

Joint Replacement: a Personal Planner



UW Medicine
VALLEY
MEDICAL CENTER

Joint Replacement: a Personal Planner

Valley Medical Center

Renton, Washington

Printed in the United States of America

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SECTION 1

Your Partner in Care

Congratulations on your decision to improve your quality of life with joint replacement surgery. This section includes an overview of The Joint Center and Valley Medical Center.

SECTION 2

Your Guide to Surgery

Created for you by Joint Center Director William Barrett, MD and Physician Assistant Jana Flener, PA-C, learn about the days before surgery and how to prepare; what to expect when you arrive at the hospital; what you can do to promote a speedy recovery; and discharge planning.

SECTION 3

At The Joint Center

What happens after you've left the recovery room? This section explains your recuperation following surgery after you have been moved to your own room in The Joint Center.

SECTION 4

Care at Home—Knee

You'll want to take care of your new knee in the days and weeks after surgery. These at-home exercises will help you keep moving forward.

SECTION 5

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Following these care guidelines and performing these exercises will aid in your recovery from hip replacement.

SECTION 6

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SECTION 7

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Access hospital phone numbers such as the Financial Advisor and The Joint Center.

SECTION 8

Additional Resources

Discover valuable websites, articles and other resources to aid your recuperation.

SECTION 9

Notes

Use these pages to write down questions for the surgeon or other members of your care team.

Cover photo: Cliff McCrath 2009

Photo credit: Craig Harrold

Award-winning Care at The Joint Center

HealthGrades®

America's 100 Best Hospitals Award™
*Top 2% in the nation for consistently
 delivering clinical quality year over year*
 2020

America's 100 Best Hospitals
 for Joint Replacement Award™
 2022, 2021

Joint Replacement Excellence Award™
 2022, 2021, 2020

Patient Safety Excellence Award™
 2021

BlueCross BlueShield Association

Blue Distinction Center in
 Knee and Hip Replacement

The Joint Commission National Quality Approval

Three year, full accreditation in 2019 for our
 commitment to meeting national and safety
 performance standards

U.S. News & World Report

Best Hospitals for Patients
 Who Need Common Care:
 High Performing in Hip Replacement,
 High Performing in Knee Replacement

Washington State Hospital Association

Partnership for Patients Achieving
 Best Care Award

Healthcare Equity Index

Leader in LGBT Healthcare Equality

Your Partner in Care

Dear Joint Center Patient:

Congratulations on deciding to improve the quality of your life.

Living well means different things to different people: the ability to lift a grandchild, golf, ride a bike, hike, or simply enjoy a walk. Being able to move without experiencing pain is an important part of living well. As we age, doing things we love without pain often becomes a challenge.

Orthopedic physicians and staff at The Joint Center at Valley Medical Center are working to restore mobility to those living with severe arthritic pain—one joint at a time.

Arthritis affects about 40 million Americans. As an orthopedic surgeon and the medical director of The Joint Center at Valley Medical Center, I have witnessed the ways in which joint injury, arthritis and other degenerative joint diseases rob people of their independence. At The Joint Center, we're committed to overcoming the effects of arthritis and helping people revitalize their lives.

The skilled orthopedic surgeons and staff at Valley Medical Center have worked to develop a joint replacement program which emphasizes excellent outcomes, shortened hospital stays and the highest quality orthopedic care. Utilizing advanced surgical techniques, comprehensive pain management and rapid mobilization, we hope to exceed your expectations.

As our healthcare environment continues to evolve, it is important for you, the patient, to become an active participant in your care and outcomes. What does that mean? Being responsible for your diet, exercise and participating in your pre-operative preparation. Along with your surgeon, you will be a big factor in your success.

The Joint Center focuses upon patient education and a comprehensive range of care. It is designed to provide patients with the information and support they need for every step of their joint replacement journey.

Wishing you the best of health,

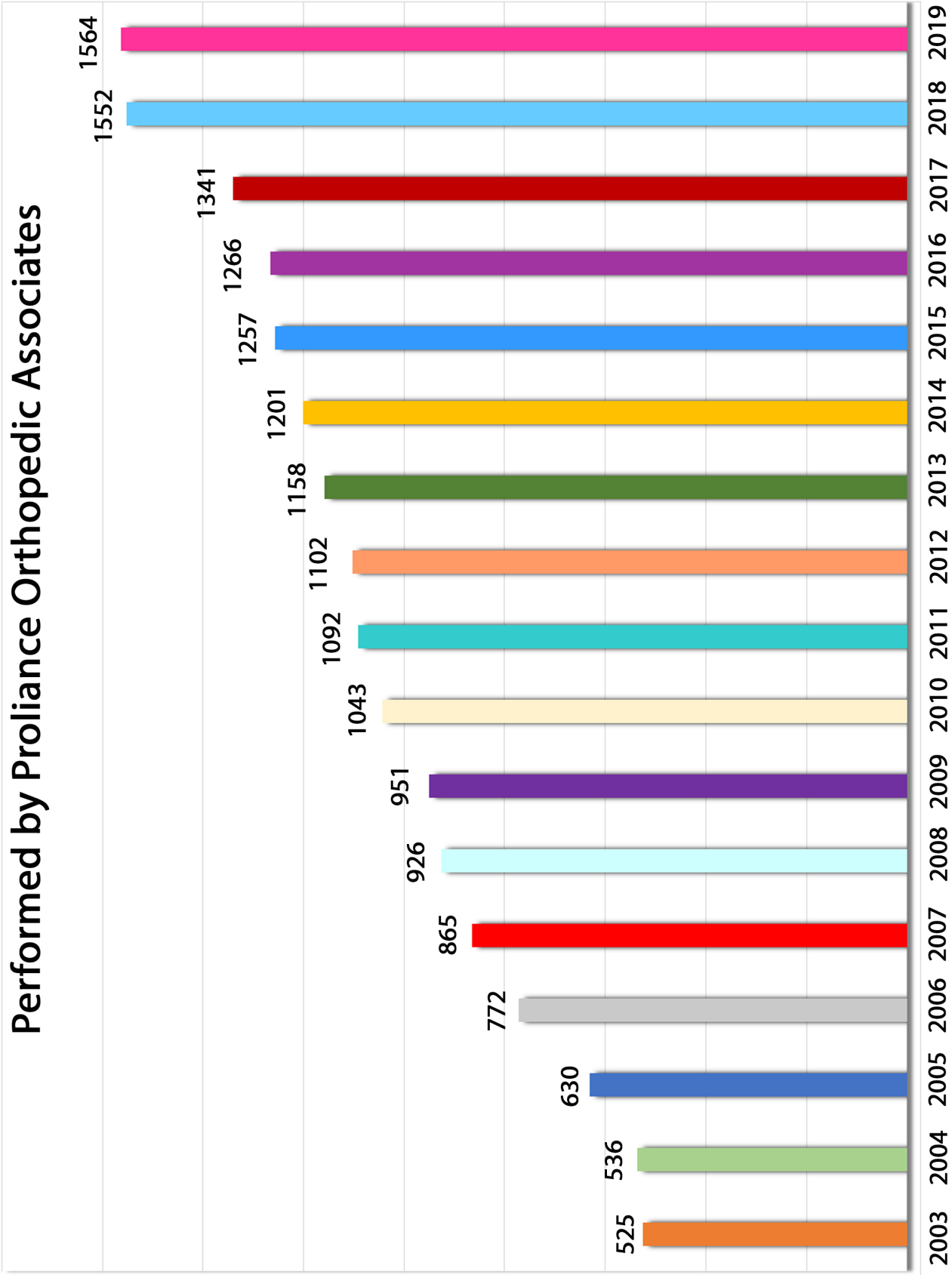


William Barrett, MD

Medical Director

The Joint Center at Valley Medical Center

VMC Total Joint Replacements
Performed by Proliance Orthopedic Associates



Your Partner in Care

Information, participation and commitment are important to the success of your surgery. Please read and complete everything that is given to you. Facts we obtain from you will play a significant role in helping us better understand your lifestyle, objectives and overall health. We encourage you to keep materials you receive from us together with this guide book. As you prepare for your surgery, you will receive various instructions, booklets and forms.

Our goal is to help you achieve good results and we are committed to assisting you. If you have any questions or concerns along the way, please ask your orthopedic surgeon or the staff at The Joint Center.

The Joint Center at Valley Medical Center

The Joint Center at Valley Medical Center was the first dedicated joint replacement center in the Pacific Northwest. Our orthopedic surgeons, orthopedic physician assistants, nurses, physical therapists and occupational therapists specialize in the latest advancements in joint replacement surgery and recovery techniques. Patients typically have surgery on a weekday and are usually discharged from the hospital to home the next day.

Call The Joint Center at 888.265.6468 with any questions or concerns you may have about planning your joint replacement surgery.

What Our Patients Have to Say

Thousands of patients have successfully regained their mobility and are enjoying quality lives without pain following their replacement surgeries at Valley Medical Center's Joint Center. To read about their experiences, including tips for successful recovery, visit valleymed.org/joint.

About Valley Medical Center

At Valley Medical Center, we witness the remarkable power of life in everything we do. It's humbling, it's inspiring, and serves as a constant reminder of why we are here—to care for people.

When illness, injury or planned surgery brings you through our doors, you will find great comfort in our healing environment, featuring private rooms, room service, Internet at the bedside and around-the-clock visiting hours. And we care for your family and friends, with on-the-spot surgery updates, and hospitalists who explain and coordinate your care. So you can focus on what matters most—like spending time with those you love.

Valley Medical Center is the largest nonprofit healthcare provider between Seattle and Tacoma, serving over 600,000 residents. In addition to the hospital, the Medical Center operates a network of more than four dozen primary care, urgent care and specialty clinics throughout southeast King County.

View VMC's medical services at valleymed.org/services/all-specialties.

Patient & Guest Services

To prepare for your stay, learn more about visiting hours, gift and flower shop, cafeteria and espresso bars, local accommodations, on-site pharmacies, interpreter services and where to park.

View VMC's Patient & Guest Services at valleymed.org/patients--visitors.

Specialty Services

In addition to our primary care clinics located in Covington, Kent, Maple Valley, Newcastle and Renton, Valley offers comprehensive specialty care in our community. To learn more about Valley's specialty care services, visit valleymed.org/services/specialty-care.

◆ Primary care clinic

✚ Urgent care clinic

■ Specialty care clinic

Auburn

- Valley Women's Healthcare Clinic
- Obstetrics, Gynecology & Midwives

Covington

- ◆ Covington Clinic South I Primary Care
 - Behavioral Health Integration Program
 - Pediatrics
 - Podiatry
- ✚ Covington Clinic South I Urgent Care
- Covington Clinic North I Specialty Care
 - Anticoagulation
 - Breast Center
 - Cardiology
 - Dermatology
 - Diabetes, Thyroid & Endocrinology
 - Ear, Nose & Throat
 - Obstetrics, Gynecology & Midwives
 - Pulmonary & Sleep Disorder
- Lifestyle Medicine & Fitness Center
- Diabetes Education & Nutrition

Kent

- ◆ Kent Clinic I Primary Care
 - Behavioral Health Integration Program
 - Diabetes Education & Nutrition
 - Nephrology
- ◆ Kent Station Clinic I Primary Care

Maple Valley

- ◆ Lake Sawyer Clinic I Primary Care
- ◆ Maple Valley Clinic I Primary Care
 - Sports Medicine Clinic
- ✚ Maple Valley Clinic I Urgent Care
- Lifestyle Medicine & Fitness Center
- Diabetes Education & Nutrition

Newcastle

- ◆ Newcastle Clinic I Primary Care
 - Dermatology

Renton

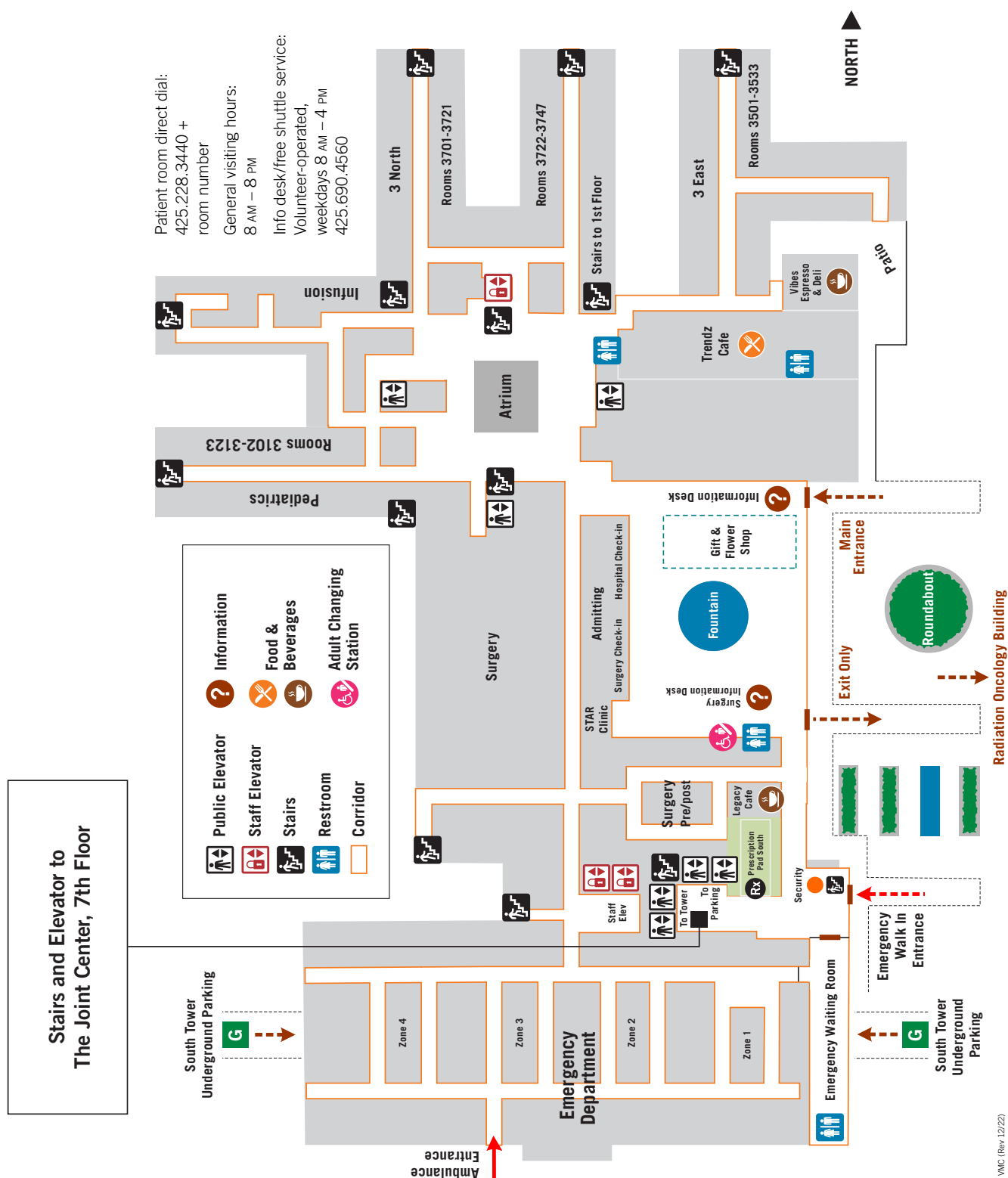
- ◆ Cascade Clinic I Primary Care
 - Sports Medicine Clinic
- ◆ Internal Medicine Clinic I Primary Care
- ◆ Senior Care Clinic I Primary Care
- ◆ Valley Family Medicine Clinic
- ◆ Fairwood Clinic I Primary Care
- ◆ Highlands Clinic I Primary Care
 - Behavioral Health Integration Program
 - Diabetes Education & Nutrition
- ◆ Renton Landing Clinic I Primary Care
- ✚ Renton Landing Clinic I Urgent Care

