

Total Joint Replacement

Guide Book



BAPTIST HEALTH®

RICHMOND

801 Eastern Bypass
Richmond, KY 40475



BaptistHealth.com/Richmond

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President, Baptist Health Richmond
801 Eastern Bypass

Thank you for choosing Baptist Health for your orthopedic needs. We consider it a pleasure to care for you and will do so with the highest quality standards in place. The basis for success is built upon a foundation of expertly skilled physicians, nurses and supporting staff as well as leading-edge technology. The orthopedic service line at Baptist Health brings together skilled physicians to provide unsurpassed orthopedic care.

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

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HIP REPLACEMENT



Hip Replacement

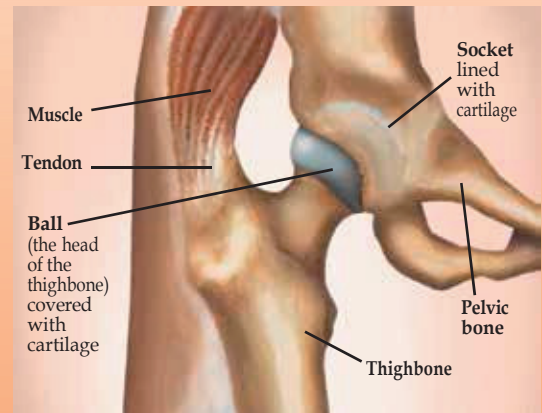
A hip replacement (also known as hip arthroplasty) is a surgery where the diseased or damaged hip is replaced with an artificial joint called a prosthesis.

Anatomy

The hip joint is a ball-and-socket joint that permits range of motion or movement. When it is stable and healthy, it allows a person to twist, walk, squat and turn without pain.

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

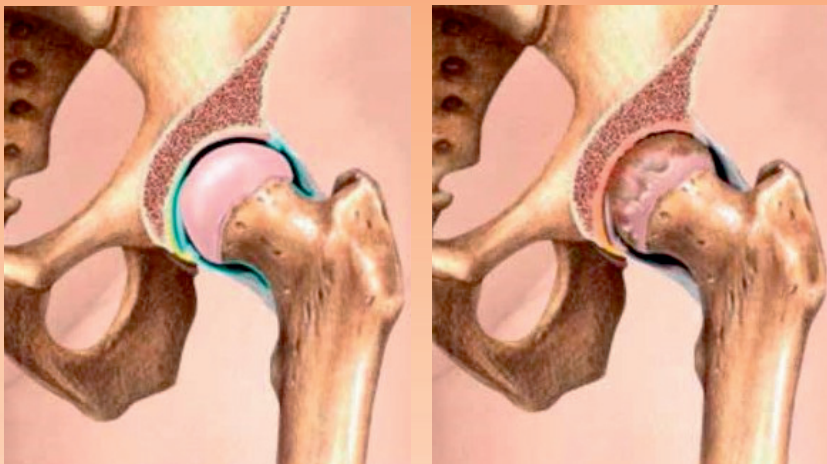
The joint surfaces are cushioned by cartilage, which is a layer of smooth soft tissue that allows the ball to glide easily in the socket.



Normal hip compared to damaged hip

Normal Hip Joint

Diseased Hip Joint



Causes that lead to hip damage

The hip joint may become damaged when cartilage starts to crack or wear away. When this occurs, the bones rub together causing stiffness and pain with movement.

This may be due to:

- * Osteoarthritis
- * Inflammatory arthritis such as rheumatoid or gout
- * Improper healing of a fracture
- * Necrosis from an injury or long-term use of alcohol or steroids

Potential risks or complications

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

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

Surgery

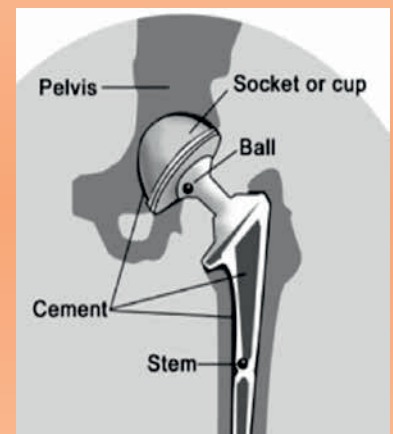
In order for your surgeon to remove the diseased or injured hip joint, an incision is made.

