

Joint MOVES

HIP/KNEE



HamiltonHealth.com/ortho

This information packet has been provided for: _____

Welcome to Joint Moves

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

If you have any questions, now or in the future, please do not hesitate to call Hamilton's orthopedic nurse navigator.



Breanna Ellis, RN, BSN
Orthopedic Nurse Navigator
706-272-6511
cbellis@hhcs.org

Breanna Ellis is the Orthopedic Nurse Navigator at Hamilton Medical Center. Breanna obtained a Bachelor's degree in Nursing from East Tennessee State University in May 2023. Breanna has served as an orthopedic assistant and as a nurse in an urgent care setting for the last 8 years. Breanna serves as a resource for patients and families throughout the entire joint replacement process.

Hamilton's nurse navigator is available during weekday business hours for non-emergency questions related to your procedure. If you have an emergency, please immediately call 9-1-1 or go to the nearest emergency department.

Thank you again,

Hamilton Orthopedic Team

Quality of Life

Hip and knee pain affects millions of Americans each year. Because of the pain associated with these disorders, doing the things we enjoy can become challenging.

Partners for Success

Now that you and your surgeon have agreed that it is time for hip or knee surgery, it is important that you and those in your support system actively participate in the preparation process. We recommend that patients appoint a support person or "coach" who will commit to reading the material, attend all pre- and post-surgical visits, and remain supportive until your recovery is complete.

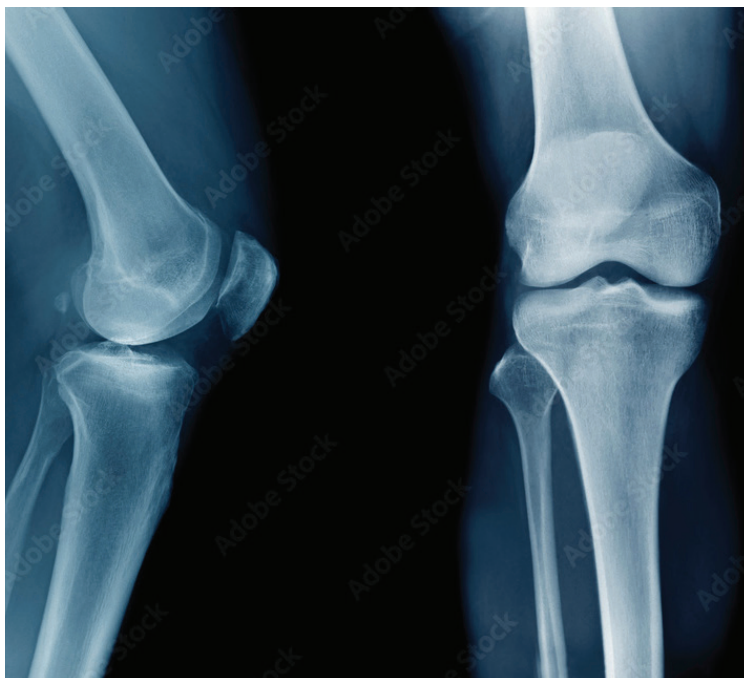
WHAT IS TOTAL KNEE REPLACEMENT (TKR) SURGERY?

Total knee replacement surgery is performed in order to replace parts of the knee and relieve pain.

- Damaged parts of your knee will be replaced with artificial parts.
- The artificial parts are usually made of metals, ceramics, or plastics. The parts are either cemented or press fit into the bone.
- One part of the replacement fits over the end of the upper leg bone (femur), and the other fits over the top of your lower leg bone (tibia).
- The underside of the knee cap (patella) may or may not be replaced. The incision is closed with stitches, staples, and/or skin glue. Over time, the pain should lessen, and the function should improve.



Osteoarthritic Knee



Normal Knee



Total Knee Replacement

WHAT IS TOTAL HIP REPLACEMENT (THR) SURGERY?

Total hip replacement surgery replaces the damaged parts of the hip joint. This is done to improve pain and movement.

- Your doctor will replace the ball and socket of your hip joint.
 - The ball is at the top part of your long thigh bone (femur).
 - The socket is part of your pelvic bone.
- The replacement ball and socket are made of metal, ceramic, or plastic.
- An incision (cut) will be made over your hip area. Your incision will be closed with stitches, staples, and/or skin glue.
- Your doctor will decide which type of incision and replacement parts are best for you.



Osteoarthritic Hip



Normal Hip



After Total Hip Replacement

SUPPORT PERSON CHECKLIST FOR SAME-DAY TOTAL JOINT SURGERY

1. BEFORE SURGERY

- Identify an appropriate chair, couch, and sleeping area for the patient.
- Clear walkways to all areas the patient needs to walk.
- Remove throw rugs.
- Obtain walker.
- Obtain a shower seat/safety bars.
- Obtain a raised toilet seat (if applicable).
- Clean sheets
- Make a physical therapy appointment within 48 hours of going home.
- Arrange Home Health (if applicable).
- Have the patient drink a high-protein drink daily for one week before surgery and for two weeks after surgery. The protein drink should have at least 20 grams of protein.
- Complete all THREE pre-surgical showers. See the educational booklet for instructions.

2. DAY OF SURGERY

- Have the patient take their third shower the morning of surgery.
- Have the patient drink 12 oz of a clear carbohydrate drink (Gatorade/Powerade, sugar-free if the patient has diabetes).
- Pack a small bag with supportive shoes, clothes, and hygiene products.
- Ensure the walker is in the car.
- Arrange for all medications to be filled before arrival at home.

3. AFTER SURGERY

PLEASE REFER TO DISCHARGE INSTRUCTIONS FROM THE EDUCATIONAL TOTAL JOINT BOOKLET AND THE PACKET PROVIDED

Pain

- Track medication after surgery.
- Educate yourself on the medications to better help the patient.
- Ensure some type of pain medication is taken 30 minutes prior to physical therapy.
- Encourage walking every hour and use of the incentive spirometer (breathing device).
- Ice 20 minutes on, 20 minutes off the affected leg.
- Elevate when resting.
- Encourage position changes.
- Use distractions and meditation.

Nausea

- Take all medications with food.
- Call the surgeon's office if unable to keep food or liquid down after 24 hours.

Constipation

- Monitor bowel movements.
- Refer to the total joint replacement educational booklet for alternatives and further information.

Fluids

- Encourage drinking and set a goal: _____ ounces
- Do not change positions quickly.
- Make sure the patient is urinating a few times a day.
- Ensure the patient drinks a high-protein drink daily for two weeks after surgery.

Activity

- Encourage the patient to get up every hour during the day.
- Walk short distances and then steadily increase.
- Encourage post-operative physical therapy exercises twice a day.

Swelling

- Elevate
- Rest
- Compress
- Ice
- Monitor for increased swelling. If you push the skin in, and it stays; notify the surgeon's office.

