

Total hip and knee replacement

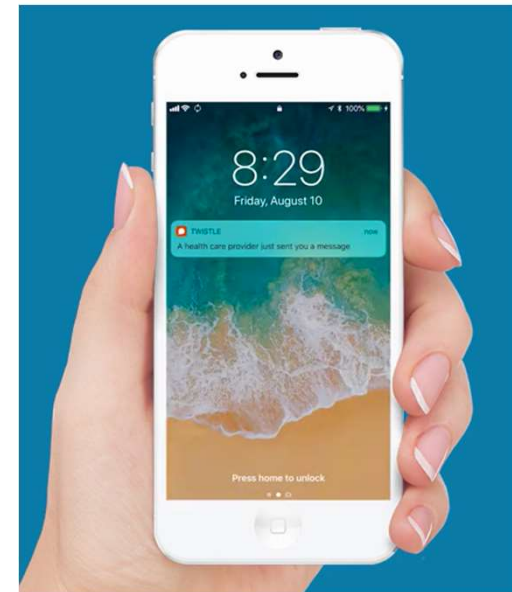
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Engage with us virtually

- Your surgeon's office and St. Patrick Hospital partner with Twistle.
- Twistle is way for us to:
 - Deliver pre and post-procedure education
 - Provide instructions
 - Send reminders
 - Check in with you on your progress
...all through secure text messaging
or the Twistle App
- You may be offered to sign up prior to your procedure.

twistle 



BEFORE SURGERY

The importance of a caregiver

One of the most important things in preparing for your surgery is determining who can help you at home after your surgery.

- This may be a spouse, child, relative, neighbor, or friend
- We recommend having them stay with you for 24-72 hours after you return home
- They can help with meals, managing medications, getting around and keeping you safe
- Please let your surgeon know if you have any concerns about this or cannot find a caregiver



Preparing the home

Prepare your home for your safety:

- Pick up throw rugs, which can be trip hazards while using a walker or assistive device
- Move furniture (as needed) so there is room for you to use an assistive device
- Add a railing on stairs (if needed)
- Prepare meals and freeze them for ease when you return home
- Make sure you have enough over-the-counter (OTC) medications to last approximately 2 weeks. This may include OTC medications your physician advises following your procedure.

Pre-surgery nutrition: eating to optimize healing

A healthy, balanced diet with extra protein can help you:

- Build strength and prepare your body for surgery
- Recover more quickly after surgery
- Heal wounds, bones and prevent infections
- Have enough strength and energy for physical therapy and activity

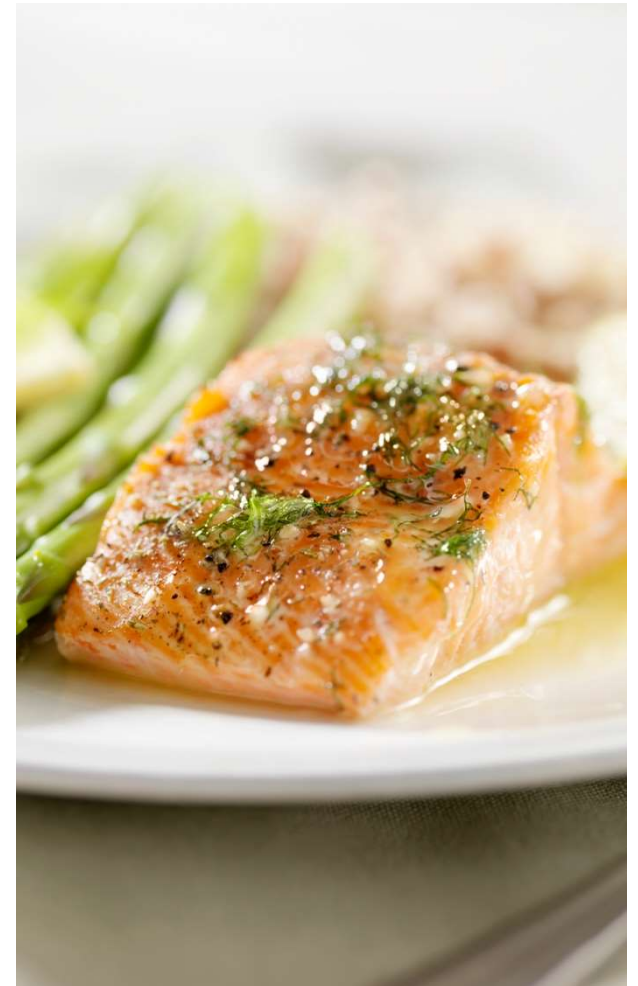
Poor nutrition has been shown to:

