

# Joint Replacement Patient Guide



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### OUR MISSION

Advance health together

### OUR VISION

Be the most trusted partner in health

## Welcome

Thank you for choosing Spartanburg Regional Healthcare System for your joint replacement surgery. Our team of experts are here to help you receive the best medical treatment available and to make your stay as comfortable as possible.

We have assembled a team of experienced physicians, nurses and other healthcare professionals to assist your every need throughout this process.

Your team includes:

- Physicians (MD, DO)
- Orthopaedic Surgeons
- Physician Assistants (PA-C)
- Nurses (RN)
- Nurse Anesthetists
- Case Management
- Guest Services
- Physical Therapist (PT)
- Occupational Therapist (OT)
- Patient Care Associate (PCA)
- Dietary
- Pharmacy
- Lab Technician

You are now a member of Spartanburg Regional's Joint Camp, a collaborative effort between you, your surgeon and our team to ensure the best possible experience. You will learn where to go the day of your surgery, as well as get answers to any other questions you may have. Joint Camp covers four phases of the joint replacement process: preparation, education, surgical treatment and rehabilitation. We want you to be knowledgeable about your procedure and feel comfortable every step of the way.

Our Virtual Joint Camp is a three-part video series on Spartanburg Regional's website, and it was designed to be used in conjunction with this booklet to assist you on your joint replacement journey. The videos can be viewed at **[SpartanburgRegional.com/jointcamp](http://SpartanburgRegional.com/jointcamp)**.

If you have any questions about the recommendations made by your surgeon, nurse, therapist or anyone else handling your care, we encourage you to ask questions. This booklet, and the virtual joint camp video series, should answer many of your questions. We want to put your mind at ease about your procedure and the care you will receive.



Spartanburg Regional  
Healthcare System

## Phone Numbers

### Pelham Medical Center

Visiting Hours: 6 a.m. - 9 p.m.

Provider	Phone Number
Orthopaedic Unit	864-530-2430
Nurse Director	864-530-4082
Joint Camp Coordinator	864-530-2440
Charge Nurse	864-530-2477
Case Management	864-530-2439
Physical Therapy	864-530-2490
Occupational Therapy	864-530-2490

### SMC – Mary Black Campus

Visiting Hours: 6 a.m. - 9 p.m.

Provider	Phone Number
Orthopaedic Unit 2	864-216-4710
Orthopaedic Unit 3	864-573-3005
Orthopaedic Coordinator/ Joint Camp	864-573-3011
Case Management	864-573-3062
Physical Therapy	864-216-4709
Occupational Therapy	864-216-4709

### Cherokee Medical Center

Visiting Hours: 6 a.m. - 9 p.m.

Provider	Phone Number
Orthopaedic Unit	864-487-1589
Nurse Manager	864-206-6224
Orthopaedic Coordinator/ Joint Camp	864-487-1549
Case Management	864-487-1681
Physical Therapy	864-487-7874
Occupational Therapy	864-487-7874

### Orthopaedic Physician Offices

Practice Name	Phone Number
Medical Group of the Carolinas – Orthopaedic Surgery – Pelham	864-849-9150
Medical Group of the Carolinas – Orthopaedic Surgery – Eastside	864-582-2115
Medical Group of the Carolinas – Orthopaedic Surgery – Skylyn	864-216-4525
Medical Group of the Carolinas – Cherokee Orthopaedics	864-488-3336
CONA	864-582-6396
Orthopaedic Specialties	864-208-8800

## Website

Virtual Joint Camp - [SpartanburgRegional.com/jointcamp](http://SpartanburgRegional.com/jointcamp)



Access our online Joint Camp videos by scanning this QR code. Simply point your phone's camera at the code and tap the link that appears at the top of the screen.



## Preparing for Surgery

Receiving a new knee or hip requires some advance planning. Use the following as a guide to help you prepare for your impending surgery, your hospital stay, and your return to daily routine and work. If you have questions or need help preparing, refer to the phone directory on page 4 for team members who are able to help.

### 6-8 WEEKS BEFORE SURGERY

#### *Pre-register for Surgery with the Hospital*

- Notify your insurance company and find out if pre-authorization is required.
- Set up a payment plan with the hospital for your portion of the bill.
- Read about and set up advanced healthcare directives (e.g., a living will and/or healthcare power of attorney.)

#### *Pre-surgery Appointments*

**Medical Clearance** – Your surgeon may require you to meet with your primary care physician or a specialist to determine that you are healthy enough for surgery. Tests may include an EKG, baseline labs, a chest X-ray and urinalysis. Discuss the need for preventative vaccines (flu and pneumonia.) If needed, these vaccines should be received at least one month prior to your surgery.

**Dental Clearance** – Meet with your dentist to have your teeth cleaned and any other required dental work completed prior to surgery.

**Blood** – Talk with your surgeon about options available to minimize your need for a blood transfusion after surgery.

**Pain Management** – Talk with your surgeon about your pain and how you are managing that pain. Discuss your pain goals and the pain scale to be familiar with it before surgery. Your surgeon can tell you how he plans to manage your pain before, during, and after surgery.

**Joint Camp** – Our Virtual Joint Camp videos are located on Spartanburg Regional’s website. We ask that you start watching them as soon as you decide to have your joint replacement surgery because they will provide you with important education and information that you will need for a successful joint replacement journey. Joint Camp videos are located at [SpartanburgRegional.com/jointcamp](http://SpartanburgRegional.com/jointcamp)

#### *Choose a Care Partner*

A care partner is a family member or friend who will be with you during the whole process of your joint replacement. This should be someone who can commit to helping you with transportation to and from the hospital and your physician and therapy appointments after you return home. They should also be prepared to help with meal preparation and activities of daily living. Your care partner should view the Joint Camp videos with you.

#### *Work Arrangements*

If you work, talk with your human resources department about the amount of time off you will need. Ask for any paperwork that may need to be signed by your surgeon and ask when the paperwork will need to be returned before your surgery.

#### *Exercise*

It is important to be as strong as possible before surgery. Follow the instructions for the preoperative exercises listed on page 15 and discontinue if you experience an increase in pain.

### *Nutrition*

It is important to eat healthy foods and to increase your healthy protein intake at least two weeks prior to surgery. This will help your body heal faster and avoid complications.

Tell your physician if you have trouble eating or if you have not been very hungry. Also, tell your physician if you have lost weight without trying or cannot eat at all.

A lab test called an Albumin/Prealbumin level may be ordered to assess your nutritional status which, if low, could impact the healing process.

Your physician may want you to see a dietitian who can help you create an eating plan.

### *Smoking Cessation*

Smoking increases the risk for many complications after surgery. Smoking can make it hard for you to breathe, increase the risk of an infection in your incision and increase your risk of a heart attack.

If you are an active smoker, it will be up to your surgeon if they will perform your surgery prior to smoking cessation. Ask your physician about how to quit smoking. Quitting will not only reduce these risks but will also improve your overall health and add years to your life. You may call **1-800-QUIT-NOW** or visit **www.sctobacco.org** for assistance.