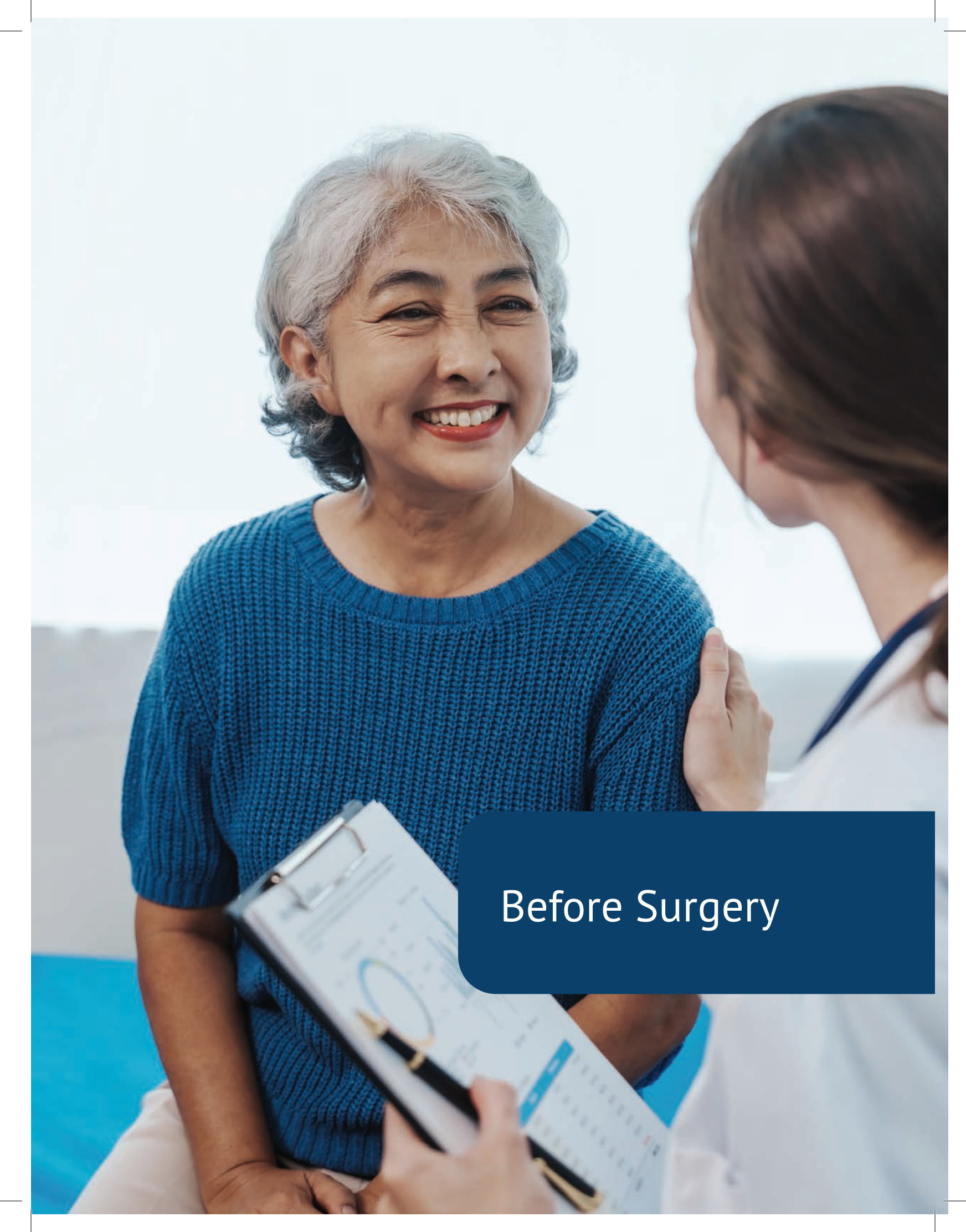
Dressing/Showering

- All dressings will be waterproof unless told otherwise before leaving the hospital.
- Most dressings come off seven to 10 days after surgery unless told otherwise.
- Monitor for excessive drainage or irritation and contact the surgeon's office if this occurs.

For further questions or concerns, please refer to your total joint educational booklet or call your surgeon's office or nurse navigator.

Surgeon: _____ Phone: 706-226-5533

Orthopedic Nurse Navigator: 706-272-6511



Before Surgery

PREPARE YOUR BODY

You will be asked to:

- Eat healthy foods like fruits, vegetables, lean meats, and whole grains.
- Start a multivitamin.
- Get plenty of rest.
- Reduce or quit smoking.
- Reduce or stop drinking alcohol.
- Exercise as much as your body can tolerate to improve and/or maintain your muscle strength.
- If in season, we highly suggest you get a flu shot and, if you are eligible, a pneumonia shot. You should get these shots preferably two weeks or more before your surgery. Your family and caregivers should also be vaccinated.

Preparing For Your Surgery

Once you and your surgeon have decided that it is time for joint replacement surgery, there will be several steps to complete prior to scheduling your surgery.

- Authorization by your insurance company.
- Attendance of Joint Moves pre-operative class (virtual)
- Attendance of Pre-Hab
- Medical clearance from your private medical doctor
- Specialist clearance for certain medical issues (cardiology, pulmonology)
- Dental clearance

These steps are in place to ensure that you are well-educated and optimized for surgery. Our goal is to minimize those risks associated with surgery and ensure a safe recovery. Once these steps are completed, you will receive a date for your surgery.

MAKE PLANS TO HAVE HELP

- If you live alone, plan to have someone stay with you for a few days until you are comfortable moving around on your own.
- You will need someone to drive you to physical therapy appointments, follow-up appointments, and run errands for you.
- You may need help with bathing, cooking, or home exercises.

Before you go to the hospital, you will be asked who will help you after surgery. Do you have a partner, caregiver, companion, friend, or family member who will be able to help you? This person will serve as your coach and support person. If able, we encourage this person to accompany you to your appointments. While in the hospital, your support person will be taught how to help you post-operatively so they are prepared at home. Your support person will give you moral support and encouragement every step of your recovery.

WALKER

Depending on the type of surgery, your surgeon may decide that a walker would be helpful to your mobility and recovery following surgery. If this is the case, your surgeon will write a prescription for the walker so that you can obtain one that is the correct height and width. If you already have a prescribed walker and choose to use it, please bring the walker with you to the hospital on the day of your surgery.

PRE-HAB

Pre-hab is a pre-operative consultation with physical therapy. You will be taught exercises to help strengthen muscles that will improve your recovery. Physical therapy will also educate you and your support person on post-operative dressing and bathing.

PRE-ADMISSION TESTING

Within two weeks of your surgery, you will report to admissions in the main lobby of the hospital. You will be taken to Pre-operative Testing (PAT). Here, you will do the following:

- Necessary lab work will be drawn, and a urine specimen will be collected. Unless you have had a recent chest x-ray and EKG at your doctor's office, they will perform one at this appointment.
- Any other necessary testing will be done.
- Meet with a member of the anesthesia team to review your history and anesthesia plan.

In preparation for this visit, bring all medication bottles, including vitamins and supplements. If you take medications differently than they are labeled, please tell the nurse.

You will receive information on which medications to temporarily stop taking, which medications are okay to take the day of surgery, and the time you should report to the hospital the morning of your surgery.

Medications like Coumadin, Plavix, or Aspirin may be stopped for five to seven days before surgery (or as directed by your physician). A nurse from the preadmission testing department will tell you which medications are to be taken or held prior to surgery, and you will be given written instructions.

THE RISKS OF JOINT REPLACEMENT SURGERY

Most joint replacement surgeries are performed without any complication, but there are potential complications associated with any surgical procedure. You should discuss this thoroughly with your surgeon.

IMPORTANT NOTE: If you happen to become ill within the weeks or days leading up to your surgery, even if it is a simple cold, please contact your surgeon right away. We may need to reschedule your surgery until you are healthy again. Please let the surgeon know immediately if you have any skin cuts, breaks, or rashes on the knee or hip area that will be operated on. Please let the surgeon know immediately if you have any abscesses or draining wounds anywhere on your body.



QR code scanning instructions:

1. Open your camera app on your smartphone.
2. Hold your device over the QR code so that it is visible on your smartphone's screen.
3. Follow the instructions on the screen to open the link or visit the link provided above.

***Smoking has been shown to increase the risk of post-operative complications. Every attempt should be made to stop smoking at least four to six weeks prior to surgery. Help is available with the Georgia Tobacco Quit Line at 1-877-270-7867. This is a free, confidential, and effective service to assist with quitting smoking and all forms of tobacco.**

Instructional Videos

Watch ALL Instructional Videos With Your Support Person

Video Library: www.hamiltonhealth.com/jointmoveslibrary

*This video has important information on dressing, assistive devices, and post-operative exercises.

Joint Moves Pre-Operative Virtual Class: www.hamiltonhealth.com/jointmovesvideo

Password: hamiltonjoints

Shower 1	Shower 2	Shower 3
Date: _____	Date: _____	Date: _____

Pre-surgical Shower Instructions with CHG or Chlorhexidine Gluconate

All patients undergoing joint replacement surgery are required to perform THREE pre-surgical showers to help decrease bacteria and reduce the risk of a post-operative infection. Showers begin **TWO DAYS BEFORE** your surgery date. The final shower should be the **MORNING** of your surgery.

1. Wash your hair using your normal shampoo.
2. Wash face and private area with antibacterial soap.
3. Using a **CLEAN** washcloth, use the Hibiclens soap with each shower and wash from the neck down (avoiding private areas and face). Pay special attention to the area that will be your surgery site. Leave on three to five minutes and rinse thoroughly.
4. Using a **CLEAN** towel, dry your body.

IMPORTANT: If your surgery is scheduled to be performed at the H-AOSM surgery center, you will be required to purchase the pre-surgical soap at your local pharmacy.

