PATIENT GUIDE





Restorative Care

To Do List Before Coming to the Hospital

Read this Patient Guide and start practicing the Home Exercise Program, pages 40-42
Prepare your home before surgery, pages 8-9
Gather and clean equipment for home use, page 8 • Rent or borrow 2, 3, or 4 wheeled walker (Bring to hospital on surgery day).
• Find chair with armrests. Make seat height so hips are higher than knees.
Borrow or purchase raised toilet seat.
Pack for your hospital stay, page 10

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A legacy of putting patients first

More than 75 years ago, a group of doctors pooled their own money to open a hospital dedicated to the simple idea of providing personalized, patient-centered care. Today their dream has grown into a world-class system providing West Michigan with leading-edge healthcare.

The most important constant through those years has been an unwavering commitment to the Best Patient Experience. This core value will always set University of Michigan Health-West apart. Now, thanks to our affiliation with world-renowned University of Michigan Health, we can provide our West Michigan neighbors with the most advanced expertise available anywhere.

Patients have convenient access to that care at 30 locations throughout the region, including the innovative Village in Wyoming, anchored by a 208-bed hospital that serves more than 250,000 patients annually from across West Michigan and beyond.

The Village and the hospital at its heart were designed to improve the healing process, with curved corridors, plenty of natural light, sustainable building practices and more. The village includes shops, restaurants, hiking and biking trails and lodging – all with convenient access for patients and visitors.

Our passion for your health is evident in the local, state and national awards and accreditations for providing excellent quality and care. But the real proof is in our consistent commitment to providing the best healthcare experience for our patients and our community.

This patient-centered philosophy is evidenced in our distinctive approach to elective knee and hip replacement surgeries. We focus on camaraderie and teamwork. Your healing and rehabilitation are how we measure the best patient experience.

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General Information

Welcome

Thank you for choosing the Joint Replacement Program at University of Michigan Health-West Hospital to help restore you to a higher quality of living with your new prosthetic joint.

Every year, more than a million people undergo total joint replacement surgery in the United States. Primary candidates are individuals with chronic joint pain from arthritis that interferes with daily activities, walking, exercise, leisure, recreation and work. The surgery aims to relieve pain, restore your independence and return you to work and other daily activities.

Total hip and knee replacement patients recover quickly. Most patients are able to walk the day of surgery. Generally, patients are able to return to driving in four to six weeks, dance in four to six weeks and golf in six to twelve weeks.

The Joint Replacement Program at University of Michigan Health-West Hospital provides a comprehensive planned course of treatment. We believe that you play a key role in ensuring a successful recovery. Our goal is to involve you in your treatment through each step of the program. This Patient Guide will give you the necessary information for a safe and successful surgical recovery.

Your team includes physicians, nurses, nurse aides and therapists specializing in total joint care. Every detail, from preoperative teaching to post-operative exercises, is considered and reviewed with you. Our staff will work with you to plan and develop your individual treatment program and guide you through the process.

Remember this is just a guide. Your physician, nurse, or therapist may add to or change many of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your patient guide as a handy reference for a least the first year after your surgery.

Phone Numbers

Hospital Operator 616.252.7200 1.800.968.0051

Nursing Station 616.252.7181

Pre-surgical Testing questions 616.252.7193

Surgery Scheduling 616.252.7843

Case Management Discharge Planning Services 616.252.7600 + Option 0

Joint Replacement **Nurse Navigator** 616.252.7306

Level 3 Nurse Clinical Manager 616.252.7617

Physical Medicine Therapy Manager 616.252.7280

In-hospital calling: Dial 9 + number for local calls.

Use a prepaid calling card or make collect calls for long distance.

Cell phone usage is permitted.



BEFORE Raw bone rubbing on raw bone



AFTER A new surface creates a smooth functioning joint



PROSTHESIS

About Total Joint Surgery

Patients have asked many questions about joint replacement. You will find additional information throughout this Patient Guide. If there are any other questions that you need answered, please ask your surgeon or his/her office staff. We want you to be completely informed about your procedure.

Total Knee Replacement

What is arthritis and why does my knee hurt?

In the knee joint, there is a layer of smooth cartilage on the lower end of the femur (thighbone), the upper end of the tibia (shinbone) and the undersurface of the patella (kneecap). This cartilage serves as a cushion and allows for smooth motion of the knee. Arthritis is a wearing away of this smooth cartilage. Eventually it wears down to bone. Rubbing of bone against bone causes discomfort, swelling and stiffness.

What is a total knee replacement?

A total knee replacement is a cartilage replacement with an artificial surface. The knee itself is not replaced, as is commonly thought, but rather an artificial substitute for the cartilage is inserted on the end of the bones. This is done with a metal alloy on the femur and plastic spacer on the tibia and kneecap (patella). This creates a new smooth cushion and a functioning joint that does not hurt.

^{*} Prosthetic images courtesy of DePuy, a Johnson & Johnson Company.



BEFORE Raw bone rubbing on raw bone



A new surface creates a smooth functioning joint



PROSTHESIS

Hip Replacement

What is arthritis and why does my hip hurt?

In the hip joint there is a layer of smooth cartilage on the ball of the upper end of the femur (thigh bone) and another layer within your hip socket. This cartilage serves as a cushion and allows for smooth motion of the hip. Arthritis is a wearing away of this cartilage. Eventually it wears down to bone. Rubbing of bone against bone causes discomfort, swelling and stiffness.

What is a total hip replacement?

A total hip replacement is an operation that removes the arthritic ball of the upper femur (thigh bone) as well as damaged cartilage from the hip socket. The ball is replaced with a metal or ceramic ball that is fixed solidly inside the femur. The socket is replaced with a plastic liner that is usually fixed inside a metal shell implanted into the pelvis. This creates a smooth functioning joint that does not hurt.

Are there any movement restrictions following hip replacement surgery?

Your surgeon will let you know if there will be any movement restrictions after surgery that you must follow to avoid dislocating your new hip from the socket. These are called hip precautions. Your therapists will help make suggestions how to manage your daily care needs and avoid these movements. Hip precautions are usually temporary, but may last up to 3 months.

^{*} Prosthetic images courtesy of DePuy, a Johnson & Johnson Company.

Most joint replacement patients achieve good to excellent results with pain relief and significantly increased activity and mobility.

How long will my new joint last and can a second replacement be done?

We expect most prostheses to last more than 20 years. However, there is no guarantee and 10-15 percent may not last that long. Younger patients may need a second replacement or a revision of the implant components. Materials and surgical techniques are continually improving to increase the life expectancy of new prosthetic joints.

Why do they fail?

Knee Replacement: The most common reason for failure is loosening of the artificial surface from the bone. Wearing of the polyethylene liner may also result in the need for a new liner.

Hip Replacement: The most common reason for failure is loosening of the artificial ball where it is secured in the femur or loosening of the socket. Wearing of the polyethylene liner may also result in the need for a new liner.

What are the possible complications of surgery?

Most surgeries go well without any complications. Infection and blood clots are two serious complications that are of most concern. Patients are instructed to complete a presurgical bathing protocol with an antiseptic/antimicrobial skin cleanser to decrease surgical infection risk. We also take special precautions in the operating room to reduce the risk of infection. To avoid complications after surgery, patients are given antibiotics and a blood thinning medication.

Hip Replacement: Dislocation of the hip after surgery is a risk. Your doctor and therapists will discuss ways to reduce that risk.

Will the surgery be painful?

You will experience pain following this surgery. The good news is that this pain is related to the surgery and will decrease over time. Pain medications will be given for pain control. Generally, most patients are able to stop taking very strong medications within one day. A prescription for pain medication will be given to you upon discharge for home use. It is expected that you will take these pain medications on a routine 24 hour schedule for at least the first few days at home. It is not uncommon to feel an increase in pain during those first few days as anesthesia leaves your body.

Will I need a walker, crutches or a cane?

You will start out using a 2 or 4 wheeled walker or crutches. If you own, rent or borrow either of these items, please bring them with you to the hospital. They should be clearly marked with your name. Our therapists will evaluate the proper height and durability of the device for safety purposes. You should expect to use a wheeled walker or crutches - whichever device you safely used in the hospital - until your 2 week follow up office visit.

Will I need any other equipment?

After joint replacement surgery, you may need a raised toilet seat. You may benefit from using assistive devices to help you with lower body dressing and bathing such as a reacher or long handled sponge. You may also benefit from a bath seat or grab bars in the bathroom. These items may be purchased at local medical supply stores.

Where will I go after discharge from the hospital? What if I live alone?

You should plan to go home directly after discharge from the hospital. It is highly recommended that you make arrangements to have someone stay with you at least 2-3 days to ensure that you have adequately prepared your home for walker accessibility. Your "coach" should come in handy during this transition time.

Groceries and meals should be planned ahead as well as homemaker assistance for laundry and general household cleaning for the next few weeks.

Will I need help at home?

Yes. You will need someone to assist you daily with reapplying the tight fitted stockings and someone in the home at least, during your first shower, etc. Preparing ahead of time, before your surgery, can minimize the amount of help required. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed and single portion frozen meals prepared will reduce the need for extra help. Family members or friends need to be available to help, as needed. You will need assistance with transportation for follow-up appointments until you are given permission to drive again by your surgeon.

