YOUR GUIDE TO
Total Joint Replacement

KEEPING YOU MOVING!
PROVIDING GREAT ORTHOPEDIC CARE
Thank you for choosing Baptist Health for your orthopedic needs. We consider it a pleasure to care for you and will do so with the highest quality standards in place. Our program has been recognized regionally and nationally for the success in caring for patients just like you and your family. The basis for success is built upon a foundation of expertly skilled physicians, nurses and supporting staff as well as leading-edge technology. The orthopedic service line at Baptist Health brings together skilled physicians to provide unsurpassed orthopedic care.

This joint surgery educational guide provides an overview for you and your caregiver. It is designed to offer answers to questions you may have about preparing for surgery, what to expect with surgery and what to anticipate afterwards. In addition to this guide, our physicians, nurses, therapists and staff will give you instructions and information regarding your surgery.

Thank you for partnering with us. Your active participation is key to your successful recovery.
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 (movement.) When it is stable and healthy, it allows a person to twist, walk, squat and turn without pain.

It is one of the body’s largest weight-bearing joints. This joint is formed where the rounded head of the femur (thighbone) joins the pelvis.

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

CAUSES

The hip joint may become 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:
- Osteoarthritis
- Inflammatory arthritis such as rheumatoid or gout
- Improper healing of a fracture
- Necrosis from an injury or long-term use of alcohol or steroids

Normal hip compared to damaged hip
POSSIBLE RISKS OR COMPLICATIONS

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

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

SURGERY

In order for your surgeon to remove the diseased or injured hip joint, an incision is made. The surgeon cuts away the ball part of the joint from the thighbone, smooths the surface of the old socket and replaces it with a ball attached to a stem that is inserted into a hollowed-out space in the thighbone (femur).

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

The prosthesis is secured with press-fit or cement.

HIP RESURFACING is an alternative to the standard total hip replacement. You and your surgeon will decide if this is a viable option for you. This procedure may be appropriate for individuals who have good bone health, under the age of 65, and are of normal weight. This surgery is less invasive and recovery may be quicker. Instead of removing the ball of the hip, the ball of the hip is reshaped and a metal cap is placed around where the cartilage has worn.

BENEFITS

- Decreases or eliminates pain
- Improves quality of life
- Improves movement
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.

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

Ligaments and cartilage stabilize and support the joint.

- **Normal**
- **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
- Previous injury or surgery

**POTENTIAL RISKS OR COMPLICATIONS**

As with any surgery, knee replacement may have potential risks and complications that may include the following:
- Reaction to anesthesia
- Pneumonia
- Blood clots
- Infection
- Dislocation of kneecap or loosening of the prosthesis
- Injury to nearby blood vessels or nerves
- Damage to surrounding muscles or tendons

**SURGERY**

In order for your surgeon to remove the diseased or injured knee joint, an incision is made. The surgeon examines the knee and cuts away the damaged bone and cartilage from your thighbone, shinbone and possibly from the kneecap, if necessary.

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.

**PARTIAL KNEE REPLACEMENT**, also known as unicompartmental knee arthroplasty, is an option for some patients instead of total knee replacement. You and your surgeon will decide if this is a viable option for you. In this procedure, only the damaged part of your knee is replaced. The surgery is less invasive and recovery may be quicker.

**BENEFITS**
- Decreases or eliminates pain
- Improves quality of life
- Improves movement
PREPARING FOR SURGERY

You have been scheduled to have joint replacement surgery.

This educational guide provides an overview for you and your family to begin preparing for your surgery, hospital stay and recovery.

Start Now

SELECT A COACH

This can be a family member, a friend or any responsible adult who can assist you during your hospital stay and for the first one to two weeks after returning home.

Your coach is encouraged to attend the Joint Replacement class with you. They will also be encouraged to attend your therapy sessions with you while in the hospital.

