

Patient Guide to Total Joint Replacement Surgery



Baptist Memorial Hospital-Collierville
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Welcome

Thank you so much for choosing Baptist Memorial Hospital-Collierville for your joint replacement surgery! Chronic joint pain is a problem that over 193,000 Americans deal with daily. This pain affects daily life and relationships. A successful joint replacement and post-operative rehabilitation plan can enhance a quality of life that you may not have enjoyed for some time. It can help you move better at work, play, and rest so that you can get out there and participate in the things you enjoy.

Introduction

Two things are true if you are reading this information. You have been living with joint pain for some time and you and your physician have determined that a joint replacement is an option for you. The goal of surgery is to relieve pain, restore your independence and return you to work and leisure.

Baptist Memorial Hospital-Collierville has developed a comprehensive course of treatment for total joint replacement surgery. We believe that you play a key role in promoting a successful recovery. Our goal is to involve you in your treatment through each step of the program. This guide will give you the necessary information to promote a more successful surgical outcome.

This Patient Guide is an important first step toward being ready for your surgery, post-operative therapy, and life with a joint replacement.

During your hospitalization you will see many different hospital employees who specialize in their role for your successful joint replacement. At Baptist Memorial Hospital-Collierville, we work in concert toward our common goal of improving your quality of life. We believe that solid teamwork between patients, families, physicians, nurses, therapists, pharmacists, secretaries, case managers, administrators, anesthesiologists and volunteers is critical to your recovery. You can expect us to:

- Provide you with high quality care in a healing environment
- Use our professional skills to enhance your health
- Continue to learn and grow from each of our patients
- Act as a team, sharing a common goal: To Provide Superior Care To **YOU!**

Two of the most common joint replacement surgeries performed at Baptist-Memorial Hospital-Collierville are total knee replacements and total hip replacements. The sections below briefly explain each.

What is a Total Knee Replacement?

During a total knee replacement, damaged parts of your knee are replaced with artificial parts.

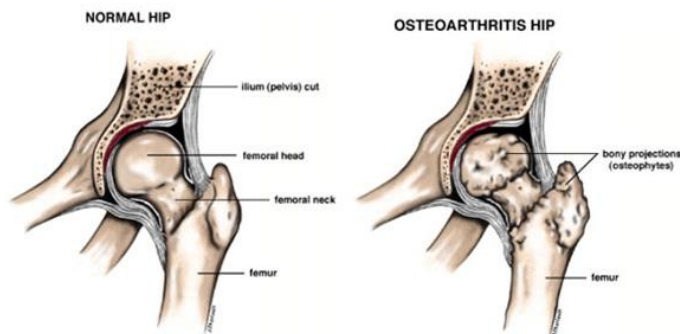
The artificial parts are usually made of metals, ceramics or plastics. The parts are either cemented or press fit into the bone. Your surgeon decides which method is best for you. One part of the knee replacement fits over the end of the upper leg bone (femur) and the other fits over the top of your lower leg bone (tibia). The underside of the knee cap (patella) may or may not be replaced, depending on if it is

diseased as well. The corrected knee often improves bowed or knock-knee deformity. Any arthritis in that knee is now gone. Pain should lessen and function will improve over time.

This surgery is performed through an incision on the side of or the top (anterior portion) of your knee. The length of the incision varies due to your size and other anatomy. The incision is closed together with stitches, staples, and/or glue.



What is a Total Hip Replacement?



To understand the surgery, you must first understand the structure of the hip joint, which is a “ball and socket” structure. The “ball” is attached to the top of your femur (thigh bone). The “socket” is part of the pelvis that grooves inward allowing the “ball” to rest in it. During normal movement, the “ball” rotates in the “socket” to allow you to move your leg forward, backward, away and across your body, and partially rotate. Cartilage covers the “ball” and

“socket” allowing smooth movement in any of these directions and providing a cushion during the impact of walking.

In a diseased hip requiring surgery, the cartilage is worn away and no longer serves as a cushion and makes movement painful. As the damaged bones rub together over time, they become rough like sandpaper. This creates pain with almost any movement which decreases movement and decreases mobility.