If you do not have anyone locally to assist you, some people choose to privately hire assistance through a private duty home care agency. Insurances do not typically cover daily visits following a joint replacement and hired assistance can become costly.

If you find that you do not have assistance available, contact your surgeon's office to discuss options.

Will I need any prescriptions filled after I leave the hospital?

Yes, your surgeon will order at least 2 new medications that are vital to your recovery following joint replacement. One is for a pain relieving medication that you were likely using during this hospital stay. The other is for a blood thinning medication (anticoagulant) to help prevent the formation of blood clots. The hospital does not have a retail pharmacy and therefore, these prescriptions must be obtained from your preferred community pharmacy.

Please bring your pharmacy prescription card with you to the hospital. On occasion, you may need to get your new prescriptions filled at a 24 hour pharmacy depending on the time of day you are discharged. Family Fare has a 24 hour Pharmacy on the Village campus.

Start Preoperative Exercises

Many patients with arthritis favor their joints and thus become weaker. This interferes with recovery. The physical preparation that you make can affect the outcome and recovery time from your surgery.

• It is important that you begin an exercise program before surgery. It is necessary to strengthen your upper body to help you safely use a walker or crutches after surgery. Isometric exercises can help maintain the strength in your leg muscles. Familiarize yourself with the exercises in this Patient Guide. Practice them faithfully now and it will be easier for you after surgery.

(See pages 40-42 for more information.)

Advance Medical Directives

Advance Medical Directives are a means of communicating the patient's wishes regarding health care to all caregivers. If a patient has a living will or has appointed a health care agent and is no longer able to express his or her wishes to the physician, family or hospital staff, University of Michigan Health-West Hospital is committed to honoring the wishes of the patient as documented at the time the patient was able to make that determination.

On admission to the hospital, you will be asked if you have an Advance Directive for Healthcare Treatment. If you do, please bring a copy of the documents to the hospital with you, so they can be added to your medical record. Advance Medical Directives are not required for hospital admission.

Prepare Your Home for Your Return from the Hospital

Recovering from joint replacement surgery takes time. Planning ahead will minimize the stress of the transition from the hospital to home. Get your house in shape for your arrival back home before you come in for surgery.

	Clean! De-clutter all walkways within the home. Clear a wide path between your bedroom, bathroom and kitchen to avoid tripping hazards while using a walker
	Prepare meals and freeze them in single serving containers. Stock up on groceries and ready made meals that you enjoy. Refer to page 30 for additional dietary recommendations.
	Make sure your handrails on stairways are tight and secure and consider installing new rails on stairways that don't have them.
	Choose a sturdy chair with armrests and no wheels. This chair will be used during your recovery process at home. A cushion can be added to chairs to add height. Note: Hip replacement patients need to use a chair that is firm and tall enough to keep your hip joint higher than your knees when you are seated.
	Check your toilets at home to see if your hips are higher than your knees when seated. If not, Hip Replacement patients must have a raised toilet seat for home use. Discuss your findings with your therapist in the hospital.
П	Place items that are used daily within reach at counter level

in the kitchen, bedroom and bathrooms. ☐ Arrange for someone to take care of pets or loved ones, if necessary. ☐ Obtain borrowed, rented and owned medical equipment items (e.g., 2 or 4 wheeled walker, raised toilet seats, reacher, bath chair), sanitize and have them ready for use in the home. Practice maneuvering throughout the home. ☐ Check the height of your wheeled walker. Stand inside your walker with your arms hanging at your sides. The walker handle should be at the same height as your wrist crease. ☐ Arrange for your "Coach / Helper(s)" at the hospital. To stay with you while you are hospitalized for nursing and therapy education at least the day of surgery (until 7 pm) and the following day (8 am-6 pm). Your coach will support you with an extra "set of eyes and ears" as you recover following the lingering effects of anesthesia. It is not required that your Coach stay overnight in the hospital. ☐ Arrange for your "Coach / Helper(s)" at home. • After your hospital discharge, it is recommended that you have daytime and overnight assistance for the first few days upon returning to your home. At home, your Coach may be helpful with the following: • Transportation home and driving until your surgeon allows, generally 4-6 weeks Getting your prescriptions filled and general shopping • Helping the patient remember instructions given by the healthcare team Meals/cooking - Best to plan ahead! Helping you get dressed Bathing supervision Assisting with daily compression stocking changes (at least until your follow up appointment) Keeping track of your medication times Laundry Helping you with your home exercise program

☐ Knee replacement patients: Choose the location for

outpatient physical therapy and determine who can drive you there until your surgeon gives you permission to drive.

Recovering from joint replacement surgery takes time. Planning ahead minimizes the stress of the transition from the hospital to home.

If you have any concerns about paying for services provided at University of Michigan Health-West Hospital, contact our Patient Service Representatives, at 616.252.7110 or 1.800.968.0051. ext. 7110. Ask about financial

Arrange for someone to stay at the hospital:

- Day of surgery until 7 pm.
- If still in the hospital, the following day, 8 am-6 pm*
- *Note: You will likely be discharged before 6 pm.

	Obtain a copy of your Advance Medical Directive for your hospital medical record.
	If you need a handicapped parking permit, contact your surgeon's office for a signed form. It will need to be returned to the Secretary of State's office to obtain the temporary permit.
	If you are planning any dental work, schedule it well in advance of your surgery. Do not schedule any routine cleanings for at least 12 weeks after your surgery.
	Check with your surgeon about recommended time frames to <u>avoid</u> any elective procedures that involve cutting, scoping and scraping before and after surgery.
W	hat to Bring to the Hospital
	Personal hygiene items (toothbrush, powder, deodorant, razor, etc.)
	Shorts (ideal for knee replacement patients), very loose fitting sweatpants, tops, sweater or sweatshirt, undergarments, robe and sleepwear (enough for 1 day)
	Hard sole shoes or tennis shoes without shoe strings are easiest – no sandals or heels
	Cases for dentures, contacts, glasses, hearing aids
	Copy of your Advance Medical Directive
	Your insurance card and driver's license or photo I.D.
	Please leave all jewelry, including all rings, valuables and large amounts of money at home.
	Bring your (own, rented or borrowed) wheeled walker into the hospital from the car. Make sure your name is on it.
	Telephone prepaid calling card for long distance calls or cell phone
	Your Prescription Insurance Card – in case you need to fill your new prescriptions at a 24 hour Pharmacy.
	Put a large plastic trash bag in your vehicle to help you slide into the passenger seat upon discharge, if you have cloth seats.
No	te: Do not bring your CPAP or BiPap machine.

Preparing for Surgery

1-2 business days before your surgery, you will receive a call to confirm the time that you should arrive at the hospital for your scheduled surgery. If we do not reach you one business day prior to your surgery, you may call the nurse at 616.252.7843 or 1.800.968.0051, ext. 7843.

How your body responds to surgery and how quickly you recover depends on more than just the type of health care you receive. The care you give yourself before and after surgery is important also. Here are some things that may make your surgery and recovery smoother and faster.

- Carefully follow your health care provider's instructions. If there is something you do not understand, ask to have it explained to you.
- If you smoke any substances, it is recommended that you stop smoking at least two weeks before your surgery. This will improve the performance of your lungs and oxygen circulation vital to the healing process. Also keep in mind that University of Michigan Health-West is a smoke-free campus. Smoking is prohibited anywhere on the village grounds, including parking lots.
- Stop using all cannabis products as there is a greater risk for problems during surgery.
- If you have any infection symptoms (sore throat, urinary tract infection, ear ache, etc.) within a week of your surgery date, please notify your surgeon as soon as possible.

Two Days Before Surgery

- Do not drink alcohol (beer, wine, liquor) for at least 48 hours before your surgery day.
- Do not shave any hair at or near the planned surgery site within 48 hours prior to surgery.
- If indicated, use the special cleansing cloths or Hibiclens® solution. Closely follow the instructions located in the back pocket of this book.

Common Medications Known to Affect Blood Clottina

Certain prescriptions or overthe-counter medications may cause extra bleeding during surgery. Ask your doctor when you should stop taking these medications before your surgery date.

Anti-inflammatory Medications*

Advil Indocin Aleve Lodine Arthrotec Meloxicam **Aspirin** Motrin Products Celebrex Naprosyn Clinoril Nuprin Daypro Relafen Disalcid Tolectin Dolobid Toradol Feldene Trilisate Ibuprofen Voltaren

Blood Thinner Prescription Medications*

Agrylin Plavix **Aspirin** Pletal Brilinta Pradaxa Coumadin Savaysa **Effient** Ticlid Eliquis Xarelto

Persantine

*This is not an all-inclusive list

Questions? Call nurse at 616.252.7843.