PREPARE YOUR HOME

- Evaluate your home for safety.
- Install handrails on any steps you need to use both inside and outside of your house.
- Make your bedroom, bathroom and living area on the same floor if possible to limit the need to climb stairs.
- Choose a stationary chair with armrests and a firm seat in which to sit.
- Remove clutter, throw rugs or electrical cords from walking paths.
- Be cautious of pets that may interfere with your walking.
- Arrange furniture so pathways are free of tripping hazards and wide enough for a walker.
- For convenience, stock up on canned and frozen foods. It is a good idea to plan and prepare meals prior to your admission to the hospital for use when you return home.
- Store supplies and frequently used items at waist level (food, phone, remote, reading material, medication). You will need to avoid using a step stool or bending over when you return home.
- Obtain a portable or cell phone.
- If you plan to borrow equipment, such as a walker, cane or bedside commode, please have those items in your home before coming to the hospital.
- Discuss transportation arrangements with your coach or driver for discharge and possible outpatient physical therapy. You may ride in a car. Your anticipated discharge time will be communicated to you by your health care team.
EXERCISE BEFORE SURGERY

It is important that you maintain and possibly improve your strength and range of motion while you await your surgery.

You can do this by:
- Taking frequent short walks.
- Using a cane or walker to allow you to walk safely and with less limping.
- Trying not to sit for long periods of time as this tends to cause cramping and swelling and can lead to even more discomfort.
- Following daily prehab exercises as directed by your physician or therapist.

Joint Power Water Exercise Class

You may want to take advantage of a warm water exercise class, Joint Power, designed specifically for patients preparing for Total Joint Replacement surgery. This class is offered at the Baptist Health/Milestone Wellness Center.

Please call 502.896.3900 for class days and times

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 and after your surgery keeps your lungs expanded and free from congestion, which may also prevent pneumonia.
Exercises

You are encouraged to begin the following exercises before your surgery:

- If getting up and down from the floor is difficult for you, you should do the exercises while lying down on your bed.
- If doing any of the exercises before your surgery cause you pain, either eliminate that exercise or decrease the motion or repetitions. (After surgery, it is important to complete all of your exercises at the direction of your therapist.)

Ankle pumps:
Move your ankles back and forth like working a gas pedal. Start with 10 gradually increase to 20 times.

Quad sets:
Tighten the muscles on the front of your thigh. Hold for 5 seconds. Start with 10 gradually increase to 20 times.

Gluteal sets:
Tighten your buttock muscles. Hold for 5 seconds. Start with 10 gradually increase to 20 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 starting position. Start with 10 gradually increase to 20 times.

Heel slides with sheet or belt:
Wrap a sheet or belt around your foot. Using the sheet or belt, 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 starting position. Start with 10 gradually increase to 20 times.
**Hip abduction-adduction:**

Slide your leg out to the side (keeping your knee and toes pointed to the ceiling). Then slide your leg back to starting position. Do not bring your leg past the midline of your body. Start with 10 gradually increase to 20 times.

**Straight leg raises:**

Lie on your back with your sore leg straight and the other leg bent. Lift your leg up about 12 inches. Hold for 5 seconds. Lower leg. Start with 10 gradually increase to 20 times.

**Short Arc Quads:**

Place a firm pillow or large towel roll under your knee. Slowly lift your foot up. Your knee should remain on the pillow and your leg should be as straight as possible. Slowly lower your foot to the starting position. Start with 10 gradually increase to 20 times.
**Hamstring stretch with sheet or belt:**

Sit on bed with leg extended. Wrap sheet or belt around your foot. Lean forward and pull toes back until you feel a pull behind your leg. Hold for 10-20 seconds. Start with 10 and increase to 20 times.

**Knee flexion/extension sitting:**

Sit with knees bent. Lift your foot to straighten your knee. Hold 5 seconds. Return to start position. Start with 10 and increase to 20 times.

**Knee flexion sitting with assist:**

Sit with knees bent. Hook good leg in front of bad leg and help to bend knee further. Hold for 10-20 seconds. Repeat 5 times.

**Chair pushup:**

With hands on armrests, push up from chair using arms. Use legs as necessary. Return to sitting. Start with 10 and increase to 20 times.
STOP ANY TOBACCO PRODUCTS

Baptist Health 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.

If you would like more information on area programs on quitting smoking, please call the Baptist Health Louisville Information Center at 502.897.8131.

