise discriminate against anyone based on whether or not you have completed an advance directive. We have formal policies to ensure that your wishes about treatment will be followed.

Patient rights

Your rights as a patient include the following:

- You have the right to enjoy an environment free of discrimination based on gender, sexual orientation, economic status, educational background, race, age, color, religion, disability, ancestry, national origin, marital status or source of payment.
- You have the right to considerate and respectful care.
- You have the right to be well-informed about your illness, possible treatments, side effects, likely outcome and to discuss this information with your doctor. You have the right to know the names and roles of people treating you.
- You have the right to consent to or refuse a treatment, as permitted by law, throughout your hospital stay. If you refuse a recommended treatment, you will receive other needed and available care.
- You have the right to leave the hospital, even against the advice of a physician.
- You have the right to privacy. The hospital, your doctor and others caring for you will protect your privacy as much as possible.
- You have the right to expect that treatment records are confidential unless you have given permission to release information or if reporting to outside agencies is required or permitted by law. When the hospital releases records to others, such as insurers, it emphasizes that the records are confidential.
- You have the right to review your medical records and to have the information explained, except when restricted by law.
- You have the right to expect that the hospital will give you necessary health services to the best of its ability. Treatment, referral or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits and alternatives. You will not be transferred until the other institution agrees to accept you.
- You have the right to participate in planning for the relief of any pain which may be associated with your condition or treatment. Staff will advise you of their role in managing pain as well as the potential limitations and side effects of pain treatments.
- You and the hospital have the right to establish restrictions on visitors. Additionally, you can expect the hospital to make reasonable efforts to contact your family and physician upon your admission.

- You have the right to be free from unreasonable restraint. Staff strives to provide a safe environment using the least restrictive measures possible. Please call for assistance if staff has advised you to do so.
- You have the right to know if this hospital has relationships with outside parties that may influence your treatment care. These relationships may be with educational institutions, other healthcare providers or insurers.
- You have the right to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital otherwise provides.
- You have the right to be told of realistic care alternatives when hospital care is no longer appropriate.
- You have the right to know about hospital resources, such as patient representatives or the ethics committee, that can help you resolve problems and questions about your hospital stay and care.
- You have the right to know about hospital rules that affect you and your treatment, and about charges and payment methods.
- You have the right to examine and receive an explanation of your bill, regardless of source of payment.

You also have responsibilities as a patient

You are responsible for providing accurate information about yourself including past illnesses, hospital stays and use of medicine. You are also responsible for being involved in your own care, including plans for pain control and discharge planning. You are responsible for asking questions when you do not understand information or instructions, and for telling your doctor or nurse if you feel you are getting inadequate pain relief. If you believe you can't follow through with your treatment, you are responsible for telling your doctor. If you have completed an advance directive, you are responsible for bringing a copy with you for placement in your medical record.

Hoag Orthopedic Institute works to provide care efficiently and fairly to all patients and the community. You and your visitors are responsible for being considerate of the needs of other patients, staff and the hospital. You are responsible for providing information for insurance and for working with the hospital to arrange payment, when needed.

A hospital serves many purposes. Hospitals work to improve people's health; treat people with injuries and disease; educate doctors, health professionals, patients and community members; and improve understanding of health and disease. In carrying out these activities, Hoag Orthopedic Institute works to respect your values and dignity.

Respecting your wishes

Hoag Orthopedic Institute, its board of directors, medical staff and employees conduct patient care and all other business operations in an ethical manner consistent with the hospital's mission, vision, values, strategic plan and guidelines set forth in the hospital policies. We recognize that patients have the right to participate in decision-making regarding medical care, including the right to refuse treatment – even if it's necessary to sustain one's life.

Sometimes family members are called upon to make difficult decisions regarding care when there is no single "right" answer or easy solution. At Hoag Orthopedic Institute, resources from nursing, social services, patient relations, pastoral care and other disciplines are available to help address your concerns. Hoag Orthopedic Institute's multi-disciplinary Healthcare Ethics Committee is also available.

Who to call for assistance

If you have any issues regarding your care you should immediately contact Hoag Patient Relations, which is a department of administration. Its staff of patient advocates is your primary resource for:

- Healthcare Ethics Committee
- Patient/family advocacy
- Advance directives
- Complaints regarding care or service
- Disability or discrimination claims
- Patient rights

For assistance, call 949/727-5151.

If you need assistance even after contacting Hoag Patient Relations, you may call the Department of Health Services (714/456-0630 or 800/228-5234) or the U.S. Department of Health & Human Services (415/437-8310 or TDD at 415/437-8311).

Pre-admission Checklist

This checklist will assist you in completing your pre-hospital preparations. Your physician will decide which diagnostic appointments and tests he/she would like you to have.

- I have made my appointments with other physicians as requested.
- I have completed my Pre-admission Screening four weeks prior to my surgery.
- I have started my pre-surgical nutrition and exercise program.
- I have read and understand the “Advance Directives and Patient Rights” section of this notebook.
- My doctor has advised me to STOP taking blood thinning or any anti-inflammatory medications on _____.
(date)
- I will NOT eat or drink anything after _____ on _____.
(time) (date)
- I will shower then use sage clothes, wear freshly laundered clothing to sleep in and ensure bed linens are clean.
- I will STOP/CUT down smoking cigarettes.
- I will bring my Hoag Orthopedic Institute booklet to all surgical appointments, the pre-admission orientation and my hospital stay.
- I will NOT bring any valuables to the hospital.
- I will bring only those medications to the hospital as directed. Remember to turn them in to the Pre-op nurse.
- I have completed my Hoag Orthopedic Institute medication form.
- I WILL bring the following items to the hospital:
 - Toiletries
 - Closed-toed/non-skid slippers or shoes
 - Additional loose-fitting clothing, including socks, shoes and undergarments

Begin to Prepare for Surgery

As you begin to prepare for your total joint replacement surgery, there are three important areas you should focus on immediately:

- 1. Exercise**
- 2. Preparing your home**
- 3. Good nutrition**

The exercises in this section are designed to strengthen the muscles surrounding your affected joint. The upper body exercises are recommended to increase your upper body strength so you will be able to use walking devices (walker/crutches) more easily as you recover.

As with any exercise program, exercise to your tolerance. If you feel pain, discontinue the exercise or decrease the repetitions.

Pre-surgical Hip/Knee Exercises

- > Start performing these exercises beginning today and continue until the day of your surgery.
- > Perform each exercise 10 times, twice per day. Practice with both legs.
- > Also, walk as much as is comfortable.

Gentle exercises help strengthen the muscles around your hip. Practice the following exercises before your surgery to give yourself the advantage of the strongest leg muscles possible. These exercises will be reviewed with you by your physical therapist after your surgery. You will be doing some of these exercises every one to two hours on your own while in the hospital. Do not hold your breath while doing the exercises.

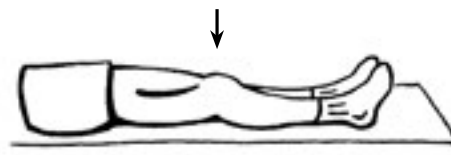
1. Ankle pumps

This exercise is done frequently during the day to promote good circulation and to assist in the prevention of blood clots. This is a simple exercise in which you pump your ankles up slowly and down slowly with many repetitions.