The surgeon cuts away the ball part of the joint from the thighbone, smooths the surface of the old socket and replaces it with a ball attached to a stem that is inserted into a hollowed-out space in the thighbone (femur).

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

The prosthesis is secured with press-fit or cement.

If you are having an anterior approach, your surgeon will perform the surgery through smaller incisions in the front of the hip joint with specialized instruments. Incisions are made between the muscles, which may decrease discomfort and activity restrictions during your recovery period.



If you and your surgeon decide you may benefit from hip resurfacing, it is an alternative to the standard hip replacement. It removes less bone and instead of removing the ball, a metal cap is placed around where the cartilage has worn. The bone around the implant supports the metal cap and tends to remain healthy and strong. This procedure is typically for an individual under the age of 60 with good bone health and who is not obese.

Benefits of hip replacement

- Decreases or eliminates pain
- Improves leg strength
- Improves quality of life
- Improves movement



KNEE REPLACEMENT

Knee Replacement

A knee replacement (also known as knee arthroplasty) is a surgery where all or part of the knee joint is replaced with an artificial joint called a prosthesis.

Anatomy

A joint is where bones connect and motion occurs. When your knee joint is stable and healthy, it moves freely, which allows you to walk, squat and turn without pain.

Your knee is the largest and strongest joint in the body. This joint is formed where the femur (thighbone) meets the tibia (shinbone). These two bones are separated by cartilage that acts as a cushion and allows movement.

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

Ligaments and cartilage stabilize and support the joint.

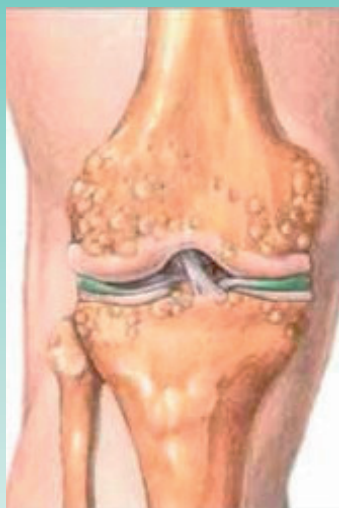


Normal knee compared to damaged knee

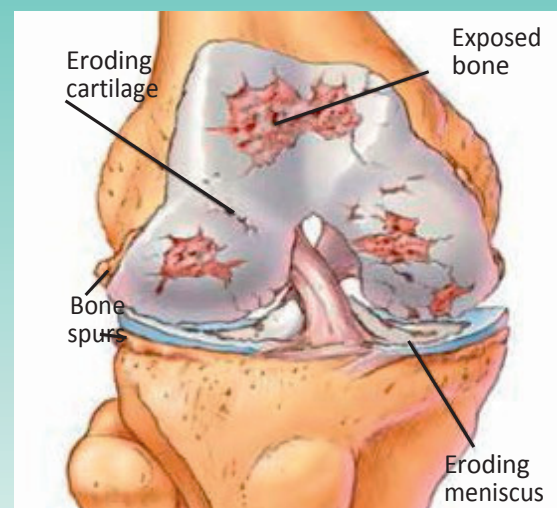
Normal Knee



Osteoarthritis



Worn Cartilage



Causes that lead to knee damage

A knee joint may become damaged when cartilage begins to crack or wear away. When this occurs, the erosion of the cartilage causes the exposed bones to rub together. This produces pain and stiffness that impairs movement.

This may be caused from:

- Osteoarthritis
- Inflammatory arthritis such as rheumatoid or gout
- Injury that did not heal properly

Potential risks or complications

As with any surgery, knee replacement may have potential risks and complications that may include the following:

- Reaction to anesthesia
- Blood clots
- Infection
- Dislocation of kneecap
- Injury to nearby blood vessels or nerves

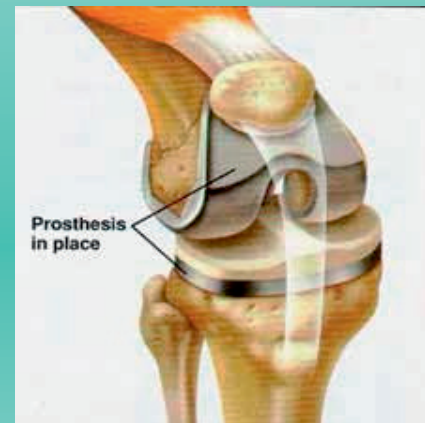
Surgery

In order for your surgeon to remove the diseased or injured knee joint, an incision is made.