The Day Before Surgery

- Remove all nail polish and fake nails from fingers and toes.
- Use the special cleansing cloths or Hibiclens® solution. Closely follow the instructions located in the back pocket of this book.
- Do not apply makeup, hair products, lotions, deodorant or powder.
- Pack an overnight bag for your hospital stay. Refer to page 10. However, we ask that you leave these items in your car until after you have been assigned a hospital room.
- Leave valuables, money and all iewelry, including wedding rings and body piercings at home. ALL JEWELRY MUST BE REMOVED. Windex® or mayonaise may help to remove tight rings.
- Change your bed linens.
- Do not sleep with pets the night before surgery (and until your incision is completely healed)
- Do not eat or drink anything including candy, chewing gum or water – after midnight the night before surgery.

On the Day of Your Surgery

- · Please brush your teeth, use floss and mouthwash (if available).
- Use the special cleansing cloths or Hibiclens® solution. Closely follow the instructions located in the back pocket of this book.
- · Do not apply makeup, hair products, lotions, deodorant or powder.
- You will be asked to arrive up to 3 hours before your surgery.
- Wear loose-fitting clothing that can be easily removed. You will be asked to wear a wrap-around hospital gown during the surgery preparation process.
- Bring your insurance and personal identification cards and any necessary equipment at the time of registration such as a walker or leg lifter.

- Park near the Professional Building entrance at 2122 Health Drive, Wyoming, MI 49519. Enter the doors at the circle drive. Note: this is not the main hospital entrance. Once inside, you will check in with the receptionist.
- An identification bracelet will be placed on your wrist.
- A nurse will check your height, weight, blood pressure, pulse, breathing and temperature and will ask you several questions about your health.
- The nurse will explain any medication that has been ordered for you. He or she will also give your family or friends instructions on where to wait during your surgery.
- An intravenous line (IV) will be inserted in your arm. The purpose of the IV is so you can be given necessary fluids and anesthetic medications during surgery.
- If you wear glasses or contact lenses, you will be asked to remove them. Please bring the proper case to store them.
- If you wear dentures, your anesthesiologist may ask you to remove them. Please bring the proper case to store them.
- Your operating room nurse, surgeon and anesthesiologist will interview you. You will then be escorted into the operating room.

If you have any questions or concerns about your surgery, please contact us at 616.252.7193 or 1.800.968.0051, ext. 7193.

More Medications Known to Affect Blood Clotting

Herbal preparations, certain vitamins and some energy drinks may also interact with anesthesia medications. Discontinue all herbal supplements 2 weeks before surgery.

Over the Counter Herbal Supplements*

Dong Quai

Echinacea

Fish Oil

Flaxseed Oil

Garlic

Ginger

Ginko

Ginsena

Golden Seal

Kava

Licorice Herb

Lovaza

MaHuang

Natural Phen

St John's Wort

Szeshwan

Valerian (taper off)

Vitamin F

*This is not an all-inclusive list

Be sure to notify the nurse of all supplements.

Questions?

Call nurse at

616.252.7843.

Hospital Care

Your Anesthesia

The purpose of anesthesia is to keep the patient asleep during surgery or to make areas of the body insensitive to pain. An anesthesiologist is a physician who has been trained in the medical and technological aspects of anesthesia. He or she may also work with a Certified Registered Nurse Anesthetist or an Anesthesiologist Assistant.

There are different types of anesthesia. Your anesthesiologist will determine the type to be used for your surgery based on your medical condition, individual needs and wishes.

Regional anesthesia - This consists of using medication(s) to numb a large part of the body. Examples include spinal blocks, epidurals, peripheral nerve block. These techniques can be used alone or combined with additional types of anesthesia.

General anesthesia – This type of anesthesia is provided through an anesthesia mask, breathing tube or an IV to put the patient asleep.

Intravenous medications are given through a needle inserted in your arm. They are often used along with local and regional anesthesia to relax patients and make them drowsy.

Before surgery, your physician anesthesiologist will review all the information provided to our pre-surgical nurses regarding your health history, including recent medical reports from your primary care physician and test results. They will ask you questions about your health and do a brief exam. At this time, your anesthesiologist will determine the safest type(s) of anesthesia to be used during your surgery. This is your opportunity to ask questions about your anesthesia plan.

Anesthesia Services are provided by:

*Anesthesia Practice Consultants 616.364.4200

Note: You may receive a separate bill for anesthesia services.

The Operating Room

The surgery staff will bring you to the operating room where you will be gently moved onto the operating table. The anesthesiologist will then apply special equipment to monitor your heart, blood pressure and oxygen levels constantly throughout your surgery. There will be an anesthesia provider with you in the operating room at all times.

The operating room is a safe and sterile environment staffed by a team of several different types of trained medical professionals.

Your surgical team:

- Your surgeon who leads the team.
- Your anesthesiologist or nurse anesthetist who administers anesthesia during the operation and closely monitors your care in the recovery room.
- A surgical assistant who assists the team
- The scrub technician organizes the surgical instruments and assists the surgeon.
- The circulating nurse who works as your advocate at all times during surgery. For example, he or she will make sure sterile procedures are used.

Total joint procedures take anywhere between 45 minutes and up to 2 hours in surgery. Your surgeon will meet with your "coach" in the waiting room area after surgery. Details about your surgery will be shared.

Coach Role in the Hospital

Involving the coach as part of the hospital treatment has proven to be very effective for increasing the patient's level of confidence and reducing anxiety and stress during the recovery process.

- After talking to the surgeon, bring in the patient's overnight bag from the car to the patient's assigned hospital room. This room is where visitors will eventually meet up with the patient after their 1-2 hours recovery room stay.
- Stay close at bedside:
 - Day of surgery until after therapy session(s) or 7 pm (& next day, 8 am- 6 pm if patient is here) Note: patients may be discharged earlier on either of these days. Your coach does not have to stay overnight.
- Attends therapy sessions with patient. Please limit to 1 coach for privacy & limited space.
- Acts as another set of eyes and ears for all patient education and discharge instructions.
- Physical lifting is not expected.
- Provides a ride home from hospital & community pharmacy stop.

Recovering from Surgery

Following surgery, you will be taken to a recovery area where you will remain for 1-2 hours. During this time, pain control will be established; your vital signs (temperature, blood

After your surgery:

- Since a tube is placed in your mouth or windpipe during surgery, you may experience a sore throat. The anesthesia gas may also be the cause. The soreness usually disappears in about two days.
- You may experience discomfort where an intravenous needle was inserted in your hand or arm. In a few days, the soreness and any blackand-blue marks should go away.
- Feeling in your legs may or may not return until after you are in your hospital room.
- Do not attempt to get out of bed without nursing assistance. Don't hesitate to use your call bell to ask for help.
- You may feel tired, but it is important that you gradually increase your activity level along with getting adequate rest.

pressure, pulse, heart rate and respirations) will be monitored. An X-ray may be taken of your new joint. Close attention will be paid to the circulation and feeling in your legs and feet. It is important to tell your nurse if you experience numbness, tingling or pain in your legs or feet. When you awaken and your condition is stable, you will then be taken to to your private room.

It is recommended that only very close family members or friends visit you on this day.

Most of the discomfort occurs within the week following surgery.

Although circumstances vary from person to person, you may have some or all of the following after surgery:

- 1. You will find a large bandage on the surgical area to maintain cleanliness and absorb any fluid. This bandage is changed according to your doctor's orders.
- 2. You may find a thin rubber tube, called a drain, which was put into your skin to collect fluid from around the incision. The drain is removed 0-2 days after surgery.
- 3. An IV, started prior to surgery, will continue until you are drinking adequate amounts of fluid. This IV will be changed to a heparin lock that will keep a vein accessible for medications if needed. Antibiotics are started in surgery to reduce the risk of infection.
- 4. You will be given an incentive spirometer. Put the plastic piece into your mouth and take in a very slow, deep breath. Hold this as long as you can. Then let out your breath. Use the spirometer 10 times every hour while awake. This helps to increase your lung capacity, help circulation and promote the elimination of anesthesia gases. Cough and deep breathing also helps. Inhale deeply through your nose and then slowly exhale through your mouth. Repeat this three times and then cough two times.
- 5. Oxygen will be administered through a small tube attached to your nose. A probe may be attached to your finger to measure the oxygen level in your body. Usually oxygen will be discontinued within 12 hours unless you have a preexisting respiratory condition.
- 6. Besides tight elastic stockings, you will also have compression stocking sleeves placed on your calves or feet. These are cloth sleeves that are connected to an air pump machine. The pump tightens and loosens the inside of the sleeve. Both methods help keep blood from staying in the legs and causing clots. Ankle pump exercises (moving your

- ankles forward and back) are very important to begin this first day to help prevent blood clots.
- 7. You may experience temporary nausea or vomiting due to anesthesia or medications. Anti-nausea medication may be given to minimize this discomfort. Pain pills should always be taken with food to help avoid an upset stomach.
- 8. A possible side effect of anesthesia may be having difficulty urinating. The nurses will monitor you to make sure that you are urinating adequate amounts.
- 9. You will be allowed to progress your diet as your condition permits. Initially, patients are encouraged to eat ice chips, sip water and drink liquids. It is recommended that you gradually introduce solid foods into your diet.
- 10. Depending on physician orders and the timing of when your anesthesia wears off, you may be helped to sit on the side of the bed, helped to stand and likely walk with staff assistance on the day of surgery. Most patients begin therapy on the day of surgery.
- 11. Your surgeon may ask an Internal Medicine physician called a Hospitalist, to also follow your progress if you have additional medical conditions that could affect your recovery. Example conditions may be diabetes, high or low blood pressure and other chronic diagnoses.