- Increase infections, surgery complications and impair wound healing
- Increase the amount of time in the hospital following surgery
- Increase the amount of care and support needed after leaving the hospital

One week before surgery

Nutrition:

- **Drink:** 64 ounces of fluid daily (caffeinated beverages do not count toward total ounces).
- **High protein diet:** Eat 6 small frequent meals per day with 15 grams protein per meal.
- **If underweight:** Recommend that you consume two high-protein nutrition drinks per day.
- **Herbs/Vitamins/Supplements:** Discontinue to reduce the risk of medication interactions.



Maintain a healthy body weight

If you are overweight it is recommended that you:

- Avoid rapid weight loss diets prior to surgery (unless under the supervision of a physician or dietitian)
- Make sure to eat adequate protein and limit weight loss to 3-4 pounds/week (if you are in the process of intentionally trying to lose weight)

If you are underweight it is recommended that you:

- Add 400 extra calories and 20-30 extra grams of protein daily. It can make a big difference in your recovery
- Boost your calories and protein by eating nutrient-rich foods: cheese, avocados, nuts, peanut butter, eggs
- Eat smaller, more frequent meals (5-6 times/day)
- Drink a high protein nutrition drink such as Boost Optimum[®] or Impact Advanced Recovery[®]

Adults 65 and older may look like their weight is normal, but are considered underweight if their body mass index (BMI) is less than 22.

- Find out what your BMI is at: www.bmi-calculator.net

Before surgery

Medication allergies: Make sure that your medication allergies and reactions are clearly defined with your care team.

Medication: Make sure that your surgeon's office has a copy of your current medication list or bring the list with you to your pre-operative appointment.

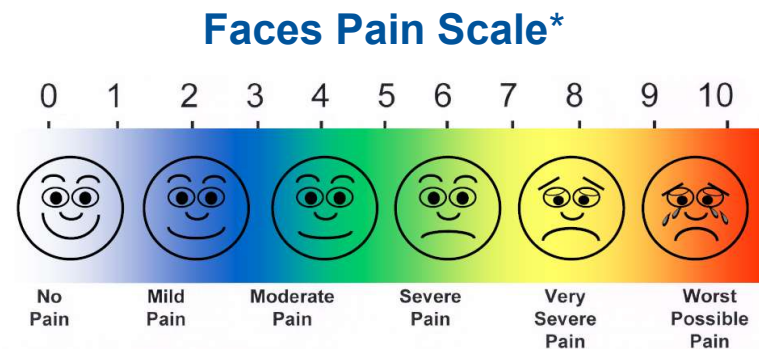


Before surgery

Do not expect to be pain free following your procedure. You will have pain, but we want to keep it at a tolerable level that allows you to meet mobility needs (such as completing physical therapy).

We will work with you to rate your pain using the Faces of Pain Scale to help adjust medications and achieve a tolerable pain goal.

If you have questions about medications prior to surgery, please call 406-329-2773 and leave a message with your name, phone number and the date of your surgery.



*Wrede-Seaman, Linda, "Symptom Management Algorithms for Palliative Care" Wong/Baker Faces Rating Scale



Prior to surgery

A nurse from the Day Surgery department will call you 1-2 days prior to surgery to verify your information.

- Review home medications
- Confirm surgery plans
- Review lab work, EKG results
- Discuss consents to treat
- Etc.

What to bring to the hospital

Clothing:

- Low-heeled, comfortable shoes with nonslip soles.
- Loose-fitting clothing for your comfort while in the hospital and your trip home.

