

# Joint MOVES

## Guidebook to Total Joint Replacements



**Hamilton Medical Center**  
Vitruvian Health



# Thank you for choosing Hamilton Medical Center

This guide outlines the enhanced recovery plan used by our team to help guide you through a successful surgery and recovery. We have thoughtfully developed this plan and believe it is an extremely important part of the process for both you & your care team to actively participate. The overall goal is for you to have a successful surgery and recover as soon as possible.

## Guidebook To Your Total Joint Replacement

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- Please bring this book to all of your pre-surgery appointments and surgery.
- Use this guide to help you learn more about what to expect before, during and after surgery.
- You & your support person(s) can contribute to the success of your procedure by being informed & involved.

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# Important Dates

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Pre-Hab Date & Time: \_\_\_\_\_

Pre-Surgery at Orthopedic Surgeon's Office Date & Time: \_\_\_\_\_

Pre-Anesthesia Testing (P.A.T.) Date & Time: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

Hospital Arrival Time: \_\_\_\_\_ Surgery Scheduled Time: \_\_\_\_\_

Post-Surgery Physical Therapy Date & Time: \_\_\_\_\_

Post-Surgery at Orthopedic Surgeon's Office Date & Time: \_\_\_\_\_

# Contact Information

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## **Hamilton Medical Center**

### **Orthopedic Navigator**

706.272.6511

Mon.- Fri. | 8:00am - 5:00pm

1200 Memorial Dr. Dalton, GA, 30720

## **M. Frix, MD | J. Norman, MD | N. Reed, MD | M. Wilson, MD**

706.226.5533

Mon. - Thu. | 8:00am - 5:00pm

Fri | 8:00am - 2:00pm

1300 Cleo Way, Dalton, GA 30720

1060 Red Bud Rd NE, Calhoun, GA 30701

# What Is A Total Joint Replacement?

Total joint replacement surgery replaces the damaged parts of the affected joints with parts made of metal, ceramic, or plastic and is done to improve pain and movement.



## Total Hip Replacements

- Your surgeon will replace the ball which is at the top part of your long thigh bone (femur) and the socket which is part of your pelvic bone of your hip joint.

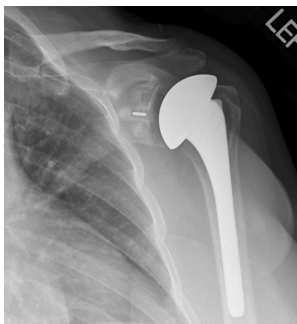
## Total Knee Replacements

- Your surgeon will remove damaged ends of the upper leg bone (femur) and the lower leg bone (tibia) adding replacement parts.

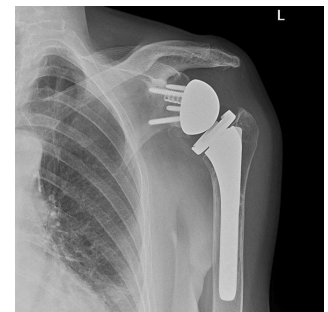


## Total Shoulder Replacement

- Your surgeon will place a metal stem inside the arm bone (humerus), a metal ball will be placed at the top of that metal stem and a socket (strong plastic) liner will be placed inside the scapula.
- If you have a deficient rotator cuff, you may have a Reverse Total Shoulder which switches the placement of the ball and socket when compared to the process above.



Total



Reverse  
Total

# Preparing For Your Surgery

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You and your orthopedic surgeon have decided you need a total joint replacement, so what's next?

## Medical Clearances

- You may need an appointment with your other physicians or specialist's for them to clear you for surgery.
- Common clearances are requested from but not limited to:
  - Cardiology
  - Dental
  - Hematology
  - Nephrology
  - Primary medical doctor
  - Pulmonology
- The orthopedic surgeon's office will work with you and the needed specialist to obtain any necessary clearances.