When the hip is replaced, a new “ball” component is attached to a stem which is inserted into the thigh bone for stability. This is usually made out of a super alloy metal, plastic or cement. A cup, usually made out of plastic, replaces the worn “socket” in the pelvis. This is held in place by either new bone growing around it or by cement-like material.

This surgery is performed through an incision on the side of or the top (anterior portion) of your hip. The length of the incision varies due to your size and other anatomy. The incision is closed together with stitches, staples, and/or glue.

1 Month Before Surgery Checklist

Advanced Directives

- If you do not have a Durable Power of Attorney for Healthcare or an Advanced Healthcare Directive (living will), now is a good time to complete one. These forms explain to healthcare providers who would make healthcare decisions on your behalf if you were unable to do so, and explain your healthcare wishes to the hospital staff. If you need help obtaining the forms, please let any of us know.
- If you already have these documents, please bring a copy with you to the hospital.

Assistance

- Arrange for assistance at home for a few weeks after you return from the hospital. Most people arrange help from their spouses, children, neighbors and friends. You will need someone to drive you home from the hospital and to and from therapy and doctor’s appointments. If you do not have anyone to help you, please let your surgeon’s office know.

Diet

- Eat a healthy iron-rich diet before surgery. Good sources of iron include red meats, fortified cereals, and green leafy vegetables such as spinach and kale.
- If you take herbal supplements or vitamins, discuss this with your surgeon. You may need to stop taking them before surgery.
- Drink plenty of fluids. This aids in prevention of constipation post-operatively. Most of the fluid you drink should be water and fluid from juicy fruits and vegetables.
- If you have any medical condition in which you should not eat iron rich foods, or increase your intake of fluids (such as kidney failure or heart failure), please discuss with your doctor.

- If you are underweight or not eating a well-balanced diet, you may want to discuss taking a liquid nutrition supplement before surgery with your surgeon. Most dietitians recommend starting the supplement 5 days before surgery and continuing the supplement at least 30 days after surgery. This will help with healing and energy after surgery.

Equipment

- After surgery, everyone will use some type of assistive device for safety. Not all equipment listed below will be appropriate for you to use after surgery. Call your insurance company to find out which items will be covered. A walker, crutches, or a cane are the most frequently prescribed. Your physical therapist will recommend one for you while you are in the hospital. Your surgeon will write a prescription for the equipment and it will be delivered to your hospital room before discharge. If you already have a rolling walker, cane or crutches, be sure to bring it to the hospital with you before surgery so the physical therapist can adjust it if needed.
- An elevated toilet seat or bedside commode is needed after most hip replacement surgeries. These items provide the increased height and prevent your hip from bending into an unsafe angle. Most bedside commodes have arms and can usually fit over your toilet at home. It may also fit in your shower to help with bathing.
- BMH-Collierville does have a medical supply company that you may use if you choose and your insurance covers it. Most of the time, if your insurance covers your surgery here, they will cover supplies from our medical supply company. If you choose not to use BMH-Collierville's medical supply, or your insurance doesn't cover it, you may take a prescription to a medical supply store that accepts your insurance. Some equipment may also be found at pharmacies, home improvement stores, or thrift stores.
- A **sock aid** is helpful to put on a pair of socks by yourself.
- The **reacher/grabber** can help you pull up your pants, pick up dropped items, or reach items higher than arms reach.
- **Safety bars** can be installed in your shower and wherever else as needed. Please do not use towel racks as safety bars. These dislodge easily and could cause you to fall.
- A **shower chair** allows safe transfer into the shower and a place to rest in the shower.
- A **handheld shower head** is helpful for bathing from the shower chair.
- A **basket or bag** attached to your walker is convenient for carrying needed items.
- A **travel mug or thermos** with a secure lid allows for safe transport of liquids.
- **Elastic shoelaces** are helpful to secure shoes instead of trying to tie laces after surgery.
- A **long handled shoehorn** helps you put on shoes without bending too far at the hip.

Exercises

- Building up your strength, especially in your arms, prior to having surgery is very important to having a successful outcome after surgery. Many local gyms and senior centers offer low impact and water exercises to increase strength and endurance.
- Start doing your post-operative exercises now so you will be more familiar with them.