2. Quad sets (thigh tighteners)

This exercise strengthens the quadricep muscle on the front of your thigh. These muscles give your knee stability and keep your knees from buckling while you are walking. This exercise is done by tightening your thigh until the back of the knee is flat on the bed, and holding this straight leg position for the count of five seconds.



3. Hamstring sets (back of thigh tighteners)

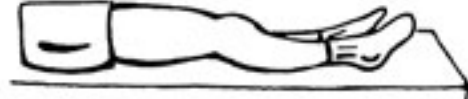
This exercise will strengthen the muscles located on the back of your thigh. This is done by bending the knee very slightly and pushing down with the heel into your bed, again holding for the count of five seconds.



Pre-surgical Hip/Knee Exercises, continued

4. Gluteal sets (buttocks pinches)

This exercise strengthens the gluteus maximus which is a very important muscle for walking. This is done by pinching your buttocks together and holding the contraction for the count of five seconds.



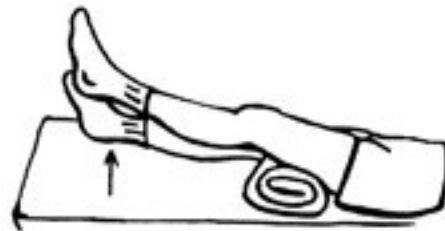
5. Heel slides

This exercise will help your hip motion and strength while alleviating a lot of the tightness you may experience. This is done by sliding the heel of your operated leg up toward your buttock until your ankle is directly beside your other knee. Slowly lower it back down to the extended position.



6. Short arc quads

This exercise strengthens the quadricep muscle on the front of your thigh. Place a big towel or bolster under the knee of your operated leg, then keep your knee on the bolster while raising your foot up to the ceiling until your operated leg is completely straight. Slowly return your foot back down to the starting position.



Pre-surgical Upper Body Strengthening Exercises

> These exercises will help you to increase your arm strength.

> Do them up until the day of your surgery.

> Perform 10 times, at least twice per day.

You will need sufficient arm strength to use your walker/cane following surgery, and to help you get in and out of bed and other furniture.

1. Arm chair push ups

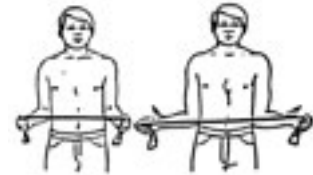
With hands on arms of a steady chair, push down to lift buttocks off the chair and straighten your elbows. You should feel the muscles behind your arms tighten. Perform slowly 10 times.



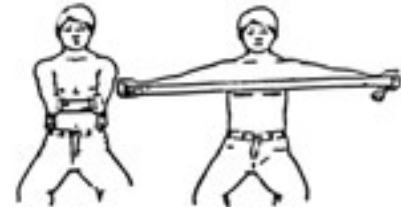
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Exercises utilizing rubber tubing or light weights for resistance are very effective for strengthening the upper back and shoulder muscles.

2. This exercise strengthens the outward rotation of the shoulder. Keep your elbows at a 90 degree angle against your side.

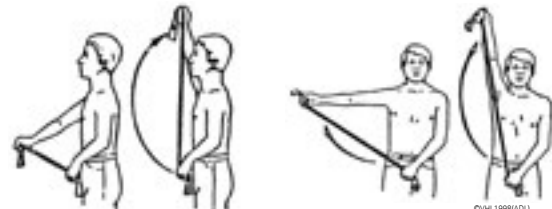


3. This horizontal pull exercise strengthens the muscles that retract the shoulder blades. Combined with exercise one, it is especially effective if you have slumped, rounded shoulders.



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4. This exercise strengthens the shoulder. Anchor the rubber tubing at your hip with one hand as you pull against resistance out to the side and overhead and out to the front and overhead. Keep the elbow straight as you do this exercise.



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If you have any questions about the pre-surgical exercises, please call Hoag Rehabilitation Services at 949/517-3170.

Preparing Your Home

Now is the time to prepare your home for your return from the hospital. It is important that your house be free from hazards that could cause you to fall or lose your balance. Use the Home Safety Checklist provided to assure a safe environment.

You will also need to arrange for help at home for the first few weeks following your surgery. You will need some assistance with bathing, cooking, housework and general activities. If your family and friends are unable to help you, we would be pleased to provide a list of agencies for referrals. You may call the Case Management Department for this list.

Home Safety Checklist

- Be aware of uneven surfaces both outside and inside your home.
- Remove scatter rugs and secure extension cords out of the way.
- To avoid rushing to answer the phone, consider using a cordless phone or cell phone.
- Provide a place for your pets to be kept while you are walking around the house.
- Maintain adequate lighting in all areas. Use night-lights in the bathroom and in hallways.
- Safety rails are recommended for the tub/shower and wherever you may need additional support.
- Make sure stair handrails are securely fastened.
- Use a raised toilet seat or commode frame.
- Tubs and showers must have non-skid surfaces or safety mats inside and outside. Be cautious of wet floors.
- Select footwear that stays securely on your feet and that has non-skid soles.
- Use firm chairs with arm rests or place a firm cushion or pillow on seat of chairs.
- Move frequently used items to shelves and counters that are easy to reach. This can minimize unnecessary and unsafe reaching.
- Prepare simple meals using stovetop or counter-level appliances to avoid bending. Make food ahead of time and store in small containers for heating later.
- Consider water bottles to avoid spilling while carrying with adaptive equipment.
- Bed/mattress height: It may be necessary to raise the height of the bed so that the top of the mattress will be at or above your knee level.
- Be sure there is room to negotiate a walker at home in case one is needed after surgery.

Healthy Eating for Your Bones

1. Eat a variety of foods.

A full spectrum of different nutrients is needed for good health.

One way to assure variety as well as a nutritious diet, is to choose foods each day from the five major food groups:

- Vegetables – 3 to 5 servings
- Fruits – 2 to 4 servings
- Breads, cereals, rice, & pasta – 6 to 11 servings
- Milk, yogurt and cheese – 2 to 3 servings
- Meat, poultry, fish, dry beans and peas, eggs and nuts – 2 to 3 servings

Eat three well-balanced small meals each day to ensure all nutrient needs are met. Try six small meals for sustained energy throughout the day.

2. Reach & maintain your desirable weight

Excess weight can create added stress to weight bearing joints. A desirable weight will promote optimal health and make physical activity easier. In addition, obesity has been related to: heart disease, high blood pressure, stroke, diabetes and some forms of cancer.

Being underweight has been linked with osteoporosis in women and a greater risk of early death in both men and women.

If attempting to lose weight:

- Eat less fat and sugar
- Increase physical activity
- Try to lose some weight each week
- Do not skip meals! This will eventually slow down your metabolism and thwart any attempts at weight loss as your body perceives itself being starved – and will hold on to the fewer calories you give it.

3. Bone-up on calcium

Calcium is important for:

- Bone and tooth repair and growth
- Heart beat regulation
- Transmission of nerve impulses

Most adults need 1,000 – 1,200 mg. per day. If your diet is deficient in calcium, your body will “borrow” it from your bones, eventually weakening them.

