

TABLE OF CONTENTS

- About Baptist Health Lexington Joint Replacement Programs
- Hip Replacement
- Knee Replacement
- Preparing for Surgery
- Day of Surgery
- After Surgery
- Rehab Services
- Discharge
- Resources

Chris Roty, MHA, FACHE
President, Baptist Health Lexington



Dee Beckman,
DNP, MBA, MSN, RN, NE-BC
Vice President, Chief Nursing Officer
Baptist Health Lexington



Thank you for choosing Baptist Health Lexington for your orthopedic needs. As a four-time Magnet® re-designated facility, our commitment is to provide the highest level of compassionate and evidence-based care to our patients and families. Since 2012, our total hip and knee replacement programs are nationally recognized and accredited by the Joint Commission. The basis for our success is built upon a foundation of expertly skilled physicians, nurses and staff, leading-edge technology and evidence-based care. The orthopedic service line at Baptist Health Lexington brings together skilled physicians to provide unsurpassed care.

This Joint Replacement Guide provides an overview of hip and knee replacement surgeries for you and your caregiver. In addition, there is information about how to prepare for surgery and what to expect before and after. During the Joint Replacement Class and your stay at the hospital, our physicians, nurses, therapists and staff will give you more instructions regarding your care.



About Baptist Health Lexington Joint Replacement Programs (2018-2021)

Baptist Health Lexington commits to providing the highest quality and safety for our patients and families. Our mission is to demonstrate the love of Christ by providing and coordinating care and improving health in our communities. To achieve this goal, our Joint Replacement Programs continually collect information from our patients, families and members of the orthopedic care team. Key members from our orthopedic service line review and use the data to identify needed improvements in care delivery and sustain excellence in surgical outcomes. The information obtained from you is very confidential, protected and only shared with those responsible for the care provided. Protections include collecting and storing information within secured electronic software programs that are accessible to responsible members of the orthopedic team. Violations in confidentiality are reported and managed by the Baptist Health Compliance Department & Officer. Examples of data and information supporting program goals are collected throughout your hospital stay include, but not limited to:

- pain, joint function and general health (before and after surgery)
- early ambulation (walking within four hours after surgery and before midnight)
- blood glucose levels before surgery (also known as hemoglobin A1C)
- discharge placement after surgery (e.g. home, home with home health services, inpatient rehabilitation, etc.)
- length of stay in the hospital
- surgical site infections
- blood infusions
- patient satisfaction, etc.

Throughout the Joint Replacement Education Book, you will find much information about your current condition, how to prepare for surgery, and what to expect before, during and after your hospital stay. Much content is shared discussing your plan of care created, implemented and evaluated based on your individual needs by the physicians, nursing and physical and occupational therapy staff. The book also explains how the **health care team works with you to create a self-management training program** (how you care for yourself at home) that is started while in the hospital and continued after discharge at home. This program encourages your independence to the safest level possible. At your earliest convenience, please review the information. In the event you have questions or concerns, please contact one of our registered nurses (RNs) in the Pre-Admission Testing Department at **859-260-6499**.

Our physicians, nursing and therapy staff are dedicated to providing the best care possible. In the event of concerns about the safety and quality of care provided at Baptist Health Lexington, patients can report that information to the Baptist Health Lexington Patient Experience Department at **859-260-6168**.

HIP REPLACEMENT

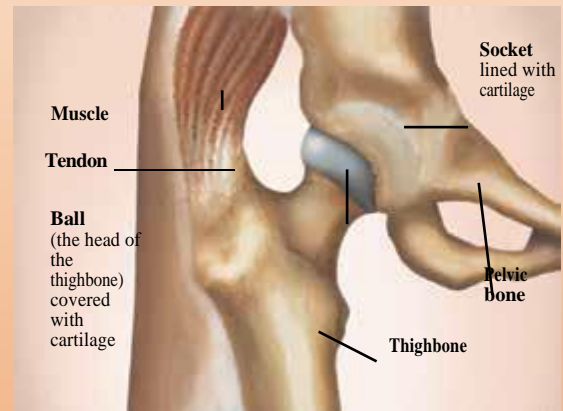
Hip Replacement

A hip replacement (also known as hip arthroplasty) is a surgery where the diseased or damaged hip is replaced with an artificial joint called a prosthesis.

Anatomy

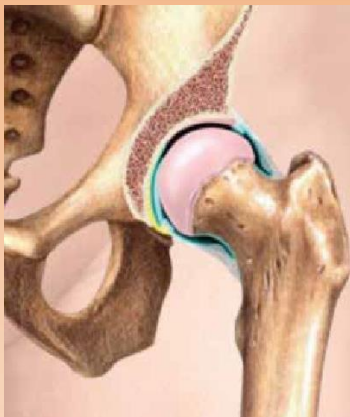
The hip joint is a ball-and-socket joint that permits range of motion or movement. When it is stable and healthy, it allows a person to twist, walk, squat and turn without pain (please refer to the picture on the right).

It is one of the body's largest weight-bearing joints and forms where the rounded head of the femur (thighbone) joins the pelvis.

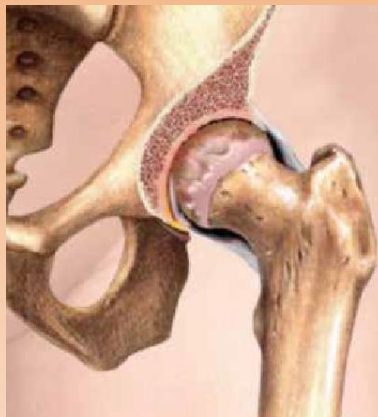


Joint surfaces are cushioned by cartilage, which is a layer of smooth soft tissue that allows the ball to glide easily in the socket.

Normal Hip Joint



Diseased Hip Joint



Causes that lead to hip damage

The hip joint becomes damaged when cartilage starts to crack or wear away. When this occurs, the bones rub together causing stiffness and pain with movement. This may be due to any of the following:

- Osteoarthritis
- Rheumatoid arthritis
- Gout
- Necrosis from an injury or long-term use of alcohol or steroids
- Improper healing of a fracture

Potential risks or complications

As with any surgery, hip replacement may have potential risks and complications that may include the following:

- Reaction to anesthesia
- Blood clots
- Infection
- Injury to nearby blood vessels or nerves
- Dislocation of the joint or loosening of the prosthesis

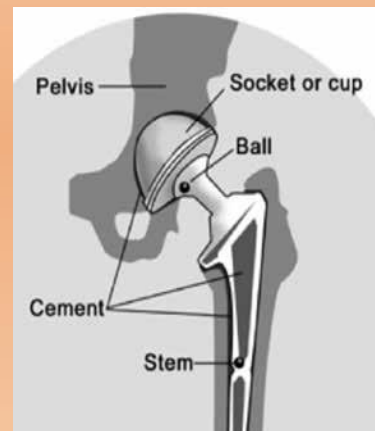
Surgery

In order for your surgeon to remove the diseased or injured hip joint, he/she makes an incision on either the front or side of the hip, depending on the approach.

The surgeon will cut away the ball part of the joint from the thighbone, they will then smooth the surface of the old socket, and replace it with a ball attached to a stem that is inserted into a hollowed-out space in the thighbone (please refer to picture on the right).

The damaged cartilage and bone on the socket side are replaced with an artificial socket.

The prosthesis is secured with press-fit or cement.



Benefits of hip replacement

- Decreases or eliminates pain
- Improves leg strength
- Improves quality of life
- Improves movement



KNEE REPLACEMENT

Knee Replacement

A knee replacement (also known as knee arthroplasty) is a surgery where all or part of the knee joint is replaced with an artificial joint called a prosthesis.

Anatomy

A joint is where bones connect and motion occurs. When your knee joint is stable and healthy, it moves freely which allows you to walk, squat and turn without pain.

Your knee is the largest and strongest joint in the body. This joint is formed where the femur (thighbone) meets the tibia (shinbone). These two bones are separated by cartilage that acts as a cushion and allows movement (please refer to picture on the right).

In front of these bones, the patella (kneecap) glides in a groove and provides a round shield for protection.

Ligaments and cartilage support the joint (please refer to picture above).

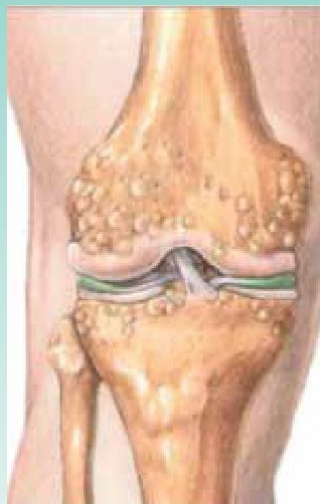


Normal knee compared to damaged knee

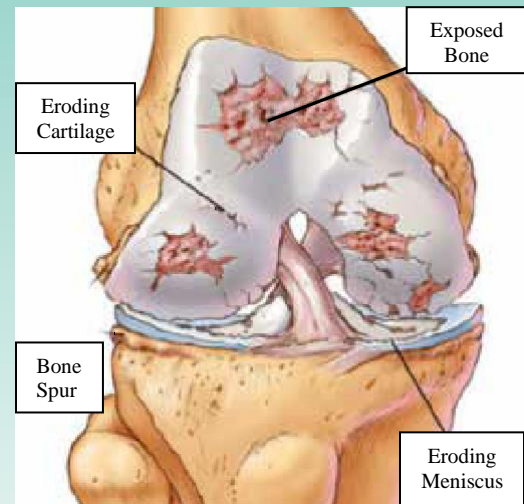
Normal Knee



Osteoarthritis



Worn Cartilage



Causes that lead to knee damage

A knee joint may become damaged when cartilage begins to crack or wear away. When this occurs, the erosion of the cartilage causes the exposed bones to rub together. This produces pain and stiffness that impairs movement.

This may be caused from:

- Osteoarthritis
- Inflammatory arthritis such as rheumatoid or gout
- Injury that did not heal properly

Potential risks or complications

As with any surgery, knee replacement poses potential risks and complications:

- Reaction to anesthesia
- Blood clots
- Infection
- Dislocation of kneecap
- Injury nearby blood vessels or nerves

Surgery

In order for your surgeon to remove the diseased or injured knee joint, he/she makes an incision.

The surgeon examines the knee and cuts away the damaged bone and cartilage from your thighbone, shinbone and kneecap.

The surfaces of the joint are shaped to hold the “new” joint (prosthesis). Once the prosthesis is in place, it is secured to the thighbone, shinbone and kneecap.