### *Glycemic Control*

If you have diabetes, you know the importance of good blood sugar control. It decreases the risk of infection and promotes healing.

Your physician needs to know what your recent blood sugar results have been as part of the decision to determine that you are healthy enough for surgery. It is preferred that your Hemoglobin A1C be at 8 or below prior to surgery.

## **10-14 DAYS BEFORE SURGERY**

### *Religious Affiliation*

You may want to notify family, friends and those in your faith community to ask for prayers and visitation after your hospital stay.

### *Home Modifications*

It is important to prepare your home to be a safe environment for you to come home to.

- If possible establish a bed and bathroom on the main level of your home.
- Make sure all existing railings at steps and stairs are secure.
- Have railings installed if there are steps without railings.
- Remove all throw/scatter rugs and secure any corners that may cause you to trip.
- Remove any power or telephone cords running across the floor.
- Arrange furniture to allow more room to move with a walker or other assistive device.
- Have a chair with armrests (a recliner is acceptable) for your use that is sturdy and that allows your feet to reach the floor. You may want to set up a table next to this chair to hold your TV remote, telephone, box of tissues, water and other items you use regularly.
- Place a non-skid pad in the tub/shower.
- Install secure grab bars in your shower or bathtub.
- A shower seat, long-handled sponge and a handheld shower head will make bathing easier.
- Install a toilet seat raise or place a bedside commode over your toilet to use as a raise.
- Plug in night lights.
- Store items you will need within reach, so you do not have to bend over or climb onto a stool to get them. For example, make clothing easy to reach and place all needed kitchen equipment between waist and head height.

### *Planning Ahead*

Think about the activities you are currently able to do and plan for those you will need a break from while you are recovering.

- Prepare meals ahead of time and put them in the freezer so you have quick nutritious meals for after your surgery.
- If your washer and dryer are not on the main level of your home, you may have to arrange for someone to do your laundry for you.
- Place mail on hold or arrange for someone to pick it up for you.

- Arrange for someone to take care of your lawn while you are recovering.
- Make arrangements for your pets. A pet will not understand that they cannot jump on you after your surgery, so you may want to arrange for them to be away from you for a couple of weeks.

### *Pre-admission Testing Appointment*

This is a mandatory and important appointment made with the preoperative department. You will meet with a nurse one-on-one for a detailed interview and medical history discussion. The nurse will review all of your surgical paperwork and medical test results with you. He/she will provide instructions to follow for the several days leading up to your surgery.

If you have certain health risks, you may also meet with an anesthesia provider during this visit.

Items you need to bring with you to this appointment:

- An up-to-date list of all prescription and non-prescription medications you are taking.
- If you sleep with a CPAP or similar device, please bring your CPAP setting information.

## **2-7 DAYS BEFORE SURGERY**

**Bills** – Pay all bills to ensure you are up to date and will not have to worry about this during your recovery.

**Cleaning** – Completely clean your home to allow for recovery time when you return home after surgery.

**Laundry** – Have all laundry done to allow for recovery time when you return home after surgery.

**Groceries/Meals** – Shop for groceries and prepare meals in advance for yourself and your family in preparation for your return home after surgery.

**Transportation** – Make arrangements for your transport to and from the hospital.

**Illness or Infection** – Notify your surgeon’s office immediately if you suspect you have any type of illness or infection. Any illness may put you at risk for complications from your surgery and for your safety may require that your surgery date be changed.

**CHG Treatment Cloths** – Use the special cloths provided at your pre-admission testing appointment according to the instructions you receive. If you have any questions, please ask any member of your healthcare team.

**Peridex Mouth Wash** – At this appointment you will be given Peridex mouth wash as part of our infection prevention protocol. You will be given instructions on when and how to use this mouthwash prior to surgery.

**MRSA Treatment** – Begin Methicillin-Resistant Staphylococcus Aureus (MRSA) treatment if you were told to do so.

**Medications and Supplements** – Your surgeon, primary care physician or the pre-admission testing nurse may tell you to stop taking certain medications, vitamins, and supplements before your surgery. Please comply with those instructions.

**Joint Replacement Patient Guide** – Review this booklet. If you need any assistance reference the phone directory on page 4 for the correct number at the facility where you will be having your surgery.



Preparing for surgery takes commitment on your part to follow the guidelines your healthcare team has put in place. There are specific things you must do prior to surgery and following the guidelines will help ensure a safer surgery and faster recovery.

## 1 DAY BEFORE SURGERY

**Do Not** – Eat any solid foods after midnight the night before your surgery. You may brush your teeth the morning of surgery.

**Do Not** – Shave the area of your surgery. If your surgeon requests the area to be shaved this will be done at the hospital the morning of your surgery.

**Remove** – All jewelry, body piercings, and nail polish before coming to the hospital.

**CPAP/BIPAP** – You are strongly encouraged to leave your CPAP/BIPAP at home. We will provide you with a CPAP/BIPAP machine while you are at the hospital.

**Pack** – Pack a bag for your hospital stay and a bag for the rehab facility if needed. Do not bring any valuables with you to the hospital.

*ERAS – DREAM to a complete recovery.*

**Enhanced Recovery After Surgery (ERAS)** involves an evidence-based, multidisciplinary team approach to patient recovery. Enhanced recovery promotes your return to as healthy a state as possible after surgery. Our goal is to decrease pain, improve mobility, decrease nausea and make you strong for surgery. We will work together to promote your health. We want you to be able to return to an active lifestyle as soon as possible after surgery.

**D** – Drink: Staying hydrated is important and can prevent postoperative nausea. Additionally, some patients may receive clear carbohydrate drinks at their pre-admission testing appointment. If this is the case, drink two the night before your surgery, and one on the morning of surgery before you leave the house. These drinks are not ordered for every patient.

**R** – Reduce Stress: We will give you medications to decrease your body's response to the stress of surgery.

**E** – Eat: Start after surgery with crackers and progress to your full normal diet as tolerated. It is important to have protein with every meal.

**A** – Analgesia: We will give you medications and anesthesia to decrease the amount of pain and nausea you may have before, during and after surgery.

**M** – Move to improve after surgery: We will promote you moving as much as possible after surgery.

**Goal** – We want you to return to a healthy state after surgery.

### *Bring the Following with You to the Hospital*

- A list of all medications, including the dosage and how often you take each one.

If your home medication list was obtained at the time of your pre-admission testing visit, your pre-op nurse will only need to be aware of any changes in your home medications and the last date and time any medications were taken.

- Your healthcare power of attorney papers and/or living will if you have verified that they are not in your hospital medical record.
- Care partner to help you.
- Loose fitting clothes or sweat suit if you do not wish to wear a hospital gown during your stay.
- A pair of walking shoes or sneakers with non-skid soles.
- Any braces or orthotics that you currently use.
- Eyeglasses, dentures, hearing aids, and their cases.
- Personal care items.
- Books, magazines, or other reading materials.
- If you have a walker, please have your care partner bring it to your room before discharge so the physical therapist can make sure it is safe and fits you appropriately.
- This booklet.