Examples of foods which are rich in calcium:

- Milk (nonfat or 1% low fat is slightly higher than whole milk)
- Yogurt
- Cheese (choose low fat cheeses with 6gr. of fat per ounce or less)
- Salmon
- Broccoli
- Tofu

Healthy Eating for Your Bones, continued

4. Reduce fat

Americans currently eat more than 35% of their calories from fat. We need to decrease that level to 25% or less.

- Use NONFAT or 1% LOWFAT milk in place of whole milk and try low fat cheeses and sour cream.
- Use a non-stick pan spray for cooking in place of butter, margarine, lard, and oils.
- Trim the fat from your meat and take the skin off your chicken before cooking.
- For cooking: Try baking, broiling, BBQ, or boiling foods to reduce fat.
- Read labels. Beware of hidden fats in convenience and processed foods.

5. Fiber

A balanced diet includes 25 – 35 grams of fiber per day. Therefore, eat more complex carbohydrates such as whole grain breads, cereals, unpeeled potatoes, pasta, beans, brown rice, and vegetables.

Dietary fiber, a part of plant foods is in whole grain breads and cereals, dry beans and peas, vegetables and fruits.

Benefits of fiber:

- Helps prevent constipation
- May help lower serum cholesterol
- Helps control blood sugar
- Helps you feel full

6. Reduce sugar

Use sugar sparingly if your calorie needs are low. Diets high in sugars have not been shown to cause diabetes, however, simple sugars supply calories but are limited in nutrients.

Included are:

- Table sugar
- Honey
- Molasses
- Syrup
- Lactose
- High fructose corn syrup
- Maltose
- Fructose
- Fruit juice concentrate
- Brown sugar
- Corn sweeteners
- Raw syrup
- Glucose

7. Reduce salt (sodium)

Americans eat an average of 4,000 – 8,000 mg. of sodium each day. The American Heart Association recommends an intake of 1,000 – 3,000 mg. each day.

- Use salt sparingly in cooking and on the table.
- Check labels for sodium content. Choose foods that are lower in sodium most of the time.
- Use selected snacks, such as chips, cheeses, pretzels, and nuts sparingly.
- Omit salt in recipes – substitute fresh herbs and seasonings without salt.
- Use fresh vegetables, fruits, meats, poultry, fish and unprocessed grains as much as possible.

Watch these!

- Packaged or canned soups
- Cured or smoked vegetables/meats
- Baking soda
- Soy sauce
- Alka-Seltzer™
- Sauerkraut
- Pancake mixes

8. What about herbs, vitamins, and nutraceuticals?

CAUTION: Be sure to inform your physician and nurse if you are taking any herbs, vitamins, or nutraceuticals. Many of these may interfere with medications causing adverse effects.

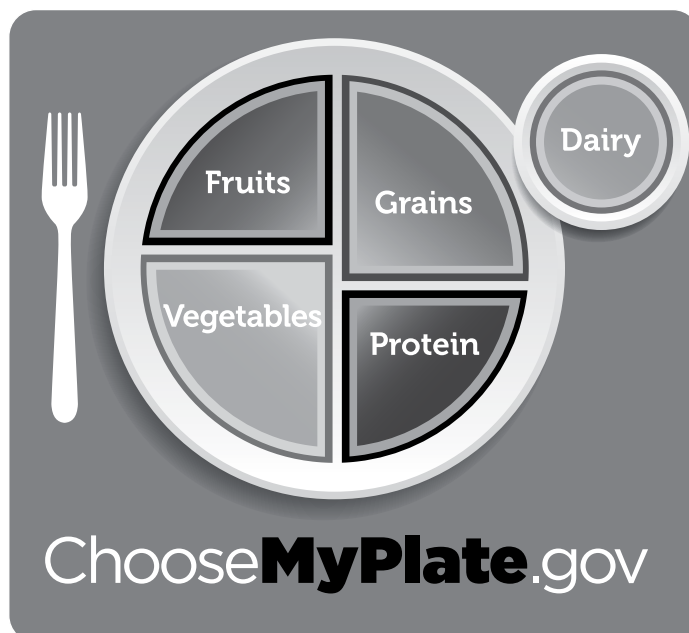
Herbs: Herbs are medicinal plants, also called botanicals or phytochemicals.

These may include: Valerian Root, Melatonin, St. John's Wort, Kava-Kava, Ginkgo Biloba, Black Cohosh, Dong Quai, etc.

Vitamins: These are both water soluble and fat soluble. Water soluble vitamins include: vitamin C, thiamin (B1), riboflavin (B2), niacin, vitamin B6, folate, B12, biotin, and pantothenic acid. Fat soluble vitamins include: Vitamins A, D, E, and K.

Nutraceuticals: This is any substance that may be considered a food or part of a food and provides medical or health benefits, including the prevention and treatment of disease. Examples may be: oat bran to reduce heart disease and some types of cancer, soy for women's health, etc.

For more information, contact the Dietitian at 949/517-3050.



Two-Four Weeks Prior to Surgery

- > attend a pre-op class
- > small portions
- > complete necessary medical exams per your surgeon
- > avoid fried and greasy foods
- > exercise
- > complete dental work

48 Hours Prior to Surgery basic guidelines include:

- > get caught up on bills
- > small portions
- > refer to home changes on page 25
- > avoid fried and greasy foods
- > purchase groceries
- > avoid caffeine, alcohol, highly seasoned foods
- > notify your surgeon if you think you may have an infection (tooth/bladder) or do not feel well
- > eat at home if possible
- > arrange for transportation to and from the hospital

24 Hours Prior to Surgery basic guidelines include:

- > small, light meals
- > soups or liquids if you have no dietary restrictions
- > refer to pre-admission checklist

The Night Before Surgery basic guidelines include:

- > no eating or drinking per physician
- > avoid ice chips, mints and gum/candy

Medications to Avoid Before and After Surgery Unless Directed by Your Orthopedic Surgeon:

1. Aspirin medications:

Bufferin, Ascriptin, Ecotrin, codeine with aspirin, Fiorinal, Darvon, Percodan

2. Anti-inflammatory medications:

Motrin, Nuprin, Advil, ibuprofen, Indomethacin, Orudis, Aleve

Check with your orthopedic physician regarding prescription medications.

3. Anti-clotting medications:

Coumadin, heparin, Persantine, Plavix, aspirin (for medical treatment)

Check with your prescribing physician and your orthopedic physician.

4. Dietary supplements that contain:

Ginger, licorice, valerian, goldenseal, ginkgo biloba, ginseng, Siberian ginseng, St. John's wort, alfalfa, echinacea

Examples of medications that can be taken include: Tylenol, Vicodin, Percocet.

If you have specific questions regarding these medications, speak with your physician.

Pre-procedure Patient Shower Information

Showring will decrease bacteria on your skin and help prevent infections. You should shower the night before your procedure.

Do not shower again in the morning. Use clean linens to sleep on and wear clean pajamas to bed.

You will receive sage cloths/bathing instructions at your pre-op appointment.

Day of Surgery

Arrival

When you arrive, please come into the Hoag Orthopedic Institute's entrance lobby. Check in at the navigation/registration office.