If you are having a partial knee replacement, also known as unicompartmental knee arthroplasty, one or two components of the knee are replaced while leaving the undamaged



Before

After

Benefits of knee replacement

- Decreases or eliminates pain
- Improves leg strength
- Improves quality of life
- Improves movement



PREPARING FOR SURGERY



Preparing for Surgery

You are scheduled to have joint replacement surgery. This educational guide provides an overview for you and your family member/dedicated coach to begin preparing for the surgery, hospital stay and recovery.

Start now

Select a coach

A coach can be any adult family member, friend or person who agrees to be responsible for assisting you during your hospital stay and for the first one to two weeks after returning home. Your coach is encouraged to attend the Joint Class with you along with any therapy sessions and learn how to assist you.

Prepare your home

- Evaluate your home for safety.
- Remove clutter, throw rugs or electrical cords from walking paths.
- Prepare a room on the main living level to limit use of stairs.
- Choose a stationary chair with armrests and a firm high seat to have when you return home.
- Arrange furniture so walking path is wide enough for a walker.
- Stock up on canned and frozen foods.
- Store supplies and frequently used items at waist level (food, cordless phone, remote, reading material and medication). You will need to avoid using a step stool or bending over when you return home.

Control your blood count

As with any surgery, you may lose some blood. When this happens, your blood count decreases which also lowers the number of blood cells you have to carry oxygen from your lungs to tissue throughout your body. Your body needs to maintain a certain level of oxygen in your tissue to function properly and recover from surgery. There are several approaches to controlling your blood count. It includes possibly receiving a blood transfusion. The need for a blood transfusion is related to your blood count before surgery and the amount of blood loss during your surgery.

Prevent infection

Schedule appointment with your dentist

It is important that you treat any tooth or gum problem before surgery. Your mouth is a primary site for germs that can travel into the bloodstream and infect your new joint causing a delay in your recovery or possibly requiring removal of your new joint.

Hand hygiene

It is important that you inform your family and potential visitors to wash their hands or use hand-sanitizing foam available in your room when visiting you after surgery. It is OK for you to remind staff or physicians to wash their hands as well.



Practice breathing exercises

Breathe in through your nose and out through your mouth. On the second breath in, cough deeply as you begin to breathe out. Coughing and deep breathing before your surgery keeps your lungs expanded and free from congestion which may also prevent pneumonia.

Contact physician for any signs of infection

- Fever
- Sore throat
- Cold symptoms
- Frequency, burning, pressure or pain with urination
- Rash or open areas on the skin

Stop use of any tobacco products

Baptist Health Lexington is a smoke-free facility with a smoke-free campus. The sooner you quit, the easier it is to recover from anesthesia. Being tobacco-free also decreases the risk of complications after surgery such as pneumonia and delayed wound healing. Consult your primary care physician about “stop smoking” aids to help you stop smoking.

If you smoke, Baptist Health Lexington offers an American Lung Association “Ready When You Are” eight-week program to help you. The cost for the program is \$40. For information concerning classes or a one-on-one consultation, please call (859) 260-6419.

According to the American Cancer Society and Centers for Disease Control and Prevention, within 20 minutes of smoking your last cigarette, your body begins the following series of changes that continue for years:

20 Minutes	<ul style="list-style-type: none">• Blood pressure and pulse rate drops to normal.• Body temperature of hands and feet increase to normal.
8 Hours	<ul style="list-style-type: none">• Carbon monoxide level in blood drops to normal.• Oxygen level in blood increases to normal.
24 Hours	<ul style="list-style-type: none">• Chances of heart attack decreases.
48 Hours	<ul style="list-style-type: none">• Nerve endings start re-growing.• Ability to smell and taste is enhanced.
2 Weeks to 3 Months	<ul style="list-style-type: none">• Circulation improves.• Walking becomes easier.• Lung function increases up to 30%.
1 to 9 Months	<ul style="list-style-type: none">• Coughing, sinus congestion, fatigue and shortness of breath decreases.• Cilia regrow in lungs which increases the ability to handle mucus, clean the lungs and reduce infection.
1 Year	<ul style="list-style-type: none">• Excess risk of coronary heart disease is half that of a smoker.
5 Years	<ul style="list-style-type: none">• Lung cancer death rate for former smoker (one pack a day) decreases by nearly half.
10 Years	<ul style="list-style-type: none">• Lung cancer death rate similar to non-smokers.• Precancerous cells are replaced.• Risk of cancer of bladder, kidney and pancreas decreases.
15 Years	<ul style="list-style-type: none">• Risk of coronary heart disease is same as non-smoker.

Improve nutrition status to promote a more rapid and healthier recovery

Before surgery, it is important to be nutritionally healthy by eating a healthy balance of foods and drinking fluids before surgery that controls blood glucose, promotes healing, regain strength and prevent infection (ADA, 2020). The following are some examples:

- Eat more grains, fruits and vegetables.
- Choose healthy oils such as olive oil and canola oil and limit total fat added to food (oil, margarine, mayonnaise, salad dressing, high-fat gravy).
- Select lean meats, fish and poultry.
- Use skim or 1% milk and dairy products.
- Do not add salt at the table and limit salt/sodium in food.
- Avoid fried foods.
- Drink at least 8 glasses of fluid daily unless you are on a fluid restriction.



Eat at least the minimum servings from each food group each day unless otherwise instructed by your physician:

- **GRAINS, 6 - 11 servings or more each day.**
1 serving = 1 slice of bread or 1/2 cup of pasta, rice or cereal, or six "saltine size" crackers
- **FRUITS AND NONSTARCHY VEGETABLES, 5 servings or more each day.**
1 serving = 1/2 cup cooked, 1 cup raw
- **MEAT, POULTRY, FISH, DRY BEANS, EGGS, NUTS, 2-3 servings or more each day.**
1 serving = 2-3 ounces meat/fish/poultry or 1/2 cup cooked dry beans, 1 egg, 2 Tbsp. peanut butter
- **MILK AND CHEESE, 3 servings or more each day.**
1 serving = 1 cup skim or low fat milk or yogurt or 1 1/2 oz. low fat cheese

Testing blood glucose routinely

During your admission to Baptist Health Lexington, a glucose (blood sugar) and/or a Hemoglobin A1C blood test(s) may be performed.

Question: What is blood glucose? Answer: The human body is constantly in motion on the inside and outside and these actions need fuel. Glucose (sugar in the blood provided by the foods we eat) is the fuel our body uses to walk, talk, breathe, feed our body and perform all the activities our bodies do. It is normal to have glucose in the blood all the time. A normal “fasting” (without food for 12 hours) glucose is approximately 70-100 mg/dl.

Question: What is blood glucose testing? Answer: Blood glucose tests can be performed in several different ways including the following: 1) finger-prick blood sample measuring capillary blood glucose levels; 2) lab-draw blood sample from a large vein in your arm; or 3) Hemoglobin A1C testing from a lab-draw blood sample which indicates a mean (average) blood glucose over the past 3 months.

Question: Why is blood glucose testing important? Answer: Whether you have diabetes or not, medical research has shown that blood glucose levels may affect how you recover from certain types of medical treatments and surgery. Another important reason is finding out if you have diabetes or a condition called “pre-diabetes”. According to the American Diabetes Association, about one third of adults in America have diabetes and don’t know it. Symptoms (being tired, weight changes, being thirsty/hungry) may or may not be present in each person. It is important to know if you have diabetes, pre-diabetes or neither one, to provide an appropriate treatment plan for you during your stay.

Question: When will my blood glucose be tested? Answer: Blood samples may be drawn prior to admission (pre-admission testing) or during admission. Your blood glucose is tested after surgery and the physician may order blood glucose tests at other times during your hospital.

Question: Why do I have to have both tests run? Answer: A Hemoglobin A1C test provides additional information about your blood glucose history. Hemoglobin A1C tells what your blood glucose has been in the past and a routine blood glucose tells what your blood glucose is now. The goal for most adults with diabetes is an A1C that is 7.0%. If you have pre-diabetes (A1C of 5.7%-6.5%) or diabetes range ($\geq 6.5\%$), the results are used to better control blood glucose and prevent infection and other complications before and after surgery (ADA, 2020).

Question: What if my blood glucose is higher than normal? Answer: Your physician will decide a treatment plan that is best for you and your health condition at that time. Insulin may be prescribed and administered to help control your blood glucose. Insulin is a medication used to treat high blood glucose. Taking insulin on a temporary basis does not mean you have diabetes or that you will need to stay on insulin after you go home. If you have diabetes and take “diabetes pills” or “diet controlled”, you may be given insulin to help lower high blood glucose readings while in the hospital.

Begin strengthening exercises

UPPER-BODY EXERCISES

Since you will be using your upper body more after surgery and during your recovery period, it is important that you maintain and possibly improve your upper-body strength and range of motion. The following activities promote a smooth recovery:

HAND – Wrist Elbow Flexion Resisted-Palm Up (may perform sitting or standing)

- Holding one arm to side, bend elbow of other arm toward shoulder while holding 1- 2 pound weights.
- Repeat 10 times per set. Do 2-3 sets per session. Do one session per day.



SHOULDER – Shoulder Blade Pinch (may perform sitting or standing)

- Pull arms back, pinching shoulder blades together
- Hold 3 seconds
- Relax
- Repeat 10 times
- Do 2-3 sessions per day



HAND – Elbow Extension: Chair Stand - Resisted (have your coach or support person hold the chair)

- With hands on armrests, push up from chair. May lower below seat (as shown to the right) or simply return to seated position.
Use legs as much as necessary
- Return slowly.
- Repeat 10 times per set.
- Do 2-3 sets per session.
- Do 2-3 sessions per day.



If any of these exercises cause pain, please omit from the routine. Please contact Baptist Health Rehabilitation with any questions or concerns.

LOWER-BODY (HIP AND KNEE) EXERCISES

Please remember NOT to hold your breath while performing these exercises.

Ankle circles/ankle pumps:

Move your feet in big circles at the ankles. Make 10 circles in one direction, relax and repeat in the opposite direction.

Bend ankles up and down like pushing on gas pedal. Relax and repeat 10 times.



Quad sets: Tighten the muscles on top of thigh by pushing knees down into the floor. Hold 5 seconds. Relax and repeat 10 times.



Gluteal sets: Tighten your buttock muscles. Hold for 5 seconds. Do not hold your breath. Relax and repeat 10 times.



Heel slides: Slowly slide one heel up on the bed, bending your hip and knee. Keep your heel on the bed throughout this exercise and slowly straighten your leg returning to the starting position. Relax and repeat 10 times





Knee extension: Slowly lift your foot until your knee is as straight as possible, then slowly lower. Relax and repeat 10 times.



