

A 3D medical illustration of a human knee joint. The femur (thigh bone) is at the top, and the tibia (shin bone) is at the bottom. A total knee replacement prosthesis is shown in the center, consisting of a femoral component on the femur and a tibial component on the tibia. The background is a dark, gradient grey with faint circular patterns.

Your Total Knee Replacement

Please be sure to bring
this booklet with you to your
Total Joint Replacement class.

ORTHINDY
HOSPITAL

Purpose of this Total Joint Replacement Packet

Thank you for choosing OrthoIndy Hospital for your joint replacement surgery! We are pleased to provide you with this patient education packet to help you prepare for your upcoming surgery, recovery and discharge.

In addition to this packet, OrthoIndy Hospital offers an education class to you at no charge. Your surgeon may order or recommend attending the Total Joint class at OrthoIndy Hospital. This class will give you a better understanding of what to expect before, during and after surgery, as well as give you the opportunity to ask questions. Someone from your surgeon's office will notify you of the date and time you are scheduled to attend class.

Please remember this packet is only a general guide for information and recommendations. Always be sure to **follow your physician's instructions first** and ask if you are unsure of any information.

Instructions for Using this Packet

If you plan to attend the Total Joint Replacement class, please review all information in this packet **prior** to coming to class and write down any questions that you may have. The OrthoIndy Hospital class instructor will go over information in the packet during class.

If you received this packet **during** Total Joint Replacement class, please review all information in this packet after class.

If you are not attending Total Joint Replacement class, please review all information in this packet prior to surgery.

For any questions regarding information in this packet, please call the patient educator at **317.956.1199**.

Table of Contents

Section 1: Total Knee Replacement	3
Section 2: Preparing for Surgery	4
Section 3: Discharge Planning.....	5
Section 4: Before Your Surgery	12
Section 5: Your Surgical Experience.....	15
Section 6: Family and Friends.....	17
Section 7: After Your Surgery.....	18
Section 8: Going Home.....	30
Section 9: Role of the Caregiver.....	36

SECTION 1: TOTAL KNEE REPLACEMENT

What is done during total knee replacement surgery?

After you have been prepped for surgery and given anesthetic, the surgeon will make an incision to expose the ends of the bones so the surgeon can reach the areas needed during surgery.

Using special instruments, the damaged ends of the bones are removed and shaped to accept the prosthesis. Bone cement may or may not be used to hold the prosthesis in place, depending on the condition of your bones and the preference of your surgeon.

Notes: _____



SECTION 2: PREPARING FOR SURGERY

Preparing for Surgery Checklist

This checklist will help you keep on track with everything you need to do before surgery.

Pack/prepare the following to bring with you to the hospital the day of surgery:

- Inhalers/eye drops
- Prescription medications in original packaging
- Toiletries (we have most toiletries available, but please feel free to bring your own)
- Shaving equipment (electric razors recommended due to blood thinners if planning to shave)
- Containers for eyeglasses, contacts, hearing aids and dentures
- CPAP machine, mask, plug in (we have water available for humidification if needed)
- Knee length gown, robe, night shirt, loose fitting pajamas for night-time and/or loose fitting shorts and T-shirts to wear for physical therapy sessions
- Flat, rubber soled shoes (no slippers, flip flops or Crocs)
- Walker (if you already have one, do **not** purchase one)
- Pacemaker or defibrillator information
- Paperwork (photo ID, insurance card, proof of legal guardianship/power of attorney, living will or advance directives paperwork if applicable)

Optional items:

- Cell phone/charger (cell phones cannot be kept in bed while charging)
- iPad/laptop/e-reader/charger (items cannot be kept in bed while charging)
- Reading materials
- Headphones and your favorite music

**Do not bring any money or valuables with you.
OrthoIndy Hospital is not responsible for lost items.**

- Leave all jewelry at home; including piercings and **all** rings, even if difficult to remove

Notes: _____

SECTION 3: DISCHARGE PLANNING

Discharge Planning Starts Now

Most patients are able to successfully return directly home after leaving OrthoIndy Hospital. Your physician and treatment team will work with you to determine the best plan after your surgery. It is also important for you to speak with your surgeon prior to surgery about the options for discharge since each surgeon has a different way of managing care. The options for continued therapy can be:

- Return home with assistance from family/friends and a home exercise program on your own.
- Return home with assistance from family/friends with home health care services. Medicare and some insurance companies require that you be considered homebound, meaning you have significant problems getting in and out of your house other than necessary trips such as going to a doctor's appointment. Home services include:
 - Physical therapy
 - Nursing services – staple/suture removal, wound checks, education
 - Lab draws
- Return home and attend outpatient physical therapy close to your home. You will need to have someone drive you to your appointments, usually three times per week.

Rehabilitation

Rehab typically occurs in a skilled nursing facility/nursing home. This option may be necessary for patients who have significant medical issues that require monitoring and are not progressing in physical therapy for a safe discharge to home. You should plan ahead for this option by contacting your insurance company by phone or visiting their website to see what facilities are in your network. You can go to [Medicare.gov/nursinghomecompare](https://www.Medicare.gov/nursinghomecompare) to find facilities near your home.

It is also advised to visit two or three rehabilitation facilities prior to your surgery in case your physical therapist and/or surgeon determine it's not safe for you to return home.

Case Management will assist in arranging these services while you are in the hospital.

Case Management

If you have any questions or need help planning for your discharge, please call Case Management at **317.956.1148**.

Transportation

Please make arrangements for someone to drive you home after surgery; you will have assistance getting into the car. If you are unable to travel in a car after discharge, Case Management can arrange wheelchair van transportation. This is **not** covered by insurance and you will be billed for this service.

Important Insurance Information

You can contact your insurance company for general coverage guidelines. Keep in mind this is not a guarantee of coverage or payment.

Home Planning and Preparation Recommendations

- If your bedroom is upstairs, you may need to set up a temporary sleeping area on the first floor. Stairs are possible but are difficult until you have full mobility.
- Remove all throw rugs, loose rugs, electrical cords and clutter from hallways/walking areas. These pose a risk for falling.
- Consider having a night light to assist in getting up during the night.
- Check your cabinets for items you routinely use and place them at a level where you will not need to bend, get on a step stool or your tiptoes to reach.
- Have extra pillows or pads for chairs, sofas and automobile seats to elevate the seat to allow for easier accessibility.
- Utilize chairs that have arms and do not use chairs with wheels unless they can be locked.
- Install safety bars in the shower and near stair railings.
- Consider the following: A long-handled sponge/brush and shower hose for bathing and a shower chair or tub bench so you are able to sit in the shower once your surgeon has given you clearance to do so. You will not be able to sit on or in the tub until you are cleared by your surgeon.
- Consider attaching a basket or bag to your walker to carry necessary items.
- Prepare an area for supplies you will need, such as a telephone, TV remote control, tissues, medication, reading materials, etc.
- You may need to consider rearranging some furniture so you have clearance for a walker.
- Make preparations for pets that may be underfoot.
- Consider activities that you will be able to engage in during your recovery such as hand games, movies, knitting, etc.
- It might be helpful to have a family member or friend stay with you the first few days you are home.