Assistive Devices:

- Bring your crutches or walker to the hospital so you can practice using them with your physical or occupational therapist. The therapist will check proper fit and safety.
- Mark your full name clearly on any equipment brought from home.

Ice/Cryotherapy machine:

- If you have an Ice/Cryotherapy machine, bring it with you to the hospital.
- Not all surgeons recommend an ice machine. They will tell you if they do.

What NOT to bring to the hospital

Home medications:

- Leave all **home** medications at home.
- Bring a list of home medications to the hospital for the pharmacist to review and confirm.

Valuables:

- Leave all valuables at home including **jewelry** and **money**.

Reminders

Do NOT shave on or around the planned surgical area

Bathe with appropriate soap:

- Take a Chlorhexidine shower the night before surgery and the morning of surgery.
- Let soap remain on skin for 5 minutes before rinsing.
- Soap will be provided to you by your surgeon's office.

Food and drink:

- Do not eat anything after midnight the night prior to surgery.

Arrival time:

- Check in to the hospital 1.5 hours prior to your surgery time.

Medication Instructions:

- On the morning of surgery, only take medications as instructed by your surgeon.
- Avoid any blood thinning medication for at least a week prior to surgery.
Examples: Fish oil, Glucosamine, Coumadin, Xarelto, Herbal Supplements, NSAIDS, etc.

DAY OF SURGERY

Day of surgery

- **As part of our safety checks, you will be asked to tell us your name, date of birth and the procedure we are performing by several staff members. We know that this can feel redundant, but your safety is our priority.**
- **A medical team member will help you wipe down with Chlorhexidine wipes and trim any hair around your surgical site.**
- **Family and caregivers can remain in your Day Surgery room until you go to the Operating Room**
 - It can be up to 6 hours from time of surgery until you reach the orthopedic floor
 - Your surgeon will speak with your family members in person or by phone after surgery

Day of surgery

- **Surgeon will initial the planned joint/surgical site to operate on**
- **Anesthesiologist will discuss plan for anesthesia**
 - Either a general anesthetic or a spinal anesthetic with sedation
- **Day Surgery nurse will start your IV and IV fluids**
- **You will receive multiple medications prior to going to the Operating Room to help decrease your pain after surgery**
- **You will receive one antibiotic dose (on the way into the Operating Room)**

Operating Room

- **Surgery usually lasts 2-3 hours**
- **Surgeons typically inject a combination of pain & anti-inflammatory medications directly into the joint (which can last up to 48 hours after surgery)**
- **A breathing tube may be used during surgery**
 - It is not uncommon to have a sore throat following surgery
 - Ice cubes and throat lozenges are available

Recovery Room

- **You will be taken to a Recovery Room after surgery**
 - Also known as PACU (Post Anesthesia Care Unit)
 - Only nurses and doctors are allowed in PACU due to privacy and safety concerns
 - Expect to stay 45 to 90 minutes in PACU
- **You will receive pain medications**
- **You will then be moved up to the Orthopedic Floor**

ON THE ORTHOPEDIC FLOOR

Admission to the Orthopedic Floor

- There is a chance that you will be doubled with a roommate during hospitalization. This is due to the high volume of orthopedic patients.
- Family is asked to step out when you first arrive in order for our team to get you settled in to the room.
- You will not have dietary restrictions after surgery unless you need a therapeutic diet for a chronic condition (i.e. history of diabetes or heart disease).
- Fluids and antibiotics will be continuously administered through your IV for up to 24 hours.

Post anesthesia effects

If you have spinal anesthesia, the numbness can last for 1-6 hours after surgery

- **Important:** Notify staff when you start to feel sensation in your feet (it may tingle). This will indicate when it is time to start oral pain medications.
- You are not allowed to get out of bed until all numbness and tingling has resolved.
- The bladder is typically the last thing to wake up.
 - Nurses will use a bladder scanner to check the volume and may drain your bladder if you are overfull.