Abduction-Adduction: Slide the pre-operated hip out to the side (keeping your knee and toes pointing at the ceiling). Slide your leg back to neutral (a straight position). Do not bring your leg past midline. Relax and repeat 10 times.

Within Two Weeks of Surgery

Medication

Contact your cardiologist if you are taking any of the following medications for previous coronary (heart) stent placement:

- Clopidogrel (Plavix)
- Prasugrel (Effient)
- Ticagrelor (Brilinta)
- Aspirin

Your cardiologist determines whether to continue or stop the medication prior to your surgery. You need a statement in writing from your cardiologist if permission is given to stop any of these medications.

Contact your surgeon's office if you are taking any blood-thinning medication, aspirin or products containing aspirin for any reason other than for a coronary stent. Keep in mind, over-the-counter (OTC) medicines may contain aspirin. These medicines may increase the risk of bleeding which is why it is important for your surgeon to be aware of all your medications. He/she may instruct you to stop certain medications up to 5-14 days prior to your surgery. Do not stop any medications without consulting your physician. These are some common medications that the surgeon or cardiologist may stop prior to your surgery:

- | | |
|-----------------------------|---|
| • Aggrenox | • NSAIDS (nonsteroidal anti-inflammatory drugs) |
| • Aspirin | ○ Ibuprofen or Motrin |
| • Apixaban (Eliquis) | ○ Naproxen or Aleve |
| • Betrixaban (Bevyxxa) | ○ Celebrex |
| • Cilostazol (Pletal) | ○ Voltaren |
| • Clopidogrel (Plavix) | • Prasugrel (Effient) |
| • Dipyridamole (Persantine) | • Rivaroxaban (Xarelto) |
| • Dabigatran (Pradaxa) | • Ticagrelor (Brilinta) |
| • Edoxaban (Savaysa) | • Ticlopidine (Ticlid) |
| • Enoxaparin (Lovenox) | • Warfarin (Coumadin or Jantoven) |

If you are taking diabetic medication, ask your surgeon for instructions on how much to take, if any, the morning of your surgery. Stop taking any herbal supplements or weight-reducing medications such as Phentermine unless otherwise instructed. Some of these medications may interfere with your anesthesia.

Have a one to two week supply of your regular, prescribed medicines available when returning home. You may want to consider having a stool softener available.



Contact your surgeon for:

- Fever or sore throat.
- Signs of a cold or urinary tract infection.
- Rash or open areas on skin.
- If taking or have taken antibiotics within two weeks of surgery.

Visit your jeweler

For your safety and comfort, all jewelry must be removed prior to surgery. Your rings cannot be taped. Your surgeon may use equipment that relies on electrical current. If wearing metal jewelry, you may receive an electrical shock and burn during surgery.



Launder dirty clothing

You will not be able to do any laundry for a period of time after discharge from the hospital. Have clean loose, comfortable clothes ready for your recovery period.

Prepare meals and freeze

For your convenience, it is a good idea to plan and prepare meals prior to your admission to the hospital for use when you return home.



Arrange transportation

Discuss transportation arrangements with your coach or driver for discharge and possible outpatient physical therapy. Ask them to be available by 11 a.m. on your discharge day. You may ride in a car. If planning to use a walker or cane from home, please have the equipment at the hospital, the day of discharge for your safety. You will need the assistive devices when transporting to and from your vehicle and home.

Pack for your hospital stay

- Walking shoes or tennis shoes and socks.
- Loose-fitting shorts, pants or pajama bottoms.
- Short, lightweight robe that opens down the front (optional).
- Personal hygiene items (such as a comb, toothbrush, toothpaste, deodorant and lotion) are provided by the hospital upon request.

Keep your appointment with Pre-Admission Testing (PAT) at Baptist Health Lexington

PAT is a caring service to prepare you and your coach for the scheduled joint surgery and ease common anxieties and concerns. Providing this service before the day of surgery not only prepares and makes your admission to the hospital easier, but also decreases potential delays or cancellations. PAT nurses provide important education about your plan of care supported by nursing, therapists and physicians during your hospital stay. Your anesthesiologist and surgeon requests specific tests to be completed within two weeks of your scheduled surgery. These tests provide the highest level of safety and quality care. This appointment is typically scheduled by your surgeon's office.

Please bring the following to your PAT appointment:

- Copies of previous blood work, EKG, chest x-ray, echo, stress test, heart cath and/or cardiac clearance.
- All medications in original bottles including over-the-counter, vitamins and inhalers. Do not bring a list. The PAT staff records all of your medication information in the computer system. If you bring your medications to your PAT appointment, you do not need to bring them the day of your surgery except for any inhalers you may need unless desired.
- CPAP or BiPAP settings (if applicable).
- A copy of your living will or power-of- attorney documents (if applicable).
- Name and phone numbers of your primary-care physician and/or cardiologist.



Your PAT appointment does not require fasting; therefore, you may take your routine prescribed medications unless otherwise instructed by your physician. A registered nurse meets with you and the following are completed:

- Brief surveys regarding your current pain, function, and general health.
- Tests if ordered by your surgeon or anesthesiologist. Your tests results are reviewed and available to your surgeon and anesthesiologist.
- Health history and memory screening.
- An advanced directive/medical living will if you desire (a notary is available free of charge).
- Education about the facility, parking, where to go and what to bring on the day of your surgery, and how to prepare for surgery and continued plan of care during your hospital stay (e.g. preventing infection, managing pain, etc.)



Evening Before Surgery

Skin prep and shower

All people have bacteria (germs) on their skin. It is important to remove any bacteria before surgery to prevent infection. During your PAT appointment, you are given six packages (two wipes in each package) of chlorhexidine (CHG) wipes that contain an antiseptic solution; three for the evening before and three for the morning of surgery.

Take a shower or bathe using soap and warm (not hot) water. Use a clean towel to dry off and put on clean pajamas or a gown. It is important to wait a hour before using your chlorhexidine wipes to allow time for your skin pores to close. Perform CHG bath using three packages of 2% CHG wipes by gently scrubbing back and forth for three minutes. Use a separate cloth for each body area as indicated on your education handout and dispose of each wipe in the trash can, not in the toilet. Do not rinse off, but do wash your hands after each use of the wipes. After area is dry, put on clean pajamas or gown. Ensure clean sheets are on your bed. Avoid contact with eyes, ears, mouth, vaginal area or any open areas on your skin. If a rash develops or the area becomes reddened, itchy or uncomfortable, rinse off and do not repeat the prep the next morning. Please notify PAT RNs of your reaction so it can be documented in the medical record.



Complete the skin-prep instruction sheet, bring back the morning of your surgery and give to the registrar. It becomes part of your medical records.

Shaving

Do not shave any part of your body for **48 hours** prior to your surgery. Doing so may cause micro cuts that increase the risk of infection by entry of microorganisms.

Toenail polish

Remove toenail polish to better assess your circulation in your feet and extremities after surgery.

Jewelry

Remove all jewelry.

Fasting

Do not eat, drink, smoke or chew gum after midnight except Gatorade (follow specific Gatorade instructions) or a sip of water with your medications. If you eat after midnight or do not follow the Gatorade instructions for completion, your surgery may be cancelled or delayed

Day of Surgery

Before arriving at the hospital

- Please plan to arrive promptly at the time given to you by your surgeon's office.
- Take all of your routine, prescribed medications with a sip of water unless otherwise instructed by your physician. If you are diabetic, follow the instructions from your physician about taking diabetic medication.
- Do not eat, smoke or chew gum. This also includes no mints or your morning coffee.
- You may brush your teeth and rinse your mouth.
- Do not shave or take a morning shower.
- Complete the skin prep as you did the evening before.
- Avoid use of lotions.
- Do not wear any makeup or jewelry.
- Do not wear contact lenses.
- Leave anything you consider valuable at home.
- Drink your Gatorade or G2 as instructed.

Bring the following with you:

- Suitcase (leave in the car until after surgery).
- Educational guidebook (you and your coach can use and refer to throughout your stay).
- Driver's license or picture ID.
- Insurance, Medicare, Medicaid Cards.
- Co-pay/deductible required by insurance (cash, check, credit card).
- Medication in original bottle if not brought to PAT.
- Eye glasses, if needed.
- Copy of your advance directive, living will or power of attorney documents if not brought to PAT.
- CPAP or BiPAP mask and tubing if applicable (do not bring your machine).
- Relaxation aids (MP3 players, books, magazines).
- PAT PASS.
- Skin prep instruction sheet.



Registration (2nd Floor, 1740 Building, South Tower)

Upon arrival to Registration:

- A registration clerk verifies your name and date of birth and scans your ID, insurance and/or Medicare or Medicaid cards and other documents if you were not seen in PAT.
- Give the registration clerk your PAT PASS and your skin-prep instruction sheet.
- When escorted to Pre-Op, your family and visitors remain in the waiting area until you are prepared for surgery.



Pre-Op

Upon arrival to Pre-Op, the surgeon, anesthesia and nursing staff work together to continue reviewing, developing, implementing and evaluating the plan of care with you and your family and/or coach by:

- Verifying your name, date of birth and correct surgical site.
- Verifying correct and appropriately signed surgical and anesthesia consents for joint replacement.
- Providing a hospital gown and asking to remove all clothing including undergarments.
- Assuring removal of eyeglasses and all jewelry, including body piercing items and hairpins.
- Assuring storage of your personal belongings in a bag given to your family or support person. Baptist Health Lexington is not responsible for any lost or stolen items.
- Starting an IV and giving medications (antacid, antibiotic, etc.).
- Starting **early recovery after surgery (ERAS)** protocol for acute pain management (Tylenol and/or other medications).
- Verifying an updated health history by asking you and your family questions.
- Performing additional tests if requested by your surgeon or anesthesiologist.
- Removing any hair from the operative site by using clippers (hip or knee).
- Verifying and marking the operative site by the surgeon with a special marker (hip or knee).
- Providing additional education specific to your plan of care as indicated.

Pain Management/ERAS Protocol

As part of the surgical experience, you meet your anesthesia provider in Pre-Op the day of surgery. Pain control while maintaining safety and promoting mobility are our top priorities. Some pain is to be expected; however, each individual is unique and experiences pain differently. Anesthesia discusses the best options for you.

Our most common practice is to place a peripheral nerve block for post-operative pain control in knee replacement surgeries (not hip replacements). To perform, you receive local anesthetic at the injection site lasting anywhere from 12-24 hours. A pain pump connects to the catheter that contains local anesthetic and provides continuous medicine lasting throughout your hospital stay and while at home (about 3-4 days). The pump allows you to increase and decrease the amount of medicine received and used along with scheduled Tylenol and/or other medications. Other methods of pain management are available as prescribed by your surgeon. Nursing provides education prior to discharge regarding how to maintain and remove the nerve catheter. Once the infusion completes, remove and dispose of the catheter and pump in the garbage. Upon discharge from the hospital, you also receive a **24/7 contact number to the Acute Pain Service** for any concerns (**Phone: 859-309-4130**). Through this service, anesthesia staff follow your recovery at home via telephone until removal of nerve catheter.