For Those Going Home Alone

- Prepare meals ahead of time.
- Keep things you will need where you can reach them. For example, keep dishes on the counter rather than in the cupboard.
- Keep your cell phone handy and fully charged.
- Ask family members, friends or neighbors to check in with you on a regular basis to help with simple chores such as cleaning dishes or meal preparation. Also, ask if they can provide transportation to follow-up visits and outpatient physical therapy, if ordered.
- There are homemaking services you can set up for assistance after surgery; however, insurance does **NOT** cover and you will need to pay for these services.
- Respite care refers to a short-term stay, typically in a skilled nursing facility or assisted living. This is **NOT** covered by insurance and you will need to pay for this service. The price will vary depending on the facility.

Adaptive Equipment

Seat Cushion

You can use a folded blanket or pillow to elevate the seat of a chair. It is recommended to use a chair with arms at home. If you have a recliner, you will need to discuss with your surgeon when you will be able to use the recliner after your surgery.

Crutches, Walkers or Canes

If you already have the walker and/or crutches, please bring them with you the morning of surgery, labeled with your name. Your physical therapist will then determine which is best for you and adjust sizing to fit you properly, if needed.

Most insurances pay for walkers, crutches or canes after total knee replacement surgery. Remaining items such as a raised toilet seat, shower chair, reacher, long-handled bath sponge, shoe horn, sock aid and dressing stick are typically **not** covered by insurance. Check with your insurance company.

Walkers with two wheels are okay, but not walkers with seats.

If you do not have a walker, physical therapy will issue a new one to you after surgery. Insurance typically covers a walker for total knee replacement surgery.

Shower Seat

Extends over the side of the tub to provide safe access into the tub. The bath seat is placed in the tub or shower and adjusted to the proper height. It allows you to enter the tub by first sitting down, keeping weight on your bottom instead of the operative leg. Most bath seats will elevate to 21 inches.



Using a Shower Seat with a Walker at Home

When you first begin bathing in a tub or shower after your surgery, have someone assist you until you have a routine and feel safe with the motions involved. A walk-in shower is easier. However, if you use a shower/bathtub combination, you may find the tub seat helpful. It provides a safer way to enter and exit the bathtub as described on the following pages. The shower/tub seat will also help you avoid rising from a low-sitting position. Do **NOT** attempt to step over the side of the tub by yourself and remember to use a non-skid mat.

- The shower seat should be placed firmly in the tub. Stand with your back toward the bathtub with your walker in front of you.
- Next, lower yourself slowly onto the shower seat while reaching back with one hand. **Do not plop down.**
- Slowly lift your un-operative leg over the side of the tub. Use your arms to gently lift your operative leg over the side of the tub.
- Slide your bottom back to make sure you are in a safe, comfortable sitting position. It is helpful to fit your shower with a hand-held sprayer before your surgery.
- To get out of the tub, lift your operative leg as you use your stronger leg to help turn your body. Place your feet flat on the floor before you attempt to stand. Beware of wet floors.



Elevated Toilet Seat

Reduces stress on your knees following surgery. Available with and without handles.

Dressing Stick

Assists you in dressing yourself until you are able to bend your knee more. The combination hook-pusher on one end helps you pull on slacks or skirts, or to remove socks.

Long-handled Shoehorn

Helps to slide on your shoes until you are able to reach your foot.

Elastic Shoelaces

Provide firm support yet stretch to allow your feet to slip in or out of the shoes without having to untie and retie them.

Reacher

The long-handled reacher can be used to pick up dropped items and to put on underwear or pants until you are able to bend your knee enough to reach your foot. Pull the trigger to activate the "claw."

Sock-aid

Assists in getting socks on if unable to reach or bend over due to pain or physical limitations.



Where to Find Adaptive Equipment

OrthoStore

OrthoIndy is pleased to offer durable medical equipment through its partnership with Miotech. These items are designed to help in your recovery and are available online at OrthoIndy.com/OrthoStore.

Other Places to Find Adaptive Equipment

Apria Healthcare
317.865.4200

CVS Pharmacy

Amazon

Home Depot

Walgreens

**At Home Health
Equipment (AHHE)**
4309 W. 96th St.
800.848.4670
Indianapolis

Home Health Depot
800.617.4140

Wal-Mart

Lowe's

Equipment is also available on multiple websites. Search under "adaptive equipment for tub and shower" and "adaptive equipment for activities of daily living."

Bed, Bath & Beyond

Menard's

Notes: _____

Transportation

Upon discharge, the nursing staff will assist you to safely get into your car. Here are some things to consider and practice before surgery: for a few weeks after surgery, it is more comfortable to ride in a mid-size or large car. Your size, the size of the front and back seats of the car, as well as height are factors to consider. Try out the seating situation prior to surgery.

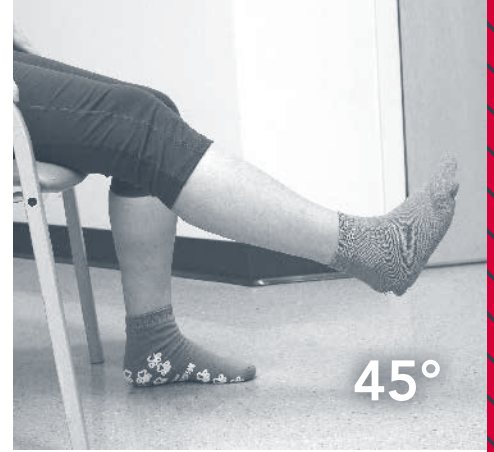
Front Seat

- Scoot the seat all the way back to allow as much leg room as possible.
- Back up to the seat, find hand holds and ease yourself down. Is there enough clearance to bring in your legs without the ability to bend your knee greater than 70 or 80 degrees?
- It may also help to recline the back of the seat to allow you to scoot back even further in the seat.

Back Seat

If you are unable to comfortably bring in your legs to sit in the front passenger seat, consider the back seat. Is the seat bench wide enough to support the width of your body as you sit sideways with your operative leg stretched across the seat? Will your back tolerate this position during the drive home?

- Enter the back seat of the car on the same side as your surgical side, i.e., if you have had your right knee replaced, enter the back seat of the car from the right side (passenger side) of the car.
- Locate the hand holds.
- Sit down slowly with one hand on the walker and the other hand on a sturdy support.
- Use your non-operative leg, your arms and hands to scoot and slide your body in the sitting position across the seat. Placing a plastic trash bag under your bottom makes it easier to slide across cloth car seats.
- Continue moving backwards until your operative leg is totally supported by the seat and your back is resting on the car door.
- Use a pillow behind your back for support and comfort.
- To get out of the car, just reverse your movements using your arms and non-operative leg.



SECTION 4: BEFORE YOUR SURGERY

Medications

Make sure your surgeon and medical clearance physician are informed of **all** the medications you are taking, including vitamins, over the counter drugs (aspirin, ibuprofen, antacids), arthritis medications, blood thinners, MAO inhibitors, pain relievers and herbs or natural products.

Some of these medications can interact with anesthesia or blood clotting.

Failure to stop certain medications at least two weeks before surgery can result in cancellation of your procedure.

Please discuss any concerns you have with your surgeon, prescribing physician or medical clearance physician.

Smoking

The negative affects of smoking are known by most people, but, did you know that smoking can affect healing, and more specifically, bone healing? Not smoking can help your body be better prepared to avoid complications after surgery. If you are a smoker, ask your physician what would work best to help you stop smoking. Smoking increases risk for blood clots.

