



This information packet has been provided for:

Total Knee Replacement

Welcome to Joint Moves

Thank you for making Hamilton Medical Center your choice for your health care needs. It is our goal to anticipate and exceed your expectations as we care for you and your family.

Through education, technology, and our caring touch, our team of physicians, nurses, and other health care personnel will assist and care for you and your family.

If you have any questions, now or in the future, please do not hesitate to call Teresa Ingle, Orthopedic/Spine Nurse Navigator, @ 706-272-6511 or contact via email at jointmoves@hhcs.org.

Thank you again,

Joint Moves Interdisciplinary Team



**HAMILTON MEDICAL
CENTER IS CERTIFIED
IN HIP AND KNEE
REPLACEMENT**



Hamilton
Medical Center



Hamilton's Mission Statement:

We provide leadership, partnerships and seamless resource coordination to meet health care needs that advance the quality and dignity of life.

Hamilton's Vision Statement:

We strive to be the region's first choice for health care and to excel in clinical quality and patient/community satisfaction.

Hamilton's Organization Values,

Definitions and example of behavior that characterize each value –

P – Professionalism – “The expertise, qualities, and conduct that characterize a member of a profession”

- Be polite and courteous at all times.
- Remain rational and calm under any circumstance.
- Act in a way that displays competence to patients and co-workers.

R – Respect – “A positive feeling of esteem for a person or other entity”

- Treat others the way you want to be treated.
- Value the feelings and attitudes of others.
- Hold everyone – including yourself - in high regard.

I – Integrity – “Honesty and consistency to a set of values”

- Steadfastly adhere to high moral principles and professional standards.
- Use truth and honesty as a guideline in all decisions.
- Always do the right thing.

D – Diligence – “Constant and earnest effort applied to perform a task or accomplish a goal”

- Always do your best.
- Be committed to doing a good job.
- Perform your assignments in a careful manner.

E – Excellence – “The quality or state of being outstanding or superior”

- Do the best possible job in every situation.
- Strive to be the best in your field.
- Constantly try to improve your skills.



Directions:

Hamilton Medical Center · 1200 Memorial Drive · Dalton Ga 30720
706-272-6000

From the South:

I-75 to Exit 336 Dalton/Rocky Face. Merge onto GA-3 S/Rte 3 S/State 3 3/State Rte 3 S/U.S. 41 S/US-76 towards Dalton. Continue to follow GA-3 S/Rte 3 S/Sate 3 S/State Rte3 S/U.S. 41 S/US-76E. Turn Right onto Chattanooga Rd.

Turn Right onto N. Thornton Ave. Turn right onto Memorial Drive.

From the North:

I-75 to Exit 336 Dalton/Rocky Face for U.S.-41/ US-76. Keep right at the fork.

Continue to follow GA-3 S/Rte 3 S/Sate 3 S/State Rte3 S/U.S. 41 S/US-76E. Turn Right onto Chattanooga Rd. Turn Right onto N. Thornton Ave. Turn right onto Memorial Drive.

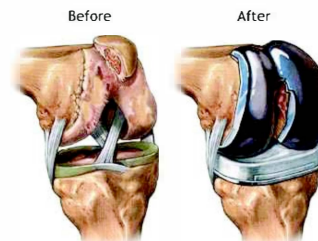
Lodging

Need a place to stay when you have loved ones at Hamilton Medical Center? There are a number of comfortable hotels and inns in the vicinity that offer one less thing for you to think about when you need to be here for your loved ones. Please see a partial list below of nearby hotels. Many of these hotels offer discounts for organizations such as AAA or AARP. Please inquire when you are making your reservations. The hotel which is “*” offers a hospital discount when you mention Hamilton Medical Center when making your reservations.