Enhanced Recovery After Surgery (ERAS) is a plan of care supporting pain management and ordered by your physician/surgeon. Nurses keep you and your family member/coach included to manage your pain. Having surgery can be a stressful time for many patients and their loved ones. Our ERAS Team (your surgery, anesthesia and nursing staff) keeps you informed about what to expect before, during, and after your surgery and helps develop an individualized plan that works best for you. **YOU** are the most important person on the ERAS Team.

Main Goals of ERAS

- Prepare you for surgery (physically and emotionally).
- Provide better pain control with fewer side effects.
- Assist you to eat sooner after surgery.
- Allow early walking and movement after surgery.
- Shorten hospital stay and return to normal life as soon as possible.
- Improve the patient experience while at the hospital.

Once you are ready for surgery, one to two visitors may join you during your pre-op stay.

When the surgery team is ready, you are transported to the operating room by stretcher. Your family and/or coach are directed to the waiting area to check in with the receptionist. A tracking board is located on the wall of the waiting room that provides family with updates. Phone calls, visitors and physicians also communicate with your family through the receptionist. Consultation rooms are available for discussions in the waiting area as needed.



Operating Room (OR)

Upon arrival to the Operating Room:

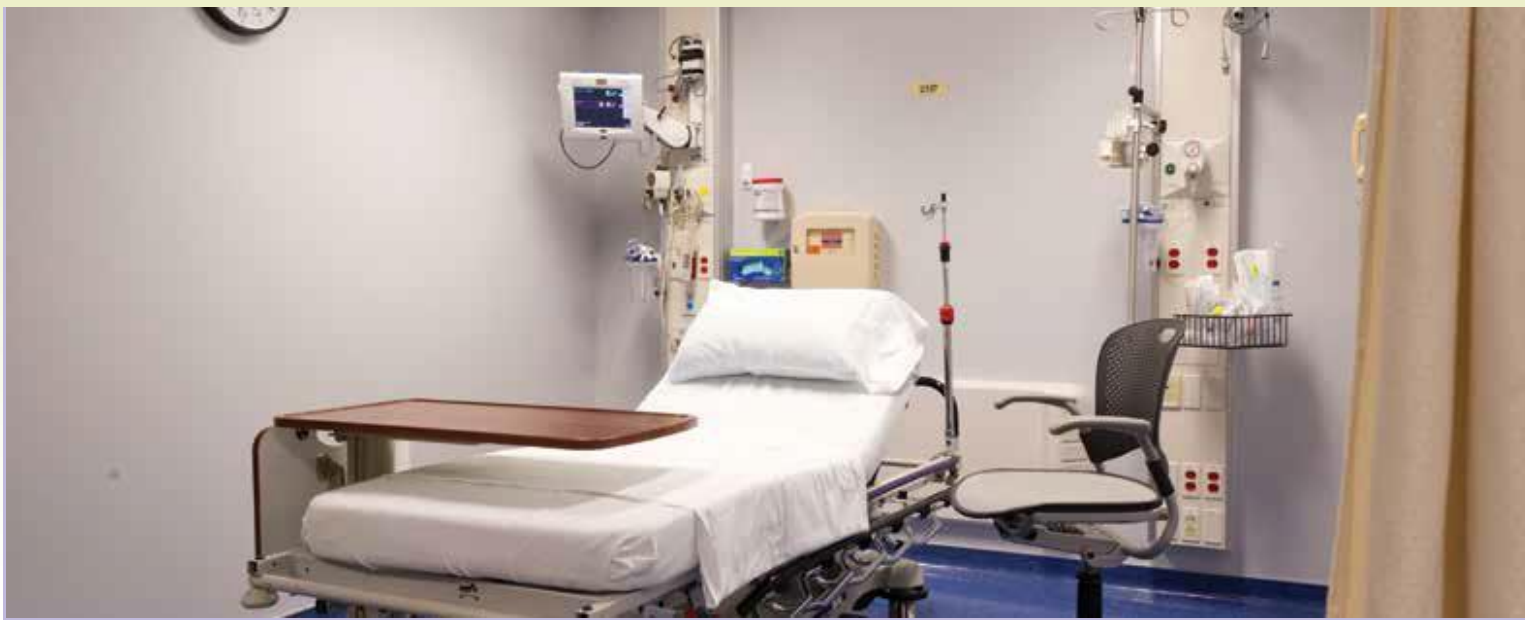
- Members of the surgical team verify your name, date of birth and surgical procedure upon entry to the room and safely transfer you from the stretcher to the surgical table.
- Anesthesia administers a spinal and/or anesthesia to safely, comfortably perform the surgery and monitors your breathing, heart rate and blood pressure throughout the procedure.
- If you receive general anesthesia, a breathing tube is inserted into your windpipe supporting respirations and giving anesthesia gases to keep you asleep throughout the procedure. You may notice a slight sore throat from the tube after surgery.
- Immediately before the surgeon makes the incision, members of the surgical team perform a “Time Out” for your safety to verify the correct patient’s name, surgical procedure and surgical site (extremity) using the procedure consent and visualizing site marking performed in Pre-Op. The surgeon makes the incision, removes all or part of the damaged joint, and smooths the surfaces. The new partial or total joint is inserted, secured and the incision is closed.
- The actual surgery takes about 1-2 hours and you are safely transported to the Recovery Room.

Recovery Room - Post Anesthesia Care Unit (PACU)

Upon arrival to the Recovery Room (PACU), you will/may:

- Remain in the recovery area 1-3 hours (approximate) until you are stable and safe for transfer.
- Be permitted to have visitors in the Recovery Room.
- Be monitored closely by anesthesia and nursing staff who frequently check your vitals, assess and provide medicines and other therapies for pain and nausea as needed.
- Be transported to the cardiac/surgical orthopedic unit (3G/H South) once your condition is stable. This is a dedicated unit where all joint replacement surgeries receive nursing and therapy services until discharged.
- For hip surgery, you may have an abduction pillow placed between your legs to maintain correct positioning and to remind you not to cross your legs.

While in the Recovery Room, the surgeon communicates information about the surgery and progress to your family or coach who remains in the waiting room until notified that you are in the assigned hospital room and ready for visitors.



AFTER SURGERY

After Surgery

Transported to your room

After surgery, you are transferred to the **cardiac/surgical orthopedic unit (3G/H South)** dedicated for joint replacement surgeries that is staffed with registered nurses, licensed practical nurses, patient-care technicians and health-unit coordinators.

If you have any questions or concerns during your stay, you may ask to speak with the charge nurse/leader, clinical manager or unit director. You may also contact the Clinical House Supervisor or a Patient Experience Representative.

What to expect when you arrive in your room

Upon arrival to the hospital room, you may/will:

- Continue to be drowsy from the anesthesia.
- Meet your nurse and patient-care tech (nursing assistant) who assesses your status, vital signs (temperature, pulse, respirations and blood pressure), dressing over the incision, checking blood glucose (as ordered by the physician), and all other needs.
- Notice a discoloration on your skin around the area of your surgery. This is normal from a cleansing solution used during surgery.
- Have ice placed on your incision site if ordered by your physician.
- Have oxygen going through a nasal cannula (prongs in your nose).
- Have IV (intravenous) fluids infusing.
- Be asked to perform ankle pumps (moving feet back and forth). This improves your circulation.
- Have sequential compression devices (SCDs) or foot pumps on both legs or feet to increase circulation to prevent blood clots from forming.
- Be asked to cough, breathe deeply and use your incentive spirometer every two hours while awake that assists keeping your lungs cleared and prevents pneumonia.
- Be repositioned with pillows. Pillows may be used for comfort, but not placed directly behind your knees.
- Be frequently asked to rate your pain level on a scale of 0-10 (0 means no pain; 10 means the worse pain possible). As part of the ERAS protocol, you receive scheduled Tylenol and/or other medications to manage your pain daily. Additional pain and nausea medications are available. **You need to inform your nurse and ask for the medicine when needed.**
- **Itching from the anesthetic is normal and medication is available.** You need to inform your nurse if this symptom occurs and ask for the medicine.
- Be given ice water and ordered a diet.

Once settled into your room, the receptionist notifies your family or coach of your assigned hospital room number and visitors are permitted.

Activity and care during your hospital stay

Diet

- Start with ice water and advance as tolerated from clear liquids to solid foods. It is not uncommon to have a loss of appetite, but it is important to try to eat something every meal. Your body needs protein and nourishment to begin healing.
- Ask to speak with a dietitian if you are not getting foods that are appetizing to you.
- Drink plenty of fluids unless restricted by your physician/surgeon.

Activity

- Unless contraindicated, the goal is for you to safely walk or ambulate four hours after your surgery. Hospital falls are the leading cause of injury and death during hospital stays. **You should never attempt walking or ambulating on your own**, but always with hospital staff. Staff apply a gait belt to safely support you while walking in the event of becoming weak or drowsy. For your safety, do not get up without assistance.
- A therapist should see you the day of surgery. In some cases, the therapist may see you the day after, and every day thereafter until discharge. They assist you with getting out of bed, walking in the hall, sitting in a chair and climbing stairs. They inform you of hip or knee precautions and teach how to safely perform daily activities such as bathing and dressing.
- Your nurse or patient-care tech assists you in getting in and out of the bed, walking to the bathroom or in the hall, bathing, dressing and sitting up for meals. **For your safety, do not get up without assistance.**
- Specific exercises and precautions are explained by your physical and/or occupational therapist. The occupational therapist demonstrates use of several adaptive tool (later described in this book).



Comfort and pain control

Effective pain control is a high priority at Baptist Health Lexington. Research shows that patients with well-controlled pain heal faster and have improved recovery from surgery. **Our goal is to have your pain at a tolerable and functional level so you can participate in the daily plan of care and activities.**

Most likely, you will experience some pain. **Due to surgery, you will not maintain a 0 pain level.** Pain after surgery differs from pain prior to and should improve as you recover. The surgeon, anesthesia, nursing and therapy staff continually assess, intervene and evaluate your pain level as part of the plan of care. The pain experience is different for each person. Your pain is unique to you. For that reason, it is important that you tell your physician, nurse and staff members if your pain is not effectively controlled.

When pain is not controlled, it can interfere with your participation toward recovery. Your nurse and physician partners with you to make you as comfortable as possible.

