



The Joint Replacement Program

Education Booklet

 University
Orthopaedics



Welcome

You have made an important decision to undergo elective joint replacement surgery. Your decision will help you to regain quality of life and move you toward a healthier lifestyle.

University Orthopaedics Joint Replacement Program is a comprehensive program which includes the involvement of your surgeon, physical therapists, occupational therapists, nurses, patient care technicians, case managers, program coordinator, and many other team members. The program is designed to walk you through the process and return you to an active lifestyle as quickly as possible. Here are a just few features of our program:

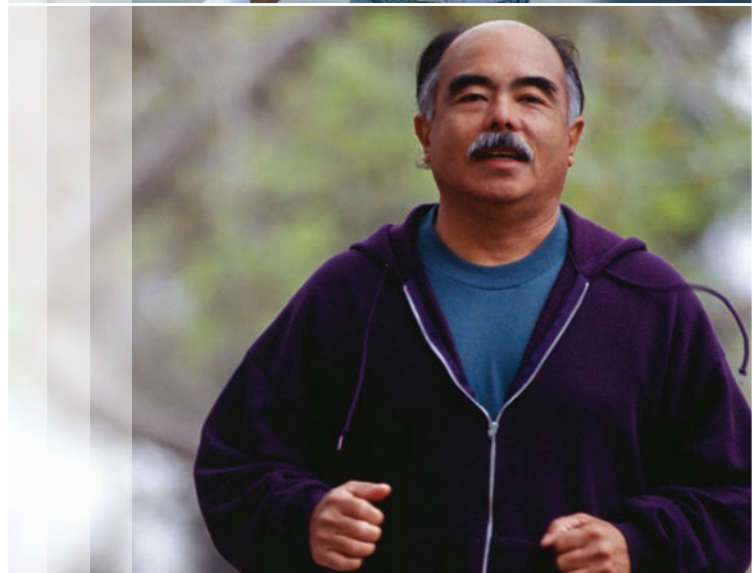
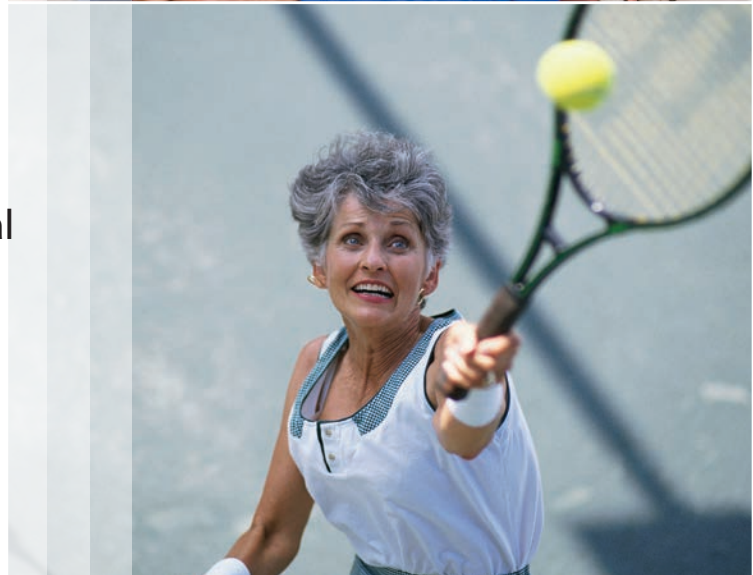
- Pre-habilitation (Pre-hab) evaluation with occupational and physical therapy to help prepare you for your surgery.
- Educational material for you and your "coach."
- Customized list of equipment that is specific to your needs.
- Placement on Unit 5 North after surgery with a dedicated nursing staff that specializes in orthopaedic care.
- Occupational and physical therapy twice a day performed in our therapy area.
- Coordinated care throughout your process.
- Written instructions for exercises, precautions and discharge care.
- A program coordinator who will follow your progress from your initial appointment with the surgeon all the way through your rehabilitation phase.

The Joint Replacement Program is a specialized program through University Hospital which is the flagship hospital of University of Mississippi Medical Center. As a teaching hospital, we ask our caregivers to offer the highest level of care to every patient, every day. We strive to provide innovative, comprehensive care to patients who have elected to undergo total joint replacement surgery.

The following pages provide you and your family critical information regarding your joint replacement surgery. Included is information about the surgical procedure, pre and post-operative care, the risks and benefits, as well as rehabilitation. Please read and share this information with your family before your total joint replacement surgery. The Joint Replacement Team's goals are to restore you to a functional status, and to make your hospital stay as beneficial, informative and comfortable as possible. The more you know, the better you will be able to face the challenges and changes that joint replacement surgery will make in your life. We encourage you to ask questions or share concerns with us.

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What's Involved in Joint Replacement?

What is a joint replacement?

An arthritic or damaged joint is removed and replaced with an artificial joint, called a prosthesis.

Why is total joint replacement necessary?

The goal is to relieve the pain in the joint caused by the damage to the cartilage.

You may be a candidate for joint replacement if:

- You have daily pain.
- Your pain is severe enough to restrict not only work and recreation, but also ordinary activities of daily living.
- You have significant stiffness of your joint.
- You have significant instability (constant giving way) of your joint.
- You have significant deformity of your joint.
- You are not significantly overweight.
- You have tried and failed all conservative treatment (injections, physical therapy, and arthritis medication).

How is a total joint replacement performed?

The materials used in a total joint replacement are designed to enable the joint to move just like a normal joint. The prosthesis is typically composed of a metal piece that fits closely into a matching sturdy plastic piece. Plastic bone cement may be used to anchor the prosthesis into the bone.

In an arthritic knee, the damaged ends of the bones and cartilage are replaced with metal and plastic surfaces that are shaped to restore knee movement and function.

In an arthritic hip, the damaged ball (the upper end of the femur) is replaced by a metal or ceramic ball which is attached to a metal

stem fitted into the femur. A plastic socket is implanted into the pelvis, replacing the damaged socket.