CONTACT YOUR SURGEON OR PRIMARY CARE PHYSICIAN IF YOU HAVE OR DEVELOP ANY OF THE FOLLOWING BEFORE SURGERY:

- Fever
- 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

PRE-ADMISSION TESTING (PAT)

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

PAT is a service to prepare you for your scheduled joint surgery and designed to ease the anxieties and concerns of you and your family. 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. Your anesthesiologist and surgeon request specific tests to be completed approximately two weeks before your scheduled surgery in order to safely care for you.

This appointment is typically scheduled by your surgeon’s office and typically takes 1 - 2 hours.

Your PAT appointment DOES NOT require fasting, therefore you may eat and take your routine prescribed medications unless otherwise instructed by your physician.
Please bring the following to your PAT appointment:

- All medications in original bottles including over-the-counter, vitamins and inhalers. Do not bring a list. The PAT staff will be recording all of your medication information in the computer system.
- 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.

During your PAT appointment, you will be seen by a nurse and the following may be completed:

- Your health history.
- Lab work per your surgeon’s orders. This may consist of blood and urine samples.
- Other tests such as Xrays and EKG’s may be performed.

You will have an opportunity to ask questions.

If you do not have an advanced directive/medical living will, you may complete one if you desire. A notary will be provided free of charge.

You will have an opportunity to become familiar with the facility, parking, where to go and what to bring on the day of your surgery.

Your tests results will be reviewed and available to your surgeon and anesthesiologist. These results will be included with all of your paperwork and be available the day of surgery.

EDUCATION CLASS

You and your coaches are strongly encouraged to attend a class about your surgery and recovery. The class is offered every Tuesday and Thursday at 9:15am and lasts about an hour. Additional class times now have been added. For more information, please call 502.897.8131

If you are having your Pre-Admission Testing AND attending class on the same day, plan on being here 3-4 hours.
DAY BEFORE SURGERY

Packing for your hospital stay

- Bring this booklet, notepad and pencil
- Medicare or insurance cards
- Bring all of your medications from home in their original containers
- Toiletries (deodorant, lotions, toothbrush, toothpaste etc)
- Walking shoes with a non-skid bottom and a full back (not house slippers)
- Loose-fitting shorts, pants or pajama bottoms (these should be very loose to accommodate significant swelling)
- Short sleeve tops and sweater or sweat shirt
- Short, lightweight robe
- If you use a machine for sleep apnea, please bring it with you to the hospital

Skin prep and shower

All people have bacteria (germs) on their skin. During your PAT appointment, you will be given written instructions on skin cleansing the day before and the morning of your surgery.

Your surgeon may order a nasal ointment for you to use the day before and the day of your surgery. During your PAT appointment, your nurse will give you written instructions on its use.

Shaving

Do not shave any part of your body for 48 hours prior to your surgery. To do so may cause micro cuts, an entry for microorganisms, which increases the risk of infection.

Jewelry

All jewelry (including rings) will need to be removed for your safety
Your surgeon may use equipment that relies on electrical current, and if you are wearing metal jewelry, you might receive an electrical shock or burn.

Fasting

Do not eat, drink, smoke or chew gum after midnight. If you should eat or drink after midnight, your surgery may be cancelled.
DAY OF SURGERY

• Please arrive at your scheduled time.
• Do not take any of your regular medicines unless specifically asked to do so by the PAT nurse or your surgeon. If you are asked to take your regular medicines, please do so with as little water as possible. If you are diabetic, follow the instructions you have been given about taking your diabetic medication.
• Do not eat, drink, 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.
• Complete the skin prep.
• Avoid use of lotions.
• Do not wear any makeup or jewelry.
• Do not wear contact lenses.
• Leave anything you consider valuable at home.
• Leave suitcase in the car until after surgery.

PRE-OP/HOLDING AREA

• You will be given a hospital gown and asked to remove all clothing including undergarments.
• You will need to remove all jewelry, including body piercing items and hair pins.
• You will place all of your personal belongings in a bag to give to your family or support person. Baptist Health is not responsible for any lost or stolen belongings.
• You will have an IV started and an antacid and antibiotic will be given.
• The nurse will ask you questions to complete your health history.
• If additional tests are requested by your surgeon or anesthesiologist, they will be performed.
• If not completed in PAT, you will sign consents giving your surgeon permission to perform the joint replacement procedure.
• Clippers will be used to remove any hair from the operative site (hip or knee.)
• You will verify the operative site (hip or knee) (right or left) and the surgeon will use a special marker to mark the site.
• You will have an opportunity to speak with the anesthesiologist to discuss any concerns regarding the type of anesthesia planned and pain control after surgery.
• Once you are ready for surgery, one to two visitors may join you during your pre-op stay.
• You will be asked to remove dentures and glasses prior to going in the operating room.
• You will give these to your family or support person for safe-keeping.
• When the surgery team is ready for you, you will be transported to surgery by stretcher. Your family or support person will be directed to the waiting area.
OPERATING ROOM (OR)

