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# Important Dates and Times

<table>
<thead>
<tr>
<th>Medical Clearance (if needed)</th>
<th>Follow Up Appointment after Surgery</th>
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<td>Date</td>
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<th>Pre-Testing</th>
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<tr>
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<tr>
<td>Date</td>
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About the Erlanger Health System

The Erlanger Health System is a multi-hospital system with five hospitals based in Chattanooga: the Baroness Hospital, Children’s Hospital at Erlanger, Erlanger North Hospital, Erlanger East Hospital, and Erlanger Bledsoe Hospital. Erlanger is the 7th largest public hospital in the United States and has been recognized as “Chattanooga’s number one hospital” by U.S. News and World Report.

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, Cleveland, Sparta, and Winchester, Tennessee; two in North Georgia; and one in Murphy, NC. 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 College of Medicine. Each year, more than a half million people are treated by the team of healthcare professionals who make up Erlanger Health System.

Our Healthcare Mission
To deliver excellence in medical care to improve the health status of our region, while providing vital services to those in need and training to health professionals through affiliation with academic partners.

Our Healthcare Vision
Erlanger will lead as a comprehensive provider of acute care and ambulatory health services, offering a “system of care” that delivers value in terms of quality, cost effectiveness, customer service, teaching and research—directed at improving the health of our community and region.

Our Core Values
Our values define who we are and how we act as stakeholders, individually and collectively.

• Honesty - We believe in honesty and are fully transparent in all we do.
• Excellence - We distinguish ourselves by our commitment to deliver exceptional care, every time, demonstrating results in measurable ways.
• Appreciation - We recognize and value the significance of the individual, contributing to the outcomes achieved by the team.
• Respect - We recognize and advocate for the Erlanger team and for those served, embracing the power of appreciation, communicating and listening, treating each other with dignity, compassion and understanding.
• Trust - We earn the trust of others because we hold ourselves accountable and conform to professional standards of conduct.

Important Erlanger Phone Numbers

Orthopaedic Office of
Dr. Jesse Doty .................................. 423-778-6784
Orthopaedic Physician Assistant
Joshua Porter ................................... 423-778-6784
Orthopaedic Nurse Navigator
Jennifer Stephens ............................ 423-778-6812
Orthopaedic Clinical Resource Coordinator
Jason Lockery ................................. 423-778-2161
Pre-Testing Department .................... 423-778-3233

Surgical Services Waiting Room Desk
(2nd floor) ....................................... 423-778-2388
Surgical Ambulatory Care Unit
(Pre-Op) ......................................... 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.
• 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.

• The E and F elevators are the best elevators to use for family and friends to access the Orthopaedic Floor (6th floor).
• Handicapped Parking Tag forms can be filled out at the surgeon’s office. Please allow several days for these forms to be completed.
• Free Wi-Fi internet access is available, identified as ehspub on your device.
Thank you for choosing the Erlanger Health System for your total joint replacement surgery. We are offering each patient undergoing total ankle replacement this educational guide. Your physician should have already discussed information with you regarding your surgery. This guide is designed to help you further prepare for surgery by giving you additional information you will need to achieve the best outcome from your joint replacement.

The total joint program offered by Erlanger Health System 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 may 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. You may reach the Nurse Navigator at 423-778-6812.

As part of your surgery preparation, Jason Lockery, Clinical Resource Coordinator of Orthopaedics, has filmed a joint class especially for the Total Ankle Replacement patient.

Severe arthritis of the ankle joint, as with other joints, is the result of progressive wearing down of the layer of articular cartilage that cushions the joint’s moving surfaces, ultimately resulting in bone-on-bone grinding with joint motion. Multiple types of arthritis commonly affect the ankle including osteoarthritis, post-traumatic arthritis, and rheumatoid arthritis. This “end stage” arthritis results in pain, combined with loss of function and mobility - severely limiting normal activity. When this end stage is reached and non-operative options (such as medication, injections, and bracing) have been exhausted, total ankle replacement (TAR) may provide relief.

