



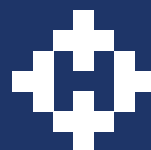
PREPARING FOR AND RECOVERING FROM

Total Hip or Knee Replacement *Surgery*

Patient Name _____

Surgeon Name _____

Surgery Date _____



HUTCHINSON
REGIONAL HEALTHCARE SYSTEM

Part of the Hutchinson Regional Healthcare System

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Welcome

Preparing for surgery can be overwhelming. Everyone is different. Your care team will create a recovery program just for you.

This booklet is based on research that helps everyone recover better and faster after surgery. For example, walking and moving soon after surgery is important. So, if you had surgery before, some information may be new or different.

There are planners and checklists to help you and your family.

SECTION 1 - GET READY FOR SURGERY

Begin planning after you've obtained clearance for surgery.

SECTION 2 - PRE-OP APPOINTMENT

Review ahead of time so that your joint replacement team may address any remaining questions. Find out what to expect at the hospital.

SECTION 3 - AFTER SURGERY

This guide will help you better plan for your recovery in the hospital and at home after discharge.



Read this booklet as soon as you can.

- Bring it to your appointments and to the hospital.
- Write down any questions to ask your surgical team when you see them.

We want you, your family, and friends to understand what to expect so everyone can help you recover. For any additional information to booklet please see the following website:

1. <https://orthoinfo.org>
2. <https://hipknee.aahks.org>

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SECTION 1 - GET READY FOR SURGERY

Begin planning after you've obtained clearance for surgery. (pages 3-11)

FIRST CHECKLIST FOR BEFORE SURGERY

One Month Before Surgery:

- ☐ If you are employed and plan to use Short Term Disability or FMLA, please speak to your employer so they can forward the necessary forms to our office for completion. AOSM requires an in-office form filled out and payment of \$20 to complete your forms. This fee is not billable to your insurance.
- ☐ Choose who speaks for you if you cannot speak for yourself. Talk with them about your wishes and create an advance directive.
- ☐ Meet with your healthcare team to review your medical history. If you take any immunosuppressant medication, please make sure to notify your surgeon.
- ☐ Get a dental checkup.
- ☐ Eat healthy. Protein (chicken, eggs, fish) can help your body heal.
- ☐ If you're overweight, losing ANY weight will take stress off your joint.
- ☐ If you smoke, vape, or chew tobacco, work with your doctor to quit in the weeks before surgery. Nicotine levels are checked at pre-op visit and surgery will be postponed even if test positive due to nicotine gum or patches.
- ☐ Attend your pre-scheduled Joint Camp Class. This is mandatory for you and your designated care-giver.
- ☐ If you are on a "Pain Contract", you will need to fill out an established plan prior to scheduling surgery.

2 Weeks Before Surgery, Find Out:

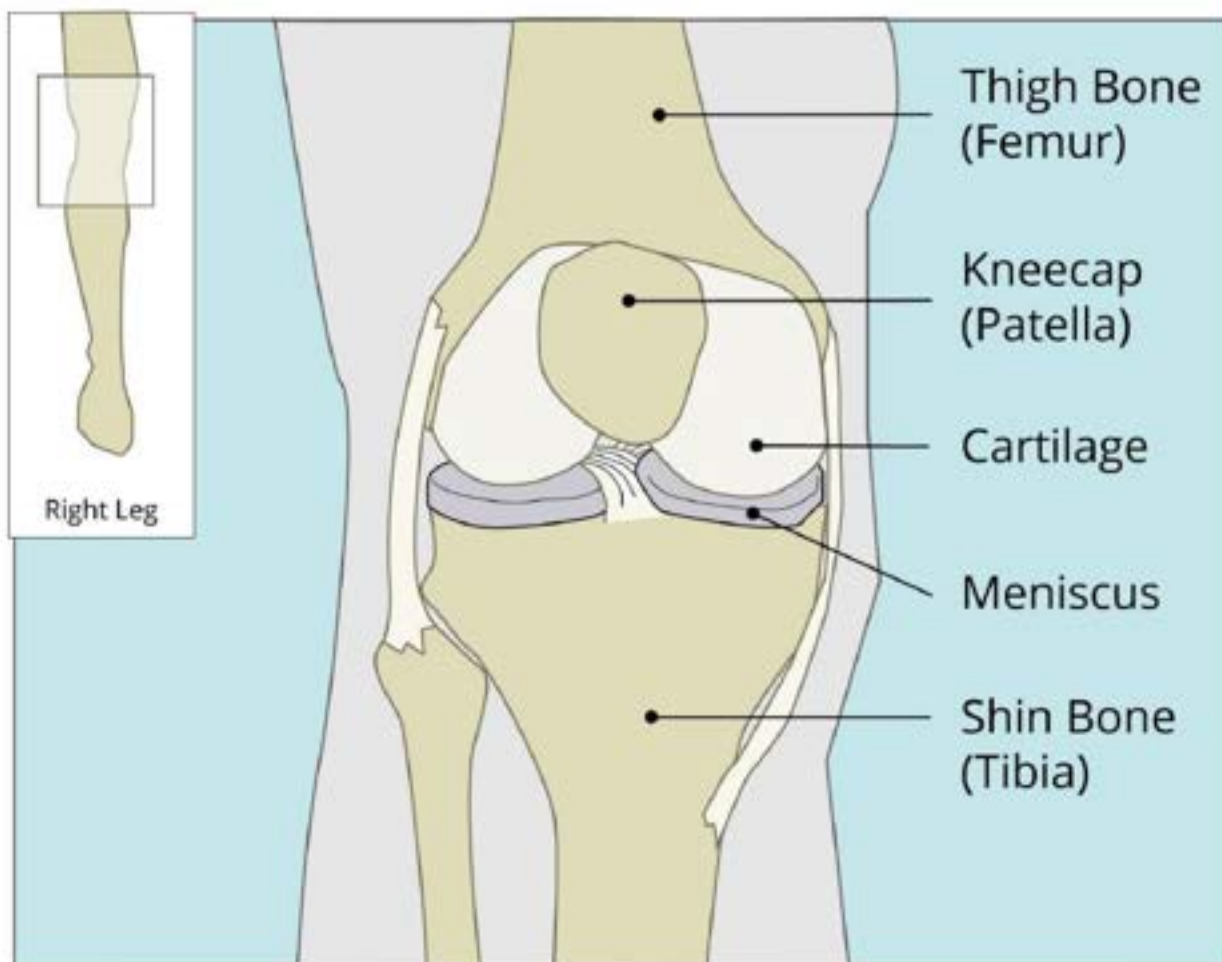
- ☐ The arrival time for surgery is controlled by the surgical facility. The hospital will call a day ahead to provide you the time to arrive.
- ☐ How long you should expect to be in the hospital.
- ☐ If you need to stop any medications, this will be discussed at your preop appointment.
- ☐ How many hours before surgery you need to stop eating and drinking.
- ☐ If you'll need to pay any kind of copay or fee when you arrive at the hospital.