After completion of the nursing assessment and admission documentation, your family member or significant other will be invited to sit with you until surgery. The nurse will review pre-surgical instructions and begin post-surgical teaching. An intravenous line will be started and you may receive some sedation.

Operating room

When you arrive in the operating room you will be given an anesthetic. After you are asleep a foley catheter may be inserted into your bladder. You will be positioned onto a bed that is specially designed for hip/knee surgery. Your hip/knee will be scrubbed and the surgery will begin. After surgery you will be transferred by bed to the post anesthesia care unit (PACU).

Your surgeon will contact your family in the surgery waiting area to discuss your surgery and your condition.

Surgical waiting area

Family members should let the volunteer in the surgery waiting area know that they are there and the name of the patient for whom they are waiting. If leaving the lobby area, they should let the volunteer know where they are going and when they will return. The physician will contact the family members in the surgery waiting area to discuss the surgery and the patient's condition.

The surgical waiting area is located on the first level of the hospital.

Cafeteria

The hospital cafeteria is located on the lower level of the hospital.

Pastoral Care

Pastoral care is available. Please ask a nurse or the front desk for information.

Day of Surgery, continued

Post Anesthesia Care Unit

In the PACU, you will be closely monitored until you are recovered from anesthesia and ready to transfer to the nursing unit. Your hip/knee dressing will be checked. Approximately every 30 minutes, your circulation and nerve function will also be checked. You will be asked to push down with both feet against the nurses hands, and to flex your feet toward your head.

You may shiver or feel cool when you first wake up from surgery. You will be medicated for the shivering and warm blankets will be provided.

When you are ready to leave the PACU, you will be transferred to the nursing unit by gurney.

Your Hospital Stay

Recovery

The duration of recovery and rehabilitation vary widely from patient to patient depending upon factors such as: your total joint status, the type of procedure performed, age, weight and physical/medical conditions.

Depending on several factors, some patients are walking with a walker as soon as several hours after surgery. Others may require a day of bed rest before they are ready to stand. You will go through the same stages of rehabilitation, but you may reach certain goals sooner or later than described in this section.

Your hospital stay will usually be from one to three days.

Pain Management Patient Information

Our goal is to assist you in the management of your pain within your established goals for your comfort.

Your rights and pain control

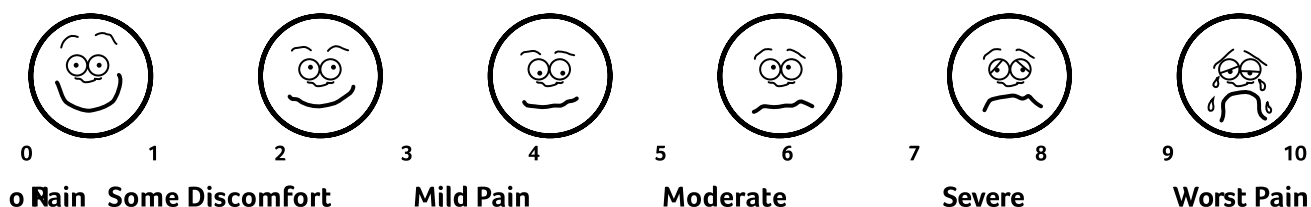
You may experience pain as part of your condition or treatment while in the hospital; however you have a right to safe, effective pain relief. Unrelieved pain can have adverse physical and psychological effects. This page will address some questions you may have concerning pain control.

How does pain affect my recovery?

Unrelieved pain can delay your recovery process. Our goal is to provide enough medication so that you can participate in activities that help return you to your best level of functioning, for example, deep breathing and ambulating.

What should I tell my doctor and nurse about my pain?

Any time you experience pain, inform your physician or registered nurse (RN) even if they don't ask you. They may ask you to describe how bad your pain is on a scale of 0 (zero) to 10 with 0 being no pain and 10 being the most severe pain you have ever had. They may use a scale, faces or descriptors when asking.



Why is it important to be asked about my pain level so frequently?

Expect to progress in your activity level. Your pain may change over time. Also following different activities, tests or procedures, your pain medication may not be working effectively. It is important to report what makes your pain better or worse. The RN and physician will also be monitoring any untoward side effects of the pain medication to make sure you do not get overly sedated.

How can my pain be controlled?

Pain relief options are numerous and include medications such as Tylenol™ or opioids. Commonly administered opioids are hydromorphone, morphine, fentanyl or Vicodin™. Pain medications come in the form of pills, injections, patches and patient controlled analgesia (PCA). There are also pain control methods that don't involve medicine, such as distraction, relaxation, cold packs or massage.

What if my pain is still not controlled?

The RNs and physicians need your help to evaluate how the medicine is working. Inform them if you have pain that is not relieved and/or in any location other than what you expected. There may be another medication that will work better for you.

After discussion with your primary physician, a pain management team consult may be ordered with increased pain management cases.

What if I take pain medications at home?

Discuss all pain medications taken at home prior to admission including over the counter medications like Tylenol™ and Motrin™. This will help the physician manage your pain more effectively. We recommend all pain medications be left at home.

What if I have allergies to medications, foods or substances?

Tell the RN what your allergies are, and what type of reaction you have experienced in the past. Make sure it is written on your allergy armband.

What if I have chronic pain?

Let your RN and physician know what type of ongoing chronic pain you have been experiencing, and what medications or treatments have been effective for you.

What are the side effects of opioids?

Common side effects of opioid medication can include: Nausea, itchiness, constipation, difficulty urinating, and sedation. If you are bothered by any of these side effects tell the RN and/or physician. The staff will be checking your breathing and sedation level on a regular basis.

If you develop any unusual feelings while receiving medication, notify the RN immediately.

Does the RN need to check my identification armband every time they bring me a medication?

Yes, for your safety. If the RN does not check your armband when administering a medication, remind them to do so. They will thank you. Also, never take a medication that you are unfamiliar with. Ask the RN to explain the medication to you.

Can I become addicted to pain medicine?

Many patients express this concern and as a result are hesitant to take pain medications. Research has shown that addiction to pain medication is very unlikely. Sometimes tolerances develop which is different than addiction. If you are truly concerned about this, please discuss with your RN or physician.

Nausea

Nausea is a common side effect of surgery. Your diet can be modified as your nausea subsides to include more foods that you enjoy. Let your common sense be the guide in choosing foods to eat. Please discuss any discomfort or problems you have with your food with your nurse. It is common to start with clear liquids and then progress to a regular diet. Following are some guidelines to help prevent nausea:

- Avoid fried, fatty and/or greasy foods.
- Avoid foods that are excessively sweet, spicy, or have strong odors.
- Avoid foods that disagree with your stomach or sound unappealing.
- Drink liquids separately from your meal.
- Have foods near room temperature; avoid excessively hot or cold foods as extremes may add to nausea.
- Avoid favorite foods when nauseated, as this may cause a permanent ill association with that food in the future.
- Take medications with food.
- Eat small meals and snacks.

Daily Activities Guidelines

To help keep you informed about what to expect as you recover from your surgery, we recommend that you refer to the following patient activity guidelines. Most hospital stays range from one to three days.

1. Tests and assessments

While in the operating/recovery room, an X-ray of the hip or knee may be taken following surgery.