- Acute Care Surgical Clinic
- Anticoagulation Clinic
- Breast Center & Multidisciplinary Clinic
- Cardiology Clinic
- Clinical Research
- Colorectal Surgery Clinic
- Dermatology Clinic
- Diabetes, Thyroid & Endocrinology Clinic
- Diabetes Education & Nutrition Counseling
- Ear, Nose & Throat Clinic
- Endoscopy Center
- Eye Clinic
- Gastrointestinal Clinic
- General & Specialty Surgery Clinic
- High Risk Screening & Genetics Clinic
- Infectious Disease Clinic
- Infusion & Immunotherapy Center
- Lifestyle Medicine & Fitness Center
 - Diabetes Education & Nutrition
 - Cardiac Rehabilitation
 - Physical Therapy
 - Pulmonary Rehabilitation
- Maternal Fetal Medicine Clinic
- Neuroscience Institute
 - Adult & Pediatric Neurology
 - Epilepsy
 - Movement Disorder
 - Multiple Sclerosis
 - Neuro Oncology
 - Neuromuscular
 - Neuropsychology
 - Neurophysiology
 - Neurosurgery
 - Sleep Medicine
 - Spine
 - Stroke
- Occupational Health Services
- Oncology & Hematology Clinic
- Outpatient Therapy Services
 - Hand Therapy
 - Lymphedema Services
 - Occupational Therapy
 - Physical Therapy
 - Speech and Language Therapy
 - Stroke Rehabilitation
 - Vestibular Rehabilitation
- Psychiatry & Counseling Clinic
- Podiatry
- Pulmonary & Sleep Disorder Clinic
- Radiation Oncology
- Rheumatology
- Supportive Care Clinic
- Sports Medicine Clinic
- Urology Clinic
- Valley Women's Healthcare Clinics
 - Obstetrics, Gynecology & Midwives
- Vascular Surgery Clinic
- Wound Care Clinic

VMC Main Campus Map



VMC 3rd Floor Map



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Your Guide to Surgery

Joint Replacement Surgery

What Is Joint Replacement?

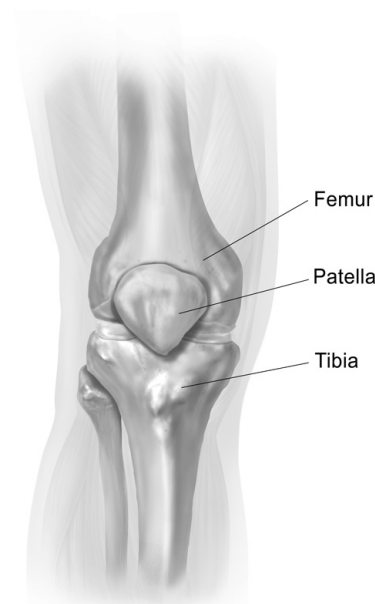
This surgical procedure replaces a worn-out or damaged joint with a new, artificial joint. Benefits include reduction in pain, improved motion, increased leg strength and the ability to move more easily.

How Long Does Joint Replacement Surgery Take?

Generally, surgery to replace a knee or hip lasts about 1 to 2 hours.

How Is the Knee Replaced?

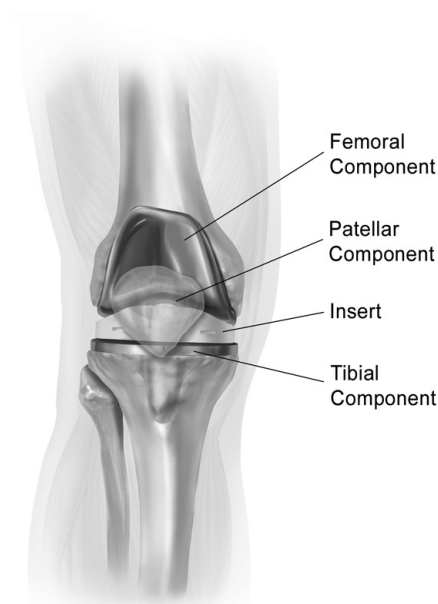
An incision is made on the front of your knee and the surface of your thigh and shin bones are exposed. Using special guides, the bones are prepped and shaped to hold the new joint. The new joint is then aligned and secured to the thighbone, kneecap and shinbone. Your orthopedic surgeon will discuss this procedure with you in more detail and answer any questions or concerns you may have.



Healthy Knee



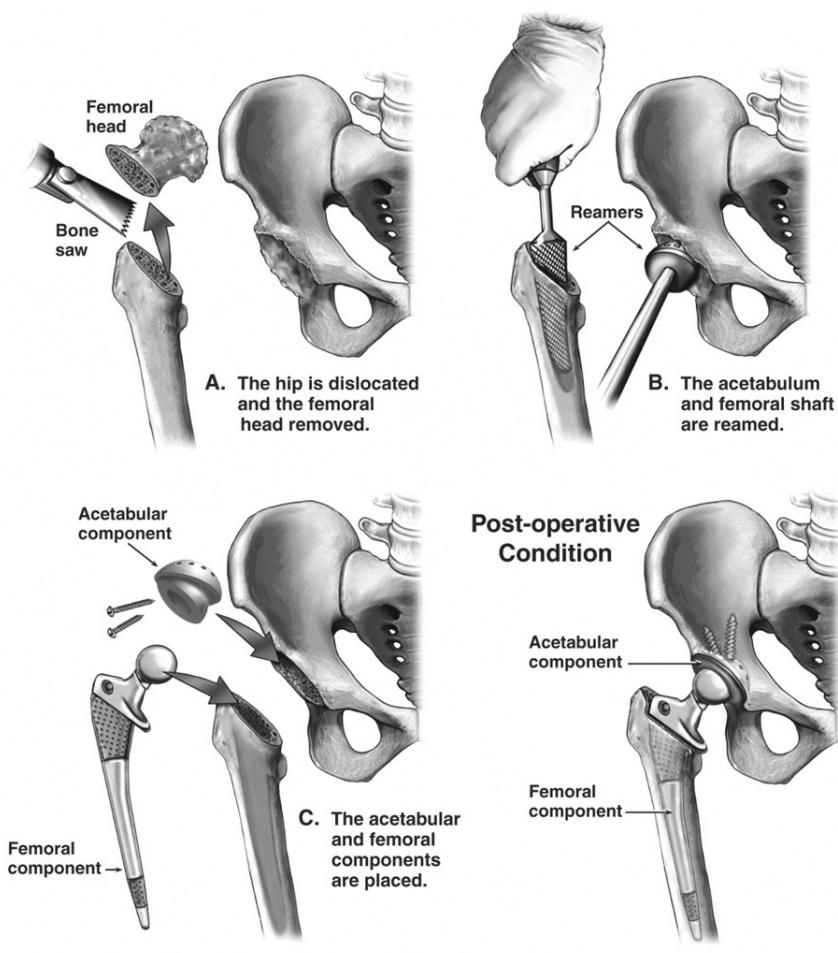
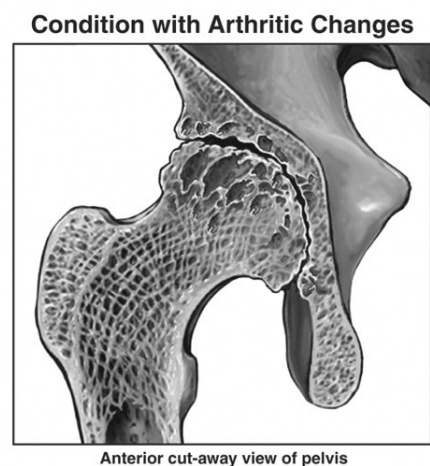
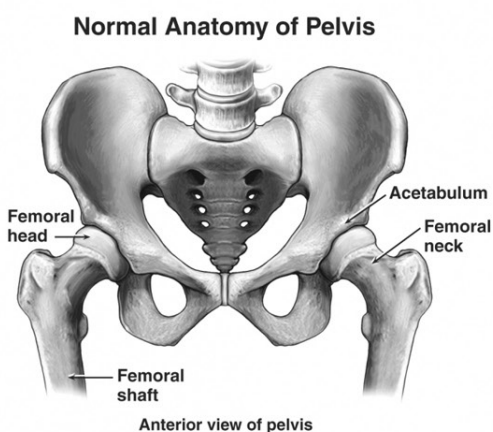
Arthritic/diseased Knee



Knee Replacement Component

How Is the Hip Replaced?

An incision is made over your hip, and the damaged joint is removed. The surface of your old socket is smoothed and the new socket is put into the pelvis. The new ball-and-stem component is inserted into the top of your thighbone. Then, the new ball and stem are joined with the socket. Your orthopedic surgeon will discuss this procedure with you in more detail.



Preparing Your Home for Your Return from Surgery

Remove Hazards

- Remove area or throw rugs and loose carpet.
- Remove loose cords and other clutter that may cause accidents or falls.
- Add nightlights to dark hallways

Use Assistive Devices & Adaptive Tools

Before surgery, make sure you get a:

- Front-wheeled walker
- Cane

Strongly recommended for total knee replacement recovery (optional for hip replacement recovery):

- Ice/cryotherapy machine (ask your surgeon for details)

Consider:

- Elevated toilet seat or 3-in-1 commode
- Shower chair
- Installing a sturdy handrail along any staircases
- Installing grab bars in the shower

Create a Less Cluttered Environment

- Reorganize furniture to allow space for a walker.
- Move important items to top drawers of dressers, lower shelves of high cabinets or other easily accessible areas.
- Use paper plates and other disposable items to decrease clean-up time.
- Leave frequently used items within easy reach to decrease bending and reaching.

Stock Up on Essential Items

- Have ample reserves of easy-to-prepare food, such as frozen dinners and casseroles, and individually packaged convenience foods
- Toilet paper
- Toothpaste
- Paper towels, paper plates and napkins
- Small trash bags, as initially large trash bags may be more difficult for you to move

Things You Can Do to Prepare for Surgery

1. Eat healthy and if needed—lose weight.
2. Participate in low impact exercise to get in better shape.
3. Attend 1 – 2 “pre-hab” visits. Pre-surgical physical therapy has been shown to help speed up recovery after surgery and is highly recommended. Please ask your surgeon if you have not received this physical therapy prescription.

TOTAL KNEE REPLACEMENT PATIENTS: You will need to call and arrange outpatient physical therapy (PT) visits which should begin 2 – 3 days after your surgery. A prescription for 2 – 3 PT visits per week for 4 weeks should have been given to you at your pre-operative visit. **Please call your preferred PT facility at least 2 weeks before your surgery to make your appointments.**

4. If you are diabetic, monitor your blood sugar closely and/or work with your primary care provider or endocrinologist to lower your A1c and help reduce your risk of infection.
5. Please quit smoking—for help with this, call the Tobacco Quit Line at 1.800.QUIT.NOW (1.800.784.8669); Valley Medical Center is a smoke-free campus.
6. If you have any dental problems—get these taken care of well in advance of surgery. All dental work, including routine cleanings, should be completed either 4 weeks before surgery or 3 months afterward.
7. Make arrangements for family/friends to help you after discharge from the hospital for at least the first week.
8. Watch the Pre-surgery Joint Replacement Video online at valleymed.org/jointseminar (see page 26).

When You Are Scheduled for Surgery

Valley Medical Center's preregistration staff will call you to obtain the following information:

- Full legal name
- Mailing address and phone number
- Email address
- Employment information
- Emergency contact information
- Insurance information, including ID numbers and a claim address

If you have not been contacted by the preregistration staff 2 weeks before your scheduled procedure, please call the Preregistration Office at 425.251.5193.

Please make an appointment to see Valley Medical Center's STAR Clinic preoperative nurse before your surgery. You can make the appointment when you preregister. You'll also need to receive medical clearance for your joint replacement surgery either from your primary care physician or one of our designated internists.