Pain includes many types of discomfort which can be described as tightness, stabbing, sharp, burning, dull ache or other unpleasant sensations. You are asked to describe and rate your pain on a scale of 0 to 10, with 0 being no pain and 10 being the worse possible pain. This scale is used to describe how much pain you are feeling and to measure how well your treatments are relieving your pain:

0-10 PAIN SCALE										
0	1	2	3	4	5	6	7	8	9	10
No pain	Moderate pain							Worst pain		

You are the key to managing your pain. It is important that you understand what medicines you are currently taking. Ask for your pain medication as you need it. To minimize pain, most surgeons order the ERAS protocol or other medications. For example, scheduled Tylenol and/or other medications as needed. Some of these medications are routinely initiated in the Pre-Op area and are continually used throughout hospitalization in combination with the pain pump (if placed). There are several forms of pain medication - pill, muscle injections and intravenous (IV) - that may be ordered by your physician. If you wait, the pain may get worse and it may take longer and/or larger doses of medication to give relief. You may need to take pain medication before physical therapy to perform the activities and exercises, become stronger and recover more rapidly. Ask the nurse to increase the rate on the disposable pain pump to decrease pain levels as prescribed by the surgeon.

As with any medicines, side effects are possible. The most common side effects are constipation, nausea and vomiting or drowsiness. If you experience having a reaction or an adverse effect from any medication, **please inform your nurse or physician immediately.** You also need to discuss any concerns about using pain medication while in the hospital or after you go home.

In addition to medications, the following measures can be accessed and used to promote comfort:

- Ice (if ordered by your physician)
- Repositioning
- Pillows for support
- Rest and relaxation techniques
- Music
- Integrative Care consults for:
 - massage
 - reflexology
 - guided imagery
 - breath-work
 - distraction activities



Rest and sleep

- You need rest for healing. The unit staff will make every effort to provide you a quiet environment.
- Due to promoting rest and recovery, a quiet-at-night program is practiced. All visitors are asked to leave at 9 p.m.
- One family member may stay overnight. All rooms are private throughout the facility.
- Children younger than 10 are not permitted to visit.
- Your room phone will not receive incoming calls after 9:00 p.m. However, you may continue to use your room phone or cell phone for any outgoing calls.

Elimination

- If a catheter was placed in your bladder for urination, it was removed before leaving the operating room. You may have some burning with your first urination. If it continues or if you have difficulty voiding, you need to inform the nurse. A urinal, bedside commode and bathroom are available **with assistance from staff**.
- Constipation is not uncommon after surgery due to your activity being decreased, receiving anesthesia and taking pain medication. It is important that you drink plenty of fluids (6-8 glasses of water recommended daily unless restricted by your physician). Ask for a laxative and stool softener as needed.

Incisional care

- All visitors and staff are expected to wash their hands or use hand sanitizer when entering your room.
- A dressing ordered by your physician covers your incision. Your nurse checks it for drainage and changes it as ordered.

IV

- An IV is maintained to give you fluids and medications.
- The IV is usually discontinued the following day or as ordered by your physician.

Circulation (blood-clot prevention)

- While in bed, it is important to perform ankle pumps by moving your feet back and forth. This will promote circulation.
- Early mobility is important in preventing blood-clots from forming. Unless contraindicated, nursing and therapy staff will assist you to get out of bed and ambulate/walk four hours after surgery (no later than midnight) on the same day of surgery.
- SCDs or foot pumps (compression devices) are placed on your legs or feet to improve blood flow and prevent blood clot formation and swelling.
- You may receive a blood-thinning medicine while in the hospital. You may be sent home with blood-thinning medication. Further information is provided and discussed prior to your discharge if this medicine is ordered by your physician.

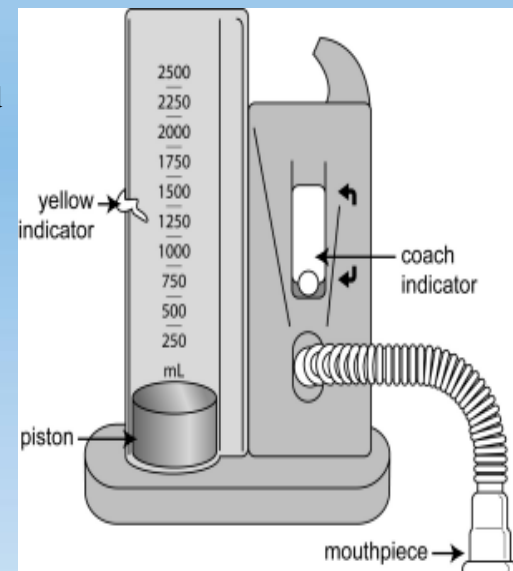
Pulmonary (pneumonia prevention)

- While in bed, staff assist repositioning every two hours and encourage increasing your activity.
- Cough, breathe deeply and use the incentive spirometer every two hours while awake to prevent pneumonia.

Incentive spirometer

Using your incentive spirometer, coughing and breathing deeply after surgery helps prevent pneumonia by assisting you to fully expand your lungs and clear secretions. The incentive spirometer also helps your lungs expel the anesthesia gas given during surgery.

- Raise the head of your bed. **Do NOT sit on bedside or get out of bed without assistance from nursing or therapy staff.**
- Hold the incentive spirometer in an upright position. Blow out to empty your lungs.
- Place the mouthpiece in your mouth and seal lips tightly around it.
- **Breathe in slowly** and as deeply as possible (like sucking a straw) raising the blue piston toward the top of the column. The blue coach indicator should float between the arrows.
- Hold your breath as long as possible (for at least five seconds). Allow the piston to fall to the bottom of the column.
- **Rest for a few seconds** and repeat steps every hour when you are awake.
- Position the blue indicator on the left side of the spirometer to show your best effort. Use the indicator as a goal to work toward during each repetition.
- After each set of 10 deep breaths, cough to clear your lungs.
- Use the incentive spirometer every hour, 10 to 12 repetitions throughout your hospital stay and after going home. If watching TV, do 2-4 repetitions per commercial breaks. That will get you to 10 an hour without hyperventilating.
- Breathe deeply, cough well and walk as soon as instructed by your health care provider.



REHAB SERVICES

Rehabilitation

Physical Therapy (PT)

PT begins after surgery. The role of PT is to evaluate your current mobility status, work with your surgeon to establish individualized, functional goals and increase independence (e.g. bed mobility, transfers out of bed, walking and range of motion (ROM)). These activities support your **self-management training program** (how you safely provide care for yourself at home to the extent possible). PT assists in evaluating equipment used from home (walker, cane) and determining the type of equipment needed upon discharge and discharge placement (home with home health, home with outpatient therapy, rehab facility or a skilled-nursing facility). Please note: If you prefer to use a walker or cane from home, please bring to hospital and use particularly upon discharge.

Post-op day zero (day of surgery)

You are evaluated by a physical therapist. PT assesses your strength, functional mobility and range of motion. They ask about your home environment including family, friends, coach support and home barriers such as stairs.

EXERCISES: Your therapist provides education for therapeutic exercises and joint replacement precautions.

WALKING: Getting up and walking as soon as possible after surgery is the first step toward recovery and usually **starts four hours after surgery or at the very least before midnight** on your first day unless contraindicated. You are encouraged to transfer out of bed and begin walking out of room into the hallway with staff assistance only. Early mobility will also decrease the risk of blood-clot formation and pneumonia.

PAIN CONTROL: It is normal to have some pain after surgery. It is recommended to take your pain medication before each PT session. Your PT and nurse work together to coordinate sessions by using medications, ice, positioning and movement.

Post-Op Day One (day after surgery)

You are encouraged to:

- Increase your independence needing only assistance of one staff member (not family or visitors) with bed mobility, transfers out of bed and walking.
- Continue increasing your distance of walking with a walker.
- Learn about and comply with your individualized self-management training program.

Post-Op Day Two and beyond

You continue to progress toward established goals:

- Learn how to go up and down **stairs** if needed.
- Voice understanding of the **home exercise program**.
- Your physical therapist works with case managers throughout your stay to establish your **discharge plan**.



Day of discharge

When leaving the hospital and going home, you:

- Need a walker for a few weeks. You may borrow from a family member or friend or purchase one. If you borrow or have one from home, please have ready to use particularly when leaving the hospital to the car and into your home.
- Are advised on the equipment needed at home.
- May need a coach (responsible caregiver) to stay with you for the first 1-2 weeks.
- May need an elevated commode seat for hip-replacement surgery. It may also be helpful for knee-replacement surgery.

Your goals for hip-replacement include:

- Going from lying to sitting to standing independently using a safe method.
- Going up and down stairs with a walker.
- Completing self-management and training program and precautions independently.

Both posterior and anterior precautions after hip-replacement surgery vary and MAY include the following (The ABCs of your total-hip precautions). PT discusses and makes sure you are confident in the required precautions to follow after surgery based on your specific needs:

A = AIM your toes straight forward. (*Do not allow your toes to roll inward or outward.*)



Correct



Incorrect

B = Do not BEND your hip past 90 degrees.

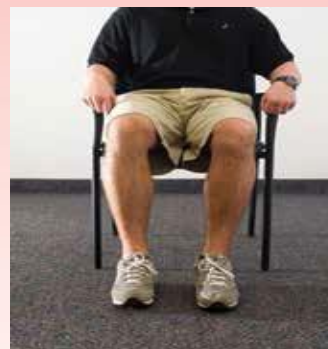


Correct



Incorrect

C = Do not CROSS your legs.



Correct



Incorrect

Your goals for knee replacement include:

- Going from lying to sitting to standing independently using a safe method.
- Bending your knee 90 degrees.
- Walking safely with full weight bearing on involved leg.
- Going up and down stairs independently or with the assistance of a caregiver.
- Completing your self-management and training program independently.

Precautions after knee replacement surgery:

- **Do not** twist on knee with foot “planted.”
- **Do not** place a pillow directly behind the knee (may cause stiffness and blood pooling which increases risk of blood clot formation).
- Set individualized goals when you meet with your physical therapist.



Occupational Therapy (OT)

You may be seen by OT after surgery **if ordered** by your physician to continue developing and supporting your plan of care and **self-management training program** (how you safely provide care for yourself at home). Routinely, it will be the day after surgery. OT assesses for changes in the ability to care for yourself following surgery and helps prepare for your safe return home as independently as possible. Activities include self-care activities such as dressing, washing and putting on shoes.

OT educates you about home exercises for strengthening and energy conservation if applicable. Since patients are at different levels of independence, you may not need all of the adaptive equipment. The following are standard pieces of available equipment supporting your self-care activities while in the hospital and at home:

- A **reacher** allows you to get dressed (especially lower body) and reach items on the floor without bending or compromising your balance or precautions.
- A **sock aid** allows you to get your socks or knee-highs on without bending over.