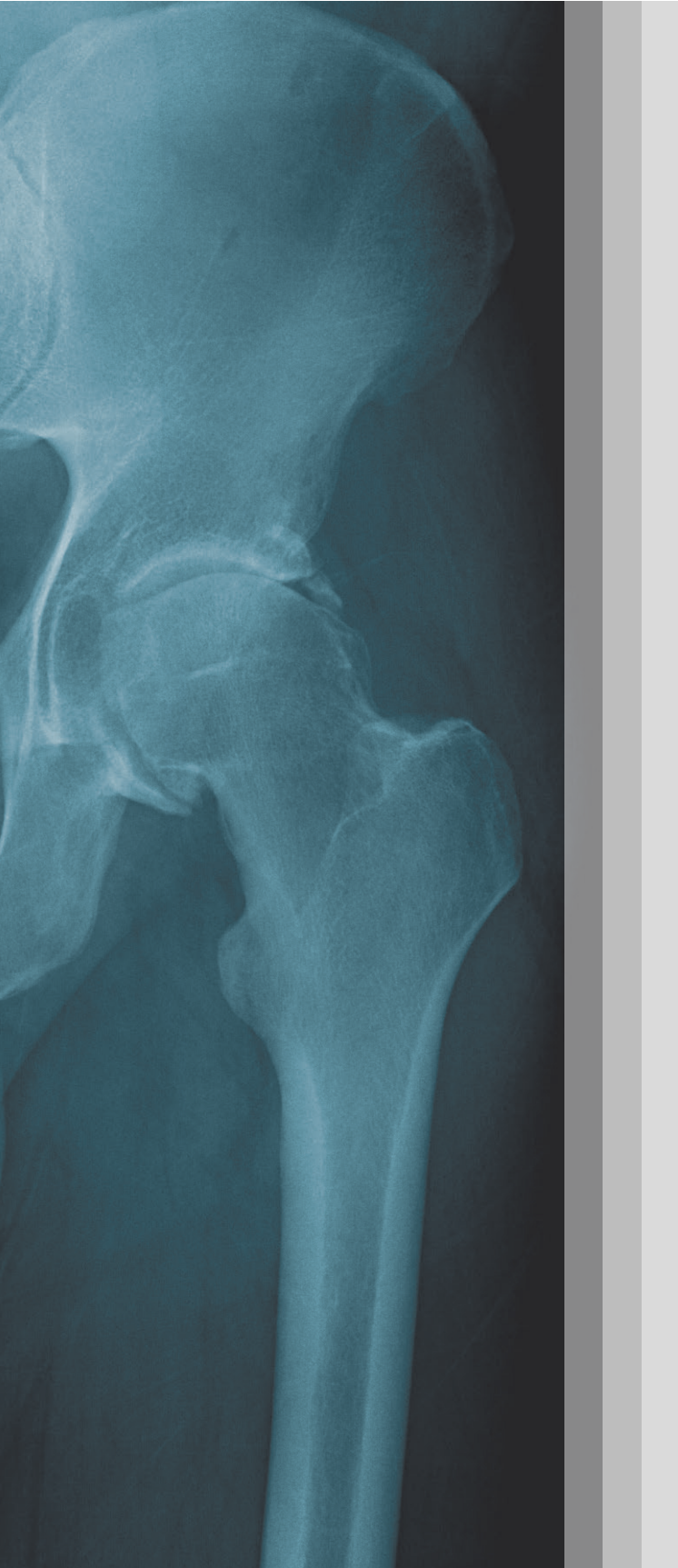
Joint replacements can be implanted with or without cement.

Is total joint replacement permanent?

Most people can expect a total joint replacement to last for many years. However, excessive wear may contribute to loosening and may require revision surgery or additional joint replacements.

Typically, the future is bright for those who choose to have a total joint replacement to achieve an improved quality of life.





What are possible complications?

- **Blood Clots**

Blood clots are a concern after any surgery. Several measures may be used to reduce the possibility of blood clots including medications, stockings and exercise.

If you develop swelling, redness or pain in your leg you should contact your orthopaedic surgeon.

- **Dislocation**

Occasionally, after total hip replacement, the ball can be dislodged from the socket. To minimize risk of dislocation, you will be instructed in hip precautions. *You must follow these until cleared by your surgeon.*

- **Loosening**

Loosening of the prosthesis within the bone may occur after a total joint replacement. This may cause persistent pain. If the loosening is significant, a revision of the joint replacement may be needed.

- **Infection**

Infection may occur in the wound or deep around the prosthesis during your hospital stay, after you go home, or even years after the surgery. You will receive antibiotics while in the hospital to prevent infection; however, infection remains a possibility.

- **Nerve Injury**

Nerve injury following surgery is rare but can occur. Over time, the nerve injuries often improve and may completely recover.

- **Prosthetic Breakage**

Breakage of the metal or plastic joint replacement is rare but can occur. A revision surgery is necessary if this occurs.

Beginning the Joint Replacement Process

Assemble your personal and medical information

During the weeks before your surgery, many people will ask about your insurance coverage, medical history and legal arrangements. You may feel that you are answering the same questions over and over again, but this is necessary to meet medical insurance guidelines and provide you with the best care possible. By having everything written down and easily accessible, you can reduce your frustration and speed up the process.

Be sure to include the following information:

- A designated family member or friend who will be your primary contact.
- A list of all the doctors you currently see and your reasons for seeing them. Provide names, addresses and phone numbers.
- A list of medical conditions and all previous operations, including those that are not bone and joint operations.
- A list of all medications you currently take on a regular basis or have stopped taking within the last 30 days. Copy the name of the medication, the dosage and the frequency (daily, twice a day, etc.) from the prescription bottle. Don't forget to include vitamin and mineral supplements or other over the counter medications you take regularly. Your doctor may advise you to stop taking certain medications or supplements a week or two before your surgery.
- A list of any allergies or adverse reactions you've had to drugs or anesthesia in the past. Provide the name of the drug, your reason for taking it, a description of your reaction, and when it occurred.
- Any dietary restrictions.

- A list of your insurance coverage, including the name of the insurance company, the plan or group number and contact information for pre-certification. Be sure to bring your insurance cards to the hospital with you.
- A copy of any legal arrangements you have made, such as a living will or durable power of attorney.