Your Visit with the STAR Clinic Preoperative Nurse

This orientation at the STAR Clinic will help you take care of necessary procedures before your surgery. The preoperative nurse will assess and interview you and perform a basic physical exam. The nurse will answer any questions you may have. **During this visit, please bring:**

- **Your completed Allergy and Medications form, including both prescription and over-the-counter medications (see form on next page)**
- All paperwork from your doctor
- This guide book

The nurse will also arrange for an electrocardiogram (EKG), if necessary, or any lab test(s) required for your surgery if they have not already been obtained by your physician. The nurse will discuss your role in your care, both before and after surgery. Your visit with the preoperative nurse will last about an hour. Free parking is available in the South Tower underground garage, Parking G.

Allergies and Medications

1. STAR Clinic Review. Please complete this form and have it with you for a nurse's review during your pre-operative STAR Clinic phone appointment or in-person appointment.

2. Day of Surgery. Please bring the completed form with you on your day of surgery as well.

ALLERGIES	
Allergy	Side effect, if known

MEDICATIONS, DOSAGES, FREQUENCY & TIMING			
Medication (prescription and over-the-counter)	Dosage	How taken (oral, topical, injection, etc.)	How many times per day & when (once a day, twice a day, morning, night, etc.)

[illegible]

What You Need to Know to Prepare for Surgery

Two Weeks Before Surgery

- Discontinue supplements such as weight loss medications, herbal supplements, multivitamins, fish oil and glucosamine. You may continue allergy medication as needed.
- Call your prescribing provider if you are on a blood thinner to find out when to stop it. Mark the stop date on your calendar or set a reminder in your phone.
- **TOTAL KNEE REPLACEMENT PATIENTS:** Call and arrange outpatient physical therapy (PT) visits at your preferred PT facility.

One Week Before Surgery

- Stop taking anti-inflammatory medications (NSAIDs) such as ibuprofen, naproxen, meloxicam and diclofenac.
- Stop taking aspirin unless prescribed or recommended to continue by your cardiologist or doctor.
- You may take up to 3000 mg a day of acetaminophen (Tylenol) for pain control.

Five Days Before Surgery

- Shower daily and use the chlorhexidine soap for five showers leading up to surgery, including the morning of surgery.
- See washing instructions called “Preoperative Showers with CHG” in this section.

Two Days Before Surgery

- Do not shave your legs around your surgical area (hip or knees).

Eight Hours Before Your Check-in Time

- Follow the “When Should You Stop Eating and Drinking Before Your Surgery?” flyer instructions on the next page. **Follow these instructions carefully as eating or drinking liquids after the cutoff may cause your surgery to be cancelled.**
- On the day of surgery, please bring your **completed Allergy and Medications form (or a copy of it)** located in this section.
- If you are currently taking prescription drugs for conditions such as high blood pressure, seizures, heart problems or asthma, **take them before surgery as you normally would**, but with the smallest amount of water possible. Be sure to discuss medications with your surgeon.

(continued on next page)

- On the day of surgery, if you cannot take the generic form of your current medication(s), please bring the medication(s) with you to the hospital in the original container(s). The staff will administer the medication(s) to you following your surgery, if needed.
- If you have diabetes and require insulin, be sure to **check with your doctor about your insulin** requirement before surgery.
- If you use a CPAP/BiPAP/APAP machine or mouthguard, bring it with you to the hospital.
- Do not wear contact lenses, makeup, skin lotions, powders or perfumes the day of surgery.
- The day of your surgery, a nurse will fill out a preoperative checklist. If you wear dentures, eyeglasses, contact lenses, a hearing aid or jewelry, you will be asked to remove them for safekeeping.
- Please be aware that your scheduled surgery time is only an estimate. Although every attempt will be made to keep your surgery on schedule, your actual surgery time will depend on the amount of time required for cases before yours and the need to prioritize emergency surgeries.
- It is important that we are able to contact you before your scheduled surgery to notify you of any possible schedule changes. If you cannot be reached at your home phone, please call Valley's Pre-registration Department at 425.251.5193 to provide your daytime number.
- You will be asked to sign a Consent to Care and Financial Responsibility form.

Watch the Pre-surgery Joint Replacement Video

In addition to your visit with the preoperative nurse, you will need to watch a pre-surgery video at valleymed.org/jointseminar. This 32-minute video will provide the education and information needed for a smooth transition from the hospital to home. Topics include tips on how to get your home ready for your arrival after surgery, preparing for time at the hospital, what to expect afterward and what you need to plan for when you go home from the hospital. Family members or other caregivers helping you are encouraged to watch the video.

When Should You Stop Eating and Drinking Before Your Surgery?

Our goal at Valley Medical Center is to provide safe, excellent care for our patients. For your safety, if you are receiving anesthesia or sedation for surgery or a procedure, it's important that you follow the recommended fasting rules beforehand.

Having food or drink in your stomach before your surgery or procedure puts you at a risk for pulmonary aspiration which can lead to pneumonia or other problems. **If the fasting rules are not followed, your surgery or procedure may be delayed or cancelled.**

The chart below provides you with the rules for what you may eat and drink prior to your surgery/procedure day, as well as when to stop eating and drinking before your surgery or procedure.

ADULTS & CHILDREN		
Types of Liquids or Meals	Examples	When to Stop Before Surgery or Procedure
Clear Liquids	Only water or Gatorade allowed. (Gatorade Zero for diabetic patients) Drinking fluids before surgery has been shown to lead to better outcomes after surgery.	Stop a minimum of 2 hours before check-in time.
Food	Solid foods and full liquids: this includes soups, broths, chewing gum and cough drops.	Stop a minimum of 8 hours before check-in time.

Financial Arrangements for Surgery

If you don't have health insurance coverage, you will need to make financial arrangements prior to your procedure. Financial Advocates at Valley Medical Center are available to assist you with this process. You may contact a Financial Advocate at 425.656.5599.

Valley Medical Center will bill your insurance company for services provided at the hospital. Any services provided by a physician (surgeon, anesthesiologist, pathologist and/or radiologist) will be billed separately by the physician's billing office. You may receive informational statements while your insurance company processes your claim. In addition, you may receive a letter from Valley Medical Center if your insurance requires more information to process your claim. If you have any questions or concerns regarding statements or bills received, please call Valley Medical Center Patient Accounts at 425.690.3578, option 5.

Your Discharge from Valley Medical Center

The discharge planning process actually begins before you are admitted. Plan to have someone drive you home from the hospital and to your first few appointments after surgery. You will need help for your first 5 – 7 days at home. **Make arrangements for help at home or a place to stay.** Your nurse will give you written instructions on how to care for yourself at home and will answer any questions. If you need additional help, request a visit from a hospital discharge planner before you leave the hospital.

Notice of Privacy Practices

Valley Medical Center's Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can access this information. You will receive a complete copy of the Notice of Privacy Practices when you are admitted to Valley Medical Center.

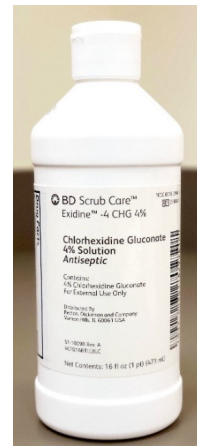
The Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes the limits to which we may use or disclose your protected health information, with whom that information may be shared and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system, unless the release is required or authorized by law or regulation. For further clarification of our Notice of Privacy Practices, you may visit valleymed.org/privacy, email comply@uw.edu or call 206.543.3098 or 866.964.7744.

Preoperative Showers with CHG

Proper skin care plays an important role in preventing infections. Please contact your surgical team if you have any skin issues on or near your surgery site, or open wounds anywhere on your body so we can ensure it is safe to proceed with surgery.

We will provide you with a 16 oz. bottle of BD Scrub Care™ Exidine™ Chlorhexidine Gluconate (CHG) 4% Solution at your preoperative visit.

You will need to shower daily for FIVE DAYS with this CHG solution before surgery, including the morning of surgery.



Reminders

- Removing nail polish from fingers and toes is recommended.
- After your last shower before surgery, **DO NOT** apply any lotions, make-up, hair products or perfumes.
- For at least 72 hours before surgery, **DO NOT** shave or wax the surgical area. Facial shaving is okay.
- After your surgery, **DO NOT** use CHG solution, as it can cause excessive dryness or other skin issues.

While In the Shower

1. **Measure it out.** Using a household measuring cup, measure out 1/3 cup (3 fl. oz.) of CHG solution before your shower to make sure you won't run out by the last shower. Have a clean washcloth ready.
2. **Take a normal shower.** Wash your entire body as you normally would with your usual soap and shampoo. Rinse well, then turn off the water or step away from the shower stream.
3. **Apply the CHG solution.** Place the solution directly onto your skin or use a clean, wet washcloth. Gently wash from the neck down (avoiding the face and genitals). Be sure to wash the surgical site area, armpits, stomach, and front groin folds especially well. If you have abdominal folds, make sure to wash well under the folds.
4. **Wait 60 seconds.** Allow the solution to sit on the skin for 60 seconds and then rinse thoroughly with water.
5. **Towel dry.** Pat yourself dry with a clean towel and dress in clean, dry clothing. Make sure bed sheets are washed and clean as well.

Caution

- If CHG comes in contact with the genitals, eyes, ears or mouth, rinse the area well with water. If an allergic reaction occurs, stop use and seek medical help right away.

Laundry Tip

- CHG will cause stains if laundered with chlorinated products. Rinse towels and garments well and use only non-chlorine detergents.

Things We Do to Decrease Your Risk of Infection

1. Antiseptic body wipes, diluted iodine nasal swabs in pre-op area
2. Pre-op intravenous (IV) antibiotics
3. Dedicated joint replacement operating rooms
4. Efficient surgical time
5. Diluted iodine wound lavage
6. Special surgical dressings

The Morning of Your Surgery

Please leave valuables including watches, jewelry and credit cards at home, if possible. You may wish to bring a comfortable bathrobe, slippers, pajamas and personal toiletries, along with a change of loose-fitting clothes for when you leave the hospital. You may want a small amount of cash for any incidentals.

Your surgeon's office will tell you in advance what time to arrive at the hospital. Please check in at the Surgery Admitting area. Your driver may drop you off at the Main Entrance. Drivers may park in the South Tower underground garage, Parking G, by turning right at the end of the patient drop off roundabout. Free parking is also available in the lots surrounding the hospital and the the north garages, Parking C and D. Parking G is the most convenient to Surgery and The Joint Center.

In the Pre-op Area

After you check in at Surgery Admitting, you will be taken back to the pre-op area where you will meet the pre-op nurse. You will wipe down your body with an antiseptic solution and change into a hospital gown. The nurse will swab the inside of your nose with iodine swabs. You will have an intravenous (IV) started before surgery. The IV is inserted into the vein of your hand or forearm.

Anesthesia

Your anesthesiologist will review your chart, meet with you in the pre-op area and discuss anesthetic options with your surgeon to determine the appropriate anesthesia for your situation. There are two types of anesthesia for major surgery: general and regional.

General anesthesia is typically used by adding medications to your IV and having you breathe a mixture of anesthetic gases. Regional spinal anesthesia is performed by injecting medication to numb a portion of your body for surgery. The numbness will last from 2 to 6 hours. You will also be sedated during your surgery. Most patients having a hip or knee replacement have a spinal anesthetic. Your heart rate, blood pressure, oxygen concentration and breathing will be monitored closely throughout your operation, regardless of the type of anesthesia used.

In the Operating Room

Your surgery team will typically include your surgeon, surgical assistant, anesthesiologist, nurse anesthetist, operating room nurse and surgical technicians. They are all with you to make sure everything goes as smoothly as possible.

Any fluids or medications you need during surgery are given to you through the IV. The operating room is kept cool and can be bright and noisy due to the various medical machines used during your surgery. Members of your surgical team will be with you at all times to ensure your comfort until the end of your surgery. If you feel chilled before surgery, please ask for a warmed blanket. We want you to be as comfortable as possible.

In the Recovery Room

After surgery, you will be taken to the PACU (Post Anesthesia Care Unit), or recovery room. A PACU nurse will care for you as your anesthesia wears off by monitoring your condition and checking your dressing, blood pressure, IV and bladder function.

- Drainage tube: On rare occasions, the surgeon may place a drainage tube to capture excess drainage from your knee or hip. This remains in place for one day.
- Bladder function: During the time the spinal anesthetic is still in effect, the nurses will scan your bladder to ensure it is not over-filling.
- Oxygen: You may also receive oxygen through a nasal cannula or oxygen mask. This is typically precautionary: It does not mean you are having difficulty breathing or that there is a problem of any kind.

You may experience a variety of symptoms as your anesthesia wears off, including blurry vision, dry mouth, nausea, chills and perhaps some pain.

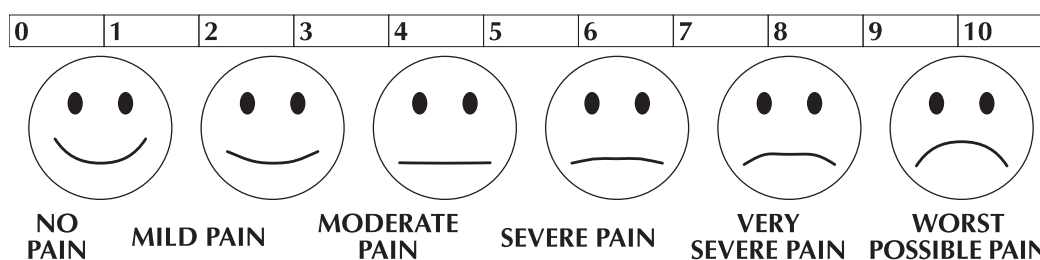
Please ask your nurse for medication to control your pain. Your anesthesiologist will determine when you can be moved to your room on The Joint Center, generally within 1 to 2 hours after your surgery.

Beginning the Recovery Process

There are a number of things you can do to make yourself more comfortable and speed your recovery from surgery:

Pain Management

Unfortunately, some pain after surgery is unavoidable. Medication to ease the pain can be administered in pill form, by injection or through your IV. It is important to tell a member of your care team if your pain is worsening before it becomes unbearable. You can report your pain to your care team using the scale below. Rate your pain with 0 being no pain and 10 as the worst pain. This will help your care team know if your medication is working.