The nurse will closely monitor vital signs (blood pressure, heart rate, respiratory rate, pulse oximetry rate and temperature) during the immediate post-surgical period. The nurse will also listen to the heart, lungs and stomach. Post-surgical pain will be controlled with medication. Your surgical dressing and any drainage device(s) will be checked frequently.

Blood samples may be taken to monitor blood counts or bleeding time if your physician has ordered a post-surgical blood thinner. A blood transfusion may be required if your blood count is low.

2. Medical assessments

There will be an IV placed in your hand/arm before the surgery begins. This will remain in place to ensure that adequate hydration is being received. IV fluids are given until oral liquids can be tolerated and IV pain medication is no longer required. There may be a catheter draining urine from the bladder. The urinary catheter will be discontinued on post-operative day one or two. The patient must drink plenty of fluids once this is removed. The surgical drain will be removed on post-operative day one or two; thereafter the dressing may be changed to a waterproof dressing so that you may shower.

Throughout the hospital stay, pneumatic compression devices will be worn to help prevent blood clots from forming in your legs. The patient will be instructed in the use of an incentive spirometer. This is a disposal device to help expand the lungs and prevent respiratory problems. This should be used 10 times/hour while awake. If hip surgery was performed, pillows between the legs will be used for proper hip alignment. If the patient had knee surgery, the knee may be in a machine called a CPM (Continuous Passive Motion). This assists in bending and straightening the knee after surgery. The unit staff will help you reposition while in bed.

3. Medications

Pain medications and antibiotics (to prevent infection) will be administered after surgery through the IV line.

Please keep the nurse informed of pain management needs and refer to the pain scale that is in this book and also posted in the hospital room. Let the nurse know if medication for nausea/itching is needed.

Pain medication and antibiotics will be reviewed by the physician and nurse. Depending on the amount of pain the patient is experiencing, pain pills may be started. If so, the patient should ask for pain pills every three to four hours to keep the pain within the “comfort level” – no greater than a four on the pain scale. The physician and nurse will review the “usual home medications” and will begin the routine home medications if needed.

Your doctor will also prescribe a blood thinning medication to help prevent blood clots. This will be administered through pills or injections.

Laxatives and stool softeners will be given to avoid constipation. Constipation is a common side effect from narcotics and immobility.

4. Activity

On the day of surgery a physical therapist or nurse may assist the patient to sit up (dangle) at the edge of the bed, and progress to standing at the bedside with the aid of a walker. The therapist will review post-surgical exercises with the patient. The nursing staff will have the patient perform ankle pumps to help with circulation and they will assist you in turning onto the non-operative side. The patient will continue to progress with mobility by being assisted with getting dressed, walking in the hallways, and eating all meals sitting up in a chair. The physical therapist will progress the ability to get in and out of bed, go up and down a curb and perform the exercise program. They will also instruct the patient in the use of appropriate assistive devices including walkers, crutches and canes.

To assist in resuming the activities of daily living, the following will be encouraged:

- > sitting in chair for meals
- > walking in the hallways with the staff and family members
- > getting dressed in casual clothes for all activities
- > increasing overall activity level

On discharge day, the rehabilitation staff will review the patient’s home exercise program, activities for home and all assistive and adaptive equipment. The nursing staff will review the patient’s discharge instructions.

5. Nutrition and diet

When the patient is tolerating oral liquids, the diet will be advanced to the patient's usual diet.

The patient may not have much of an appetite after surgery.

A dietitian is available to assist with any diet modifications to help meet the patient's nutritional needs.

The patient's diet should return to normal over several days. The patient needs to eat well to aid in the healing process.

6. Hoag Orthopedic Institute ABCs

"A" – ankle pumps

"B" – breathing machine

"C" – consume fluids

How often should you perform your ABCs?

If you have your TV on, do your ABCs each time a commercial comes on. If your TV is not on, perform ABCs ten times per hour.

7. Education and preparing to go home

Each day, the nurse will review the daily plan and answer any questions.

The nurse will also review the pain management plan. The patient will be reminded to do their breathing and physical therapy exercises.

The patient's case manager will discuss the plans for returning home. This is a good opportunity for the patient or caregiver to ask any questions they may have.

Discharge planners are available to assist with specific needs, i.e. arrangements to an aftercare facility if medically indicated.

Patient is encouraged to invite the caregiver to attend a scheduled PT/OT session. These sessions will allow the patient and caregiver to feel more comfortable with the activities and expectations when returning home.

The nurse will review specific home instructions with the patient and caregiver. They are encouraged to ask any questions and share any concerns.

Post-surgical Exercise and Physical Therapy for Hip and Knee

- > Start performing these exercises beginning today.
- > Perform each exercise 10 times, twice per day. Practice with both legs.
- > Also, walk as much as is comfortable.

Gentle exercises help strengthen the muscles around your hip. Practice the following exercises after your surgery to give yourself the advantage of the strongest leg muscles possible. These exercises will be reviewed with you by your physical therapist after your surgery. You will be doing some of these exercises every one to two hours on your own while in the hospital. Do not hold your breath while doing the exercises.

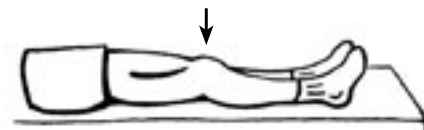
1. Ankle pumps

This exercise is done frequently during the day to promote good circulation and to assist in the prevention of blood clots. This is a simple exercise in which you pump your ankles up slowly and down slowly, performing many repetitions.



2. Quad sets (thigh tighteners)

This exercise strengthens the quadricep muscle on the front of your thigh. These muscles give your hip stability and keep your knees from buckling while you are walking. This exercise is done by tightening your thigh until the back of your knee is flat on the bed, and holding this straight leg position for the count of five seconds.



3. Hamstring sets (back of thigh tighteners)

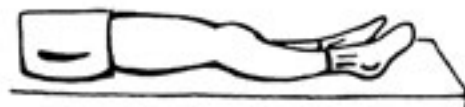
This exercise will strengthen the muscles located on the back of your thigh. This is done by bending the hip very slightly and pushing down with the heel into your bed, again holding for the count of five seconds.



Post-surgical Hip/Knee Exercises, continued

4. Gluteal sets (buttocks pinches)

This exercise strengthens the gluteus maximus, which is a very important muscle for walking and stair climbing. This is done by pinching your buttocks together and holding the contraction for the count of five seconds.



5. Hip abduction

This exercise strengthens the side of your hip, which may be sore from your incision. This is done by sliding your entire operative leg out to the side, keeping your toes pointed to the ceiling at all times. Slowly bring your leg back toward your opposite leg but do not cross your legs or turn your operative leg inward at anytime.



6. Heel slides

This exercise will help your hip motion and strength while alleviating a lot of the tightness you may experience. This is done by sliding the heel of your operated leg up toward your buttock until your ankle is directly beside your other hip. Slowly lower it back down to the extended position.



7. Short arc quads

This exercise strengthens the quadricep muscle on the front of your thigh. Place a big towel or bolster under the knee of your operative leg, then keep your knee on the bolster while raising your foot up to the ceiling until your operative leg is completely straight. Slowly return your foot back down to the starting position.