Diet advancement after surgery

- Most patients will be able to consume a regular diet following surgery.
- If you have other medical conditions, your surgeon may prescribe a therapeutic diet.
- Providence St. Patrick Hospital offers “Cuisine on Call” room service for meal ordering.

Pain management on the orthopedic floor

- **Pain Service:** If ordered by your physician, this group of pharmacists will inquire about your pain rating and any side effects you may be having.
- Pain medications are not usually given on a scheduled basis; they are given as needed. Ask for your pain medications when you feel you need it, including at night. **Do not wait until you are in severe pain before asking for them.** Remember it takes about 30 minutes for oral pain medications to begin working.
- **Pre-medicate for physical therapy or activity:** It is important to be able to do physical therapy. Your physical therapist will work with nursing to get you pain medications prior to the start of therapy.
- **Bowel care:** Opioid pain medications and the side effects from anesthesia can affect your bowels. While in the hospital you will be prescribed a combination stimulant/laxative and Miralax[®]. When you get home you may need to continue a laxative product until you are done taking pain medications.

Physical and occupational therapy

- An occupational therapist and physical therapist will visit you on the orthopedic unit. You will be walking and taught safe methods of transfer (getting in and out of bed and on/off the toilet, etc.) and how to shower and dress safely.
- Depending on your surgery and any personal factors, you might have some restrictions/precautions that you will need to follow for the next couple of months (your surgeon will decide and the therapy and nursing staff will provide training for you).
- **Don't get up out of bed without assistance of hospital staff until therapy has cleared you to get up alone or with family.**

Prevention of blood clots

- Blood clots are a concern following surgery.
- The highest chance for developing blood clots is within the first 2 weeks after surgery.
- Typically you will have oral anticoagulants while in the hospital and at home for a given period of time.
- Most surgeons will have you fill the prescription for the anticoagulants prior to surgery.
- TED hose (compression stockings) need to be worn until your follow up visit with the surgeon (typically 2 weeks after surgery).
- You can remove TED hose for showers and 30 minutes twice a day.
- TED hose must be worn at night.

DISCHARGE AND GOING HOME

Goals for discharge

There are certain goals that you must achieve in order to go home. These include:

- Getting yourself in and out of bed
- Walking a “functional household distance”
- Going up and down a short set of stairs
- Withstanding oral pain medications and pain at a tolerable level (it is unrealistic to expect to be pain free for the first few weeks)
- Having active bladder and bowel function

Going home

- Your medical team will help you determine if you are ready to return to your home, or if you might consider another discharge option.
- When you are ready and able to return home, it is recommended that a caregiver is with you for the first 24-72 hours.
- There may be special circumstances where your doctor orders home health therapies for you.
- Generally, patients do physical therapy programs at home. However, there are cases where patients go to an outpatient physical therapy clinic to advance the recovery program.

Skilled nursing facility and sub-acute care

- If your surgeon determines that you require a longer rehabilitation stay to become stronger before returning home, a sub-acute or nursing home setting may be the best choice. There are a variety of nursing homes in and around Missoula. If you don't live in Missoula, you may choose a sub-acute setting in your own community. Our team can help arrange your transfer to one of these facilities.
- Admission to a sub-acute facility requires insurance authorization and each insurance has different criteria for approval. If you think this might need to be an option for you, please contact your insurance prior to surgery to see if they have certain facilities that are in network.

Skilled nursing facility and sub-acute care

- Medicare does not usually cover admission to a sub-acute facility after a single joint replacement unless you have multiple medical conditions that limit your function.
- Please investigate availability of facilities before you have surgery so you have some idea of which one you would like to go to if needed.

Pain medications after the hospital

- If possible, make arrangements for someone to pick up your discharge medications before going home. You'll be more comfortable not waiting to get prescriptions filled at a pharmacy.
- We have a pharmacy at the hospital that can fill your discharge prescriptions before you leave. Ask about our **Meds to Beds** program. They do require payment at time of delivery (this can be submitted to insurance later).
- Remember that pain is expected after surgery. Continue to take your pain medications when you feel you need them.
- Also, remember to pre-medicate for physical therapy or activity. As time passes after surgery, you will need less pain medication to be able to do physical therapy sessions.
- As long as you are taking opioid pain medications, you will need to continue to take a laxative product until you are finished taking pain medications.