Doctor's Appointment

- You will need to see your primary medical doctor for clearance. If you have a history of heart problems, you will also need clearance from your heart doctor. Your surgeon will let you know if you need to do this. Ask your surgeon what tests he/she prefers so that you may tell your primary doctor. The most common tests are EKG and lab work.

Smoking

- Smoking is known to cause breathing problems that can worsen after any surgery. It can also slow your healing. Smoking while taking pain medication is dangerous. Your primary care doctor can help you with plans to stop smoking.
- Some surgeons will not perform your surgery until you have been smoke/nicotine free for at least 30 days.

Weight Loss

- Seek the advice of a dietitian or exercise specialist if you need to lose weight before surgery. Maintaining a healthy weight reduces the wear and tear on your joints and decreases joint pain. Being at a healthy weight also makes surgery and recovery easier.

Work

- Discuss with your surgeon the amount of time you will need off work. This is usually dependent upon what type of work you do and what type of surgery you have had. Obtain the paperwork from your employer if you will be scheduling time off and have your surgeon sign it as appropriate.

1-2 Weeks Before Surgery

Your Home

You may need to make some changes to your home in order to be safe after surgery. It is best to have the bathroom, living room and bedroom on the ground floor. If this is not the case, you may want to place a bed on the ground floor for a short while. If this is not possible, you may want to stay with a relative or friend for several days after surgery.

- Install night lights in your bathroom, bedroom, and hallway.
- Keep clothing and personal items in an easy to access location. Keep items in drawers that are waist level.
- Remove throw rugs. Move any cords out of where you will be walking. Both can be falling hazards.
- Move furniture or other objects to make a clear walking path.
- Consider having pets stay with someone else. A pet running around your legs or jumping could unintentionally cause you to fall.
- Identify chairs with arms in the living room and kitchen that are not too short or soft. These are the chairs you will want to use.
- Have extra pillows or cushions handy. They can be used to prop, or build height in a chair if needed.
- Move the most commonly used kitchen items to drawers or countertops that are waist level. You should not be bending over, squatting, or reaching, or using step ladders to obtain items.
- Make meals ahead of time that can be frozen and reheated easily.
- Place a rubber mat or non-skid stickers on the floor of your tub or shower.

Medications

- Some medications should be stopped prior to surgery. Please consult with your surgeon about what you should stop and when you should stop taking the medication.
- Medications that are often stopped prior to surgery include, but are not limited to:
 - Aspirin
 - Ibuprofen (Advil)
 - Aleve (naproxen)
 - Plavix
 - Coumadin (Warfarin)
 - NSAIDS
 - Vitamins
 - Fish oil
 - Herbal supplements
 - Herbal teas
 - Some pain medication
 - Xarelto
 - Eliquis
 - Pradaxa
 - Any other blood thinners

- Please discuss with your doctor any illicit drug or alcohol use. It is important to know as it affects your anesthesia and pain management plan.

Pre-Operative Class

- Campbell Clinic and OrthoOne offer a Prehab program for their total joint replacement patients. This class is tailored to each patient and is mandatory for Campbell Clinic and OrthoOne patients. If you are a patient at Campbell Clinic or OrthoOne and you have not already been scheduled for this class, please call 901-759-5491 (Campbell Clinic) or 901-861-9610 (OrthoOne) to schedule a visit. If your surgeon is not with Campbell Clinic or OrthoOne, please call our Case Management department at 901-861-8963 to do a brief Prehab class over the phone.

Pre-Admission Testing

- Your surgeon's office will schedule you for Pre-Admission testing.
- Please bring a complete list of your medications and your pharmacy name and phone number to this appointment.
- When you arrive at BMH-Collierville, park in the front parking lot in front of the building.
- Enter the front entrance and proceed to the registration desk to the left.
- Here you will sign some paperwork, give your insurance information, and take care of any financial obligations.
- You will have an ID bracelet placed on your wrist. It is very important that you do not remove this bracelet until you are finished with your appointment and have left the building.
- You will then be shown to a small waiting area for a pre-admission testing nurse to come get you. The wait time averages about 10 minutes or less, but please be patient if it takes longer.
- The pre-admission testing nurse will take you to a room and draw your blood, perform an EKG, and complete any other testing that needs to be done prior to your surgery. If these tests have been done in your doctor's office prior to your arrival, she will obtain this information and place it on your chart.
- If any of your pre-admission testing is abnormal, your surgeon's office will notify you and inform you of the plan to correct the abnormalities prior to surgery.
- You will be given some Sage 2% Chlorhexidine Gluconate (CHG) cloths to use 2 days before your surgery and the night before your surgery. You will also be given wipes to use the morning of surgery at the hospital. This solution helps decrease bacteria on your skin and lowers your chances of getting an infection. Please DO NOT use these if you have an allergy to Chlorhexidine Gluconate. Use the wipes as stated on the instruction form. If you do not attend pre-admit testing and do not have any CHG cloths to use at home, you will just use them the morning of surgery at the hospital.