Post-surgical Hip/Knee Exercises, continued

8. Straight leg raises (not for anterior hip patient)

This exercise strengthens the front of your knee and thigh. First perform a quad set and a gluteal set on your operative side and hold these throughout the entire exercise. Raise your involved leg toward the ceiling only until your leg is approximately six to eight inches off the ground, then slowly lower it to the starting position and relax all muscles before continuing.



9. Sitting knee extension

Sit on a firm chair with both feet flat on the floor. Lift your foot slowly until your leg is completely straight, then bend your knee as far as possible.



10. Knee flexion stretch (knee only)

Sit up straight in a chair and plant your feet so that you feel a slight stretch in your new knee. Keep feet planted while you scoot your body forward in the chair. Hold the stretch for 20 to 30 seconds. Scoot further forward if able.



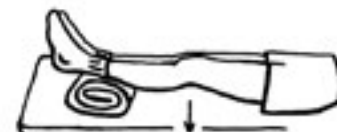
11. Chair knee flexion

Keep both feet on the floor, slide foot of operated leg back, bending the knee. Hold ____ seconds. Repeat ____ times. Do ____ sessions per day.



12. Knee extension stretch (knee only)

While lying in bed, place a towel roll or pillow under the ankle of your involved side. Allow your leg to straighten as much as possible while tightening the muscles on the front of your thigh (quadriceps). You can hold this stretch for an extended period of time (i.e. 10 minutes or longer).



Diet Immediately After Surgery

Immediately after surgery your doctor will order “NPO” or “nothing by mouth” until your nurse can hear bowel sounds. You will then be given ice chips. If you tolerate these well, you will be advanced to a clear liquid diet.

Diet During Your Hospital Stay

When you are tolerating liquids, your diet will be advanced. You will be able to choose your meals from our menu. We recommend that you avoid ordering foods that are spicy or acidic – such as orange or pineapple juice, tomato salsa, or tomato/marinara sauce.

We recommend a well-balanced diet as you are able to tolerate. There will be between meal snacks available on the unit.

Discharge Home

As noted in the daily activity guidelines, our Hoag Orthopedic Institute team will work carefully with you to plan for your discharge home. The following are general guidelines. They are helpful suggestions to make your recovery safe and comfortable.

Prior to your discharge from the hospital, the case manager will obtain information from your physician and therapist on your discharge therapy needs. Depending on your status, home environment, social support and available transportation, a decision will be made whether you will have home therapy, be referred to out-patient therapy or go to a skilled nursing facility.

Home health physical therapy

Prior to leaving the hospital, a home health nurse liaison will visit you to make the arrangements for home physical therapy.

Outpatient therapy

You may be referred to outpatient therapy at time of discharge or after you have completed your home health therapy. In outpatient therapy, you will have access to more advanced equipment and activities that will assist you in regaining your full strength and functions.

Skilled nursing facility

You and your family may visit and choose a skilled nursing facility prior to surgery. Information will be provided by Hoag's Case Management Department. Your discharge planner will assist in coordinating your transfer to the skilled nursing facility.

Daily physical therapy and equipment, as ordered by your physician, will be provided at the facility. The skilled nursing facility discharge planner will assist with your discharge planning when you are ready to leave the facility.

Day of Discharge

Please anticipate discharge at 11:00 a.m.

Patient Discharge Checklist

- I have my prescriptions for my new home pain medications.
- I understand what my medications are and how to use them safely.
- I understand the reason for my anticoagulation (blood thinning) medication.
 - Aspirin
 - Coumadin
 - Lovenox
 - Xarelto
- I understand the signs and symptoms of blood clots and pulmonary embolus.
- I will wear my Ted hose for 6 weeks.
- I will remove my Ted hose once daily per my doctor.
- I understand when I should notify my doctor.
- I know when to see the doctor for a follow-up appointment.
- I know when I can shower.
- I know when I can drive.
- I know the arrangements for my home equipment.
- I know my home physical therapy arrangements.
- I know how to care for my incision and dressings.
- I have purchased my dressing kits and vitamin packs.
- I know my home exercises and level of activity.
- I know my hip precautions.

Post Surgical Facts

Emotional letdown: It is common to feel a little “down” a few days after surgery. This may last for a few hours or a few days.

Endurance: A loss of endurance and stamina occurs in almost every patient to some degree. Usually after about two weeks post surgery, you are able to start increasing your activities and walking further distances

Bruising: Bruising may occur 3 – 5 days after surgery. The slow oozing of blood into the surgical area works its way to the surface causing bruising. The bruising will usually be re-absorbed by the body within two weeks.

Swelling: It is common for your surgical area/leg to become swollen. However, control of the swelling will improve pain management, improve circulation, and reduce the risk of developing a blood clot. The best method for controlling swelling is the use of ice and elevation of your surgical leg. Use ice in 20 minute increments and elevate lower extremity “higher than heart level.”

Sleep disturbance: Some patients experience disrupted sleep patterns for several weeks after surgery. Pain may seem more intense at night and disturb your sleep. Taking a pain pill before bedtime may help. If you are resting or napping during the daytime hours, you may have a lower sleep requirement at night.

Lack of concentration: You may have difficulty concentrating for up to several weeks after surgery. This may be caused by the anesthesia, side effects of medications, or from pain. It is a common occurrence that will subside in time.

Activities: Schedule activities, exercise times, and specific rest periods throughout the day. Some days you may have a lot of energy and some days you may need more rest/nap times. Limit visitors according to your energy level.

Overdoing activities: If you experience increased pain after your exercises later that night or the next morning you probably overdid your activities. Pace your activity program to increase mobility and function without increasing your pain level.

Balance: Your balance will eventually return to normal. Sometimes this may take up to a year. Continue with your balance exercises.

Returning to work: Every job has different physical and mental requirements. It may take 4 – 6 weeks after surgery to even start to think about returning to work. When you feel ready. Discuss this with your surgeon.

Frequent urination: You may experience frequent urination after you are discharged home. This is common and is just the way your body rids the extra fluids you have accumulated during and after surgery.

Post-surgical Precautions

Whether you've had hip or knee replacement surgery, the following precautions must be taken.

Mobility

- > You may need to use a walker, cane or crutches for the first 2 – 12 weeks following surgery.
- > For three months after your surgery, be careful about leg movements and how you position your leg. Your physician or therapist will give you guidance about what you can and cannot do.
- > When going up stairs, raise the unaffected leg, then the affected leg, and then your crutches/cane. (Remember: up with the good!)
- > When going down the stairs, lower the device (crutches/cane) first, then the affected leg, and then the unaffected leg. (Remember: down with the bad!)
- > When travelling by car, have the car seat pushed back before getting in. Use a firm cushion to raise the seat height. Follow the instructions given by your therapist when entering and exiting a car.
- > We recommend that you consult with your physician before driving yourself.

Sitting and Lying Down

- > Do not sit on low chairs, low stools or low toilet seats. Use a firm cushion as necessary to raise the height of the chair seat.

- > Only sit in chairs that have arms. When you get up from a chair, move to the edge and use the chair arms to help you stand up. Place your affected leg in front. Then push up from behind with the good leg, still keeping the affected leg in front as you stand.

