Total Knee & Hip Replacement Patient Education Manual

erlanger
Orthopaedics

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Important Dates and Times

Medical Clearance (if needed)

Date_____

Time_____

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Date_____

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Date_____

Arrival Time_____

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Date_____

Time_____

Physical Therapy Appointment

Date_____

Time_____

Other

Date_____

Time_____

Notes

About Erlanger

Erlanger is a multi-hospital system with six hospitals: Erlanger Baroness Hospital, Children's Hospital at Erlanger, Erlanger North Hospital, Erlanger East Hospital, Erlanger Bledsoe, and Erlanger Western Carolina Hospital.

Erlanger is the tri-state region's only Level I Trauma Center, providing the highest level of trauma care for adults. Erlanger has six LIFE FORCE air ambulances in its fleet, three based in Tennessee and North Georgia, and one in North Carolina.. Children's Hospital at Erlanger houses the region's only Level IV Neonatal Intensive Care Unit, as well as a pediatric trauma team, Emergency Center, and Pediatric Intensive Care Unit.

Erlanger also serves as the region's only academic teaching hospital, affiliated with the University of Tennessee Health Science Center College of Medicine – Chattanooga. Each year, more than a quarter of a million people are treated by the team of healthcare professionals who are part of Erlanger.

Our Healthcare Mission

We compassionately care for people.

Our Healthcare Vision

Erlanger is a nationally-acclaimed health system anchored by a leading academic medical center. As such we will deliver the highest quality, to diverse populations, at the lowest cost, through personalized patient experiences across all patient access points. Through innovation and growth, we will sustain our success and spark economic development across the Chattanooga region.

Our Core Values

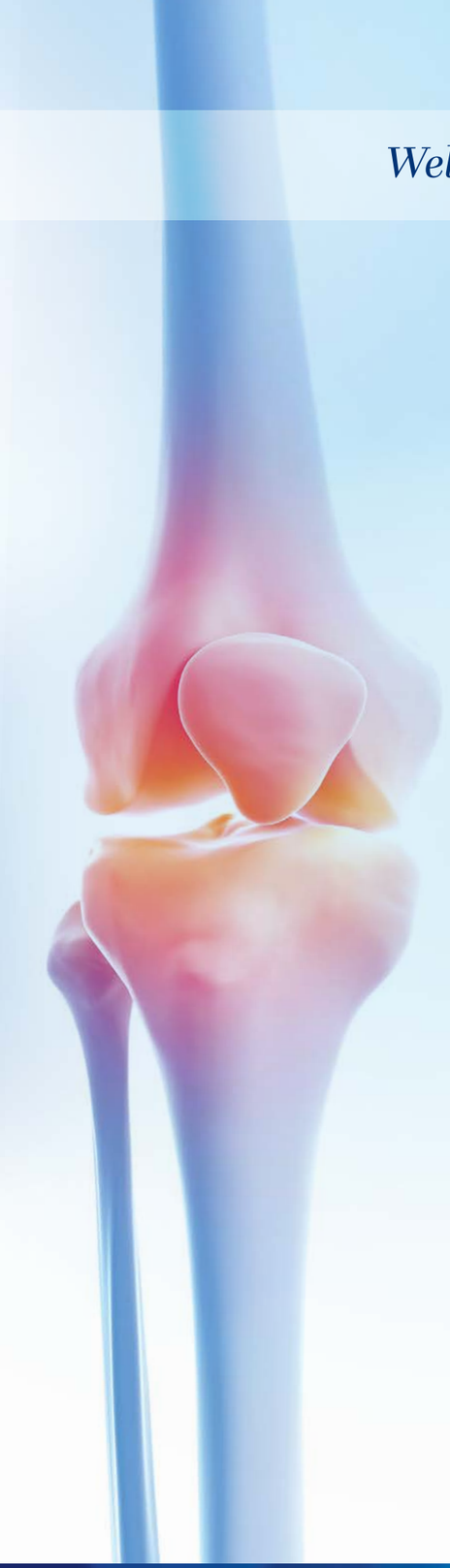
- **Excellence –** We distinguish ourselves and the services we provide by our commitment to excellence, demonstrating our results in measurable ways.
- **Respect –** We pay attention to others, listening carefully, and responding in ways that demonstrate our understanding and concern.
- **Leadership –** We differentiate ourselves by our actions, earning respect from those we lead through innovation and performance.
- **Accountability –** We are responsible for our words and our actions. We strive to fulfill all of our promises and to meet the expectations of those who trust us for their care.
- **Nurturing –** We encourage growth and development for our staff, students, faculty and everyone we serve.
- **Generosity –** We are giving people. We give our time, talent and resources to benefit others.
- **Ethics –** We earn the trust by holding ourselves to the highest standards of integrity and professional conduct.
- **Recognition –** We value achievement and acknowledge and celebrate the accomplishments of our team and recognize the contributions of those who support our mission.

Important Erlanger Phone/Fax Numbers

Total Hip Nurse Navigator 423-778-3979
Total Knee Nurse Navigator 423-778-2905
Pre-Testing
  Erlanger Baroness Hospital 423-778-3938
  Erlanger East Hospital 423-680-8423
FMLA/Disability Forms ..... 423-778-4901 (fax)
Surgery Clearance Paperwork ..... 423-622-3676 (fax)
Surgery Scheduling 23-778-4929
  423-778-4921
  423-778-4916
Surgical Services Waiting Room Desk 423-778-2388
Surgical Ambulatory Care Unit 423-778-7008
Orthopaedic Floor Nurse's Station (6th floor) 423-778-6088
Nerve Block Questions/Problems Pager ..... 423-778-2121, then enter 3972
This is a paging system. Enter your telephone number and your call will be returned.