What to expect next

- After your surgeon determines that a total joint replacement is medically indicated, you will be scheduled for surgery. A pre-operative work-up and pre-hab evaluation will also be scheduled.
 - If you are planning dental work, schedule it at least **eight weeks before surgery**. Do not schedule any dental work, including routine cleanings, for several weeks after your surgery.
 - Notify your doctor if you come down with a fever, a cold or any other illness in the week before the surgery.
- You will be referred to occupational and physical therapy for pre-hab at the UMMC Pavilion Therapy Department. The rehabilitation team will evaluate and address your individual needs.



Pre-operative visit or surgery work-up

You will see a nurse practitioner prior to your scheduled joint replacement surgery to:



- **Please place all your medications in a zip lock bag and bring them with you to your surgery work-up.** Include all medications you are currently taking and have recently stopped taking (within the last 30 days).
- Review your medical history and receive a short physical exam.
- Review the procedure and sign the operative consent form.
- Obtain several tests, which may include blood tests, a cardiogram, a chest x-ray, and a urine sample.
- Arrange a meeting with anesthesia to discuss the type of anesthetic to be used.

The pre-operative visit could take several hours, so please be prepared to stay for the entire process.

Pre-Operative Skin Preparation for Joint Replacement Surgery: Chlorhexidine 2% Wash

Everyone has bacteria and germs that live on their skin. When you have surgery, these bacteria can sometime cause an infection, so your body needs to be thoroughly cleansed before surgery with a special soap. Written instructions for pre-operative bathing and where to obtain the soap will be provided to you on the day of your surgery work-up.

Pre-Operative Screening for Staphylococcus Aureus

Staphylococcus aureus or “Staph” is a germ that lives on the skin and in the nose of some healthy people. Your skin protects you from those germs. During surgery, an incision will be made in your skin. *Sometimes* the Staph germ can get into the incision and cause an infection.

We will swab your nose to see if you have Staph. The test will take 3-4 days for us to get the results. A positive test does *not* mean you have an infection. Your surgery will not be delayed or cancelled.

The nurse practitioner will check the results of your test. If your test is positive, you will be given a prescription for Bactroban (Mupirocin). You can obtain the medication at the pharmacy of your choice. Written instructions on how to use the medication will be provided to you. Please make sure you complete the medication.



Appointments

Be sure to ask all team members to record dates, times, and locations for all of your appointments.

PRE-HAB APPOINTMENT

Date: _____

Time: _____

Location: Pavilion Therapy

Phone: 888.815.2005

PRE-OP WORK-UP VISIT

Date: _____

Time: _____

Location: _____

Phone: _____

PAT/PHONE

Date: _____

Time: _____



Remember to bring ALL of your medications with you including those you have stopped taking within the last 30 days.

DAY OF SURGERY VISIT

Date: _____

Time: _____

Location: Short Stay Surgery

2 WEEK POST-OP NURSE PRACTITIONER

Date: _____

Time: _____

Location: _____

Phone: 888.815.2005

6 WEEK POST-OP DOCTOR

Date: _____

Time: _____

Location: _____

Phone: 888.815.2005

POST-OP THERAPY

Date: _____

Time: _____

Location: _____

Phone: _____

Pre-hab: Therapy Before Your Surgery

Why do I need therapy before having my joint replacement surgery?

- Years of inactivity due to joint pain has caused muscles to weaken. It is important to start strengthening the muscles before surgery in order to get a jump start on your recovery.
- Studies show that therapy prior to surgery helps you get back to the things that you want to do faster.

What should I expect from pre-hab?

Prior to surgery, the therapists will assess your specific needs including:

• Equipment

Equipment needs following surgery may include a walker, tub bench, elevated toilet seat, and devices used for dressing. The therapist will ensure that you understand how to use your equipment and any precautions you should take.

• Exercise

Strength and motion of your arms and legs will be assessed to determine the appropriate exercises.

• Walking

You will be instructed in the use of a walker or other device as needed for walking.

• Precautions

You will be instructed in precautions to take with your total joint.

Hips-

Avoid hip flexion over 90 degrees.

Don't get into a situation where your knee is higher than your hip. Avoid very soft or very low chairs or recliners. Avoid leaning or bending forward in the seated position.

Avoid adduction/rotation. Don't cross your legs. Don't pivot/twist on your operated leg. Only lay on your side if you have a large pillow between your knees to maintain proper alignment.

Knees-

Avoid twisting motions and painful squats.

Beginning your pre-operative exercises

- You should not have any increase in pain from one session of exercises to the next. If you do, contact your therapist, _____ phone _____. Since you have not been able to exercise for some time due to pain, gradually build up to the number of recommended repetitions.
- You can apply ice for 20 minutes at a time to your painful joint after exercises.

The following exercises promote circulation and help reduce the likelihood of blood clots. Your therapist will create and instruct you on an individualized exercise program to meet your specific needs.



Ankle Pumps

1. Point your toes as far down as you can
2. Then bring them back up towards your head
3. Be sure to move your ankle, not just your toes
4. Repeat 20 times



Quad Sets

1. Tighten your thigh and push your knee down towards the bed
2. Hold for 5 seconds
3. You should see and feel your thigh muscle contract
4. Repeat 10 times



Gluteal Sets

1. Lay on your back
2. Squeeze your buttock muscles together
3. Hold for 5 seconds
4. Repeat 10 times

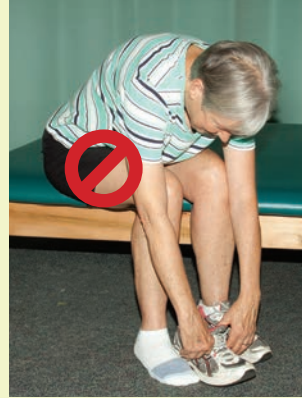


Heel Slides

1. Lay on your back
2. Bend right knee, sliding heel towards your bottom
3. Slide heel back out, straightening knee
4. Repeat 10 times and then perform on left leg

Total Hip Replacement Precautions

Below are examples of positions to avoid. These will put you at a greater risk of dislocating your new hip (popping your hip out of socket). There are 3 basic things you cannot do. Follow these precautions throughout your daily activities.