Dental Work

If you need dental work or cleaning, it is a good idea to get it done at least one month before your surgery. Make sure your dentist is aware you will be having total joint replacement surgery so the information can be placed in your chart. We will provide you with two copies of our "Antibiotic Protocol" guidelines. Please give one copy to your dentist and one copy to your family physician to place in your chart. After your joint replacement, you will need to take preventative antibiotics before any dental work, as well as any other invasive procedure such as minor surgeries, ingrown toenails, prostate, bladder or genitourinary tract exams. **You will need to do this for the rest of your life.** This helps to preserve and protect your artificial joint. **Please wait two months after having your total joint replacement before having any elective procedures done.** See the list of procedures on the back of your surgery verification card.

ORTHOINDY
BONE • JOINT • SPINE • MUSCLE

Surgery Verification

317.802.2000 • 800.223.3381 • 317.956.1000

Patient Name:

Surgeon Name:

Date of Surgery:

Location of Implant:

The owner of this card has a permanent metal implant in place.

The owner of this card has a total joint replacement and/or has in place a permanent metal implant. This implant may activate a metal detection device.

For Total Joint Patients Only:
Prior to any of the following procedures, cardholders should inform their physician(s) or dentist(s) that they have a total joint replacement. This will assist him or her in properly determining whether to administer antibiotics with the procedure.

Any Dental Procedure	Any Surgical Procedure	• Sigmoidoscopy
Any Infection	Included but not limited to:	• Tonsillectomy
Manipulations and Treatment	• Prostate and Bladder	• Bronchoscopy
	• Kidney	• Liver Biopsy
	• GYN	• Genitourinary Tract
		• Barium Enema

Surgery Verification Card and Procedures Requiring Antibiotic

Surgery Verification Card

After surgery you may set off metal detectors at the airport and other locations utilizing metal detectors. If you did not receive an implant card, you may call **317.956.1199** to request one. This card identifies you as a total joint patient; however, you will still be required to go through airport screening. The reverse side of this implant card lists a sampling of procedures that require antibiotic pre-dosing as discussed on the previous page.

While you are in the hospital, please alert the Inpatient Unit staff if you have not received one of these cards.

Expect a Phone Call

Unless you have an appointment in the Pre-anesthesia Testing Clinic (PAT), someone from the Pre-anesthesia Surgical Screening (PASS) office at OrthoIndy Hospital will attempt to call you to obtain a medical health history before your surgery. They are starting your hospital chart for you. What you tell them in this interview will be added to your chart. Have your completed medication card available when they call. If you do have an appointment in the PAT clinic, bring your completed medication card with you. Your medical health history will be completed in the PAT clinic.

Prevention of Surgical Site Infections

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Surgical site infections can be minor, involving the skin only, but others are more serious and involve parts of the body deep under the skin. These infections can result in you needing additional surgeries and antibiotics for several weeks, which make recovering from surgery more difficult and costly.

Preparing Your Skin for Surgery

The number one cause of infection after a surgical procedure is bacteria (germs) living on the person's own skin. Reducing bacteria from your skin before surgery helps prevent these infections. Studies have shown that applying specific products to the skin removes bacteria and lowers the risk of infection at the surgical site.

- Chlorhexidine gluconate (CHG) is a product that is often used to cleanse the skin before surgery. CHG adheres to the skin which kills and reduces the amount of bacteria on your skin for several hours. Applying CHG the night before and the day of surgery provides two layers of protection. **If you are allergic to CHG, please let your health care provider know.**
- Povidone iodine nasal antiseptic is a product that reduces bacteria in the nose for at least 12 hours after it is applied. **If you are allergic to iodine or shellfish, please let your health care provider know.**

The Night Before Surgery

Bathe/shower with 4% chlorhexidine gluconate (CHG) the night before surgery. Hibiclens is a brand name for a soap that contains 4% CHG. You can get CHG at most large pharmacies or online at OrthoIndy.com/OrthoStore. Please follow these instructions for cleaning your skin using CHG:

1. In the shower or tub, wash your body with regular soap and water first. Wash your hair as usual with your normal shampoo.
2. Do **NOT** shave 24 hours before surgery as CHG can irritate freshly shaved skin.
3. Rinse the hair and body thoroughly to remove soap and shampoo residue.
4. Turn the water off to prevent rinsing off the CHG too soon.
5. Apply the CHG to your body from the neck down avoiding private areas. Do **NOT** use CHG above the neck. Do **NOT** use CHG near the eyes or ears to avoid permanent injury to those areas.
6. Wash the body gently for five minutes. Paying special attention to the area where the surgery or procedure will be done. Do **NOT** scrub the skin too hard.
7. Do **NOT** wash with regular soap after the CHG is used.
8. Turn the water back on and rinse the body thoroughly.
9. Pat dry with a clean, soft towel.
10. Do **NOT** put lotion, powder, oil, deodorant, make-up or any other product on your skin after bathing.
11. Dress in clean pajamas or night clothes and sleep on clean sheets.

The Day of Surgery

- Do **NOT** shower or bathe on the day of surgery. Washing with regular soap after applying CHG could reduce the product's ability to kill bacteria.
- You may wash your face and hands as you normally would.
- Do **NOT** put lotion, powder, oil, deodorant, make-up or any other product on your skin.
- After arriving to the hospital pre-operative area, staff will help prepare you for surgery.
- You will be asked to remove your clothing and apply CHG using special wipes that will be provided by hospital staff.
- You will use these wipes to apply the CHG from your chin down to your toes covering all areas of your body, except your head, face and private areas.
- Staff will assist you with any area that is difficult to reach.
- Allow your skin to air dry and then put your hospital gown on.
- Hospital staff will provide you with the povidone iodine nasal antiseptic product and instruct you on how to apply it. You will need to apply the antiseptic to the inside of your nose. The antiseptic is brown in color and you may notice a discoloration while blowing your nose for several days after.

If you would like more information on how to prevent surgical site infections, please visit the websites below:

- Centers for Disease Control: www.cdc.gov/hai/ssi/ssi.html
- The World Health Organization: www.who.int/infection-prevention/tools/surgical/ssi-questions-answers/en/

Please keep chlorhexidine (Hibiclens) out of reach of children.

SECTION 5: YOUR SURGICAL EXPERIENCE

Pre-operative Area

Please arrive at the hospital on time. You will need to arrive at least two hours before your surgery time or as instructed by your surgeon. The front desk opens at 5 a.m. If your surgery is scheduled for 7 a.m., you will need to arrive at 5 a.m.

- **Free** public/handicap parking is available directly outside entrance 3.
- You may also opt to use our **free** valet parking provided at entrance 3.
- Drive up to the valet parking sign and wait for the attendant to come assist you.
- Valet parking is available Monday through Friday from 5 a.m. to 5 p.m.

Upon Arrival

- You will be taken to a room in the pre-operative area.
- Registration staff will complete your hospital registration and make copies of your photo ID and insurance card.
- Next, you will be asked to remove all clothing, including underwear and put on a hospital gown.
- Your pre-operative nurse will start your IV and verify your health history and assessment questions.
- One family member or friend is allowed to be with you in the pre-operative area initially.
- Once you are ready for your surgery, other family members may be allowed into pre-op until you are taken back to surgery.
- You will see your surgeon or his assistant and the anesthesiologist while you are in pre-op.
- Your surgery site will be identified and marked "YES" prior to your surgery.
- Anesthesia will meet with you and ask you questions regarding your history with anesthesia. This will help them better decide which medications to give you during surgery.