- When you arrive in the operating room, you will be moved onto the operating table.
- You will be given a spinal or general anesthesia and you may be given a nerve block by your anesthesiologist, who will monitor your breathing, heart rate and blood pressure during your surgery.
- If you are given general anesthesia, the anesthesiologist will insert a tube in your windpipe to support your breathing and to give you anesthetic gases to keep you asleep during the entire surgery. You may notice a slight sore throat from the tube after your surgery.
- Once the anesthesia has taken effect, an incision will be made and the damaged joint or partial joint will be removed and surfaces smoothed. The new joint or partial joint will be inserted and secured in place. The incision will then be closed.
- The actual surgery will take one to two hours (approximate time).
- When your surgery is completed, you will be transported to the recovery area.

RECOVERY ROOM- POST ANESTHESIA CARE UNIT (PACU)

- You will remain in the recovery area one to three hours (approximate time.)
- You will not be permitted visitors in the recovery area.
- While you are in recovery, your surgeon will report your progress to your family or support person.
- You will be monitored closely and given pain and nausea medication as needed.
- TED hose (white support hose) may be placed on your legs to promote circulation.
- Once your condition is stable and your room is ready, you will be transported to the orthopedic unit where your family will meet you.
AFTER SURGERY

WHAT TO EXPECT WHEN YOU ARRIVE IN YOUR ROOM

• You may continue to be drowsy from your anesthesia.
• You will meet your nurse and nursing assistant who will assess your status and needs.
• Your vital signs (temperature, pulse, respirations and blood pressure) will be taken.
• You will have a dressing over the incision.
• You may notice discoloration on your skin around the area of your surgery. This is normal from a cleansing solution used during surgery.
• You will have ice placed on your incision site.
• You may have oxygen going through a nasal cannula (prongs in your nose).
• You will have IV (intravenous) fluids.
• You will be asked to perform ankle pumps (moving feet back and forth like working a gas pedal). This improves your circulation.
• You may have special stockings (TED hose), or foot pumps on both legs or feet to increase circulation to prevent blood clots from forming.
• You may have a pillow placed between your knees after hip replacement to help maintain proper hip position.
• You will be asked to cough, breathe deeply and use your incentive spirometer that will assist in keeping your lungs clear.
• You will be turned and positioned. Pillows may be used for comfort but not placed directly under your knees.
• You will be asked to rate your pain on a scale of 0-10. You will have pain and nausea medication available, but you will need to ask for it.
• Itching from the anesthetic is common and medication will be available, but you will need to ask for it.
Comfort and pain control

Effective pain control is a high priority at Baptist Health. Research shows that patients with well-controlled pain heal faster and have improved recovery from surgery. The goal is to have your pain level acceptable and tolerable allowing you to perform activities and progress towards a healthy recovery.

You will have pain following surgery, but it may differ from your pain prior to surgery and will improve as you recover. The pain experience is different for each person. Your pain is unique to you. For that reason, it is important that you tell your nurse and/or physician if your pain is not effectively controlled. When pain is not controlled, it can interfere with your participation toward recovery. Your nurse and physician will partner with you to make you as comfortable as possible.
Pain includes many types of discomfort which can be described as tightness, stabbing, sharp, burning or other unpleasant sensations. It can feel like a dull ache or it can be severe and unbearable. You will be asked to describe and rate your pain on a scale of 0 to 10, with 0 being no pain and 10 being the worst 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.

There are comfort measures and medications available to control your pain. Your physician will decide what may work best for you, but you will need to let your nurse or physician know if it is not working as well as expected.