Name	Address	Phone Number
Country Inn and Suite *	903 W. Bridge Dalton Ga	706-278-9700
Courtyard by Marriott	785 College Dr. Dalton Ga	706-275-7215
Days Inn	1518 W. Walnut Ave Dalton Ga	706-278-0850
Holiday Inn	879 College Dr, Dalton Ga	706-529-6000
Howard Johnsons	790 College Dr. Dalton Ga	706-281-1880
Travelodge	911 Market St. Dalton Ga	706-275-0100

Causes of Knee Pain

The most common cause of knee pain and disability is arthritis.



Osteoarthritis is most common in people over 50 years of age, and in people with a family history of arthritis. In osteoarthritis, the articular cartilage which is cushioning the bones wears away. Eventually the bones will rub against each other causing pain and stiffness.

Why a knee replacement?

Everyday activities are being limited due to stiffness and pain. The pain is continuous while resting, at night and during the day. There is little relief from the pain from anti-inflammatory drugs or other treatments such as physical therapy.

Most people who have knee replacement surgery experience a reduction in the amount of pain they are having daily. The majority of patients are able to return to their previous activities with much less pain than before surgery.

Total Knee Replacement

The knee is a hinge joint which allows motion at the point where the thigh meets the lower leg. During a total knee replacement, the damaged cartilage and bone will be removed and the new metal and plastic joint surfaces will be placed.



Preparing your home

Remove all throw rugs and pick up all electrical cords and trip hazards from the areas of passage. Ensure there is a clear path thorough out your home, which includes the bathroom, bedroom, kitchen, and living area.

Make sure handrails in the shower, bath, and stairwells are securely fastened.

A stable chair with two arms to sit in after surgery will help with standing up. A bedside commode, walker, and a shower chair may be needed. Insurance does cover the walker but rarely covers the shower chair or bedside commode. You may wish to check with your insurance company prior to your surgery. You will need to have them in place the day of your discharge.

What happens before surgery?

No smoking for at least a week before surgery.

Pre-Admission Testing

Blood work, a urinalysis, an EKG and a chest x-ray will need to be completed. These tests will be done in your physician's office or at the hospital in the pre-admission testing area. Please bring all medication bottles to the pre-admission visit.

Joint MOVES

Your nose will be swabbed and sent to the lab for evaluation. On Page 15 within the booklet, information specific to your nose being swabbed and the next steps taken if the results are positive.

A consultation with a member of the Anesthesia Department will occur during this visit.

Medications like Coumadin, Plavix, or Aspirin may be stopped for 5 to 7 days before surgery (or as directed by your physician).

If you are experiencing any problems with your teeth, an evaluation with a dentist before surgery may be needed. Infections can enter the blood stream through the gums. By treating dental problems before knee surgery will decrease the risk of developing an infection in the knee.

3-Day Shower with Hibiclens (CHG) before surgery

On Page 12 within the booklet, there are specific instructions. Please follow step by step.

Night before Surgery

Nothing to eat or drink after midnight.

Morning of Surgery

Upon arrival to the hospital, please check in at the Admission Desk. A Pre-Operative Registered Nurse (RN) will greet you and your family. A hospital gown and a warm blanket will be provided. The RN will start an IV. Sequential leggings will be placed on your non-operative leg to help prevent blood clots from forming in your legs. The RN will wash your surgical leg and place sterile towels around it. Antibiotics will be started through your IV. The surgeon will mark the surgery site. At that time, any unanswered questions can be answered.



An Operating Room Registered Nurse will transport you to an operating suite. The RN will ask questions about your surgery procedure. An Anesthesia provider will be waiting in the suite. The Anesthesia provider will monitor your vital signs through out your procedure.

What Happens after surgery?

After surgery, your surgical team will escort you to the recovery room where a Post Anesthesia Care Registered Nurse will take care of you. Your surgical repair knee and leg may be placed in a special device called a Continuous Passive Motion (CPM) machine, which will passively bend your knee. On the following days and after discharge, the CPM machine will be used for four hours each day. I.V. fluids will continue for the first day after surgery. Clear liquid will be started first to make sure no nausea will occur. Once fluids are tolerated without any nausea or vomiting, a regular diet will start.