Important Information

- FMLA/Disability forms should be filled out by the surgeon's office **BEFORE surgery**. Please allow 7–10 business days for these forms to be completed.
- Please be sure to contact your physician in case an appointment is needed for clearance.
- You may be required to obtain medical, cardiac, and/or other specialty clearance before surgery. Anesthesia requires a written clearance note from these physicians before surgery. Failure to obtain these clearances could result in your surgery not being scheduled or canceled.
- Someone from the hospital or the surgeon's office will be contacting you for your Pre-Testing appointment.
- If you have any religious or other reasons to refuse blood products or medications, please let the surgeon's office staff know prior to the surgical procedure.
- Physical therapy will be set up for you BEFORE you leave the hospital by a case manager. If Physical Therapy has not contacted you within two days after discharge, please notify the Orthopaedic Nurse Navigator above.
- The E and F elevators are the best elevators to use for family and friends to access the Orthopaedic Floor (6th floor).
- Free Wi-Fi internet access is available, identified as ehspub on your device.



Welcome to the Total Joint Program

Thank you for choosing Erlanger for your total joint replacement surgery. We are offering each patient undergoing total knee or hip replacement this educational guide. Your physician has discussed information with you regarding your surgery. This guide is designed to help you further prepare for surgery by giving you information you will need to achieve the best outcome from your joint replacement.

The total joint program offered by Erlanger is a team approach. This team includes your surgeon, hospital staff, and you. As part of this team, a Nurse Navigator will work with you to help you prepare for surgery, ensure your plan of care is completed, and assist with your discharge and follow up care. The Nurse Navigator will be a contact person for you and your family before, during, and after surgery.

Information regarding dates and times for the Joint Education Class will be provided by the Surgery Scheduler when scheduling your surgery.

Total Knee Replacement

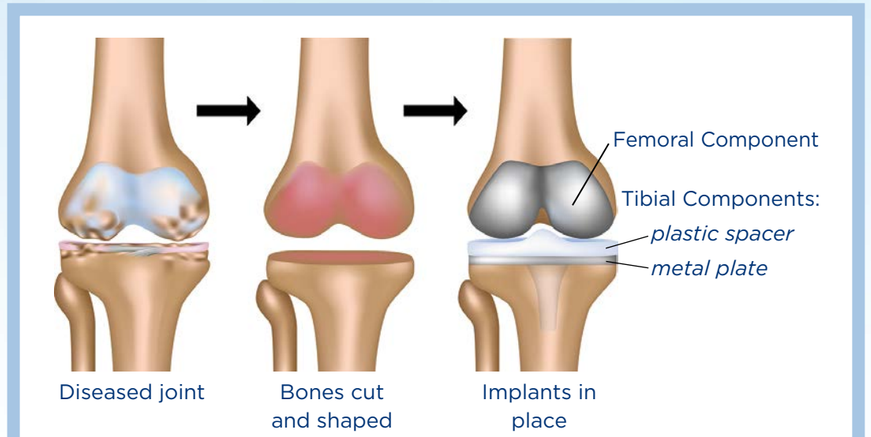
The most common reason for knee replacement surgery is to help relieve pain caused by arthritis. Patients who need knee replacement surgery usually have problems walking, climbing stairs, and/or getting in and out of chairs. Some patients also have moderate or severe knee pain at rest.

Knee replacement surgery, also called knee arthroplasty, can help ease pain and return function in severely diseased knee joints. During the knee replacement surgery, a surgeon will cut away a small amount of damaged bone and cartilage and replace it with an artificial joint.

There are a variety of artificial joint designs. The surgeon will consider your age, weight, activity level, and overall health to choose which artificial joint is right for you.

For most patients, knee replacement provides relief from pain and better mobility and quality of life. After you have recovered from surgery, you can enjoy a range of low-impact activities, such as walking, swimming, golfing, and/or biking. Talk to your surgeon about your limitations after surgery.

Below is an example of one type of knee replacement available.



It is normal to hear and/or feel a click after surgery. This is from the contact of the artificial joints (metal/plastic) during activity.

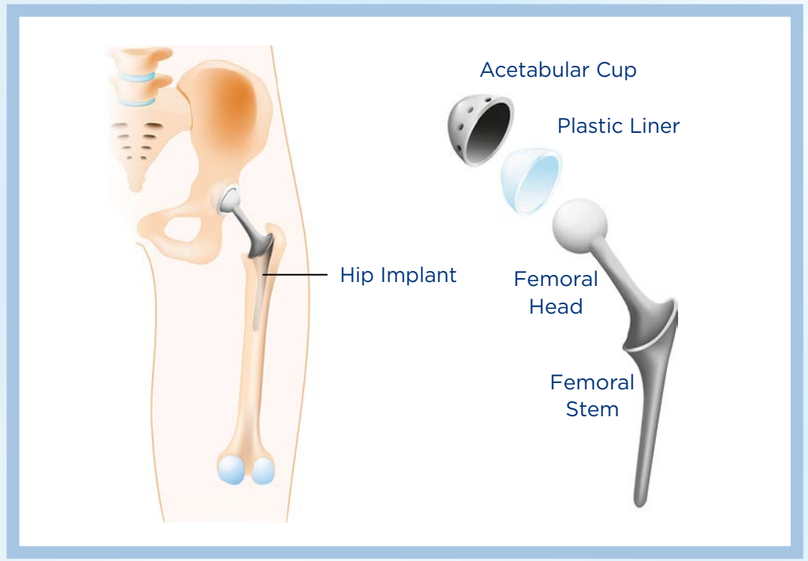
Total Hip Replacement

Hip replacement, also called hip arthroplasty, may be a choice for you if your hip pain interferes with daily activities and more conservative treatments have not helped. Patients who need hip replacement surgery usually have problems walking, climbing stairs, and/or getting in and out of chairs/beds. Damage to your hip from arthritis is the most common reason to need hip replacement surgery.