How the Ankle Joint Works
The ankle is known as a hinge joint. It allows up-and-down movement of the foot. The ankle joint is formed by three bones; the tibia and fibula of the leg, and the talus of the foot. The tibia and fibula are bound together by strong tibiofibular ligaments, producing a bracket shaped socket, which is covered in hyaline cartilage. A healthy ankle joint is able to withstand the stresses of supporting the body’s weight, while standing, walking, or running.

Bones of the Foot
Total Ankle Replacement

The Surgical Procedure
Ankle replacement surgery is performed in an operative suite with an anesthesia team and an orthopaedic surgery team. It consists of resurfacing the joint including the tibia (shin bone) and the talus (ankle bone) with a metal alloy, and then placing a plastic spacer in between the metal components to act as a bearing allowing motion. Sometimes additional procedures are performed simultaneously with total ankle replacement, such as removing previously placed hardware, lengthening a tight Achilles’ tendon, or balancing the foot. Depending upon your age, medical conditions, how far you have traveled, and other factors, you will likely stay in the hospital one or two nights.

Preparing for Joint Replacement Surgery

Smoking Cessation
Smoking can slow the recovery process and increase medical complications that 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 the Erlanger Health System is a smoke-free campus.

Diabetes Management
It is very important to effectively manage your blood glucose before, during, and after surgery. Your A1C should be less than 7.5 after your surgery. If you are diabetic, your blood glucose will be managed and monitored throughout your entire hospital stay.

Infection Prevention
Bacterial infections commonly enter through the skin. Beginning two weeks before your surgery, shower or bathe daily with an antibacterial soap to decrease the bacteria on your skin. You will also be given a special soap during your pretesting appointment with instructions to use before surgery (see page 10 for instructions). Please do not shave your legs three days before surgery.

Dental Visits
Patients with prosthetic joints do not require antibiotic therapy prior to dental procedures. Although antibiotics were commonly given in the past, the American Dental Association and the American Academy of Orthopaedic Surgery both advise against the routine use of antibiotics prior to teeth cleaning, teeth scaling, or routine procedures such as filling of a dental cavity. However, active dental infections in patients with prosthetic joints should be treated promptly, and good oral hygiene should be maintained.

American Association of Orthopaedic Surgeons Assumptions: Planned Dental Procedures
- The chance of oral bacteremia being related to joint infections is extremely low.
- Oral bacteremia frequently occurs secondary to activities of daily living such as tooth brushing and eating.
- Virtually all dental office procedures have the potential to create bacteremia.

Home Safety
Home Safety – Falls are the most preventable cause of injury!
- 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 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. It is also encouraged to have someone stay with you for the first four days after you return home from the hospital.
Pre-Testing

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:

Orthopaedic Nurse Navigator: 423-778-6812
Pre-Testing Department at 423-778-3237
The Pre-Testing Department is located in the Medical Mall at Erlanger Hospital Downtown.

TAR Video
The TAR Video provided by the Erlanger Health System is designed to fully prepare you for surgery. All patients having a total ankle surgery are expected to watch this presentation. This video informs you of what you can expect during your hospital stay.

Visit erlanger.org/footandankle to watch the class and learn important details about this surgical experience and recovery.

Please see page 25 for instructions on accessing Joint Education online.

Preparation Checklists

Before Surgery
- I have attended Pretesting and viewed the TAR Educational Video.
- I have contacted Dr Doty’s office about FMLA, short term disability, or handicapped parking tag.
- I have used antibacterial soap and the special soap given in Pre-Testing as instructed.
- I have not shaved my legs for three days before surgery.
- My diabetes is under control (Hgb A1C is less than 7.5).
- I have stopped smoking before my surgery.
- I have prepared my home as suggested for safety (see page 7 for home safety tips).
- I have arranged for someone to drive me home and stay with me when I’m discharged from the hospital for four days.
- I have arranged for someone to drive me to my follow-up appointments for 4-6 weeks after surgery.
- I did not eat or drink after midnight the night before my surgery day. This includes smoking, chewing tobacco, or gum.