## DAY OF SURGERY

### *Holding Room*

- You will change into your surgical gown and be attached to a warmer.
- Your medical history will be reviewed.
- A physical exam will be completed.





- An intravenous line (IV) will be started for administration of medication before, during, and after surgery.
- A tuberculin (TB) skin test (called a PPD) will be placed.
- Your blood sugar will be checked regardless of being diabetic or not.
- You will have an interview with anesthesia staff who will explain the anesthesia procedures and any associated risks involved.
- Your surgeon will review the procedure with you and mark the site of the surgery.

### *Anesthesia*

There are several anesthetic techniques available for joint replacement surgery, including:

**Spinal Anesthesia** (preferred choice) is when an anesthetic medicine is injected near the spinal cord and its nerves to block pain from an entire region of the body. This technique is used in conjunction with IV sedation and often also with a peripheral nerve block.

**Peripheral Nerve Block** is when an anesthetic medicine is injected near a specific nerve or group of nerves to block pain from an area of the limb. This is used to decrease the surgical pain after you wake up from surgery.

**General Anesthesia** affects the entire body, brain, and nervous system, leaving you in an unconscious state. You will have a breathing tube placed in your windpipe and the anesthesia provider will deliver an anesthetic gas through the breathing tube.

### *Operating Room*

You will be taken from the holding room to the operating room (OR) on a stretcher and transferred onto the operating table. Your surgery will likely take one to three hours.

### *Recovery Room*

After your surgery, you will be taken to the recovery room. Nursing staff will closely monitor your vital signs, wound dressings and your pain level as you wake up. You will stay in the recovery room for one to three hours. Once you are medically stable, you will be brought to your private room on the Orthopedic Unit where your family and friends will be reunited with you.

If you qualify for same day surgery, you will be discharged the same day your surgery takes place.

## **ACUTE CARE STAY**

Once you are tolerating fluids by mouth, your IV fluids will be discontinued. Your IV line will remain in place during your stay to allow your nurse to give you antibiotics and pain medicine if needed and as directed by your surgeon.

Your **vital signs** will be checked routinely throughout your stay.

A **pulse oximeter** will be placed on your finger to measure your oxygen level. You may need supplemental oxygen on the unit after surgery, especially on the day of surgery.

You will receive an **incentive spirometer** after surgery. This is a tool used to encourage deep breathing and using it will help lower your risk of pneumonia. It is strongly recommended you use your incentive spirometer 10 times every hour while awake.

Even if you have not been told you have diabetes your **blood sugar** will be checked before during and after surgery. Having surgery puts stress on your body, and stress can affect your blood sugar level. Blood sugar that is too high or too low can cause serious problems. Keeping blood sugar in control before, during and after surgery will reduce your risk of infection and will help you heal better.

### *Circulation*

Movement and mobilization soon after surgery will help prevent blood clots and other potential complications.

If ordered by your surgeon, compression stockings may be placed on your legs and feet to reduce swelling. If this is the case, you will need to continue wearing your compression stockings for some time after surgery. Ask about this at your follow-up appointment.

**Sequential Compression Devices (SCDs)** are sleeves placed on your feet or legs after surgery. They will inflate and deflate in a rhythm to assist with circulation.

### *Durable Medical Equipment*

You will need a walker throughout your hospital stay and during recovery once you are discharged. If you do not have a walker, our case manager can assist you with getting you one. The case manager will also assist you with obtaining any additional durable medical equipment that may be needed.

### *Pain Management*

After surgery you should expect to have some postoperative pain. Our goal is to control the pain at a level that allows you to rest and participate in your physical therapy.

We will frequently ask you to rate your pain using a pain scale of 0 to 10. Zero is no pain and 10 is the worst pain imaginable. We will provide pain medication on an as-needed basis. Typically, IV pain meds are only used shortly after surgery. You will transition to oral pain medications to control pain when you are able to tolerate fluids and food by mouth.

Changing positions, moving, and placing ice packs on the affected area after surgery will help to relieve pain and reduce swelling.

### *Hourly Rounds*

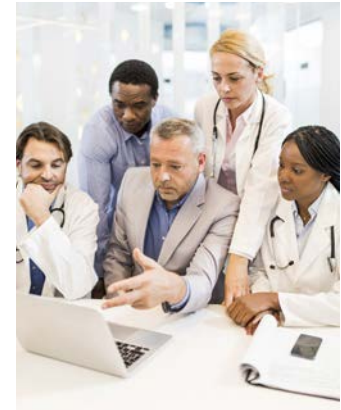
During your hospital stay, you will have around-the-clock nursing care. The orthopaedic nursing care team will round regularly to ensure all of your needs are met.

- Every hour: 6 a.m. to 10 p.m.
- Every two hours: 10 p.m. to 6 a.m.

If we notice you are asleep during rounds, we will do our best to not wake you unless a medical order requires it, such as checking vital signs or giving medications. You will have a call light within easy reach to ask for assistance at any time. For your safety, you will also use this call light to request assistance every time you need to get up.

### *Care Boards*

To keep you informed and engaged in your care, the hospital uses care boards in each patient room. These dry erase boards list important information about your care team and treatment plan, such as staff names, contact information, therapy plans and pain management details.



### *Toileting*

Your safety is our highest priority. We ask that you have a staff member assist you every time you try to get out of bed, especially to go to the bathroom.

If you have a urinary catheter placed into your bladder during surgery, it will be removed in the recovery room. Once it is removed, you will need assistance to use the bedside commode or bathroom. Please call the nursing staff for assistance every time.

You will be given stool softeners and encouraged to drink plenty of water after surgery to help avoid getting constipated.

### *Preventing Infection*

Eating a healthy diet, staying hydrated, and getting adequate rest are important to keep your immune system working well and aid in your recovery. Additionally think about:

- **Hand Hygiene** – This is extremely important to prevent infection. Everyone, including doctors, nurses, and YOU, should wash their hands before touching or caring for your incision.



The nurse, patient care associate/inpatient service associate, physical therapist and occupational therapist will all work together to ensure you are as active as possible during your hospital stay.

- **Dental Hygiene**- It is important to maintain good dental hygiene pre- and post-surgery to reduce risk of infection.
- **Dressing Changes** – Will be performed by medical or nursing staff as instructed by your surgeon.
- Avoid picking, scratching or pulling at your incision.
- Avoid oils, lotions or creams on or around your incision unless directed to by your surgeon.

### *Discharge Planning*

A case manager will discuss your discharge plans and assist with acquiring any equipment needed for your home. Our goal is to help you return to normal living as quickly as possible after surgery.

Your case manager, surgeon and medical team will work together to place you in the best environment to meet your recovery needs.

### *Sleep and Rest*

It is very important for you to get adequate rest to aid in your recovery. We will try to coordinate your care to allow for rest, while also monitoring your safe recovery from surgery.

## Therapy and Mobility

### **GENERAL MOBILITY RECOMMENDATIONS**

Your safety is our number one priority. Your healthcare team will communicate regarding how much activity you can do and when you can begin. The nurse, patient care associate, physical therapist, and occupational therapist will all work together with you to ensure you are as active as possible during your hospital stay.