Your Knee Joint

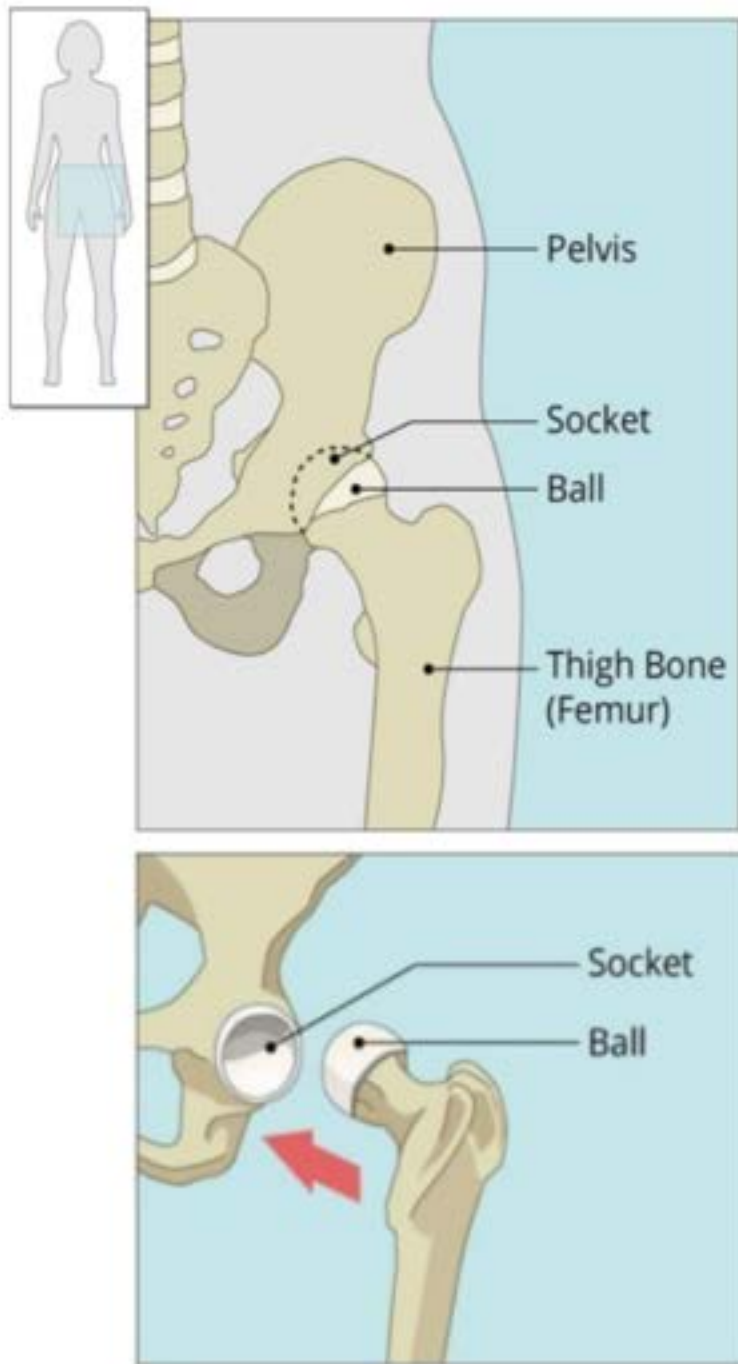
Your knee is made up of 3 bones.

- On top is your **thigh bone**: the **femur** [FEE-mer].
- On the bottom is your **shin bone**: the **tibia** [TIB-ee-uh].
- In the middle, is your **kneecap**: the **patella** [puh-TEL-uh].

Between the bones you have a shock absorber, called: the **meniscus** [mi-NIS-kuhs]. The ends of the bones are covered in a smooth material called: **cartilage** [KAHR-til-ij].



Your Hip Joint



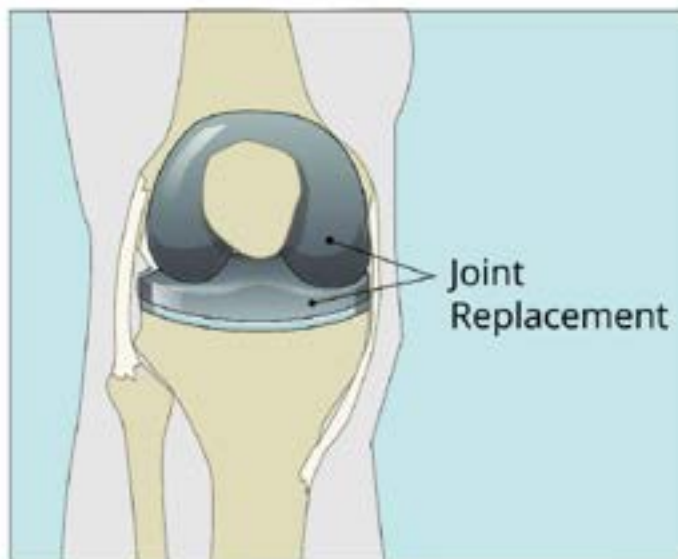
The hip joint is where 2 bones meet.