## Support Person

- **You must have someone to serve as a support person(s) during this process. This can be a spouse, caregiver, companion, friend, or family member.**
- When deciding on your support person(s), it must be someone who can
  - attend pre-hab and P.A.T. appointments with you.
  - drive home from the hospital on surgery day.
  - **stay with you for 24-72 hours after surgery.**
  - **be present / available for the first 2-weeks after surgery.**
  - help you move around after surgery, including getting in and out from a vehicle and up steps if needed.
  - help you keep track of when it is time to take your medications.
  - help arrange / prepare meals.
  - drive you to and from physical therapy and post-surgery appointments.
  - motivate you to do your physical therapy exercises at home.
  - encourage you and show you tough love.

**My Support Person will be:** \_\_\_\_\_

# Preparing Your Body

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## Smoking Cessation



- Smoking/Vaping should be stopped a minimum of 6 weeks prior to surgery and 2 weeks after surgery.
  - Smoking can slow healing and increase risk of infection.
- Take advantage of our “Freedom From Smoking Group Quit Program” by registering through the QR code.



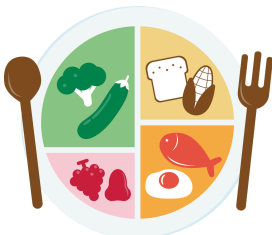
## Strict Blood Sugar Control



- Maintain an A1C of 7.5 or below, which is an average daily blood glucose level of 170.
  - An A1C above 7.5 can reduce healing and increase risk of infection.
- Take advantage of our Diabetes resources through the QR code.



## Healthy Eating and Drinking Habits



- Have a Body Mass Index (BMI) of 40 or below. BMI is used to assess if your weight is within a healthy range.
  - A BMI above 40 can decrease wound healing and increase risk of infection.
- Stop any weight loss shots (GLP-1) for a minimum of 2-weeks prior to surgery.
- Water consumption of 8-10 eight oz. glasses a day is important for recovery.
- Take advantage of our “Obesity and Weight Management” resources through the QR code.



# Preparing Your Home

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## All Total Joint Replacements

- Clean your house / vacuum carpets.
- Remove rugs / cords / clutter (any potential tripping hazards).
- Pets (give your animals a vacation during your recovery).
- Place a rubber mat / non-slip adhesive on tub / shower floor.
- Move heavier kitchen items to the counter tops.
- Put only lightweight items above eye level in cabinets.

## Total Shoulder Replacements

- Make sure to have deep-sided dishes or containers that will keep food on the plate.
- Store items in easy-to-open containers.
- Store liquids in small containers instead of half gallon or gallon containers.
- Consider purchasing frozen or pre-made meals.
- Recliner: patients having a total shoulder replacement are most often comfortable sleeping in a recliner for the first two weeks after surgery.

## Must Have Equipment - Total Hip & Knee Replacements

- Walker (folding, front wheeled, adjustable height)
- Elevated toilet seat or bedside commode frame.
- Shower chair
- Chair(s) which are comfortable / appropriate height / have arm rests / and are not deep are recommended; one that reclines is even better.
- “Hip Kits” (total hips only): reacher / long handled sponge / sock aid / shoehorn / dressing stick.
  - These can be purchased at most Pharmacies or on Amazon (QR Code).



# Pre-Surgery Appointments

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## Pre-habilitation (Pre-Hab)

- Most Physical Therapy (P.T.) will have you attend a “pre-hab” class before surgery; you will be given exercises to begin before surgery that will help strengthen your muscles to help with surgery recovery.

## Pre-Surgery Appointment at Orthopedic Surgeon’s Office

- This will be approximately 2-weeks prior to surgery
- During this visit
  - total hip and knee replacement patients will receive a written prescription for a walker.
  - total shoulder replacement patients will receive a shoulder sling or instructions on how to obtain one depending on insurance.
  - this is the time to ask if you need any other medical devices after surgery.
  - your provider will go over your current home medication list and discuss the medications they will be prescribing for you to take after surgery.
  - you will sign an informed consent for your surgical procedure.
  - you will schedule your 2-week post-surgery appointment at the orthopedic surgeons office.