In the Bathroom

- > A high-rise toilet is suggested for your use.
- > A walk-in shower with a rubber non-slip mat and safety-grab bar is highly suggested. Do NOT sit in the tub.
- > Use a long-handled sponge and a hand-held shower hose to wash and rinse those hard-to-reach places!
- > To dry off your feet, use a towel wrapped around a reacher or long-handled shoe horn. Your occupational therapist will demonstrate the correct technique for you.

Other

- > You may participate in sports activities ONLY after your physician has given approval to do so. Avoid any activity that involves start-stop, twisting or impact stress, excessive bending, lifting or pushing heavy objects.
- > Avoid gaining excessive weight.

At-Home Exercises and Activities

It takes most patients three to five months to regain their strength and energy after total joint replacement surgery. You should see continued improvement throughout this period. Refer to your exercise plan and perform the exercises as often as your physician and therapist recommend. Your physician may also recommend outpatient physical therapy.

While you're encouraged to get around as much as you're able after surgery, walking or other activities are not a substitute for your exercises.

The sooner you become active, the sooner you will get back to normal. But you also need to protect your new joint so that it can heal. Plan rest periods frequently throughout the day.

Remember: DO NOT overdo your activities.

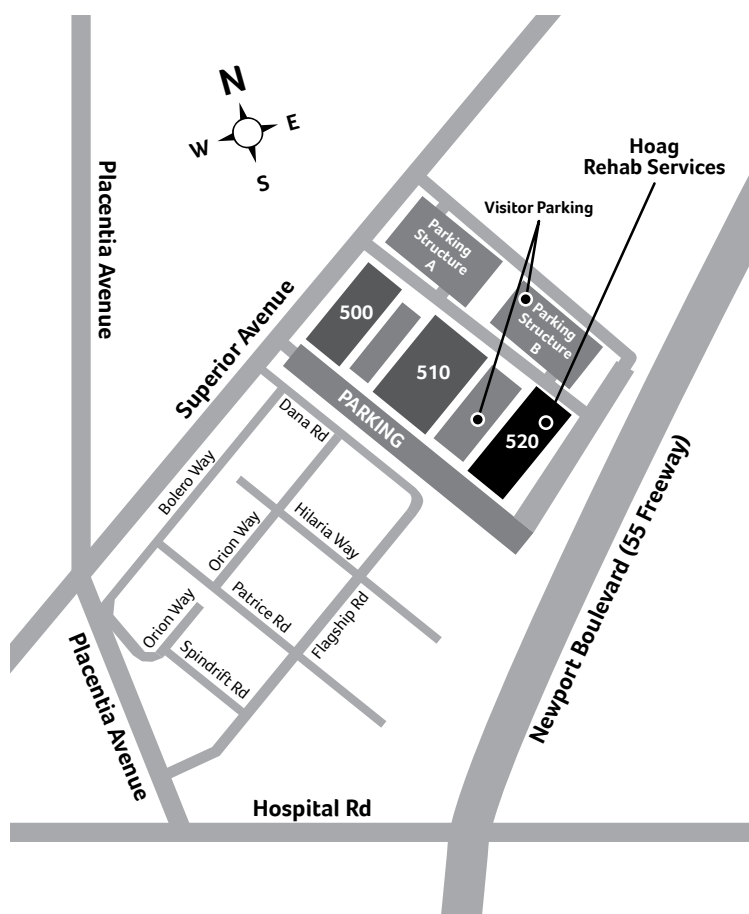
Hoag Hospital Outpatient Physical Therapy

Located in the Hoag Health Center - Newport Beach, Hoag Outpatient Rehabilitation is a state of the art facility opened in August of 2009. The facility hosts a wide range of healthcare services including Outpatient Physical Therapy. Our patient care includes one-on-one sessions with licensed Physical Therapists

and Physical Therapy Assistants trained in working with all kinds of orthopedic issues. We look to combine evidence based practice with a progressive outlook to provide the most appropriate and comprehensive evaluation and treatment. We accept most insurance including Medicare, HMO/PPO, and Worker's Compensation. To schedule an appointment, call 949/764-5645.

Hoag Rehabilitation Services

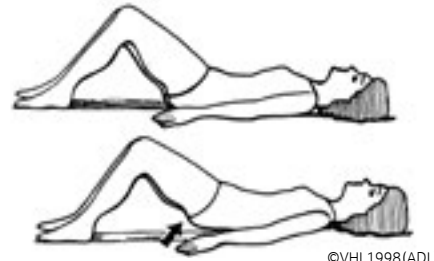
520 Superior Ave., Suite 100
Newport Beach, CA 92663
949/764-5645



Total Hip Replacement Home Exercises

1. Bridging

Lie on your back with knees bent and feet flat on the ground or bed. Lift your bottom up as high as possible. Slowly lower. Repeat ____ times. Do ____ sessions per day.



2. Long arc quads

Straighten leg and try to hold it for ____ seconds. Repeat ____ times. Do ____ sessions per day.



3. Strengthening standing knee flexion

Holding on to the back of a chair or stationary object, bend knee up as far as possible. Hold ____ seconds. Repeat ____ times. Do ____ sessions per day.



4. Standing hip extension (not for anterior approach)

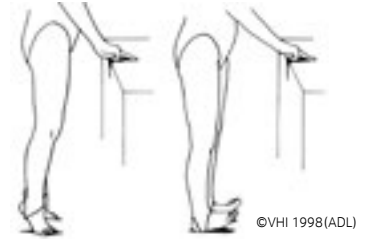
Holding on to the back of a chair or stationary object, bring leg back as far as possible. Repeat with other leg. Repeat ____ times. Do ____ sessions per day.



Total Hip Replacement Home Exercises, continued

5. Toe-ups (ankle plant and dorsi-flexion)

Holding on to the back of a chair or stationary object, rise up on toes. Hold for ____ counts. Now rock back on heels and hold for ____ counts. Repeat ____ times. Do ____ sessions per day.



6. Alternating steps

Holding on to the back of a chair or stationary object, take alternating steps as quickly as possible. Repeat ____ times. Do ____ sessions per day.



7. Partial knee bends

Holding on to a stable object, slightly bend knees and then slowly straighten. Repeat ____ times. Do ____ sessions per day.



8. Standing hip abduction

Holding on to the back of a chair or stationary object, lift leg out to the side, then back to midline. Repeat with other leg. Repeat ____ times. Do ____ sessions per day.



Total Knee Replacement Home Exercises

1. Downward knee cap push

With both thumbs on upper border of knee cap, gently push knee cap toward foot. Hold ____ seconds. Repeat ____ times. Do ____ sessions per day.



2. Upward knee cap pull

With index fingers on the lower border of the knee cap, gently pull the knee cap up toward the hip. Hold ____ seconds. Repeat ____ times. Do ____ sessions per day.



3. Hamstring stretch

Place a rolled pillow, towel or coffee can beneath your ankle so that your knee is not touching the bed. Let your knee hang for ____ minutes.



4. Second hamstring stretch

Sitting with operated leg straight on the bed and the foot of the other leg on the floor, lean forward toward toe of straight leg. Hold ____ seconds. Repeat ____ times. Do ____ sessions per day.



5. Straight leg raises

Bend one leg. Keep other leg as straight as possible and tighten muscles on top of thigh. Slowly lift straight leg 10 inches from the bed and hold two seconds. Lower it and keep it tight for two more seconds and relax.