During hip replacement surgery, a surgeon removes the damaged areas of your hip joint and replaces them with an artificial joint. The surgery may be done through the back (posterior), the front (anterior), or the side (lateral) of the hip joint. This artificial joint, also called prosthesis, helps reduce pain and improve function in your hip.

There are a variety of artificial joints available. The surgeon will consider your age, weight, activity level, and overall health to choose which artificial joint is right for you.

Total hip replacement (arthroplasty) example below.



Preparing for Joint Replacement Surgery

Smoking Cessation

Smoking can slow the recovery process and increase medical complications. Some medical complications caused by smoking can include blood clots and/or wound healing problems after surgery. If you smoke, it is advised that you quit at least four weeks before surgery. Please note that Erlanger is a smoke free campus.

Diabetes and Weight Management

It is very important to effectively manage your blood glucose before, during, and after surgery. Managing your blood glucose effectively can reduce complications such as infection after your surgery. If you are diabetic, your blood glucose will be managed and monitored throughout your entire hospital stay.

If you are currently prescribed a long-acting glucagon-like peptide-1 (GLP-1) receptor agonist (RA) medication, you will be asked to pause use of this medication to avoid adverse effects of anesthesia during your surgery. These medications include:

- Dulglutide (Trulicity)
- Exenatide (Byetta)
- Exenatide extended- release (Bydureon)
- Liraglutide (Victoza)
- Lixisenatide (Adlyxin)
- Titzepatide (Mounjaro)
- Semaglutide injection (Ozempic or Wygovy)
- Semaglutide tablets (Rybelsus)

The length of this pause depends on your dosage frequency:

- If you take this medication daily, pause use on the day of procedure only.
- If you take this medication weekly, pause use two weeks prior to the day of procedure.

Infection Prevention

Bacterial infections commonly enter through the skin. Two weeks before your surgery, shower or bathe with an antibacterial soap to decrease the bacteria on your skin. You will also be given a special soap during your Pre-Testing appointment with instructions to use before surgery. Please do not shave your legs three days before surgery.

Invasive procedures, including dental work, should be avoided 6 weeks prior to surgery date and 12 weeks after surgery date.

Home Safety

Falls are the most preventable cause of injury!

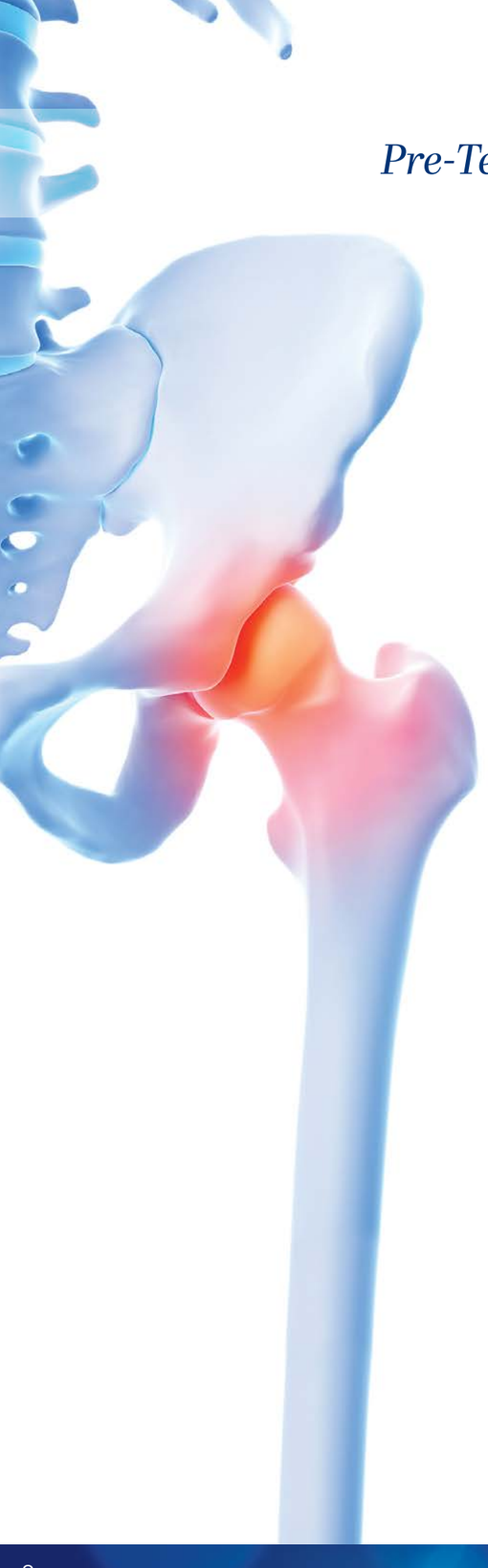
- Must use walker after surgery.
- Remove small rugs around your home.
- All stairways in and around your home need secure hand railings.
- There should be NO long cords, footstools, or clutter in and around walkways.
- Furniture needs to be arranged so that you can easily move throughout your home and bedroom with a walker.
- Small children may need to be taught how to keep you safe after surgery.
- Pets may need to be moved to another area of the house when you arrive home.
- If your bedroom is located upstairs, you may need to prepare a sleeping area downstairs for the first two weeks after you return home.

Help at Home

You will need to arrange for a friend or family member to drive you home from the hospital and to your appointments after surgery for 4-6 weeks. It is also encouraged to have someone stay with you for the first four days after you return home from the hospital.