Preparing for the Hospital Stay, Please Bring:
- Clothing such as loose pajamas, short nightgowns, short robes, loose shorts, boxer shorts, t-shirts, under garments, and/or jogging suits
- 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

Additional Information
- Leave jewelry, credit cards, check book, and large sums of cash at home.
- Plan for meals when you return home. Purchase groceries ahead of time and make sure to have plenty of drinks to prevent dehydration.

Notes
__________________________________________________________________________________________________
__________________________________________________________________________________________________
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__________________________________________________________________________________________________
__________________________________________________________________________________________________
Day of Surgery

Before Leaving Home
• Take only the medications you have been instructed to take with a small sip of water.
• Shower using the Hibiclens© soap given in Pre-Testing as instructed below.

Pre-Surgery Shower Instructions
You play a vital role in your own health and preventing infections. You will be given a special soap called Chlorhexidine Gluconate (CHG) or Hibiclens®, that will reduce the number of germs on your skin. This special soap is for external use only.

Do not use if allergic to Chlorhexidine. Please refer to the product label for general product information, including possible contraindications.

Instructions:
1. The night before surgery and the morning of surgery, wash with the prescribed liquid soap. Use a clean washcloth and towel the night before surgery, and use another clean washcloth and towel the morning of surgery.
2. DO NOT use the product near your eyes or ears to avoid serious injury. Also, do not use this soap on your groin area.
3. Wash for 2-5 minutes and rinse thoroughly.
4. DO NOT wash with your regular soap after using the liquid soap.
5. DO NOT use a razor to shave the area of your body where your surgery will be performed.
6. Pat yourself dry with a clean towel.

WARNING: The prescribed liquid soap can be slippery. DO NOT use any lotions, oils, or powders 2 days before surgery.

If the liquid soap is not provided to you, it can be purchased at most major pharmacies.

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 a.m. to 8 p.m. (See map on page 25.)
• You will come through the doors and follow the signs to Surgical Services.
• Please check in at the Surgical Services Waiting Room desk.
• Surgical Services Waiting Room Desk telephone number is 423-778-2388.

Pre-Operative Area, also Called SACU (Surgical Ambulatory Care Unit)
• You will be taken to a private room with a restroom and television.
• 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.
• Closer to your surgery time, you will be taken to a holding area on the 6th floor 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.
• 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 3 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.

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.
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

During your hospital stay, you will be asked to rate the intensity of your pain that you are experiencing. A pain scale is used numbered 0 to 10. A pain scale sample can be seen below.

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<tr>
<th>VERBAL DESCRIPTIVE SCALE</th>
<th>ACTIVITY TOLERANCE SCALE</th>
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<tbody>
<tr>
<td>0</td>
<td>NO PAIN</td>
</tr>
<tr>
<td>1</td>
<td>MILD PAIN</td>
</tr>
<tr>
<td>2</td>
<td>MODERATE PAIN</td>
</tr>
<tr>
<td>3</td>
<td>MODERATE PAIN</td>
</tr>
<tr>
<td>4</td>
<td>SEVERE PAIN</td>
</tr>
<tr>
<td>5</td>
<td>WORST PAIN POSSIBLE</td>
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<table>
<thead>
<tr>
<th>0</th>
<th>1-3</th>
<th>4-6</th>
<th>7-9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain</td>
<td>Can be ignored</td>
<td>Interferes with tasks</td>
<td>Interferes with concentration</td>
<td>Interferes with basic needs</td>
</tr>
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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.

Orthopaedic Floor (6th Floor)

You will be admitted to the hospital for one to two days or longer depending on your medical condition. While in your hospital room, 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.
- Draw blood for laboratory testing ordered by your surgeon.
- Provide you with a rolling walker and bedside commode (if needed).
- Get you out of bed shortly after surgery.
- Remember:
  - Do not get out of the bed without assistance from a hospital staff member.
  - Do ankle pumps every hour you are awake on your non-operative ankle. This is done by moving your ankles up and down slightly and wiggling your toes (see page 21 for ankle pump instructions).
  - Do knee bends and straight leg raises every hour you are awake on both legs.
  - Turning in bed will help prevent skin breakdown, blood clots from forming, and lung congestion. The hospital staff will help you with turning.