There are several choices of anesthetic techniques that may be chosen for total knee replacement surgery. One technique may be better for a specific patient depending on the patient's medical condition.

Your anesthesiologist will discuss your previous experience with surgery and anesthesia and develop a plan for your anesthesia during surgery.



Pre-op Room

General Anesthesia

During surgery, you will be completely unaware of your surroundings and will not be able to respond to stimulation. This can be provided in many different ways. The most common ways include:

- IV medication that puts you to sleep and keeps you asleep.
- A breathing tube will be placed into your throat. You will breathe through this tube and also inhale anesthetic gas to help keep you asleep.

Regional Anesthesia

This is a technique that will make a particular area or region of your body numb. This may include:

- Spinal or epidural anesthesia
- Peripheral nerve blocks

A **spinal or epidural** will make you numb from about your waist to your toes. This type of block may last from three to eight hours.

A **peripheral nerve block** involves local anesthetic medication being injected around nerves in the leg to help with pain for 12 to 24 hours after surgery. The peripheral nerve block will be done immediately before you go into surgery. You will be given IV sedation prior to receiving the nerve block to help with anxiety or discomfort. Once you enter the operating room, you will be “asleep” for the operation.

Duration of Surgery

Surgery usually takes 45 minutes to two hours for a single joint.

SECTION 6: FAMILY & FRIENDS

Waiting Area

The main waiting room at the hospital entrance provides comfortable seating for television viewing and a view of the outdoors. All areas in the hospital have free WiFi accessibility. Complimentary coffee is available for visitors in the main waiting area. An additional waiting area is located on the second floor, adjacent to a hallway where family can stretch their legs for a walk. Vending machines are located behind the staircase on the first floor.

Information

Your family and friends can always check with the concierge staff for any questions about the waiting process or for information about OrthoIndy Hospital or the surrounding area.

Area Attractions

Shopping and dining options, as well as a movie theater, are available across the street at Trader's Point Shopping Center.

Pager

Your family will be provided a pager at the front desk that will alert them of any updates or when your surgery is over. **Any time the pager sounds, family should check in at the front desk.** Typically the first page received indicates your surgery is over. Your family will be escorted to a private consultation room to review the surgical findings with your surgeon. Your family will be paged a second time as well. This is to notify them that you have been transferred from the recovery room to the Inpatient Unit and you are ready for visitors. The pager is accessible in any location in the hospital, but will **not** work outside the building.



SECTION 7: AFTER YOUR SURGERY

Recovery Room or Post Anesthesia Care Unit (PACU)

- After your surgery you will be brought to the PACU where you will be closely monitored as anesthesia wears off.
- The length of stay in PACU will be determined by many factors including the type of procedure and the nature of the anesthetic used.
- You may be in the PACU between 45 minutes to three hours.
- The nurses will monitor your blood pressure, pulse, respiratory rate and oxygen level.
- PACU nurses will also assess your IV intake, urine output and your dressing.
- During recovery, you will be encouraged to take deep breaths, cough and move your feet.
- Family and friends are **not** allowed in the PACU.
- When you are ready to leave the PACU, you will be transferred to your room on the Inpatient Unit, located on the second floor.

Inpatient Unit

- Your surgeon may place a drain during surgery to help the incision heal and prevent bruising in the surrounding wound tissue. Drainage will be collected and measured after surgery. This will typically be removed the day after surgery. There may be some discomfort as the drain is being removed.
- Your IV will remain in place until the day you are discharged. You will receive IV fluids until you are able to eat and drink without nausea or until your physician decides.
- You will receive IV antibiotics for the first 24 hours. This helps to prevent infection.
- Your IV site may also be used for IV pain medication.

Pain Control

To help us manage your pain after surgery, you will be asked to rate the intensity of your pain through the use of a pain scale of zero to ten. Zero is no pain, ten is excruciating pain.



Please know that after surgery, a zero pain level is likely not attainable. Nursing and therapy staff will work to obtain a “tolerable” level of pain by use of medication, ice and elevation. It is best to ask for pain medication when your pain level starts to rise. Do not allow your pain to get severe. If you maintain pain control, it takes less medication and less time to manage pain. Also, remember that it takes about 20 to 30 minutes for oral pain medication to start working and it also takes time for the nurse to check your chart and obtain the medication. The sooner you request pain medication when your pain starts to increase, the better you will manage your pain. Pain medicine will usually be available to you as often as every four hours.

Pain medication is typically given by mouth. Occasionally, IV pain medication may be required to help bring the pain level down to a tolerable level, and then maintain that level with oral pain medications. Oral pain medication should always be taken with a small snack.

Other methods of pain control may include:

- **Ice** – A variety of cooling devices are available and will be ordered by your surgeon. Ice helps to decrease swelling and pain; however, **never** apply ice directly on the skin. You should use a barrier, such as a towel, to protect the skin.
- **Elevation** – Helps reduce pain by decreasing swelling; however, be mindful of your knee precautions. **Do not place a pillow under the surgery knee.**
- **Relaxation and diversion** – Helpful in decreasing pain. OrthoIndy Hospital offers satellite radio via your room TV, offering numerous channels and styles of music. Also, consider bringing headphones and music to help you with relaxation and diversion.

Eating and Drinking

You will be assessed by your nurse who will let you know when you can begin to eat and drink. It is best to start with sips of clear fluids until you are sure you are not having any nausea. Gradually increase your intake until you are able to tolerate solid foods.

Room Service

- Meals at OrthoIndy Hospital are served “room service” style.
- Room service is available from 6:30 a.m. to 6:30 p.m. seven days a week.
- Call 3663 (spells “FOOD” on the phone) to order meals using room telephone.
- On weekends, please dial 3663 to purchase a meal voucher during the hours of 6:30 a.m. to 6 p.m. A room service representative will come to the room and collect payment. You may purchase more than one voucher at a time.
- Meal will be delivered by room service staff to your room within 30 minutes.
- Guests are welcome to dine at the patient’s bedside. Meal vouchers are \$7 and may be purchased from the cafe cashier during the cafe service hours (listed below).
- Guest meal tickets include:
 - Entrée
 - Soup or Salad
 - Two Sides
 - Dessert
 - Drink
- Guests with meal tickets can call 3663 to order their food to be delivered to your room.
- Café hours for visitors:
 - Monday through Thursday: 6:30 a.m. to 5:30 p.m.
 - Friday: 6:30 a.m. to 5 p.m.
 - Closed Saturday and Sunday

Visiting Guidelines

- Recommended visiting hours for OrthoIndy Hospital Inpatient Unit are 9 a.m. to 9 p.m.
- Visitors may leave after 9 p.m., doors are locked from entering after 9 p.m.
- Visitors arriving after 9 p.m. should use the security call system on the wall inside the front doors.
- Children may visit with close supervision.
- Exceptions to visiting hours may be posted during flu season.
- Security is in the building 24 hours a day.
- One overnight guest is permitted to stay per private room.

Dressings/Bandages

You may have a dressing over your incision to protect your wound and promote healing. Your physician or physician's assistant may change your dressing on the first or second day after your surgery.

If you have a dressing or bandage when you go home, the dressing will need to be changed daily until your wound is no longer draining (or as directed by your physician). You may have skin staples in place. These may be removed by a home health care nurse or your surgeon or your surgeon's assistant on a follow-up visit. You will be provided with dressing supplies upon dismissal.

Blood Transfusion

Your surgeon may order blood work each day to monitor any blood loss after surgery. If your blood count becomes too low, your surgeon may decide that you need a blood transfusion.