## Pre-Admission Testing (P.A.T.)

- This appointment is at Hamilton Medical Center and usually follows your pre-op appointment with the orthopedic surgeon’s office.
- You will need to bring the following items with you
  - photo ID, insurance card, paperwork from the orthopedic surgeons office, all home medications in original bottles (this includes vitamins and supplements).
- Necessary lab work will be obtained.
- You will receive the time you need to arrive on surgery day.
- An ECG may be obtained depending on your medical history and current body mass index (BMI).
- You will be given instructions on which home medications to stop before surgery and for how long.
- Non-diabetic patients will be given a clear carbohydrate drink for surgery morning.
- You will be given CHG pre- surgery shower soap\* with instructions.

\*see pages 11 & 12

# Surgery Week

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## One Week Prior to Surgery

- Start drinking high protein drinks with a goal of 50g of protein daily.
- Pack a hospital bag (even if the plan is for you to go home after surgery).
  - toiletries (toothbrush, toothpaste, deodorant, hairbrush etc.)
  - extra clothing (something loose and easy to put on)
- Start taking stool softener as prescribed 2 days prior to surgery.

## Pre-Surgery Showers

**CAUTION: Do not use chlorhexidine gluconate (CHG) if you are allergic to CHG or any of its ingredients.**

**CAUTION: chlorhexidine gluconate (CHG) soap can be extremely slippery. Please exercise caution when using.**

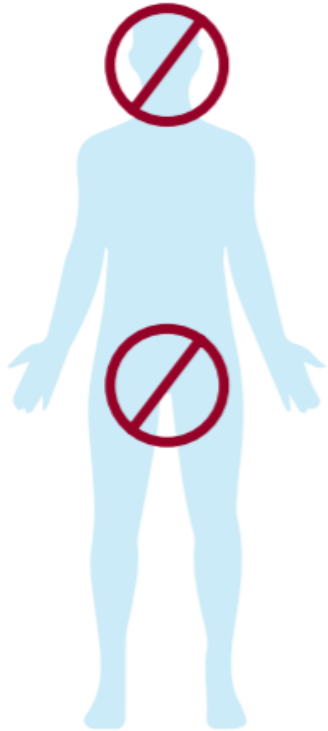
- **Total hip & knee replacement patients will use Chlorhexidine Gluconate (CHG) soap only.**
- **Total shoulder replacement patients will use a Benzoyl Peroxide soap AND a Chlorhexidine Gluconate (CHG) soap.**
- **You will complete a total of three showers.**
- Showers begin two days before surgery and the final shower the morning of surgery.
- Once these showers begin, pets should not be allowed in / on the bed.
- It is recommended to complete these showers at night as you should not apply lotions, powders, or creams immediately after these showers.
- It is best to shave prior to the first shower. **DO NOT SHAVE LEGS OR ARMPITS FOR 48 HOURS BEFORE SURGERY.**
- Remove all sheets, blankets, and pillowcases from your bed prior to showers. After showering add freshly cleaned sheets, blankets, and pillowcases on your bed.

# Surgery Week (continued)

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## Using Pre-Surgery Shower Wash

- Wash your hair, body, and face using your personal soap as you typically would first.
- Stay in the shower but turn the water off or step away from the water stream.
- Using a clean washcloth
  - total shoulder replacement patients wash with benzoyl peroxide soap first, followed by CHG soap.
  - total hip and knee replacement patients wash with CHG soap.
- Wash with soap from your neck down, **avoid private areas face**, pay special attention to your surgical site area.
- Rinse thoroughly with warm water.
- Using a freshly cleaned towel, dry your body and dress in freshly cleaned clothes.
- Do not apply lotions, powders, or creams immediately after any of these showers.
- After surgery morning shower, do not apply hair products or makeup, **deodorant is okay to use unless you are having a total shoulder replacement.**



### **Shower #1**

Date: \_\_\_\_\_

### **Shower #2**

Date: \_\_\_\_\_

### **Shower #3**

(Morning of Surgery)

Date: \_\_\_\_\_

# Surgery Day

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## Before You Leave Your House

- **Non-diabetic patients drink the clear pre-surgery drink provided by P.A.T TWO hours prior to arrival at the hospital.**
- Take only the medications you were instructed to take by P.A.T..
- Complete your last pre-surgery shower.
- Add any last minute items to your hospital bag (glasses, dentures, hearing aids, CPAP, etc.) **PLEASE LEAVE JEWELRY, PURSES, WALLETS, AND ANY OTHER VALUABLES AT HOME.**
- Wear clean, warm and loose-fitting clothes to the hospital.
- Wear supportive shoes that you can wear after surgery as well; no crocs, flip-flops, or house shoes.