Your body starts to lose strength after only one day in bed. The more active you are after surgery, the stronger you will be and the quicker you will recover.

- Expect to be sitting up in your chair for all meals, and as much as tolerated between meals. Let your body be your guide to what is appropriate for you.
- Use your call light to ask for assistance every time you get in or out of bed.
- As soon as recommended by your team, call for assistance to walk to the bathroom instead of using a bedpan or bedside commode.
- Don't change positions too fast, as this can lead to a drop in blood pressure.

### **PHYSICAL THERAPY**

Active participation in physical therapy (PT) is one of the most important aspects of your successful recovery. PT is the key to getting your strength, your motion, and your mobility back. The goal of PT in the hospital is to help you return home as quickly and safely as possible.

After your surgery the PT will perform an evaluation that will include:

- A discussion of your home environment and your prior level of functioning.
- An assessment of your current strength, range of motion, and general mobility.
- Instructions on any precautions, weight-bearing restrictions, proper use of equipment, exercises, and safety.

You will work with PT twice a day while hospitalized. In the event you are still in the hospital on the third day after surgery, the frequency of your PT may be adjusted according to your needs.

PT will work with you on:

- Strengthening exercises.
- Practicing getting in and out of bed.
- Practicing standing up and sitting down.
- Practicing walking with a walker or other device.
- Practicing stairs.

PT will also work with you and the case manager to ensure you have the appropriate mobility equipment for returning home safely.

Keep in mind a couple of points:

**PT hurts** – A good rule of thumb is to ask for pain medicine with your meals. That will usually be good timing for when your PT arrives to work with you.

**PT is hard work** – Each day the PT will ask you to do a little more on your own, and the therapist will do a little less. Our goal is to help you get back on your feet, independent, and back to doing the things you want to do.

### **OCCUPATIONAL THERAPY**

Your surgeon may also request an occupational therapy (OT) evaluation. During your evaluation, the OT will ask questions to determine:

- Your pre-surgery level of independence in daily activities such as bathing and dressing.
- Your home setting and the layout of your home.
- Any equipment that you already have at home.
- What help is available to you at home.
- Any safety concerns.

The evaluation will include an assessment of your strength, balance, mobility, vision, sensation, and safety awareness.

The primary goal of OT is to teach you how to perform your daily activities in a safe way while protecting your new joint.

This may include learning to use new equipment that will help you regain your independence. If needed, you and your therapist will decide on the right equipment to best help you with your daily activities.



Your body may undergo some changes because of your surgery. You may notice your appetite is not the same as it was prior to surgery. You may also notice that you are starting to have some constipation. Be sure to drink plenty of fluids, eat nutrient-rich foods and take stool softeners as needed.

Recommendations will be made to ensure you are discharging from the hospital to a safe and supportive home setting.

## **After Discharge**

### **PAIN MANAGEMENT**

You will continue to have pain after leaving the hospital, even while you are taking oral pain medication. Your team will work with you to help manage your pain so you can perform your daily activities, therapy and exercises.

### *Pain Journal*

Monitoring your pain with the aid of a pain journal can be a useful way to help you determine what causes your pain and what methods improve your pain. It will also help track how often you are taking any pain medications. We have provided an example of a pain journal for you on page 23 of this guide.

### *Pain Goals*

To successfully manage pain, set a pain goal you feel is an acceptable level each day. This number may change based on how many days it has been since surgery and what you are doing on that day. Use your pain journal to check where your pain level has been and make changes as needed to help you meet your goals.

### *Pain Medication Guidelines*

Take pain medication as prescribed by your surgeon. If your pain is not controlled with your current prescription, call your surgeon and discuss alternative options. If you have to be prescribed additional narcotics, these prescriptions will be e-scribed to your pharmacy.

Try to take your pain medication at least 45 minutes before any PT appointments (home health or outpatient) or your exercise sessions at home.

### *Ice*

Ice helps to reduce swelling, inflammation, and pain. You can apply ice for 15 to 20 minutes and repeat every hour if needed. It is especially good to use it after your PT or exercise sessions.

### *Elevation*

Raising your surgery leg above the level of your heart using multiple pillows or cushions can also help decrease swelling and pain. Ensure your calf and foot are elevated too, not just your knee.

### **BLOOD THINNERS**

To help prevent a blood clot (DVT or PE) from forming, it is important to stay active, drink lots of fluids, and wear your compression stockings.

You will also be prescribed a medication to help keep your blood thinner than normal. Take your blood thinner as prescribed by your surgeon to minimize your risk of getting a blood clot.

### **CONSTIPATION**

Constipation often occurs after surgery due to pain medications and decreased activity. You will be prescribed stool softeners and encouraged to drink plenty of water, eat fruits, vegetables, and a high fiber diet after your surgery. If you have not had a bowel movement in two days, inform your surgeon. He may need to prescribe a laxative. Oral laxatives work best if taken during early constipation. If constipation continues for several days, you may require a suppository or an enema.

### **DISCHARGE MEDICATIONS**

When you leave the hospital, you may receive prescriptions for new medications that will be used for a short time during your recovery. Your nurse will review the medication and dosing schedule with you before you leave the hospital. If you have questions after discharge, you may ask your pharmacist or surgeon's office for information.

### **USE OF EQUIPMENT**

You will need to continue using any equipment recommended by your surgeon, PT, and OT until your surgeon tells you to stop.

### **INCISION CARE AND PREVENTING INFECTION**

- **Hand Hygiene** – is extremely important to prevent infection. You and your care partner should wash your hands before touching or caring for your incision.
- Keep your incision clean and dry.
- Watch for redness, drainage, warmth, or significant swelling or any change in your incision, including any opening of the incision. If you notice any of these, call your surgeon's office the same day.
- Change the dressings or bandages as instructed by your surgeon. You should be given this information as part of your hospital discharge paperwork.

- Avoid picking, scratching or pulling at your incision.
- Avoid oils, lotions, or creams on or around your incision unless directed to use them by your surgeon.
- Your wound will be assessed at your follow-up appointment with your surgeon.
- If Steri-Strips were applied to the incision, do not try to remove them; let them fall off by themselves.
- Bathe per your surgeon's instructions. Showering is preferable. Soaking in a tub, a hot tub or swimming will generally not be allowed until the incision is completely healed.
- Notify your surgeon if your temperature is greater than 100.4°F or if you have increasing pain or swelling at the surgery site.
- Wear, use and sleep in freshly laundered clothing and linens. This includes clean clothes, clean sheets, and clean washcloths and towels.
- Try to avoid letting other people or pets come in contact with your incision or dressing to prevent exposure to germs. Pet saliva, dander, hair and feces can transmit infection and should be avoided. Remember to wash your hands after any contact with your pet.
- Continue eating a healthy diet, staying hydrated and getting adequate rest. All of these things are important to keep your immune system working well and aid in your recovery.
- Consider starting a multivitamin if you haven't already. Extra vitamins and minerals (with the approval of your surgeon) can boost immune function and recovery.