Do not bend your hip past 90 degrees. This also includes not sitting on low chairs, sofas or toilet seats.



Do not cross your legs at your knees or ankles.



Do not twist on your new hip. You NEVER want to point toes inward. Keep your toes pointed straight ahead.



Your Coach

Selecting your coach

- Friends and family are a major part of everyone's life, and their involvement is very important. Select a family member or friend to serve as your "coach." Your coach will assist you throughout the entire joint replacement process. It is good for your coach to see and hear firsthand the expectations that will be placed on you during this process.
- You must have a coach!

Your coach's role

- **Before surgery**
 - » Attend all pre-operative visits and ask questions.
 - » Assist with pre-hab exercises.
 - » Prepare for your return home by helping you to complete the pre-operative home checklist on page 13.
- **At the hospital**
 - » Help to keep your morale high simply by being there.
 - » Encourage you to give your best effort during your rehab sessions.
 - » Keep you focused on returning to a healthy lifestyle.
- **At home after discharge**
 - » Make sure you do the exercises. No exceptions!
 - » See that you use your equipment as instructed.
 - » Encourage you to increase your activity level as you regain your strength.
 - » Ensure that you are following post-op instructions and precautions.
 - » Prepare healthy meals.
 - » Drive you to and from appointments.

Before Arriving at the Hospital

Pre-Operative Home Checklist

- Arrange to have someone stay with you after discharge until you are comfortable being on your own. (Initially you will require help preparing meals, taking medications and performing tasks around the home. You should be able to dress and bathe yourself by discharge from the hospital.)
- Have enough food on hand or arrange for someone to go shopping for you.
- Do the laundry; change the linens, etc. before leaving for the hospital.
- Have a pair of shoes and slippers with good support and non-skid soles.
- Have easy access to a bed and bathroom on the floor level that you will be spending most of your time. Choose a bathroom with a door wide enough to accommodate a walker. There should be enough room for commode rails or an elevated toilet seat.
- Install a handrail, if possible, for any steps you may be using routinely.
- Remove obstacles that might cause you to trip: throw rugs, extension cords, low hanging bedspreads, pet toys, etc.
- Make arrangements for walking your pets, mowing the lawn, and bringing in the mail.
- Purchase or rent needed equipment. This will be recommended during your initial pre-hab therapy visit.
- Fill your prescriptions for pain medications, as well as routine prescriptions.
- Have ice bags, ice packs, or a bag of frozen peas to place on your surgical joint. Have an available source for obtaining loose ice.
- Take care of any financial matters such as bills, and have cash on hand.
- Arrange your plates, pans, and kitchen utensils within easy reach, without having to bend or use a step stool. Plan how you will transport your food to the table using the walker (slide on counter, push a cart on wheels, use a walker with a basket).
- Have a phone within easy reach with emergency numbers on hand.
- Have a comfortable chair that is not too low.
- Schedule any procedures, like teeth cleaning, at least eight weeks before the surgery.
- Have a full tank of gas before leaving for the hospital.
- Make sure that you bring comfortable and loose fitting clothes that allow for exercise. (You will be expected to wear street clothes during the day while you attend therapy. Try to stay away from pajamas or gowns. You will feel much better in comfortable loose fitting clothes.)
- Stop Smoking.

➔ Remember, do not eat or drink after dinner the night before surgery.

✓ Pack your bags! Don't forget to include:

- List of all medications you are currently taking and have recently stopped taking (within last 30 days). Include why you are taking each medication.
- Insurance card
- Any copayment required by your insurance company
- Photo ID
- Phone numbers of family and friends
- Battery operated razor
- Comb, brush, makeup, eye glasses, denture cup
- CPAP/BIPAP machine, if used
- Personal hygiene items such as toothbrush, deodorant, and any other toiletries you desire
- Watch or wind-up clock
- Loose fitting shorts or sweatpants; loose-fitting blouses or shirts. Pack enough for 3-4 days.
- Socks and underwear
- Tennis shoes and well fitting slippers
- Robe and sleepwear
- Pocket change for incidentals
- Cell phone and charger

Things to leave at home:

- Electrical items
- Jewelry and valuables
- Large amounts of money
- Razors with blades (remember, you will be on blood thinners)

➔ **Remember, do not eat or drink after dinner the night before surgery.**



Pre-Planning for Discharge

Your expected hospital stay is 2- 3 days.

Planning your discharge begins now. There are several options to consider, depending on the recommendations of your surgeon and therapy team. Our coordinated care team will help you make arrangements for your individual discharge needs.

- **Outpatient Therapy**

You may prefer to receive therapy on an outpatient basis. Your team will help determine if this is the best discharge plan for you. If so, a prescription for therapy will be provided at discharge. Please contact the facility of your choice to ensure they accept your insurance.

- **Home Health Therapy**

Based on your recovery, the therapy you began at the hospital may need to be continued at home. Home health arrangements will be made with the patient's choice of agency.

- **Skilled Nursing Facility**

This may be a good option for you if you live alone, or if you need additional nursing care and therapy. This type of facility provides skilled nursing care to patients who require rehabilitation services but do not require the level of care provided in a hospital. If a patient anticipates needing skilled rehab following discharge, a list of skilled nursing facilities and quality of care ratings can be found at www.medicare.gov.

- **Swing Bed Facility**

Another option to consider may be a swing bed facility. This is a hospital that can use its beds for skilled nursing level care for patients who no longer require acute hospitalization, but continue to need skilled rehabilitation. Prior to admission, check with your insurance company to

determine if you have coverage for swing bed services and obtain a list of facilities in your insurance network. Please note that the Jackson Metropolitan area does not have any hospitals with swing beds.

- **Acute Rehabilitation Facility**

This option is for those who meet more rigid admissions criteria. To meet criteria: Medicare requires two or more joints must be replaced at one time; the patient must be 85 years of age or older; or the patient must be obese with a body mass index of 50 or greater. The patient must be able to tolerate 3 hours of intensive therapy per day.