The surgeon examines the knee and cuts away the damaged bone and cartilage from your thighbone, shinbone and kneecap.

The surfaces of the joint are shaped to hold the “new” joint (prosthesis). Once the prosthesis is in place, it is secured to the thighbone, shinbone and kneecap.

If you are having a partial knee replacement, also known as unicompartmental knee arthroplasty, one or two components of the knee are replaced, leaving the undamaged parts in place.



Before



After



Benefits of knee replacement

- Decreases or eliminates pain
- Improves leg strength
- Improves quality of life
- Improves movement

PREPARING FOR SURGERY



Preparing for Surgery

You have been scheduled to have joint replacement surgery. This educational guide provides an overview for you and your family to begin preparing for your surgery, hospital stay and recovery.

Start now

Select a coach

This can be a family member, a friend or any responsible adult who can assist you during your hospital stay and for the first one to two weeks after returning home. Your coach is encouraged to attend the joint class with you at Baptist Health and any therapy sessions to learn how to better assist you.

Prepare your home

- Evaluate your home for safety
- Remove clutter, throw rugs or electrical cords from walking paths
- Prepare a room on the main living level to limit use of stairs
- Choose a stationary chair with armrests and a firm high seat to have when you return home
- Arrange furniture so walking path is wide enough for a walker
- For convenience, stock up on canned and frozen foods
- Store supplies and frequently used items at waist level (food, cordless phone, remote, reading material, medication). You will need to avoid using a step stool or bending over when you return home.

Control your blood count

As with any surgery, you may lose some blood. When this happens, your blood count will be lowered which also lowers the number of blood cells you have to carry oxygen from your lungs to tissue throughout your body. Your body needs to maintain a certain level of oxygen in your tissue to function properly and to recover from surgery. There are several approaches to controlling your blood count. It includes possibly receiving a blood transfusion.

The need for a blood transfusion is related to the amount of blood loss during your surgery and your blood count before surgery. You may receive a blood transfusion from blood that you have donated which is called autologous blood donation. When you donate blood, your red blood cell count drops and it takes time for your body to replace the blood donated; therefore, if you donate your own blood, it is important to plan and do so at least seven days before your scheduled surgery.

If you are unable to donate your own blood due to pre-existing anemia, abnormal blood pressure or other illnesses, you will have other options. You may receive a blood transfusion from a volunteer donor which is carefully screened or from a blood conservation system which filters your wound drainage and is given back to you through an IV. If you do not wish to receive any donor blood for religious or personal reasons, you will need to discuss this with your surgeon before your surgery date.

Prevent infection

- **Schedule appointment with your dentist**
It is important that you treat any tooth or gum problem before surgery. Your mouth is a primary site for germs that can travel into the bloodstream and infect your new joint, causing a delay in your recovery or possibly requiring removal of your new joint.
- **Hand hygiene**
It is important that you inform your family and potential visitors to wash their hands or use hand-sanitizing foam available in your room when visiting you after surgery. It is OK for you to remind staff or physicians to wash their hands as well.
- **Stop use of any tobacco products**
Baptist Health is a smoke-free facility with a smoke-free campus. The sooner you quit, the easier it is to recover from anesthesia. Being tobacco-free also decreases the risk of complications after surgery such as pneumonia. Consult your primary-care physician about “stop smoking” aids.