Tapering off opioid pain medications

If you have been taking opioid pain medications (e.g. hydrocodone, oxycodone, hydromorphone, codeine, tramadol) after surgery you will need to wean off the medication slowly.

To wean off of opioid pain medications you may use the following strategies:

Strategy 1

Increase the amount of time between doses.

For example:

- If you are taking a dose every 4 hours, increase that time as recommended below:
 - Take a dose every 5 to 6 hours for 1 or 2 days.
 - Then, take a dose every 7 to 8 hours for 1 or 2 days.

Strategy 2

Start to decrease the amount of each dose.

For example:

- If you are taking 2 tablets for each dose, start taking 1 1/2 - 1 tablet for each dose. Do this for 1 to 2 days.
- If you are taking 1 tablet for each dose, cut the tablet in half and take only half a tablet for each dose. Do this for 1 to 2 days.

Tapering off opioid pain medications (continued)

What happens if I stop suddenly?

- If you stop your opioid pain medication suddenly, you may have withdrawal symptoms including sweating, diarrhea, fever, pain, shaking and nausea/vomiting. Other symptoms can include cravings, feeling tired, anxious, aggressive or irritable, and having trouble sleeping.
- These symptoms may start between 6-24 hours after taking your last dose of opioid pain medication.
- You can wait for the symptoms to pass over the next day or two or you can speak to your health care provider or pharmacist for medication that can help control withdrawal symptoms.
- **Withdrawal symptoms are not a sign that you are addicted.** They are signs that your body is used to taking the opioid regularly. If you're experiencing withdrawal symptoms, wean off the pain medicine more slowly.

Tapering off opioid pain medications (continued)

Opioid medicines are not usually addictive if you take them for pain, but they can lead to addiction if you do not manage opioids carefully. It is important to wean yourself off these medicines as soon as possible.

- To prevent addiction, you may need to stop taking opioid medicine and accept a moderate amount of pain.
- If you have trouble reducing your pain medicines, please contact the health care provider who prescribed this medicine for help.

TOTAL HIP REPLACEMENT PRECAUTIONS

Posterior total hip replacement

If you are having a posterior hip replacement, you will have the following precautions for 6-8 weeks post surgery:

1. No hip flexion greater than 90 degrees: you will not be able to bend over or bring your knee up to be higher than your hip level. This will limit your ability to dress your lower body without assistance or use of equipment.
2. No turning your leg inwards.
3. No crossing your legs or bringing your operative leg across the mid point of your body. This includes crossing your ankles.

Posterior total hip replacement

- Most people will be allowed to bear full weight on the surgical leg.
- Depending on the bone quality and any issues found during surgery, you might have a weight bearing limitation, meaning you won't be able to put all of your weight on the surgical leg for a while. This will be determined during surgery and then our team will train you on how to move with this limitation.

Anterior total hip replacement

- If you are having an anterior total hip replacement, you will not have any formal precautions unless you are told specifically after surgery.
- Most people will be allowed to bear full weight on the surgical leg.
- Depending on the bone quality and any issues found during surgery, you might have a weight bearing limitation, meaning you won't be able to put all of your weight on the surgical leg for a while. This will be determined during surgery and then our team will train you on how to move with this limitation.

Risk of dislocation

- Dislocation of an artificial hip is uncommon but may occur within the first three months after surgery. The problem usually starts with a popping or slipping sensation. If the ball dislocates, you will be unable to put weight on the affected limb and will most likely experience a great deal of pain in your hip. You should contact your orthopedic surgeon immediately and have someone take you to the emergency room.
- Dislocation is usually the result of not following precautions/limitations.