### **COMPRESSION STOCKINGS**

If your surgeon gave you compression stockings in the hospital, you will need to continue wearing them for some time after your surgery. Ask about this at your follow-up appointment. There will also be instructions provided on your discharge papers.

### **COPING WITH STRESS**

Remember that surgery can be stressful. It is also stressful to be unable to do what you used to do before surgery. Enlist the help of family and friends to help you accomplish things. Relaxation and breathing techniques can be helpful as well. Try doing things you enjoy, like reading or crossword puzzles. If you find you need professional help to cope with your stress, talk with your surgeon. Remember to set realistic goals and celebrate each small accomplishment.

### **DRIVING**

You will need your care partner to help you with transportation until your surgeon allows you to drive yourself. Ask your surgeon about this at your follow-up visit.

### **INTIMACY**

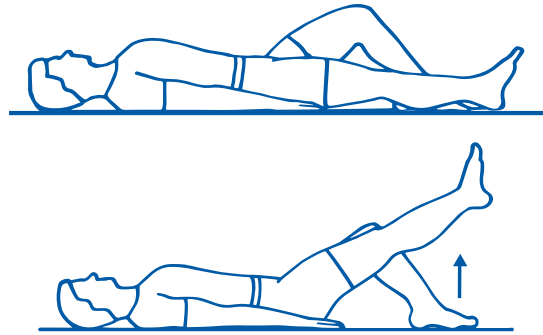
Sexual activities may be resumed when cleared by your surgeon and you feel comfortable. Your incision, muscles and ligaments need some time to heal properly.

# Knee Arthroplasty Preoperative Exercises

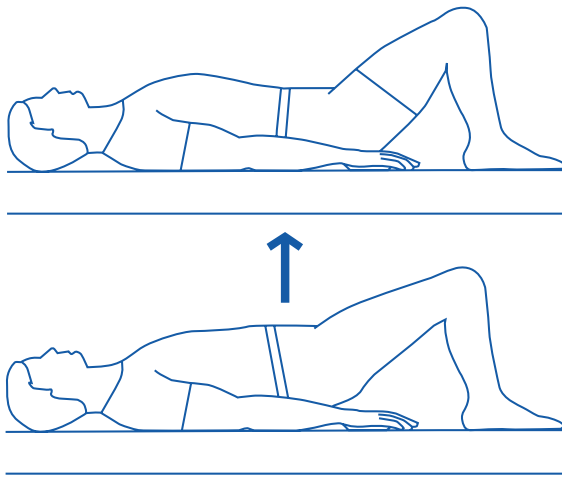
## Straight Leg Raises

- Lie on back with uninvolved knee bent as shown.
- Raise involved, straight leg up to thigh level of bent leg.
- Return to start position and repeat.

**Note: Do not hold breath.**



Perform  
**10 repetitions** **2X/DAY**



## Bridging

- Lie on back with knees bent.
- Lift buttocks off floor.
- Return to start position.

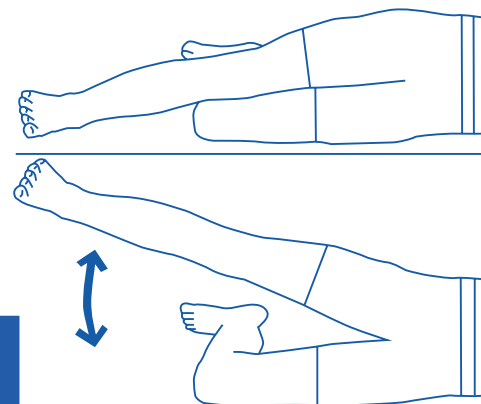
**Note: Maintain neutral spine.**

Perform  
**10 repetitions** **2X/DAY**

## Hip Abduction – Sidelying

- Lie on uninvolved side with lower knee bent for stability.
- Keep knee straight on involved leg, lifting leg upward.
- Return to start position and repeat.

**Note: Do not roll trunk forward or backward.**



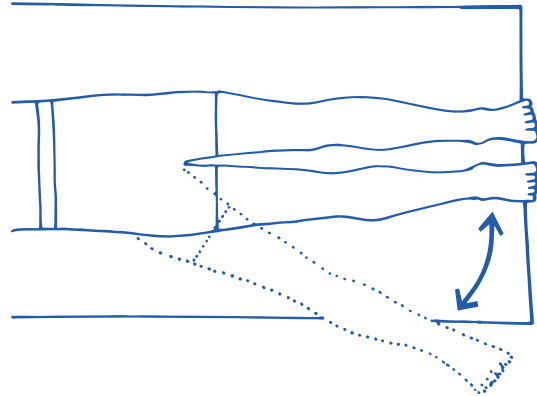
Perform  
**10 repetitions** **2X/DAY**

# Knee Arthroplasty Preoperative Exercises

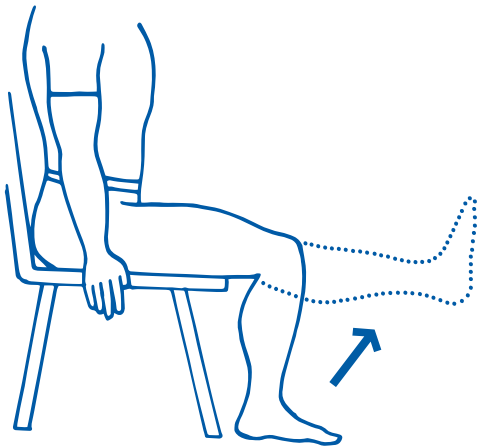
## Hip Abduction – Supine

- Lie on back on firm surface, legs together.
- Move involved leg out to side, keeping knees straight.
- Return to start position and repeat.

**Note:** Perform only if unable to get into side lying position. Do not perform in both side lying and supine (on your back) positions. Use a pillow case to reduce friction.



Perform  
**10 repetitions** **2X/DAY**



## Sitting Knee Extension

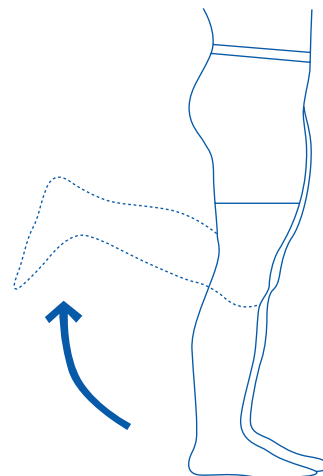
- Sit with involved leg bent to 90 degrees as shown.
- Straighten leg at knee.
- Hold for 5 seconds.
- Return to start position and repeat.

Perform  
**10 repetitions** **2X/DAY**

## Knee Flexion –Standing

- Hold onto counter, table or other sturdy surface.
- Stand, bend involved knee, bringing foot up toward buttocks.
- Return to start position and repeat.