There are several forms of pain medication utilized including: nerve blocks administered prior to and during surgery, pill, injection and intravenous (IV) - that may be ordered by your physician. It is important for you to ask for your pain medication as you need it. If you wait, the pain will get worse and it may take longer and/or larger doses of medication to give you relief. You will need to take pain medication before physical therapy so you can perform the activities and exercises needed to become stronger and recover after your surgery. Additionally, you will need to take pain medication consistently every few hours for the first week or so.

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

In addition to medications, the following measures may be used to promote comfort:

- Ice
- Repositioning
- Use of pillows for support
- Rest and relaxation techniques
- Music
Diet

- You will begin 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.
- You may ask to speak with a dietitian if you are not getting foods that are appetizing to you.
- You need to drink plenty of fluids. It is also helpful for you to increase your fiber intake as this will help prevent constipation.

Hand hygiene

It is important that you inform your family and potential visitors to wash their hands or use hand-sanitizing gel 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.

Rest and sleep

- You need your 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.
- One family member may stay overnight.
- If your visitors are not feeling well, please encourage them to stay home.
- Children younger than 10 are encouraged not 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

- Constipation is common after surgery due to your activity being decreased and taking pain medication.
- It is important that you drink plenty of fluids (6-8 glasses of water recommended daily) and increase your fiber intake.
- You may need to ask for a laxative and stool softener as needed.
Incisional care

• You will have a large dressing covering your incision. Your nurse will check it for drainage and change it as ordered by your physician.

• All visitors and staff are expected to wash their hands or use hand sanitizer when entering your room.

IV

• You will have an IV for fluids and medications.

• Your IV may be discontinued the day after your surgery 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. You will be out of bed the day of surgery.

• You will have TED hose (elastic stockings) and compression devices on your legs and feet to improve blood flow and prevent blood clot formation and swelling.

• You will receive a blood-thinning medicine while in the hospital. You may be sent home with blood-thinning medication.

• While in bed, you will be asked to reposition every two hours and encouraged to increase your activity as directed by your physical therapist.

Pulmonary (pneumonia prevention)

You will be asked to cough, breathe deeply and use an incentive spirometer at least hourly while awake. This will assist with keeping your lungs clear.
Activity

• FOR YOUR SAFETY, please DO NOT GET UP by yourself or with your family. Only get up with the assistance of hospital staff.

• A physical therapist will see you either the same day of your surgery, or the day after, and every day thereafter until discharge. They will assist you with getting out of bed, walking in the hall, sitting in a chair, doing your exercises, and climbing stairs.

• An occupational therapist may see you the day after surgery. They will inform you of hip or knee precautions and teach you how to safely perform daily activities such as bathing and dressing.

• Specific exercises and precautions will be explained by your therapist.

• Your nurse or nursing assistant may also assist you in getting in and out of the bed, walking to the bathroom or in the hall, bathing, dressing and sitting up for meals.
You will see a physical therapist after surgery. Your coaches are encouraged to attend all (or as many as possible) physical therapy sessions with you to learn how to help you at home with your exercises and walking. The role of the physical therapist is to evaluate your current mobility status and to establish individualized, functional goals with you to increase independence with bed mobility, transfers out of bed, walking and range of motion (ROM). They may also assist in determining the equipment needed upon discharge and discharge placement (home with home health, home with outpatient therapy, rehab facility or a skilled-nursing facility.)

You will be seen by a physical therapist to evaluate your strength, functional mobility and range of motion. They will ask you about any home barriers such as stairs and about your home environment including family, friends and coach support.

EXERCISES:

Your therapist will start education for exercises and joint replacement precautions. Your exercise program will be progressed during your stay. You will be given an individualized exercise program for you to continue at home.

Correct way to get up from a chair using a walker:

While seated, move your sore leg out in front of you.

Push up from the arms of the chair as you stand.

Once standing, grab the walker for support.

Do not pull up from the walker as you stand.
WALKING:

With the help of your healthcare team, you will be encouraged to walk as far as you can tolerate. Getting up and walking as soon as possible after surgery is the first step toward recovery. Early mobility will also decrease the risk of blood-clot formation and pneumonia. The therapist will encourage you to increase your walking distance each session. Your therapist will also instruct you and your coaches on stair climbing as needed.