Pain Management

The staff of University of Michigan Health-West Hospital is committed to pain prevention and management. Unfortunately, all surgery is associated with pain. You should expect it. Relief of pain is an important part of your care. Discuss with your doctor what to expect regarding pain and pain management during your hospital stay as well as at home after your procedure. During your entire stay at the hospital, your comfort level will be monitored. You will be asked to use a 0-10 Pain Assessment Scale like the one shown. We will work together to develop a plan for pain management.

You can help by:

- Helping the doctor or nurse assess your pain
- Telling the doctor or nurse if your pain is not relieved
- Telling your doctor or nurse about any worries you might have about taking pain medications
- Telling the doctor or nurse about any side effects of the pain medication that you are taking
- Telling your doctor or nurse if you are experiencing any new type of pain

If you are going home the day of surgery:

After surgery, you must:

- Be watched for pain control and vital signs.
- Drink liquids and eat light food.
- Pee adequate amounts of urine.
- Have brought your wheeled walker or crutches into the hospital for walking practice and for getting into your car.
- Have your coach at bedside for patient education, discharge instructions and to drive you home.
- Have patience. Your anesthesia must wear off enough to walk safely with a staff member using a walker or crutches. Sometimes this may take a few hours after surgery.
- Do ankles pumps and move for blood clot prevention.
- Pick up your prescriptions after you leave the hospital for pain control, blood clot prevention and a stool softener to avoid constipation.

Blood Thinner Reminders

Blood thinning medications are used to keep clots that can cause stroke and death from forming in your blood. Blood thinners make it easier to bleed and bruise.

- Your surgeon will determine what blood thinning medication to prescribe and how long you need to take it.
- Commonly used blood thinners after surgery may include: aspirin, Coumadin® (warfarin), Xarelto® or Lovenox® (enoxaparin) injections.
- If you were taking a blood thinner before surgery, you may end up going back on that same blood thinner after surgery. Your surgeon will identify which blood thinner to take after discharge.

Pain Assessment Scale

Choose the number on the Pain Scale below that best describes how you feel.

Our goal is to manage your pain so that you are an active participant in your recovery process. It is vital that you are awake, alert and comfortable enough to work with the staff on your mobility goals. There is a balance between pain control and over sedation. It is important that you are able to move despite the pain, to avoid the formation of blood clots and to achieve optimal range of motion of your new prosthesis. This must occur before scar tissue grows impeding the movement of your new joint.

Your nurses will begin having you practice how to manage your pain medication schedule using the Pain Medication Journal on page 44. This journal will be especially helpful for you to understand how to maximize pain control using your newly prescribed medication(s) for the first week or so at home.

Both drug and non-drug treatments can be successful to help minimize pain.



Non-medication methods include:

- Cold therapy use cold packs on your incision while resting
- Changing position often between elevating your leg and keeping it down
- Use relaxation techniques like deep breathing or music
- Prayer or meditation
- Standing and walking (with hospital staff)

Note: Pain pills can also be constipating. Be sure to include fiber in your diet and drink plenty of fluids. Taking a stool softener may also be helpful.

After Surgery

Day 1 – After Surgery

Your surgeon or his/her assistant will visit you today. Work closely with your nurses to stay on track with your pain medication schedule.

This morning, our staff will help you out of bed, help you get sponge bathed and dressed in regular street clothes that you brought in your overnight bag. Loose fitting clothing is ideal.

Remember to have your coach come today as another set of eyes and ears. Coaches should arrive this morning about 8 am to participate with therapy sessions and nursing education.

Evaluations with therapy will continue today. Therapy will focus on: walking safely with a walker, range of motion exercises, practicing climbing stairs and reviewing your home exercise program. Hip replacement patients may also practice getting in/ out of a car in our therapy gym.

Once your therapy and medical goals are met today, you will be discharged home. For some this occurs in the morning and others in the early afternoon. You will need a ride home by car.

Hip Replacement Patients ONLY

It is important to avoid some body positioning movements to prevent hip dislocation. Your surgeon and hospital staff will teach you about the specific movements you need to avoid when performing self-care activities, such as bathing and dressing.

For Knee Replacement **Patients ONLY**

Frequently alternate knee positions between bending and straightening activities.

Activity Cycle & Position Changes

In an effort to speed your rehabilitation and increase your knee range of motion, frequently change your knee positions by alternating between flexion (bending) and extension (straightening) activities.

Knee Flexion/Bending Activities

The goal for flexion in the hospital is 80-90 degrees and up to 120 degrees of knee bend within 4-6 weeks.



- Sit in a chair or on the edge of a bed to allow your knees to bend (minimum one hour).
- Slide the foot of your operative leg back, bend your knee in line with your toes. DO NOT twist or turn your knee inward or outward.

Activities Related to Knee Flexion Range of Motion

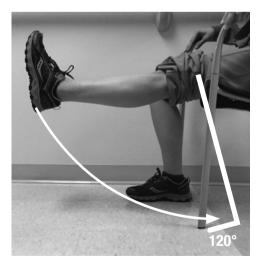
70 degrees Level walking

90 degrees Go up stairs

100 degrees Go down stairs

105 degrees Stand up from a regular chair

120 degrees Stand up from low sofa



Knee Extension/Straightening Activities

The goal of extension is for the leg to be completely straight or at 0 degrees. We want you to be able to push the back of your knee down enough to touch the bed or chair. You can place a towel under the ankle to help you work on extension.



Example in chair (minimum one hour).



Example in bed (minimum one hour).



Towel roll under ankle to increase extension (as tolerated up to one hour). Point toes to the ceiling. Tighten or contract the front thigh muscle and hold for 10 seconds. Repeat 10-15 times.



DO NOT put anything under the knee itself. This will limit your ability to straighten your leg.

For Knee Replacement **Patients ONLY**

Patient Discharge Goals

You and your coach will be able to demonstrate or verbalize the following:

- How to get in and out of hed
- Toilet transfers
- Mobility training with a walker or crutches. including stairs as needed.
- Activities of Daily Living, including bathing and dressing
- Home Exercise Program, including knowledge of any precautions related to your surgery
- Adequate pain control relief with use of oral medications
- How to take care of your incision and how to decrease swelling
- An understanding of blood clot prevention techniques - taking blood thinner medication, doing ankle pumps, & wearing compression stockings to reduce your risk of forming blood clots.

Going Home Reminders

- You will need your walker or crutches, as approved by your hospital physical therapist, at the hospital for your car transfer when you are discharged.
- Someone responsible needs to drive you home. Vehicles such as SUV's, minivans, 4 door sedan cars work better than low riding cars for your ride home. Talk to your Physical Therapist if you have questions about your vehicle height. If cloth seats, use a plastic bag to sit on for ease of getting in/out of the car.
- You will receive detailed discharge instructions specifically for you outlining medications, how to care for your incision, and activity recommendations at home.
- You will receive new prescriptions to take to the pharmacy of your choice for pain medication and a blood thinner.
- Patients should continue to perform their home exercise program, at a minimum, twice daily as directed by your therapist.

Discharge Planning Information

If you have any questions about discharge planning options, even before your surgery, please call Outcomes Management at University of Michigan Health-West Hospital at 616.252.7600.

Your hospital discharge planner can also help clarify any questions that you may have about community resources.

Will I Need Outpatient **Physical Therapy?**

Your surgeon will make the decision if you will need further physical therapy services. In general, knee replacement patients should expect to go to an outpatient site at some point after their hospital stay to continue mobility and range of motion goals. In general, hip replacement patients do not need formalized therapy sessions following their hospital stay. In both cases, you will be taught a home exercise program to faithfully follow after your hospital stay. This will help strengthen those muscle groups and improve your new joint's range of motion which is vital for a successful recovery. Walk frequently to build muscle tone.

There are several options for outpatient physical therapy.

The hospital discharge planner can help arrange your first appointment after discharge. Remember, you will initially need transportation assistance. In general, those patients requiring therapy will attend three times a week for about 4-6 weeks. Sessions run approximately one hour. The length of time involved with outpatient therapy depends on the strength and function of your new joint.

Durable Medical Equipment (DME)

Examples of DME include walkers, crutches, canes, bathroom safety equipment as well as many other medical supply items.

When a doctor's prescription is obtained, the company will bill your insurance company for the items covered under your benefit plan. You should verify that your plan covers specified DME products, as many products are not covered by insurance policies (especially tub and toilet safety items). These items are available for purchase through your own private funds. It is also common for insurance policies to cover only a portion of the cost. You are financially responsible for any copayments and deductibles.

Some basic equipment items may be available at local "loan" closets." Some resources include local churches, senior centers and VFW lodges. You are usually responsible for pick-up and return of these "loaned" items.

If you have insurance, you may want to contact your customer service representative from your insurance company to ask benefit questions and for a list of in-network, preferred providers.