Vaccinations

Any vaccinations must be completed 4 weeks prior to surgery or 6 weeks after your surgery.



Pre-Testing and Joint Education Class

Before Surgery

You will be scheduled for a Pre-Testing appointment approximately 2-4 weeks before your surgery date. During this appointment, a nurse will review your complete medical history including any and all medications you take and allergies. You will need to bring all of your medications to this appointment, including any over-the-counter medications, vitamins, and/or herbs that you are taking. You will be instructed which medications to stop and which medications you may take.

Testing

Tests will be performed to check for any potential medical problems you may have that could put you at risk during or after surgery. This testing may include checking laboratory and urine, nasal swab to check for infection, chest x-ray, and/or an electrocardiogram. If any of these results show that you have risk factors, you may need additional testing and/or medication. You will be contacted if the results are abnormal.

Questions?

If you have any questions about your medications after your Pre-Testing appointment, please contact the Orthopaedic Nurse Navigator or the Pre-Testing Department. Please see page 3 for Important Numbers.

Joint Education Class

The Joint Education class provided by Erlanger is designed to fully prepare you for surgery. All patients having a total joint surgery are expected to attend this class. This class allows you to participate in your care and assists you with what you can expect during your hospital stay.

Information regarding dates and times for in-person and virtual Joint Education Classes will be provided by the Surgery Scheduler when scheduling your surgery.

Preparation Checklist

After Scheduling Surgery

- ☐ Complete assigned Joint Education Class.
- ☐ Make sure you have someone who can drive you home and support you for at least four days after surgery.
- ☐ Make sure you have someone who can drive you to follow-up appointments for four to six weeks after surgery.
- ☐ Discuss pain management plan during your stay and once you leave the hospital/surgical area.
- ☐ Stop drinking alcohol and using smoking/tobacco products.

For patients who are currently prescribed a long-acting glucagon-like peptide-1 receptor agonist medication (see page 7 for full list), schedule when you should pause use of this medication:

- ☐ Daily dose - pause use day of procedure only
- ☐ Weekly dose - pause use 2 weeks prior to procedure

2 – 7 Days Before Surgery

- ☐ Confirm care partner is available during and after surgery.
- ☐ Plan meals for when you return home after surgery. Purchase foods and drinks that will prevent dehydration.
- ☐ Pick up two 12oz. bottles of:
  - Gatorade if you are not a diabetic (no red or purple)
  - Gatorade Zero if you are a diabetic (no red or purple)
- ☐ Pick up your skin prep wash and incentive spirometer from pre-admission testing.
- ☐ Finalize preparing your home for when you return after surgery.
- ☐ Stop blood thinning medications as directed by your prescribing physician or cardiologist.
- ☐ Stop shaving around surgery site three days prior to surgery.

Day Before Surgery

- ☐ Take one shower using the prescribed CHG treatment in the evening. (See page 10 for instructions.)
- ☐ Drink one 12oz. Gatorade (non-diabetic) or Gatorade Zero (diabetic) at bedtime.
- ☐ Take Tylenol 1000mg before bedtime.
- ☐ Take your home medications as directed by your pre-admission testing instructions.

Preparing for Same-Day or Overnight Hospital Stay

Please bring with you:

- ☐ Clothing such as loose pajamas, short nightgowns, short robes, loose shorts, boxer shorts, t-shirts, under garments, and/or jogging suits. No jeans or leggings.
- ☐ Shoes with a back and non-skid soles so they will not slide off your feet.
- ☐ Personal hygiene toiletries (toothbrush, toothpaste, denture cleansers, deodorant, comb/brush).
- ☐ Eyeglasses, contact lenses, denture cases, hearing aid, and batteries.
- ☐ CPAP machine and tubing.
- ☐ Cell phone, magazines, newspapers.
- ☐ This handbook.

Please leave at home:

- ☐ Jewelry, credit cards, check book, and large sums of cash at home.
- ☐ If you are planning to have prescriptions filled at the hospital pharmacy, please have payment information readily available.

Preparing for Surgery

Showering with Chlorhexidine (CHG) Germ-Killing Treatment

In preparation for your surgery, please shower with the prescribed Chlorhexidine (CHG) germ-killing treatment the evening before your surgery. This will reduce your risk of infection.

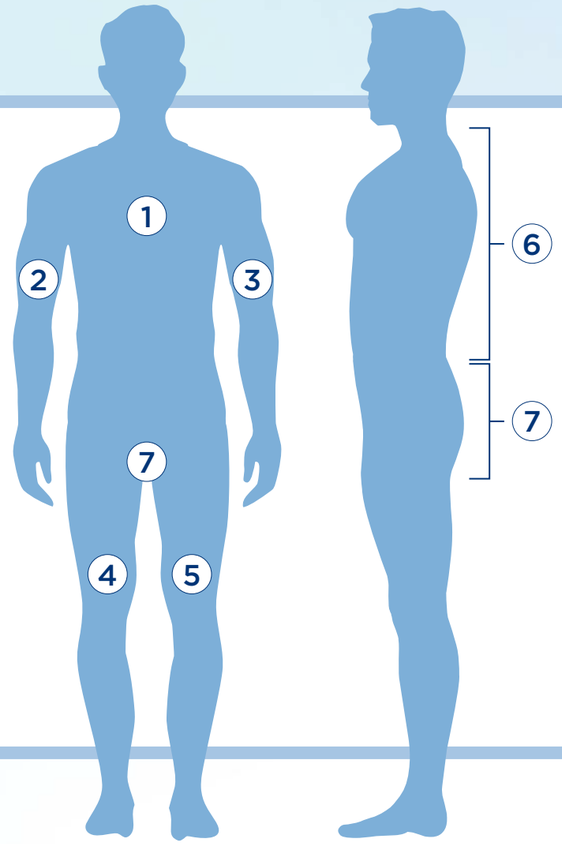
How to use CHG treatment:

- In the shower or tub, wash your hair/face/genitalia as usual with your normal shampoo/conditioner or soap.
- Rinse your hair and body thoroughly to remove soap and shampoo residue.
- Turn water off to apply CHG treatment.
- With a fresh, clean wash cloth, apply the CHG treatment liberally to your entire body from the neck down using the following steps. Make no contact with your eyes, ears, mouth, internal genitals, or open wounds.