On top is a large bone called the **pelvis** [PEL-vis].

On the bottom is your **thigh bone**: the **femur**. The top of the thigh bone looks like a **ball**. This ball fits into a round, cup-shaped area in the pelvis called the **socket**.

The ends of these bones are covered with a smooth material called **cartilage**. This ball-and-socket joint allows your hip to move and bend.

When is a hip or knee joint replaced?



Over time, aging, high-impact activities and sports, and extra weight can put stress on the knee or hip.

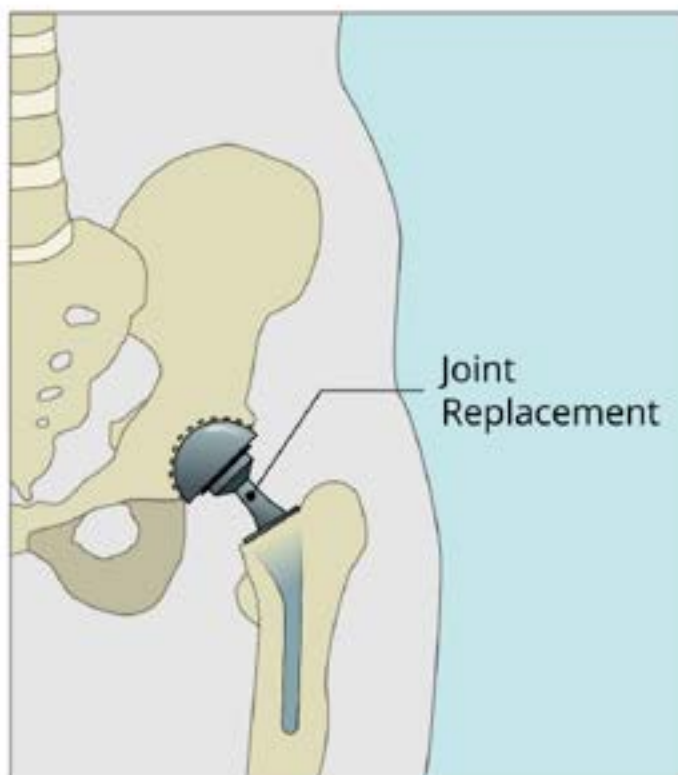
The smooth cartilage on the ends of the bones can become thin and worn out. And one bone can rub on another bone. In the knee, that shock absorber (the meniscus) can also tear. All these things cause pain and stiffness.

You may be told you have **osteoarthritis**

[os-tee-oh-ahr-THRAHY-tis].

This is also called **OA** or "wear-and-tear arthritis."

Your bones also need blood to stay healthy. And taking a lot of steroids, drinking a lot of alcohol, or other diseases can also affect blood flow to the bones.



Get Ready for Surgery

Your Surgery Team: Your surgeon will oversee your care. Your team may also include nurses, physician assistants, and nurse practitioners.

One Month Before Surgery - begin checklist on page 3



Please be sure your surgeon is aware of any immunosuppressant, GLP-1, or blood thinning medication you are on and that there is a plan in place to hold prior to surgery.

Get a Dental Checkup



Before surgery, get a dental checkup. It may seem strange, but cavities or problems with your gums can lead to an infection in your new hip or knee. Infections are serious, so get any dental work done **before** surgery.



After surgery, do **NOT** have any dental work done (including a teeth cleaning). And do **NOT** have any kind of surgery or medical procedures for 3 months.

Bacteria can travel through a cut in your mouth or your body to your new hip or knee implant. So, any kind of procedure could lead to an infection in the months after surgery.

To be safe, it's also a good idea to avoid anything like manicures, pedicures, or tattoos. If needles or tools have bacteria on them, this could also lead to an infection.

- Call your surgeon's office the week before dentist appointments, if your dentist does not supply the antibiotic.
- Please be sure to give your dental provider a copy of the Antibiotic Prophylaxis **Dental Protocol** available on the HRMC Website.

Losing Weight



If you are overweight, losing **any** weight (even a few pounds) will help you recover better. For example, **losing 1 pound can take 3 to 6 pounds of pressure off of your knees!** This takes stress off your new joint and helps it last longer.

If hip or knee pain is the main thing that's kept you from being active, after surgery it should be easier to be active and lose weight as well.

Friends to Help at the Hospital and at Home



Choose one friend or family member who can be part of your team. They can help you make decisions and manage your care before, during, and after surgery.

If you take care of anyone (like children or an older parent), you'll need help caring for them. If you don't have people nearby who can help you in the first week at home,

talk with your team.

The first 7 days at home

It's a good idea to have someone stay with you to help with things like meals and to make sure you don't fall. This is helpful to have, but not an absolute requirement to surgery.

Set Up Your Home

Before you go to the hospital, set up your home to make life easier when you come back.

Set Up Your Home (Continued)



The bedside commode (BSC) is a seat for your toilet to raise the height and makes it easier to sit and get back up.

Commode

- Put nightlights in the bathroom and hallways so you don't fall.
- Avoid any low chairs.
- Move any throw rugs so you don't trip on them. Move furniture out of the way so there's enough room to move with a walker.
- Use a bag or basket to carry things from place to place as you move around with a walker.
- If you already have a walker, then plan to bring to the hospital.