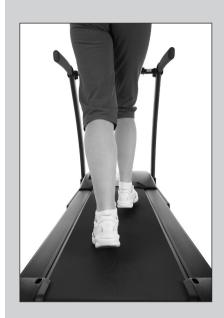
Home Health Care

In the home care setting, caregivers come into the home to provide services ranging from basic assistance with homemaking tasks (such as laundry, cleaning, and cooking) to visits from medical health professionals (such as registered nurses and therapists). Home care allows people to continue living in their own homes and can be a cost-effective option for those who require limited amounts of care. The cost does vary depending on the frequency of visits and the actual type of care that is provided. Services not covered by most insurances include shifts of nursing/home health aide care, home delivered meals, housekeeping services or personal comfort items (such as tub seats, bathroom bars).

Some insurances may cover intermittent, short-term and medically necessary home health visits with or without copays.

WARNING!

Do not use home exercise equipment unless directed by your surgeon or therapist.



In order to qualify for home care benefits, there are four conditions that must be met. The patient must be homebound. A physician must prescribe and direct the services needed. There must be a "skilled need," which is defined as requiring assessments by a registered nurse or physical therapist. This definition does vary, so you should check directly with the agency of your choice about your specific insurance coverage and your specific needs. Finally, the agency must participate with your insurance carrier for payment purposes. Ask about private duty options and costs if you are interested in hiring help in the home.

If You are Considering Going to a **Rehabilitation Facility**

Your insurance company must approve any rehab facility admissions based on specific guidelines established by Medicare and all insurance carriers. Although you may want to go to an acute or subacute facility, your insurance company will determine if you meet admission criteria following surgery.

Because joint replacement is an elective surgery, we are finding that most insurance companies are not authorizing admissions and are recommending that patients return home with other care arrangements. Therefore, it is very important for you to organize an alternative home plan before surgery in case you do not qualify for rehab admission. You may be quoted as having insurance benefits but your insurance company must authorize your admission into a rehab facility for these benefits to be used. Also, if you are approved for admission into a rehab facility, this does not always mean that your facility stay will be paid in full by your insurance. You will be making a financial contract with that facility and will be responsible for all non-covered expenses.

Short-term assisted living settings may fill this temporary gap for basic assistance with with walking and daily activities of living (e.g., bathing, dressing, meal preparation and supervision). This private pay alternative is another option for you to explore before surgery. If you choose this option, you should move into the assisted living facility prior to surgery for the smoothest transition at discharge.

Keep in mind that the majority of our patients do so well, they don't meet the guidelines to qualify for inpatient rehab. Insurance companies do not get involved in "social issues" such as lack of caregivers, pet care, etc. These are issues you must address before surgery.

Home Care/ Discharge Instructions

Upon discharge, you will receive your own individualized written Discharge Instructions completed by your surgeon. These instructions are very important and specific to you.

Note: Your written Discharge Instructions and any verbal instructions from your surgeon replaces any of the following instructions in this section of the Patient Guide.

If in doubt, <u>always</u> call your surgeon's office for clarification.

Recognizing & Preventing **Potential Complications**

Infection

Prevention of Infection

- Take proper care of your incision as explained by your surgeon and nurse.
- Use proper hand washing techniques
- Notify your primary care physician and dentist that you have a total joint replacement.
- Take prophylactic antibiotics when having dental work or other potentially contaminating procedures.

Signs of Infection

- Increased swelling or redness at incision site
- Change in color, amount of drainage or foul odor from your incision
- Increased pain with both activity and rest
- Fever greater than 100.5° F

Blood Clots in Legs

Surgery may cause the blood to slow and thicken in the veins of your legs, creating a blood clot. This is why you take a blood thinner after surgery. If a clot occurs despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complication of pulmonary embolus.

Prevention of Blood Clots

- Perform frequent ankle pumps
- Walk several times a day

Hand Washing Tips

Hand washing is one of the best ways to wash away the germs you may have picked up on your hands. It is extremely important that you wash your hands before and after anytime you touch the area surrounding your incision.

- 1. Remove jewelry and wet hands with warm or cold running water.
- 2. Apply soap and lather rubbing your hands together, scrubbing the back of your hands, between your fingers and under your nails.
- 3. Keep rubbing for at least 20 seconds. Sing the "ABC's" to ensure you wash for the right amount of time.
- 4. Rinse your hands well under the running water.
- 5. Dry your hands using a clean towel or air dry.
- 6. Turn off faucets with a towel.

If you don't have soap and water, use a hand sanitizer. Remember, hand sanitizers do not kill all the germs, so try to use soap and water.

- Wear your compression stockings if prescribed by your doctor
- Take blood thinner medication as prescribed by your doctor

Signs of Blood Clots in Legs

- Swelling in thigh, calf or ankle that does not go down with elevation
- Pain, tenderness in calf, back of knee or groin area
- Increased warmth and redness

Note: Blood clots can form in either leg.

Pulmonary Embolus

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency and you should CALL 911 if suspected.

Prevention of Pulmonary Embolus

• Prevent blood clot in legs

Signs of a Pulmonary Embolus

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion
- Unexplained cough that may have blood in the sputum

Compression Stockings

Your doctor may order stockings for you to wear in order to help the circulation in your legs and to prevent blood clots. Continue wearing them until your surgeon tells you to stop. The length of time that you will have to wear them depends on your activity level and the amount of swelling.

Application Tips:

- You will need help to remove and reapply the stocking daily.
- Turn hose inside out except for the foot and heel portion.
- Carefully slide stocking over your foot and work towards your heel. Be sure your heel is centered in the heel pocket.
- Next, begin pulling the body of the stocking up around the ankle and then calf.

• If using thigh high stockings, continue to pull stocking up towards thigh. Note: the stretchier fabric goes over the front and the inner thigh.

Important details to remember:

- Remove and reapply these stockings according to your surgeon's discharge instructions. If not specified, remove at least once or twice per day for approximately 30 minutes. Apply a clean pair daily and hand wash the dirty
- When the stockings are off, carefully inspect your legs and feet, paying special attention to:
 - ✓ The general color of your legs and feet
 - ✓ The condition of your skin (pay close attention to heels) and ankles!)
 - ✓ The temperature of your feet and legs
- DO NOT turn down the top of your stockings. Doing this prevents good circulation.

If you have difficulty applying or removing your stockings, discuss this with your doctor, therapist or nurse before you go home. You will need help to remove and reapply the stockings.

- Washing: To maintain the elasticity in the stockings, wash with mild soap and warm water (≤158° F).
- Do not use chlorine bleach.
- Line dry or use the dryer for less than 15 minutes at a time. (Note: dryer temperature should not exceed 176° F over a period of 15 minutes.) Remove immediately once dryer cycle stops.

Wound Care

- Closely follow your hospital discharge instructions for details when to change your wound dressing.
- If you were told that you can get the incision wet: Allow the soap and water to run over the wound. Do not scrub the affected area. Rinse and pat the skin dry afterward. Apply a clean dressing.
- Use a clean washcloth every single time you do your wound care and during every shower.
- Do not apply any creams, lotions or ointments to the incision or surrounding area unless specifically directed by your surgeon.

Your joint may feel warm to the touch for up to one year. You may also feel some numbness around your incision. This will diminish with time.

- Swelling, some redness and bruising are normal. This will gradually resolve. Lying down and elevating your leg(s) on pillows above the level of your heart will help decrease the swelling. (See below)
- Use cold therapy over your covered incision to help decrease swelling and pain.

Ice/Cold Therapy Options:

Ice or cold therapy on your covered incision will help decrease swelling and pain. Never apply ice/cold therapy directly on your skin. Make sure to use a clean pillow case or thin towel as a barrier between the ice/cold therapy and your skin.

- Plastic bag filled with ice
- Freeze ¹/₃ rubbing alcohol with ²/₃ water in a resealable plastic bag for 24 hours (should be slushy). Refreeze.
- Frozen peas or corn
- Refillable ice packs
- Frozen gel packs

Knee Replacement: Managing Swelling

Swelling is a normal part of the healing process. Expect mild to moderate swelling for 3 to 6 months after surgery. Elevating your leg and using ice packs/cold therapy are usually very effective methods to reduce swelling in your new joint and surrounding tissue.

Try elevating your leg on stacked pillows or using a wedge. Lie flat for proper postitioning with your knee resting above the level of your heart. Do this at least 4 times per day for 30-40 minutes each time using the cold pack to your knee.







Perform your home exercise program as instucted by your therapist. Do not overdo activity as this could increase your swelling. Wearing compression stockings or an ACE bandage wrap may also help reduce swelling. Notify your doctor if you experience new or severe swelling that is not decreasing after trying cold therapy and elevation.