You may have any of the following after surgery:

Support Stockings

Support stockings (TED hose) are used to help circulation in the legs and help to prevent blood clots from forming. You will need to wear TED hose during your hospital stay and for two weeks at home after surgery. In the hospital, nursing staff will **remove support stockings once a day for an hour to prevent heel sores**. You will need to continue this routine at home to check for pressure areas on the heels. Burning or soreness in the heels may indicate too much pressure, heels should be elevated to avoid pressure on the heels from the mattress. You may have TED hose on both legs, even if you only have one total joint replacement.

Compression Devices

Compression devices may be applied to your feet after surgery while in the hospital. Compression devices automatically squeeze and release through foot sleeves connected to a machine and help to increase circulation and help to prevent blood clots.

Incentive Spirometry (IS)

The anesthetic medications used during surgery and the pain medication used after surgery can prevent you from breathing deeply, which can lead to pneumonia and fever. Use of a small, handheld spirometer is encouraged to keep the lungs properly inflated after surgery.

You will be instructed by the nursing staff to use the incentive spirometry (IS) to perform ten deep breaths every two hours while you are awake. You will take the IS home with you and **continue the breathing exercises for one week at home.**

Coughing and Deep Breathing

Taking deep breaths and coughing after surgery can help to keep secretions from collecting in your lungs. It is also helpful to cough after each use of the IS.

Constipation

Constipation often occurs when you are taking pain medication and are less active, such as when you have had surgery. You will be given a stool softener while in the hospital to help prevent constipation. Also, drinking plenty of water and other fluids such as prune juice is helpful as well. If you do not have a bowel movement by the third day after surgery, **you may need to take a laxative to relieve the constipation.** We recommend purchasing a stool softener and laxative to have available once you have returned home. Continue to be aware of bowel habits while on the narcotic pain medication at home. The general rule of thumb is to take a laxative if you have gone three days without a bowel movement.

Therapy

In most cases, your physical therapy (PT) will begin the day of surgery. Nursing staff or PT will sit you up on the edge of your bed or a chair after you have been in your room for at least two hours. PT will time your therapy sessions to coincide with times that your pain medication is more effective. If your pain medication is due, or you have just taken pain medication, your therapist may care for another patient before returning to complete your therapy to give your pain medication time to be more effective.

Orthostatic Vital Signs

The first time you get up after surgery, the nursing staff or PT will take your heart rate and blood pressure in the lying, sitting and standing position. This will give staff an idea if your body is ready to be up and out of bed. A drop or change in heart rate and blood pressure may indicate you are not ready to get up yet. Staff will try to get you up again later in the day. Some dizziness or lightheadedness is common while getting out of bed the first few times after surgery. Please let staff know if you are experiencing this. These symptoms typically pass without further problems. In some cases, patients may need to lie back down and attempt getting up later in the day.

Mobility

To help you protect your new knee joint, you will be instructed on precautions, the proper way to move around in the bed, the correct way to transfer from sitting to standing and vice versa. Your therapy will generally take place in your room and the hall. In some cases, you may be taken to the PT gym located in the Inpatient Unit. PT will evaluate you and create a customized therapy program beginning in the hospital, and continuing upon your discharge to home. If needed, you will be instructed on how to go up and down stairs. PT will issue a properly fitted walker for you to take home. If you already have a walker, PT will want you to utilize that walker while in the hospital to thoroughly evaluate it for fit and appropriateness. Walkers that include a seat are not acceptable for therapy.

Precautions

After total knee replacement surgery, patients should avoid the following activities for **six weeks** or per their surgeon's instructions:

- Avoid twisting the operative leg while standing/walking
- Avoid kneeling (church, gardening)
- Do not plop down in a chair
- Do not place pillows under your **surgery knee** while resting. This prevents the knee from straightening out and can cause stiffness. However, you may place a pillow under your heels.

Turning in Bed

This may be done if your surgeon says it is acceptable.

- While on your back, bend your hips and knees.
- Place pillows between your knees to keep your legs apart.
- Turn to your unaffected side, keeping the pillows between your knees.
- While log rolling to the unaffected side, keep your torso in line with your hips so that you do not twist at the waist, hips or knees.
- Keep the pillows in place as long as you are lying on your side.
- You may have someone place a pillow behind your back for comfort and support.
- This protocol should be followed for six to eight weeks following your surgery.



Safety in the Hospital

At OrthoIndy Hospital, we strive to keep our patients safe. You can help us help **you** remain safe by becoming active and involved in your care.

Ask a Friend or Relative to:

- Take you to and from the hospital
- Be with you in the hospital when possible
- Be with you at home after surgery for several days to a week

Keeping You Safe After Your Surgery

The following information will help you stay safe from falls, medication errors, infection and other errors relating to your hospital stay and care after your surgery.

Avoiding Falls While in the Hospital

The danger of falling is very high, especially for patients who have just had surgery. Many things increase the risk of falling in the hospital such as:

- Not being in your own home and bed.
- Certain medicines (sleep aids, pain medicine and water pills).
- Certain procedures (pain block that makes your leg numb during and after surgery).

If you have fallen before or you are dizzy, unsteady on your feet, are having problems hearing or getting confused, the risk of falling is even higher. To help keep you safe from falling, you may notice the following items and actions used during your stay to prevent a fall:

- You will be instructed to call for assistance each time **before** you try to get out of bed or up from a chair.
- The nurse's call light will be in reach to allow you to call for assistance.
- While you are in bed, a bed alarm will be activated to alert staff if you attempt to get out of bed without calling for help. The bed alarm will be used on the Inpatient Unit until the physical therapy staff deems you safe to get out of bed without staff assistance.
- An emergency call cord is located in the bathroom for you to call for help **before** standing up from the commode.
- Families and employees are encouraged to keep your path clear of furniture and other items.
- Staff will check on you frequently to be sure you are safe.
- A wide cloth belt called a gait belt will be in your room and used to help assist you with moving safely.
- **Always call for assistance before getting up from the bed, chair or commode.**

Avoiding Medication Errors While in the Hospital

Medication errors can occur to patients staying in a hospital. Physicians, nurses and pharmacists work to keep patients safe from medication errors. Patients can also help keep themselves safe by staying educated and alert regarding medication administration while in the hospital. Please help us keep you safe by remembering the following tips while in the hospital:

- Make sure you have given staff a complete list of medications that you take. This should include all prescription medications, over-the-counter medications, vitamins, herbs, supplements and natural remedies.
- Your medical staff also needs to know the amount of alcohol you drink each day or week as well as recreational drugs you use, if any.
- Make sure before taking any medication while in the hospital that the nurse has checked your wristband and asked you your name before giving you the medication. The nurse will use a bar code scanner to check medications you are given and your patient identification band to keep you safe in the hospital.
- **Don't be afraid to tell the nurse if you think you are about to get the wrong medicine.**
- **Know what time you are supposed to get a medicine and speak up if you don't get it.**
- Let the nurses know if you don't feel well after taking a medicine.
- Call the nurse immediately if you think you are having a side effect or reaction from the medicine.
- You may be given fluids through your IV (intravenous). Ask the nurse what is in it and how long it should take for the fluid to run out.
- Make the nurse aware if your IV site becomes painful or you notice any changes in the site.