## Arriving at the Hospital

- After you have checked in at the front desk of admissions, you will then be directed to check in with the surgery receptionist located at the entrance of the surgery waiting area.

## Pre-Op Area

- You will be asked several questions related to your surgery and home preparation.
- A nurse will...
  - insert an intravenous (I.V.) line to administer fluids and medications.
  - clean and protect the entrance of your nose with swabs.
  - apply compression devices to your lower legs to be used in the operating room; this is to reduce the risk of blood clots.
  - place non-skid socks on your feet.
  - have you use an incentive spirometer.\*
  - monitor your vital signs including blood pressure, heart rate, oxygen, and temp.
  - clip any hair around your operative site (if needed).
  - cleanse your skin with a CHG scrub and wrap in sterile towels.
- Once you have been prepped, the nurse will bring your support person back to be with you until time for surgery.
- Your surgeon will visit, go over the plan and answer your questions; using a skin marker, they will initial the surgical site area on your body.
- A member of the anesthesia team will explain what type of anesthesia will be used and possible side effects. If appropriate they will discuss a peripheral nerve block\*\* and answer any questions you may have.

\*see page 15

\*\*see page 14

# Surgery Day (continued)

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## Peripheral Nerve Block

- A peripheral nerve block may be 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 transmission of pain signals to the brain to keep you comfortable and help control some of 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 an anesthesiologist under ultrasound guidance.
- 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 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 24-48 hours or more after surgery.

## Benefits

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

## Risk and Possible Complications

- 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)
  - Death (very rare)

# Surgery Day (continued)

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## Incentive Spirometer

- While in pre-op your nurse will give you an incentive spirometer which is designed to encourage you to take deep breaths and cough in order to help prevent pneumonia after surgery.
- The nurse will set your goal and have you practice using proper techniques.
- You will use the incentive spirometer in recovery and daily for a minimum of 2-weeks at home.

## How to use an Incentive Spirometer

- Place the device at mouth level and exhale as normal.
- Place lips around mouthpiece; inhale thoroughly causing the middle green disk to rise and the small green disk to stay at the smiley face.
- Once both green disks are at your goal, hold inspiration as long as possible.
- Remove from mouth and exhale.



Goal: \_\_\_\_\_

## Time To Go To Surgery

- An operating room (OR) nurse and a certified nurse anesthetist (CRNA) will take you into the OR.
- Your personal belongings can stay with your support person(s), or be stored in a provided locker.
- Your support person(s) will be asked to return to the surgical waiting area.

## In The Operating Room

- Once in the OR, it will take staff around 30-45 minutes to get you on the OR table, positioned and sedated.
- An OR nurse will call your support person(s) to let them know when the surgeon has started.
- **Around** an hour into surgery, the OR nurse will call your support person(s) and give a second update.
- When the surgeon is finished, they will call your support person and let them know how you did.
- Surgery Reception Contact Information: 706.272.6175

# Surgery Day (continued)

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## Post Anesthesia Care Unit (P.A.C.U.)

- This is where you will be moved after the OR to wake up from anesthesia.
- You may experience
  - sleepiness / confusion.
  - difficulty opening or keeping your eyes open.
  - dry mouth / sore throat.
  - nausea.
  - soreness / pain.
- Once you are awake, your vital signs are stable, and your any nausea or pain is managed, your PACU nurse will help you stand and transfer from the bed into a recliner and have you use your incentive spirometer.
- You will be rolled in the recliner from P.A.C.U. back to the pre-op area which is now your Phase II recovery.

**Surgery alone typically takes an hour to an hour and a half; however, you will be away from your support person(s) for around three hours.**

## Phase II Recovery

- Your support person will be able to join you in this phase.
- You will be encouraged to eat, drink, use the restroom, and again use your incentive spirometer.
- Occupational Therapy (O.T.)
  - will see all total hip and shoulder replacement patients.
  - to help ensure safety at home, O.T. will provide post-surgery education on precautions and adaptive dressing techniques while using a shoulder immobilizer or the hip kit items.
- Physical Therapy (P.T.)
  - will see all total hip and knee patients.
  - to help ensure safety at home, P.T. will have you walk a minimum of 150ft and if necessary, have you go up and down steps.