- A **long-handled shoehorn** assists you in getting your closed-heeled shoes on without bending over or crossing legs.
- A **long-handled bath sponge** with toe sponge attached makes it possible for you to wash your lower body, toes and back without bending or twisting.



- **Leg lifter** assists you in lifting your leg in activities such as getting out of bed or into the bathtub or car.



- **Elastic shoelaces** allow you to continue wearing lace-up shoes that provide increased support and stability without bending over to tie or untie your laces.

Using our therapy gym located on the cardiac/surgical orthopedic unit, the therapist assists you to:

- Simulate your bathroom set-up while in the hospital and make equipment recommendations as needed.
- Safely transfer on and off an elevated toilet seat and tub bench if applicable.



DISCHARGE

Discharge

Going home after surgery

Discharge planning begins on the day of admission. Most patients discharge home the same day of surgery. There are times that patients may have to stay overnight for medical clearance. Patients are evaluated on an individual basis for final discharge from the hospital. Your healthcare team (includes the surgeon, medical physician, case manager nurse, rehab team and nursing) coordinates discharge with you, your coach and/or family support. **Our goal is for you to return home with a safe discharge plan.**

Your surgeon or medical physician determines your discharge needs, prescribes medications and requests a follow-up appointment. Most patients are discharged home, but you and your physician decide what care will be the best for your recovery. **If you go home, you may need outpatient rehab or home health services 2-3 days a week. Both of these services are provided by Baptist Health.** Please review the resource section for more information. If you need these services or transferred from the hospital to an acute rehabilitation hospital or a skilled-nursing facility for additional rehabilitation, a case manager reviews available options, **allows you to select the appropriate facility** and assists with the arrangements.

Your case manager coordinates your post-hospital care and answers any questions you may have regarding equipment, rehab or insurance coverage. You may need the following equipment:

- A walker for approximately 6 weeks. If you borrow one, it will need to be brought to the hospital for the physical therapist to check, used throughout the hospital stay and when discharged from walking to your vehicle and home. **Please label** any personal equipment you bring to the hospital.
- An elevated toilet seat or bedside commode for hip replacement. This is also helpful if you had knee replacement surgery.
- A tub seat or bench.

The nurse reviews your written discharge instructions with you and your family/coach, provides prescriptions and a follow-up appointment and answers any questions.

You need your coach, family member or a responsible adult to stay with you for the first one to two weeks after discharge.

You need comfortable, fitting clothes and shoes (closed toe and supportive) to wear home.



Frequently asked questions about discharge planning

Q: Will my insurance pay for home care?

A: Medicare and most private insurances pays for skilled services at home such as physical therapy, occupational therapy and skilled nursing. **Medicare and private insurances do not pay for a personal caregiver at home. Some long term insurances (not health insurance) may cover this service.**

Q: Will my insurance pay for outpatient rehab?

A: Medicare and most private insurances pays for outpatient physical therapy, but the number of outpatient visits may be limited during a one-year period.

Q: Will my insurance pay for rehab in an acute or skilled facility?

A: Medicare and private insurances may pay for a short stay in an acute rehab facility **or a skilled facility** ,if you meet their admission criteria. **Many private insurances pay for these facilities, but require insurance approval prior to transfer. Some insurances do not provide coverage for these facilities.** Most joint replacements do not require a rehab facility after discharge. If there is a question regarding your insurance coverage, the case manager can address it at the time of your admission

Q: Where do I get my equipment?

A: Most communities have a medical equipment store that sells walkers, elevated commodes, bath, benches, etc.

Q: Will insurance pay for my equipment?

A: Medicare and most insurance pays for a walker if you cannot borrow one. Medicare and most private insurances do not pay for anything you would use in a bathroom. This includes elevated commode seats and bath benches.



Your trip home

Most patients are able to ride home or rehab facility in a personal car. **Ask your driver to be available on the day of discharge by 11 a.m. (times can vary based on your individual needs).** If your trip home takes several hours, please ask your driver to bring a pillow and blanket so that you can rest. You should stop for short rest periods, walk and exercise your legs if your trip home is longer than one hour. This is important to prevent blood clots from forming in your leg(s).

General information

Each individual patient responds to surgery differently. You are unique. Despite the differences; however, some generalizations can be made. You may:

- Not have much of an appetite for several weeks. Many patients notice that their sense of taste is decreased or almost absent, but it will return. Some patients even complain of nausea at the smell of food for a week or two after surgery.
- Have some swelling in your hip, leg and/or knee. Elevate your leg or foot to reduce swelling or throbbing. You may prop up the whole leg with pillows, but avoid placing pillows directly behind the knees.
- Find it difficult to fall asleep or you may find that you wake up and cannot fall back to sleep. This improves with time.
- Have problems with constipation. Reduced activity and taking narcotic pain medication contributes to constipation. You may use a laxative of your choice and add more fruits, raw vegetables, fiber and juice to your diet. Drink at least 8 glasses of water or juice each day unless your physician has limited your fluid intake.
- Have some numbness (pins-and-needles sensation) around your incision.
- Keep in mind, hip or knee surgery is a major surgery and everyone heals at a different pace. Do not be surprised if it takes 3-6 months to completely recover from your surgery.



Incision care

Caring for your incisions after you go home is very important. If you have diabetes, you tend to heal more slowly and you are at an increased risk for infection. It is very important to keep your blood- sugar levels in good control. You also need to take extra effort to care for your incisions.

- Take a shower daily. Do not take a tub bath or use hot tubs until your physician says it is okay to do so.
- Gently clean your incision daily with antibacterial soap and water. Always use a clean washcloth and towel. If you do not have city water or running water in your home, your incision needs cleansing with bottled water.
- Keep your incision clean and dry at all times. Do not reapply used or soiled dressings.
- Do not use any lotions, creams, oils, powders, antibiotic ointment (i.e., Neosporin®), peroxide, alcohol or iodine on your incision unless told to do so by your physician.
- If you have tape (steri-strips) on your incision, they will fall off after 7-10 days.
- If you have staples or sutures in your incision when you go home, you will be given specific instructions on when they will be removed.
- You may have a special dressing that is applied by your physician or nurse. If you have that dressing, you will receive a special page of instructions on when to remove. Do not remove unless otherwise instructed.
- If you have Dermabond Prineo, **do not use** lotions, peel the adhesive closure, apply adhesives (such as certain bandages) or scrub incision.

Your incision may have the following, which is normal and should go away in the first 2-3 weeks:

- Bruising or black and blue skin around the incision.
- Mild redness along the incision edges.
- Tenderness, numbness or itching along the incision.
- Mild to moderate swelling around the incision.
- Small amount of clear or pinkish drainage from incision,

Check your incision daily and contact your physician if any of the following occur. **DO NOT** wait until your next office visit:

- Increased drainage or redness at or around the incision site.
- Foul-smelling drainage from the incision.
- Increase in pain or swelling around the incision site.
- Pulling apart of the incision.
- Increase in body temperature more than 101 degrees for 24 hours.

Diet

Eat well-balanced meals and foods that are nutritious and high in protein, calcium and fiber to promote healing. Foods high in protein include meat, fish, poultry, beans, cheese, milk, eggs and tofu. Foods high in fiber include whole grain breads, cereals, vegetables and fruits. Drink plenty of fluids. Avoid fried foods and add as little fat as possible to your food.

If you have specific diet needs, nutrition counseling is available. Baptist Health Lexington has two excellent services to help you live a healthy lifestyle, led by licensed and registered nurses, dietitians and a personal trainer. For individuals with diabetes or pre-diabetes, the program offers a variety of education classes (either private or group) for you to learn about controlling blood glucose (sugar), which will help with your treatment plan. There is a nutrition education department of experienced Registered Dietitians (RDs) who can help you with nutrition topics such as losing weight, heart-healthy, diabetes, gastrointestinal plans and other nutritional needs. For information about either of these two services, call **Baptist Diabetes and Nutrition Education Services at 859-260-5122.**

Activity

The best way to resume your normal activities at home is to use a slow, progressive approach. Over time, you should be able to perform routine household tasks, take part in recreational activity and return to work.

General tips related to activity

- Get up and get dressed each morning; do not stay in bed.
- Wear street clothes each day to help you get back into a regular daily routine.
- Avoid clothes that may irritate your incision.
- Continue to use your adaptive equipment as needed.
- Walking is your friend and the bed is your enemy. Lying in bed can cause pneumonia and blood clots.
- Limit your visitors for the first couple of weeks. If you get tired, excuse yourself and lay down.
- Stop any task before tiring. If you overdo it, you will be very tired the next day and need to rest.
- Use pain as your guide. If a specific activity is painful, stop.



Rest

You need a balance of rest and exercise for your recovery.

- Get plenty of sleep at night (8-10 hours).
- Use a pillow between your legs when lying on your side.
- Plan to rest between activities which includes sitting quietly for 20-30 minutes and taking short naps as necessary.
- Rest (but do not lay down) 30 minutes after meals before exercising.
- Signals that your body needs rest include fatigue, dizziness and pain or discomfort.

Exercise

As part of your self-management training program, your physical therapist provides you with a written plan before discharge. It is important to follow all of the exercises prescribed to regain energy and to strengthen your hip or knee, back and leg muscles to recover as quickly as possible. You have physical therapy for several weeks following surgery. For your recovery, you should continue exercising after physical therapy is discontinued.

- Continue to exercise your lungs by coughing, breathing deeply and using your incentive spirometer. This will help prevent pneumonia.
- Walking is one of the best forms of exercise because it increases circulation throughout the body and it reduces the risk of developing blood clots and pneumonia.
- It is important to walk at your own pace, increase your activity gradually, avoid unequal surfaces and be careful when walking on ramps.
- Avoid sitting in one position or standing for long periods.
- Do not kneel, stoop or cross your legs at your knees or ankles.



Stairs

- You can climb stairs one-step at a time at a slow pace unless otherwise instructed by your physician or physical therapist.
- Stop and rest if you tire.
- Use the hand railing for balance only.

Driving

- Do not drive a car or any motorized vehicle (truck, riding lawn mower, tractor or motorcycle) until you have your physician's permission.
- You may ride in a car, but do not take long trips or travel until your doctor says it is okay.

Sexual activity

- Many patients are concerned about resuming sexual activity after surgery. It often depends on how you feel physically and mentally.
- Check with your surgeon before having sexual activity.
- When your physician states you can resume sexual activity, find a comfortable position and avoid supporting your weight or your partner's weight.