Avoiding Infection While in the Hospital or at Home

Preventing infection after any surgery is a major concern for health care professionals and their patients. The following information can help you avoid an infection after surgery while you are in the hospital and even when you go home:

- **Hand washing** plays a key role in improving patient safety by preventing infection.
- Use soap and warm water, rub your hands for at least 15 seconds. Good hand washing includes the palms, fingernails, between your fingers and the backs of your hands.
- If hands are not visibly dirty, you may clean them with alcohol-based hand sanitizers. Rub the sanitizer all over your hands, especially under your nails and between your fingers, until your hands are dry.
- Clean your hands before touching or eating food or after you use the bathroom.
- Make sure hospital employees clean their hands and wear gloves.
- If you do not see a hospital employee clean their hands before they care for you, ask them if they have washed their hands (this can be with soap and water or alcohol-based hand sanitizers).
- Hospital employees should wear clean gloves when they are exposed to blood, wounds or other body fluids. Don't be afraid to ask them if they should be wearing gloves.
- Cover your mouth and nose when sneezing or coughing and clean your hands right away.
- Avoid contact with those who are sick.
- OrthoIndy Hospital can provide flu shots during flu season, you will be encouraged to receive one, if appropriate.

Avoiding Other Hospital Errors During Your Stay

OrthoIndy Hospital works to keep patients safe during their stay. As a patient, you can help us make your stay safe by being active and involved during your hospital stay.

- Please speak up if you have any questions or concerns about your care. Ask again if you don't understand something. We want you to know what is going on with your own body.
- Be alert and aware of all treatments and medications you get while in the hospital.
- Educate yourself about your surgery and recovery period.
- Ask someone you trust such as a family member or close friend to be your advocate while in the hospital. Please remember that your medical information is protected by the HIPAA law.*
- **Make sure you understand all of your discharge instructions before you leave.**

*What is the HIPAA law?

HIPAA stands for Health Insurance Portability and Accountability Act. This is a federal law that sets rules for health care providers and insurance companies to make sure that your health information is protected and confidential. This law dictates who can look at and receive your health information and gives you the right to have access to your own health information.

Resource: *Speak Up: Preparing for Surgery*. The Joint Commission, <http://www.jointcommission.org/speakup.aspx>.



Possible Complications Associated with Total Knee Replacement Surgery

There are always risks involved in any surgery and these should be discussed with your surgeon. Although joint replacement surgery is quite safe and predictable, you should be aware of the following potential complications which include:

Infection

Certain medical conditions or lifestyles can increase the risk of infection, including obesity, diabetes, nicotine or alcohol abuse, immune suppression and chronic anemia.

The following precautions should help reduce the risk of infection:

- Intravenous (IV) antibiotics before, during and after surgery.
- Complete any dental work before your surgery.
- Good nutritional intake.
- Blood sugar control for diabetics.
- Frequent hand washing – staff, visitors and **you**.
- Stop the use of nicotine (smoking or chewing tobacco and e-cigarettes).

Blood Clot Prevention

What are blood clots?

When a clot forms in the deep veins of the body, it is called deep vein thrombosis, often referred to as DVT for short. DVT occurs most commonly in the leg; although it can occur anywhere in the body, including the arms, lungs, heart or brain. A potentially life-threatening complication of DVT is pulmonary embolism, often referred to as PE for short. A PE occurs when a blood clot breaks off, travels through the blood stream and lodges in the lung.

The risk of developing a blood clot increases with certain surgical procedures. Therefore, specific measures may be used after surgery to help reduce that risk. Please review the mechanical and medication prevention measures on the next page. Not all surgical procedures will require these prevention measures.*

** Increasing mobility as directed after surgery helps reduce the risk of blood clots. Your care team will ensure proper treatment is ordered for your procedure.*

Did you know?

- Blood clots remain one of the top complications that can be avoided with medical and non-medical prevention
- By having orthopedic surgery and being less active after surgery, your risk for developing a blood clot is increased
- Taking steps for the prevention and treatment of blood clots after surgery is an important part of your recovery. Joint replacement patients are at highest risk for developing a blood clot 2 to 10 days after surgery, and remain at risk for approximately three months.
- To decrease your chance of developing a blood clot, follow your physician's instructions and take your blood thinning medications **as prescribed**



What signs and symptoms should you look for?

- For a blood clot in the arm or leg, you may experience:
 - Pain or tenderness of the thigh, calf or arm
 - Skin that feels warm to the touch on the thigh, calf or arm area (other than the surgical site)
 - Swelling (edema) of the thigh, calf or arm that does not get better at night or does not get better with rest, ice and elevation of the extremity (surgical site swelling is normal and to be expected)
- For a blood clot in the lung, you may experience:
 - Unexplained shortness of breath
 - Rapid breathing at rest
 - Chest pain anywhere under the rib cage (may be worse with deep breathing)
 - Fast heart rate at rest
 - Unexpected cough (may cough up blood)
 - Lightheadedness or passing out

How can you prevent blood clots?

- Avoid sitting for long periods of time; increase your activity as soon as possible
- Avoid crossing your legs and do not put a pillow behind your knee
- Avoid wearing tight fitting clothes or socks
- Do not travel more than two hours without getting out of the car and walking
- Avoid alcohol and caffeine
- Stop smoking and use of tobacco products
- Follow both the mechanical and medication prevention steps listed on the next page

Mechanical Prevention

- **Ankle Pumps** – Your nurse will remind you to pull your toes up toward your chest and point your toes down. This action contracts and relaxes your calf muscles and increases circulation throughout your lower leg.
- **TED Hose** – These are compression stockings that may be placed on both legs immediately after surgery to help control swelling and reduce the risk of blood clots in your legs.
- **Walking** – Gentle activity, such as walking, helps to increase circulation. Be sure to follow any weight bearing restrictions from your surgeon.
- **Pneumatic Compression Device** – If you stay in the hospital overnight, this device may be wrapped around the foot and/or lower leg. It is worn while lying in bed or sitting in a chair. Air is pumped into the compartments of this wrap that gently squeezes the foot or lower leg. This device helps circulate the blood in your veins.

Medication Prevention

There are a variety of medications that prevent and treat blood clots. These medications include: aspirin, Xarelto, Eliquis, Lovenox, Coumadin and Arixtra.

It is very important that you take your medication as prescribed. Further education will be provided if you are prescribed a medication for blood clot prevention or treatment. If for any reason you are unable to obtain the medication prescribed, you **must** contact your physician. Developing a blood clot is life threatening.

Signs and symptoms of a blood clot require immediate medical attention. If you are unable to reach your physician, **call 911** or go to the nearest emergency room.

If you would like more information about blood clots, please visit the websites below:

- National Blood Clot Alliance: **StopTheClot.org**
- Clot Care: **ClotCare.com**
- CDC: **www/cdc.gov/ncbddd/dvt/facts.html**
- Clot Connect: **ClotConnect.org**

Blood Loss Requiring a Transfusion

- Females over 60 years old are at a slightly higher risk.
- Your surgeon will take precautions during your surgery to minimize blood loss.

Tourniquets

A tourniquet is placed on your surgical leg during surgery. This can increase the risk of a blood clot. In addition, some patients complain of tenderness or bruising where the tourniquet was placed during surgery. If you should have any tenderness or bruising, apply ice to the areas.

Stiff Knee

- Do not skip physical therapy sessions or exercises recommended by your surgeon.
- Place a pillow under your heel (**not** the knee) so that the knee can straighten out more while resting.