Perform  
**10 repetitions** **2X/DAY**



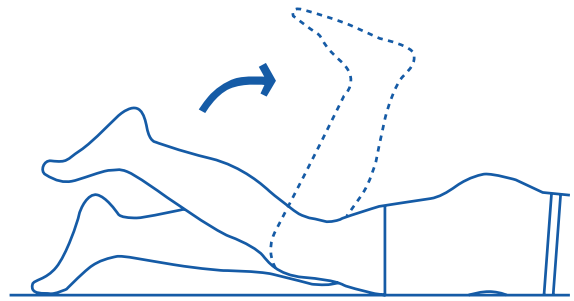


# Knee Arthroplasty Preoperative Exercises

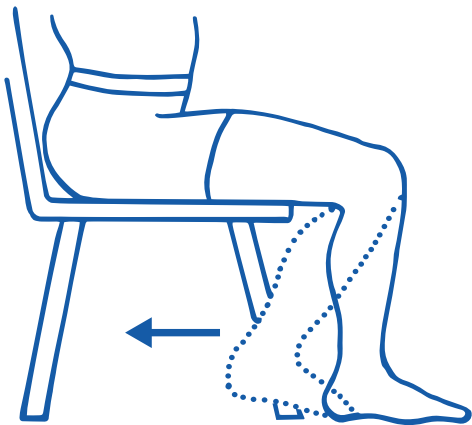
## Knee Flexion – Prone

- Lie face down, legs straight.
- Bend involved knee, bringing foot forward buttocks.
- Return to start position and repeat.

**Note:** Perform only if unable to complete in standing. Do not perform in both standing and prone (face down) positions. Do not let buttocks or hips raise upward.



Perform  
**10 repetitions** **2X/DAY**



## Knee Flexion – Sitting

- Sit in chair, moving heel of involved leg under chair, through full range, as shown.
- Return to start position and repeat.

**Note:** Perform if unable to complete exercises in standing or in prone. Do not do in all positions.

Perform  
**10 repetitions** **2X/DAY**

# Knee Arthroplasty Preoperative Exercise Log

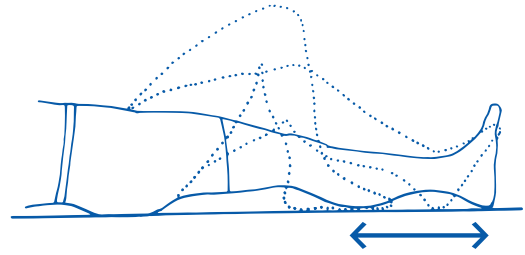
	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
<b>WEEK ONE - DATE:</b>												
Straight Leg Raise												
Bridging												
Hip Abduction (Side/Supine)												
Knee Extension												
Knee Flexion (Standing/Prone/Sitting)												
Armchair Push-ups												
<b>WEEK TWO - DATE:</b>												
Straight Leg Raise												
Bridging												
Hip Abduction (Side/Supine)												
Knee Extension												
Knee Flexion (Standing/Prone/Sitting)												
Armchair Push-ups												
<b>WEEK THREE - DATE:</b>												
Straight Leg Raise												
Bridging												
Hip Abduction (Side/Supine)												
Knee Extension												
Knee Flexion (Standing/Prone/Sitting)												
Armchair Push-ups												
<b>WEEK FOUR - DATE:</b>												
Straight Leg Raise												
Bridging												
Hip Abduction (Side/Supine)												
Knee Extension												
Knee Flexion (Standing/Prone/Sitting)												
Armchair Push-ups												

# Hip Arthroplasty Preoperative Exercises

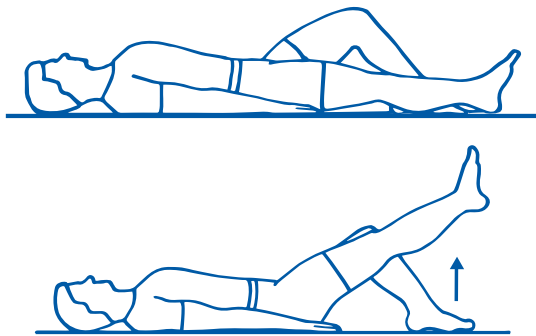
## Heel Slides

- Lie on back with legs straight.
- Slide heel of involved leg up to buttocks.
- Return to start position and repeat.

**Note: Keep knee pointed straight up toward ceiling. Perform exercise in a controlled manner; do not allow leg to “flop” down.**



Perform  
**10 repetitions** **2X/DAY**



## Straight Leg Raises

- Lie on back with uninvolvement knee bent as shown.
- Raise involved, straight leg up to thigh level of bent leg.
- Return to start position and repeat.

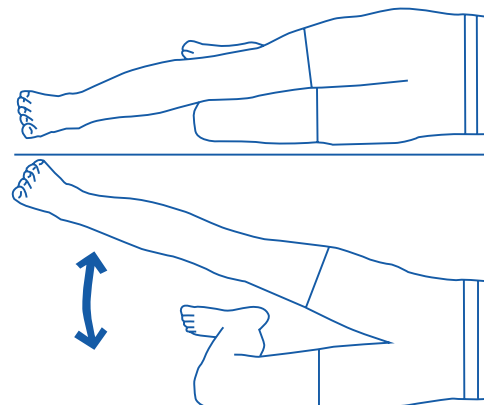
**Note: Do not hold breath.**

Perform  
**10 repetitions** **2X/DAY**

## Hip Abduction – Sidelying

- Lie on uninvolved side with lower knee bent for stability.
- Keep knee straight on involved leg, lifting leg upward.
- Return to start position and repeat.

**Note: Do not roll trunk forward or backward.**



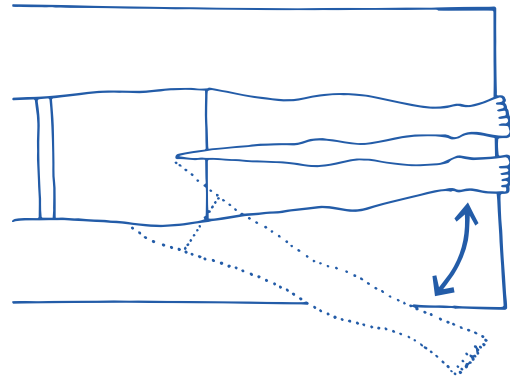
Perform  
**10 repetitions** **2X/DAY**

# Hip Arthroplasty Preoperative Exercises

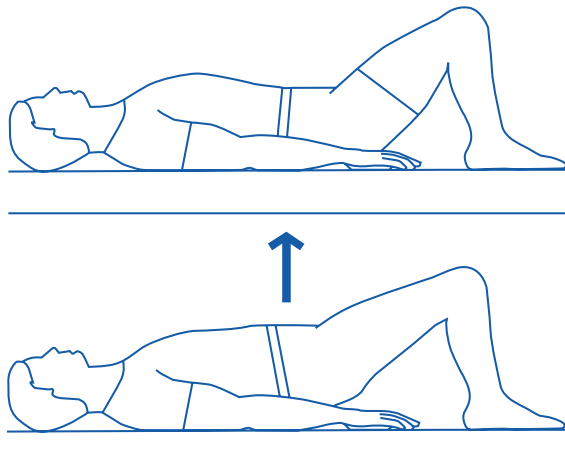
## Hip Abduction – Supine

- Lie on back on firm surface, legs together.
- Move involved leg out to side, keeping knees straight.
- Return to start position and repeat.