Transportation

- Remember, your hospital stay will only be 2-3 days. It is your responsibility to make transportation arrangements for discharge prior to admission.

Out-of-State Patients

- If you live out of state and will be returning home, please contact your primary care physician and inform him/her regarding planned joint replacement surgery.
- Your physician should expect a phone call while you are in the hospital to discuss your post-operative progress and discharge needs. Your physician will need to write orders regarding services such as home health, outpatient therapy, and medications for you at discharge. Your surgeon cannot write orders for these services in your home state.
- Please have your physician's phone number available when you come in for surgery.

Any prescriptions provided at discharge must be filled before leaving the state of Mississippi.

Your Stay at University Hospital

Day of Surgery:

Parking

Valet parking

- Rates: *(Prices are subject to change)*
Available the day of surgery for \$7.
- Hours are 5 am to 5 pm.
- Located in the front of University Hospital.

Parking garages

- Short Stay Surgery can validate your parking ticket for the day of surgery only.
- Garage A is the closest parking available to the Day Surgery Center.
- Rates: **(Prices are subject to change)**
Daily - \$1.00 per hour, with a maximum of \$10 per day.
Extended - \$3 for 3 days or \$7 for 7 days
Extended tickets may be purchased at the following locations:
 - **Monday – Friday, 8 am – 5 pm**
Business Office located on the first floor of University Hospital
 - **After hours/weekends/holidays**
Wiser OB receiving, located at basement level in Wiser Hospital

Free public parking

- Located at Veterans Memorial Stadium, across from the main entrance of University Hospital. Complimentary shuttle bus service available.

Arrival

- You will be given a time to arrive at the hospital. However, it is hard to predict how long each surgery will take so expect some waiting time. Bring something to do to help pass the time, but do not eat or drink anything before your surgery.

Check In

- You will check in at the Short Stay Surgery, which is located on the second floor of the main entrance to University Hospital.

Before Surgery:

- The nurse will make sure that you are still in good health and ready for surgery. You will change into a hospital gown and be taken to the holding area of the operating room. One family member may accompany you. Here you will meet your anesthesiology team as well as your Operating Room (OR) circulating nurse. They will ask you a few questions again about your medical history and surgery. The family member will then be directed to the surgical waiting room located on the first floor of University Hospital.
- An intravenous catheter (IV) will be started to give fluids and medications during and after surgery.
- Your surgeon will mark the correct site of your surgery.
- You will meet a pain management anesthesiologist and discuss options for a pain block. If used, it will be placed to assist with your post-operative pain management.
- Next, you will be taken to the operating room.

Operating Room:

- You may feel cold, and a nurse may offer you warm blankets to minimize the chill.
- You will move to an operating room bed that will feel very hard.
- The anesthesia team will connect you to monitors and begin anesthesia.
- A catheter will be placed in your bladder once you are asleep.
- Your surgery may take 2-3 hours. However, pre-operative preparation as well as wake-up time may make your operating room and recovery room stay longer.
- Your family will be updated throughout the surgical procedure by the OR circulating nurse, and your surgeon will speak with your family after the surgery is complete.

After Surgery:

- You will be taken to the recovery room, also called the PACU (post anesthesia care unit). Your condition will be watched closely, and you will be given pain medications.
- If you had a total hip replacement, you will have a foam wedge (abduction wedge) between your legs.
- You will have an x-ray taken of your new joint.
- Once you are awake, you will be moved to your room and your family and friends will be able to join you.

In your Room:

- Most patients are brought directly from recovery to their rooms on the orthopaedic floor (5 North).
- Your family will be directed to your room, but we encourage you to limit visitors to 1-2 so you can rest.
- Depending on the time you arrive on the orthopaedic floor, your physical therapist will work with you to sit up on the edge of bed and possibly walk.
- Your nurse will explain pain control measures.
- The nurse will periodically check your circulation and may apply ice to your incision.
- This is a great time to begin doing your ankle pumps and using your incentive spirometer. Try to do both 10 times every hour that you are awake.
- **Do not use a pillow under your knee.** This will only make straightening it harder.



Visitation:

- Routine visiting hours are 9 am – 9 pm daily. Please instruct your visitors, excluding your coach, to come in the late afternoon or evening, so you can get all the benefits of your post-operative care/ instruction.
- Children over 14 years are welcome to visit during normal visiting hours.
- We encourage only 2 visitors at a time due to limited space in your room and to allow you adequate rest time.
- One overnight guest will be allowed. A pull-out couch is available.
- Visitors are encouraged to ask questions, but patients must first give permission due to privacy concerns. We are unable to give patient information over the phone for the same reasons.

Smoking:

- The University of Mississippi Medical Center is a smoke-free, tobacco-free campus.
- Smoking in the patient's room is strictly forbidden.
- Tobacco increases your risk for heart disease, cancer, and other diseases. Use of tobacco will also increase time needed to heal after surgery. For your health and wellness, do not use tobacco products of any form. For help, call the tobacco quit line at 1.800.QuitNow (1.800.784.8669).

Phones:

- When calling from outside the hospital, there are two phone numbers that may be of interest to you:
 - » 601.984.2150 – to locate a patient in the hospital
 - » 601.815.2XXX – last 3 numbers will be the patient's room number
- When making a call from your hospital room, you must first dial a "9", and then your number.

General Information:

- **Pain** – All patients have some discomfort after surgery. Our goal is to work with you to safely reduce your pain to a level that is tolerable. There are many options for pain management, including positioning, ice, relaxation techniques, medications by mouth, and IV medications.
 - » Pain scale – You will be asked to use a pain scale to describe your level of pain on a scale of 0 to 10, with "0" meaning absolutely no pain, and "10" meaning the worst pain possible. As you begin to feel pain increasing, please request pain medication from your nurse.
- **Medications**
 - » You will not be allowed to take medications brought with you from home.
 - » You will receive 2 doses of antibiotics through an IV after surgery. This will help to prevent any infection.
- **Blood Clots**
 - » We take steps to prevent blood clots by having you wear compression stockings, performing exercises, walking soon after surgery, and by giving you blood thinning medications.
- **Blood Draws**
 - » Your blood will be drawn for lab tests.
- **Nutrition**
 - » The day of your surgery, you will be allowed clear liquids. This is very important to allow your stomach to "wake up" after being put to sleep for surgery.
 - » Once you tolerate clear liquids, your diet will be advanced to solid foods.
 - » Three meals will be delivered to your room daily, based on the diet that your doctor has prescribed for you.
 - » Good nutrition is essential for wound healing.