Diabetic Patients

Diabetic patient's blood sugar will be monitored thorough out the surgical experience. This will help with the healing process.

Pain

During your hospitalization, your pain will be treated by a multimodal approach. This means that your doctors will use multiple medications to treat your pain.

Prior to your surgery you will most likely receive a nerve block given by your anesthesiologist. They will inject a local anesthetic to the area where your surgery is taking place. This will help to block the pain signals to your brain, giving you improved pain relief following your surgery.



Following your surgery, your pain will be addressed using medications taken by mouth. Some pain medication may be given intravenously if it is not controlled by the oral medication.

Using the pain scale, your nurse will have you rate your pain so that you can receive the appropriate level of treatment for pain based on your physician's orders. It is important that you communicate with staff regarding your level of pain and the degree of relief obtained. A common side effect of pain medication is nausea, your physician will include orders for medication to reduce the nausea, but it is important to take this medication prior to the onset of nausea, and always take your pain medication with food.

It is important to start your pain medication before the pain becomes severe. It is also important to schedule your pain medication prior to physical therapy.

Most pain medications include acetaminophen. Adding additional Tylenol to this medication could affect your liver function. Please discuss this with your physician prior to taking.

You will also start receiving stool softeners during your hospital stay and should be continued at home. A very common side effect of opioid pain medication is constipation.

Questions about your pain level will be asked frequently. The hospital measures pain on a scale of 1-10, with 10 as the highest level of pain.

Activity

After surgery, it is very important that you take deep breaths and cough every hour while awake. The nurse will instruct the use of an "incentive spirometer". This device used every hour while awake will help to prevent pneumonia after surgery.



Once you have been sent to your hospital room, Physical Therapy will see you within 6 hours from the time you arrive in the Post Anesthesia Care Unit. They will provide you with a walker and assess the strength of your surgical leg. Most patients are able to walk at this time. The goal before discharge will be walking at least **150** feet. Your surgeon would like you out of bed for all meals and to walk at least 3-4 times a day. If you have stairs at home, please let physical therapy know. They will provide you with an assessment and further education to meet those needs. Please have family present during your Physical Therapy Sessions. PT will see you again the next morning and continue your exercise program.

For safety, always use your walker until your therapist is in agreement that you are stronger to use another device. Never use your walker to pull up from your chair. Obtain a raised toilet seat or bedside commode, it will make it easier to get up and down.

When you are going up or down stairs, use your stronger leg first. Do not turn or twist your operated leg. Continue to use your ice packs for pain and swelling, they should go home with you from the hospital.

Going Home

Discharge from the hospital will occur 1-2 days after surgery. Physical therapy will continue at home with a home health therapist or return for out-patient therapy. Someone will need to be at home with you for the first week.

Medicine

Prescriptions for pain and medicine to prevent blood clots are giving at discharge.



Bathing

Your incision will be covered with a special dressing that is designed to reduce the risk of infection. You may shower, but no tub baths or pool. This dressing may be changed prior to leaving the hospital and will remain in place until your follow up appointment with your surgeon. If your dressing becomes soiled or loose, notify your home health or your surgeon, as it will need to be replaced.

Diet

It is important to eat a healthy diet including fruits, vegetables, and drink plenty of fluids after surgery. Constipation is a side effect of pain medicines. Your nurse will ask about any bowel movements. It is important to make sure the nurse is aware of decrease or no bowel movements.

Follow-Up

A follow-up appointment with your surgeon will be in 2-3 weeks. During the visit, the staples are removed. He will assess your progress with walking and activity.

Do not drive until you have been cleared by your doctor. Do not drive if you have taken pain medicine.

Call the doctor

If you notice the incision has become red, swollen, warm, or has drainage or if blood saturates your dressing. If you have a fever greater than 100.5, an increase in pain, or a decrease in joint movement. Call if your toes or foot looks dark in color, feels cool to the touch or is numb. If you have pain or swelling in your calf muscles. If you develop shortness of breath, sudden chest pain, fast or irregular heart beat or difficulty breathing-go to the ER.