## Discharging to Home

- When all criteria is met and you are able to be discharged home, the nurses will go over discharge instructions and answer any questions you may have.
- Your support person will bring the car to the front entrance where a nurse will bring you via wheelchair and help you into your vehicle.
- Total joint replacements are considered elective surgeries. This means all patients are expected to be discharged the same day as surgery.

# Surgical Dressings

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- The most common dressings applied at Hamilton Medical Center are:
  - Dermabond Prineo
  - Aquacel
  - Prevena
    - Staples will be in place under the Aquacel and Prevena dressings.

## Dermabond Prineo

- Combines a liquid adhesive with a latex free mesh.
- Must be kept as dry as possible, turn dressing away from water stream while showering and blot with a soft towel immediately after.
- Do not scratch, rub, or pick at the dressing.
- This dressing will be left in place until your 2-week follow up appointment at the orthopedic surgeon's office.

## Aquacel

- This dressing is waterproof.
- If drainage reaches the borders of the dressing the dressing will need to be changed



- This dressing needs to be removed at day 7 post-surgery during your physical therapy appointment.
- Patients who are diabetic, on a blood thinner or may need additional coverage will be given an additional Aquacel dressing that needs to be applied when the original dressing is removed and stay on until your post-surgery appointment at the orthopedic surgeon's office.

# Surgical Dressings (continued)

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## Prevena

- This dressing uses Negative Pressure Wound Therapy (NPWT), which is a wound care technique that causes suctioning to remove fluid and promote healing.
- 2-part system including the dressing itself and the drainage canister.
- There are 2 types of drainage canisters.
  - The first is battery powered the second is rechargeable.
  - The rechargeable canister needs to be plugged in to charge at night while you are asleep or while you are resting during the day.
  - **DO NOT unhook the canisters from the dressing tubing for any reason.**
- When working properly, the dressing will have a wrinkled appearance, and the purple dressing should be collapsed.
- If there is not a proper seal, the machine has a visual and audible alert.
  - **If this happens, call the orthopedic navigator or the orthopedic surgeon's office after 5pm or weekends.**
- The dressing is waterproof; the canister IS NOT waterproof; the drainage tube is long enough to allow the canister to be placed outside of the shower.
- This dressing needs to be removed at/around day 7 post-surgery during your physical therapy appointment.
  - Patients who are diabetic, on a blood thinner or may need additional coverage will be given an Aquacel dressing that needs to be applied when the original dressing is removed and stay on until your post-surgery appointment at the orthopedic surgeons office.



# Bathing

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- You can shower around 72 hours post-surgery with assistance.
- NO baths, pools, or submerging your joint in water in any way until cleared by orthopedic surgeon.