Steps for CHG Treatment

DO NOT USE CHG above your jawline.
Use soap and water on your face.

1. Neck, chest, and stomach
2. Right arm, arm pit, hand, and fingers
3. Left arm, arm pit, hand, and fingers
4. Right leg, foot, and toes
5. Left leg, foot, and toes
6. Back of neck, back, and shoulders
7. Between your legs
8. Bottom



- Wash the body gently for five minutes, paying special attention to the area where the procedure will be done.
- Turn the water back on and rinse the body thoroughly.
- Pat try with a clean soft towel.
- Following the CHG treatment:
    1. Dress in clean pajamas or clothes.
    2. Use clean sheets on your bed after washing.
    3. DO NOT wash with regular soap after CHG is used.
    4. DO NOT put lotions, powders, or oils on your skin after bathing.
    5. If you feel itchy or your skin turns red, rinse your skin with water and stop using the product.

Notes

Day of Surgery

Arriving at the Hospital

- You will come to the Valet Parking on the side of the hospital by the Emergency Room which is located on Hampton Street. Valet Parking is available from 5 AM – 8 PM (See map on page 25.)
- Look for the “Orthopaedic Surgery Registration” area to the right as you enter through the valet services entrance.

Pre-Operative Area (Surgical Ambulatory Care Unit)

- A staff member will escort you back to the pre-op holding area and and the persons with you will be instructed to wait in the waiting area. Please note it maybe 4-5 hours from the time you leave your family and/or friends until your surgery is completed.
- You will receive an identification bracelet and change into a hospital gown. Once the armband is in place, identity will be confirmed before any procedure or medication is given by matching this armband to your patient chart. Please ensure all information on your armband is correct before it is placed on your arm.
- You will remove any dentures, eyeglasses, or contacts.
- A nurse will review your medical history and vital signs will be taken.
- An intravenous line will be started in this area or the surgery holding area.
- In the holding area, the Anesthesiologist and Nurse Anesthetist will review your medical record, vital signs, and speak with you about the type of anesthesia that will be used during surgery.
- Your surgeon and the operating room nurse will speak with you before surgery and answer any questions you have. Your surgeon will confirm the correct side and site of surgery.

Surgery

- Your joint replacement surgery can take 1 to 2 hours to complete.
- The operating room nurses will keep your family updated on your progress while you are in surgery.
- After surgery, the surgeon will speak with your family and/or friends.

Day of Surgery Checklist

- ☐ Drink 12oz. Gatorade (non-diabetic) or Gatorade Zero (diabetic) two hours prior to arrival at hospital.
- ☐ No solid food after midnight.
- ☐ Clear liquid up to two hours before hospital arrival time unless you’re told differently by your physician.
- ☐ Take one bath in the morning using the prescribed skin prep product.
- ☐ Take morning medications as directed by your pre-admission testing instructions (blood pressure, diabetic medications).
- ☐ Bring your incentive spirometer to the hospital.

Please let your loved ones know, if they are planning to leave the waiting area, they need to inform a staff member so that they may be contacted if needed.

Day of Surgery

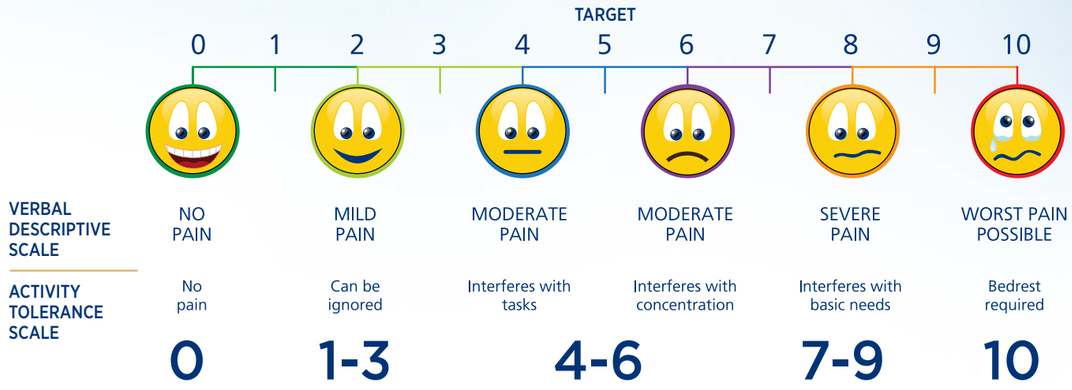
Recovery Area

- Once surgery is completed, you will be taken to the recovery area.
- Your blood pressure, pulse, breathing, and pain level will be evaluated.
- You will receive medications for pain as needed.
- You will be given oxygen to help you breathe.
- You will be monitored for approximately 1-2 hours then taken to a room on the Orthopaedic Floor located on the 6th floor. The length of time in recovery can vary depending on your progress.
- Your family and/or friends will be notified of your room number.