Going Home On Blood Thinners

Following your joint replacement surgery, your surgeon may send you home on medications to reduce the risk of blood clots. Blood thinning medications are also called anticoagulants. Prior to surgery, some patients are already taking blood thinners for chronic medical conditions. Your surgeon will advise you on when to resume those.

Your surgeon will have you start these medications the morning following your surgery. You may discharge on the same medication for a length of time determined by your surgeon. Aspirin is sometimes used.

Occasionally, a patient will have to use a blood thinner in a shot form. You and a family member will be taught how to administer this prior to leaving the hospital.

Make sure you take this medication exactly as ordered, take it at the same time each day.

Talk with your Dr. before taking Advil, Motrin, Ibuprofen, Celebrex, Naproxen, Aleve, or Mobic. Some over the counter supplements may not be safe with your anticoagulants, discuss all medications with your physician.

You will need to limit activities where you could fall, cut yourself, or suffer injury. If you develop a cut or laceration, you may apply pressure. Ice and elevation may help. If bleeding does not stop, you may need to call 911 for emergency assistance. Make sure you take this medication exactly as ordered, take it at the same time each day.

Should you develop a nose bleed, apply pressure to the bridge of the nose and use of an ice pack may help. If bleeding continues, seek medical help. If you have a fall, feel dizzy, weak or faint or have confusion, blurred vision, or a severe headache, notify your doctor immediately. Also notify your Dr. if you seem to bruise easily, have bleeding from gums, have blood in your urine, if your bowel movements are dark, maroon or red, nose bleeds, vomit blood or coffee ground material. They need to know if you are having bleeding from your surgical wound as well.



Hibiclens or Chlorhexidine Gluconate (CHG) - 8 ounces

The First Shower

Two Days before Surgery: Take a shower and wash your entire body, including your hair and scalp in the following manner:

- Wash your hair using normal shampoo. Make sure you rinse the shampoo from your hair and body. Wash your face with your regular soap or cleanser.
- Using a fresh, clean washcloth and 1/3 of the Hibiclens Soap or CHG, wash from your neck down. Leave on skin for 3-5 minutes. **This is very important.**
- Rinse your body thoroughly. **This is very important.**
- Using a fresh, clean towel, dry your body.
- Dress in freshly washed clothes.
- Do not use lotions, powders, or creams after this shower. Deodorant is OK.

The Second Shower

The Day before Surgery: Take a shower and wash your entire body, including your hair and scalp in the following manner:

- Wash your hair using normal shampoo. Make sure you rinse the shampoo from your hair and body. Wash your face with your regular soap or cleanser.
- Using a fresh, clean washcloth and 1/3 of the Hibiclens Soap or CHG, wash from your neck down. Leave on skin for 3-5 minutes. **This is very important.**
- Rinse your body thoroughly. **This is very important.**
- Using a fresh, clean towel, dry your body.
- Dress in freshly washed clothes.

- Fresh clean sheets and pillowcases should be used after this shower.



- Do not use lotions, powders or creams after this shower. Deodorant is OK.

The Final Shower

The Day of Surgery: Repeat the shower in the following manner:

- Wash your hair using normal shampoo. Make sure you rinse the shampoo from your hair and body. Wash your face with your regular soap or cleanser.
- Using a fresh, clean washcloth and the remaining 1/3 of the Hibiclens Soap or CHG, wash from your neck down. Leave on skin for 3-5 minutes. **This is very important.**
- Rinse your body thoroughly. **This is very important.**
- Using a fresh, clean towel, dry your body.
- Dress warmly with freshly washed clothes. Keeping warm before surgery decreases your risk of developing an infection.
- Do not use lotions, powders, creams, hair products, or makeup after this shower. Deodorant is OK unless you are having a Total Shoulder Replacement.

Once this process has began, please keep pets out of the bed.

