Welcome to Lakeview Hospital

Thank you for choosing Lakeview Hospital for your total joint replacement! Known state-wide for our orthopedics and spine programs, Lakeview Hospital was rated #1 in Utah for Overall Orthopedic Procedures by HealthGrades (the nation’s leading independent health care ratings organization). 2012 marks the second year in a row we have received this distinction!

At Lakeview Hospital our top priority is ensuring you have a wonderful experience. We believe that experience begins with education about your procedure and understanding what you can expect before, during, and after your surgery.
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Perform the exercises included in the back of this packet. Exercises should be done daily. This will help you begin strengthening your muscles and learning the exercises you will need to do after surgery.

Maintain your activity.

Don’t stop moving. Generally, the more active you are prior to surgery, the easier your recovery.

Consider if you should go directly home from the hospital or to a rehabilitation facility.

Some things to consider when making the decision include:

~ Do you live alone or with someone who is unable to provide physical assistance?
~ Do you have significant difficulty with mobility now?
~ Do you have many stairs or an unusual floor plan in your home?

Prepare your home for your arrival:

~ Remove throw rugs, electrical cords in walkways, clutter, or anything else you could trip on.
~ Widen walkways if possible. Remember, you will probably be using a walker and will need extra space to maneuver.
~ Move frequently used items in the cupboards to shoulder level, so you don’t have to stoop or step on a stool to reach them.
~ Prepare and freeze meals, if needed.
~ Change bedding, complete laundry, etc.
~ Pets can be a trip and fall risk. Consider how you will manage your pet. It may be beneficial to prepare a contained area for your pet, especially if they are excitable or difficult to control.
~ Arrange transportation. You will need clearance from your surgeon before you begin driving again.

Consider buying bathroom equipment.

Most total joint patients benefit from these items. However, insurance companies generally do not pay for them. Items listed below can be purchased at medical supply companies as well as stores such as Wal-Mart, Rite-Aid, Walgreens, etc. If you are unsure about whether you will need these items, or what will fit your needs specifically, you can wait and discuss this with your occupational therapist during your hospital stay.

Some items to consider include:

~ Toilet seat riser. Allows easier transfers on and off the toilet. If you don’t have grab-bars to push up from, one with handles is recommended. If you have a high (handicapped height) toilet, or are very short, you may not need one.
~ Tub-shower transfer bench (for those with tub/shower combinations). This allows a safe transfer into the bathtub. It can be used as a shower bench in your bathtub/shower combination during the shower. This makes showering more safe and comfortable.
~ Shower chair (only for those with walk in showers). Allows you to sit while showering. This also makes showering more safe and comfortable.
~ Hand-held shower head (optional). This makes showering easier and safer while you are recovering.

Stop smoking!

Smoking delays healing. You are not allowed to smoke while you are a patient in the hospital.

Pre-register and perform the lab work assigned by your surgeon.
What Should I Expect the Day Before and Day of Surgery?

You will be required to remove all jewelry, hearing aids, most removable dental apparatus and undergarments during your surgery.

Arrive at the Same-Day Surgery entrance on the South side of the hospital. There you will check in and begin preparation for surgery.

Your nurse will start an IV and you will receive a dose of antibiotics to assist in preventing infection. Your nurse will review your medications, ask when your last meal and drink were, and possibly perform lab work or give you medications as ordered by your surgeon.

Your surgeon will mark your surgical site and answer any last minute questions.

You will meet with your anesthesiologist and discuss anesthesia options and any concerns you may have.

Anesthesia will be given, and you'll be taken for surgery (see information about anesthesia). After surgery, your doctor will speak with your family in the waiting room. Your family may wait for you in your room on the 4th floor after speaking with your surgeon.

You will go from surgery to the recovery room, where you will be monitored while you wake from anesthesia. This may take up to 1–2 hours after the surgeon has spoken with your family. You will then be transferred to our orthopedic specialty area on our 4th floor.

You will be called the day before your surgery (on Friday if your surgery is on Monday) with your arrival time.

Do not eat or drink anything after midnight the day before your surgery.

When you pre-register, the nurse will let you know if there are any medications you should take the morning of your surgery. These medications should be taken with a small sip of water. Otherwise, do not take your medications.

You should shower or bathe before surgery. This has been shown to decrease the chance of infection.