Medications

- A prescription for pain medication will be given to you by your doctor prior to your discharge from the hospital. These medications are used to reduce your pain and must not be taken any more often than prescribed. In an effort to keep your pain under control, you should take the pain medication around the clock, as prescribed, during the first few days following surgery. Then, as the pain lessens, begin taking it as needed (within the prescribed guidelines)
- Use your Pain Medication Journal at home for at least 1 week. See page 44.
- Pain medication should be taken with food as this will help to prevent any stomach upset.
- Requests for pain medication refills should be made during normal office hours. Please Note: If you are running low at the end of the week, call before the weekend to ask for a refill.
- Do not drive while taking prescription pain medications.
- Do not drink alcoholic beverages while taking pain medications.
- You may resume your routine medications unless otherwise instructed.
- Often pain medication and inactivity cause constipation. Eat high fiber foods (fresh fruits, vegetables, bran) and increase your fluid intake when possible. Also, you may purchase Pericolace or its generic form, a stool softener, at any pharmacy to aid in alleviating your constipation.

If you continue having trouble moving your bowels, take an oral laxative, suppository or enema in addition to the stool softener.

Household Medical Waste Disposal

In an effort to protect the environment and prevent illness and injury, the Michigan Department of Environmental Quality recommends the following guidelines:

- It is recommended that soiled bandages and disposable latex gloves be placed in securely fastened plastic bags before placing in the trash.
- Explore this website: www.michigan.gov/ degmedwaste to locate Sharps Collection Programs for Michigan residents and medical waste.

Diet Information

You may resume your previous diet as tolerated, unless otherwise directed by your doctor.

Some foods can interact with your blood thinner and affect your treatment.

- Eat a normal, balanced diet.
- If you are currently on coumadin/Warfarin, eat a consistent amount of vitamin K daily. Vitamin K can be found primarily in leafy, green vegetables, spinach. broccoli, asparagus, greens and brussel sprouts, olive and canola oils. If you do not eat these foods consistently, it may be best to avoid them.
- Avoid drinking alcohol.

Calcium: Optimizes bone healing following surgery.

- Recommended Dietary Allowance: 1,000 - 1,200 mg per day
- Choose low-fat or fat-free milk and dairy products: 3-4 servings per day
- If you are unable to eat an adequate amount of calcium, talk with your physician about using a calcium supplement. Make sure the supplement includes vitamin D3 to maximize absorption.

Nausea: Some tips that may help suppress nausea:

- Sip on ginger ale or ginger tea.
- Small amounts of dry carbs every couple of hours. Examples: 4-5 saltines, toast (dry or with a small amount of jelly), half of a bagel, 10-15 pretzels, 10-15 animal crackers
- Drink the majority of your liquids between your meals instead of with meals.

Hip Replacement Patients

Hip Dislocation Prevention Tips

After surgery, care must be taken to prevent your new hip from coming out of the socket (dislocating from the pelvis). By following some simple hip precautions, this will decrease your risk of hip dislocation. Your surgeon will talk to you about any movements you should avoid and how long you may need to follow any restrictions. Your hospital therapists will educate you with practical tips on how you can manage with your daily tasks during this time of healing.

Why are precautions needed to prevent hip dislocation?

The joint capsule and ligaments keep the ball joint centered in the hip. When these soft tissues are cut during surgery, there is a greater risk for the ball to be forced out of the socket. By following your hip precautions, you will keep your hip in safe positions while the soft tissues of the hip heal.

Signs of Hip Dislocation

- Severe pain
- Rotation/shortening of leg
- Unable to walk/move leg

Contact your surgeon immediately and have someone drive you to Um Health-West's Emergency Department.



Dr Bielema Hip Replacement Patients Only:

• Bring your rigid leg lifter to the hospital for practice & use. It must be 40 inches or longer. Purchase at a medical supply company or online.



- You will need assistance to lift your surgical leg in/out of bed. Do not try to lift your surgical leg without using a leg lifter or assist from another person. Keep your toes pointed upward.
- Place a pillow between your knees to prevent your legs from crossing over and past the middle of your body.

TIPS

- Silk pajama bottoms, satin sheets or sitting on a plastic bag may help with scooting into bed.
- Use a leg lifter or the hook on the handle of a straight cane to lift your operated leg into/out of the bed.

Activities of Daily Living Home Safety Tips



Getting Into Bed For All Patients

(Unless Taught Differently)

- 1. Ideally, approach the side of the bed that will allow you to enter with the non-operated leg first.
- 2. Back up to the bed until you feel the bed behind your legs. Slide operated leg out in front of you when sitting down. Reach back to sit.
- 3. Lift your non-operated leg into the bed and place the foot flat on the bed so this leg can help scoot your hips over into the bed.
- 4. Begin to scoot backward on the mattress—angling your bottom towards the head of bed. Keep your toes pointed upward. Lift your operated leg into the bed.

Getting Out of Bed For All Patients

(Unless Taught Differently)

- 1. Ideally, exit the bed toward your operated side.
- 2. Bend your non-operated leg and place the foot flat on the bed. Push down on foot to lift your hips and scoot to the edge of bed.
- 3. Begin turning your hips and sitting up as you slowly lower your operated leg to the floor keeping your toes pointed upward. Then lower your non operated leg.
- 4. Slide your operated leg slightly out in front of you before standing up. Bring your operated leg back under you as you come to stand.





Improper Method

Proper Method

When Standing Up from a Chair

Do NOT pull up on the walker to stand! Sit in a tall chair with arm rests when possible. If you do not have a tall chair, place a cushion in the seat of the chair.

- 1. Scoot to the front edge of the chair.
- 2. Slide operated leg slightly out in front of you before standing up.
- 3. Push up with both hands on the armrests. If sitting in a chair without armrests, place one hand on the walker, while pushing off the side of the chair with the other.
- 4. Bring your operated leg back under you as you come to standing.
- 5. Balance yourself before grabbing for the walker.



Walker Ambulation

- 1. Move the walker forward. With all four walker legs firmly on the ground, step forward with the operated leg. Place the foot in the middle of the walker area. Do NOT step past the front legs of the walker.
- 2. Push down on the walker with your arms and step onto the operated leg while you move your other leg forward. Again, do not step past the front walker legs. Take small steps.

Remember: Do not take a step until all four walker legs are flat on the floor.

Bathing Tips:

- A bath chair, grab bar, long-handled bath sponge and hand-held shower make bathing easier and safer. These items are typically not covered by insurance.
- ALWAYS use a rubber mat or non-skid adhesive on the bottom of the tub or shower to stand on.
- To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attach it to the bath seat.
- Absolutely NO tub baths, swimming pools, hot tubs or lake swimming until after your doctor gives you permission.

Transfer - Toilet

Hip Replacement Patients: Use a toilet seat extender or commode as recommended by your hospital therapist.



When sitting down on the toilet:

- 1. Take small steps, and turn until your back is to the toilet. Never pivot.
- 2. Back up to the toilet until you feel it touch the back of your leg.
- 3. If using a raised toilet seat without arm rests, place one hand on the walker and one hand on the toilet seat or nearby counter.
- 4. Slide your operated leg out in front of you when sitting down.

When getting up from the toilet:

- 1. Slide operated leg out in front of you when standing up.
- 2. If using a seat with arm rests, use the arm rests to push up. If using a raised toilet seat without arm rests, place one hand on the walker and push off the toilet seat with the other.
- 3. Bring your operated leg back under you as you come to standing.
- 4. Balance yourself before grabbing the walker.



Shower Transfer

- 1. Back up to the ledge of the shower.
- 2. Bring the back two legs of the walker to the lip of the shower.
- 3. Step over with your nonoperated leg first.
- 4. Then bring your operating leg in.
- 5. At this point, you may choose to sit on a chair or stand in the shower (if safe).

Dressing

Putting on pants and undergarments:

1. While seated, put your clothing on the operated lea first, and then onto your non-operated leg.

Hip Replacement Patients: Use a reacher to guide the waistband over your foot, if hip precautions are in effect.

- 2. Pull your pants up over your knees, so they are within easy reach.
- 3. Stand with the walker in front of you to pull your pants up the rest of the way.

Taking off pants and undergarments:

- 1. Back up to the chair or bed where you will be undressing.
- 2. Unfasten your pants and let them drop to the floor. Push your briefs/underwear down to your knees.
- 3. Lower yourself down, keeping your operated leg out straight.
- 4. Take your non-operated leg out first and then the operated leg.

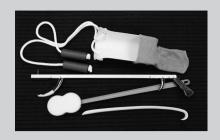
A reacher can help you remove your pants from your foot and off the floor.

Shoes:

Wear sturdy slip-on shoes with supportive backs or those with Velcro closures or elastic shoelaces. DO NOT wear high-heeled shoes or shoes without backs. No flip flops!

Compression stockings:

You will need help to put on and take off these tight fitted stockings. See page 26.



Bathing and Dressing Tips:

Hip replacement patients often benefit from using a "Hip Kit" consisting of a reacher, longhandled shoe horn, sock aid and long-handled sponge.

These items, when used properly, make it possible for hip replacement patients to become independent with bathing and dressing while maintaining proper hip precautions. These items can be purchased at any local medical supply store and some retail drug stores.

Some knee replacement patients may also benefit from purchasing some of these items to allow dressing and bathing independence.

Stair Climbing

Go up steps leading with the non-operated leg. ("Up with the good.")

Go down steps leading with the operated leg first ("Down with the bad.")

Curb or platform step:

Going up:

- 1. Place feet close to the step.
- 2. Place all four walker legs up on the platform.
- 3. Step up with your non-operated leg.
- 4. Follow with your operated leg.