A Few Days Before Surgery

Bills: Get bills caught up so you won't have to worry about them when you return home.

Clean: Clean the house. Do the laundry you will need while you recover. Have clean sheets on the bed you plan to sleep in after surgery. Have plenty of towels available in the bathroom.

Groceries and Supplies: Purchase food that you will need at home during your recovery. Easy to prepare meals are a great idea. Frozen bags of peas and corn can be used for ice packs!

Infection: Notify your surgeon right away if you think you may have any type of infection: bladder, skin, tooth, the flu, a cold, etc.

Transportation: Confirm how you will get to and from the hospital. Make sure your driver has an appropriate vehicle. Small, compact cars are not the best choice. Assure that the passenger seat reclines and can fully slide backward. Take a pillow along to sit on. Remember, if you've had a hip replacement, your knees should be lower than your hips.

Shower 2 Days Before Surgery

- Use the CHG wipes as stated on the instruction form.
- Dress in freshly laundered clothes.
- Do NOT use lotions, powders, deodorant, perfumes, body sprays, or aftershave.
- Do NOT shave in the area in which you will have surgery.
- Sleep on freshly laundered linens.

Shower Day Before Surgery

- Repeat steps above for the day before surgery shower.

Shower Morning of Surgery

- Repeat steps above for the morning of surgery shower.
- Remember to not apply any powders, lotions, deodorant, perfumes, body sprays, or aftershave.
- Dress in freshly washed clothes before arriving for surgery.
- Remove all jewelry before arriving for surgery. Remove all contacts, dentures, hairpins, wigs, etc. You are responsible for the safekeeping of your valuables.

The Night Before Surgery Checklist

DO Bring:

- Your most current list of medications, noting which have been stopped and when.
- A current list of your allergies, including what type of reaction you have.
- Loose pajamas or short nightgown and robe, if desired to wear after surgery (You are welcome to wear a hospital gown. We want you to be comfortable.)
- Underwear
- Slippers with backs and rubber soles or sneakers (NO slide-in slippers)
- Socks
- Personal toiletries (toothbrush, toothpaste, denture care, deodorant, electric razor, comb, brush, makeup)
- Eyeglasses
- Hearing aid and backup batteries
- CPAP machine if you use one
- Cell phone and charger
- Photo ID, insurance cards
- Copy of your Advanced Directives
- Important telephone numbers
- Snacks, candy, gum
- Books, magazines, or a hobby (knitting, cards, etc.)
- Change for vending machines
- Any equipment you already have such as a walker, reacher, sock aid, etc.
- This guide booklet

DO NOT Bring:

- Valuables (jewelry, credit cards, large amounts of cash)
- Your own medications

Eating and Drinking

- Do NOT eat or drink anything after the time you were instructed. Ice chips, gum, mints and smoking are NOT allowed.
- DO take any medications you were instructed to take on the morning of surgery with a small sip of water.
- You may brush your teeth.

Introducing Your Care Team

Orthopedic Surgeon --- A physician who performs your total joint replacement surgery and directs your care. This doctor guides your rehabilitation and follows you through office visits.

Anesthesiologist/Certified Registered Nurse Anesthetist (CRNA) --- A physician or advanced practice nurse that is responsible for your anesthesia (putting you to sleep and/or numbing your legs). These team members may also help manage pain before and after surgery.

Hospitalist--- A Medical Physician or Nurse Practitioner who manages other aspects of your care while you are in the hospital, especially if you have diabetes, heart disease, or other comorbidities that may affect your recovery. These physicians communicate with your surgeon and your primary care physician about any needs that you encounter during your stay.