~ Use an antibacterial cleanser on the front and back side of your surgical leg, 1–2 inches above and 12 inches below the surgical site (you can obtain a cleanser during your pre-registration visit, or may use a cleanser such as Hibiclens).
~ Wash this area for 2 minutes, rinse and dry normally.
Information About Anesthesia & Fall Risk

Most patients do not have general anesthesia. Instead, they receive a combination of medication to make you sleep and “nerve blocks” to numb the surgical area. Research shows this usually results in fewer anesthesia-related complications, such as nausea, and is better at controlling the most severe post-operative pain.

~ Spinal Block (for total hips, hip resurfacing and total knees): numbs both legs from the waist down. Usually lasts for 2–4 hours after surgery. Given in the lower back.

~ Femoral Block (total knees): numbs the front part of the surgical leg. Usually lasts between 12–48 hours after surgery. This takes away the majority of pain during that time period. Given in the groin area of the surgical leg.

~ Sciatic Block (total knees): numbs the back part of the surgical leg. Given in the back of the surgical knee. Usually lasts between 8–12 hours after surgery.

Your anesthesiologist will use ultrasound to visualize the nerve and inject the numbing medication prior to surgery. A local anesthetic is used to make the delivery of the “block(s)” less painful.

These “blocks” are very effective at managing pain. However, they make the surgical leg very unstable to stand on. This puts you at a HIGH RISK FOR FALLING. Your safety is our top concern! To prevent falls and possible complications...

YOU SHOULD NEVER STAND WITHOUT A STAFF MEMBER HOLDING ONTO YOU!

Make the decision now that you will NEVER stand without assistance.

Falls after joint replacement are serious…

~ You can damage your new knee or hip.
~ You are at an increased risk for bleeding seriously due to blood thinner use.
~ You can injure other parts of your body that will make recovery much more difficult.

REMEMBER, CALL DON’T FALL!

What Should I Bring With Me?

~ Photo I.D. and your insurance card—REQUIRED
~ Loose fitting clothing and underwear: 2–3 sets (Elastic-waisted pants/shorts, pajama bottoms etc.)
~ Hearing aids and dentures
~ C-pap or Bi-pap machine, if you use one
~ Special pillow or blanket, if desired
~ Music, books, or magazines, if desired
~ Personal toiletries (We provide basic toiletries such as toothpaste)
~ DO NOT bring jewelry/valuables, cash etc. (Lakeview Hospital has a safe available for any valuable items if needed)
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What Can I Expect from Rehabilitation?

You will participate in “group physical therapy” twice daily and perform your exercises and stretches with other total knee, total hip, and hip resurfacing patients. Group therapy is led by a physical therapist.

Total knee patients can expect to begin working on their range-of-motion immediately.

Some things you can do to help after surgery are:
- Keep the knee absolutely straight when lying in bed. This helps you to regain full knee extension. This includes keeping the knee cap and toes pointed toward the ceiling and not placing anything under the knee joint.
- Use the continuous passive motion machine as directed.
- Perform the stretches as directed.
- Continue the stretches once you return home.

You will also be evaluated by an occupational therapist. He or she will ask questions about your prior level of function, home situation, discharge plans, etc. and will teach you about:
- Transferring on and off the toilet and into and out of the shower
- Dressing, grooming, bathing safely
- How to dress your surgical area for showering
- Home safety
- Movement restrictions

Our rehabilitation experts will ask you questions about your prior activity level, home situation, discharge plans, etc. They will also teach you about:
- Getting in and out of bed
- Walking safely with a walker or crutches
- Negotiating stairs
- Any weight bearing or movement restrictions
- Exercises and stretches

You will also be evaluated by an occupational therapist. He or she will ask questions about your prior level of function, home situation, discharge plans, etc. and will teach you about:
- Transferring on and off the toilet and into and out of the shower
- Dressing, grooming, bathing safely
- How to dress your surgical area for showering
- Home safety
- Movement restrictions

The occupational therapist will determine if there is a need to continue occupational therapy and for how long. Not all patients receive occupational therapy the entire time they are in the hospital, depending on their function.

Occupational therapy is generally received once daily.

Occupational therapy can also help you to decide what bathroom equipment you need and help arrange for a company to supply you with the needed equipment.

Most total hip and hip resurfacing patients will have some movement restrictions. These are called Total Hip or Dislocation Precautions. These precautions prevent a possible dislocation of the new hip:
- Do not cross the surgical leg over the midline of the body. This includes crossing the knees or ankles.
- Do not bend the hip past a 90 degree angle.
- Do not turn the toes inward.
- You should especially avoid performing the above movements forcefully or in combination with each other.