PAIN CONTROL:

After surgery you might have numbness of the leg as your surgeon may have prescribed a nerve block before or during your surgery. It is important that you notify the nurse when sensation begins to return to your leg so that pain medication can be given prior to the block wearing off.

You will have pain after surgery and it is recommended that you take your pain medication every 4-6 hours consistently to maintain a constant blood level of medication for the first few days after surgery. As you heal, your pain will lessen and you can begin to wean off the pain medications. Dosage of pain medications before each physical therapy session will continue to be necessary throughout your rehabilitation to optimize your participation in therapy. Your physical therapist and nurse will work together to coordinate your pain medications, ice, positioning, and movement.

DISCHARGE:

Your physical therapist will work with you and your healthcare team throughout your stay to establish your discharge plan.

DAY OF DISCHARGE

• You will need a coach (responsible caregiver) to stay with you after you go home for the first 24-48 hours.
• You will be advised on the equipment you may need at home.
• You will need a walker or crutches for a week or two.
• You may need an elevated commode seat.
• You may be able to borrow equipment you need from a family member or friends. If not, the hospital staff can help you purchase these items.
Your goals for discharge following HIP REPLACEMENT include:

- Moving from lying to sitting to standing independently using a safe method.
- Walking safely with an assistive device.
- Going up and down stairs safely.
- Completing home exercise program.
- Following hip precautions as instructed.

PRECAUTIONS AFTER YOUR HIP SURGERY:

The location of your incision will determine any hip movement restrictions you may have. These are called “hip precautions”. Your incision will either be on your buttocks (posterior approach) or in the front near your groin (anterior approach.) Some patients may not have hip precautions depending upon the stability of the replacement and condition of the muscles and tendons at the time of surgery. Your therapist will discuss this with you after surgery if this is the case.

Posterior approach precautions:

- **Aim** your toes straight forward. (do not allow your leg to roll in or out)

  ![Correct Image](image1)
  ![Incorrect Image](image2)

- **Do not bend** your hip past 90 degrees. Sit with your knee lower than your hip. (do not sit on low chair, stool or toilet)

  ![Correct Image](image3)
  ![Incorrect Image](image4)

- **Do not cross** your legs or allow your leg to cross the midline of your body. Keep your knees and feet apart. (put a pillow between your knees when lying on your side)

  ![Correct Image](image5)
  ![Incorrect Image](image6)
Your goals for discharge following KNEE REPLACEMENT include:

- Moving from lying to sitting to standing independently using a safe method
- Bending your knee at least 90 degrees
- Walking safely with an assistive device
- Going up and down stairs safely
- Completing home exercise program

PRECAUTIONS AFTER YOU KNEE REPLACEMENT SURGERY:

- Do not “plant” foot and turn
- Do not place a pillow directly under the knee (may cause stiffness and blood pooling which increases risk of blood clot formation)

Individualized goals will be set when you meet with your physical therapist.
OCCUPATIONAL THERAPY (OT)

You will be seen by an occupational therapist (OT) after surgery if ordered by your physician. Routinely, it will be the day after surgery. Your occupational therapist will assess you for changes in your ability to care for yourself following surgery. The OT will prepare you to return to your home safely and as independently as possible with self care activities such as dressing, bathing and putting on shoes.

You will be taught home exercises for strengthening and energy conservation if applicable.

You will be instructed on how to safely transfer on and off an elevated toilet seat and tub bench as needed.

Since you may be at a different level of independence from others, you may not need all of the adaptive equipment. The following is a list of equipment you may need:

- A **reacher** assists you to get dressed (especially lower body) and reach items on floor without bending or compromising your balance or precautions.

- A **sock aid** assists you to get your socks or the knee-highs stockings on without bending over.

- A **long-handled shoehorn** assists you in getting your shoes on without bending over or crossing your legs.

- **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.

- 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.
DISCHARGE

Going home after surgery

Research shows that discharge home is considered best practices after a total joint replacement, as patients discharged home have significantly lower complication rates.

Your healthcare team, which includes your physician, nurse practitioner, discharge planner, therapist, and nurse, will coordinate your discharge with you, your coaches and/or your family members. Some patients will go home the day of surgery, most patients will spend one night with us and a few patients may stay up to 3 days. You and your surgeon will determine what is best for you.