# Cold Therapy Wraps

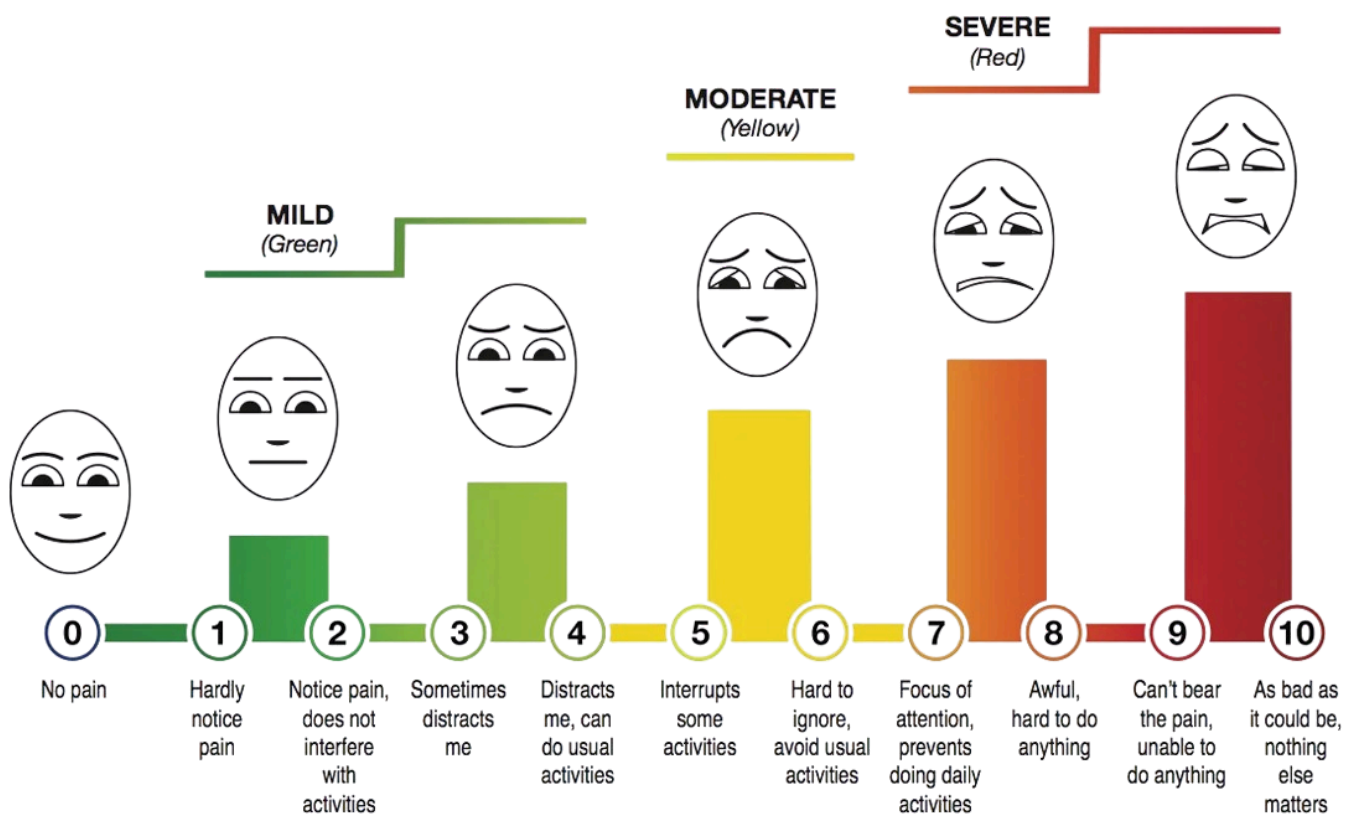
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- You will be given a joint specific wrap and four gel inserts that provide continuous, safe cold therapy.
- Frozen gel packs slide into the wrap which can be secured to the affected area using the provided straps.
- The wrap acts as a protective barrier between the frozen gel packs and your skin. Never place frozen gel packs directly onto your skin. This may cause a frostbite injury.
- Secure straps for the wraps are available to help keep ice in place and securely against site. For knee replacements it is not recommended to wear while walking.
- Gel packs freeze best when laid flat in the freezer, side-by-side instead of stacked.
- Gel packs should be switched out around every 4 hours or when no longer frozen.
- Take a fresh frozen ice pack with you to apply after your PT / OT appointment.



# Pain Management

- You will not be pain-free right after surgery or during the recovery period.
- It can take 72 hours for all surgery medications to wear off, and this is when your pain will typically be the highest.
- An expected pain score with pain medications post-surgery is between a 4-6.
- A functional pain score goal is set by you and focuses on improving your ability to perform daily activities and activities you find meaningful, rather than solely on reducing pain intensity.
  - **Functional Pain Score Goal (0-10):** \_\_\_\_\_



## Side Effects

- The most common side effects of pain medication are nausea and constipation.
  - **Avoid nausea by**
    - always take your pain medication with food.
  - **Avoid constipation by**
    - drinking 8-10 (8oz glasses) of water a day.
    - taking stool softener, starting 2-days prior to surgery as prescribed and as long as you're taking the pain medication.
    - mixing MiraLAX® in apple juice 1-2 times daily if no bowel movement 1-2 days after surgery.