Pain Control After Surgery

The pain you feel before your surgery is different than pain you will feel after surgery. You may have some discomfort after surgery, which can continue through your recovery. Remember:

- It is important to set realistic expectations about pain while you are healing.
- Healing can take several months or up to a year for full recovery.
- Narcotic medications alone cannot relieve all pain. You will have other non-narcotic medications to relieve pain.
- Other ways to decrease pain include cold therapy and therapeutic breathing.
- During your hospital stay, you will be asked to rate the intensity of your pain on a scale of 1 – 10. During your hospital stay, your target pain score will be 5. A pain scale sample can be seen below.



Day of Surgery *Continued*

There are several different types of pain control methods available to you that will keep you comfortable and allow you to be up and walking shortly after surgery. Your surgeon will choose the right method for you based on your medical history and the amount of pain you are having.

It is important for you to communicate with your healthcare team if the pain medication is not sufficient, if you are not as alert as you think you should be, or if you are feeling nauseated. Adjustments can be made to your pain medication to make you feel more comfortable. Narcotic pain medication refills cannot be given without an in-person office visit.

If you are already on chronic pain medication, we reserve the right to not provide additional narcotic (Roxicodone) prescriptions and defer to a pain management specialist. Our standard multi-modal pain control regimen consists of:

- Tylenol 500mg every six hours scheduled
- Ibuprofen 600mg every six hours scheduled
- Robaxin 500mg or Flexeril 10mg every eight hours as needed for muscle spasms
- Lyrica 75mg daily (ages <70)
- Ultram 50 mg every six hours as needed for mild to moderate pain
- Roxicodone 5mg every six hours as needed for severe pain

SCD

After surgery you may have SCDs (Sequential Compression Devices) on your legs. These are placed to help prevent blood clots from forming in your legs after surgery. SCDs wrap around the lower legs, plug into a device with a motor, and massage your legs to promote blood flow.

Hospital Stay

Orthopaedic Floor (6th Floor)

During your hospital stay, the nurse and other staff members will:

- Frequently monitor your vital signs and check your incision site.
- Give IV fluids, antibiotics, and medications as ordered (including home medications).
- Monitor your oxygen level.
- Provide liquids and food as tolerated. Your diet will be advanced slowly from clear liquids to regular food. This helps to avoid abdominal complications after surgery.
- Draw blood for laboratory testing ordered by your surgeon.
- Give you special wipes to use daily on your skin to help prevent infection.
- Provide you with a rolling walker and bedside commode (if needed).
- Get you out of bed shortly after surgery. Physical therapy will be started the day of your surgery or the morning after. This will include standing, walking, and exercises.
- Remember:
  - Do not get out of the bed without assistance from a hospital staff member.
  - Do ankle pumps every hour. This is done by moving your ankles up and down slightly and wiggling your toes (see page 21 for ankle pump instructions).
  - Turning in bed will help prevent skin breakdown, blood clots from forming, and lung congestion. The hospital staff will help you with turning.
  - Drink at least 64 oz. of water each day during your recovery period to ensure you are staying well hydrated.

Getting up on the day of surgery aids in your recovery and helps prevent complications. A Physical Therapist will help you begin mobility exercises and help with bedside activities beginning on the day of your surgery.

Orthopaedic Patient Bathroom

Orthopaedic Patient Room

Hospital Stay *Continued*

Incentive Spirometry (ICS)
Incentive Spirometry is a deep breathing exercise that your surgeon may order to assist you after surgery. Deep breaths are needed to expand the air sacs in the lungs. This deep breathing exercise will help prevent lung problems and speed recovery. A hospital staff member will help you with the incentive spirometry exercise.

Continue ICS use at home after discharge from the hospital.

HOW TO USE YOUR ICS:

1. **Sit upright or as far upright as you can.**
2. **Breathe out normally.**
3. **Close your lips around the mouthpiece.**
4. **Breathe in slow and steady through your mouth until your lungs are full.**
5. **Remove the mouthpiece and hold your breath for 5 seconds.**
6. **Breathe normally.**

Repeat this exercise 10 times each hour while you are awake.

Hospital Discharge

You will be discharged from the hospital when you are medically stable and your discharge summary can be found within MyChart. Prior to hospital discharge, all prescriptions will be sent electronically to your requested pharmacy. If you live outside of Tennessee, you will need to make arrangements to fill your prescriptions in the state of Tennessee. You will also have instructions on any blood thinners or equipment that may be ordered for you.

If you are discharged to home, you must have someone to drive you. We will assist you to your vehicle. When getting into the car, move the front passenger seat back as far as possible. **You should avoid riding home in a sports car, compact car, truck, or any vehicle with raised suspension.**

You will not drive for approximately 4-6 weeks after surgery. Your surgeon will tell you when you will be able to drive. Please make arrangements for family and or friends to drive you to all of your appointments during this time.

Before Discharge Checklist

- ☐ Discuss your pain management plan with your care team (to include medication and ice).
- ☐ Discuss physical therapy discharge plan: home care or therapy in an outpatient setting.
- ☐ Make sure you have your discharge paperwork and educational materials.
- ☐ Make sure you have a follow-up appointment scheduled.
- ☐ Make sure you have your assistive devices for walking or self-care.

Discharge Options
Your physician and care team will discuss your discharge plan based on your medical needs prior to surgery.

Possible discharge options include:

- Return home with outpatient physical therapy services **(most preferred option)**
- Return home with home healthcare
- Go to a skilled nursing facility prior to returning home (least preferred option)

Outpatient Physical Therapy Services
Outpatient therapy services will include physical therapy at an outpatient center near your home (usually two to three times a week for six weeks).

Home Healthcare
Home healthcare may be recommended for you for a safe transition home. This could include a nurse, physical therapist, and/or support from an aide or social worker that will visit you at home after hospital discharge.