**Note:** Perform only if unable to get into side lying position. Do not perform in both sidelying and supine (on your back) positions. Use a pillow case to reduce friction.



Perform  
**10 repetitions** **2X/DAY**



## Bridging

- Lie on back with knees bent.
- Lift buttocks off floor.
- Return to start position and repeat.

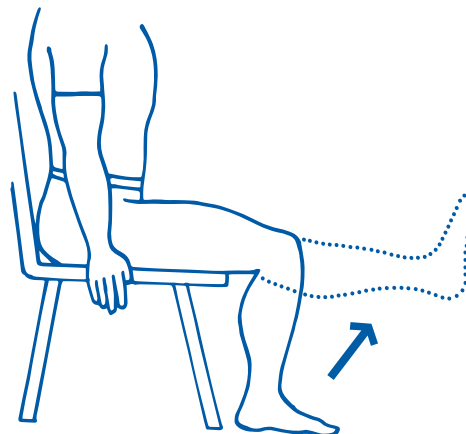
**Note:** Maintain neutral spine.

Perform  
**10 repetitions** **2X/DAY**

## Sitting Knee Extension

- Sit with involved leg bent.
- Straighten leg at knee.
- Hold for five seconds.
- Return to start position and repeat.

Perform  
**10 repetitions** **2X/DAY**

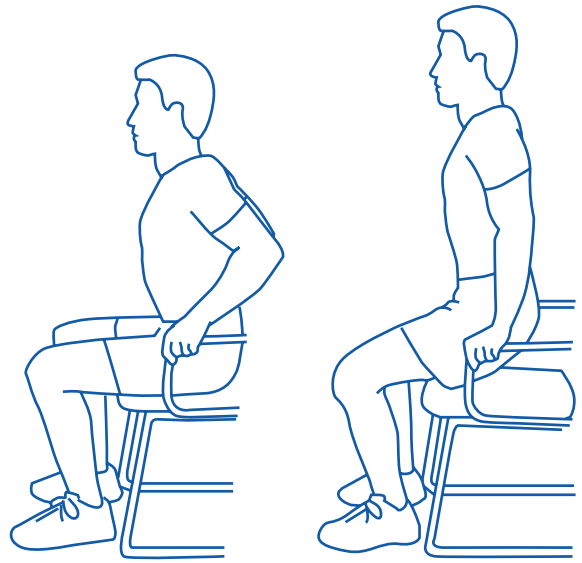


# Hip Arthroplasty Preoperative Exercises

## Armchair Push-ups

- Sitting in sturdy armchair with feet flat on floor, scoot to front of seat and place hands on armrests.
- Straighten arms raising bottom up from seat as far as possible. Use legs as needed to lift.
- Progress to using only arms and unaffected leg to perform push-up.
- Do not hold breath or strain too hard.

Perform  
**10 repetitions** **2X/DAY**



# Hip Arthroplasty Preoperative Exercise Log

	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
<b>WEEK ONE - DATE:</b>												
Heel Slides												
Straight Leg Raise												
Hip Abduction (Side/Supine)												
Bridging												
Knee Extension												
Armchair Push-ups												
<b>WEEK TWO - DATE:</b>												
Heel Slides												
Straight Leg Raise												
Hip Abduction (Side/Supine)												
Bridging												
Knee Extension												
Armchair Push-ups												
<b>WEEK THREE - DATE:</b>												
Heel Slides												
Straight Leg Raise												
Hip Abduction (Side/Supine)												
Bridging												
Knee Extension												
Armchair Push-ups												
<b>WEEK FOUR - DATE:</b>												
Heel Slides												
Straight Leg Raise												
Hip Abduction (Side/Supine)												
Bridging												
Knee Extension												
Armchair Push-ups												



## Post-operative Therapy Progress

<b>Date</b>							
Knee Flexion							
Knee Extension							
Distance Walked							
Assistance Needed							

### Exercise Repetitions (Do ONLY those exercises instructed by your PT team)

Ankle Pumps							
Quad Sets							
Heel Slides							
Straight Leg Raises							
Long Arc Quads							
Gluteal Sets							
Hip Abduction							
Other							
Other							



## ERAS: DREAM to a Complete Recovery

When recovering at home, remember to **D-R-E-A-M**: Drink, Reduce your stress and chance of infection, Eat, use alternate Anti-pain and nausea methods, and Move.

<b>D</b>	<b>R</b>	<b>E</b>	<b>A</b>	<b>M</b>
<b>Drink</b>	<b>Reduce Stress and Infection</b>	<b>Eat</b>	<b>Anti-pain and nausea</b>	<b>Move</b>
Continue to drink fluids to stay hydrated and prevent constipation.	Do not let pets in your bed or get near your incision(s).  Keep your incision(s) clean.	No dieting!  Your body needs healthy calories and protein to give you strength and energy to heal properly and give you strength.	Use alternate ways to deal with pain, stiffness, and soreness: <ul style="list-style-type: none"> <li>• Cold packs</li> <li>• Meditation</li> <li>• Music</li> </ul> Continue Tylenol around the clock (if approved by your doctor.)	When you are at home, move often to prevent constipation, stiffness, and complications such as blood clots or pneumonia.
Drink protein shakes to help with immunity, strength, and healing.	Use CHG treatment wipes (provided to you at discharge) every day for two days.	Eat fruits, vegetables, and protein for building immunity, strength, and promote healing.	Limit narcotic use to prevent constipation and other side effects.  Narcotics can be addictive and habit forming.	Practice the lung exercises at home to prevent pneumonia.
	Use clean sheets.	Eat foods rich in fiber to prevent constipation.	Use cold pack after physical therapy sessions.	Continue working with physical therapy.
	Wash your hands often.	Chew gum to help bowels return to normal.	Try over-the-counter medications during the day and narcotics at night (if needed.)	
	Brush your teeth and gums after meals and at bedtime.			

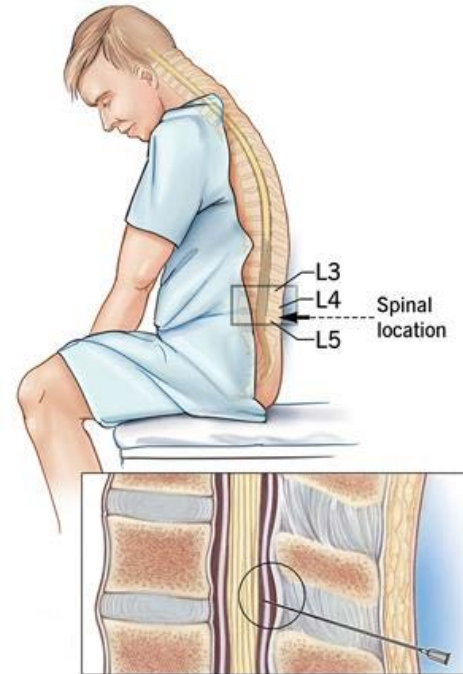
## Anesthetic Options for Orthopaedic Surgery