Future dental care

Before any dental procedures in the future, inform your dentist of the knee or hip replacement surgery. Bacteria from certain dental procedures can enter the blood stream and settle in your artificial joint causing an infection. Your dentist or physician may prescribe antibiotics before your dental procedure to prevent such an infection.

Metal detectors

The metal in your new joint may trigger security devices in airports and other security checkpoints. It may be helpful to carry a card identifying yourself as having a joint replacement.

Medication

You will receive prescriptions of new or changed medication before leaving the hospital. Take the medication exactly as prescribed. Keep a current list of your medicines (including over-the-counter, vitamins and herbal supplements) in your wallet or purse. The list should have the medication, dosages and times. Bring a list or bottles of all medicine (including over-the-counter, vitamins and herbal supplements) you are taking to all physician, nurse practitioner or physician assistant visits so that every medical provider has an accurate list. Do not take any medication (including over-the-counter, vitamins or herbal supplements) without checking with him/her. Additional information and education about your medicines are provided before discharge.

Upon discharge, you receive a prescription for pain medication. It is important to continue to take your pain medication as prescribed by your physician as needed. This includes the scheduled Tylenol if ordered by your physician. If your pain is not relieved with rest or medication, contact your physician. Research shows your body heals faster if it is not in pain. Do not drive a car or any motorized vehicle (truck, riding lawn mower, tractor or motorcycle) while taking pain medication.

Your physician may send you home on an anticoagulant (blood-thinning) medication. It helps to prevent harmful blood clots from forming in your veins. Since this medication prevents blood from clotting, it takes longer than normal for you to stop bleeding and you may need to hold pressure even for minor cuts. As with any medication, there are potential side effects. You should contact your physician if you notice any of the following:

- Unusual bleeding (nose bleeds, bleeding gums, blood in urine, black or bloody stool, or coughing and spitting up blood).
- Bruising for any unknown reason.
- Pain, swelling, redness, muscular weakness, numbness or tingling in any part of your leg, foot or hip.
- A change in the color (dark or pale) or temperature (hot or cold) of your foot or toes.
- Rash or dark spots under the skin.
- Chest pain, shortness of breath or dizziness.
- Rapid or unusual heartbeat, nausea, vomiting or fever confusion.



Please inform your physician if you are allergic to pork or Heparin or taking any nonsteroidal anti-inflammatory drugs (NSAIDS- Advil, ibuprofen, etc.) or aspirin. Follow your physician's instructions on how long to take blood thinning medication. The treatment duration varies depending on your specific condition. To give you an idea, it may vary from 7 days to 4 weeks.

Prior to leaving the hospital, you receive additional information and instructions on the blood thinning medication. Take all prescribed medications as directed by your physician. It is important not to stop any medication without contacting your physician first.



Cigarette Smoking

Smoking is the single most preventable cause of death in the United States and leads to additional diseases and **delayed healing after surgery.**

Around the world, more than 7 million individuals die as a result from tobacco and 16 million U.S. citizens have a disease related to cigarette smoking (Center for Disease Control, 2019). Despite this fact, many individuals continue use of tobacco.

The best smoking advice is “Don’t start” and if you smoke, “Quit!”



Reference: Centers for Disease Control. (2019). Smoking & Tobacco Use: Fast Facts, Disease and Death. Retrieved January 31, 2020 from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm#beginning.

Discharge Instructions and Follow-Up Appointments

Upon discharge, it is very important that you and your coach understand all discharge education and information. Nursing and all other staff are available to assure your comfort and readiness for discharge. When preparing to leave, please read all written discharge instructions and ask the nurse or physician to answer any questions before discharge.

You may have your driver pick your medications up on the way home or you can take advantage of our **Meds to Bed Program**. Meds to Bed is a convenient, in-house pharmacy service that allows your discharge medications delivered directly to your bedside before you leave the hospital (except for narcotics). Please be prepared to provide your co-pay when receiving the medications (this cost is separate from your hospital bill). This prevents you from having to make a stop on your way home, removes the wait at your local pharmacy and assures your medications are received and affordable. Further, it allows you and your coach to transport home much more quickly.

It is important to keep all of your follow-up appointments including your regular physician. If going home with a pain pump and have questions or concerns, you or your coach can call the Acute Pain Service.

If you have any new or bothersome symptoms or questions during your recovery period at home, do not hesitate to contact your surgeon or regular physician.

Guide to Patient and Visitor Services for Baptist Health Lexington

Our mission is to demonstrate the love of Christ by providing and coordinating care and improving health in our communities. You are special to us and we are committed to providing the highest level of quality health care and a pleasant experience for you and your family.

Security

- Do not bring any valuables to the hospital. Security officers are available 24 hours a day by dialing extension 6077 or “0” for the hospital operator.
- ATMs are located in the lobby in Buildings D and E and the lobby located in Café Central.

Food Services

- Café Central is located on the 2nd floor of the 1740 building.
- Café North is located in our North Tower across from our retail pharmacy.
- Vending machines are located throughout all buildings.

CAFÉ CENTRAL HOURS

Monday & Friday

6:30 a.m. - 10:00 a.m. / 11:00 a.m. – 7:30 p.m. /
10:00 p.m. - 2:00 a.m.

Tuesday, Wednesday, & Thursday

6:30 a.m. - 10:00 a.m. / 11:00 a.m. - 7:30 p.m.

Saturday & Sunday

6:30 a.m. - 10:00 a.m. / 11:00 a.m. - 2:00 a.m.

CAFÉ NORTH HOURS

Monday & Friday

6:30 a.m. - 2:00 a.m.

Tuesday, Wednesday, & Thursday

6:30 a.m. - 10:00 p.m.

Saturday & Sunday

6:30 a.m. - 11:00 a.m.

Hospital Room Phone Number

- Family and friends may call you directly by dialing (859) 639 plus your 3-digit room number.
- No calls transfer into your room between 9 p.m. and 6 a.m.
- To call out locally, dial 9 plus the local number.

Visiting Hours

- General visiting hours are from 7 a.m. to 9 p.m. Children younger than 10 years of age are discouraged from visiting.

Parking

- Free valet parking is available Monday through Friday 6 a.m. – 6 p.m. outside of the 1720 Main Building entrance. Self-parking is available in the North and South parking garages.

Code H (HELP)

Code H is a rapid response team that can be called by hospital patients and their families. If you or your coach/family notices a clinical change, a breakdown in how care is managed, something that does not look or seem right and your healthcare team is not present or responding, call a Code H. To access, **call #2633 (CODE) or 859-260-5000**. Code H provides another layer of safety to patients and families and solidifies the care partnership with the healthcare team. For additional assistance, you may call:

- Information Desk - Dial O
- Patient Care Experience Nurse – Dial 6168
- Chaplain – Dial 6575
- Housekeeping – Dial 6714
- Library – Dial 629

Baptist Health Home Care

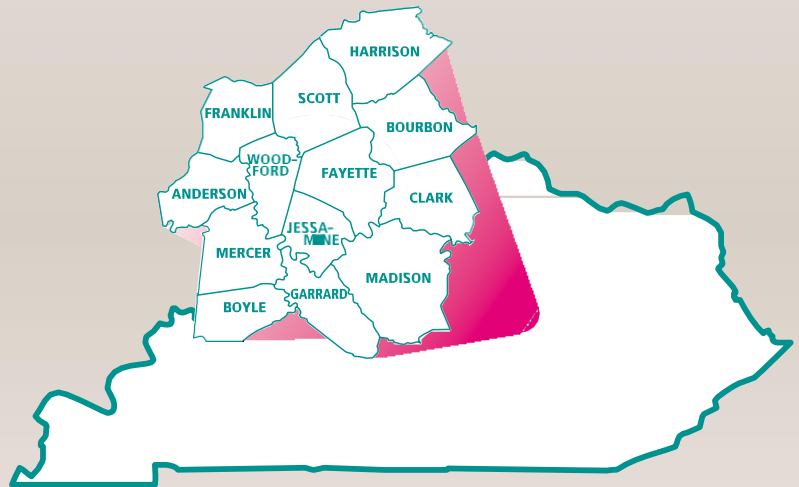
Baptist Health Lexington has a home health care service that is proud to be an important part of the total hip and knee replacement program. We are available at discharge to continue your rehabilitation program at home. An intake coordinator with Baptist Health Lexington Home Health visits after surgery to discuss home health care and helps with the transition home from the hospital.

Baptist Health Home Care provides the following services:

- Skilled nursing care
- Physical therapy
- Occupational therapy
- Medical social services
- Home-health aide for assistance with personal care needs

We service the following 13 counties:

- Anderson
- Bourbon
- Boyle
- Clark
- Fayette
- Franklin
- Garrard
- Harrison
- Jessamine
- Madison
- Mercer
- Scott
- Woodford



A registered nurse addresses your needs at home related to your post-surgical care and management of any existing medical conditions. The nurse provides teaching, assessments and skilled interventions related to all aspects of your discharge plan of care and recovery.

Our physical and occupational therapists work with you on the self-management/home-exercise training program developed in the hospital. They will conduct a home-safety assessment and make suggestions for improving your independence at home while keeping you safe from falls and injury.

A home-health aide is available to assist with bathing or grooming needs until you are able to resume normal activities. Medicare, Medicaid and most third-party insurance pays for home health services.

If home health care is needed upon discharge, you have a choice in the home health provider you want. All options are discussed by case managers with you and your family/coach. We hope that you choose Baptist Health Home Health for your home care needs.

BEFORE your joint replacement surgery

(Remove this page and post on your refrigerator as a reminder)

Once scheduled for your joint replacement surgery, you can begin preparing for your surgery, hospital visit and recovery. **Please refer to your Joint Replacement Education Guide for further details.**

Preparing for surgery:

- ☐ Select a coach (adult family member or responsible friend).
- ☐ Prepare your home:
 - ☐ Stock up on canned and frozen foods.
 - ☐ Store supplies and frequently used items at waist level.
 - ☐ Remove any clutter, throw rugs or electrical cords from walking paths.
 - ☐ Prepare a room on the main living level to limit use of stairs.
 - ☐ Arrange furniture so walking path is wide enough for a walker.
- ☐ Schedule appointment with your dentist for oral exam.
- ☐ Visit your cardiologist for surgery clearance if applicable.
- ☐ Stop smoking.