The night before your surgery, place clean sheets on the bed, wear freshly laundered pajamas, and keep pets out of the bed.

- Do not use lotions, creams, or make-up once showers begin
- Ladies should shave prior to the first shower
- Remove all nail polish
- Deodorant is permitted for total hip and total knee replacement surgery
- Wear clean, warm, and loose-fitting clothes to the hospital

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

WHY THE SHOWER?

The Chlorhexidine soap will kill the germs on your skin and help prevent an infection.

WHAT IF I HAVE TROUBLE REACHING ANY PART OF MY BODY?

Ask someone to help you.

WHAT IF I AM ALLERGIC TO CHLORHEXIDINE?

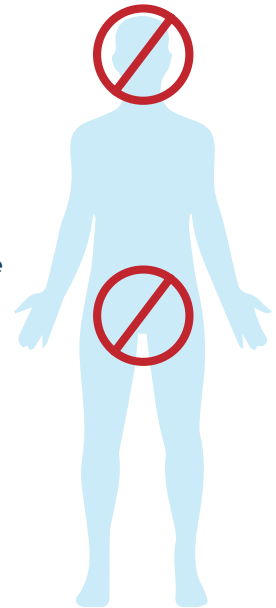
- Do not use the Chlorhexidine.
- Ask your surgeon what to use instead.

Remember:

- Do not use lotions or powders once you begin your showers.
- Wear freshly washed pajamas following your shower.
- Place clean sheets on the bed the night before surgery.
- Avoid pets in the bed.
- Remove all nail polish.
- Avoid shaving the day before or the morning of surgery.

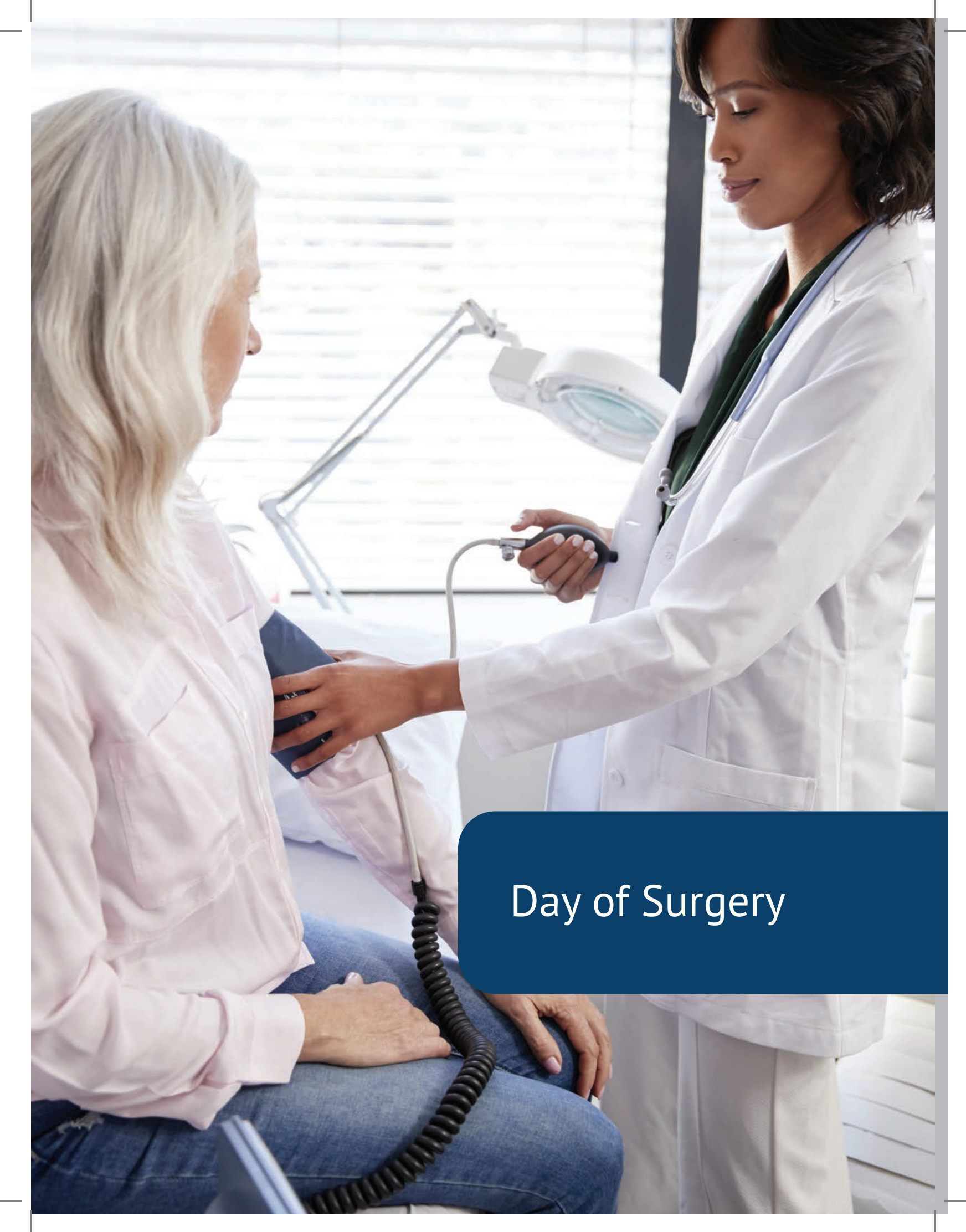
PRE-OPERATIVE HYDRATION

“ERAS,” or enhanced recovery after surgery, includes drinking clear liquids before surgery. Drinking approved liquids prior to surgery can help reduce your risk of post-operative nausea and vomiting. Please review the approved list given to you in preadmission and follow the directions closely. You are allowed to drink clear liquids two hours prior to your surgery. You will also be asked to purchase the pre-surgical drink unless you have diabetes. The drink is available in the hospital gift shop.



WHAT YOU SHOULD PACK FOR THE HOSPITAL

- Supportive shoes (no crocs, flip-flops, or house shoes)
- CPAP, if used (in case of an overnight stay)
- Toiletries, such as toothbrush, toothpaste and deodorant
- Eyeglasses instead of contacts.
- Dentures
- Hearing aids
- A “going home” outfit like a sweatsuit or other clothing that is easy to put on and take off



Day of Surgery

MORNING OF SURGERY

- Complete your final shower with Chlorhexidine.
- Begin hydration with a surgical drink and approved liquids.
- Take medications only as directed by Anesthesia.
- Dress in warm, loose, and comfortable clothing.
- Bring your walker.
- Report to Admissions as directed.
- Leave all prescription medications at home, but bring a complete list.
- Leave all valuables at home.

Pre-Operative Area

Upon arrival to the hospital, check in at the Admissions Desk. You will be taken to the Pre-Operative area to prepare for surgery. Your support person can join you once the preparation is completed. You will remain in Pre-Op for approximately two hours prior to your scheduled surgery time.

- Your nurse will ask several questions related to your surgery and home preparation.
- An IV will be started so medications can be given.
- Sequential Compression Devices (SCDs) will be placed on your lower leg to reduce the risk of blood clots.
- Non-skid socks will be placed on your feet.
- You will be placed on a cardiac monitor, and your vital signs will be monitored.
- Your nurse will clip the hair on your operative limb and will follow with a Chlorhexidine scrub and a wrap in sterile towels.
- A member of the anesthesia team will discuss your anesthesia plan and history with you.
- Your surgeon will visit and place his initials on your operative site. The surgeon will also answer any questions you or your support person may have during this time.
- Your nurse navigator will meet with you and your support person to review your plans for the day and your discharge education.
- Antibiotics will be started in your IV.
- An operating room nurse will ask questions and accompany you to the operating room. Your support person will be given your belongings and remain in the surgical waiting area.

During Surgery

Upon arrival to the operating room, you will be positioned for your anesthesia and surgery. Your

operative limb will be once again cleaned with Chlorhexidine. Anesthesia will be administered, and you will sleep throughout the procedure. Surgery typically takes approximately one hour, but you will be away from your support person for approximately three hours, including anesthesia, positioning, surgery, and recovery.