Blood-thinning Medications

You will be put on blood-thinning medications such as aspirin to reduce the risk of blood clots that may form as a result of surgery.

Nausea Management

Sometimes people are nauseated when they wake up from surgery. If this happens, turn your head to one side and call your nurse to assist you. Medication is prescribed to treat nausea.

Coughing

Coughing after many surgical procedures is essential to clear your lungs. Your nurse will review proper coughing techniques with you.

Deep Breathing

This helps prevent pneumonia and increases your circulation, which will be sluggish after surgery. Your nurse will show you how to use an incentive spirometer, if needed, to exercise your lungs. Try to use it frequently. Do not wait until your nurse reminds you to practice this important exercise.

Intake and Output

Commonly referred to as “I & O.” After surgery, your digestive system will be sluggish. You will receive fluids through your IV first, and progress to a regular diet as tolerated. Your urinary output will be measured regularly. A bladder scan will be performed to confirm you are emptying your bladder. If emptying is incomplete, this scan may be repeated each time you urinate.

Activity and Special Equipment

Movement, no matter how small, helps recovery. While you are in the hospital, a physical therapist will get you up and moving as soon as possible, on the same day as your surgery. You will have the opportunity to practice your exercises and work on proper techniques to get in/out of bed and on/off the toilet. You will also go for a short walk using a walker.

If you are having knee replacement, it is important to work on range of motion (ROM) every day. Extension (straightening your leg) is very important. Our staff will show you ways to achieve this. Regaining your knee flexion (ability to bend) is also very important. Sitting up with your legs dangling over the edge of your bed assists you with flexion. Your therapist will record your knee range of motion (ROM) and walking distance on a whiteboard in your room. It's important to improve with each session and monitor your ROM over the next few weeks. You may have “booties” or “cuffs,” called sequential compression devices (SCDs), that rhythmically squeeze your feet or calves. These will remain in use until you are more mobile.

We are a Team!

We understand that recovery can seem challenging, especially to those who have never had orthopedic surgery before. But your physicians and staff are here to help you through this process. We have treated thousands of people and together we will help you succeed in your recovery journey.

Potential Risks Associated with Joint Replacement Surgery

Although joint replacement surgery generally has a high success rate, as with any surgical procedure, there are potential risks. You should be aware of these risks, along with the precautions you can take to help reduce them.

Infection

With any surgery, there is a risk of infection. However, preadmission test results will detect whether you have any active infections before surgery. Antibiotics administered through your IV will help prevent infection. You must also reduce your risk of infection by performing the skin problem check and the thorough washing procedure 5 days before your surgery explained earlier in this section.

Blood Clots

Joint replacement surgery affects circulation during the healing process. To promote circulation, you will be asked to pump your feet and exercise your ankles. Getting out of bed and moving around after surgery will also decrease your risk of blood clots. A blood-thinning medication may also be prescribed to help prevent blood clots. You may have plexipulse “booties” or sequential compression devices (SCDs) on your calves that will be used to increase blood circulation until you are more mobile.

Pneumonia

Congestion in the lungs may occur following surgery which can lead to pneumonia. To prevent pneumonia after surgery, you will be asked to take frequent deep breaths and if needed, use an incentive spirometer. These breathing exercises will help keep fluids from pooling in your lungs. Breathing deeply after surgery and using an incentive spirometer are important measures to prevent congestion in the lungs. It is also important to get out of bed often.

Bladder Infections

Bladder infections may also occur, especially if you end up needing a catheter. It is important to drink plenty of fluids to prevent infection.

Numbness

It is important to understand you will experience some numbness on both sides of your incision following surgery. This is normal and should not be a cause for concern. During surgery, the nerves around the joint can be retracted; as these nerves heal, you may experience tingling sensations. You may experience permanent numbness in the area around your incision, but this will not affect the function of your new joint. Only in rare situations is there permanent numbness or weakness to the leg as a result of trauma to a nerve.

Hip Replacement Risks

- Limb length inequality: Our goal is to give you a stable hip with equal leg lengths. Occasionally we may have to lengthen your leg to improve stability of your hip. You may notice slight difference in leg length which generally resolves in 3 – 6 months. If you still notice a difference, a small shoe lift may be needed.
- Dislocation: Functioning within a safe range of motion is stressed during the first 6 – 8 weeks after surgery. If you do not adhere to the precautions, you risk dislocating the hip ball from your new socket. To avoid problems, follow your therapist's instructions.
- Fracture: As most hips are inserted without cement and require a tight fit within the bone, occasionally a crack or fracture in the bone can occur. If this happens, it will be treated by your surgeon during surgery.

Knee Replacement Risks

- Stiffness: Despite the pain associated with surgery, range of motion exercises will help get the muscles working so the knee bends properly to reduce stiffness. There is a 4 – 6 week window of time in which you have the opportunity to regain the range of motion of your knee(s). This is particularly true for straightening (extension) of your knee. Therefore, it is important that you feel some urgency and work hard to regain the range of motion of your knee(s).

Severe Complications

As with any major surgery, there is a possibility of complications for the procedure and from anesthesia. Very rarely, complications may be severe enough to result in death. If you have any questions or concerns regarding complications, please discuss them with your surgeon or anesthesiologist.

At The Joint Center

Day of Surgery: Arriving at The Joint Center from the Recovery Room

Vital Signs

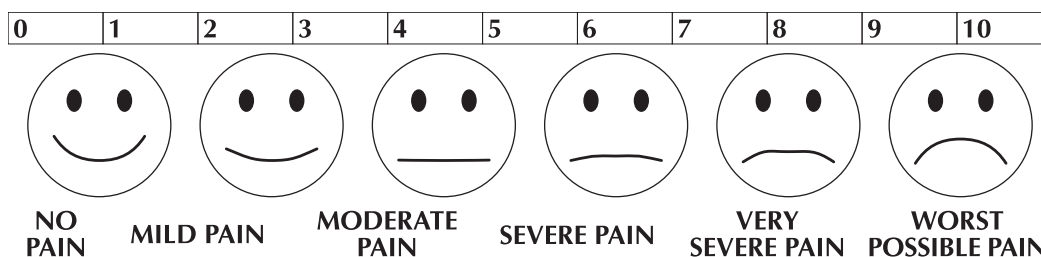
Once you are transferred from the PACU/recovery room to your room at The Joint Center, nurses will continue to closely monitor your vital signs, including your blood pressure, heart rate and temperature. A monitoring machine will be used.

Your blood pressure may be lower than usual. This is normal and to be expected as a result of the surgical process, anesthetic blocks and pain medication.

During your hospital stay, your temperature may occasionally be higher than usual. This is to be expected. It is not a sign of infection, but rather the need to do deep breathing and coughing to “wake-up” your lungs.

Pain Management

Your pain medication will be given in pill form. Your nurses will continue to ask you to rate your pain using the scale below. If you should experience an increase in pain, please notify your nurse **before** your pain becomes unbearable. Repositioning and ice therapy may also be used for pain management.



Education

The nurses will explain any equipment used and what you can expect to happen throughout the day.

Diet

With the guidance of your nurses, you will progress to a regular diet as you are able to tolerate solids. Tell your nurse if you are on a special diet (i.e. diabetic, low sodium, gluten free, vegetarian). Be sure to drink plenty of fluids to stay well hydrated. You will sit up in a chair or on the edge of the bed for meals.

Using the Bathroom

Your nurse, personal care assistant (PCA) or therapist will help you use the bathroom. Your urine output will be measured throughout your hospital stay. A bladder scanner may be used to ensure that you are emptying your bladder.

Lab Work

No lab work will be scheduled on the day of your surgery.

Breathing Exercises

The nurses will teach you breathing exercises, reminding you to take deep breaths and cough every 2 hours. You may be instructed to use an incentive spirometer, which measures how deep a breath you take. Your family or other caregiver is encouraged to help. You may have oxygen in place until you are fully awake following surgery. Breathing exercises are very important in recovery following surgery.

Special Equipment

You may have a hip or knee drain in place. The nurse will monitor the output.

Remember to wiggle your feet often. You may wear “booties” or “cuffs,” called sequential compression devices (SCDs), that rhythmically squeeze your feet or calves. These will remain in use until you are more mobile.

Activity

Depending on the time of your surgery and your comfort level, you will sit, stand and walk with the physical therapist. For patients with primary total hip and knee replacement, you will be able to put weight, as tolerated, on your operative extremity with the help of a walker. Please do not get up out of bed unassisted—one of the team members will help you.

For the first several days after having your joint replaced, you may have difficulty lifting/raising your leg by yourself and may need someone to help you. This is normal and to be expected and will get better on its own with time, usually within 7 – 10 days.

If you had **knee replacement** surgery, a physical therapist will work with you to increase your mobility and strength. You will work on range of motion exercises, walking with a walker and practice going up and down stairs. If you want to exercise your range of motion more frequently, you may do this independently and without fear of harming your knee.

If you had **hip replacement** surgery, a physical therapist will visit you today to review hip precautions, teach you exercises and show you how to correctly sit at the edge of your bed. You will start with a walk and progress to stairs if you have stairs at home. If you would like to walk more often, the nursing staff will be happy to help you.

Discharge—Going Home from the Hospital

Based on your health history and individual needs, your surgeon talked with you about a plan to go home either on the day of surgery or after an overnight stay. For those going home on the day of surgery, you are able to head home once you have been cleared by physical therapy and are medically stable. This is typically a few hours after surgery. Those staying overnight are usually ready to head home after breakfast.

You will have the option of having new post-surgery prescription medications filled at the hospital and available for pick-up before you leave. Please have a family member bring the appropriate payment to cover any co-pays you may be responsible for.

Once you are settled at home, please take time to review your discharge paperwork, as it has important information about incision care, medications, and when to call your surgeon's office.

Care at Home—Knee

What to Expect After a Total Knee Replacement (TKA)

Your recovery from TKA will continue for more than 1 year. A large proportion of your recovery happens in the first 3 months. One to 2 years after TKA, several large multicenter studies have documented the following results:

- Overall satisfaction with regard to pain relief and function ranges 85-90%
- 66% thought the knee felt “normal”
- 1/3 of patients felt some residual stiffness/soreness

Regarding Return to Work

In patients working the 3 months prior to surgery, more than 95% of patients returned to work after surgery. The time off work varies with the physical demands of the job.

Caring for Your New Knee

When you return home, it's important to take care of your new knee. Although there is still much work to do, you have already achieved a lot. So, when you get home, take a deep breath and relax. The benefits of a total knee replacement are great, but they do take a while to be realized.

The following helpful hints, instructions and information will make your transition to home easier.

Physical Therapy

Your physical therapy (PT) will continue as your new knee improves. As noted earlier on page 20, you should begin PT 2 – 3 days after your surgery, and attend 2 – 3 sessions per week for 4 weeks or so. Please follow the daily home-exercise program outlined by your physical therapist. The success of your knee replacement surgery depends largely on your diligence, cooperation and adherence to your physical therapy program. Remember to take your pain medication at least 30 minutes prior to your planned activity for the first two weeks.

During daytime hours, you should get up each hour to walk with a walker and perform range of motion exercises. Ice and elevation after each exercise session helps minimize pain and swelling.

Getting Good Range of Motion After Knee Replacement

Most of your improvement after a knee replacement will take time. However, you must feel urgency in accomplishing good range of motion for your knee (flexibility). Within 7 days after your knee replacement, you should be able to get your knee entirely straight/full extension (Fig. 1) with no space between the back of your knee and the table. You should also be able to bend/flex your knee to at least 90 degrees. (Fig. 2). Ninety degrees is the same thing as a right angle. If you achieve 90 degrees within 1 week and continue to push forward after this, you will end up with excellent range of motion for your knee replacement. Most of our patients end up with 120 – 125 degrees of flexion.

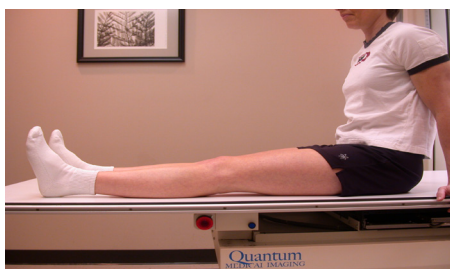


Fig. 1



Fig. 2

Make sure you know how much flexibility you have in your knee. At each visit, ask your therapist how much bend your knee has and how much extension (straightening) you have. This will help you know if you are progressing appropriately.

These tips will help you accomplish full flexibility of your knee(s) in the appropriate time frame:

- Use commercial breaks (if you're a TV watcher) or the end of a chapter (if you're a book reader) to help increase the bend in your knee. Sit in a chair that allows you to slide forward while keeping your feet firmly planted on the floor. Bend your knee as far as you can on your own. Then, with your feet firmly planted in place, slide forward on your chair, which will force your knee into a more bent position. Hold this position during the commercial time or for 2 minutes or as long as you are able. Then relax until next commercial or chapter break. **Make sure your chair is against a wall while doing these exercises.**



- In the same manner, use a coffee table or a footrest to help gain the ability to fully straighten your knee. At each commercial or chapter break, rest your heel on the coffee table or footrest, allowing gravity to pull the knee out straight. You may also push down on your knee for additional pressure in the downward direction. Hold this until the commercial is over or for 2 minutes or as long as you are able.



Although many of you will have a therapist monitoring your progress in physical therapy, it is your responsibility to obtain good range of motion. The therapist and your family can encourage you, but you must do it. **It is not the job of the therapist, your family or your doctor to bend and extend your knee... it is yours.** Remember that there is no true mechanical barrier to your knee bending to 90 degrees within 1 week. Pain makes your knee hard to bend. Work hard to control your swelling: Ice your knee frequently, take your pain medications and bend your knee. **For the first two weeks, perform your exercises 6 – 8 times a day. After that, do your exercises three times a day, every day, for the first 2 – 3 months after your knee replacement.** Although a therapist may be seeing you two or three times per week, this means that you are in charge of 18 – 19 out of 21 therapy sessions per week. If you do not bend the knee adequately, it will become stiff and your result will not be as good as the patient who practices bending the knee.