• Your surgeon, medical physician, and healthcare team will determine your discharge needs, prescribe medications and request a follow-up appointment. Most patients are discharged home, but you and your healthcare team will decide what care will be the best for your recovery. If you go home, you may need outpatient physical therapy or home health services 2-3 days a week. Both of these services are provided by Baptist Health. If you are discharged to a skilled-nursing facility, your discharge planner will assist you with the arrangements.

• Your discharge planner will coordinate your post-hospital care and answer any questions you may have regarding equipment, follow-up therapy or insurance coverage. Your equipment needs will be assessed by your therapists and discussed with you.

• Your nurse will review your written discharge instructions with you, provide you with your prescriptions and a follow-up appointment and answer any questions.

• Most patients are able to ride home or to rehab in a personal car. If your trip home is longer than one hour, you will need to stop for short rest periods, walk and exercise your legs to prevent blood clots from forming in your legs.

• You will be asked to have your coach or a responsible adult to stay with you for the first 24 to 48 hours after you go home and longer if needed.
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.

• You will have some swelling and/or bruising in your hip or leg. Elevate your leg or foot to reduce swelling or throbbing. You may prop up the whole leg with pillows, but avoid placing pillows directly under the knees.

• You may find it difficult to fall asleep, or you may find that you wake up and cannot fall back to sleep. This will improve with time.

• You may have problems with constipation. Reduced activity and taking narcotic pain medication contributes to constipation. You may use a stool softener or laxative of your choice. Adding more fruits, raw vegetables, fiber and juice to your diet may also help. Drink at least 8 glasses of water or juice each day unless your physician has limited your fluid intake.

• You may 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 fully recover from your hip surgery. Full recovery from knee replacement surgery may take up to 12 months for many patients.
INCISION CARE

Caring for your incisions after you go home is very important.

- No tub bath, hot tub, or swimming pool until your physician says it is okay to do so. This may be a month or longer

- 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.

Your incision may have the following, which are considered normal and should go away in the first two to three weeks:

- Bruising or black and blue skin on your operative leg (may worsen in the first few days)
- 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 for the following and contact your physician if any of these 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
- Pulling apart of the incision
- Increase in body temperature more than 101 degrees for 24 hours

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.

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 at Baptist Health.
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.

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.
- Signals that your body needs rest include fatigue, dizziness and pain or discomfort.

Exercise
- Your physical therapist will provide you with a written home-exercise program before discharge. It is important to follow all of the exercises prescribed to regain energy and to strengthen your back and leg muscles. You will 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 as 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 uneven surfaces and be careful when walking on ramps.
- Wear your elastic stockings as directed.
- Avoid sitting in one position or standing for long periods of time.
- Do not kneel, stoop or cross your legs at your knees or ankles.
- For hip replacement surgery, follow your hip precautions as directed.
**Stairs**

- You can climb stairs one step at a time at a slow pace unless told differently by your physician or physical therapist.
- Stop and rest if you tire.
- Use the hand railing for balance.
- Go up the steps leading with your good leg; go down the steps leading with your operative leg.

**Sex**

- 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.
MEDICATION

You will receive prescriptions for new or changed medication before you leave 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 name, the dosage, and time you take each medication. Take the list or bottles of all medicine (including over-the-counter, vitamins, and herbal supplements) you are taking to all doctor 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 your doctor. Additional information about your medicines will be provided before you are discharged.

• You will be sent home with a prescription for pain medication. It is important to continue to take your pain medication as needed. 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 motor cycle) while taking pain medication.

• Your physician will send you home on 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)
• 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

Inform your physician if you are 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.

You will be given additional information and instructions on the blood thinning medication before leaving the hospital.

It is important not to stop any medication without contacting your physician first.

Take all prescribed medications as directed by your physician.

FOLLOW-UP APPOINTMENTS AND INSTRUCTIONS

Please read all of your written discharge instructions and ask your nurse or physician to answer any questions you have before leaving the hospital.

Have your driver stop on your way home to fill any new prescriptions.

It is important to keep all of your follow-up appointments.

FUTURE DENTAL CARE

Before any dental procedures in the future, including teeth cleanings, inform your dentist that you have had a knee or hip replacement surgery. Bacteria from dental procedures can enter the blood 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. Check with your surgeon regarding any specific recommendations.