PERIPHERAL NERVE BLOCKS

A peripheral nerve block has been requested by your surgeon for improved pain control after surgery. It is a type of regional anesthesia that involves an injection of numbing medicine (local anesthetic) around the nerves to reduce the transmission of pain signals to the brain to keep you comfortable and control your pain.

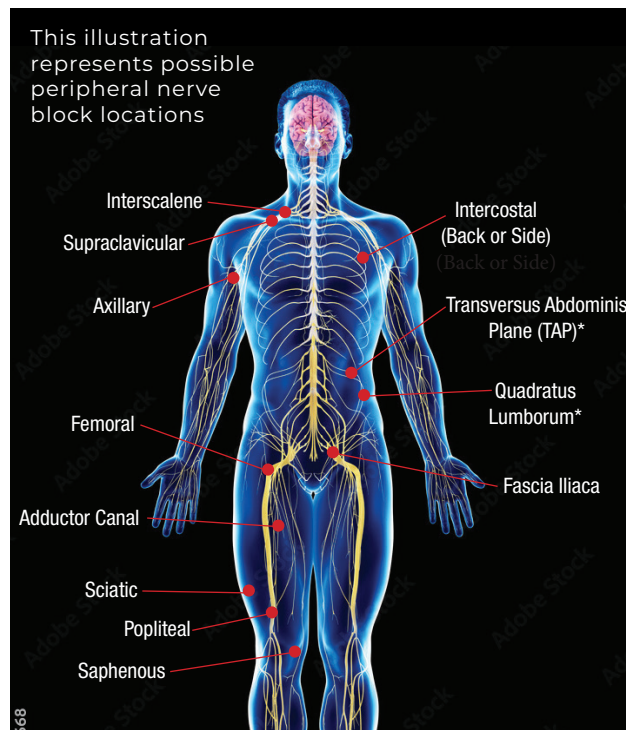
A peripheral nerve block does not put you to sleep. However, you will likely receive IV sedation to relax you prior to the start of your nerve block. The type of peripheral nerve block you will receive depends on the type of surgery. Peripheral nerve blocks are performed by a board certified anesthesiologist under ultrasound guidance, often with electric stimulation.

The site of the injection depends on the part of the body being treated. A peripheral nerve block can partially or completely block sensation in an arm, leg, or other area for surgery but doesn't put you to sleep. It can be combined with sedation or general anesthesia during surgery.

After surgery, your treated limb may have decreased sensation. It may feel heavy or weak. You may have trouble controlling your limb and you may need to use a sling or crutches while the anesthetic wears off. Depending on the type, location, and medications used, the effects of the nerve block can last from eight to 20 hours or more after surgery. If requested by your surgeon, you may have a peripheral nerve catheter in place that provides pain relief for up to 72 hours after surgery.

Benefits of a Peripheral Nerve Block:

- Reduced need for narcotic (opioid) pain medication after surgery
- Improved pain control after surgery



Risks and Possible Complications of a Peripheral Nerve Block:

Peripheral nerve blocks are very safe and rarely cause significant side effects or complications. However, risks can include:

- Infection
- Nerve injury
- Irregular heartbeat
- Decreased blood pressure
- Seizures (very rare)
- Allergic reaction (very rare)
- Cardiac arrest (very rare)

The type of nerve block you will receive will depend on the type of surgery.

POST-OP/RECOVERY

You will remain in the Post Anesthesia Care Unit for approximately one hour to recover and wake up prior to your transfer to your post peri-operative room. Your surgeon will call your support person in the waiting room once the procedure is completed. When you are awake and stable, you will be transferred to your room. Upon arrival to your room, your support person will be notified and will join you.

WHAT HAPPENS AFTER SURGERY?

You will meet your nurse, and they will monitor vital signs and help with keeping you comfortable. You will be encouraged to eat/ drink when you are awake. Therapy will come to your post peri-operative room and evaluate you. Cold gel packs will be applied in recovery. Cold therapy is an essential part in relieving pain and reducing swelling. The cold compression will be continued, and you should notify your nurse if the packs become warm. We request that you always ask for nurse assistance when walking to reduce the risk of falls or injury. After therapy evaluates you and you have safely met the discharge requirements, you will go home the same day. Your nurse or nurse navigator will review all discharge education with you and your support person.

Getting Up After Surgery

If your vital signs are stable, you will be assisted to stand and walk with physical therapy prior to discharge. You will be asked to walk 150 feet with your walker while working with physical therapy. If you have stairs to enter your home or inside your home, physical therapy will help you practice navigating stairs prior to discharge.

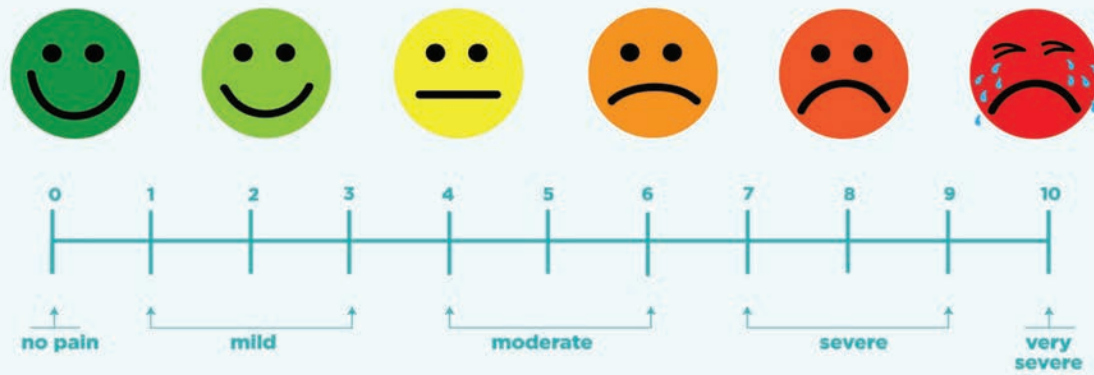
Patients with Diabetes

Patients who have diabetes will have their blood sugar monitored throughout the surgical experience. It is important post-operatively to maintain a healthy diet and good blood sugar levels to reduce the risk of complications and infection. We recommend that your blood sugar level is consistently less than 200 mg/dL to prevent infections.

Please ask for nurse assistance when walking to reduce your risk of a fall.*



After Surgery



Pain

During your hospitalization, your pain will be controlled by a “multimodal” approach. That means that we will use multiple medications and interventions to treat your pain. Our goal is to reduce your pain and make it manageable.

Your nurse will ask you to rate your level of pain using the pain scale of 0-10, with 10 being the highest level of pain. This will help to ensure that you receive the appropriate level of treatment based on your surgeon’s orders. It is important that you communicate your level of pain and the degree of relief obtained.

You will not be totally pain-free after your surgery or during the recovery period. A reasonable goal for your pain level after surgery with the use of medication should be a 4-5. While in surgery, your surgeon will give you a mixture of long-lasting medication to help reduce the amount of pain you could have for up to 72 hours.

A side effect of some pain medications is nausea. Your physician will include orders for medication to reduce the nausea.

Always take your pain medication with food.

Most pain medications include acetaminophen. Adding additional acetaminophen (Tylenol) to this medication could affect your liver function. Please discuss this with your physician prior to taking additional acetaminophen. Other modalities to improve your pain control could be:

- Cold therapy
- Music
- Exercise
- Distraction
- Progressive relaxation

Activity

After surgery, it is very important that you take deep breaths and cough every hour while awake. The nurse will show you how to use an incentive spirometer. This device is designed to encourage you to take deep breaths and cough in order to help prevent pneumonia after surgery. It should be used 10 times every hour while awake. Please take this device home and continue to use this until your physical activity returns to normal.

If you have been admitted to the hospital for an overnight stay, you will be assisted out of bed within six hours from the time you arrive in the recovery room. Most patients are able to stand at this time. Your surgeon will order physical therapy for you while you are in the hospital.

Expect to be out of the bed for all meals and up at 6:00 a.m. on the day following surgery if in the hospital.

Once your surgeon has cleared you to do so, walking will become an important part of your recovery. Walking and being out of bed will help strengthen your muscles and reduce your risk of post-operative complications. It is important to increase your activity a little each day. You may nap for short periods, but do not stay in bed all day. Frequent short walks are important for your recovery.

Prolonged sitting may be restricted depending on your type of surgery. Do not sit more than 45 minutes at a time. You will receive detailed sitting instructions if they are specific to your recovery.