According to the American Cancer Society and Centers for Disease Control and Prevention, within 20 minutes of smoking your last cigarette, your body begins the following series of changes that continue for years:

| | |
|---------------------|---|
| 20 Minutes | <ul style="list-style-type: none"> • Blood pressure and pulse rate drops to normal • Body temperature of hands and feet increase to normal |
| 8 Hours | <ul style="list-style-type: none"> • Carbon monoxide level in blood drops to normal • Oxygen level in blood increases to normal |
| 24Hours | <ul style="list-style-type: none"> • Chances of heart attack decreases |
| 48Hours | <ul style="list-style-type: none"> • Nerve endings start regrowing • Ability to smell and taste is enhanced |
| 2 Weeks to 3 Months | <ul style="list-style-type: none"> • Circulation improves • Walking becomes easier • Lung function increases up to 30% |
| 1 to 9 Months | <ul style="list-style-type: none"> • Coughing, sinus congestion, fatigue and shortness of breath decreases • Cilia regrow in lungs which increases the ability to handle mucus, clean the lungs and reduce infection • Body's overall energy increases |
| 1 Year | <ul style="list-style-type: none"> • Excess risk of coronary heart disease is half that of a smoker |
| 5 Years | <ul style="list-style-type: none"> • Lung cancer death rate for former smoker (one pack a day) decreases by nearly half • Stroke risk is same as non-smoker after quitting for 5-15 years |
| 10 Years | <ul style="list-style-type: none"> • Lung cancer death rate similar to non-smokers • Precancerous cells are replaced • Risk of cancer of bladder, kidney and pancreas decreases |
| 15 Years | <ul style="list-style-type: none"> • Risk of coronary heart disease is same as non-smoker |

○ **Practice breathing exercises**

Breathe in through your nose and out through your mouth. On the second breath in, cough deeply as you begin to breathe out. Coughing and deep breathing before your surgery keeps your lungs expanded and free from congestion, which may also prevent pneumonia.

○ **Contact physician for any signs of infection**

- Fever
- Sore throat
- Cold symptoms
- Frequency, burning, pressure or pain with urination
- Rash or open areas on the skin

Begin strengthening exercises

UPPER-BODY EXERCISES:

Since you will be using your upper body more after surgery and during your recovery period, it is important that you maintain and possibly improve your upper-body strength and range of motion. The following exercises will make a smoother recovery:

SHOULDER - Progressive Resisted Flexion (May perform sitting or standing)

- Holding 1-2 pound weights and keeping elbows straight, raise arms toward ceiling
- Repeat 10 times per set
- Do 2-3 sets per session
- Do 1 session per day



HAND - Wrist/Elbow Flexion: Resisted-Palm Up (May perform sitting or standing)

- Holding one arm to side, bend elbow of other arm toward shoulder while holding 1-2 pound weights
- Repeat 10 times per set
- Do 2-3 sets per session
- Do 1 session per day



SHOULDER - Shoulder Blade Pinch (May perform sitting or standing)

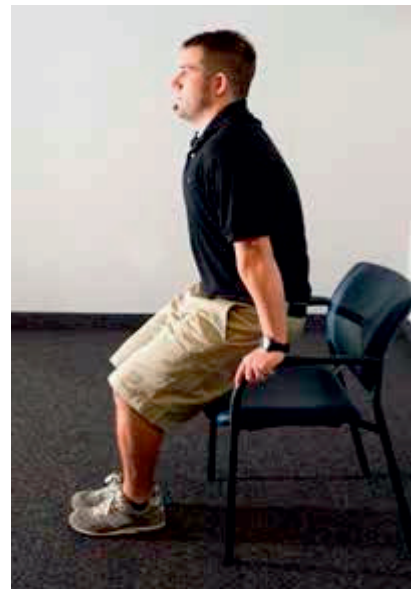
- Pull arms back, pinching shoulder blades together
- Hold 3 seconds
- Relax
- Repeat 10 times
- Do 2-3 sessions per day



HAND – Elbow Extension: Chair Stand-Resisted (Have your coach or support person hold the chair)

- With hands on armrests, push up from chair.
- Use legs as much as necessary.
- Returns slowly
- Repeat 10 times per set
- Do 2-3 sets per session
- Do 2-3 sessions per day

If any of these exercises cause pain, please omit from the routine. Please contact Baptist Health Rehabilitation with any questions or concerns.



LOWER-BODY (HIP AND KNEE) EXERCISES:

Please remember NOT to hold your breath while performing these exercises.

Ankle circles/ankle pumps: A: Move your feet in big circles at the ankles. Make 10 circles in one direction, relax and repeat in the opposite direction. B: Bend ankles up and down like pushing on gas pedal. Relax and repeat 10 times.



Quad sets: Tighten the muscles on top of thigh by pushing knees down into the floor or table. Hold 5 seconds. Relax and repeat 10 times.