You will arrive to your room with a splint and with a Wound Vacuum dressing in place. Your leg will be elevated on a special foam wedge. You should be able to take this foam wedge home with you. Keeping your ankle elevated above the level of your heart will help to decrease the swelling and throbbing.

A physical therapist will generally see you in the hospital to work on using crutches, a walker, or a rolling knee scooter for mobilization purposes.

Hospital Stay

Orthopaedic Patient Bathroom

Orthopaedic Patient Room
Incentive Spirometry (ICS) 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.

**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.

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. Prior to hospital discharge you will be given a prescription for pain medication and written discharge instructions. 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.

**Discharge Options**

Your physician and hospital staff will discuss your discharge plan with you based on your medical needs. Once your plan has been decided, all arrangements for your care and equipment will be made for you by a case manager before you leave the hospital.

**Outpatient Physical Therapy Services**

Outpatient therapy services will include physical therapy at an outpatient center near your home. This may not occur until weeks after your surgery.

**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.**
Although we do not anticipate any complications, occasionally they do occur. These can include, but are not limited to infection, wound problems, continued pain, loosening of the prosthesis, nerve injury, need for secondary surgery, and blood clots in the leg. If any of these issues occur, we will work together to resolve the problem.

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.
- Aspirin 325 mg PO daily if no contraindications.

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 soap and water 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.

Constipation
Pain medications and lack of activity are major factors that contribute to constipation. Be sure to take medications for constipation as directed by your physician and drink plenty of water. Also eating foods high in fiber will help prevent constipation (see page 19 for a list of high fiber foods).

Colace OTC (purchased at any pharmacy) may be beneficial.

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.
Care at Home After Hospital Discharge

At home, we want you to elevate your leg for the first week. It is safe to mobilize for eating and using the restroom, but otherwise you should elevate your leg as much as possible. If you have a large number of stairs you should arrange to have someone help you or possibly sleep on the first floor of your home. Periodically, move your toes, bend your knee, and lift your leg up and down with straight leg raises to improve blood flow and to exercise your muscles. After the first week, we expect you will become more active. It is still helpful to elevate the extremity when you are relaxing after activity for the first couple months. It is generally at least 3 weeks before you can start walking on your ankle.

The Best Approach for Bathing
Either double garbage bags with duct tape above the knee or a cast cover protection sleeve can be used for showering. Medical supply stores sell cast covers made specifically for bathing. When using plastic bags, two may be better than one, and be sure to reinforce with tape around the leg to avoid leaks. Taking a bath is difficult and not generally recommended. Sponge bathing is a sure way to keep your cast dry and is recommended for at least the first week.

Control Your Discomfort
- Take your pain medication as prescribed.
- Take your pain medication at least 30 minutes before physical therapy.
- Change your position every 45 minutes throughout the day.
- If you 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 (see page 19 for foods high in fiber).
- Get up slowly after you sit or lie down to improve your balance and coordination.

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

Diet and Nutrition
Good nutrition and a well balanced diet are important factors in healing and restoring strength after a total joint replacement. Use this food and lifestyle pyramid as a guide to healthy eating every day:

Food & Lifestyle Pyramid

Foods high in fiber to help prevent constipation after surgery:
- Peas
- Brussel Sprouts
- Artichokes
- Broccoli
- Avocados
- Black Beans
- Blackberries
- Raspberries
- Lima Beans
- Pears
- Lentils
- Bran Flakes
- Whole-wheat Pasta
- Pearled Barley
**Exercise Guide**

**Ankle Pumps**
- While sitting in a chair or lying in bed, straighten your knee and slowly move your non-operative foot forward and backward.
- Perform this exercise periodically for two to three minutes, two to three times an hour.
- You should perform this exercise daily until you are fully recovered and all swelling has subsided.