- **Incentive Spirometry**
 - » Use this 10 times every hour that you are awake. It will help prevent pneumonia.
- **Cold Therapy**
 - » We will use ice to help control your pain and swelling.
- **Communication with Staff**

Please use your call light if you need any assistance.

Day 1 – Following Surgery:

Today is the day to really begin focusing on your recovery. Ask your family to set out your clothes for the day. You are not sick, so there is no need to be in a hospital gown!!

While you are eating breakfast, take time to tune in to the TIGR video on Total Hip/Knee Replacement. Please ask your nurse to assist you.

Please call for assistance before getting out of bed. Your team will tell you when it is safe to move around unassisted.

- Your nurse will remove your catheter. Staff will assist you in using the toilet/bedside commode rather than the bedpan.
- Your team will continue to work with you on pain management, with a goal of going to oral medications, as we work together to get you home.
- You will attend therapy in our therapy area twice a day with both your Occupational Therapist (OT) and Physical Therapist (PT).
 - » Your morning session will be in your room. You will be up in your bedside chair for at least one hour.
 - » In the afternoon, you will attend therapy in our therapy area. One focus of this session is to ensure your ability to get on and off the toilet or bedside commode. You will also work on moving and strengthening activities, as well as walking. Once the session is over, be prepared to use these skills to walk back to your room.
- It is time to start planning for your discharge from the hospital. Our

coordinated care team members will work with you on your individual discharge needs. See page 15.

- Your next few days will be very active. Please instruct visitors to come in the late afternoon or evening so you can get all the benefits of your post-op care and instructions.

Day 2 & 3 – Following Surgery:

Congratulations on your success!

- You should be ready for discharge on either the afternoon of day two or morning of day three.
- Your IV fluid will be turned off.
- If you have a nerve block, this will be removed.
- Your post-operative bandages may be replaced with smaller bandages.
- Your nurse will wake you up early and if needed, assist you in using your equipment to get dressed. Don't forget to wear loose fitting clothing.
- Be sure to eat a good breakfast before therapy.





- You will continue therapy twice a day, to reinforce all you have learned.
- You may begin to climb steps today.
- Your therapists will also review home safety tips, such as bathroom and car transfers, so please talk to them if you have special concerns.

Getting ready to go home

- Your coordinated care team members will continue to work with you to finalize plans. Be sure to ask any questions you or your family might have.
- Before you leave, you will be given written instructions on medications, therapy activity, contact numbers and a follow-up appointment with your surgeon.

Post-Operative Care

Appointments

The following appointments will be made for you prior to your discharge from the hospital.

- Two week wound check with a nurse practitioner.
- Six week follow-up appointment with the surgeon.
- Six week therapy appointment for measurement of progression.

Medications

- You will be discharged with a prescription for pain medication.
- You should take medications as directed. Please notify us 3 days in advance if you need a refill. To request a medication refill, please call **601-984-6525**; choose option #8 between 8:00 am and 4:30 pm. Refills are not handled after business hours or on weekends and are not considered an emergency.
- We will begin weaning you off narcotic pain medication beginning with your second refill. You should be off all narcotic pain medication by your 3 month post-operative visit.
- Pain medications can cause constipation, so you may use an over the counter laxative or stool softener as needed until your bowel function returns to normal.

Do not resume anti-inflammatory medications at home until you have discussed this with your physician.

* If there is a question regarding whether or not a medication is anti-inflammatory, please call your pharmacist.

Your internist or family physician should handle other prescription medications.





Preventive Measures

Infections left untreated can spread to your joint by way of the bloodstream. The consequences of this can be quite serious. Please take the following precautions:

- Call us before you have any dental work done so that we can provide you with antibiotic coverage. This applies as long as you have your joint replacement (not just the first six weeks), and includes routine cleanings, fillings, caps, extractions, etc.
- If you have any surgical procedure scheduled, let your surgeon know that you have a total joint replacement. You will need antibiotics before, during, and after the procedure.
- Call us if there is any doubt whether you need an antibiotic. This is very important. Consider it an investment!
- Wash hands frequently, and have others who are around you do the same, especially until your surgical site heals.
- Good personal hygiene and dental care will reduce the amount of bacteria on the skin and in the mouth, decreasing risks for infection.

Surgical Stockings or compression hose (white stockings)

- Wear these stockings daily for the first six weeks. You may remove them twice daily, for an hour or two at a time. They are very important in reducing swelling, preventing blood clots, and improving circulation.
- Stockings should be hand-washed and line-dried.

Swelling

Some swelling over your incision, as well as in your legs and feet, is normal. Usually you will notice it toward the end of the day. To minimize this, you can:

- Elevate your feet on a footstool whenever you are sitting up in a chair.
- Use icepacks anywhere, anytime you like; these also relieve pain. Don't use a heating pad, as it will aggravate swelling.
- Perform your ankle pumps and circles whenever you are sitting still.
- Report any persistent swelling, increase in pain or pain/ tenderness in the calf, warmth or redness, or drainage from your incision.

Blood Clot Prevention

Follow your orthopaedic surgeon's instructions carefully to minimize the potential of blood clots which can occur during the first several weeks of your recovery. Continue to wear your white stockings, complete your blood thinning medication, perform your home exercises, and ambulate often.

Warning signs of possible blood clots in your leg include:

- Increasing pain in your calf
- Tenderness or redness above or below your knee
- Increased swelling in your calf, ankle, and foot

Warning signs that a blood clot has traveled to your lung include:

- Sudden increased shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing

Notify your doctor immediately if you develop any of these signs. If unable to reach your surgeon go your nearest emergency room.