OPTIONAL ITEMS AVAILABLE FOR PURCHASE: (not covered by insurance)

- A "grabber" (reacher) with a long handle can help you reach or pick things up without bending over.
- A sponge with a long handle is helpful in the shower.
- Some people have grab-bars and a handheld shower hose put in the bathroom.



Floors

- ☐ Use nonskid rugs.
- ☐ Coil or tape extension cords or wires.
- ☐ Keep pathways clear of excessive furniture.
- ☐ Keep floors clear of things that can trip seniors, like shoes.

Stairs

- ☐ Fix loose or uneven steps.
- ☐ Install handrails on both sides and lights.
- ☐ Attach nonslip rubber towel to steps.

Bedroom

- ☐ Ensure lamps are easy to reach.
- ☐ Plug in night lights.
- ☐ Install phone on the floor in case of emergency.

Kitchen

- ☐ Keep often-used items in easy-to-reach places.
- ☐ Never use a chair as a step stool.

Bathroom

- ☐ Install grab bars next to toilets and inside showers.
- ☐ Use nonslip mats.
- ☐ Consider a shower chair.



Source: Ohio Department of Health and CDC

Get Strong for Surgery



Eat healthy in the weeks before surgery.

Find out what's best for you. Protein can help your body heal. It's often good to eat things like eggs or chicken.



Start physical therapy. You may be able to have a physical therapist show you exercises to do before and after surgery. If this is available, it can help you get strong and improve blood flow, which helps you heal better and faster.



STOP using tobacco or nicotine.

Smoking, vaping (e-cigarettes), or chewing tobacco can cause serious problems with healing.

Your surgery site needs a good blood supply to heal well. Nicotine limits blood flow and makes it hard for your body to heal after surgery. Studies show that people who use nicotine in the weeks before surgery are more likely to have problems with their heart, lungs, or surgical wounds during or after surgery. And they need to stay in the hospital longer.

Your doctor may tell you to stop using any kind of tobacco or nicotine at least 4 to 6 weeks before surgery.

Others should NOT smoke around you in the weeks before surgery.

A blood test may be done in the weeks before surgery to measure the nicotine in your blood. This is to make sure it's safe to operate. If you test positive, your surgery will be postponed.



Talk to your primary care physician about ways to stop using nicotine.

Total Knee Replacement: Pre & Post Operative Exercises

- Prior to surgery and after surgery, these exercises are performed to strengthen the core muscles and increase the range of motion in the joint.
- Do these exercises at least 2 times per day, 20 reps unless otherwise ordered by your surgeon.
- Lie flat on bed or supported with pillows on bed to protect your back. Or sit upright in chair as instructed for specific exercises.
- Do the exercises at a slow and easy pace. **Do not hold your breath.**
- The exercises should not induce extreme pain or severe exhaustion.
- Exercises both legs. Start with the surgical leg first.

Ankle Pumps

Move ankle up and down. Repeat 20 repetitions



Quad Sets

Lie flat with legs extended straight on bed. Push the back of your knee down towards to the bed. Relax. Repeat 20 repetitions.



Gluteal Sets (Bottom Squeezes)

Lie on back, legs straight. Squeeze buttocks together and release. Repeat 20 repetitions.



Arm Chair Push Ups

This exercise will help strengthen your arms for walking with an ambulatory device. Sit in an armchair. Place hands on armrests. Feet on floor. Push down on armrests and lift bottom off of chair slowly and then lower back to chair. Repeat 20 repetitions.



Pre & Post Operative Exercises

- Focus should be on controlling edema and extension/range of motion
- Prior to surgery and after surgery



Who Speaks for You?

Most of the time, surgery goes fine. But everyone should make sure their doctor and family know their wishes. If a decision needs to be made about your care during surgery or if you cannot speak for yourself after surgery, your team needs to know who speaks for you.

Make sure this person knows what treatments (like CPR) you would or would NOT want if there was a serious problem. It's best to create an **advance directive** (living will) to document what you would or would not like done to keep you alive. It's a good idea for everyone to have this and to talk with their family about it. You can change it any time.

- If you have an advance directive, bring a copy to the hospital.
- If you need help in preparing an advanced directive, please see the information below

TIP

<https://www.kdhe.ks.gov/1330/Advance-Care-Planning>

The above link is to the Kansas Department of Health and Environment to guide you through obtaining an advanced directive.

TIP

If you are still working and wish to apply for Short Term Disability, you should notify your Manager or Human Resource Department once you know your date for surgery. Your specific job duties play a large role in when you can return to work. After surgery you may require physical therapy for up to 12 weeks and there may be activity restrictions during this time as well. Please think about how much time you will need out of work given the physical requirements of your job. The maximum leave time endorsed is 12 weeks though in some cases it is possible to return much sooner. Be aware that

all forms will take up to 5-10 business days to complete once received in office.

AOSM requires the completion of an in office form that assists in accurate completion of your forms. Your input is required to know better how much time will best benefit your recovery.

AOSM requires a fee for completion of each form. This payment is not billable to your insurance.

SECTION 2 - PRE-OP APPOINTMENT

Review ahead of time so that your joint replacement team may address any remaining questions. Find out what to expect at the hospital. (pages 12-21)

2-4 Weeks Before Surgery

AOSM staff will schedule your preoperative clearance with your primary care provider that will also include lab work, EKG, and physical exam. You will also be scheduled with cardiology and any other specialists you may see, if required.

5-10 Days Before Surgery

HRMC staff will schedule you for your Orthopedic preop appointment at HRMC. This appointment is to review pre-surgery instructions, review medications, discuss postoperative pain control and answer any questions you may have.