TOTAL KNEE REPLACEMENT PRECAUTIONS

Total knee replacement

- There are no general precautions with a total knee replacement other than not pivoting on the surgical leg. This means you have to pick the leg up to turn; you are not allowed to keep it on the floor with weight while you turn.
- Most people will be allowed to bear full weight on the surgical leg.
- Depending on the bone quality and any issues found during surgery, you might have a weight bearing limitation, meaning you won't be able to put all of your weight on the surgical leg for a while. This will be determined during surgery and then our team will train you on how to move with this limitation.

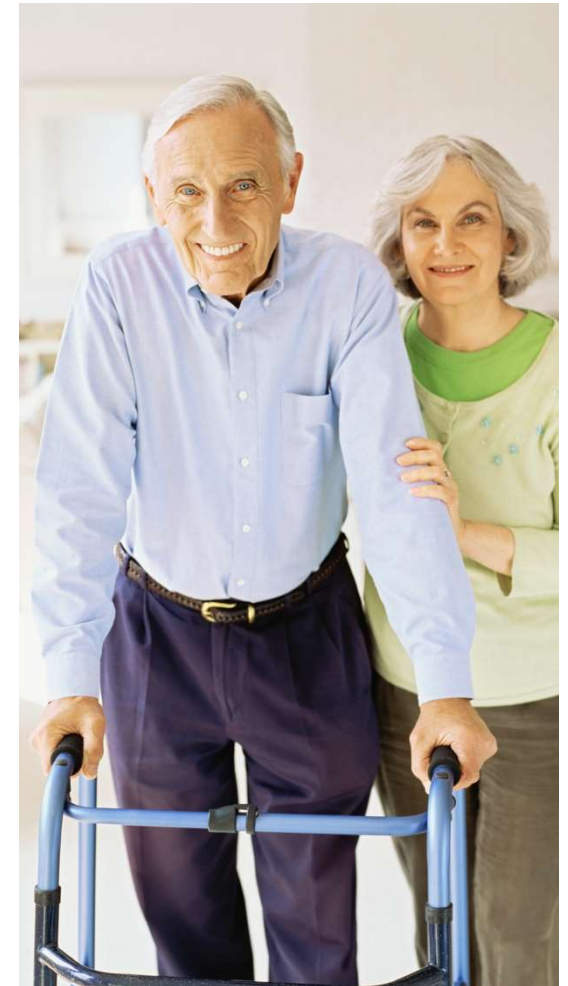
Total knee replacement

- It is very important for you to discuss your individual goals with your physician and health care team. Recovery can be demanding and sometimes painful. Therefore, it is essential that you are part of the team and that you feel good about your progress.
- Getting safely back in motion will involve:
 - walking independently with crutches or a walker
 - learning the best way to go up and down stairs
 - maintaining healthy posture and body alignment
 - performing regular exercises for strength and endurance

YOUR RECOVERY

General guidelines and adaptive equipment

- Use crutches or a walker with appropriate weight bearing until your doctor tells you otherwise.
- Stand tall, using good posture.
- Keep walking distances within your tolerance.
- Use caution around pets when using crutches or a walker.
- Avoid potential hazards such as throw rugs, clothes on the floor and electrical cords.
- Other hazards can include bedspread corners, spills on the floor, and snow and ice on steps.
- Leave heavy housework to someone else.
- Don't stand on a stool, chair or stepladder.



Total joint replacement home exercise program

- After surgery, you should do only those exercises recommended by your doctor or physical therapist. The type of procedure performed will determine the exercises.
- For the first few months, a large part of rehab will be focused on regaining maximum range of motion (ROM). There is a window of opportunity to make progress on ROM early in the rehab process, which becomes much more difficult as time goes on.
- Some exercises help control pain and improve movement in the hip or knee. Other exercises strengthen the thigh muscles. Extra pain felt after these or other exercises is a signal that you are overdoing it. You may need to change the number of repetitions, or how often you do the exercises.