If you do your exercises faithfully, straighten and bend the knee adequately, and follow the exercise program given to you at the hospital, you can do your therapy on your own (with the assistance of your family). The therapist's role is to monitor your progress, not to do the therapy for you. **"The magic is in doing the therapy, not in the therapist."** When you work with a therapist, please be clear about their limited role and your ultimate responsibility in accomplishing the outlined range of motion goals.

Additional Tips and What to Expect Over the Next Several Days and Months

Leg Raises

For the first 1 to 2 weeks after total knee replacement, many patients cannot independently lift their leg and require someone to help. This is **normal**. After 1 to 2 weeks, you will regain the ability to raise your leg and will no longer require much, if any, assistance to lift it. When you can raise your leg on your own, it is generally much easier for you to get in and out of bed independently.

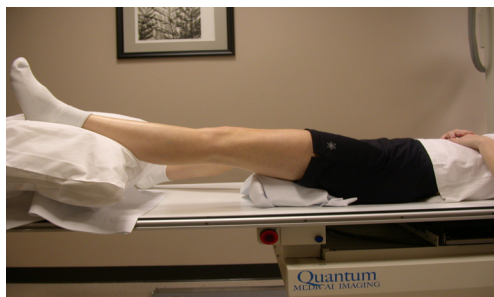
If you cannot raise your leg on your own, it does not mean that you are behind, not working hard enough or that something has gone wrong. It just takes time.

Swelling

Swelling of the knee and leg are normal after a total knee replacement. There are some things that you can do to minimize this problem.

Ice the knee a minimum of 4 times a day for 20 – 30 minutes at a time for the first 2 to 3 weeks after surgery. Icing is very important and very helpful. It is particularly helpful to ice after you have done your exercises or been on your feet for a while.

Swelling of the entire leg is also normal. This will slowly improve, but may last for as long as several months. To help minimize the swelling, please follow the following recommendations.



For 20 – 30 minutes at a time, take breaks in the late morning, late afternoon and evening by lying down, applying ice and elevating the leg on several pillows arranged in a wedge-shape so that your foot and knee are above the level of your heart. Sitting with your foot propped up, although permissible to do, will not help reduce the swelling of your foot and leg.

Avoid prolonged periods of sitting over the first 7-10 days after surgery. Limit sitting to only 45 minutes to 1 hour. Then get up and move around or lie down and elevate your leg.

Bruising

You may develop bruising of the operative leg. It is common and normal to develop bruising of your thigh, calf, ankle and foot. Bleeding normally occurs after a knee replacement: This blood will track along the tissue planes of your leg resulting in bruising of the thigh, calf and foot/ankle. This is normal. Men may even get bruising and swelling of the scrotum. This is also normal after a knee replacement and you should not be alarmed. As the body resorbs the blood, the bruising will gradually go away on its own.

Blisters

Some patients may develop blisters around the knee and/or the incision. Although blisters can be alarming in appearance, they pose no significant risk to your knee replacement. They may leak some clear fluid for a period of time, but eventually a scab will form and they will heal. We recommend that you just “ignore” the blisters and allow them to heal on their own.

Numbness

Most patients develop an area of decreased sensation (numbness) on the lateral (outer) aspect of the knee. This numbness is expected and normal after knee replacement. It is not a sign of any problem. The numb area typically decreases in size over the next 6 – 12 months.

Clicking and Other Sounds From Your Knee Replacement

Your knee replacement is a mechanical joint. As such, it is normal for the new knee to make some mechanical sounds such as clicking and popping. This is not a sign of a loose knee replacement or any other significant problem and should not cause alarm. As time passes, the sounds frequently decrease along with your awareness of the sounds.

Weight Bearing, Walkers, Crutches and Canes

You may place as much weight onto the operated leg as your pain, comfort, common sense and balance will allow. You will not damage your knee replacement by placing your weight on the leg. As you progressively put more weight on the leg, you may progress off of your ambulatory aids as tolerated. For example, when you no longer feel that your walker (or crutches) is needed for your pain, balance and common sense, you may progress to a cane. If you are carrying your walker more than using it for balance and safety, you are probably ready to transition to a cane. It is usually best to use the cane in the hand opposite of the knee replacement. When you no longer feel a cane is necessary for pain, balance and common sense, you may discard the cane. The length of time it takes to walk independent of support aids is not important and will not determine the success or failure of your knee replacement. However, you have our permission to walk without support whenever you feel you are safe. Some of our patients do this within 2 weeks of surgery; others take 6 weeks or so.

Kneeling

While it is permissible to kneel on your knee(s), it may not be comfortable to do so. Kneeling will not damage your new knee.

Pain Medications

Knee replacement can be painful. Our goal is to make your pain manageable (not absent, since this is usually not realistic) and to allow you to progress with your therapy for your knee. Most patients will be given a prescription for Oxycodone, Norco (hydrocodone/acetaminophen), or Tramadol. Follow instructions on your prescription bottle. Do not take more than what is prescribed for you, and take the minimum amount necessary for the shortest period of time.

Tylenol (acetaminophen) will help minimize the amount of narcotic pain medication needed to control pain. Tylenol (acetaminophen) may be taken with Oxycodone or Tramadol. Norco (hydrocodone/acetaminophen) already contains Tylenol, therefore do not add Tylenol if you were prescribed Norco. We recommend Tylenol (acetaminophen) 1000 mg every 8 hours, around-the-clock, until you have stopped your narcotic pain medication. Do not take more than 3000 mg of Tylenol in a 24-hour period.

Most patients will also be prescribed a non-steroidal anti-inflammatory drug (NSAID) called Mobic (meloxicam) to control pain and inflammation, unless a medical issue limits its use.

It is usually quite helpful to take pain medication about 1 hour before your planned therapy.

As the intensity of the pain starts to decrease, begin lowering the amount and how often you are taking pain medication. The narcotic pain medication should always be stopped first, followed by the anti-inflammatory and Tylenol.

It is common for patients to take narcotic pain medications for about 2 to 4 weeks after knee replacement. Although it is unusual for you to be pain-free by 4 weeks after surgery, we do recommend that you stop taking narcotic pain medications at that time and use over-the-counter medications (for example, Tylenol and/or Aleve/Advil).

Pain medications are not your only strategy for controlling the pain. To help control the swelling and your pain, we also recommend you ice your knee regularly and elevate your leg periodically. The better you control your swelling, the less pain you will experience. We also recommend that you get some other stimuli into your life: Keep your mind occupied! For example, if you only focus on your knee, the pain generally seems worse than if you get some other distractions/stimuli to keep you from focusing only on the pain. For example, watch a movie; invite some friends over; play a board game; or call some friends. Distracting yourself from your knee can be helpful. As you get more mobile, getting out of your home is also helpful.

Driving an Automobile

You are allowed to operate an automobile when you are comfortably walking with a cane or without any support. For some patients, this will be within 3 to 4 weeks and for others it will take longer. When you are walking with a cane (or with no support), you have adequate control of your leg to operate your car. However, you should also use your common sense. If you do not feel that you are safe to drive a car, wait until you feel you are ready. **Do not drive if you are still taking narcotic pain medications.**

Blood Thinners

Hip and knee replacement surgery increase the risk of developing blood clots in the veins in your legs. This is called deep vein thrombosis or DVT. We use several methods to decrease this risk including the use of blood thinners. If you have no prior history of blood clots (DVT) and no unusual risk factors, low-dose aspirin, 81 mg, 1 pill twice a day for 4 weeks, will be used to thin your blood. If you have had a prior blood clot (DVT), then Coumadin® (also called warfarin), or an alternative oral blood thinner, will be used for approximately 6 weeks. A blood test will be done once or twice a week to monitor your levels of blood thinning and your Coumadin® dose adjusted as needed. The Anticoagulation Clinic pharmacist will coordinate your prescriptions for Coumadin® and the blood tests. We have used this very safe and effective strategy for many years to minimize the risk of blood clots. You may resume aspirin or anti-inflammatory medications when you stop taking Coumadin®. If you have any questions or concerns regarding this medication or the dosing of the medication, please call 425.690.3533.

Sleeping and Eating Problems

Most patients have some difficulty sleeping for several months after a knee replacement. It will improve with time, but it is a difficult problem to treat. Nothing completely eliminates the problem other than time. Unless you are accustomed to sleeping pills prior to your surgery, we do not advocate them as they do not help much and can cause other significant side effects. Rather, we recommend you use your pain medications at bedtime to help you relax, control your pain and facilitate sleep. Working hard and being active during the day are also helpful in inducing sleep at bedtime. For many patients, patience and time will solve the insomnia.

Many patients lose their appetite for several weeks, and sometimes up to 2 months. This is normal and is no cause for alarm. Your appetite will return to normal with time. Many find it helpful to eat several small meals/snacks, rather than large meals, until the appetite returns to normal.

Constipation

The use of narcotic pain medications and a decrease in your mobility after knee replacement frequently causes some degree of constipation. Be sure to drink plenty of water and fluids, and increase your intake of fruits, vegetables, and high-fiber foods. We recommend, particularly if you are susceptible to constipation, you take a stool softener such as Colace, a stool-bulking fiber supplement such as Metamucil, and a laxative such as Miralax or Milk of Magnesia to prevent constipation. However, please avoid taking so much of these that you develop diarrhea: frequent trips to the bathroom shortly after your return home may be difficult for you.

If it has been 3 days since surgery without a bowel movement or you are having discomfort, try a Dulcolax suppository. If no results from the suppository, we recommend a Fleet enema. Both are available at any local drugstore.

Sexual Activity

You may resume sexual activity as comfort and common sense allow. If you have specific questions, please discuss them with the therapist and your physician.

Expectations for Pain Relief after Total Knee Replacement

Total knee replacement is a great operation. It is highly predictable in terms of improvement in pain, function and quality of life. However, your patience is needed to achieve many of the surgery's wonderful benefits. A good total knee replacement is characterized by high quality pain relief which frequently takes 6 – 9 months to achieve. Knee replacement patients continue improving for up to a year following surgery.

Stated differently, it is normal for you to still have some pain in your knee for as much as 6 – 9 months after your surgery. The pain relief will come, but you should not expect great relief of pain in less than this time. Higher demand activities (such as going up and down stairs) frequently take 6 – 9 months before patients feel comfortable. It is permissible to go up and down stairs whenever you can safely navigate them, but it will take much longer to do them normally and with great confidence.

Temperatures

Please contact us if you have a temperature elevation of 101 or above. Temperature elevations of 99 – 100 degrees are common after surgery.

Incision Instructions for Total Knee Replacement: Dermabond™ Prineo™ (DBP) Skin Closure System

Description

Your incision was closed with a water-tight, sterile, and strong wound closure system called **Dermabond™ Prineo™ (DBP)**. There are multiple layers of dissolvable sutures under the top layer of your skin. There are no sutures or staples to be removed, however, the mesh will eventually fall off or be removed. See instructions and answers to common questions about this wound closure system below.

Instructions

1. **Five days after surgery, you should remove ONLY the top bandage that is silver with clear edges (Mepilex)** as seen in Figure 1. You will see a mesh-like material covering your incision underneath. This is the DBP. It is normal to appear wrinkly, to have some dried blood spots on the mesh, and purple pen marks (Fig. 2, wrinkly DBP). **The DBP is to be left in place for up to 3 weeks.**
2. The corners may peel up. Trim the peeled up edge(s) with clean scissors (Fig. 3, trimming DBP).
3. **You may shower with the DBP.** Do not scrub it or submerge it in water. Pat dry with a clean towel.
4. **After 3 weeks, if the DBP is still in place, please remove it.** Apply a generous amount of any type of petroleum product such as Vaseline. Then wait 3 to 5 minutes. Start by peeling up the top edge of the mesh, and gently pull in a downward fashion and in-line with the incision. The mesh should come off easily. If it is difficult, apply more petroleum product or allow more time for it to soak into the mesh (Fig. 4, 5, 6, and 7, taking the mesh off). Forcibly removing the mesh may cause damage to your skin. Once removed, you may continue to shower.
5. **Do not soak in a hot tub, swim, or apply any lotions, creams, or ointments on the incision for a minimum of 4 weeks from surgery.**

Frequently Asked Questions

There is blood on the Dermabond™ Prineo™, is that normal?

Yes, the incision does bleed a little while it is being closed during surgery. We do not expect a large amount of blood draining or pooling under the DBP. If this happens, please call the clinic and ask for our Orthopedic Care Coordinator, ARNP at 425.656.5060.

Why can't I just remove the dressing after surgery?

The DBP is a part of your wound closure system and is a substitute for staples. It helps the skin heal and helps prevent infection. It should remain on your incision for 2 to 3 weeks.

(continued on next page)

How do I remove the mesh after three weeks?

See #4 on previous page and see Fig. 4, 5, 6, and 7.



Fig. 1
Removing
Mepilex on
day 5



Fig. 2
Dermabond Prineo
(DBP)—leave in
place up to 3 weeks



Fig. 3
Trimming
DBP



Fig. 4
Vaseline (3 weeks
after surgery)



Fig. 5
Applying
Vaseline



Fig. 6
Wait
3 – 5
minutes



Fig. 7
Removing
DBP

Ongoing Recovery and Care for Your Knee Implant

Although your knee may feel fine, it is important to remember your joint has artificial components. For this reason, you need to see your surgeon at 6 to 8 weeks after surgery, then, if needed, at 3 to 4 months, and after 1 year. Routine examinations allow your surgeon to continually monitor your new joint and detect changes that may be apparent only during an exam or by x-ray. Often, your orthopedic surgeon will detect problems before you notice them.