# Pain Management (continued)

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## Spacing out Medications

- For your safety, if your surgeon has prescribed additional medication to help with pain (Valium, Toradol, etc.), it is important to take those at least an hour apart from your primary pain medication. Spacing these out can also help keep a consistent pain score. Note: Taking too many medications together can be sedating and hinder your recovery.

## Driving

- **Absolutely no driving while you are still taking pain medications or until cleared by your surgeon.**
- Total shoulder patients can drive with the sling once you have stopped taking pain medications and feel comfortable.
- Typically, with left sided hip or knee replacements we advise you not to drive for 4-weeks and for right sided procedures we advise you not to drive for 6-weeks.

**If you feel unsure of driving, it is safer to wait.**

# Physical Activity

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## All Total Joint Replacements

- Walking 5-10 minutes or 150 feet every hour while awake is important for recovery and prevention of post-surgery complications.
- Increase your activity a little each day, but do not overdo it.
- If possible, take pain medication 30-45 minutes prior to PT/OT.

## Total Hip and Knee Replacements

- Your first PT/OT appointment is 1-2 days after surgery.

## Total Shoulder Replacements

- Your first PT/OT appointment is around 4 weeks after surgery.
- Based on the discussion with your surgeon, be prepared to wear shoulder sling for likely 2-6 weeks, or longer if needed.

# Posterior Hip Replacement Precautions

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- Scan QR code for a video tutorial of getting dressed while maintaining post-surgery 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.



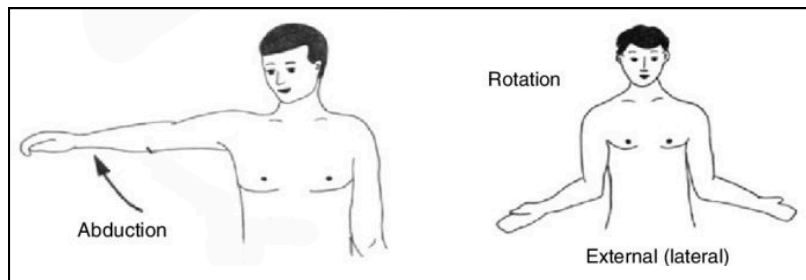
# Shoulder Replacement Precautions

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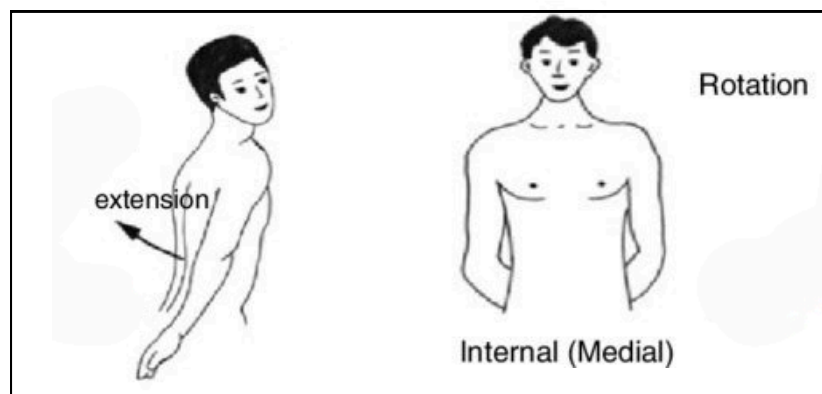
- Scan QR code for a video tutorial of post-surgery shoulder precautions, how to properly remove immobilizer, take a shower, dress your upper body, and properly replace immobilizer.



- Total shoulder precautions include:
  - No shoulder abduction with external rotation.
    - Example: raising arm up starting at your side.



- Total and Reverse total shoulder precautions include:
  - No shoulder extension with internal rotation.
    - Example: no touching the flat of your back / no wiping in the restroom / no tucking your shirt in your pants.



# Shoulder Replacement Getting Dressed

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## Taking off the Shirt:

- Reach back with your non-operative/uninjured hand behind your neck and start to gather the shirt up in your hand.
- Lean slightly forward, lower your chin and pull the shirt over your head.
- Pull your non-operative/uninjured arm out of the sleeve.
- Use your non-operative/uninjured hand to pull the other sleeve off the operative/injured arm.