Skilled Nursing Facility
A skilled nursing facility will provide 24 hour trained care for patients who need more intensive physical therapy or long term antibiotic treatment. This will only be ordered by your surgeon if absolutely necessary.

Precautions after Surgery & Hospital Discharge

Blood Clots

A blood clot, also called a deep vein thrombosis (DVT), is the formation of a blockage within one of the veins below the skin. It happens most often in the legs. When a DVT is not treated, the blood clot can move to the heart and/or lungs resulting in a serious medical condition that could be fatal. It is important to inform your surgeon if you have a history of blood clots.

The warning signs of a blood clot are:

- Increased pain in your lower leg
- Tenderness and/or redness in your leg, ankle, or foot
- Increased swelling in the leg, ankle, or foot
- Sudden shortness of breath and/or chest pain

Blood Clot Prevention

- Elevate your feet using pillows to raise your feet higher than the level of your heart while lying in bed.
- Perform the exercises instructed by your surgeon and physical therapist.
- Stop smoking.
- Avoid sitting with legs crossed.
- Avoid prolonged bed rest.
- Avoid flights and long car rides greater than two hours for six weeks after surgery.

Blood Thinner

You will be instructed by your surgeon to take a blood thinner after surgery to help prevent a blood clot. This may be a prescribed medication or over-the-counter medication.

Surgical Site Infections

A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. The risk of a surgical site infection is low and only happens in about 1 to 3 out of every 100 patients who have surgery. Bacteria that enter the blood stream through the mouth, urinary tract, or skin can cause an infection.

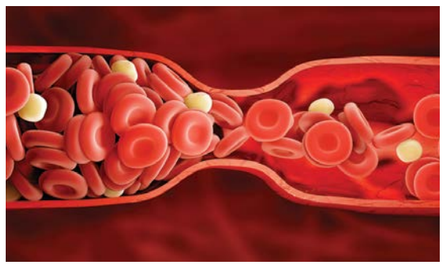
Surgical Site Infection Prevention

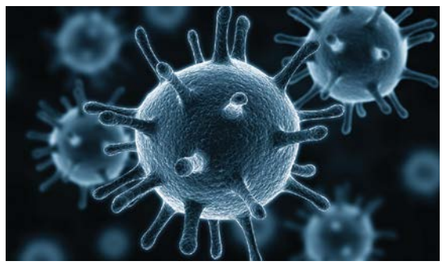
- Clean your hands with antibacterial soap before touching your incision.
- Have your family and friends clean their hands with soap and water before coming into contact with you.
- Things Healthcare workers do to prevent surgical site infections:
  - Clean their hands before coming into contact with you.
  - Remove any hair around your incision site before surgery with special clippers.
  - Wear special hair covers, masks, gowns, and gloves during surgery.
  - Give you antibiotics before and after surgery.
  - Clean your skin at the site of your surgery with a special soap before surgery begins.

If you are considered a high risk for postoperative surgical site infection, you may be sent home on a short duration of antibiotics.

Call 911 if you experience:

- **Chest pain and/or shortness of breath**
- **Coughing up blood or unexpected bleeding**
- **Continued and increased swelling or pain**
- **Dark and/or black stools**





Protect Against Bacteria

Washing your hands for at least 20 seconds with soap and clean water is one of the best ways to protect yourself from bacterial infection. Wash your hands often especially before, during, and after preparing food; being around someone who is ill; using the restroom; treating a wound; after sneezing or coughing; or after touching garbage.

Precautions After Surgery *Continued*

Knee Replacement Precautions

For safety of your knee replacement, you should follow these precautions after surgery:

- Do not sit on low chairs.
- Do not twist your knee for six to eight weeks.
- Do not sit for longer than 45 minutes at a time. This can make the muscles around your knee stiffen.

Hip Replacement Precautions

After a hip replacement, you will need to learn new ways to move that protect your new hip. These are called hip precautions. Your hip surgery was performed through the back (posterior), the front (anterior), or the side (lateral) of the hip joint.

Posterior Hip Replacement Precautions:

- Always sit with your hips higher than your knees.
- Sit with both feet on the floor and keep your knees about 6 inches apart.
- Do not let the knee on the surgical leg cross the midline of your body.
- Do not bend over so that your upper body is lower than your waist.
- Do not turn your surgical leg inward.

Anterior Hip Replacement Precautions:

- Do not step far back with your surgical leg.
- Do not turn your surgical leg outward.

Notes

Care at Home After Hospital Discharge

When you return home, walking and daily exercises will be a part of your routine. Walking will become easier and more enjoyable as your knee or hip becomes stronger.

Control Your Discomfort

- Take your pain medication as prescribed.
- Change your position every 45 minutes throughout the day.
- Short, frequent walking or moving (at least ten minutes per hour while you are awake) will ensure a quicker recovery.
- Keep your leg elevated and use ice for pain control. Use ice prior to and after exercise, up to 20 minutes at a time.
- You will go home with a walker, please make sure you have a clear path throughout your home. (See the Home Safety section on page 7.)

Body Changes

- Drink plenty of water to keep from getting dehydrated or constipated.
- Your energy level may be decreased for up to one month after surgery. Ensure that you get up to 8 hours of sleep per night to help with this.
- Pain medications may cause constipation. Using a stool softener and eating foods high in fiber will assist with regular bowel movements.
- Get up slowly after you sit or lie down to improve your balance and coordination.