Going to the Bathroom

If you feel that you are having issues emptying your bladder or having a bowel movement, please let your nurse know. Constipation is common following surgery.

Wound Care

Depending on the location and size of your surgical wound, your surgeon may place a temporary drain from your incision. Your surgeon will decide when it should be removed. Your incision could be closed with stitches, staples, or other closure techniques and covered with a special bandage that is designed to reduce the risk of infection. You will receive directions for wound care upon discharge. All dressings will be waterproof unless otherwise specified.

Physical Therapy

A physical therapist will assess your strength and confirm that you are stable for therapy. If you have stairs at home, please share this information with your physical therapist. Please have a support person present during your physical therapy sessions. For safety, always use your walker until your therapist is in agreement that you are strong enough to use another device. Never use your walker to pull up from your bed or chair.

Occupational Therapy

An occupational therapist may see you prior to discharge. The therapist will review the use of your activities of daily living (ADL) kit if you were instructed to purchase one prior to surgery. The therapist will ensure you feel safe while dressing, toileting, cooking, and bathing. He or she will also discuss how to get in and out of the car safely.

Going Home

The timing of your discharge from the hospital will depend on the type of procedure that you received. Physical therapy may continue with outpatient physical therapy or home health care. Someone will need to be at home with you for the first two weeks should an emergency arise.

Discharge Education

Prior to leaving the hospital, your nurse will give you specific instructions on your recovery.

There are also detailed instructions on the next several pages of this booklet. It is very important that you and your caregivers are familiar with these instructions prior to surgery.

Discharge Medication

Your surgeon may give you prescriptions prior to your discharge. These medications can be filled by the hospital pharmacy before you are discharged.

Bathing

Unless otherwise ordered by your surgeon, you may shower following discharge. Your incision will be covered with a special bandage that is designed to reduce the risk of infection. Do not use a bathtub or pool. The bandage may be changed prior to leaving the hospital and will remain in place until your follow-up appointment with your surgeon. If the bandage becomes soiled or loose, notify your surgeon so that it can be replaced. You will receive instructions for your specific type of bandage before you leave the hospital.

Diet

It is important to eat a healthy diet that includes fruits, vegetables, and protein. Foods high in protein can help wounds heal. Remain well hydrated. Drinking 64 ounces of water daily will help to increase your energy level and reduce the risk of constipation.

- Drink 64 ounces of water daily.
- Include fruits and vegetables in your diet.
- Eat foods that are high in fiber (examples: oatmeal and cereals).
- Increase your activity as you are instructed/able.



Constipation

Constipation is a common side effect of pain medicines. Even if you typically have regular bowel movements, you are very likely to experience constipation after surgery. While you are in the hospital, you will receive anesthesia and pain medication, your diet and fluid intake will be altered, and your activity level will decrease. All of these things can contribute to constipation.

You may be instructed to use one of the following over-the-counter methods to alleviate constipation:

- **Colace:** This medication is a stool softener. This is only a stool softener, and it will not stimulate you to go to the bathroom.
- **Miralax:** This is a specific type of laxative that increases the amount of water in the intestinal tract to stimulate bowel movements. It is dissolved in a glass of water or juice.
- **Senokot-S and Dulcolax:** Laxatives can be harsh and habit-forming, but only if used on a long-term basis. Senokot-S and Dulcolax are popular brands.
- **Rectal suppository:** These are sometimes needed if laxatives do not work.

If the combination of the stool softener and Miralax do not alleviate your constipation, you may have to take a different approach. You may have hard stool present in your rectum which is preventing a softer stool from passing. At this point, a suppository may be required. A second one may be needed if the first one does not give results. If these steps do not relieve your problem, please call your physician.

Being proactive early in the process can prevent you from requiring further medications. Other tips to help reduce your risk of constipation include:

Outpatient Physical Therapy

Outpatient physical therapy is for patients who are able to leave their homes for therapy. Your surgeon will determine whether outpatient physical therapy is appropriate for you. You will need a driver until you are released by your surgeon to drive.

Post-operative physical therapy appointments should be made prior to surgery to ensure it is received at the appropriate time.

Home Health Providers

If your surgeon decides that you should receive physical therapy at home, the surgeon's office will submit the order prior to the date of the surgery to an agency that accepts your insurance.

Follow-Up

During your follow-up visit, your wound will be assessed. If you have staples, they will be removed. Your surgeon will assess your progress with walking and activity. You should already have an appointment booked prior to your surgery.

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

Preventing Post-Operative Complications

Blood Clot/Deep Vein Thrombosis (DVT): Prevention of blood clots or DVT is extremely important after surgery. Different medications may be used. Your surgeon will decide if you need medication or which medication would work best for you if you have risk factors for developing DVT. If you are currently on a blood thinner prior to your surgery for other health issues, you will most likely resume it when directed by your surgeon. Follow instructions for activity such as walking.

Pneumonia: Continue with the use of the incentive spirometer as directed until you resume regular activity. Follow instructions for activity such as walking.

Activity: By simply walking and participating in physical therapy, you are decreasing your risk for blood clots and pneumonia. Once cleared by your surgeon, you should walk every one to two hours during waking hours. While resting, complete the ankle pump exercises that you were taught by your physical therapist. This will keep blood from pooling in your lower extremities.

Ileus: An ileus occurs when the movement of the intestines slows or stops. This can lead to the blockage of the intestinal tract. The abdomen can be uncomfortable and bloated when gas is not allowed to pass. If severe, nausea and vomiting can occur. Activity, hydration, and a reduction in the amount of narcotic pain medication can help reduce the risk of an ileus. Using rectal suppositories, laxatives, or enemas may be required.

Preventing Post-Operative Infections

You may have bruising around your wound. This is normal, and it will typically go away on its own. Superficial infections may appear with symptoms such as pain, redness, odor, swelling, or warmth around the incision.

A deeper infection involves much deeper tissue, sometimes surrounding the tissue or bone. This type of infection can require the use of antibiotics for a prolonged period of time and possibly surgery.

Please follow the steps below to reduce your risk of post-operative infections:

- Use good hygiene. Cleanliness is important for wound healing.
- Stop or reduce smoking.
- If you have diabetes, maintain a healthy diet and monitor and control blood sugars.
- Maintain a healthy weight.
- Get lots of rest. Sleep when you feel tired.

- Eat a healthy diet. Nutrition is important for wound healing.
- Do not use a bathtub, a pool, or engage in other activities that may cause your wound to be submerged.
- Avoid wearing tight clothes that rub against your incision.
- Even after your bandage has been removed, do not use a bathtub. Allow water from your shower to run over your incision.
- Do not apply creams, ointments, or medications to your incision.
- Do not touch or allow anyone other than a health professional touch your wound.
- Ask those who enter your home to wash their hands.
- Keep your environment as clean as possible. Use clean bed linens, wear clean clothing, and use disinfectants to clean bathroom fixtures. Avoid having pets in your bed while you are recovering.
- Use an antibacterial soap.

Signs and Symptoms of a Blood Clot or DVT:

- Pain in your leg. This pain often starts in your calf and can feel like cramping or soreness.
- Red or discolored skin on the leg
- A feeling of warmth in the affected leg
- Swelling in the affected leg

***If you develop one or more of these signs or symptoms, contact your surgeon. He or she can help you determine what is normal and what is abnormal.**

***Symptoms of a pulmonary embolism include: sudden shortness of breath, chest pain, discomfort that worsens when you take a deep breath or cough, dizzy or lightheadedness, a rapid pulse, or coughing up blood. A pulmonary embolism can occur when a blood vessel in your lung becomes blocked by a clot. If you experience any of these symptoms, seek medical attention immediately. ***

When to Notify Your Surgeon

- Bleeding or drainage from your wound, especially if the drainage has an odor, and/or becomes thick, tan, or yellow
- An increase in redness and pain
- A temperature over 101, chills, fatigue

- Your incision opens
- Blisters around your incision
- Pain or excessive tenderness in your leg or calf
- Increased numbness or tingling of the leg
- Persistent headache that worsens when you sit up and improves when you lie down
- Clear fluid draining from your incision
- A swollen area that feels like a pocket of fluid under the skin near your incision
- Increased pain or numbness in your neck, arms, and legs
- Difficulty urinating
- Problems swallowing or breathing

What to Expect During Your Recovery

Patients tend to recover differently. Factors that may affect your recovery include:

- Your general level of health
- Age
- Level of fitness
- Tobacco use
- Severity of your disease
- The type of surgery performed

Healing can sometimes seem very slow. Remaining positive and having realistic goals will make your recovery less frustrating.