Case manager/Discharge Planner --- A registered nurse or social worker who works closely with your surgeon and other team members to help you make decisions about your discharge plan. This may include outpatient therapy, home equipment, and/or rehabilitation care if needed. This person can also answer your questions about insurance coverage for services and equipment.

Physical Therapist --- A therapist that plans your physical rehabilitation after your total joint replacement. This therapist will help you regain range of motion, improve muscle strength, and balance to walk safely with your new joint. You will learn how to use assistive devices such as a walker.

Occupational Therapist --- A therapist that is responsible for helping you be as independent as possible with self-care after your joint surgery, while maintaining your joint in the proper position. This may include teaching you how to get out of bed, how to safely transfer to a chair, how to dress, and how to bathe yourself using any new equipment you may need.

Physician's Assistant or Resident --- A healthcare professional that works with your physician to prescribe, diagnose, and treat health care problems.

Registered Nurses (RNs) --- Professional nurses that are responsible for managing your bedside nursing care following your surgery. Nurses use the surgeon's instructions to guide your care. They provide pain medication and other interventions ordered by your physician. RNs provide education to you and your family about your health and safety needs. This includes information before and after surgery and helps you plan for your discharge from the hospital. RNs also provide care and education in your surgeon's office.

Patient Care Assistant (PCA) --- Specially trained individual that helps care for you on the inpatient unit following surgery. This person will work closely with the nurse and therapists to help get you out of bed and help with your personal care.

Early Mobility

We want you up and walking on the same day you have surgery! A physical therapist or a nurse will assess you to make sure you are safe to get out of bed. This includes making sure any spinal anesthesia has worn off and that your legs are no longer numb.

You should be getting out of bed to use the bathroom or bedside commode after surgery. **Please do not get up unless a staff member is assisting you!**

Day Before and Day of Surgery

Day Before Surgery

- You will receive a call from our pre-op area to confirm the time you need to arrive on the day of surgery. If you do not receive a call by 4pm, please call 901-861-8830.

Pre-op

- Arrive at the time you were instructed to arrive by the nurse who did your pre-admission testing.
- Proceed to the registration desk to obtain your paperwork and have your ID bracelet placed. After this, you will be directed to the pre-operative surgery area.
- In the preoperative surgery area, you will have your vital signs taken, a pre-surgical screening, and asked about any updates to your medications or health history since you were seen for pre-admission testing.
- You will put on a hospital gown and non-skid socks. You will be asked to remove all jewelry, dentures, hair pins or elastics and undergarments.
- You will be allowed to use the restroom.
- You will have an intravenous line started in your arm (IV).
- When the surgical department is ready for you, they will notify staff who will transport you by stretcher to the holding area.

Holding Area

- The surgeon and the anesthesiologist will meet with you and discuss your surgery.
- The surgeon will make a mark on your body with a marker in the area that is to be operated on.
- You may be given medications such as antibiotics and medications to help you relax through your IV line.

Operating Room

- You will be taken to the operating room by stretcher. Your family will be directed to the lobby.
- It is very bright in there and there will be a lot of people around.
- You will be placed on the table on which your surgery is to be performed.
- You will be placed on a heart monitor and a blood pressure cuff will be placed on your arm.
- You will be given medication through your IV line or through a breathing mask (or both) that will make you go to sleep, even if you have spinal anesthesia.
- Your surgery is completed.
- The surgeon will talk with your family once your procedure is completed.

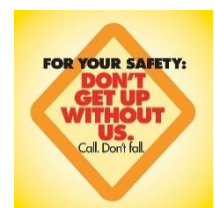
Recovery Room

- You will wake up in the recovery room where you will still be attached to a heart monitor and blood pressure cuff.
- You may also have oxygen in your nose or by a face mask.
- You will have a device attached to your finger that measures your oxygen level.
- You will have special boots on your feet or legs that squeeze gently. These help prevent blood clots from forming in your legs.
- You may be given ice chips or a soft drink to sip on.
- You may have a foam wedge or pillows between your legs that keeps your legs apart and keeps you from crossing your legs.
- You may have a surgical drain in place attached to a small bag that collects fluids from your surgical wound.
- You will have a dressing over your surgical wound.
- You may have an ice pack placed on your surgical site.