CAUTION: Do not use Hibiclens (CHG) on your head or face. Avoid contact with your eyes. (If contact occurs, flush eyes thoroughly with water). Do not use if you are allergic to CHG or any inactive ingredients in this soap. Avoid use in the genital area, as irritation may result. Use your regular soap in that area.



Pre-Operative Instructions for Patients to Eradicate Staphylococcus Aureus Colonization

Why are we concerned about Staph Aureus bacteria?

- Staphylococcus aureus (or Staph aureus) is a bacteria that frequently resides on the skin and in the nasal passages. Post-operative infections are commonly caused by this bacteria, and are especially serious when caused by a type of Staph called Methicillin Resistant (MRSA).
- In an effort to reduce your risk of a post-operative infection, you will be screened for the MRSA bacteria.
- In addition, whether you are positive or negative for MRSA, you will be asked to follow outlined below that will help decrease the concentration of Staph bacteria that is present on your body, and will help reduce the risk of post-operative infections.

How is the Staph Aureus screening done?

- Your nares (opening of nostrils) are thoroughly swabbed with a Q-tip type swab. This will be done at the time your surgery is scheduled. The office will notify you if you test positive for Staph aureus.

What is the protocol for Staph decolonization that patients undergoing joint replacement surgery who test positive need to follow?

- This involves placing an anti-Staph antibiotic ointment called Bactroban in your nares twice daily, starting 5 days prior to the day of your surgery. Apply a pea-sized amount of ointment to the interior of each nostril and massage gently for one minute. A prescription for this ointment will be called to your pharmacy. **Please fill out chart on next page and bring it to the hospital and give it to the Pre-Operative nurse.**
- Shower daily with Hibiclens starting 3 days before your surgery.
- Wash your hair daily with normal shampoo/conditioner starting 3 days before your surgery.

What other measures will help to prevent infection?

- Even before the 3 days leading up to your surgery, personally hygiene is extremely important. Make sure you take daily showers with antibacterial soap, such a Dial. Make sure you wear clean clothes daily, have clean sheets, and towel and wash your hands frequently.



Bactroban Medication Use Name: _____

If you receive a call from your doctor’s office saying you have Staph, please complete this form. *Please bring this with you the morning of surgery.*

- Wash your hands before you use your medicine.
- Put the medicine in your nose, twice a day for 5 days with a cotton swab.
- Apply enough medication to cover the white part of the q-tip (pea size) and place directly into one side of your nose.
- Reapply enough medication to cover the white part of the swab and place directing into other side of your nose.
- Press together the side of your nose together and softly rub them to spread the medicine around inside.
- Do not blow nose for at least one hour after applications of Bactroban
- Stop the medicine and call your surgeon if you have a strong reaction or severe irritation, such as hives or rash.

Date	AM Nasal Medicine	PM Nasal Medicine
Day 1	(√)	(√)
Day 2	(√)	(√)
Day 3	(√)	(√)
Day 4	(√)	(√)
Day 5	(√)	(√)
Surgery Day		



Precautions for Sexual Activity after Total Knee Surgery

After having knee replacement, sexual activity can be resumed when you have healed and feel comfortable, usually around **six weeks** after surgery. Check with your surgeon if you are unsure when to safely resume sexual activity. It will take a few weeks for your knee to heal and get moving again. You may have swelling and experience fatigue. Waiting to resume sexual activity will give your knee the opportunity to heal successfully.

The following positions have been approved for sexual activity:

- **Missionary Position:** This is generally a comfortable position for a female with a new knee. The female is in the spine position with her legs straight or her knees slightly bent with her feet on the bed. Pillows can be used to support the legs.
- **Face-to-Face Position:** This position can be used for either a male or female. The person with the new knee replacement is in the supine position and can recline on pillows propped behind the back. Knees can be straight or bent slightly with feet on the bed.
- **Edge-of-Bed Position:** This position can be used for a female. The female with a new knee lies in the supine position with her buttocks near the edge of the bed and feet resting on the floor.
- **Standing Position:** The position works for either a male or female. If the female has the new knee, she should lean on something firm. For either partner, the knee should be healed enough to support standing.