Total joint replacement home exercise program

The following protocol is recommended for the first two weeks after surgery:

- The first hour of your day, do your bed exercises. Then lie down and elevate your leg the remainder of the hour.
- The second hour, do your sitting and standing exercises, then lie down and elevate your leg the remainder of the hour.
- The third hour, do your walking. Start with 200 feet and increase your distance by 30 seconds each day. Then lie down and elevate your leg the remainder of the hour.
- Repeat the above sequence a total of three times each day, making this a nine hour daily program during the first two weeks.
- After two weeks continue exercising and walking. It is recommended that you lie down two times during the day to elevate your leg.
- Limit your sitting time to 30 minutes three times each day during the first two weeks to reduce the risk of developing blood clots. After two weeks, it is no longer necessary to follow this sitting restriction.

Strategies to prevent constipation after surgery:

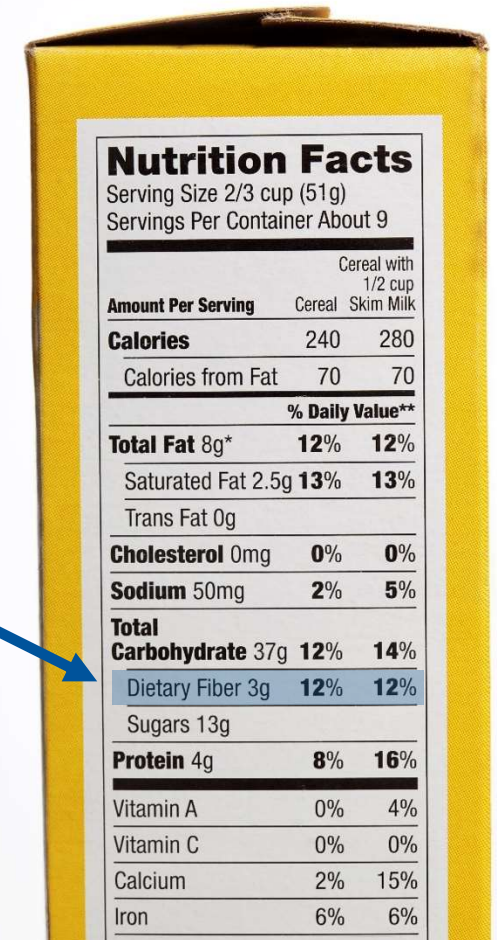
Add fiber to your eating plan:

- You may choose any foods, but try to find foods with whole grains.
- Slowly increase the amount of fiber you eat to 25 – 35 grams per day.
- Eat whole grain breads and cereals. Look for choices with 100% whole wheat, rye, oats, or bran as the first or second ingredient.
- Have brown or wild rice instead of white rice or potatoes.
- Enjoy a variety of grains. Good choices include barley, oats, farro, kamut and quinoa.
- Bake with whole wheat flour. You can use it to replace some white or all-purpose flour in recipes.
- Enjoy baked beans more often! Add dried beans and peas to casseroles or soups

Strategies to prevent constipation after surgery:

Add fiber to your eating plan:

- Choose fresh fruits and vegetables instead of juices.
- Eat fruits and vegetables with peels or skins on.
- Compare labels on similar foods to find higher-fiber choices. Packaged foods have the amount of fiber per serving listed on the Nutrition Facts label.
- Drink plenty of fluids. Set a goal of at least 8 cups per day. You may need even more with higher amounts of fiber. Fluid helps your body process fiber without discomfort.
- If you are taking calcium or iron supplements, check with your doctor or registered dietitian. You may be able to take smaller amounts several times a day.