Using a walker on stairs without a railing (assistant bracing the walker):

Going up: You will go up the stairs backwards.

- 1. Back up to the steps.
- 2. Step up with your non-operated leg.
- 3 Follow with your operated leg.
- 4. Lift the walker (assistant may help) so the front legs are on the same step as you are and the back legs are on the step behind you.
- 5. Assistant to brace walker as you ascend the stairs backwards.

Coming down: You will come down the stairs forwards.

- 1. Place the walker down first (front legs on the step in front of you, back legs on the step that you are on).
- 2. Assistant should brace the walker as you descend the stairs.
- 3. Step down with the operated leg, followed by the non-operated leg.

Using a walker on stairs with a railing:

Going up:

- 1. Face the stairs and get the feet close to the bottom steps.
- 2. Put one hand on the rail. Place walker on the other side with back legs on the step that you are on, front legs on the step in front of you.
- 3. Step up with the non-operated leg.
- 4. Follow with the operated leg.
- 5. Continue lifting with the walker to the next step.

Coming down:

- 1. Place all four walker legs down first.
- 2. Step down with the operated leg.
- 3. Follow with your non-operated leg.

Using a Walker on Stairs (Without a Railing)



Using a Walker on Stairs (With a Railing)



Coming down:

- 1. Place the walker down first (front legs on the step in front of you, back legs on the step you are on).
- 2. Step down with the operated leg, followed by the non-operated leg.

Using a cane on stairs with a railing:

Going up:

- 1. Face the stairs. Get feet close to the step.
- 2. Step up with the non-operated leg.
- 3. Follow with the operated leg and the cane.

Coming down:

- 1. Step down with the operated leg and cane.
- 2. Follow with the non-operated leg.



Using a Cane on Stairs (With a Railing)

Car Transfer

- 1. In preparation, park car several feet away from the curb if there is no ramped area. Put the car seat back as far as possible and recline the seat, if able.
- 2. Walk up to your car and turn so the back of your legs touch the seat or edge of the car.
- 3. Reach back into your car for something stable (dashboard, seat, headrest). Do not grab the door.
- 4. Lower yourself to sit down, being careful not to hit your head.
- 5. Scoot back into the car on the seat, then turn to bring in your legs together into the car.
- 6. If you have reclined the seat to enter, raise it to a comfortable sitting position for the ride.
- 7. Use your seat belt.

Tip: Sit on a plastic bag to help slide onto the car seat easier.





Floor Transfer







Floor Transfer

Do not panic!

If you think there is an injury, such as a broken bone, then:

- Call an ambulance.
- Make the person as comfortable as possible on the floor.
- Do not attempt to move the person off the floor.

If you do not think an injury has occurred then:

- Help the person scoot on his/her bottom toward a chair or couch.
- Position the person so his/her back is toward the seat.
- Put a step stool or couch cushions between the person and the seat.
- Have the person push themselves up onto the stool or cushions.
- Reposition feet and hands. Push up onto the seat.

If the patient needs help:

- Put a belt around the person's waist.
- Do NOT pull on their arms.
- Put one hand on the belt and one hand under their thigh close to the buttocks.
- Bend your knees to lower yourself next to the person. As the person pushes himself or herself up, you can help by lifting, using your legs and not your back!

Sexual Activity

Most joint replacement patients are able to resume sexual activity approximately 8 weeks after surgery. Positioning for comfort is key, as is communication with your partner.

Hip Replacement patients:

For hip replacement patients, resuming sexual activity may bring a fear of hip dislocation. It's important to avoid moving the hip out to the side and rotating the hip inward and outward, especially within the first three months after surgery.

As you become more comfortable and confident, you will find that sexual activity will become much more comfortable as well.

Initially, you should assume a more passive position. Most patients find a supine (lying on your back) position to be the most comfortable.



* Gray shading indicates operative leg.

Special Note

If your sexual partner has had a hip replacement:

- Make sure he/she has the surgeon's permission before having intercourse.
- Help your partner stay within a safe range of motion.
- Control the amount and speed of movement during intercourse.
- Do not put all your weight on your partner's hips.

Hip and Knee Replacement Before Surgery Exercise Program

Before Surgery

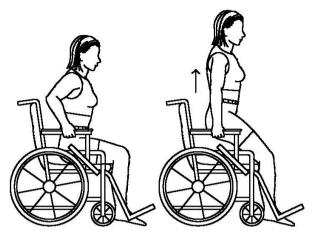
It is important to be as fit as possible before undergoing a total joint replacement. By strengthening your body, it will help you recover much faster. Practice the following exercises 30 times each at least twice a day. Overall, consider this as the minimum amount of exercise prior to your surgery.

After Surgery

During your hospital stay, you will be instructed in exercises and activity guidelines in preparation for going home. It is recommended that you:

- Continue with using a walker or crutches unless otherwise instructed.
- Continue your exercises, building up to your goals. Your coach may assist you if necessary.
- Build up your walking tolerance as instructed by your surgeon using a walker or crutches. Your surgeon will instruct you on when to wean from the walker or crutches to a cane or one crutch, and gradually to using no device.
- Climb and descend stairs as instructed.
- Gradually resume routine tasks and activities as instructed by your surgeon.

Before Surgery: Hip and Knee Exercise Program

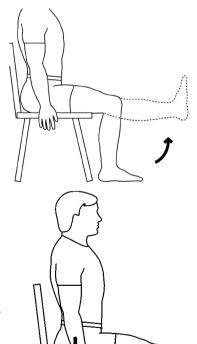


Chair Push-ups

Push buttocks off seat of chair by pushing down using your arms. Do not lean forward. Keep your trunk upright. Do not release hands from the armrest. Once your arms are fully straightened, slowly lower buttocks to a seated position.

Full Arc Quads

In the sitting position, straighten knee, keeping toes pointed up, and lower slowly.



Gluteal Sets

When lying down or sitting in a chair, squeeze the buttocks muscles together. Hold and count to five. Remember not to hold your breath. Relax.

* Exercise illustrations courtesy of Exercise Pro.

Before Surgery:

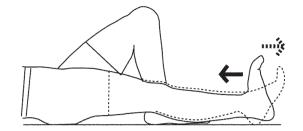
Perform each exercise at least two times daily. Work up to 30 repetitions as tolerated. (60 total)

If any exercise hurts, do not continue that exercise.

After Surgery:

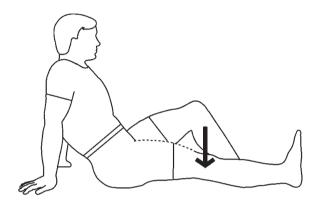
Your hospital therapist will review your Home Exercise Program to continue after discharge.

Note: After surgery, your home exercises may be different than these shown here.



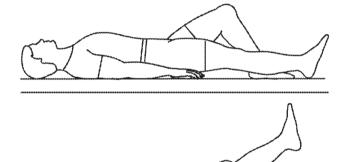
Ankle Pumps

Bend ankle up and down.



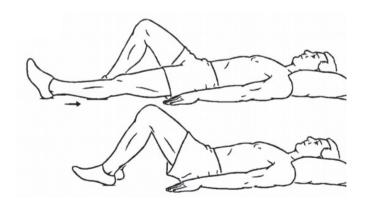
Quadriceps Sets

Tighten muscles on top of the thigh while straightening your leg. Make your leg stiff as a board. Keep your toes pointed up. Hold and count to five.



Straight Leg Raise

Bend up non-operated leg. While keeping operated leg as straight as possible, lift and lower slowly.



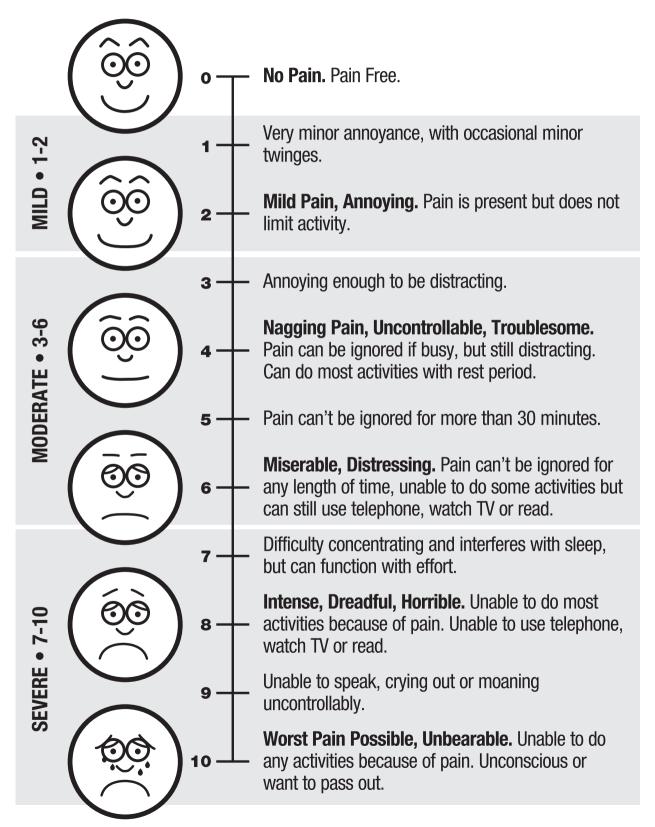
Heel Slide

Slide heel toward buttocks until a gentle stretch is felt. This should feel comfortable not painful. Hold 2 seconds. Relax.