Follow-up Care for Your Knee—Routine Examinations

Ten to 14 days after your surgery, you will meet with your doctor's physician assistant or a nurse practitioner, either virtually with a telehealth video visit or in the office. They will evaluate your incision healing, knee range of motion, review medications, and answer any questions you may have at that time. Your doctor needs to see you 6 to 8 weeks after surgery. At this time, we will obtain x-rays of your knee replacement.

The schedule below contains your recommended appointment intervals with your orthopedic surgeon and staff following your joint replacement surgery. Your surgeon may also schedule you for additional appointments, if necessary.

Appointment: Date Scheduled

One to two weeks after surgery	_____
Six to eight weeks after surgery	_____
Three to four months after surgery (if needed)	_____
One year after surgery	_____
Five years after surgery	_____
Ten years after surgery	_____

Questions or Problems

Your well-being is important to us. We encourage you to call your physician's office if you have any questions, problems or confusion about your recovery after your joint replacement. We are committed to providing you with the best care possible and we welcome your call.

Home Exercises for Your New Knee

Your physical therapist will outline an appropriate home-exercise program before you leave the hospital.

Here are some general recommendations for continuing your knee exercises. Begin performing these exercises 1 set of 10 repetitions, three times per day. Gradually increase the exercises to 3 sets of 10 repetitions for each exercise.



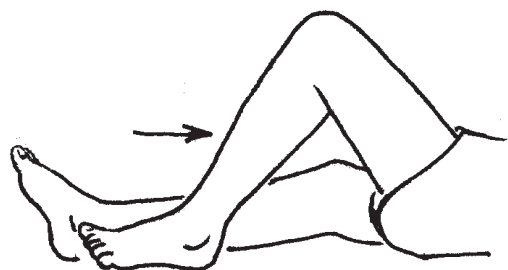
Ankle Pump

Move your foot back and forth as if pressing on a gas pedal. Make sure to move all the way up and down through the full motion.



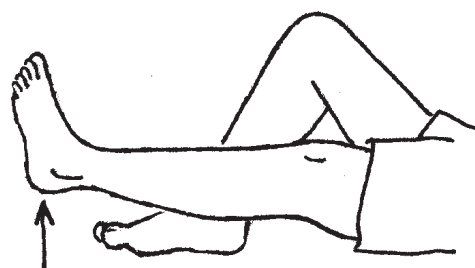
Quad Set

Tighten muscles at the top of the thigh by pushing knee down. Hold for 5 seconds and release.



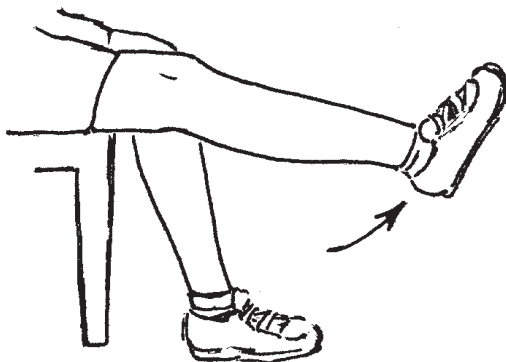
Heel Slide

Slide heel up toward bottom. Hold for 3 seconds, then slide heel down.

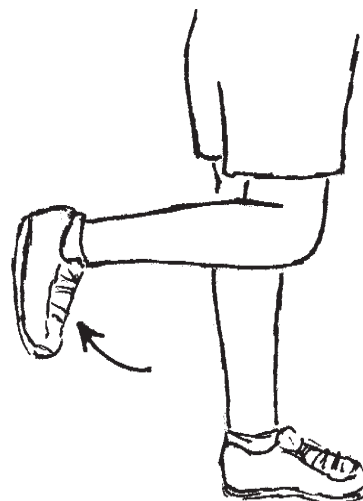


Straight Leg Raise

Lift leg 12 inches with the knee straight and toes pointed up. Other knee may be bent if needed.

**Long Arc Quad**

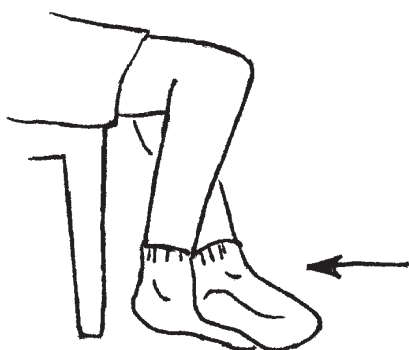
While sitting, straighten your knee and hold for 5 seconds. Return knee to bent position.

**Knee Flexion**

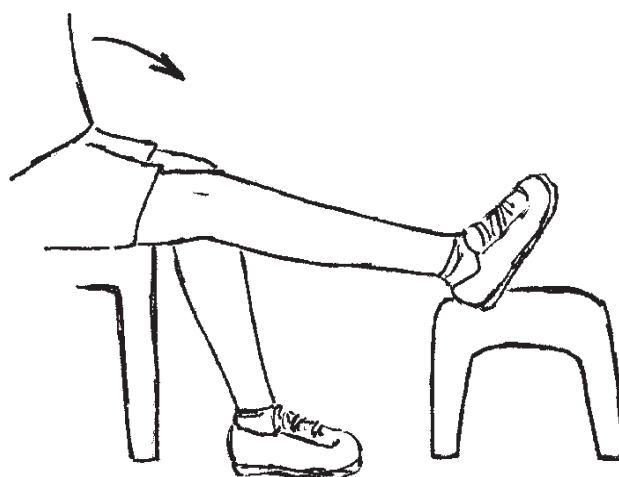
While standing and holding a kitchen counter or dresser, bend knee and hold for 5 seconds.

Stretching Exercises

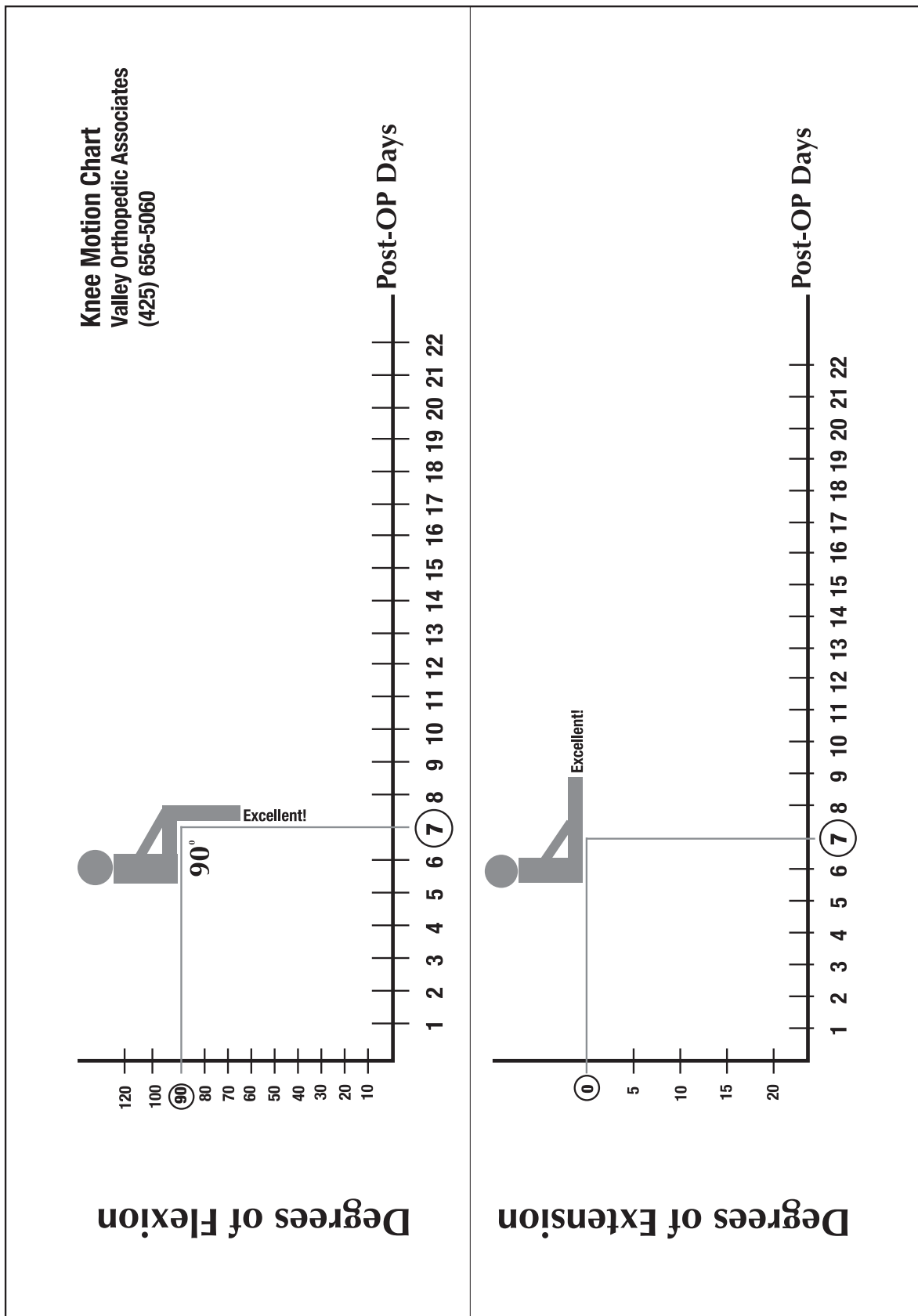
Do each of the following stretches three times per day for up to 20 minutes each time, holding each stretch for 30 seconds. Perform each stretch five times.

**Quad Stretch**

Cross legs with your surgery leg on the bottom. Slide feet under the chair, keeping hips on the chair.

**Hamstring Stretch**

Sit with foot resting on stool or chair seat, keeping back straight. Gently lean forward, to stretch the back of the thigh.



Post-op Knee Care

WORK ON MOTION!

Walking doesn't count, but attention to your range of motion does.

Do not lift weights, hang weights on your knee or do resistive exercise until motion is at least 0° – 100°.

Place a firm pillow or rolled towel under your ankle to work on straightening your knee.

When sitting, allow your knees to bend and your feet to rest on the floor.

You may use a stationary bicycle.

If your therapist disagrees with any of the above, or if you lose motion or fail to progress, please call us immediately at 425.656.5060.

Living with Your New Knee

Your new knee is the result of many years of research. But like any device, its life span depends on how well you care for it. You should exercise proper care of your new knee the rest of your life.

Protecting Your New Knee

Be sure to follow the instructions of your surgeon and physical therapist regarding first, the use of a walker or crutches and second, a cane, for the specified amount of time after surgery. Following this advice and taking the precautions outlined are important for your new knee's early healing.

Sports and Other Activities

Remember, your new joint is designed for the activities of daily living and low impact sports, not high-impact sports. Once your surgeon approves you to participate in more activity, walking, swimming and cycling are recommended. Aggressive sports, such as jogging or running, may impair or compromise the function and long-term success of your joint and should be avoided.

Infection

Your new knee is a metal prosthesis which the body recognizes as a foreign object. If you become sick with a serious infection, bacteria can gather around your prosthesis and your joint can become infected. If you become ill with an infection or a high fever, see your doctor immediately.

Other Surgical Procedures

If you are scheduled for any surgeries—even minor ones such as surgery for ingrown toenails or oral surgery—you must take antibiotics before the procedure. If your physician is not sure which antibiotics are appropriate for you, please ask him/her to call your orthopedic surgeon.

Metal Detectors

Your knee replacement is made of metal and will set off metal detectors. Tell the screener you have a joint replacement to facilitate additional screening.

Congratulations!

You are now the proud “owner” of a knee replacement. We are confident that it will prove to be of great benefit to you. Work hard, be patient and remember why you had the surgery performed—to give you many years of excellent pain relief and improvement in function and quality of life! Please call us at 425.656.5060 if you have any questions, problems or confusion about your joint replacement or recovery.

Care at Home—Hip

Caring for Your New Hip

When you return home, it's important to take care of your new hip. Although there is still much work to do, you have already achieved a lot. So, when you get home, take a deep breath and relax. The benefits of a total hip replacement are great, but they do take a while to be realized.

The following helpful hints, instructions and information will make your transition to home easier.

Home Exercises and Physical Therapy

Walking and doing the recommended home exercise program are the keys to success after hip replacement. You are responsible for following the daily home exercise program your physical therapist outlined for you in the hospital. The success of your hip replacement depends largely on your attention to this program. Most patients do not need outpatient physical therapy and make a full recovery with a home exercise program and gradually returning to activities as tolerated. If you would like to pursue physical therapy, we can provide you with a prescription to begin no earlier than 3 – 4 weeks after surgery.

Hip Precautions for Those with Anterior Approach Surgery

While rare, it is possible to dislocate your hip after an anterior approach hip replacement. For 6 weeks after surgery, you should avoid back or hip extension exercises such as lying on the bed or floor with your knees bent, pushing your pelvis or hips upward, and “bridging,” i.e., no back arch.

You should also avoid dropping your surgical leg over the edge of the bed while laying down or trying to sit up. During pre-hab, your physical therapist will go over this in great detail so you can practice getting in and out of bed safely.

Avoiding hip extension is the main precaution, otherwise, use common sense to avoid extremes in range of motion in the initial healing period. Walking is very safe, and you do not need to worry about any range of motion precautions while walking.

Additional Tips and What to Expect Over the Next Several Days and Months

Leg Raises

For the first 1 to 2 weeks after total hip replacement, many patients cannot independently lift their leg and require someone to help. This is **normal**. After 1 to 2 weeks, you will regain the ability to raise your leg and will no longer require much, if any, assistance to lift it. When you can raise your leg on your own, it is generally much easier for you to get in and out of bed independently.