Preventing Infection

The most common causes of infection after a total joint replacement are from bacteria that enter the blood stream during dental procedures, urinary tract infections, or skin infections. These bacteria can lodge around your implant and cause an infection.

Warning signs of a possible joint infection include:

- Persistent fever (higher than 100 degrees orally)
- Shaking chills
- Increasing redness, warmth, tenderness, or swelling around the joint
- Drainage (bleeding/yellow/pus) from the incision
- Increasing joint pain with both activity and rest

Notify your doctor immediately if you develop any of these signs.

Caring for your Incision

Knee replacements – Your dressing will be changed before you are discharged from the hospital.

Your incision is closed and covered by a non-adhesive dressing..

- The Telfa pads may be removed if no drainage.
- Keep the incision dry. Do not use any type of over the counter antibiotic, ointments or creams until the incision is completely healed.
- You may shower if there is no drainage from the incision. Allow warm water to run over the incision. Do not scrub or rub the incision. Pat dry with a clean towel and allow the incision to dry before dressing.
- You may *not* tub bathe for 12 weeks.

Hip replacements – Unless there is drainage, your dressing *will not* be changed prior to your discharge from the hospital.

Your incision has dissolvable sutures and the incision is closed and covered by a non-adhesive dressing and waterproof seal.

- Leave the surgical dressing in place until your two week wound check with the

Nurse Practitioner, unless early removal is needed due to excessive drainage.

- If staples are used, staples will be removed at two weeks post-op.
- You may shower with the dressing in place as long as there is *no* drainage and the dressing is sealed.
- Once the dressing is removed, keep the incision dry. Do not use any type of over the counter antibiotic, ointments or creams until the incision is completely healed. You may shower if there is no drainage from the incision. Allow warm water to run over the incision. Do not scrub or rub the incision. Pat dry with a clean towel and allow the incision to dry before dressing.
- You may *not* tub bathe for 12 weeks.

Notify the surgeon immediately regarding any wound concerns or signs or symptoms of infection.

Post-Op Rehab Needs:

Therapy will be prescribed, and the location will be discussed with you prior to your discharge from the hospital.

Week 1-2

- Perform your home exercises two to three times a day.
- You may shower as directed at discharge. Sponge bathe until this time. Do not take a bath until you are cleared by your doctor.
- Walk at least 200 feet twice a day. Use your walker as directed.
- Gradually resume daily activities.

Week 3-4

- You should notice that everyday activities are becoming easier. Continue doing the home exercise program as directed by your therapist. Exercise is the fastest way to achieve the best outcomes.
- Walk at least 400 feet a day.
- Continue to increase your daily activities.

CONTINUE FOLLOWING YOUR JOINT PRECAUTIONS UNTIL ADVISED BY YOUR SURGEON.

Check with us before you:

- Swim
- Use a whirlpool/jacuzzi
- Drive
- Ride a bicycle

Sex

Sex may be resumed at your discretion. Keep in mind, though, any precautions and positioning guidelines we have given you. You may not be comfortable supporting your partner's weight right away; be creative and conservative.

Questions or Concerns?

Remember we are only a phone call away, if you have any questions or concerns. Our office hours are 8:00 am to 4:30 pm, Monday through Friday. We want to continue to be a resource for you.

Main Number – Non-urgent questions – 601-984-6525; option #8

Appointments – 888-815-2005

Medication Refills – 601-984-6525; option #8

*Refills are not handled after hours or on weekends and are not considered an emergency.

For general questions regarding the Joint Replacement Program, please contact the program coordinator at 601-815-2589, Monday – Friday, 8:00 am – 4:30 pm.

If you have an orthopaedic emergency after office hours, you should report to the nearest emergency room.

To reach the doctor on call or for **urgent matters** after 5:00 pm call: 601-984-1000, press 0, and ask for the orthopaedic physician on call.

An orthopaedic resident is on call for our UMMC emergency room 7 days a week, 24 hours a day.



Amenities at University Hospital

UMMC Cafeteria: Located on the main floor near the central elevators. Our cafeteria offers a daily variety of items for both dining in and take out.

Hours of Operation:

Monday - Sunday 6 am – 10:45 am
11 am – 4:15 pm
4:30 pm – 5:30 am

Starbucks Coffee Kiosk: Located on main floor adjacent to the gift shop.

Hours of Operation:

Monday - Friday 6 am – 9:30 pm
Saturday - Sunday 9 am – 3 pm
Closed Holidays

Subway Sandwiches: Located on main floor past UMMC main cafeteria.

Hours of Operation:

Monday - Friday 7 am – 2 am
Saturday 10 am – 11 pm
Sunday 10 am – 11 pm

Wiser Bistro: Located on campus in the Wiser Hospital for Women & Infants. Wiser Bistro offers a variety of gourmet sandwiches and soup choices daily.

Hours of Operation:

Monday - Friday 7 am – 2 pm
Closed Saturday, Sunday & Holidays

McDonald's: Located just inside the door to the Methodist Rehab Center Atrium walkway.

Hours of Operation:

Monday - Sunday 6 am – 11 pm

Pharmacy: Meds and Threads is located on the first floor of University Hospital.

Hours of Operation:

Monday - Friday 7 am – 5 pm

Gift Shops: Various snacks and beverage choices available. Free room delivery is offered.

University Hospital Gift Shop

Monday - Sunday 6:30 am – 10 pm

Phone: (601) 984-1299

Wiser Hospital for Women & Infants Gift Shop

Monday - Friday 7 am – 7 pm
Saturday 9 am – 2 pm
Closed Sunday & Holidays

Phone: (601) 815-5906

Circles Concierge Service: We offer a complimentary*, personal concierge service for any additional needs you might have during your stay. The concierge desk is located inside the main entrance of University Hospital or call 1.800.686.1998

Hours of Operation:

Monday - Friday 6 am – 9 pm
Saturday - Sunday 7 am – 9 pm

**You only pay for the goods and services you purchase or ask a Concierge professional to purchase on your behalf.*

Internet Service: We offer free, unlimited Wi-Fi internet access throughout the hospital.