Within two weeks:

- ☐ Contact your cardiologist if taking Plavix, Effient, Brilinta and/or aspirin for coronary (heart) stent placement.
- ☐ Contact your surgeon's office if taking blood-thinning medication (Coumadin, Pradaxa, Heparin, Lovenox, Xarelto, Eliquis, etc.), aspirin or aspirin-based medication or diabetic medication.
- ☐ Stop taking any herbal supplements or weight-reducing medication unless otherwise instructed.
- ☐ Contact your surgeon for fever, sore throat, signs of a cold or urinary tract infection, rash or open areas on skin or if taking or have taken antibiotics within two weeks of scheduled surgery.
- ☐ Visit your jeweler if unable to remove your rings. **All jewelry must be removed before surgery.**
- ☐ Purchase Gatorade 20 ounces (No RED) and prepare meals and freeze.
- ☐ Launder dirty clothing and have loose, comfortable clothes ready for recovery period.
- ☐ Keep your appointment with Pre-Admission Testing. Bring to your appointment:
 - ☐ Copy of previous EKG, chest X-ray, echo, stress test, heart cath or cardiac clearance (if applicable).
 - ☐ All medications in **original bottles** including over-the-counter (do not bring a list).
 - ☐ Copy of Living Will or Power of Attorney documents (if applicable).
 - ☐ Phone numbers of your primary-care doctor and/or cardiologist.
 - ☐ Pacemaker or ICD cards.
 - ☐ C-PAP or Bi-PAP **settings** (if applicable).
- ☐ Pack personal hygiene items, walking shoes or tennis shoes, loose-fitting shorts, pants or pajama bottoms, socks in addition, a short, lightweight robe that opens down the front (optional).
- ☐ Stop shaving 2 days before surgery.

Evening before surgery:

- ☐ Use skin prep and place clean sheets on bed.
- ☐ Remove toenail polish and all jewelry.
- ☐ Do not eat, drink (except Gatorade – follow specific instructions), smoke or chew gum after midnight.

Morning of surgery:

- ☐ Repeat skin prep.
- ☐ Take all routine, prescribed medications with a sip of water unless otherwise instructed by your physician and complete. Gatorade 20 ounces (**must be completed as directed or your surgery may be cancelled or delayed**).

What to bring:

- ☐ Suitcase, education guide, walker if already have (leave in car until after surgery and ready for use upon discharge).
- ☐ ID, Insurance, Medicare, Medicaid Cards.
- ☐ Co-pay/deductible required by insurance (cash, check, credit card).
- ☐ Medication in original bottles (if not brought to PAT).
- ☐ Copy of Living Will or Power of Attorney documents (if not brought to PAT).
- ☐ C-PAP or BiPAP **mask and tubing** if applicable (the hospital will provide the machine).
- ☐ Relaxation aids (MP3 players, books, magazines).
- ☐ **Completed skin prep instructionsheet** and PAT Pass.

AFTER your joint replacement surgery

(Remove this page and post on your refrigerator as a reminder)

Please refer to your discharge instructions for further details.

Remember

- ☐ Make follow-up appointment with your doctor if not done for you at discharge.
- ☐ Check incision and shower daily (no tub baths). Always use a clean washcloth and towel.
- ☐ Do not use lotions, powders or medicated cream on incision.
- ☐ Keep your legs elevated when sitting.
- ☐ Do not kneel, stoop or cross your legs.
- ☐ Do not place a pillow directly behind your knee.
- ☐ Do not bend more than 90 degrees at your hip (with some hip surgeries).
- ☐ Eat well-balanced meals and foods that are nutritious and high in protein and fiber.
- ☐ Drink plenty of water.
- ☐ Take a stool softener as needed.
- ☐ Take your medication as directed. Continue to take your pain medicine as needed.
- ☐ Do not smoke.
- ☐ Do not drive until your physician gives you permission.
- ☐ In the future, before having any type of procedure, it is important to inform your dentist or physician that you had a knee or hip replacement. They may decide to prescribe antibiotics before your procedure.

Be active:

- ☐ Follow your written self-management training/exercise program given to you by your physical therapist.
- ☐ Balance rest with exercise and pace yourself throughout the day. Get plenty of sleep at night.
- ☐ Avoid sitting or standing in one position for long periods of time.
- ☐ Walk, walk and walk.

Contact your physician for any of the following (do not wait until your next office visit):

- ☐ Excessive drainage or redness at or around the incision site.
- ☐ Foul-smelling drainage from the incision.
- ☐ Increase in pain or swelling surrounding the incision site.
- ☐ Pulling apart of the incision.
- ☐ Increase in body temperature more than 101 degrees for 24 hours.
- ☐ Unusual bleeding or bruising for any unknown reason.
- ☐ Pain, swelling, redness, muscular weakness, numbness or tingling in any part of your leg or foot.
- ☐ Change in color or temperature of your foot or toes.
- ☐ Rash or dark spots under your skin.
- ☐ Chest pain, shortness of breath, rapid or change in heartbeat or dizziness.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

American Diabetes Association. (2020). A1C Does It All. Retrieved from www.diabetes.org/a1c.

American Diabetes Association. (2020). Recipes & Nutrition. Retrieved from www.diabetes.org/healthy-living/recipes-nutrition.

AORN. (2019). 2020 Guidelines for Perioperative Practice (online version). AORN: Denver, CO.

Centers for Disease Control. (2019). *Smoking & Tobacco Use: Fast Facts, Disease and Death*. Retrieved January 31, 2020 from [204https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm#beginning](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm#beginning).

Elsevier Patient Education. (2020). *How to Use an Incentive Spirometer*. Document reviewed October 31, 2018. 2020 Elsevier Inc.

Jette, et al. (2020). *Physical Therapy*. American Physical Therapy Association, Physical Therapist Management of Total Knee Arthroplasty, 100 (9), 1603–1631. <https://doi.org/10.1093/ptj/pzaa099>.

Jones, et al. (2011). Pre-operative patient education reduces length of stay after knee joint arthroplasty. *Annals of Royal College of Surgeons of England*, 93(1); 71-5.

Moulton, et al. (2015). Pre-Operative Education Prior to Elective Hip Arthroplasty Surgery Improves Postoperative Outcome. *International Orthopaedics*, 39(8), 1483-6.

Moyer, et al. (2017). The Value of Preoperative Exercise and Education for Patients Undergoing Total Hip and Knee Arthroplasty. *JBJS Reviews*, 5 (12). doi: [10.2106/JBJS.RVW.17.00015](https://doi.org/10.2106/JBJS.RVW.17.00015).

Wainwright, et al. (2019). Consensus statement for perioperative care in total hip replacement and total knee replacement surgery: ERAS Society Recommendations. *Acta Orthopaedica*, 90, open access. doi:[10.1080/17453674.2019.1683790](https://doi.org/10.1080/17453674.2019.1683790).

BHLexington Total Joint Replacement Hip and Knee Program: Post-Knowledge Assessment

Directions: Please read each question below and circle the answer in the right column. The PAT nurse reviews the answers and provides needed education to best prepare you for total joint replacement surgery. Each question asks information about how to best prepare for surgery and provide care for yourself after discharge.

After completing, please compare your answers to the correct response identified on the back page. Rationale for the correct response is provided to support your preparation.

	Question	Response
1.	Patients should perform upper arm exercises daily.	True or False
2.	Gently clean your skin for 3 minutes with the wipe given to you in PAT the night before and morning of surgery.	True or False
3.	Patients should wash their hands as soon as done using the wipes.	True or False
4.	Do NOT shave any body part for 48 hours prior to surgery.	True or False
5.	Patients should not eat or drink 24 hours before or after surgery.	True or False
6.	For diabetics, having an A1C level less than or equal to 8% before and after surgery helps avoid infection.	True or False
7.	Helpful items (e.g. reacher, sock aid, leg lifter, elastic shoelaces, long handled shoehorn and bath sponge) will be on hand for hospital or home use as evaluated by therapy staff.	True or False
8.	Patients should not expect to have pain after surgery.	True or False
9.	Patients should perform deep breathing and coughing exercises every two hours while awake after surgery.	True or False
10.	Patients should walk 20 feet or more on the day of surgery.	True or False
11.	Patients are encouraged to continue walking with family support when returning home.	True or False

	Question	Answer
1.	<p>Patients should perform upper arm exercises daily.</p> <p>Rationale: Performing upper arm exercises each day helps you to gain muscle and strength before surgery and better protect your lower body after surgery.</p>	True
2.	<p>Gently clean your skin for 3 minutes with each wipe given to you in PAT the night before and morning of surgery.</p> <p>Rationale: These medicated wipes clean and reduce the presence of bacteria on your skin. This process prepares the surgical site & prevents infection after surgery.</p>	True
3.	<p>Patients should wash their hands immediately after using the wipes.</p> <p>Rationale: The medication is harmful to your eyes, ears, mouth and sensitive areas on your body. It is important to wash your hands immediately after using each wipe.</p>	True
4.	<p>Do NOT shave any body part for 48 hours prior to surgery.</p> <p>Rationale: Shaving causes small breaks and cuts in the skin leaving a way for bacteria to enter and cause an infection after surgery.</p>	True
5.	<p>Patients should not eat or drink 24 hours before or after surgery.</p> <p>Rationale: Using the ERAS protocol, patients must drink one 20 ounce bottle of Gatorade (flavor of choice – no red) and finish by one hour of arriving to the hospital. If diabetic, patients should drink G2.</p>	False
6.	<p>For diabetics, having an A1C level less than or equal to 8% before and after surgery can help avoid infection.</p> <p>Rationale: Increased blood glucose levels can lead to complications after surgery including delayed healing and infection. In most cases, surgery is canceled if A1C\geq8%.</p>	True
7.	<p>Helpful items (e.g. reacher, sock aid, leg lifter, elastic shoelaces, long handled shoehorn and bath sponge) will be on hand for hospital or home use as evaluated by therapy staff.</p> <p>Rationale: After surgery, therapy staff evaluate your need for each of these items to make sure you have what is needed for a safe discharge to home or appropriate setting.</p>	True
8.	<p>Patients should not expect to have pain after surgery.</p> <p>Rationale: Given you are having a joint replacement surgery, expect to have pain. The key is to keep pain at an acceptable level with help from the staff.</p>	False
9.	<p>Patients should perform deep breathing and coughing exercises every two hours while awake after surgery.</p> <p>Rationale: Performing these exercises every two hours while awake prevents breathing complications after surgery including pneumonia.</p>	True
10.	<p>Patients should walk 20 feet or more on the day of surgery.</p> <p>Rationale: Walking as soon as possible after surgery prevents complications and longer stay in the hospital. Usually, patients walk 20 or more feet four hours after surgery with help from staff. You will be up to a chair and ambulate 2-3 times/day.</p>	True
11.	<p>Patients are encouraged to continue walking with family support when returning home.</p> <p>Rationale: It is important to continue walking safely with assistance when discharged home as prescribed by your surgeon. Walking prevents development of pneumonia or blood clots and hospital readmissions.</p>	True