Your anesthesiologist will meet with you and discuss your individual anesthetic plan on the day of surgery. The best anesthesia for total joint replacement will utilize a combination of the following three approaches:

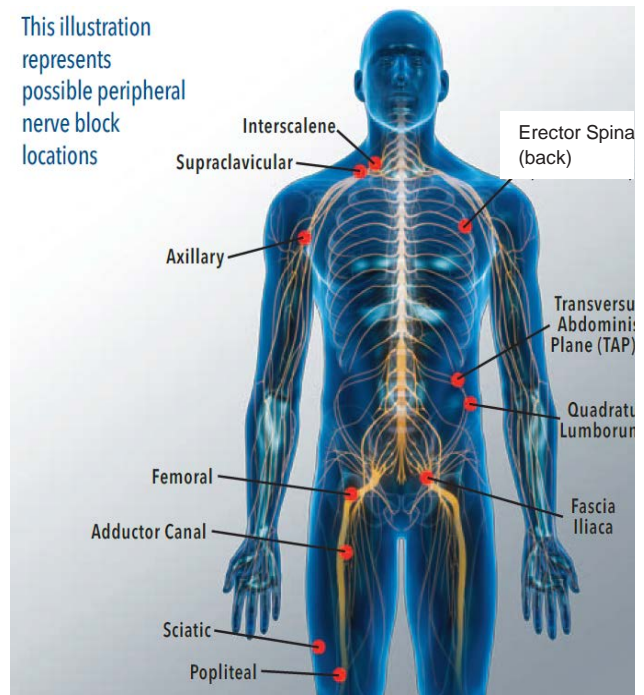
**Spinal anesthesia** is an injection of numbing medicine near the nerve roots and spinal cord in the back. This procedure is widely considered the best option for joint replacement of the hips or knees. It provides 100% pain control below the belly button for 2 to 4 hours. It is performed in the operating room, and you will receive IV sedation both during the spinal procedure and during the operation. Temporary side effects of a spinal injection include weakness in the legs, a drop in blood pressure, and urinary retention. Serious complications are very rare and include infection, bleeding, headache, and nerve injury. A spinal injection may not be an option if you have taken blood thinners too recently.

**Peripheral nerve blocks** are injections of numbing medication next to specific nerves, in order to decrease or eliminate pain in a certain part of your body during and after surgery. The pain control from a nerve block typically lasts 8-24 hours for single injections. In some cases, special tubes called catheters may be placed next to these nerves in order to provide additional numbing medicine for up to 3 days. Successful nerve blocks lead to lower risk of post-surgical complications, less need for IV and oral pain medications, and faster discharge from the hospital. Nerve blocks are performed before the operation, with sedation available if requested. The procedure typically takes under 5 minutes, and causes similar pain to IV placement. The most common side effect of nerve blocks is temporary weakness, though many newer blocks are designed to avoid this. Serious complications are very rare and include large bruising, infection, nerve injury, seizure, and heart attack.

**General anesthesia** is when you receive a combination of IV and inhaled medication which will render you unconscious until the medication is stopped. Since this medication affects the entire body, a breathing tube must be placed while you are unconscious in order to keep you safe. Other IV medications may also be given to treat side effects of the anesthesia medicine (such as low blood pressure or nausea). General anesthetic medications do not prevent pain, so nerve blocks and IV medicine are also used for pain control.



This illustration represents possible peripheral nerve block locations



## Nerve Block Patient Education

### What is a peripheral nerve block?

Injection of numbing medication next to specific nerves, in order to decrease pain in a certain part of your body during and after surgery. This pain control typically lasts for 8-24 hours for single injections. In some cases, special tubes called catheters may be placed next to these nerves in order to continuously bathe the nerves with medicine for up to 3 days.

### Benefits of nerve blocks:

Better pain control—both during and after surgery—which results in lower risk of post-surgical complications, less need for IV and oral pain medications, and faster discharge from the hospital. There is a vast body of evidence supporting improved post-surgical outcomes in patients who receive peripheral nerve blocks.

### Possible risks and side effects:

The most common side effect is muscle weakness in the body part receiving the nerve block. There is also a risk that the block does not work. Serious complications are very rare (<0.1%) and include large bruise or infection at the block area, nerve injury, seizure, and heart attack.

### How is the nerve block done?

The block is done while you are awake in the pre-operative area, but you may receive IV sedation prior to the block. Under ultrasound guidance, a small needle is used to inject numbing medicine around the nerve of interest. The pain with needle insertion is comparable to IV placement. You will feel pressure as the medication is injected. The procedure usually takes under 5 minutes.

### Will I be awake during the operation?

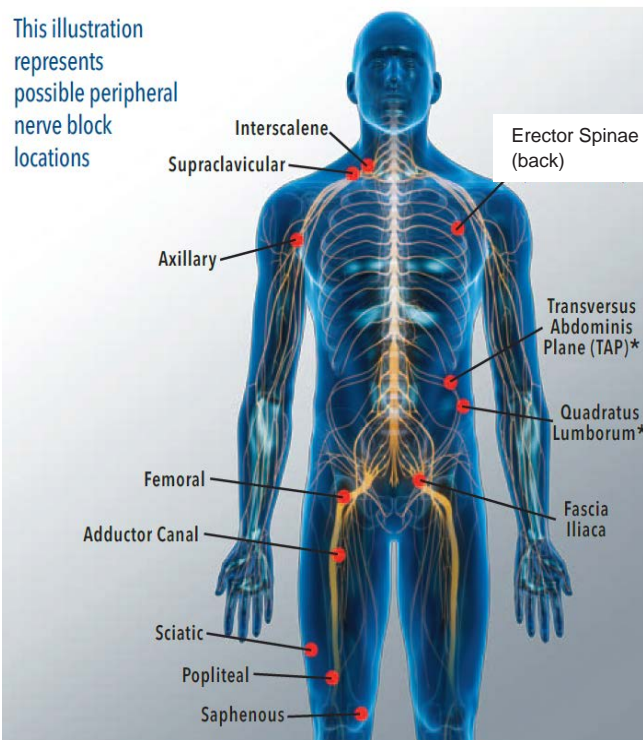
In some situations, painless surgery can be performed on awake patients who have received nerve blocks. However, most of the time, patients will still receive heavy sedation or general anesthesia for comfort.

### Is a nerve block required?

No. It is the anesthesiologist's role to discuss anesthetic options and to make recommendations, but patients have the right to make decisions regarding their medical care. **The final decision on where and if a nerve block is done will be made on the day of surgery by the patient and their attending anesthesiologist.**

### Can I still get other pain medicine too?

Yes. There is no interaction between the nerve block and other types of pain medication. Some nerve blocks only partially block pain. Additional pain medicine can be given as needed. To ensure the best pain control, it is important to take oral pain medications early when the block begins to wear off.



\*These blocks are performed on both sides (bilateral) whereas the other blocks may only be performed on side of surgery.



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Healthcare System

101 East Wood Street | Spartanburg, SC 29303 | 864-560-6000