Some things to expect:

- You will be sore for at least two to three days. Pain will typically continue to diminish each day. The first two weeks is when the initial healing occurs. Recovery will continue for four to six weeks.
- Low-grade fever for a few days is common.
- Numbness felt prior to the surgery may be the last symptom to improve.
- A sore throat/hoarseness is common after surgery for the first week. A soft diet may decrease discomfort. If you have difficulty swallowing and feel that you are having difficulty breathing, call 9-1-1 or go to the Emergency Department immediately.

Cold and Compression Therapy

You will receive a cold therapy wrap to ease post-operative pain and swelling.

Home Use Precautions

Always follow your physician's specific application instructions for cold therapy wrap. Your cold therapy and gel bags are designed to last for months following your surgery. Never heat the gel bags unless specified by your healthcare provider.

Cold Therapy Instructions

- Once frozen, slide the gel bags into the gel pouch and secure your wrap to the affected area with the straps.
- The gel pouch acts as a protective barrier. Never place frozen gel bags directly onto your skin. This may cause a frostbite injury.
- The cold therapy wrap can be worn while walking. Secure the straps so that the wrap won't fall off while moving.
- Wrap application videos can be viewed at smicoldtherapywraps.com.
- An additional protective barrier, such as clothing, a washcloth, hand towel, or pillowcase may be used during prolonged treatment applications.
- Gel bags freeze the best when laid flat in your freezer, side-by-side instead of stacked.
- The gel pouch and wrap are both latex-free and the gel bag ingredients are non-toxic.

Wrap Care Instructions

The wrap can be hand/machine washed and air dried.

Ice compression machines can be rented or purchased prior to surgery. Ask your surgeon at your pre-operative visit if you are interested. These are not commonly covered by insurance.

OPIOID STEWARDSHIP

What is Opioid Stewardship?

Hamilton Health Care System is committed to opioid safety. Opioids are given to help control your pain after surgery for a short period of time. These medications may include Oxycodone, Oxycontin, Percocet, Hydrocodone, Norco, Lortab, Dilaudid, or Ultram.

Why is This Important?

While these are commonly prescribed medications, there are numerous safety concerns that are associated with them:

- There is a high risk of misuse and dependency. Approximately one out of every 15 patients in the U.S. who receive these medications become long-term users.
- Common use of these opioids can lead to misuse of other drugs.
- There is a lengthy list of possible side effects that follow these medications including, sleepiness and sedation, confusion, dizziness, nausea, constipation, lack of appetite. If taken in higher dosages or combined with other sedation medications, they can affect your breathing and lead to cardiac arrest.

What Other Options Could Help My Pain to Avoid Use of Opioids?

- **Muscle Relaxers:** Some pain following surgery is related to muscle pain. Your muscles have been stretched, pulled, and manipulated during your surgery. Muscle relaxers target these areas and may better control your discomfort. (Common types are: Valium, Tizanidine, Robaxin, Zanaflex, Flexeril, Cyclobenzaprine) These medications should not be taken at the same time as opioid medications. Side effects include drowsiness, dry mouth, dizziness, and constipation.
- **Nerve Pain Medications:** Nerves become agitated during surgery. These medications target those nerves and help minimize the need for opioid medications. (Common types are: Gabapentin, Lyrica, Neurontin, Pregablin) Side effects include drowsiness, dizziness, constipation, and dry mouth.
- **Tylenol/Acetaminophen:** Tylenol is commonly used and is a generally safe and effective pain reliever for mild discomfort. You should not take more than 4,000 mg in 24 hours. You should also reduce the amount of Tylenol you take if your prescribed pain medications contain Tylenol.
- **Anti-Inflammatories:** Many patients take these medications for routine aches and pains. (Common types are: Ibuprofen, Motrin, Mobic, Celebrex, Naprosyn, and Aleve)
- Cold and compression therapy distracts the brain from the pain. It also helps to control swelling.
- Music, reading, or TV. Distractions can reduce your need for medication.
- Elevation of your leg above the heart reduces swelling and pressure.

Discharge Medications

This list is not an exhaustive list of medications that could be prescribed for you by your surgeon. This list simply provides information about common medications that are prescribed to patients following this type of surgery.

Medication	Purpose	Potential Side Effects
Analgesic/Opioid Pain Medication (Lortab, Norco, Hydrocodone, Oxy IR, Oxycodone, Percocet, Dilaudud)	To manage moderate to severe pain	nausea, constipation, drowsiness, shallow breathing, low blood pressure, headache, dizziness, lightheadedness
NSAIDs/Anti-inflammatories (Motrin, Advil, Ibuprofen, Mobic, Meloxicam, Celebrex, Naprosyn, Aleve)	To manage mild to moderate pain, arthritis, fever	stomach upset, dizziness, drowsiness
Anti-Nausea Medications (Zofran, Ondansetron Phenergan)	To reduce the risk of nausea and to prevent or treat vomiting	drowsiness, confusion, constipation, dry mouth, blurred vision
Antibiotics	Prevent or treat bacterial infections that may occur before or after surgery	upset stomach, diarrhea, rash, fever or headache
Blood Thinners (Eliquis, Xarelto, Lovenox, Coumadin Aspirin)	Prevention or treatment of blood clots. Reduced blood flow to the heart	bruising, bleeding gums, blood in the urine, black tarry or maroon stools
Muscle Relaxers (Valium, Diazepam, Xanax, Flexeril)	Prevent or treat muscle spasms or cramps	drowsiness, confusion, constipation, dry mouth, blurred vision, stomach upset
Anti-Anxiety/Sedatives (Valium, Diazepam, Xanax, Ativan)	To help relax patients who may become anxious before or after surgery, muscle cramps, difficulty sleeping, nervousness	drowsiness, confusion, dizziness, fatigue, shallow breathing, tiredness or weakness (Some patients may have the opposite response and become more anxious or agitated.)
Stool Softeners/Laxatives (Colace, Miralax, Dulcolax Milk of Magnesia, Senokot, Senokot-S)	Promote regular bowel movements and prevent constipation	abdominal cramping, nausea, diarrhea, gas or bloating
Heartburn/Reflux Medications (Pepcid, Zantac, Nexium, Prilosec)	Prevent or treat acid reflux, heartburn, gastrointestinal ulcers	diarrhea, headache
Aspirin (EC-coated)	Pain, fever, heart attack, stroke, arthritis, DVT Prevention	stomach pain or ulcers, increased risk of bleeding, kidney problems
Anti-Convulsant - (used to help control pain) (Gabapentin/ Neurotonin)	To reduce post-operative pain, treat diabetic neuropathy and seizures	dizziness, fatigue, drowsiness, ataxia, swelling
Questions?	Call HMC Pharmacy	706.272.6020

What If I Have Tried the Milder Medications and They Do Not Work?

Opioid medications may be needed to help control pain that does not respond to milder medications. The goal is to keep your pain at a manageable or comfortable level. Unfortunately, you cannot expect your pain to be eliminated. You can expect to be able to go about your daily routine and perform your exercises and physical therapy.

How Long Should I Expect to Need These Medications?

- Everyone is different. Your post-operative pain should peak one to three days following your procedure and then slowly improve each day. You may still need an occasional dose of medications two to three weeks following your surgery, especially following days of higher exertion and exercise or therapy.
- Medications are typically taken routinely for the first two to three days. You should always take them as prescribed and take the lowest dose possible to control your pain. As your pain decreases, you will begin to space them further apart and take smaller doses. It is allowable to take half of a pill if you feel that a whole one is too much.
- After 14 days, your surgeon expects that you will require minimal amounts of your medication. It may still be required at night or prior to therapy. This is also a good time to incorporate other methods of pain control in your routine.

When Do I Stop Taking My Pain Medication?

- As time passes you should notice that you are taking less and less pain medication. You should be able to stop the pain medication easily when other methods control the discomfort. There should not be any withdrawal at this time.

Discarding Leftover Medication

- Leftover medication should not be saved. This could expose other family members to the prescribed medication. Safely dispose of any unused medications.
- Check with your pharmacy to see if a “take back” service is available. Local law enforcement agencies also often have official discard days.
- To dispose of medications at home, mix crushed pills in kitty litter, coffee grounds, powdered laundry detergent, or dirt. Place it in a sealed container and discard it in the trash.