Total Knee Replacement Home Exercises, continued

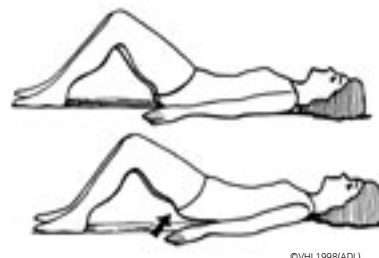
6. Wall slides

With both feet against the wall and your buttocks 10 inches from the wall, slowly “walk” down the wall, bending knees as far as possible. You may give operated leg an extra push with other leg on top. Hold ____ seconds. Repeat ____ times. Do ____ sessions per day.



7. Bridging

Lie on your back with knees bent and feet flat on the ground or bed. Lift your bottom up as high as possible. Slowly lower. Repeat ____ times. Do ____ sessions per day.



8. Long arc quads

Straighten leg and try to hold it for ____ seconds. Repeat ____ times. Do ____ sessions per day.



9. Arm chair push ups

Put hands on arms of chair and push body up out of chair. Repeat ____ times. Do ____ sessions per day.



Total Knee Replacement Home Exercises, continued

10. Chair knee flexion

Keep both feet on the floor, slide foot of operated leg back, bending the knee. Hold ____ seconds. Repeat ____ times. Do ____ sessions per day.



11. Partial knee bends

Holding on to a stable object, slightly bend knees and then slowly straighten. Repeat ____ times. Do ____ sessions per day.



12. Alternating steps

Holding on to the back of a chair or stationary object, take alternating steps as quickly as possible. Repeat ____ times. Do ____ sessions per day.



13. Standing hip extension

Holding on to the back of a chair or stationary object, bring leg back as far as possible. Repeat with other leg. Repeat ____ times. Do ____ sessions per day.



Total Knee Replacement Home Exercises, continued

14. Standing hip abduction

Holding on to the back of a chair or stationary object, lift leg out to the side, then back to midline.

Repeat with other leg.

Repeat ____ times. Do ____ sessions per day.



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15. Strengthening standing knee flexion

Holding on to the back of a chair or stationary object, bend knee up as far as possible.

Hold ____ seconds. Repeat ____ times.

Do ____ sessions per day.



16. Toe-ups (ankle plant and dorsi-flexion)

Holding on to the back of a chair or stationary object, rise up on toes. Hold for ____ counts.

Now rock back on heels and hold for ____ counts.

Repeat ____ times. Do ____ sessions per day.



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Total Knee Replacement Home Exercises, continued

17. Soleus stretch

Stand facing wall with right leg forward and left leg back. Bend both knees slightly. With your heel on the floor, foot and toes pointing straight forward, gently lean into the wall. You should feel a stretch in the of your calf and heel. Hold ____ seconds. Repeat ____ times. Now do other leg.



18. Gastroc stretch

Stand facing the wall with right leg forward and left leg back. Keep left knee straight and hips facing forward. You should feel a stretch in the back of your left calf. Hold ____ seconds. Repeat ____ times. Now do other leg.



For patients who have had a knee replacement/anterior hip replacement:

The reacher is intended to make dressing easier, not to prevent bending forward. If you are able to bend forward and dress your lower extremities, you may.

For patients who have posterior hip precautions:

The reacher is required to dress your lower extremities while maintaining the 90-degree hip precaution, thus preventing dislocation of your hip.

Home Activities

The purpose of these exercises and activity training is to teach you to change your clothing, get in and out of chairs, showers and commodes safely while maintaining proper hip or knee position.

Walking up and down stairs

Your therapists will individually instruct you on how to negotiate a curb, as well as stairs if needed, with the appropriate assistive device.

Slacks and underwear

Sit on the side of the bed or in a chair. Start by putting surgical leg in pants first. If needed, use a reacher to do so. Put non-surgical leg into other side of pants. Stand with walker and pull pants over hips.

When undressing, stand with the walker in front of you and pull down pants and underwear enough to clear bottom and avoid sitting on them. Sit in a chair and use reacher to remove pants from legs. Remove non-surgery leg first. Keep legs apart and do not bend past 90 degrees if you have posterior hip precautions.



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Home Activities, continued

Socks and stockings

If you are unable or instructed not to reach your feet to put on socks, you may use a sock aid to put on socks or stockings. Slide the sock or stocking on the sock aid. Make sure the heel is at the bottom of the device and the toe is tight up against the end. The top of the sock should not come over the top of the plastic piece. Holding onto the cords, swing the sock aid out in front of the foot of the operative leg. Slip your foot into the sock aid, pull up on the cord, sliding sock onto foot. You may put the sock on your good leg in your usual manner. To take the socks off, use the pin at the end of the reacher to hook the back of the heel and push the sock off you.



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Shoes

Wear closed-toed slip-on shoes or use elastic shoelaces so you won't have to bend over to put the shoes on or tie the laces. Use the reacher or a long-handled shoehorn to put on or take off your shoes if needed.



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Home Activities, continued

Getting into a chair

When sitting down, slowly walk back into the chair until you feel the back of your legs against it. Slide your operative leg forward, then reach back for the chair one hand at a time. Slowly lower yourself into the chair while looking in front of you and keeping the operative leg outstretched in front of you. Do not hold onto the walker while lowering yourself. Follow weight bearing precautions.

For Posterior Hip Precautions Only:
Keep legs apart and do not bend past 90 degrees.



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Home/work management

Slide objects along the countertop rather than carrying them. Use a reacher to reach objects on the floor. If you cannot use adaptive aids (long reachers, long-handled mop, long-handled dustpan, etc.) have someone else do chores for you. Consider using a bag/tray to manage carrying items with a front wheel walker safely.

For patients with posterior hip precautions: You must always maintain the 90-degree forward bend precaution. Do not bend down to pick up objects.

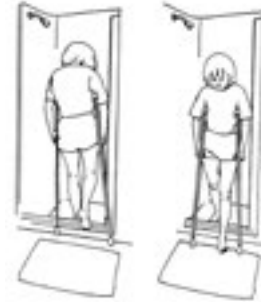


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Home Activities, continued

Shower transfer

If you cannot safely stand in a shower or have to climb into a tub in order to shower, please consult your therapist. Sidestep into shower, holding onto wall for support. Be sure you are stepping onto a non-slip surface (ie. bath mat, non-slip strips, etc.). Reach back with one hand for the back of the shower chair. Sit down on the shower chair. Use a long-handled sponge and a shower hose to wash. You may bathe or shower as soon as your physician gives you permission.



When to Call Your Physician

- > Increased hip/knee pain
- > Excessive swelling
- > Redness, drainage, or an opening in your incision
- > Tenderness in the calf or thigh of the operated leg
- > Chest pains or shortness of breath
- > A temperature of 100.4° or higher over a 24-hour period
- > Any other symptoms that you do not understand or that concern you.

Caregiver Checklist

- I understand when to notify the physician.
- I understand how to care for the incision and dressings.
- I know how to assist the patient in getting in and out of the bed/chair/car.
- I know how to assist the patient with the exercise program.
- I know how to assist the patient up and down stairs.
- I understand the hip precautions.