Your occupational therapist will teach you how to dress while adhering to these movement restrictions and provide you with tools to make this easier.

Most patients are discharged between 1–3 days after surgery depending on your surgery and your surgeon. Your surgeon will discuss your expected length of stay with you.
Most patients that discharge home will require home health care. **Home health care will include:**

~ Physical therapy for continued rehabilitation, usually 3 times per week.
~ Nursing for blood work required for safe Coumadin (blood thinner) use, usually 2 times per week.

Patients usually transition to outpatient physical therapy after 2–4 weeks of home health.

**Discharge goals or discharge criteria for home generally include:**

~ Able to safely walk 150 feet with walker or crutches.
~ Able to go up and down as many stairs as are necessary for your home situation safely.
~ Able to perform exercises and stretches as instructed by the handout.
~ Able to use continuous-passive-motion machine as instructed by the handout (total knee patients).
~ Able to dress, bathe, and groom safely.
~ Able to get on and off toilet and in and out of shower safely.
~ Know your weight bearing or movement restrictions.
~ Able to bend and straighten your knee 0–90 degrees (total knee patients).
~ Pain and nausea well controlled.

Your nurse will go over discharge instructions including medications, dressing care, follow-up appointment information, etc. prior to you leaving the hospital.

Some patients will discharge to a skilled nursing facility or to a rehabilitation facility for continued care. This will be coordinated by our discharge planner.

You will need someone to drive you home. If you are leaving for a skilled nursing or rehabilitation facility, that facility will transport you.

You will receive a follow-up call within two weeks of your discharge to help us evaluate your care.

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**Discharge Information**

A discharge planner will help you in making discharge arrangements for discharge location, continuing services (home health care), and equipment.

Most total knee patients can expect to take a continuous passive motion machine (CPM) home with them. This is a rental unit that will be returned when you are finished using it. You will be given detailed instructions on how, and when to use this machine before being discharged. This machine helps with range-of-motion and pain.

Patients should expect to need a walker or crutches when discharging. The physical therapist(s) will help in determining the appropriate assistive device(s). We can assist you in obtaining this equipment, if you don’t have it available to you already.
Many complications following joint surgery are preventable. You can take part in decreasing the risk of the most common complications. This portion of the booklet reviews the most common complications, why they occur, how to prevent them, how to recognize them, and what to do if one occurs.

Blood Clots:
~ You are at risk for blood clots any time you have surgery. They can occur when blood is allowed to sit and pool in one area, which is more common after surgery because your mobility is limited. Muscle movements help to pump blood throughout your body.
~ Clots can occur in either leg. They most commonly occur in the calves, but secondarily in the groin.

To Prevent Blood Clots:
~ Begin ankle pumps as soon as you can. Move the feet back and forth as if you were pushing on the gas pedal of a car. Do this twenty times per hour while awake.
~ Be up and moving as much as possible in the hospital (with assistance) and at home.
~ Wear compression devices while in the hospital.

~ Wear your TED hose in the hospital and continue to wear them until your follow-up appointment with your surgeon.
~ Take Coumadin as instructed. You will receive in-depth education from the pharmacists about Coumadin while you are in the hospital.

Signs and Symptoms of Blood Clots:
~ Hot, swollen, very painful, red area. Usually occurs in the calf, but can occur in the groin or anywhere else in the body. Can be either leg.
! If this occurs, call your surgeon’s office.
~ Sudden difficulty breathing. This is a sign that a blood clot has entered the lungs.
! If this occurs, CALL 911!

Pneumonia:
~ Occurs when the lungs are not filled sufficiently with air. This occurs due to a combination of factors including anesthesia, lying down more than usual, pain medications and limited mobility.

To Prevent Pneumonia
~ Use incentive spirometer ten times per hour (you will be given instruction on this while in the hospital).
~ Be as mobile as possible with assistance.
~ Sit up as much as possible.

Signs and Symptoms of Pneumonia:
~ Productive cough
~ Fever
~ Difficulty breathing
! Call your surgeon’s office if you have these symptoms.

Infection:
~ Can occur at the time of surgery, but it is also possible to develop infection any time after the surgery.