Vending Machines: Located on the 5th floor of the critical care hospital (just through the double doors behind the adult hospital elevators)

Common terms

Abduction Pillow - Soft foam pillow designed to keep your legs apart and maintain hip precautions after a total hip replacement.

Case Manager - A nurse who will assist you in coordinating the options and services required to meet your needs to prepare for and be discharged.

Compression Hose - These are devices used to help blood circulation and increase blood flow to the calf and foot in non-ambulatory or resting patients.

Drain - A device used to collect blood from your surgical site.

Foley Catheter - Thin tube inserted into your bladder to drain urine.

Incentive Spirometer - A device used to exercise your lungs. It measures how well you are filling your lungs with each breath.

Nerve Block - A plastic catheter placed next to a nerve. The catheter is connected to a pump that coats the nerve with local anesthetic and blocks painful sensations from the knee, thigh and hip regions.

Nurse Practitioner - A registered nurse with specialty training who performs many duties of the physician.

Occupational Therapist/Occupational Therapy Assistant - Team members who help patients regain their ability to complete activities of everyday living, including dressing, bathing, grooming, and other activities that are essential for independent living.

PCA - A pump that allows you to give yourself pain medication to control your post-op pain. Safety measures are programmed into the pump to prevent overdosing, but please remember that this is YOUR button to press, and do not allow anyone else (family members or visitors) to push it for you.

Physical Therapist/Physical Therapy Assistant - Team members who provide treatment that improves patient mobility, relieves pain, and prevents or lessens physical disabilities.

Resident Physician - Medical Doctor who is completing specialty training.

Social Worker - A team member who helps coordinate your discharge from the hospital, oversees and implements any needed contact with other services or organizations, and prepares you for re-entry into family and community life.

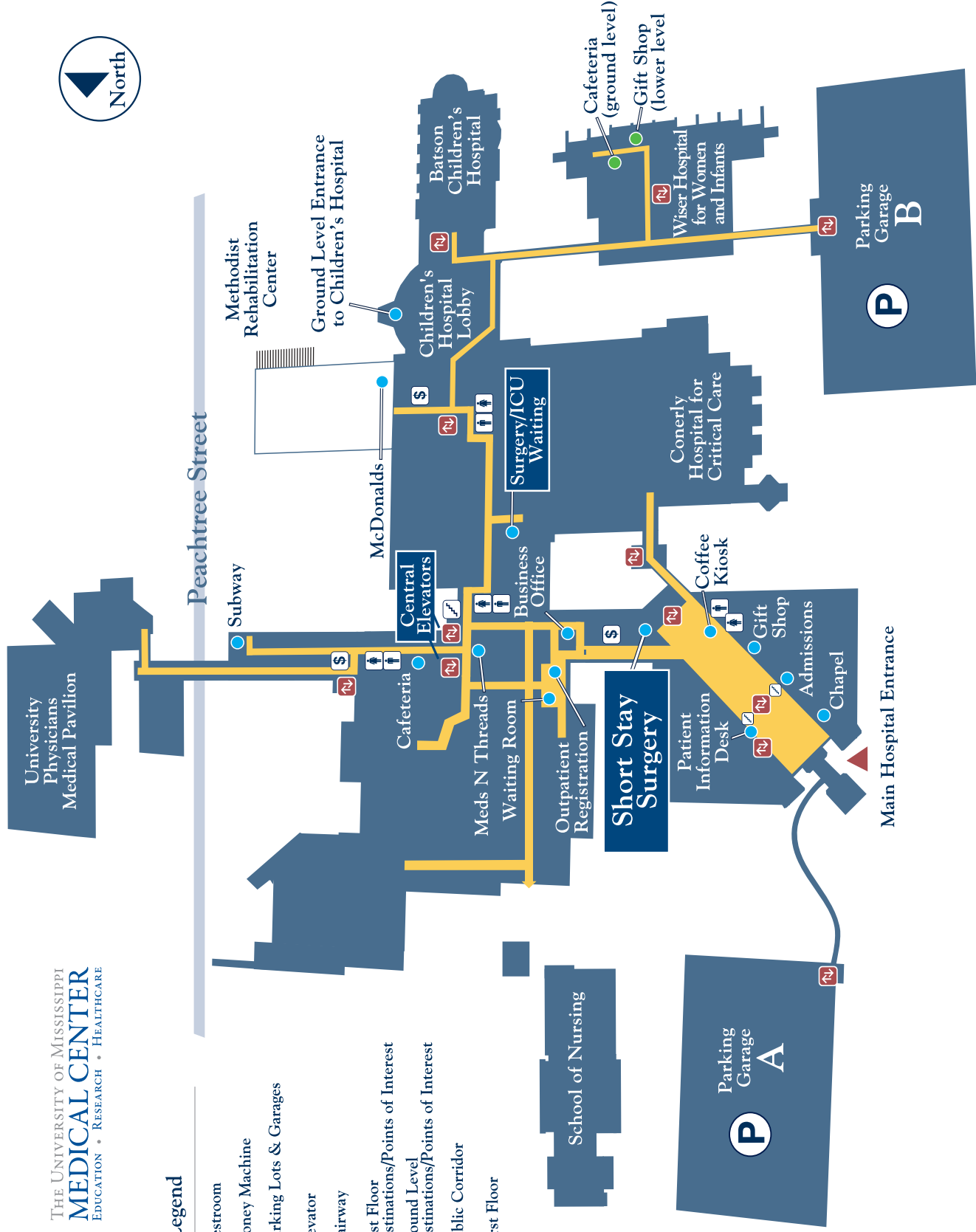
THR/THA - Total hip replacement/Total hip arthroplasty

TKR/TKA - Total knee replacement/Total knee arthroplasty



Map Legend

-  Restroom
-  Money Machine
-  Parking Lots & Garages
-  Elevator
-  Stairway
-  First Floor Destinations/Points of Interest
-  Ground Level Destinations/Points of Interest
-  Public Corridor
-  First Floor





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