- You will be instructed to cough and deep breathe by your nurse.
- Depending upon your personal health history you may have your blood sugar checked, given a breathing treatment or other interventions.
- You will be given pain and nausea medications through your IV as needed.

Hospital Room

- After your recovery period you will be taken to an outpatient room or your inpatient room. Your family may be waiting there for you, or the recovery room nurse will call them and tell them you are on your way to that room.
- You will be greeted by the nurse that will be caring for you postoperatively. She/he and the recovery room nurse will discuss your surgery, your past medical history, and the care you have received. We encourage you to be a part of this conversation!
- The nurse and/or the patient care assistant will connect you to a blood pressure machine and a machine that reads your oxygen level. You may or may not still have an oxygen tube at this time. The nurse will be checking your vital signs and your operative leg frequently.
- The special boots that were attached to your legs will be continued.
- You will have pain and nausea medication ordered. For safety, these medications are only given as needed. Please discuss with your nurse when you need them.
- Your physician may order other types of medications that will help with pain and other discomforts that may be given to you on a scheduled basis, or may need to be something that you ask for. Please discuss your discomfort with your nurse so that you can participate in the decision making for your care.
- Your physician will review the medications that you took at home prior to your surgery and reorder them as appropriately needed. Some medications will be discontinued after surgery. Please ask your nurse about any medication questions you may have.
- Sometimes, your blood pressure may be low after surgery. If you take medications that will affect your blood pressure, your nurse may not give these medications to you based on parameters ordered by the physician or he/she will have a discussion with your doctor to determine when to give these medications to you. You will be instructed when you can resume taking this medication.
- **Please do not take your own medications.**
- The staff will encourage you to get out of bed for toileting and for meals. The staff is specially trained in hip and knee precautions and is able to get you out of bed as needed. **Please do not attempt to get out of bed without a staff member.** Safety at this point in your recovery is our #1 priority.
- Your diet will be advanced slowly depending on your level of nausea. You may be able to eat solid food by late afternoon. You will be encouraged to drink fluids.
- You will begin physical therapy and/or getting out of bed immediately after your surgery. Our goal is to have you up and walking soon!



Day After Surgery

- If you are still in the hospital, today is going to be a busy day!!!
- You will be given a medication to reduce the chance of developing blood clots (aspirin, Lovenox). You will be given pain medication as needed to keep your pain level low enough so that you can rest and participate in therapy. Please discuss your pain management plan with your nurse.
- You will be visited by your surgeon who will discuss your surgery, your plan for the day, and your discharge plan.

- The physical therapist will visit you and help you get out of bed. You can expect to walk in your room and out into the hallway. This is a good opportunity to use the restroom. You will learn exercises for strengthening, and precautions to take with your new hip. The therapist will discuss the equipment you already have and the equipment you will need. They will also discuss your living arrangements and focus on things you may need for home, such as navigating steps.
- An occupational therapist may visit you and show you how to put on your clothes and shoes, get items off the floor, etc. The occupational therapist usually visits in conjunction with the physical therapist.
- A case manager will visit you and discuss any home medication needs, physical therapy after discharge and follow up care. The case manager also arranges to obtain any equipment you may need through your insurance.
- The physical therapist will visit you again in the afternoon to help you out of bed and exercise. You may practice navigating steps and stairs at this time.
- If you are waiting for any equipment to be delivered, it will be delivered today before discharge.
- The nurse will reinforce discharge teaching, go over the medications you are to take at home, give you any new prescriptions, reinforce your follow up appointment, and take out your IV line. Your new prescriptions may have been sent in electronically from your surgeon's office. Please ask for clarification of anything you do not understand.
- It's finally time to go home!!!! Congratulations!
- The nurse or patient care assistant will help you down to your car in a wheelchair. We have carts available to help you with your belongings. Please have your driver pull up to the front entrance.

Frequently Asked Questions About Total Joint Replacements

A well-informed patient is one who will be able to take an active part in their care and rehabilitation. At BMH-Collierville, we want you to know what to expect every step of the way. Knowing what to expect lessens anxiety and helps you and your caregiver avoid and recognize potential problems. The following questions are common from patients who have a total hip replacement planned.