During your Pre-Op Visit: Please bring a list of any remaining questions after attending Total Joint Replacement Class.

Let us know if you've **ever had a serious skin infection or history of MRSA**. Let us know if you have had hospitalizations or illnesses (including COVID). Let us know your care plan for when you return home.



Find out how long you will stay in the hospital. You will either go home day of surgery, or stay 1-3 nights based on medical complexity and/or insurance coverage.

Some insurance plans do not approve a stay at a nursing/rehab facility.



Important If you take a blood thinner like warfarin (Coumadin®), clopidogrel (Plavix®), or rivaroxaban (Xarelto®) find out when you should stop taking it in the days or weeks before surgery. These medications can cause too much bleeding during surgery.

SECOND CHECKLIST FOR BEFORE SURGERY

A Few Days Before:

- ☐ Make sure you have any special soap or washcloths for taking a shower.
- ☐ Set up your home to make life easier when you get back:
- ☐ Put things where they're easy to reach.
- ☐ Move furniture and rugs out of the way to make sure you can get around with a walker.
- ☐ Buy food and other supplies.
- ☐ Put nightlights in the hallways so you don't fall.
- ☐ Know what time to arrive for surgery.

The Day Before:

Your arrival time will be confirmed by the Surgery Pre-Op staff the day before your surgery . Monday surgeries will be contacted on Friday. If you have not been contacted, call HRMC PASS office 620-665-2449.

If you will not be staying at home the day before surgery, please provide a reliable phone number where you can be reached.

What to Bring to the Hospital

- Your insurance card
- All medications you take
- A list of any over-the-counter medications you take regularly (like aspirin, Tylenol®, and allergy medication like Benadryl®, eye drops)
- Contact information for your primary care doctor
- Walker or adaptive equipment you already own
- Any other important medical information, like allergies to medications, foods, or any kind of metal (like nickel).

If You Have Sleep Apnea:

Let us know if you have sleep apnea. If you use a CPAP machine (continuous positive airway pressure) at night, bring it with you to use while you're in the hospital.

THIRD CHECKLIST FOR BEFORE SURGERY

The Night Before Surgery:

- ☐ Shower the night before surgery, follow any directions about using any special soap or antibacterial wipes.
- ☐ Pack clean, comfortable clothes, a bathrobe, and any toiletries.
- ☐ Pack your photo ID, your medications, your health insurance card and this booklet.
- ☐ Pack a copy of your advance directives (living will), if you have one.

**EATING AND DRINKING**

Your stomach needs to be empty for your surgery. If there's **anything** in your stomach, you could throw up during surgery. If you throw up and any of it gets into your lungs, it can be dangerous.

Nothing to eat after midnight. This includes gum and hard candy.

You may have clear liquids (water, black coffee) up to 2 hours before your scheduled arrival time at HRMC for surgery.

If you had surgery in the past, this may have been longer. Many new studies show it's safe to eat and drink closer to surgery and people recover better. Find out what your doctors want you to do.



Showering

The night before surgery, you'll need to take a shower. You will need to purchase Hibiclens antiseptic soap. This is available at Wal-Mart, Dillons, Walgreens, etc. Taking an antiseptic shower can reduce the risk of surgical site infection.



How to Shower Night Before Surgery

1. Put clean sheets on your bed.
2. Get in the shower and wash your hair with your regular shampoo. Rinse the shampoo out of your hair.
3. Once your whole body is wet, turn the water OFF. This way you can make sure you clean every part of your body with the special soap or washcloth, especially the groin, underarms and genital areas.
 - Do NOT use the special soap on your face.
 - Do NOT get the soap in your eyes, ears, mouth, or nose.
4. Turn the water back on and rinse the soap off after 2-3 minutes.
5. If you have sensitive skin, it may make your skin itch or turn red. If this happens, stop using it and rinse it off right away.
6. Repeat the Hibiclens process a second time, waiting 2-3 minutes to thoroughly rinse the soap off.
7. Use a clean towel to gently pat your skin dry.
8. Put on fresh, clean clothes.



Do NOT put anything on your body like lotion, oils, creams, deodorant, or makeup. This can add new germs to your skin.



Do NOT shave your legs or any of the hair by your groin (bikini area) for 1 week prior to surgery.

Shaving can cause infections because it creates tiny cuts in the skin. If any hair needs to be removed on or near your hip or knee, your surgeon will remove it with an electric hair clipper on the day of surgery.

The Morning of Surgery: At Home

You should shower again.



Shower using the Hibiclens soap and allow lather to remain on skin from your chin to your toes for 2-3 minutes before rinsing. Do not use the liquid antibacterial soap on your face or around your eyes. Wash your hair and face as you normally would. Do not apply anything to your skin (lotions/creams/topical pain medications/deodorant) after showering.



Medications

Remember to find out what medications you should and should NOT take the morning of surgery.

If your surgical team tells you to take any pills, take them with a small sip of water. Bring all of your medications with you to the surgical facility.

FOURTH CHECKLIST FOR BEFORE SURGERY

The Morning of Surgery:

- ☐ Pack your CPAP machine if you use one for sleep apnea.
- ☐ Take any medications with a sip of water as instructed at your preop appointment.
- ☐ Bring your medications.

Your Belongings

Only bring what you need to the hospital. Leave your valuables at home or give them to a friend or family member for safekeeping.

We have towels and gowns for you. But you can bring your own **clean and freshly washed** bathrobe and toiletries.



Computers, tablets, and cellphones are allowed.
And there is Wi-Fi (internet access) in the hospital.

What to Bring

- ☐ Your health insurance cards
- ☐ A photo ID, like a driver's license
- ☐ Your medications
- ☐ A way to pay your deductible or copay
- ☐ This booklet
- ☐ A copy of your advance directive (optional)
- ☐ Your CPAP machine, if you use one for sleep apnea

What to Wear

If you wear glasses or use a hearing aid, be sure to wear them.