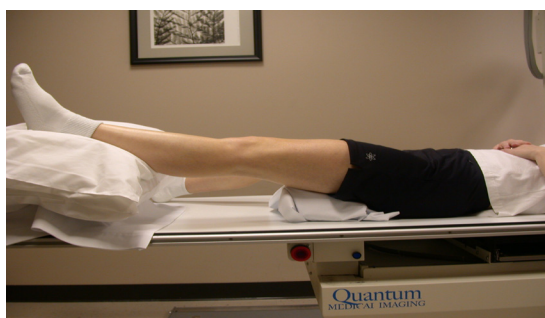
If you cannot raise your leg on your own, it does not mean that you are behind, not working hard enough or that something has gone wrong. It just takes time.

Swelling

Swelling of the hip and leg are normal after a total hip replacement. There are some things that you can do to minimize this problem. Ice the hip frequently for the first 2 to 3 weeks after surgery. Icing is very important and very helpful. It is particularly helpful to ice after you have done your exercises or been on your feet for a while.

Swelling of the entire leg is also normal. This will slowly improve, but may last for as long as several months. To help minimize the swelling, please follow the following recommendations.

- For 20 – 30 minutes at a time, take breaks in the late morning, late afternoon and evening by lying down and elevating the leg on several pillows in a wedge-shape so the leg is relatively straight and your foot is above the level of your heart. Sitting with your foot propped up, although permissible to do, will not help reduce the swelling of your foot and leg.



- Also, do your ankle pumps and wiggle your toes. This makes your muscles help remove some of the swelling.
- Avoid prolonged periods of sitting over the first 7 – 10 days after surgery. Limit sitting to only 45 minutes to 1 hour. Then get up and move around or lie down and elevate your leg.

Bruising

You may develop bruising of the operative leg, particularly around the hip area. Some patients even get bruising and swelling into the knee region. This is normal and expected. Men may even get bruising and swelling of the scrotum. This is also normal after a hip replacement and you should not be alarmed by it. As the body resorbs the blood, the bruising will gradually go away.

Blisters

Some patients may develop blisters around the hip and/or the incision. Although blisters can be alarming in appearance, they pose no significant risk to your hip replacement. They may leak some clear fluid for a period of time, but eventually a scab will form and they will heal. We recommend that you just “ignore” the blisters and allow them to heal on their own.

Weight Bearing, Walkers, Crutches and Canes

You may place as much weight onto the operated leg as your pain, comfort, common sense and balance will allow. You will not damage your hip replacement by placing your weight on the leg. You may feel free to progress from your walker to a cane whenever you feel safe, comfortable and confident. If you are carrying your walker more than using it for balance and safety, then it is probably time to transition to a cane. It is best to use the cane in the hand opposite of the hip replacement. When you no longer feel that a cane is necessary for pain, balance, and common sense, you may discard the cane. The length of time that it takes to get off of your support aids is not important and will not determine the success or failure of your hip replacement. However, you have our permission to walk without support whenever you feel you are safe. Some of our patients walk unassisted within 2 weeks of surgery, others take 6 weeks or so. Remember that common sense and safety is the key.

Pain Medications

Hip replacement can be painful. Our goal is to make your pain manageable (not absent, since this is usually not realistic) and to allow you to progress with your therapy for your hip. Most patients will be given a prescription for Oxycodone, Norco (hydrocodone/acetaminophen), or Tramadol. Follow instructions on your prescription bottle. Do not take more than what is prescribed for you, and take the minimum amount necessary for the shortest period of time.

Tylenol (acetaminophen) will help minimize the amount of narcotic pain medication needed to control pain. Tylenol (acetaminophen) may be taken with Oxycodone or Tramadol. Norco (hydrocodone/acetaminophen) already contains Tylenol, therefore do not add Tylenol if you were prescribed Norco. We recommend Tylenol (acetaminophen) 1000 mg every 8 hours, around-the-clock, until you have stopped your narcotic pain medication. Do not take more than 3000 mg of Tylenol in a 24-hour period.

Most patients will also be prescribed a non-steroidal anti-inflammatory drug (NSAID) called Mobic (meloxicam) to control pain and inflammation, unless a medical issue limits its use.

As the intensity of the pain starts to decrease, begin lowering the amount and how often you are taking pain medication. The narcotic pain medication should always be stopped first, followed by the anti-inflammatory and Tylenol.

It is common for patients to take narcotic pain medications for about 2 weeks after hip replacement. Although it is unusual for you to be pain-free by 2 weeks after surgery, we do recommend that you stop taking narcotic pain medications at that time and use over-the-counter medications (for example, Tylenol and/or Aleve/Advil).

Pain medications are not your only strategy for controlling the pain. To help control the swelling and your pain, we also recommend you ice your hip regularly. The better you control your swelling, the less pain you will experience. We also recommend that you get some other stimuli into your life: Keep your mind occupied! For example, if you only focus on your hip, the pain generally seems worse than if you get some other distractions/stimuli to keep you from focusing only on the pain. For example, watch a movie; invite some friends over; play a board game; or call some friends. Distracting yourself from your hip can be helpful. As you get more mobile, getting out of your home is also helpful.

You can expect some degree of discomfort in your hip for about 1 to 3 months. By 6 months, very few of our patients are experiencing more than minor pain.

Driving an Automobile

You are allowed to operate an automobile when you are comfortably walking with a cane or without any support. For some patients, this will be within 3 to 4 weeks and for others it will take longer. When you are walking with a cane (or with no support), you have adequate control of your leg to operate your car. However, you should also use your common sense. If you do not feel that you are safe to drive a car, wait until you feel you are ready. **Do not drive if you are still taking narcotic pain medications.**

Blood Thinners

Hip and knee replacement surgery increase the risk of developing blood clots in the veins in your legs. This is called deep vein thrombosis or DVT. We use several methods to decrease this risk including the use of blood thinners. If you have no prior history of blood clots (DVT) and no unusual risk factors, aspirin, 81 mg, 1 pill twice a day for 4 weeks, will be used to thin your blood. If you have had a prior blood clot (DVT), then Coumadin® (also called warfarin) or an alternate blood thinner will be used for approximately 6 weeks. A blood test will be done once or twice a week to monitor your levels of blood thinning and your Coumadin® dose adjusted as needed. The Anticoagulation Clinic pharmacist will coordinate your prescriptions for Coumadin® and the blood tests. We have used this very safe and effective strategy for many years to minimize the risk of blood clots. You may resume aspirin or anti-inflammatory medications when you stop taking Coumadin®. If you have any questions or concerns regarding this medication or the dosing of the medication, please call 425.690.3533.

Sleeping and Eating Problems

Some patients have difficulty sleeping for a few months after a hip replacement. It will improve with time, but it is a difficult problem to treat. We have not found anything that completely eliminates the problem, other than time. We do not advocate sleeping pills, unless you are accustomed to using these prior to your surgery. We avoid prescribing sleeping pills for this problem, as we have not found them to help much and they can cause other significant side effects. Rather, we recommend that you use your pain medications at bedtime to help you relax, control your pain and facilitate sleep. It is also helpful to work hard during the day so that you are sleepy at bedtime. This seems to help as well. For many patients, you just have to work through this problem and let time solve it.

Some patients lose their appetite for several weeks after a hip replacement. This is common and it will improve with time. Until it improves, try to eat several small meals a day rather than trying to force down large meals.

Constipation

The use of narcotic pain medications and a decrease in your mobility after knee replacement frequently causes some degree of constipation. Be sure to drink plenty of water and fluids, and increase your intake of fruits, vegetables, and high-fiber foods. We recommend, particularly if you are susceptible to constipation, you take a stool softener such as Colace, a stool-bulking fiber supplement such as Metamucil, and a laxative such as Miralax or Milk of Magnesia to prevent constipation. However, please avoid taking so much of these that you develop diarrhea: frequent trips to the bathroom shortly after your return home may be difficult for you.

If it has been 3 days since surgery without a bowel movement or you are having discomfort, try a Dulcolax suppository. If no results from the suppository, we recommend a Fleet enema. Both are available at any local drugstore.

Sexual Activity

You may resume sexual activity as comfort and common sense allows. It is important to remember your hip precautions. If you have specific questions, please discuss this with the occupational therapist and your physician.

Expectations for Pain Relief after Total Hip Replacement

Total hip replacement is a great operation. It is highly predictable in terms of improvement in pain, function and quality of life. However, your patience is required to achieve many of surgery's wonderful benefits. A good total hip replacement is characterized by high quality pain relief which frequently takes 3 to 6 months to achieve. Patients continue improving for up to a year after a hip replacement.

Stated differently, it is normal for you to still have some pain in your hip for as much as 3 to 6 months after your surgery. The pain relief will come, but you should not expect great relief of pain in less than this time. Higher demand activities (such as going up and down stairs) frequently take 6 to 9 months before patients feel comfortable doing them. It is permissible to go up and down stairs whenever you can safely navigate them, but it will take much longer to do them normally and with great confidence.

Home Health Care Nurses and Therapist

Most patients progress very well and do not require the services of a Home Health Care Agency. At time of discharge, if your physician determines that you do require this service, the agency's name and phone number will be provided on the "Joint Replacement Discharge Instructions" under the title "Agency Referral." You may feel free to call the number provided with any questions or concerns.

Temperatures

Please contact us if you have a temperature elevation of 101 or above. Temperature elevations of 99 to 100 degrees are common after surgery.

Incision Instructions for Total Hip Replacement: Dermabond™ Prineo™ (DBP) Skin Closure System

Description

Your incision was closed with a water-tight, sterile, and strong wound closure system called **Dermabond™ Prineo™**. There are multiple layers of dissolvable sutures under the top layer of your skin. There are no sutures or staples to be removed, however, the mesh will eventually fall off or be removed. See instructions and answers to common questions about this wound closure system below.

Instructions

1. **Five days after surgery, you should remove ONLY the top bandage that is silver with clear edges (Mepilex)** as seen in Figures 1 and 2. You will see a mesh-like material covering your incision underneath. This is the DBP. It is normal to appear wrinkly, to have some dried blood spots on the mesh, and purple pen marks (Fig. 3 DBP). **The DBP is to be left in place for up to 3 weeks.**
2. The corners may peel up as seen in Fig. 3. Trim the peeled up edge(s) with clean scissors (Fig. 4 trimming DBP).
3. **You may shower with the DBP.** Do not scrub it or submerge it in water. Pat dry with a clean towel.
4. **After 3 weeks, if the DBP is still in place, please remove it.** Apply a generous amount of any type of petroleum product such as Vaseline. Then wait 3 to 5 minutes. Then, start by peeling up the top edge of the mesh, and gently pull in a downward fashion and in-line with the incision. The mesh should come off easily. If it is difficult, apply more petroleum product or allow more time for it to soak into the mesh (Fig. 5, 6, and 7 taking the mesh off). Forcibly removing the mesh may cause damage to your skin. Once removed, you may continue to shower.
5. **Refrain from soaking in a hot tub, swimming, or applying any lotions, creams, or ointments on the incision for a minimum of 4 weeks from surgery.**

Frequently Asked Questions

There is blood on the Dermabond™ Prineo™, is that normal?

Yes, the incision does bleed a little while it is being closed during surgery. We do not anticipate a large volume of blood draining or pooling under the DBP. If this occurs, please call the clinic and ask for our Orthopedic Care Coordinator, ARNP at 425.656.5060.

(continued on next page)

Why can't I just remove the dressing after surgery?

The DBP is a part of your wound closure system and is a substitute for staples. It helps the skin heal and helps prevent infection. It should remain on your incision for two to three weeks.

How do I remove the mesh after three weeks?

See #4 above and see Fig. 5, 6 and 7.

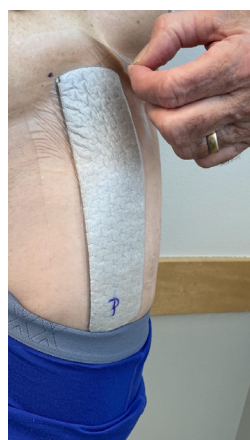


Fig. 1
Mepilex



Fig. 2
Removing
Mepilex
on day 5



Fig. 3
Dermabond
Prineo
(DBP)—
leave in
place up to
3 weeks



Fig. 4
Trimming DBP



Fig. 5
Vaseline
(3 weeks
after surgery)



Fig. 6
Wait
3 – 5
minutes



Fig. 7
Removing
DBP

Ongoing Recovery and Care for Your Hip Implant

Although your hip may feel fine, it is important to remember your joint has artificial components. For this reason, you need to see your surgeon at 6 to 8 weeks following surgery and one year after surgery. Routine examinations allow your surgeon to continually monitor your new joint and detect changes that may be apparent only during an exam or by x-ray. Often, your orthopedic surgeon will detect problems before you notice them.

Follow-up Care for Your Hip—Routine Examinations

Ten to 14 days following your surgery, you will meet with your doctor's physician assistant or a nurse practitioner, either virtually with a telehealth video visit or in the office. They will evaluate your incision healing, review medications, and answer any questions you may have at that time. Your doctor need to see you 6 to 8 weeks after surgery. At this time, we will x-ray your hip replacement.

The schedule below contains your recommended appointment intervals with your orthopedic surgeon and staff following your joint replacement surgery. Your surgeon may also schedule you for additional appointments, if necessary.

Appointment: Date Scheduled

One to two weeks after surgery	_____
Six to eight weeks after surgery	_____
One year after surgery	_____
Five to ten years after surgery	_____

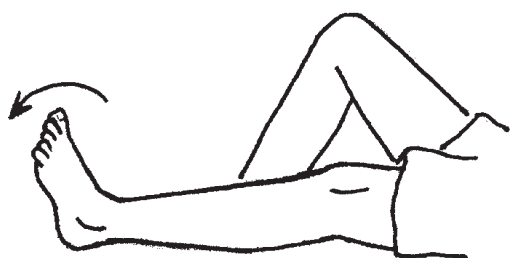
Questions or Problems

Your well-being is important to us. We encourage you to call your physician's office if you have any questions, problems or confusion about your recovery after your joint replacement. We are committed to providing you with the best care possible and we welcome your call.

Home Exercises for Your New Hip

Your physical therapist will outline an appropriate home-exercise program before you leave the hospital.