- **Why do most people have a joint replacement?**
The most common reason is to reduce pain. People want to be able to walk and participate in activities without pain. Having a total joint replacement improves the quality of life for many people.
- **What are the major risks related to total hip replacement surgery?**
There are risks involved with any surgery or procedure. Infection and blood clots are especially avoided by the use of preoperative skin disinfectant wipes, antibiotics, anticoagulants, and equipment. Moving around and walking are the best ways to prevent a blood clot. The chances of a blood clot or infection are very low. Dislocation of your new joint is prevented by complying with the precautions you will be taught by your therapists. Your surgeon will discuss the risks of hip replacement surgery with you prior to your operation.
- **Am I too old for this surgery?**
Age is not an issue if you are in good health. You may be asked to obtain medical or cardiac clearance from your primary doctor before surgery.
- **Will I need a blood transfusion?**
Most people do not need a blood transfusion after surgery. There are medications available to help decrease the need for a blood transfusion.
- **Will I be put to sleep for surgery?**
Most hip and knee replacements are done using spinal anesthesia. Peripheral nerve blocks are sometimes done for knee replacements, which provides numbness to the leg that is being operated upon. Occasionally, a patient may require general anesthesia. Everyone will receive medication that will

cause them to “sleep.” Several factors are included to decide which type of anesthesia is best for you including prior experiences with anesthesia and surgery, previous surgeries, general health, allergies and benefits and risks of each type of anesthesia. Talk with your surgeon to discuss which type of anesthesia is best for you.

- **How long will my surgery last?**

One to two hours is the usual amount of time needed for the actual surgery. However, you will have about 2 hours in pre-op before surgery and you will spend about an hour in the recovery room. So, expect a long day.

- **Will I have pain after surgery?**

You will have discomfort after surgery that will lessen over the first several days. Medications are available to help make you more comfortable and to help you better participate in therapy. Participating in therapy and approved exercises also helps relieve pain. Ice packs may also be used for the first day or so after surgery.

- **When can I get out of bed?**

It is safe for you to get out of bed on the same day you have your surgery. However, you should have experienced staff with you every time you get up. Suffering a fall or damage to your surgical site will significantly impact your recovery. Please use your call button for assistance out of the bed and/or the chair.

- **Will I need to use a walker? How long will I need to use a walker?**

You will use a walker after surgery. The length of time you use it will depend on your type of surgery, your physical stability, and your safety. However, you can expect to use some type of safety device for several weeks.

- **When can I shower? Can I take a bath? What about my dressing?**

You can shower with assistance when approved by your surgeon. This is usually by the time you go home. Once approved to shower, you may allow soap and water to wash over your dressing. This dressing is waterproof. Do not scrub the dressing with a washcloth or other device. Pat the dressing dry when out of the shower. Do not rub. Do not remove the dressing until instructed to do so by your surgeon. Most surgeons prefer to remove the dressing at your first post-op appointment. Use a shower chair or your bedside commode in the shower in case you get tired while standing. You will not be able to sit down in a bathtub for several months after surgery.

- **How long will I stay in the hospital?**

Most patients will go home the same day as their surgery. However, some patients spend one night in the hospital. Some patients need to spend a few extra days in the hospital, especially if they are going to a rehab facility, or have medical conditions that may limit their progress.

- **Will I need physical therapy at home?**

Most patients continue therapy in an outpatient setting. Therapy options should be explored prior to your surgery with your insurance company and your surgeon.

- **Will I need special equipment at home?**

You will need a walker. You may need an elevated toilet seat or commode, shower chair, and grab bars. Equipment may be arranged before or during your hospital stay. Do not use towel racks in the bathroom as grab bars. They are not stable and may come out of the wall and cause you to fall.

- **Can I drive after my surgery?**

You should not drive immediately after surgery. Discuss with your surgeon the appropriate time in which you may resume driving. You cannot drive while taking prescription pain medication. Most states consider this “driving under the influence.”

- **When can I have sex after hip replacement surgery?**

Sexual activity is not recommended immediately after joint replacement surgery. It usually takes 4-6 weeks for your surgical site to heal, but could take longer. Your surgeon will determine what timeframe is safe for you. Following precautions to prevent complications is very important.