Please call your local pharmacy or your surgeon if you have further questions regarding your medications.

Contact Phone Numbers

- **Nurse Navigator:** 706-272-6511 (Monday - Friday)
- **HMC Rx Care Pharmacy:** 706-272-6020
- **AOSM:** 706-226-5533

Your nurse navigator will keep in contact with you for approximately two weeks following your surgery. Your physician should be the first contact for any medical concerns, prescription refills, or after-hours needs.

Should you require readmission to the hospital or go to the Emergency Room, please communicate this to your nurse navigator.

General Information About Hamilton Medical Center

HMC Rx Care

Hamilton Medical Center offers a bedside prescription service. On the day of your discharge, your nurse can notify HMC Rx Care and a member of the pharmacy staff will fill your prescription. The pharmacy staff will deliver filled prescriptions to your room prior to discharge. Visa, MasterCard, or Discover are accepted. If you have questions, please feel free to call the pharmacy at 706-272-6020.

HMC Rx Care Offers:

- Competitive pricing
- Convenient pickup and delivery
- Pharmacy billing services
- Non-prescription medications
- Prescription and injectable medications
- Accepts most health insurance plans, cash, check, Visa, Mastercard, and Discover





1200 Memorial Drive
Dalton, Georgia
706.272.6511
HamiltonHealth.com

Shopping and Home Preparation List

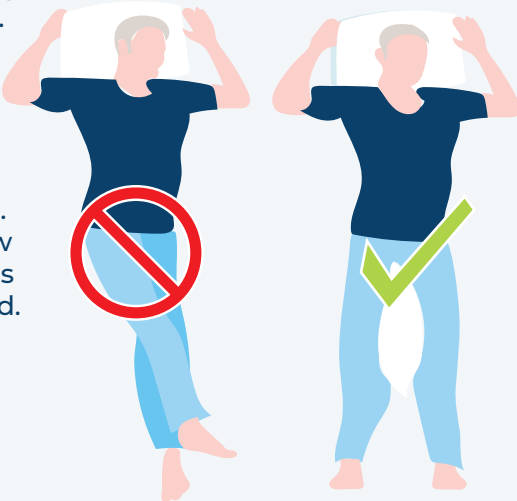
- 1. Laxatives and Stool Softeners:** The number one issue following surgery and pain medications is constipation. You have a 100% chance of this occurring, so please have medications at home for early intervention. (Miralax, Colace, the laxative of your choice, suppositories, and possibly a Fleets enema)
- 2. Bedside Toilet:** Use over your toilet to elevate the seat. The handrails are a great assist device for pushing up.
- 3. Shower Chair or Bench:** This may come in handy should you need to sit. Not everyone requires this. If you are having a hip replacement, discuss this with your therapist. It needs to be the proper height.
- 4. Remove all rugs:** Be mindful of anything that could be a fall risk. Clear paths so that you can navigate safely with a cane or walker.
- 5. Walker:** You will need a two-wheeled rolling walker. If you already have one, or can borrow one, that is fine. Do not use a four-wheeled/rollator type walker. If you do not have a walker, your case manager will help you obtain one.
- 6. Hip Kit:** If you are having a total hip replacement, a hip kit will be helpful with bathing and dressing. It may be less expensive to buy the kit as a whole instead of by the piece. You need to practice using these items prior to your surgery. Local Home Health rental stores, some pharmacies, and Amazon carry these.
- 7. Handrails:** For safety, these need to be in place if you have steps or stairs to navigate.
- 8. Recliners:** Chairs that are too low or rock can be an issue for total hip replacement patients. Please discuss seating with your physical therapist. It is a good idea to have this in place prior to your surgery.
- 9. Sleeping:** If you have a high bed that requires a step, this could be an issue for you.
- 10. Restorator, also called bike pedals:** If you are having a total knee replacement, you will need this exercise equipment. These can be found at Academy Sports, Walmart, and some Home Health rental stores.
- 11. Vitamin C and a Multivitamin:** Discuss with your physician
- 12. Positive Attitude:** Absolutely necessary for a great recovery!



HIP PRECAUTIONS

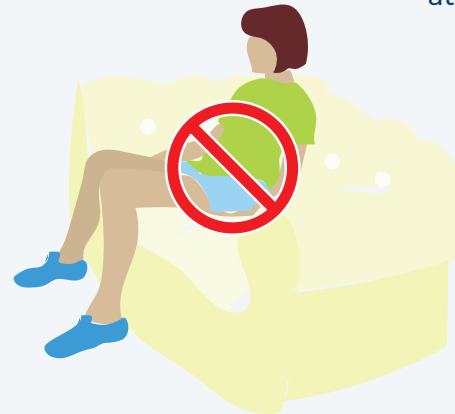
No adduction

Keep legs apart at all times. Do not cross legs whether standing, sitting, or lying down. Use a pillow to keep legs apart in bed.



Sitting

Do not sit on low soft seats as this forces bending at hips and rolling inward at knees.



Limit Hip Flexion



Do not bend forward at hips past 90 degrees while standing, sitting, or lying down.

No turning inward

Do not turn your operated leg inward in a pigeon-toed position. Always use long-handled devices for self care.





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HIP KIT

To facilitate independence in your daily activities while adhering to your hip precautions, a **hip kit** would be beneficial.

A Hip Kit includes the following:

- *Reacher
- *Dressing stick
- *Long-handled sponge
- *Elastic shoe laces are available
- *Sock aid
- *Shoe horn

*Toilet:

Make sure your toilet is elevated. A bedside toilet is beneficial because you can elevate it to the correct height, remove the bucket, and place it over the toilet. The handrails are beneficial to help you push up with your arms.

*Automobile:

Practice getting in and out of your vehicle to see if you can maintain your hip precautions.

*Home Arrangements:

Arrange items at home so that you will not have to bend in the bathroom, kitchen, etc.

***Rocking recliners** or recliners that are too low need to be avoided. It helps to have them on a platform, you will have less of a chance breaking your hip precautions when getting up. Some patients have one made for their chair.

Before your surgery, have these items in place and ***practice, practice, practice!***



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Thoughts for the day:

- Medication prior to therapy, food before medication.
- Hydration is important. You may not be hungry, so continue to drink plenty of water and fluids to stay hydrated.
- Protein drinks will also help provide nutrients when you do not have an appetite.
- Keep the ice pack cold.
- Redness and swelling is normal.
- Continue with heel pumps and breathing exercises.
- It is for your own health to stay active after surgery.

If you are progressing and have met your goals, expect to discharge possibly following therapy!



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Medication

- Please tell your surgeon what medications have worked well for you, so that you may continue the same medication at home. If a certain medication did not work well, please share that information, too.
- Hamilton's pharmacy, HMC Rx Care, can fill your prescriptions before you leave the hospital.
- Before leaving, ask your nurse what time you took your last dose of pain medication.
- Pay attention at home. You do not want to run out of pain medication on a Friday!
- Continue stool softeners. You may need a laxative.

Activity

- Walk hourly. The longer you sit, the more stiff and painful the joint will become.
- Use your walker until cleared by therapy. Falls can set back your recovery.
- You may shower, but do not take a bath or get in a pool.
- Continue to use your incentive spirometer until you are fully active again.
- Do not drive until you are cleared by your physician, and you are off pain medication.
- Do your foot pump exercises while you are resting.
- Do exercises as directed on days that you do not have therapy.
- Continue to use your ice pack. It will be your friend after therapy.
- Your therapist will help you to bend your knee to 90 degrees.
- Do not put a pillow under your knee. You may put one under your ankle, but be sure to keep your leg straight while resting.

It is important to remember that your surgical pain will diminish over time. The speed of your recovery will depend a great deal on your motivation and positive attitude. Set new goals for each day. Goals are important to your progress and recovery. Once your surgeon has written your discharge orders, you have completed therapy, and your prescriptions have been filled, your nurse will review your discharge instructions with you. It is very important that you understand them and have all of your questions answered. Your nurse and a volunteer will help you get to your car.

Again, THANK YOU for choosing Hamilton for your joint replacement surgery. It has been our pleasure to care for you.

Feel free to reach out with any questions or concerns.