Here are some general recommendations for continuing your hip exercises. Begin performing these exercises 1 set of 10 repetitions, three times per day. Gradually increase the exercises to 3 sets of 10 repetitions for each exercise.



Ankle Pump

Move your foot back and forth as if pressing on a gas pedal.



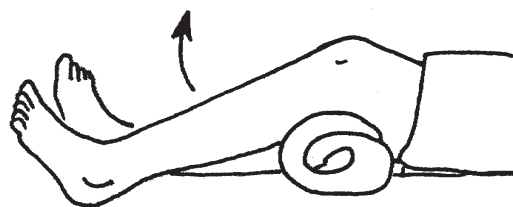
Quad Set

Tighten muscles on top of the thigh by pushing knee down. Hold for 5 seconds.



Gluteal Set

Squeeze bottom together. Do not hold breath. Hold for 5 seconds.



Short Arc Quad

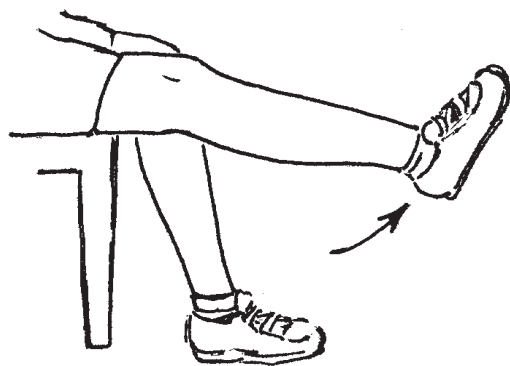
With knee over a bolster, straighten knee by tightening muscles on top of the thigh.



Hip Abduction Slide (sideways)

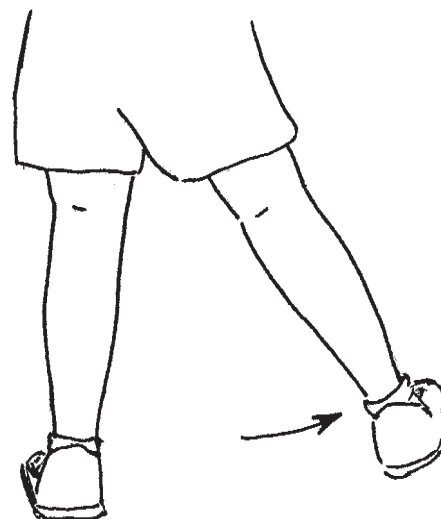
Keeping your toes pointed at the ceiling, slide your operated leg out to the side as far as possible. Return to starting position.

To start, do these exercises 1 set of 10 repetitions, 3 times a day. Gradually increase the exercises to 3 sets of 10 repetitions.



Long Arc Quads

Sitting slumped, straighten your knee and hold for 5 seconds. Return knee to bent position.



Standing Hip Abduction (sideways)

Stand holding onto a kitchen counter or dresser. Slowly raise leg out to the side, keeping toes pointing straight ahead.

Living with Your New Hip

Your new hip is the result of many years of research. Like any device, however, its lifespan depends upon how well you take care of it. And you will need to take care of it the rest of your life.

Protecting Your New Hip

Follow the instructions of your surgeon and physical therapist regarding the use of a walker or crutches, and then a cane, for the specified amount of time after surgery. Your new hip's healing depends on observing precautions intended to prevent dislocation.

Sports and Other Activities

Your new joint is designed for average daily activities, not high-impact sports. Walking, swimming and cycling are recommended once cleared by your surgeon. Aggressive sports, such as jogging, running or jumping may impair or compromise the function and long-term success of your hip joint. They should be avoided.

Metal Detectors

Your hip replacement is made of metal and will set off metal detectors. Tell the screener you have a joint replacement to facilitate additional screening.

Infection

Your new hip is a metal prosthesis which the body recognizes as a foreign object. If you become sick with a serious infection, bacteria can collect around your prosthesis and your joint can become infected. If you become ill with an infection or a high fever, see your doctor immediately. Any acute infection of the skin, lungs, gastrointestinal tract, urogenital tract or other sites caused by bacteria, should be treated with antibiotics for as long as it takes to eliminate the source of infection. Viral infections, such as colds or flu, do not require antibiotics to protect the new joint.

Other Surgical Procedures

If you are scheduled for surgery—even minor surgery such as mole removal, surgery for ingrown toenails or oral surgery—you must take antibiotics before the procedure. If your physician is not sure of the appropriate antibiotics for you, please ask him/her to call your orthopedic surgeon.

Congratulations!

You are now the proud “owner” of a hip replacement. We are confident that it will prove to be of great benefit to you. Work hard, be patient and remember why you had the surgery performed—to give you many years of excellent pain relief and improvement in function and quality of life!

Please call us at 425.656.5060 if you have any questions, problems or confusion about your joint replacement or recovery.

Dental Prophylaxis after Joint Replacement

Dental Work

You must take antibiotics before having any dental work for at least one year. Patients with medical conditions such as diabetes or rheumatoid arthritis should take antibiotics for the lifetime of their implants. This includes routine cleanings. Bacteria that are not present anywhere else in the body are present in your mouth. When you have your teeth cleaned, these bacteria are scattered into the bloodstream. They can collect around your knee prosthesis, causing it to become infected. Antibiotics kill the bacteria that cause this type of infection. It is imperative you notify your dentist that you have had joint replacement surgery. **Please give your dentist a copy of the “Antibiotic Prophylaxis for Invasive Procedures After a Joint Replacement” form to request an antibiotics prescription. The form is on the next page.** If your dentist is not familiar with the correct type of antibiotics to give you, ask your dentist to call your orthopedic surgeon prior to scheduling the procedure.

Patients not allergic to Penicillin:

- Amoxicillin Take 2 grams orally, 1 hour before the dental procedure.

Patients not allergic to Penicillin and unable to take oral medications:

- Cefazolin, 1 gram or Ampicillin, 2 grams IM/IV Take 1 hour before the procedure.

Patients allergic to Penicillin:

- Clindamycin Take 600mg orally, 1 hour before the dental procedure.

Patients allergic to Penicillin and unable to take oral medications:

- Clindamycin Take 600mg IM/IV, 1 hour before the procedure.

The avoidance of bacterial contamination and infection should help reduce the risk of infection at the site of the total joint implant. Since prompt treatment is essential, please do not hesitate to consult your personal physician or your dentist should such a situation arise.

The above information relates only to preventing the spread of bacteria from your mouth to your joint implant as the result of dental work. However, any acute infection of the skin, lungs, gastrointestinal tract, urogenital tract or other sites caused by bacteria should be treated with antibiotics as well, for as long as necessary to eliminate the source of the infection.

Viral infections such as colds and flu do not require antibiotics to protect your new joint.

Your dentist is ultimately responsible for making the decision for or against taking antibiotics based on his/her knowledge of the dental work to be done. If you have any questions regarding antibiotics and dental work, have your dentist contact your orthopedic surgeon.

Antibiotic Prophylaxis for Invasive Procedures After a Joint Replacement

Patient: _____ DOB: _____

Patient underwent a total joint procedure with our office. We require our patients to take antibiotics before having any dental work for 1 year, unless patient has a history of rheumatoid arthritis, diabetes or infection, then for a lifetime. Our protocol for routine dental work is that these procedures be scheduled outside of 30 days before the surgery and 3 months following the surgery. We recommend a course of antibiotics to be given as follows:

Patients not allergic to Penicillin:

☐ Amoxicillin: Take 2 grams orally, 1 hour before the procedure.

Patients not allergic to Penicillin and unable to take oral medications:

☐ Cefazolin 1 gram or ampicillin 2 grams IM/IV 1 hour before the procedure.

Patients allergic to Penicillin:

☐ Clindamycin 600mg orally 1 hour before the dental procedure.

Patients allergic to Penicillin and unable to take oral medications:

☐ Clindamycin 600mg IM/IV 1 hour before the procedure.

If you are unable to prescribe the antibiotics, we would be happy to do so. Please have the patient contact our office.

Thank you,

William Barrett, MD

Proliance Orthopedic Associates
4011 Talbot Road S, Suite 300
Renton, WA 98055

Phone: 425.656.5060
Fax: 425.656.5047

Important Phone Numbers

Important Phone Numbers

Your Orthopedic Surgeon _____

Practice Name _____

Phone Number _____

Your Primary Care Physician _____

Practice Name _____

Phone Number _____

Valley Medical Center Phone Numbers

Main Operator.....	425.690.1000
Admitting.....	425.690.3545
Anticoagulation Clinic.....	425.690.3533
Financial Advocate.....	425.656.5599
Patient Accounts.....	425.690.3578
The Joint Center.....	888.265.6468
Spiritual Care Services.....	425.228.3440, ext 5859
Donating to Valley Medical Center	425.690.5956
Gift Shop – Present Place	425.690.4567
Lost and Found.....	425.228.3440, ext 5745
Patient/Visitor Information	425.690.4560
Pharmacy – Prescription Pad North.....	425.690.3551
Pharmacy – Prescription Pad South	425.690.3552
Preoperative Nurse Liaison.....	425.656.5404
Preregistration Office.....	425.251.5193
Proliance Orthopedic Associates.....	425.656.5060
Outpatient Therapy Services.....	425.690.3650
Surgery	425.251.5192

Additional Resources

Helpful Resources

American Academy of Orthopaedic Surgeons	aaos.org
American Association of Hip & Knee Surgeons	aahks.org
Arthritis Foundation.....	arthritis.org
National Institute of Arthritis	niams.nih.gov
and Musculoskeletal and Skin Disease	
Valley Medical Center	valleymed.org
The Joint Center.....	valleymed.org/joint
We Are Valley Blog/Joint Care & Replacement	blog.valleymed.org
DePuy Orthopaedics	depuysynthes.com/patients

Helpful Articles

Life after Joint Replacement Surgery

We take the joints in our bodies for granted. They help us bend, move and work. But as we age, they can start to wear out from the effects of osteoarthritis, rheumatoid arthritis and traumatic injuries, such as fractures or dislocations.

At any age, but usually after 50, the hip, knee, shoulder, ankle and elbow joints begin to show signs of wear and tear. When they reach the point where bone is rubbing against bone, patients experience daily and sometimes constant pain. Motion is limited, and even routine daily activities—such as walking or bending over to put on shoes—can be difficult.

When surgery is the solution, people with joint pain should explore the options for their care and recovery. For the best results, it is important to choose the right surgeon and medical center. Valley Medical Center's unique Joint Center emphasizes pre-operative preparation to ease patient anxiety and ensure the best possible outcome for joint replacement. Our pre- and post-operative care follows high standards of quality for all patients, while recovery is tailored to individual needs.

After surgery, specialized nurses and therapists guide the recovery, encouraging the involvement of patients and their families during the return to wellness.

A common question is, “Will I have pain after surgery?” All surgery involves some pain, but post-surgery joint replacement pain rapidly resolves and the arthritic pain will be gone. Doctors at The Joint Center have a state-of-the-art pain management program to assist patients.

Patients often want to know what they should expect following recovery from joint replacement surgery. Here are a few of the benefits:

- Pain relief
- Better mobility and independence
- Return to recreational activities, such as walking, biking, hiking, swimming, golfing and dancing
- Sense of wellness

Since opening The Joint Center in April 2000, we have performed more than 20,000 joint replacement surgeries. Here are the keys to our success:

- Well-informed patients and family
- Shared decision-making regarding your care
- Patients and family motivated to take advantage of all the benefits of their surgical procedure
- Highly coordinated, specialized and well-trained staff to assist in the recovery process
- Network of support after discharge, including family and friends, Visiting Nurse Services and therapists

For more information on how The Joint Center can help improve your quality of life, visit valleymed.org/joint.

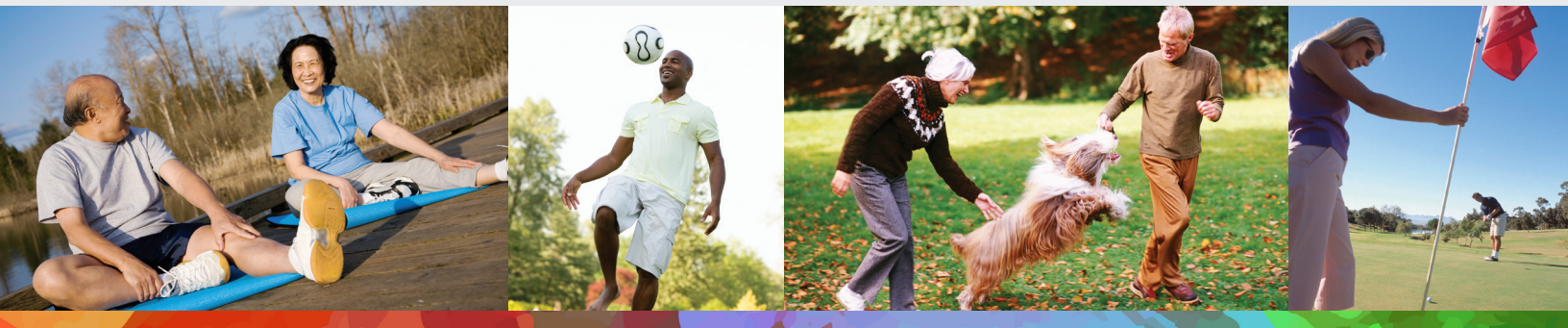
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About Valley Medical Center

At Valley Medical Center, we witness the remarkable power of life in everything we do. It's humbling, it's inspiring, and serves as a constant reminder of why we are here—to care for people.

From the comprehensive wellness check to extraordinary critical care, it is our goal to keep you and your family healthy, living pain free and leading a better life. We are proud to offer convenient, neighborhood clinics and walk-in urgent care 7 days per week. We're also there for the unexpected, with 24-hour trauma and emergency services, experienced surgeons, medical specialists, and state-of-the-art imaging, robotic and diagnostic technologies.

The Joint Center

UW Medicine

VALLEY
MEDICAL CENTER

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