Leg Length Discrepancy

Your surgeon will do everything possible to equalize your leg lengths, depending on what needs to be done in surgery in order to ensure a stable and well functioning prosthesis. Correcting this with a small lift inside your shoe is better than an unstable prosthesis.

Neurovascular Damage

- Numbness and weakness or persistent pain in the leg and foot.
- Rare loss of muscle function. Nerve injuries of this type can lead to a “foot drop” or the inability to raise your ankles or toes.
- An area of numbness in the skin surrounding the surgical scar is normal. Over time, this area of numbness may decrease, while a small portion closer to the scar may be permanent. This “superficial” skin numbness does not interfere with the function of the leg or knee.

Loosening of the Prosthesis

This can happen over time and may require a revision surgery to repair.

Dislocation of the Joint Prosthesis or Fractures (Femur or Tibia)

Observe all precautions to help reduce the risk of dislocation. These will be taught to you by your physical therapist.

Abnormal or Heavy Wear

As wear over time may not cause any symptoms, routine X-rays are taken periodically to determine whether replacement of the weight-bearing surface is required.

SECTION 8: GOING HOME

Goals for Going Home

Therapy will work with you to achieve the following goals to get you home safely. They will be assessing:

- If the surgeon deems you ready to go home
- If you are deemed medically stable to go home
- If physical therapy deems you safe to go home
- If you can sit up and lie down on your own
- If you can stand up from a sitting position on your own
- If you can walk safely with your walker or crutches
- If you can move around safely and are awake and alert
- If you can demonstrate precautions, perform home exercises and perform your own activities of daily living such as bathing, brushing your teeth and dressing

Care of Your Incision

You will receive specific instructions upon discharge from your surgeon. Incision care instructions will vary per surgeon, but here are some general guidelines:

- Your incision should remain dry and clean. Do not get your incision wet until after your staples are removed. Most patients have staples in place for approximately ten days.
- Do not apply creams, lotions or powders to your incision while the staples are in or drainage is present.
- Do not remove the Steri-Strips (thin, adhesive strips). They will fall off on their own.

Showering/Bathing

- You may shower per surgeon instructions. When you are able to shower, do not rub the incision.
- Do not submerge your surgical site in any type of water (tub, pool, hot tub, spa, lake, ocean, etc.) until approved by your surgeon.
- Do not sit in or on the tub until cleared to do so by your physician.



Activity

Please follow the exercise plan that your physician and physical therapist have established for you. Your recovery process and continued health depends on good nutrition, rest and proper exercise.

OrthoIndy Outpatient Physical Therapy Locations

Carmel

805 W. Carmel Dr.
Carmel, IN 46032
317.956.1260

Center Grove

1579 Olive Branch Parke Ln.
Suite 100
Greenwood, IN 46143
317.884.5111

Fishers

10995 Allisonville Rd.
Suite 101
Fishers, IN 46038
317.956.1280

Northwest

6040 W. 84th St.
Indianapolis, IN 46278
317.956.1080

West

7950 Ortho Ln.
Brownsburg, IN 46112
317.268.3121

Westfield*

17471 Wheeler Rd.
Suite 114
Westfield, IN 46074
317.275.6131



* Occupational therapy is not offered at Westfield.

Medication

- Take all medication as prescribed by your physician. You may need to take your anticoagulation medication for about one month after surgery.
- Some people are discharged home with a prescription for injections to help prevent blood clots. It is important that you or a family member learn how to perform these injections prior to leaving the hospital. Home care will not come to your home every day for every dose. The Inpatient Unit nursing staff will instruct you and/or your family on these blood thinner injections.
- Remember to check with your physician before you begin taking any over-the-counter medications or herbal supplements.

Nutrition After Your Surgery

It is common to have a poor appetite after surgery. Eat as well as you can when your appetite is good. Eating small, frequent meals or snacks can help you to take in more nutrients, improve your energy level and enhance the recovery process. **Foods high in protein can help the healing process after surgery. Protein is the building block to healing. Aim to include one to two protein sources at each meal or at snack time.**

Practical Protein Goals After Surgery

- Body weight of 132 to 175 pounds: Consume 60 to 80 grams of protein daily
- Body weight of 176 to 220 pounds: Consume 80 to 100 grams of protein daily
- Body weight of 221 to 264 pounds: Consume 100 to 120 grams of protein daily
- Body weight of 265 to 330 pounds: Consume 120 to 150 grams of protein daily

Good Sources of Protein

- Chicken
- Pork
- Eggs
- Tofu
- Nut butters
- Yogurt
- Turkey
- Beef
- Egg substitute
- Nuts
- Milk
- Cheese
- Fish
- Deli meat
- Beans
- Seeds
- Cottage cheese

Amounts of Protein in Foods

- 1 cup light yogurt = 8 grams
- 1 ounce low fat cottage cheese = 8 grams
- 4.5 ounces tuna or chicken salad = 32 grams
- 4.5 ounces lean deli meats = 32 grams
- 4.5 ounces roasted turkey and pork = 32 grams
- 4.5 ounces grilled salmon = 32 grams
- 4.5 ounces baked cod = 32 grams
- 4.5 ounces oven fried chicken = 32 grams
- 4.5 ounces grilled chicken breast = 32 grams
- 2 scrambled eggs = 16 grams
- 2 egg omelet with one ounce cheese 24 grams
- 3 ounce grilled ham = 21 grams
- 4.5 ounce lean hamburger = 32 grams
- 4.5 ounces meat loaf = 32 grams

The common American high fat, high sugar diet is likely to increase inflammation while a healthy diet made of whole foods can actually help to decrease inflammation and pain. Limit consumption of fried foods, "junk" foods and sugary foods.

Foods That May Help Fight Inflammation and Pain

- **Omega-3s** – Salmon (wild, fresh or canned), herring, mackerel (not king), sardines, anchovies, rainbow trout, pacific oysters, omega-3-fortified eggs, flaxseed (ground and oil) and walnuts.
- **Extra-virgin Olive Oil** – Olive oil contains the “good” monounsaturated fat, which protects the body against inflammation. Use olive oil in cooking, salad dressings or season it with fresh garlic and red pepper and use as dip with bread in place of margarine or butter.
- **Antioxidants** – Guava, sweet peppers, oranges, grapefruit, strawberries, pineapple, kohlrabi, papayas, lemons, broccoli, kale, brussel sprouts, kidney beans, kiwi, cantaloupe, cauliflower, red cabbage, mangoes, white potato (with skin) and mustard greens.
- **Bioflavonoids** – Onions (red, yellow, white), kale, leeks, cherry tomatoes, broccoli, blueberries, cocoa powder, apricots, apples with skin, blackberries, eggplant, elderberries, raspberries and cherries.

** If you have kidney disease or your physician has encouraged you to limit the protein in your diet, you will need to discuss your post-op diet with your physician.*

Iron Needs

The smallest amount of blood loss during surgery can deplete your iron levels. Iron is needed to help carry oxygen throughout your body. If your iron is low you may feel tired, dizzy, get headaches, not be able to sleep and feel somewhat irritable. Your physician may prescribe iron supplements or recommend a diet high in iron. Below is a list of high iron foods that you can consume to improve your levels:

- Organ meat (ex. liver)
- Lean beef, pork, lamb
- Dried apricots, dried peaches, prunes, raisins
- Whole grain and enriched breads
- Fortified breakfast cereals
- Dark green leafy vegetables
- Dark molasses
- Oysters, clams, scallops, shrimp
- Chicken, turkey
- Legumes, dried beans
- Wheat germ
- Prune juice
- Egg (yolk)

Vitamin C Rich Foods

Iron is best absorbed if you take your iron supplement or eat iron rich foods with foods that are high in vitamin C.