Breanna Ellis, RN, BSN

706-272-6511 cbellis@hhcs.org



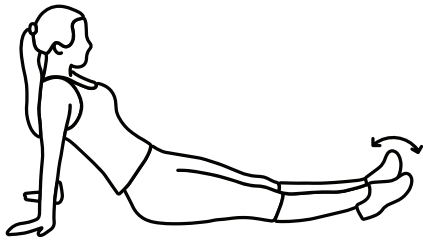
Let's see what you have learned.

- When to call your doctor?
- When can you have your next pain medication?
- What are the signs and symptoms of a blood clot?
- What should I do about changing my dressing?
- When can I drive?
- When can I bathe?
- What are my medications?
- What would an infection look like?
- What if I have a fever?
- When will home health come, or when am I scheduled for outpatient therapy?
- What are my joint precautions?
- How long should I use my ice pack?
- When is my follow-up appointment?
- Who do I call with my questions?
- What are some side effects of my medications?
- Can I take my NSAIDs or anti-inflammatories?
- When can I stop using my walker?
- When will my staples come out?
- What activities should I avoid?

What are some other questions you need to ask your doctor or nurse?

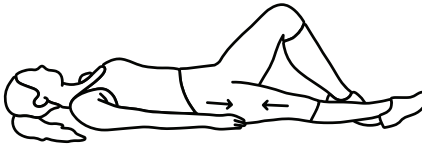
TOTAL HIP REPLACEMENT EXERCISES

Only perform exercises that your physical therapist prescribes before, during, and after your hospital visit.



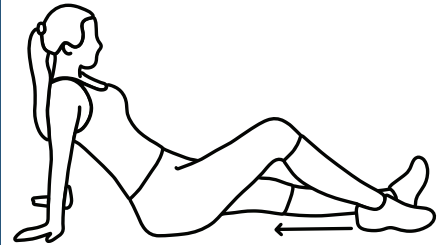
1. Ankle Pumps

Gently point your toes up and down. Perform 10 per hour while awake.



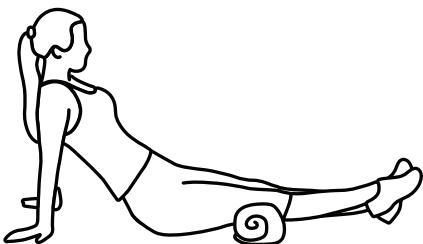
2. Quad Sets

Slowly tighten your thigh muscles and push your knees down. Hold for 5 seconds.



3. Heel Slides

Bend your knee and pull your heel toward your buttocks.



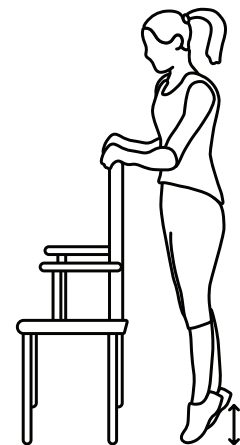
4. Short Arc Quads

Place a large rolled towel under your knee. Straighten your leg. Hold straight for 5 seconds.



5. Knee Extension-Long Arc Quads

Slowly straighten your operated leg and try to hold it up for 5 seconds.

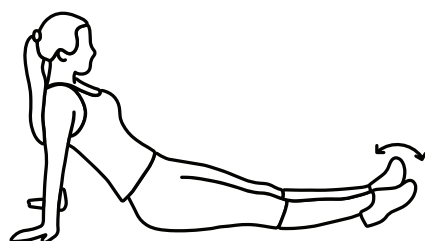


6. Standing Heel Raises

Hold on to a walker. Lift up on your toes slowly for 5 seconds.

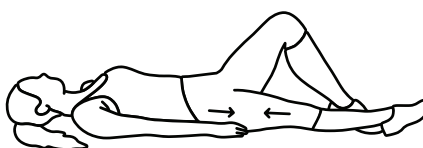
TOTAL KNEE REPLACEMENT EXERCISES

Only perform exercises that your physical therapist prescribes before, during, and after your hospital visit.



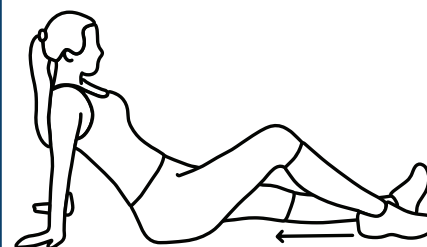
1. Ankle Pumps

Gently point your toes up and down. Perform 10 per hour while awake.



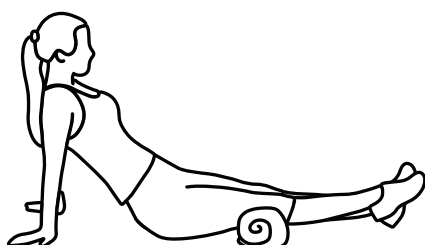
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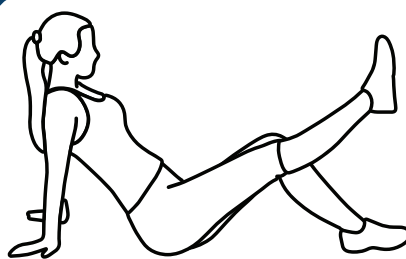
3. Heel Slides

Bend your knee and pull your heel toward your buttocks.



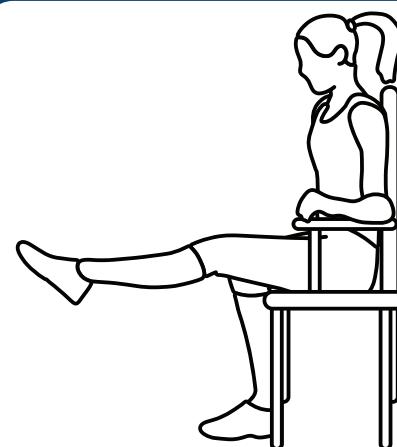
4. Short Arc Quads

Place a large rolled towel under your knee. Straighten your leg. Hold straight for 5 seconds.



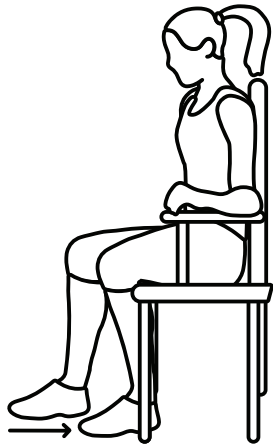
5. Straight Leg Raises

Bend your good knee, keeping your heel on the bed. Keep the affected leg as straight as possible and tighten the muscles on top of your thigh. Slowly lift your straight leg 10 inches from the surface and hold it up for 2 seconds. Lower it slowly, keeping the muscle tight.



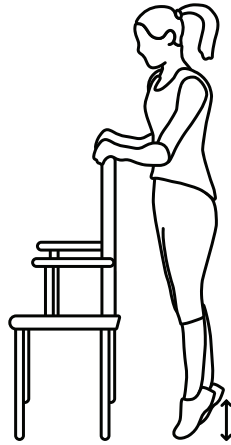
6. Knee Extension - Long Arc Quads

Slowly straighten your operated leg and try to hold it for 5 seconds.



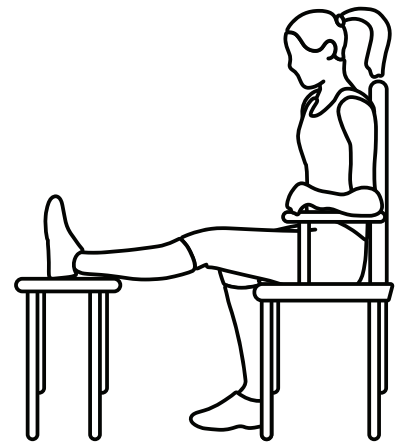
7. Sitting Knee Flexion

Keeping your feet on the floor, slide the foot of your operated leg backward, bending your knee. Hold for 5 seconds.



8. Standing Heel Raises

Hold on to a walker. Lift up on your toes slowly for 5 seconds.



9. Extension Stretch

Prop the foot of your operated leg up on a chair. Put a roll under your ankle. Sit back and try to relax. You may apply ice at the same time. Stretch for 5 minutes.



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Breanna Ellis, RN, BSN
Orthopedic Nurse Navigator
706-272-6511
cbellis@hhcs.org

HamiltonHealth.com/ortho