## Putting on Shoes:

- Use shoes that slip on or use Velcro closures. Avoid shoes that are too loose or flip-flops that may cause you to slip or trip.
- Replace standard shoelace with elastic laces.
- A long-handled shoehorn may be helpful, but not necessary if you can manage without.

## Putting on Socks:

- Put your non-operative/uninjured hand inside the sock, just over the fingers, not up to the palm.
- Cross your leg resting your ankle on the opposite knee or prop your foot up on a stool if you are able to lean forward.
- Slide your toes into the sock, opening the sock by spreading your fingers.
- Pull the sock up to your ankle.

## Going to the Bathroom:

- Use a raised toilet seat or a grab-bar on the non-operative/uninjured side to help you sit and stand.
- To help with wiping, try long-handled tongs to reach.

# Shoulder Replacement Exercises

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



- **SLING - ELBOW FLEXION EXTENSION**

- Carefully take your arm out of the sling using your unaffected arm. Let your affected elbow straighten and allow gravity to stretch it. Then, bend your elbow back to the original bent position and repeat.

- **SLING - WRIST FLEXION EXTENSION**

- Bend your wrist up and down as shown while your arm is in the sling.



- **SLING - PRONATION SUPINATION**

- While in the sling, rotate your forearm so that your palm is directed upward and then downward as shown.

## **For all 3 exercises**

- Repeat 1 time | Hold 1 second | Complete 1 set
- Perform 1 time a day until you start outpatient PT/OT.

# Avoiding Post-Surgery Complications

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## Blood Clots

- Preventing blood clots is extremely important after surgery.
- If you are on a blood thinner prior to surgery, when to resume those will be listed on your discharge paperwork.
- If you are not currently on a blood thinner your surgeon will prescribe Aspirin for after surgery.
- Two types of clots:
  - Deep Vein Thrombosis (DVT): a blood clot in a deep vein, usually the leg.
  - Pulmonary Embolism (PE): a blood clot in a blood vessel in the lung.
- **If experiencing one or more of the following symptoms of a DVT, call the orthopedic surgeon's office right away or visit the Emergency Department.**
  - 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 experiencing one or more of the following symptoms of a PE, call 911 immediately.**
  - Sudden shortness of breath.
  - Chest pain.
  - Discomfort that worsens when you take a deep breath or cough.
  - Dizziness or lightheadedness.

## Pneumonia

- Continue to use the incentive spirometer as directed for a minimum of 2 weeks or until you resume regular activity.
- Early Pneumonia symptoms include:
  - Fever
  - Cough
  - Shortness of breath
  - Chest pain
  - Increased confusion or disorientation

# Avoiding Post-Surgery Complications

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## Post-Surgery Infections

- Superficial infections may appear with symptoms such as pain, redness, odor, swelling or warmth around the incision.
- A deeper infection can require the use of antibiotics for a prolonged period of time and possibly surgery.
- Low grade temperatures (less than 101.5F) can be normal for 3-5 days after surgery.
- Please follow the steps below to reduce your risk of post-surgery infections:
  - Use good hygiene.
  - Stop or reduce smoking.
  - Maintain a healthy diet.
  - Monitor and control blood sugars (especially for diabetics).
  - Maintain a healthy weight (BMI less than 40).
  - Get lots of rest.
  - 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.
  - Do not apply creams, ointments, or medications on or around your incision.
  - Avoid having pets in your bed while you are recovering.

## Call the Orthopedic Navigator or the orthopedic surgeon's office if you experience

- 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 101.5.
- your incision opens.
- blisters around your incision.
- 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.

# We Want To Hear From You!

We are committed to ensuring a safe and positive experience for all our patients and continuously seek opportunities for improvement. To assist with this, you will receive several surveys and communications throughout your total joint replacement journey. We kindly request that you complete each survey, starting before your surgery, soon after surgery, three-months post-surgery, and one-year post-surgery.

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Please take a moment using the QR code below to take a survey regarding the in-person Joint Moves class.









[VitruvianHealth.com/ortho](http://VitruvianHealth.com/ortho)

# Joint MOVES



**Hamilton Medical Center**  
Vitruvian Health