- Citrus juices (orange, grapefruit, cranberry or tomato)
- Oranges, lemons, limes
- Cantaloupe, papaya
- Strawberries, kiwi
- Broccoli, cauliflower, brussels sprouts
- Potatoes
- Spinach and other greens
- Sweet peppers, chili peppers
- Tomatoes

Do not take your iron supplement with milk, tea or coffee.

Timeline for Recovery and Pain Management

Up to Two Weeks After Surgery

- Use your walker, taking it easy around the house, doing home exercises and/or physical therapy as instructed.
- Take your pain medications when needed per your physician's orders.
- May switch from walker to a cane if feeling safe.

Three Weeks After Surgery

- Continue with home exercises and/or physical therapy as instructed.
- Taper down your pain medicine as tolerated by lengthening the time between doses; instead of taking a pill every four to six hours, try every five to seven hours and so on. Try taking only one pill at a time instead of two. Try switching to Tylenol.
- If you have your left knee replaced, you may be able to drive if:
 - You have your surgeon's permission
 - You are off all narcotics
 - You have an automatic transmission

Four Weeks After Surgery

- Tylenol or a non-steroidal such as ibuprofen, Aleve or Motrin for pain control if able to tolerate and **if approved by your surgeon**.
- If you have your right knee replaced, you may be able to drive if:
 - You have your surgeon's permission
 - You are off all narcotics
 - You have an automatic transmission

Six Weeks After Surgery

- 80% recovered
- Okay to ride in the car more than two hours

Up to Two Months

- Continue to follow all precautions.
- Still may have some pain/swelling with increased activity.
- Once you are healed, you will have very few restrictions regarding your prosthesis. Walking, golfing, bowling, swimming, riding a bike and doubles tennis are not restricted. Avoid running, jumping or heavy lifting.

Your Resources When You Go Home

When to Call Your Physician

- Fever – your surgeon will have specific guidelines for when you need to call
- Uncontrolled shaking or chills
- Increased redness, heat, drainage or swelling in or around the incision
- Increased pain or significant decrease in motion during activity and at rest
- Increased swelling, pain or tenderness of the thigh, calf, ankle or foot
- Abnormal bleeding of any kind, such as increased bleeding from the incision, nose bleed or blood in the urine, etc.

If after business hours, you may contact our answering service for the surgeon on call at **317.802.2000** and follow the prompts. Please remember, it is our policy that pain medication refills or changes will not occur outside regular business hours.

When to Call Emergency Medical Services (EMS, 911)

- Difficulty breathing or shortness of breath
- Chest pain
- Chest pain with coughing or when taking a deep breath

Medical Issues

If you have concerns about your diabetes, blood pressure, urination or any other medical issue, please consult your primary care physician.

Case Management

If you have questions regarding services set up by our Case Management department, please call **317.956.1148**.

Dietary Questions

If you have questions regarding your dietary intake, please contact our dietitian at **317.956.1114**.

Physical Therapy

If you have questions regarding your therapy or exercises, please contact our Physical Therapy department at **317.956.1086**.

Hospital Billing

If you have questions regarding your bill, please contact our Billing department at **317.773.4225**.

Patient Educator

317.956.1199



SECTION 9: ROLE OF THE CAREGIVER

Tips on caring for your loved one at home following total joint replacement surgery

First Days Home

For the total joint replacement patient, it is likely that the first few days at home are the most difficult. Be aware of the following to help prepare for caring for your loved one:

- Your loved one will most likely be tired and having pain.
- It is easy for the patient to become frustrated or even scared when faced with the difficulty of simply getting around.
- The patient may feel they have lost their independence. This is likely the time that they will need you the most.
- You may need to assist the patient with getting to the restroom and getting up from the toilet.
- You may need to assist the patient in performing basic grooming necessities.
- Be supportive and patient with your loved one as this is likely a new and frustrating experience for them.

Medications

It is important that the patient take all medications as they are ordered. To have a better understanding of what medications the patient will be taking at home, it is helpful if the caregiver is present at the hospital when the patient receives their discharge instructions. Caregiver tasks at home relating to medications may include:

- Helping to keep the patient on a medication schedule.
- Monitoring for refills.
- Renewing and picking up prescriptions from the pharmacy.

Wound Care

The patient's incision will need to be cared for as ordered, and monitored and observed for any changes. Duties involving wound care include:

- Change dressings – Instructions will be given upon discharge.
- Monitor the incision for redness, swelling and drainage.
- Report any wound changes to the surgeon.
- Acquire any dressing change supplies needed.

Household Chores

Household chores and meal preparation are difficult for the total joint replacement patient to keep up with upon discharge to home. You will need to assist with the following:

- Shopping, cooking, cleaning, laundry and various other household chores.
- Ensuring the patient is taking in the right foods.
- Making sure the patient is getting plenty of rest.

Follow-up Appointment/Physical Therapy

It is important that the patient keep all appointments after surgery to follow-up with the surgeon and PT sessions, if ordered. Missing appointments can lead to complications or setbacks in the patient's recovery. The caregiver will also need to provide or arrange transportation to appointments.

Motivation for Rehabilitation and Exercises

The patient will likely say that exercising is painful and difficult, especially at first. The caregiver can help by:

- Providing motivation and encouragement through this difficult time.
- Helping the patient keep track of exercises including their results and progress.
- Making sure the patient sticks to the rehabilitation plan.
- Giving patient support and encouragement.

Questions and Concerns

It is common to have questions for the physician, nurse and/or therapist after surgery and while recovery is taking place. Keep a pen and pad of paper handy so that you may write down any questions or concerns either you or the patient may have. This helps you both to remember any discussions that you need to have with the medical team.

Look for Changes or Abnormalities

Changes in the patient's condition or mental state can indicate development of a complication after surgery. While the patient may not be as aware of a significant change in their own condition, a caregiver may notice a change in the patient, finding it necessary to contact a medical professional right away. Significant changes in the patient's condition may involve complications from the surgery, wound infection or other changes and possible side effects from medications.

Keeping Up with Paperwork

Joint replacement surgery involves many different professional services, resulting in numerous bills and reports that will begin to arrive shortly after the patient returns home. The patient may ask that you help maintain any paperwork and bills to decrease this additional stress on the patient, who may be overwhelmed with the recovery process.

Emotional Support

In addition to the physical stress placed on the body recovering from total joint replacement surgery, there is also a great deal of mental stress related to recovery and rehab. Caregivers should remember:

- Decreased activity can affect a person's mental attitude and outlook.
- Patients can become frustrated due to pain or their feelings of inadequate progress with rehab.
- Caregivers can provide emotional support and encouragement by keeping the patient motivated and on the path to recovery.

Take Care of You

In addition to taking care of the patient, it is important for caregivers to take care of themselves. To help better take care of the patient, caregivers should take time out to:

- Take a walk
- Watch a movie
- Listen to music
- Read a book
- Exercise or meditate



Get well soon!

Everyone at OrthoIndy and OrthoIndy Hospital wishes you a speedy recovery! Our goal is to make your stay here as comfortable and pleasant as possible.



Rev. 3/20