Wear loose, comfortable clothes, like sweatpants.

What NOT to Wear

Do **NOT** wear any jewelry, including wedding rings, earrings, or body piercings.

Do **NOT** bring flip-flops or slippers. It's better to have a shoe with a back that's more secure, so you don't fall.

The Day of Surgery: At the Hospital

The front doors open at 5:30 am and we'll check you in. One member of your family can go with you to the pre-surgery area. Surgery takes 1 to 3 hours. Ask your surgeon what to expect. During surgery, a nurse will update your family.

TIP

We will do our best to keep things on schedule.

Sometimes there are delays and you may have to wait. Bring a book or something to do just in case.

Controlling Your Pain

REMINDER: If you are on a pain contract, you will need a written plan submitted prior to surgery.

A small tube (an IV) will be placed in your arm for fluids and medications.

You may get general anesthesia. This puts you to sleep.



This area will be numb

Or you may get a "spinal block" (epidural). With a spinal block, a small tube (catheter) is placed in the low back to deliver pain medication right to the nerves that sense pain. With this you won't feel anything from your waist down. You'll also get medication to help you relax or put you into a light sleep.

- It's very safe and one of the best ways to help manage pain.
- You can also get pain medication through your IV after surgery.

With any kind of anesthesia, you probably **won't** remember anything about surgery.

Medication to Numb the Area

Some numbing medication may also be placed around the joint area.

This can help with pain in the hours after surgery.



Opioid Pain Medications (Pain Pills)

Opioids [OH-pee-oids] are strong pain medications. You may have heard of drugs like morphine, oxycodone (Oxycontin[®]), Vicodin[®], Norco[®], and Dilaudid[®]. This kind of medication is used for severe pain NOT relieved by non-opioid medications.

- It can make people feel sick to their stomach
- It can slow down your recovery
- It can be addictive
- It can make it difficult or painful to have a bowel movement or poop (constipation)

Problems like constipation can be painful and serious.

So, we'll give you other pain medications when possible.



Let us know if anyone in your family has an addiction. This way we can make sure we put together the best plan for you.

**IMPORTANT**

We want to manage your pain and prevent the problems some pain medications can cause. Please tell us if you have any concerns about pain medications or pain control.

In the Recovery Room

Most people are in the recovery room for about an hour. Once you're awake, you may get sips of water. Your surgeon or a member of the surgery team will talk with your family.

In the Hospital Room

You'll go to a hospital room where your family can see you. Usually, a family member or friend can stay with you in the room overnight and sleep in a reclining chair.

- You'll still have a small tube (IV) in your arm for fluids.
- To help prevent blood clots, you may have compression sleeves on your legs. These inflate like balloons to keep blood moving.
- A urinary catheter that will be removed 1 day after surgery.

MEDICATIONS YOU'LL GET WHILE YOU'RE IN THE HOSPITAL

- You'll still get many of your regular medications.
- To help prevent blood clots, you'll get aspirin or rarely a more potent blood thinner.
- Some of your regular diabetes, blood pressure, and blood thinner medications may be stopped while you're in the hospital.



Call Don't Fall!

- **Do NOT get up on your own at any time during your hospital stay!**
- Always have a staff member with you (a nurse, assistant, or therapist).
- You may be lightheaded and could fall.
- Press the call button to alert staff to help you get up.

TIP

Only close friends or family should visit the day of surgery. You'll still be tired and need rest.

SECTION 3 - AFTER SURGERY

This guide will help you better plan for your recovery period.

After Surgery

You'll get pain medication. You will have pain, but talk to your nurses if

*You're worried about taking pain medication

*You still have too much pain

- We'll help you get up and walk. Do NOT get up on your own at any time during your hospital stay. Always have a staff member with you.
- You may start physical therapy the day of surgery.
- To help prevent blood clots, regularly point and flex your feet and squeeze the muscles in your legs.
- To help prevent lung infections, we'll show you how to take deep breaths every hour or so.

Pain Relief After Surgery

To guide your pain relief, we'll regularly ask you about your pain. You'll still have some pain, but we want to make sure your pain isn't severe. You should be able to take deep breaths, cough, move, and walk.



To help manage your pain:

- You'll get medications like acetaminophen (Tylenol[®]) or celecoxib (Celebrex[®]).
- You will get ice and/or cold packs. If you have a polarpak at home, please bring it with you.
- You may get opioid pain medications as needed

TIP

Focus on things you enjoy. Listen to music, watch a movie, read a good book, or talk to a friend on the phone. These things can help take your mind off the pain.



Soon After Surgery:

- About 4 hours after surgery, we'll help you get up and walk.
- Many people start physical therapy the day of surgery.
- We'll help you use the bathroom or a **commode** once the urinary catheter is removed.
- To prevent blood clots, we'll show you how to keep blood moving in your legs. While you're in bed it's good to point and flex your feet and squeeze the muscles in your legs.
- To prevent lung infections (like pneumonia), we'll show you how to take deep breaths every hour or so.



Prior to Discharge, You will need to meet the following:

- You can walk with a walker.
- You can go home when you meet your PT/OT goals including stairs if required.
- You can urinate (pee).
- You can eat and are **NOT** burping or throwing up.
- Your blood pressure is OK.
- You **DON'T** need IV pain medications to control your pain.
- Your team thinks you're ready.
- **The case manager (discharge planner) will meet with you to discuss your discharge needs.**



Before you go home, make sure you have:

- ☐ Prescriptions for any new medications.
- ☐ Directions for how and when to take any new medications.
- ☐ Any home health care scheduled with contact number for follow up.
- ☐ An appointment to see your surgeon in about 2 weeks.