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. This card will be given to you at your surgeon’s office.
SERVICES

Baptist Health Home Care

WHY HOME CARE?

As you are recovering from surgery, you may need assistance from Baptist Health Home Care to recover faster and avoid readmission to the hospital.

Our health care team works closely with your physician to develop a personalized treatment plan just for you.

Baptist Health Home Care brings services to you in the privacy of your home and allows you to recover in familiar surroundings with your family.

WHY CHOOSE BAPTIST HEALTH HOME CARE?

Baptist Health Home Care is a hospital based, non-profit home care agency that is state licensed, certified by Medicare and Medicaid, and accredited by The Joint Commission.

Baptist Health Home Care’s team of physical therapists and nurses are part of the Baptist Health Louisville’s Total Joint Replacement Team. They are specifically trained in the protocols your physician prefers to enhance your recovery.

Our team of professionals stays in close contact with physician while you are under our care.

- **Nursing Services**
  Our team of registered nurses is here to assist you with post-operative care.

- **Physical Therapy**
  Regaining your strength and achieving your maximum functional independence at home are our initial goals. Our ultimate goal is help you return to work, sports, and your preferred activities.

Baptist Health Home Care serves patients in Jefferson, Oldham, Henry, Shelby, Spencer, Trimble, and Bullitt counties in Kentucky. Baptist Health Home Care intake nurses are available to help you plan, explain home care services, and make arrangements for your return home. Feel free to ask to speak to a Baptist Health Home Care intake planner at any time during your stay.
Baptist Physical Therapy

Baptist Health Outpatient Physical Therapy clinics specialize in the treatment of orthopedic disorders including rehabilitation following Total Joint Replacement surgery. Assessment and treatment are designed to provide each patient with a comprehensive evaluation, followed by an individual treatment program based on each patient’s needs.

Services provided:

- Assessment and treatment of musculoskeletal pathologies
- Manual therapy techniques
- Dry needling
- Gait analysis
- Some clinics offer specialized treatment for women’s health issues, urinary problems, balance problems, neurological conditions, and pediatric care
Crestwood

Baptist Health Crestwood Physical Therapy
6580 Kenwood Crossing Road
Crestwood, Ky 40014
502.241.1660

La Grange

Baptist Health La Grange Physical Therapy
1025 New Moody Lane
La Grange, Ky 40031
502.222.3303

Lexington

Baptist Health Lexington Physical Therapy
1051 Newtown Pike
Lexington, Ky 40511
859.253.0758

Baptist Health Lexington Hand & Physical Therapy
230 Fountain Court, Suite 100
Lexington, Ky 40509
859.263.0595

Louisville

Baptist Health Louisville Physical Therapy
4001 Kresge Way, Suite 240
Louisville, Ky 40207
502.896.7708

Baptist Health Louisville Therapy at Medical Pavilion
3900 Kresge Way
Louisville, Ky 40207
502.897.8137

Baptist Health Louisville Physical Therapy Milestone
750 Cypress Station Drive
Louisville, Ky 40207
502.896.3900 ext. 136

Baptist Health Louisville Physical Therapy Neuro Rehab
4001 Kresge Way, Building D
Louisville, Ky 40207
502.896.7448

Baptist Health Physical Therapy Bluegrass Industrial Park
11630 Commonwealth Drive
Louisville, Ky 40299
502.261.8333

Baptist Health Physical Therapy Eastpoint
2400 Eastpoint Parkway, Suite 120
Louisville, Ky 40223
502.253.6689

Baptist Health Physical Therapy Eastpoint Pediatrics
2400 Eastpoint Parkway
Louisville, Ky 40223
502.210.4750

Baptist Health Physical Therapy Fern Valley Road
3303 Fern Valley Road
Louisville, Ky 40213
502.962.5242

Baptist Health Physical Therapy Jeffersontown
10216 Taylorsville Road, Suite 950
Louisville Ky 40299
502.267.1799

Baptist Health Physical Therapy Riverport
7092 Distribution Drive
Louisville, Ky 40258
502.935.9970

Richmond

Baptist Health Richmond Physical Therapy
644 University Shopping Center, Eastern Bypass
Richmond, KY 40475
859.624.5684