To Prevent Infection:
~ You will receive preventive antibiotics before surgery and after surgery.
~ Take a shower and cleanse the surgical site at home before surgery as instructed in this booklet.
~ Your surgery will be done in a sterile environment with standard infection control measures.
~ You will be cared for on a floor in the hospital that is infection free (no patients with active infections are cared for on the orthopedic floor).
~ Wash your hands thoroughly before touching the dressing or incision.
~ Do not soak your incision by getting in bathtubs, swimming pools, hot tubs, lakes, etc. until incision is well healed (usually 6 weeks).
~ Cover dressing when showering for 3 weeks (different surgeons may have different restrictions on showering; this will be discussed with you).
~ Change dressing if it becomes wet.
~ Tell dentists and other health care providers you have an artificial joint before dental cleanings or any other procedures (such as endoscopy or colonoscopy). They may prescribe a preventive antibiotic.
Signs and Symptoms of Infection:
~ Hot, swollen, red, painful incision
~ White, smelly or excess drainage
~ Fever
~ Incision that doesn’t seem to be healing
~ Increase in pain after pain was improving or gone

! Call your surgeon’s office if any of these signs are noticed.

Stiff Knee (total knee)
~ Occurs because scar tissue develops after knee surgery.

To Prevent Stiff Knee:
~ Begin range of motion exercises immediately. Include stretches as instructed, continuous-passive-motion machine use and keeping knee straight when lying down.
~ Continue stretches after discharge.
~ Range-of-motion exercises will be uncomfortable. But it is important to continue doing them. It is very difficult to damage your new knee joint with prescribed range-of-motion exercises.

Signs and Symptoms of Stiff Knee:
~ Very difficult range-of-motion
~ Your physical therapist will help you to determine whether your range-of-motion gains are within normal expectations.

! Discuss your range-of-motion with your surgeon if you have concerns.

Hip Dislocation (total hip):
~ Tissues that hold the hip into place have been weakened. You must allow them to heal fully before performing motions that stress these tissues.

To Prevent Hip Dislocation:
~ Follow Dislocation Precautions as instructed

Signs and Symptoms of Dislocated Hip:
~ Shortened leg with or without rotation
~ Very painful hip or thigh
~ Decreased movement
~ Inability to weight bear

! Go to the Emergency Room if you suspect you have a dislocated hip.

This information is designed to provide general guidelines. Your individual needs may vary depending on your condition and specific circumstances. These differences will be discussed with you as needed.
Total Joint Pre-Operative Exercises

Lie on your back, or sit with legs straightened. Place a rolled up towel under both knees.
Straighten knees fully. Pause and slowly lower. Relax completely at the bottom before repeating. Keep the back of the knee on the towel roll at all times.
Repeat 30 times with each leg.
Perform this exercise twice daily.

Lie on your back, or sit with legs straightened. You may bend one knee and place the foot on the bed or floor to support the lower back.
Keep the leg completely straight, then raise it about 8–12 inches. Slowly lower. Focus on keeping the knee straight rather than lifting your leg high.
Repeat 30 times with each leg.
Perform this exercise twice daily.

Sit in a chair.
Straighten the knee completely. Hold briefly, then lower slowly. Relax fully at the bottom before repeating.
Repeat 30 times with each leg.
Perform this exercise twice daily.

Lie on your back, or sit with legs straightened.
Tighten or flex from the front thigh muscle (quadriceps). Hold five seconds. Doing this exercise should cause the knee to straighten.
Repeat 30 times with each leg.
Perform this exercise twice daily.

Lie on your back, or sit with legs straightened.
Slide your heel up toward your buttocks, bending the knee. Then slide back down. Relax fully at the bottom. Focus on using the muscles of the hip and knee rather than on how far the knee bends.
Repeat 30 times with each leg.
Perform this exercise twice daily.

Lie on your back, or sit with legs straightened.
Slide your legs out to the side and then back to the middle, keeping the knees straight, like you are making a snow angel. Keep the toes and knee caps pointed toward the ceiling.
Repeat 30 times with each leg.
Perform this exercise twice daily.

Lie on your back, or sit with legs straightened.
Flex and straighten your ankles as if pushing on the gas pedal of a car.
Stretch both ways as far as you can.
Repeat 30 times.
Perform this exercise twice daily.

Lie on your back, or sit with legs straightened.
Place a rolled up towel under both knees.
Straighten knees fully. Pause and slowly lower. Relax completely at the bottom before repeating. Keep the back of the knee on the towel roll at all times.
Repeat 30 times with each leg.
Perform this exercise twice daily.
Notes for My Caregiver