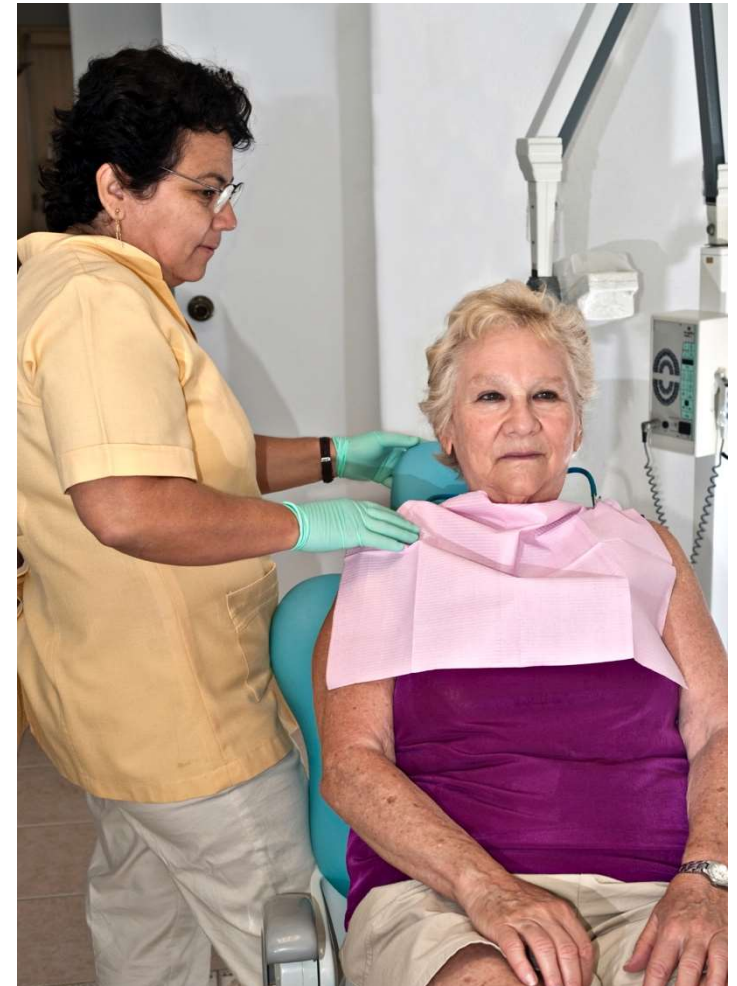


Dental work after your procedure

Total joint replacement patients may need antibiotics before certain dental procedures.

This is because bacteria in the mouth can be released into the blood stream during dental work, potentially spreading to the joint. Antibiotics help prevent an infection from occurring in the artificial joint.

Discuss this with your orthopedic surgeon, and notify your dentist and primary care provider.



Zone Tool

for Total Joint Replacement

- The next four slides will take you through the Zone Tool
- This is an important tool to reference during your recovery
- It includes a short list of important daily reminders to ensure the best recovery and serves as a guide for evaluating your symptoms and what action you should take, if needed.

Zone Tool

for Total Joint Replacement

Every Day

- Check your incision dressing
- Balance activity and rest
- Resume a well-balanced diet or the specific diet your physician recommended
- Take your medication as prescribed
- Continue to ice and elevate

Zone Tool

for Total Joint Replacement

Green Zone (safe zone):

- Your pain is controlled by prescribed medication and you're able to walk
- Your surgical dressing is intact with minimal drainage
- You are able to do all the exercises you were taught to do
- You have had normal bowel movements since you left the hospital

Zone Tool

for Total Joint Replacement

Yellow Zone (call your surgeon's office):

- Your pain is not controlled by pain medication, ice and elevation
- Your nausea is not relieved by a prescribed medication
- Your fever is higher than 101
- You have increased swelling, redness, opening of the wound, cloudy/bloody drainage from surgical site
- You are not tolerating physical activity well
- You have not had a bowel movement for 3 days, stool softeners don't help, you feel bloated most of the time

Call your surgeon's office before going to the Emergency Room, unless you're in the Red Zone.

Missoula Bone & Joint: (406) 721-4436

Northern Rockies Orthopaedics: (406) 728-6101

Zone Tool

for Total Joint Replacement

Red Zone (Go to ER or call 911):

- You have a fall resulting in injury
- You have shortness of breath or chest pain or any medical emergency

PROVIDENCE ST. PATRICK HOSPITAL PHONE NUMBERS

Main Operator: 543-7271

Admissions Office and Scheduling: 329-2771

Pre Admission Nurse (Case Management): 329-2684

Physical Therapy/Occupational Therapy: 329-5779

Orthopedic Unit: 329-5851

Nursing Director: 329-1791

Outpatient Rehab Services: 329-5883

Pastoral Care: 329-5789

Dietitians: 329-2673

Thank you