Your Incision

- You will be instructed before you leave the hospital how to care for your dressing and incision.
- Keep your incision clean and dry.
- You will be able to shower at home.
- Do not submerge your incision in water (tub baths, hot tubs, lakes, swimming pools, or oceans).
- Do not use lotions, ointments, creams, or spray anything on your incision unless you are told to do so by your surgeon.
- Call your surgeon or the nurse navigator if you notice an increase in drainage, redness, pain, odor, and/or heat around your incision site.

Other Tips

- Keep a phone near you in case you need assistance or fall and cannot get up.
- Keep emergency numbers near each phone.

Exercise Guide

Regular exercise to restore your knee and hip mobility and strength and a gradual return to everyday activities are important for your full recovery. Your surgeon and physical therapist may recommend that you exercise and walk approximately 20 to 30 minutes two or three times daily.

Walking

Soon after your surgery, you will begin to walk short distances and perform everyday activities. This early activity aids your recovery and helps your knee or hip regain its strength and movement.

Walking is the best way to help your knee or hip recover. At first, you will walk with a walker. Your surgeon and/or physical therapist will tell you how much weight to put on your leg.

Stair Climbing and Descending

The ability to go up and down stairs requires strength and flexibility. At first, you will need a handrail for support and will only be able to go one step at a time. Always lead up the stairs with your good leg and down the stairs with your operated leg. Remember “up with the good and down with the bad.” You may want to have someone help you until you have regained most of your strength and mobility. A physical therapist will teach you how to use stairs before you leave the hospital.

Early Postoperative Exercises

Your physical therapist will tailor post-operative exercises specific to your care needs before you leave the hospital. If you have any questions, contact your orthopaedic surgeon or physical therapist.

KNEE REPLACEMENT PATIENTS:

You may experience knee pain and/or swelling after exercise or activity. You can relieve this by elevating your leg and applying ice wrapped in a towel.

CARESENSE

Thank you for choosing Erlanger for your upcoming ankle, hip, or knee replacement! We are excited to be using a new digital tool for you called Care Sense. Through automated phone calls, text messages and emails you will receive reminders and educational material regarding your surgery. Some of the information that will be sent includes:

- How to better prepare for surgery
- Exercise and rehabilitation information
- Post discharge information

Two short surveys will be sent to you through your email. These will be sent before surgery and 3 months to 1 year after surgery. These surveys will help your surgeon keep track of how you are doing after surgery compared to before surgery.

If you have any questions please contact:

Orthopaedic Navigator for Total Hip or Knee Replacement 423-778-3979

Thank you!

Our entire staff would like to say thank you for choosing Erlanger for your orthopaedic care. Our goal is to provide you and your family with the best experience possible. Please do not hesitate to ask a staff member for assistance while you are here. We wish you a speedy recovery.

Notes

Baroness Campus Map

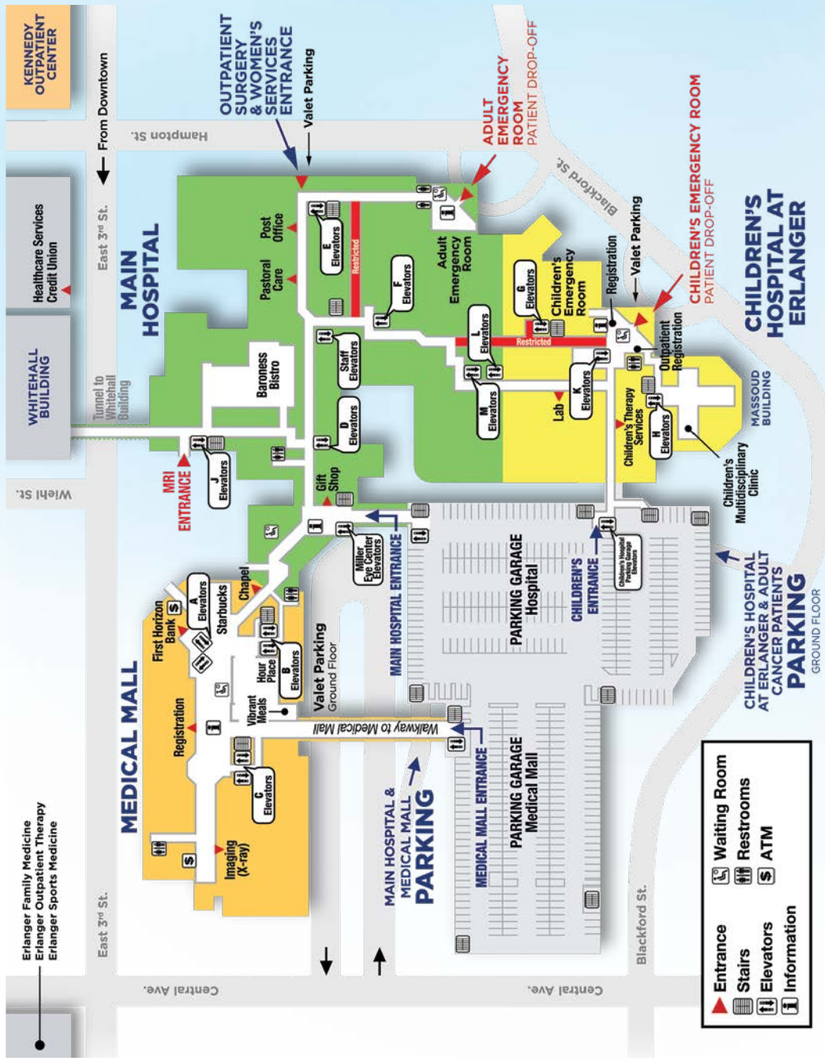
In addition to the map below, download the

ErlangerNOW App!

- Receive step-by-step navigation
- Save your parking spot
- Access MyChart, and more!

Download Today!

erlanger.gz.link/app



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