Positioning your New Knee Joint

- When resting in bed or sleeping, don't put a pillow under your operated knee, unless you have been instructed to do so in order to perform a particular exercise. This can lead to an inability to straighten your knee and affect the way you walk.
- While sitting, your knee should be either elevated or straight (with your leg on a footstool) or bent at a right angle (with your foot resting on the floor). Do not sit for long periods of time with your knee in a slightly bent position. Repeatedly moving your knee from a straight to a bent position is very helpful.
- Avoid very low seating positions and use a chair that has arms that you can use to get into a standing position.
- If you are having trouble straightening your knee, and/or if you tend to sleep in a "fetal" (curled) position, you may need to wear a temporary knee splint at night to keep your knee straight. Talk to your therapist for more information.
- Three times a day, lie on a flat and firm surface with your leg stretched out flat. Put a towel roll under your heel. Stay in this position for 30 minutes.

*****NEVER PLACE A PILLOW BEHIND THE KNEE*****

Pillows should be placed lower under the lower calf and ankle.

WHILE IN THE HOSPITAL, YOU MUST HAVE YOUR NURSE OR PHYSICAL THERAPIST ASSIST YOU ANY TIME YOU ARE ATTEMPTING TO WALK OR TOILET



General Information about Hamilton Medical Center

HMC Rx Care

Hamilton Medical Center offers a bedside prescription service. On the day of your discharge, if you choose, your nurse will notify HMC Rx Care and a member of the pharmacy staff will take care of your prescription. The pharmacy staff will deliver filled prescriptions to your room prior to discharge. We accept cash, check, Visa, MasterCard, or Discover. If you have questions, please feel free to call the pharmacy at 706-272-6450.

HMC Rx Care Offers:

- Competitive pricing
- Convenient pickup and delivery
- Pharmacy billing services
- Non-prescription medications
- All prescription and injectable medications

Food and Nutrition Services

Your diet plays an important role in your treatment. Within the limits prescribed by your doctor, you may order meals from our “At Your Request” room service. Meals will be delivered about 45 minutes after ordering.

Room service is available:

- 7 days a week from 6:30am to 6:30pm
- By calling extension 3663 to place the order.

Food for family and friend – Visitors are welcome in the cafeteria and in the 24-hour snack bar, both located on the Service Level. Guest trays are available for purchase by visiting the cafeteria or by calling Room Service at extension 3663.

- Cafeteria is open:
 - 6:45am – 10 am
 - 11:00am – 6:30pm
 - 10:30pm – 12:30am



- Hot food is served:
6:45am – 9:00am
11:00am – 1:30pm
4:30pm – 6:00pm

Home Health Care Providers

Prior to admission, it is a good idea to have a Home Health Agency in mind if you are planning Physical Therapy at home. Case managers will work with your insurance company to have home health arranged upon your discharge. Case Managers cannot choose the agency for you, but they do have a complete list of agencies in this area, which they will provide to you.

DME Providers

Upon discharge, you will need pieces of medical equipment at home. Primarily you will need a walker. Some orthopedic surgeons use a CPM following knee replacement surgery. Your Case Managers will provide a list of companies which can provide you with this equipment. This equipment will usually be delivered to your room prior to discharge. You may also need a bedside commode or raised toilet seat. This will need to be available the day of discharge. You will need to check with your insurance to see if they cover these, if not you will need to purchase prior to your discharge.

OUT-PATIENT PHYSICAL THERAPY

Following discharge from the hospital, you may choose outpatient physical therapy. Case Management will work with you and your insurance company in arranging outpatient physical therapy for you. If you choose Home Health Physical Therapy, you will generally begin outpatient therapy following 2 weeks of home PT. Your surgeon's office will help set this up for you.



Notes