You may get home care

If you need it, every few days a physical therapist will visit you at home to help you move your new joint and build up your strength. He or she will also let your doctor know how you're doing. This is called "home health."

If the thigh bone breaks during hip replacement surgery

Sometimes small cracks develop in the bone during surgery. These usually heal on their own. A large break is rare. But if it happens, surgical wire is used to hold the bones in place while they heal.

This is more likely when the bones have become weak from arthritis or bone loss, called "osteoporosis" [os-tee-oh-puh-ROH-sis].



Leaving the Hospital (Discharge)

To help you at home, you'll get:



- Information about your surgery and physical therapy exercises
- Directions about how and when to take medications, like blood thinners
- Prescriptions for any medications you need at home

TIP

Prescriptions can be filled while you are in the hospital. Ask if you would like to do this.

Follow-Up Appointment

You'll have your first scheduled follow-up appointment approximately 2-3 weeks after surgery. This should be noted on your: After Visit Summary Instructions.

We'll help you go home as soon as possible, but sometimes there are delays.

- Make sure someone can take you home.
- If you plan to go to a skilled nursing facility or inpatient rehabilitation center, this will need to be approved by your insurance.

Plan for Recovery at Home

Urinating

After surgery, sometimes people feel like they still have to urinate (pee). It may feel like some urine is still in their bladder. This usually goes away in a few days. Please call your surgeon if it does NOT go away, or if you have any pain or burning when you urinate. Pain or burning can be signs of infection in your body.

Taking Care of Your Surgical Wound

Different types of bandages are used. Find out how and when to change your bandage (also called a "dressing"). The bandage should absorb the blood and fluid draining from the surgical wound. If you have any surgical staples, these will be removed in a couple of weeks when you see your surgeon for your follow-up visit.

Ask your surgical team for instruction about bathing.



- **Do NOT soak in the bathtub, swim, or sit in a hot tub until your surgeon says it is OK. This is typically discussed at your 6 week post-op visit.**

Managing Post-Operative Constipation

Anesthetics and narcotic pain medications both may cause post-operative constipation to varying degrees. Our goal is to prevent constipation and maintain your normal bowel schedule after surgery. Follow these instructions to assist with prevention of constipation:

1. **Drink 8-10 glasses of water a day.**
Avoid carbonated beverages and caffeinated drinks.
2. **Resume your regular diet** as tolerated. Start with smaller meals.
3. **Eat fresh fruits and vegetables and whole grain, high fiber foods.**
4. **Take stool softener (Colace) and Miralax** as directed in your discharge instructions. Continue these medicines while you are taking narcotic pain medication.
5. **Walk** as much as possible to increase bowel function.
6. **Take your Tylenol and anti-inflammatory on a schedule.**
Only take the narcotic pain medicine as needed, NOT on a schedule.
If you are not having pain, do not take narcotic pain medication.

If no bowel movements after **2 days**, please try the following medications as directed on their packaging:

1. Dulcolax tablets or Correctol tablets
2. Milk of Magnesia
3. Senekot tablets
4. Mineral oil

If no bowel movement after **4 days**, please try the following medication as directed on the packaging:

1. Glycerine suppository
2. Fleets enema
3. Fleets phosphasoda (liquid)
4. Magnesium Citrate

Plan for Recovery at Home



When to call or send a portal message:

- If the bandage looks soaked with blood
- If any blood or fluid starts to leak from your bandage
- If the bandage moves and part of the wound is **NOT** covered
- If the skin around your wound has become red and the red area is getting larger
- If any fluid coming from it smells bad or **any drainage after post-op day 5**.
- If you are worried or have a question, please call. Also let us know if any medications make you feel bad or cause any side effects. If we know, we can help. **HRMC Nurse Navigator can be reached at 620-513-5443. Please leave a message, they will call you back as soon as possible.**

Call HRMC 620-665-2000 for Orthopedist on call **RIGHT AWAY**:

- If you have a fever of **101.5 degrees Fahrenheit or higher**
- If your wound is red or more painful
- If fluid, drainage or pus is coming from your wound
- If you feel sick to your stomach or you're throwing up
- If your pain is worse and the pain medication doesn't control it enough
- If you have pain or unrelieved swelling in your foot, ankle, thigh, or calf (back of your lower leg)
- If it's painful or hard to urinate (pee)
- If you have the chills and you're shivering
- If you have pain in your belly (may be constipation)

While you take blood thinners, you could bleed or bruise too much if you get a cut or if you fall.

- Call if you get a cut or something like a nosebleed that doesn't stop bleeding after you put pressure on it.
- Call if a bruise keeps getting bigger. This can be a sign of bleeding under the skin.

Call early if you think something is wrong. Don't wait!

Call 911 or go to the Emergency Room:



You have chest pain

You become short of breath or have trouble breathing

Your hip comes out of the joint and dislocates

Have the emergency team call us when you are stable.

Sleeping

Good sleep will help you heal and gives you the energy you need for physical therapy. Sometimes pain can make it hard to sleep well. And while opioid pain medications can help with pain, they can also cause problems with sleep.

What CAN help you sleep?

Melatonin 1-4mg by mouth prior to bedtime as needed for sleep.

Avoid naps during the day.

Avoid alcohol.



- Even though alcohol can make you feel sleepy, you are more likely to wake up and have trouble sleeping.
- **Do NOT drink alcohol while you're still taking pain medication. It's not safe.**

Avoid caffeine, it will keep you up.



- Only drink a little coffee, tea or soda during the day.
- Do not drink coffee, tea, or soda at night.

Knee Replacement

How to Sleep in the Weeks After Surgery

Sleep in position of comfort. Sleep is often difficult for the first few months.

Try **NOT** to sleep with a pillow only under your knee.

It's best if your whole leg is supported with pillows. While just one pillow under the knee feels comfortable, it can make it harder to straighten your leg and heal well.