**Sitting Supported Knee Bends**
- While sitting at your bedside or in a chair, place your foot behind the heel of your operated leg for support.
- Slowly bend your knee as far as you can.
- Hold your knee in this position for 5–10 seconds.
- Repeat several times until your leg feels fatigued or until you can completely bend your knee.

**Sitting Unsupported Knee Bends**
- While sitting at your bedside or in a chair, bend your knee as far as you can until your foot rests on the floor.
- Hold for 5–10 seconds. Straighten your knee fully.
- Repeat several times until your leg feels fatigued or until you can completely bend your knee.

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**Follow Up with Physician**

Your surgeon will want to check your ankle 7–14 days after surgery. In most cases the wound vac will be removed this first visit, and you will be placed in a hard cast. You will continue to be non-weight bearing.

Stitches are usually removed on your 2nd follow up appointment. Depending on the wound incision and x-rays you may be placed in a boot or re-casted. Some patients are able to start bearing weight if instructed by the surgeon and if they are placed in a boot. They will then follow up with the surgeon in 4 weeks. If re-casted, they will continue to be non-weight bearing and follow up again in 2 weeks.

You may start formal Physical Therapy when you are weight bearing and in a boot.

Each patient is unique and these timeframes are just guidelines. Your surgeon will devise the best plan of care for you.
Exercise Guide Continued

Straight Leg Raises

- While lying on your back, tighten the thigh muscle with your knee fully straightened out on the bed (picture A).
- Lift your leg several inches (picture B). Hold for 5-10 seconds. Slowly lower.
- Repeat until your leg feels fatigued.

Lifestyle After Total Ankle Replacement

Are there any restrictions or changes in lifestyle?
We want you to remain active. Exercise is vitally important for your overall health. Swimming, walking, cycling, and the elliptical are a few options for low-impact exercise. Running is not recommended. Remember the plastic spacer in your ankle is very small, and it is carrying your entire body weight. There are things you can avoid to protect your ankle such as: running, jumping, or carrying heavy loads. Many patients will find that a successful ankle replacement may even increase their activity level due to significant pain relief.

Will the ankle joint set off alarms in the airport?
Sometimes. There is no documentation we can provide to avoid airport security screening. Please be polite to security agents as they have an increasingly difficult job in trying to protect us.

What is the estimated full time of recovery?
Most of the improvement is in the first 3 months, but this is variable for each person. Frequently, improvement is seen for up to a year.

Notes

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Thank you for choosing the Erlanger Health System 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:

Jennifer Stephens
Orthopaedic Navigator for Total Ankle Surgery ................................................................. 423-778-6812

Jason Lockery
Orthopaedic Clinical Coordinator .................................................................................... 423-778-2161

Nurse’s Station
Orthopaedic Floor Nurse’s Station (6th floor)................................................................. 423-778-6088

Thank you for choosing the Erlanger Health System for your healthcare needs. 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.

Online Educational Videos

How to Access Online Educational Videos for Joint Replacement

Hip and Knee Replacement:
• Go to Erlanger’s home page at: www.erlanger.org
• Click on Medical Services
• Click on Orthopaedics
• Click on Joint Reconstruction
• Scroll down to the bottom of the page and you will see the video.
• Click on the video to begin.
• Also, located below the video is the Education Manual for Total Knee and Hip Replacement that you may click on to review.

Ankle Replacement:
• Go to Erlanger’s home page at: www.erlanger.org
• Click on Medical Services
• Click on Orthopaedics
• Click on Foot and Ankle
• Scroll down to the bottom of the page and you will see the video.
• Click on the video to begin.

If you have any questions please contact:

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

Jennifer Stephens, Orthopaedic Navigator for Total Ankle Surgery 423-778-6812

Jason Lockery, Orthopaedic Clinical Coordinator 423-778-2161

Thank you!
Baroness Campus Map

In addition to the map below, our online PointsMap may be useful in navigating the hospital. Please visit www.pointsmap.com/erlanger/ for maps and directions.