Repeat 10 times per set. Rest. Do up to 3 sets per session as tolerated. If painful, do not perform.

PAIN RATING SCALE

At University of Michigan Health-West, we want to safely treat any pain you may have. Each person feels pain differently. We will use this tool to understand your level of pain. We will work with you using medicine and other methods to lessen your pain. We also will keep you as safe as possible from side effects of the medicine.



MY PAIN MEDICATION JOURNAL

(Please bring journal to your follow up visit)

Medication:			
How many?			
How often?			

				Next
Date	Time	Pain number	Medication: How many?	available time?

			·	
Date	Time	Pain number	Medication: How many?	Next available time?

MY PAIN MEDICATION JOURNAL

(Please bring journal to your follow up visit)

Medication:			
How many?			
How often?			

				Next
Date	Time	Pain number	Medication: How many?	available time?

Date	Time	Pain number	Medication: How many?	Next available time?

Joint Replacement Care Pathway After Discharge

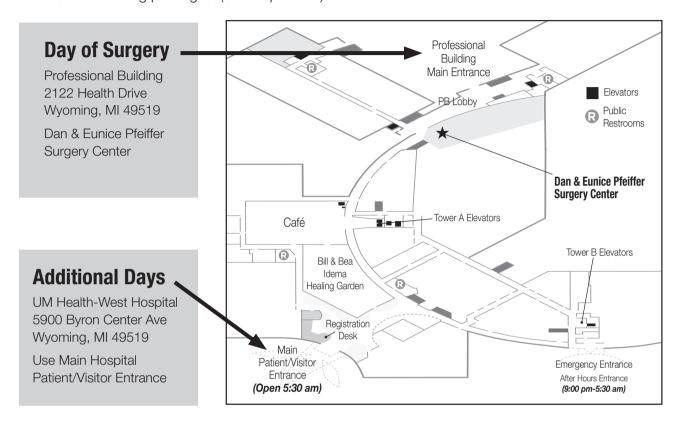
		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Take Pain Medication	Take pain medication as directed by your surgeon. Start weaning your pain meds after 4 or 5 days as tolerated. (Decrease the number of pills or increase the time between pills.)	Take meds Record pain journal	Take meds Record pain journal	Take meds Record pain journal	Take meds Record pain journal	Take meds Record pain journal	Take meds Record pain journal	Take meds Record pain journal
Take Blood Clot Prevention Medication	Take medication to prevent blood clots as directed by your surgeon.	Take medication	Take medication	Take medication	Take medication	Take medication	Take medication	Take medication
Cold Therapy	Use cold therapy throughout the day at a minimum 4x/day for 30-40 minutes each time.	Ice often	Ice often	Ice often	Ice often	Ice often	Ice often	Ice often
Knee Replacement Only: Elevate your Leg to Decrease Swelling	Elevate your leg when sitting & laying throughout the day Elevate your leg above your heart at least 4x/day for 30-40 minutes	Elevate your leg above heart	Elevate your leg above heart	Elevate your leg above heart	Elevate your leg above heart	Elevate your leg above heart	Elevate your leg above heart	Elevate your leg above heart
Wear Compression Stockings	Wear and remove as directed by your surgeon.	Check skin	Check skin	Check skin	Check skin	Check skin	Check skin	Check skin
Care for your Incision	Keep incision clean and dry. Do not use ointments or lotions. Do not take a bath. Normal: Tenderness Scabbing Pink Warm Not normal: Pain Drainage Red Hot Fever > 100.5		Call y Dr	Call your Orthopedic Provider if you experience: Drainage from incision Increased redness Increased Pain Fever > 100.5	Orthopedic Provider if you exper ge from incision Increased rednes Increased Pain Fever > 100.5	ence: s		Remove dressing
Avoid Constipation	Take a stool softener and/or laxative every day that you are taking pain medications. Eat a high fiber diet. Drink plenty of fluids (water)	Stool softner Laxative High fiber diet Drink fluids	Stool softner Laxative High fiber diet	Stool softner Laxative High fiber diet Drink fluids	Stool softner Laxative High fiber diet Drink fluids	Stool softner Laxative High fiber diet	Stool softner Laxative High fiber diet	Stool softner Laxative High fiber diet Drink fluids
Ankle Pumps	Do 10 reps	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour
Home Exercises	Do twice a day as directed by your therapist I 30 reps, 2x/day	30 Reps 2x day	30 Reps 2x day	30 Reps 2x day	30 Reps 2x day	30 Reps 2x day	30 Reps 2x day	30 Reps 2x day
Walk	Use your assistive device to walk 5 minutes of each awake hour	Walk	Walk	Walk	Walk	Walk	Walk	Walk

Joint Replacement Care Pathway After Discharge

		•						
		Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Take Pain Medication	Take pain medication as directed by your surgeon. Start weaning your pain meds after 4 or 5 days as tolerated. (Decrease the number of pills or increase the time between pills.)	Take meds Record pain journal	Take meds Record pain journal	Take meds Record pain journal	Take meds Record pain journal	Take meds Record pain journal	Take meds Record pain journal	Take meds Record pain journal
Take Blood Clot Prevention Medication	Take medication to prevent blood clots as directed by your surgeon.	Take medication	Take medication	Take medication	Take medication	Take medication	Take medication	Take medication
Cold Therapy	Use cold therapy throughout the day at a minimum 4x/day for 30-40 minutes each time.	Ice often	Ice often	Ice often	Ice often	Ice often	Ice often	Ice often
Knee Replacement Only: Elevate your Leg to Decrease Swelling	Elevate your leg when sitting & laying throughout the day Position your leg above your heart at least 4x/day for 30-40 minutes	Elevate your leg above heart	Elevate your leg above heart	Elevate your leg above heart	Elevate your leg above heart	Elevate your leg above heart	Elevate your leg above heart	Elevate your leg above heart
Wear Compression Stockings	Wear and remove as directed by your surgeon.	Check skin	Check skin	Check skin	Check skin	Check skin	Check skin	Check skin
Care for your Incision	Keep incision clean and dry. Do not use ointments or lotions. Do not take a bath. Normal: Tenderness Scabbing Pink Warm Not normal: Pain Drainage Red Hot Fever > 100.5			Call your Ortho Drainage fro Increa	Call your Orthopedic Provider if you experience: Drainage from incision Increased redness Increased Pain Fever > 100.5	ou experience: ed redness l 100.5		
Avoid Constipation	Take a stool softener and/or laxative every day that you are taking pain medications. Eat a high fiber diet. Drink plenty of fluids (water)	Stool softner Laxative High fiber diet Drink fluids	Stool softner Laxative High fiber diet Drink fluids	Stool softner Laxative High fiber diet Drink fluids	Stool softner Laxative High fiber diet Drink fluids	Stool softner Laxative High fiber diet Drink fluids	Stool softner Laxative High fiber diet Drink fluids	Stool softner Laxative High fiber diet Drink fluids
Ankle Pumps	Do 10 reps ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour
Home Exercises	Do twice a day as directed by your therapist I 30 reps, 2x/day	30 Reps 2x day	30 Reps 2x day	30 Reps 2x day	30 Reps 2x day	30 Reps 2x day	30 Reps 2x day	30 Reps 2x day
Walk	Use your assistive device to walk 5 minutes of each awake hour	Walk	Walk	Walk	Walk	Walk	Walk	Walk

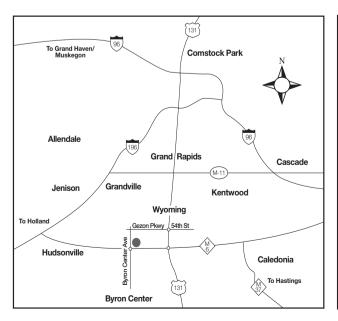
Day of Surgery: Professional Building 2122 Health Drive, Wyoming, MI

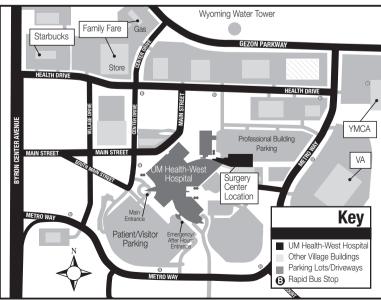
Complimentary valet parking is available 8 am to 5 pm under the circle drive overhang of the Professional Building. If you wish to park yourself, spaces reserved for patients and visitors are conveniently located in the Professional Building parking lot (see map below).



The Village – Getting To & Around

The Village is conveniently located off M-6 at the Byron Center Avenue exit in Wyoming, MI. It is also easily accessed off 131 at 54th Street (Gezon Parkway) and Byron Center Avenue.







Restorative Care

5900 Byron Center Avenue SW | Wyoming, Michigan 49519 616.252.7200 | UofMHealthWest.org