It helps to put 2 pillows between your knees, ankles and feet.



Hip Replacement

How to Sleep in the Weeks After Surgery

It's best to sleep on your back with pillows between your knees.

You can sleep on the side you did **NOT** have surgery on.
It helps to put 2 pillows between your knees, ankles and feet.



Do NOT sleep on your stomach.

If you sleep on your stomach, your new hip could move out of the place (dislocate). Ask when it's okay for you to sleep on your stomach again.

Anterior (front incision) - Sleep on either side or back.

Posterior (back or side incision) - Sleep on unaffected side with pillows between knees or sleep on back.

Eat Healthy



Your body will heal better and faster if you eat healthy.

Sometimes people don't feel like eating after surgery. In the days after surgery some foods may taste different and certain smells may make you feel sick to your stomach. If this happens, eat a lot of small meals throughout the day. Over time, you'll be able to eat more.

No Smoking or Vaping



Do not smoke, vape (use e-cigarettes), or chew tobacco for at least 4 weeks after surgery. These limit blood flow and make it hard for your body to heal well. They also make it hard to sleep well.

Walking and Sitting

Walk when you can. You'll be able to walk and do a little more each day as you get stronger. For the first 3 months, sit for short periods of time and walk for short periods of time. Sitting for too long can also make you feel stiff.

TIP

For the first 3 months, it's best to sit in chairs with arms, so you can lift yourself out of the chair.



Stairs

You'll be able to go up and down a few stairs right away. And you'll be able to go up and down stairs between floors in about a week. When going up and down stairs:

- Have someone help you.
- Use the handrail on the side you did **NOT** have surgery on.
- Go up or down one step at a time.

TIP

If you have pain slow down!

Pain is your body's way of telling you it's not ready to do something.

Your Mood



Joint replacement surgery usually gives people more movement and freedom. Keep in mind, your body has been through a lot and it may take a while before you feel like yourself again. You may feel sad or upset. These feelings usually go away as you heal. These feelings could also be related to narcotic pain medication and you should aggressively try to wean off of them.

- Call friends and family to talk.
- Invite people over to keep you company and help out.

If you feel very sad, overwhelmed, or helpless, and these feelings do not go away for many days or weeks, please let us know so we can make sure you recover well.



When can I drive again?

Do NOT drive until your surgeon says it's OK.

- Most people can drive an automatic car 4-6 weeks after surgery.
- It may take longer before you can drive a stick shift.

You can drive an automatic car **WHEN**:

- **Most of your pain is gone.** You must be able to react quickly with the foot you use to brake and stop.
- **When you no longer have ANY opioid pain medication in your system** (like oxycodone or Dilaudid®).

When can I go back to work?

Many people go back to work 6 to 12 weeks after surgery.

- If your job involves heavy, physical work, like lifting, talk to your surgeon.
- Ask your employer if there are any rules about when you can return to work.
- If you need a return-to-work form, bring to your follow-up appointment or fax to our office (see phone and fax numbers at the start of this booklet).

Travel and Security

When going through security at the airport or at a building with a metal detector, let them know you have a hip or knee replacement before you go through it. It's not a problem - and they may just use a wand to scan your hip or knee.

Sports, Activities, and Hobbies



Walking is usually good along with any physical therapy exercises.

Your body is also using energy to heal. If you feel tired or worn out:

- Take afternoon naps.
- Set small goals and try to do a little more each day.
- **Do NOT run or jog in the weeks after surgery.** Talk with your surgeon about when it may be OK for you to start jogging again.
- Find out when you can do other low-impact activities (like swimming, biking or golfing) in the months after surgery.



Any high-impact sports or activities where you could fall or get hit are off limits for good (permanently).

- **Do NOT** play sports where you could get hit or fall, like football, basketball, hockey or soccer.
- **Do NOT** take part in rodeos or martial arts, like karate.

TIP

If you start to run low on any of your medications, call your doctor's or surgeon's office a few days before you will run out.

Before a refill prescription for narcotic pain medication can be considered, you must send a message to your surgeon outlining your current regimen. Include use of non-pharmaceutical methods of pain control and current narcotic usage (how many and how often per day).



When can I have sex again?

Intimacy is important. And the point of joint replacement is to improve your quality of life.

If you had hip pain **before** surgery, it may have made it hard or painful to have sex. A hip replacement usually makes it possible to have less pain or no pain during sex.

It's OK to have sex once you feel up to it.

- About 4 weeks after a knee replacement.
- About 6 to 12 weeks after a hip replacement. You still need to be careful, so your new hip doesn't move out of place (dislocate).



If you have questions or concerns, ask your surgeon or physical therapist. It's important to feel safe and get your questions answered.

No Other Medical Procedures or Dentist Visits for 3 Months AFTER Surgery

In the months after surgery, it's **STILL** important to prevent infections.

Always remind any doctor, nurse, or dentist that you had a joint replacement before they schedule or do any kind of procedure, even before they clean your teeth. If you ever have signs of an infection in your mouth, your dentist can give you additional antibiotics.

Following joint replacement surgery we recommend taking one dose of antibiotics 30 minutes prior to any dental appointments or cleanings **lifelong**. Patients should wait at least 6 weeks and preferably 12 weeks after their joint replacement surgery before undergoing any dental cleanings or procedures to decrease the risk for infection.

For patients who are not allergic to penicillin we recommend Amoxicillin 2 grams by mouth once prior to dental cleanings or procedures. For patients who have penicillin allergies we recommend either Clindamycin 600mg or Erythromycin 750mg or Keflex 1000mg by mouth once prior to dental cleanings or procedures. Your dental provider can provide your prescription for antibiotics or it can be done through our office just let us know your preference.

Notes and Questions