- **When can I return to work?**

Most often, 4-6 weeks is needed to complete your therapies and to heal. It also depends on the type of work you do. Discuss your work activities with your surgeon. Most employers require a "return to work" document that you may obtain from your surgeon's office at your follow up appointment.

- **When can I play sports again?**

You are encouraged to participate in low impact activities such as golfing, walking, hiking, swimming, and bowling. High impact activities such as running, tennis, and basketball are not recommended. Discuss specific activities with your surgeon.

- **How often will I need to see my surgeon after surgery?**

Your surgeon will see you at least daily while you are in the hospital. After you are discharged, you will need to see your surgeon for a follow up appointment within 2 weeks. It is very helpful to have this appointment prescheduled before your surgery. You will discuss further appointments at your follow-up appointment after surgery.

Recognizing and Preventing Potential Complications

Blood Clots

Because you are not using your legs like you normally would, blood clots can form in the pooled blood in the veins in your legs, also known as a deep vein thrombosis (DVT). These clots can move to the lungs where they can cause a life-threatening condition known as a pulmonary embolism (PE).

Signs of a DVT (contact your surgeon right away for any of the following):

- Pain or excessive tenderness in your calf or leg
- Redness in your calf
- Swelling in your foot, ankle, calf, or thigh

Signs of a PE (call 911 right away for any of the following):

- Sudden shortness of breath
- Chest pain or pressure
- Coughing up blood
- Unexplained anxiety especially with breathing

Infection

Hand washing with soap and water or using an alcohol-based hand sanitizer is the most important step in preventing infection. You and your caregivers need to disinfect your hands prior to and after performing any care. Keep your incision clean and dry. Eating a healthy diet and drinking plenty of fluids can help prevent infection as well.

Signs of infection include:

- Increased redness, heat, or swelling around the incision.
- Increased or foul-smelling drainage from the incision
- Increased pain in the surgical site
- Fever greater than 100°

Notify your surgeon if you have infection anywhere else in your body (bladder, tooth, sinus, etc.) prior to or after surgery.

Your New "Normal"

Congratulations on taking the step toward a better you!

Whether you have reached all your recommended goals or not, all total joint patients need to have a regular exercise program to maintain fitness and health of the muscles around your new joint. The stronger you are, and the closer to a healthy weight you are, the longer your new joint will last. You will need to participate in a low impact activity several times a week for the rest of your life.

Many gyms, senior centers, and the Arthritis Foundation offer low impact activities with the added benefit of socialization with people who are living with new joints too!

Some great community resources are:

The Wellness Center

1500 West Poplar Ave.
Collierville, TN 38017
(gym located inside the hospital)
901-861-8926

YMCA at Schilling Farms

1185 Schilling Blvd.
Collierville, TN 38017
901-850-9622

YMCA DeSoto

8555 Goodman Rd.
Olive Branch, MS 38654

www.arthritis.org

www.colliervilleparks.com

Once again, we thank you for entrusting your care to us. We ALWAYS strive to provide you with the highest quality care.

While no one wants to be in the hospital, we hope that your stay here has been a positive experience.

Please note that this booklet is meant to be taken as a guide. Everyone is unique and may heal differently or have special needs. Please always follow your physician's instructions regarding your care.

We would love to hear from you! Please direct any correspondence to:

BMH-Collierville Administration
Attn: The Joint Venture Program
1500 West Poplar Ave.
Collierville, TN 38017

Or call:
901-861-9400

Additional Instructions Not Included in this Guide

Questions for my Care Team

[illegible]

My Current Medication List

Medication Name	Dose	Frequency	Date/Time of Last Dose	Date to Stop Before Surgery	Other Instructions
Example Med #1 <i>Lexapro</i>	20mg	Once a day	9/9/2015 @ 8am	9/15/15	
Example Med #2 <i>Metoprolol</i>	25mg	Twice a day	9/9/2015 @ 8am	Do not stop	Take on the morning of surgery

Medication and Food Allergies

Medication Name	Reaction

My Health Care Provider's Contact Information

Health Care Provider Name	Address	Phone Number
Pharmacy Name	Address	Phone Number

Physician's Appointment List

Health Care Provider Name	Address	Phone Number	Date	Time

Therapy Appointment List

Name of Therapy	Address	Phone Number	Date	Time