Gluteal sets: Tighten your buttock muscles. Hold for 5 seconds. Do not hold your breath. Relax and repeat 10 times.



Heel slides: Slowly slide one heel up on the bed, bending your hip and knee. Keep your heel on the bed throughout this exercise and slowly straighten your leg returning to the starting position. Relax and repeat 10 times.





Knee extension: Slowly lift your foot until your knee is as straight as possible, then slowly lower. Relax and repeat 10 times.

Abduction-Adduction: Slide the operated hip out to the side (keeping your knee and toes pointing at the ceiling). Then slide your leg back to neutral (a straight position). Do not bring your leg past midline. Relax and repeat 10 times.



Within Two Weeks of Surgery

Medication

- Contact your cardiologist if you are taking any of the following medications for previous coronary (heart) stent placement:
 - Clopidogrel (Plavix)
 - Prasugrel (Effient)
 - Aspirin

Your cardiologist will determine whether to continue or stop the medication prior to your surgery. You will need a statement in writing from your cardiologist if permission is given to stop any of these medications.



- Contact your surgeon's office if you are taking any blood-thinning medication, aspirin or products containing aspirin for any reason other than for a coronary stent. Keep in mind, over-the-counter (OTC) medicines may have aspirin in them. These medicines may increase the risk of bleeding, which is why it is important for your surgeon to be aware of all your medications. He/she may instruct you to stop some of them up to 5-14 days prior to your surgery. Do not stop any medications without consulting your physician.

These are some common medications that your surgeon may stop prior to your surgery:

- Aggrenox
 - Aspirin
 - NSAIDS (nonsteroidal anti-inflammatory drugs)
 - Ibuprofen or Motrin
 - Naproxen or Aleve
 - Celebrex
 - Voltaren
 - Prasugrel (Effient)
 - Clopidogrel (Plavix)
 - Dipyridamole (Persantine)
 - Dabigatran (Pradaxa)
 - Eliquis (Apixaban)
 - Enoxaparin (Lovenox)
 - Rivaroxaban (Xarelto)
 - Ticagrelor (Brilinta)
 - Ticlopidine (Ticlid)
 - Warfarin (Coumadin or Jantoven)
- If you are taking diabetic medication, ask your surgeon for instructions on how much to take, if any, the morning of your surgery. Strive to maintain glucose levels within health range for optimal healing before and after surgery.
 - Stop taking any herbal supplements or weight-reducing medication unless otherwise instructed. Some of these medications may interfere with your anesthesia.
 - Have at least a one to two week supply of your regular, prescribed medicines available for your return home after surgery. You may also want to consider having a stool softener available.

Contact your surgeon for:

- Fever
- Sore throat
- Signs of a cold or urinary tract infection
- Rash or open areas on skin
- If taking or have taken antibiotics within two weeks of surgery

Visit your jeweler

If you are unable to remove your rings, please visit your jeweler prior to day of surgery. This is for your safety.



Launder dirty clothing

You will not be able to do any laundry for a period after your discharge from the hospital. Have loose, comfortable clothes ready for your recovery period.

Prepare meals and freeze

For your convenience, it is a good idea to plan and prepare meals prior to your admission to the hospital for use when you return home.



Arrange transportation

Discuss transportation arrangements with your coach or driver for discharge and possible outpatient physical therapy. Ask them to be available by 11 a.m. on your discharge day. You may ride in a car.

Pack for your hospital stay

- Walking shoes or tennis shoes
- Loose-fitting shorts, pants or pajama bottoms
- Socks
- Short, lightweight robe that opens down the front (optional)
- If requested, the hospital provides some personal hygiene items such as a comb, toothbrush, toothpaste, deodorant and lotion.

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

PAT is a service to prepare you for your scheduled joint surgery and designed to ease the anxieties and concerns of you and your family. Providing this service before the day of surgery not only prepares and makes your admission to the hospital easier, but also decreases potential delays or cancellations. Your anesthesiologist and surgeon request specific tests to be completed within two weeks of your scheduled surgery in order to safely care for you. This appointment is typically scheduled by your surgeon's office.

Please bring the following to your PAT appointment:

- Copies of any previous tests (blood work, EKG, chest x-ray, echo, stress test, heart cath) or cardiac clearance
- All medications in original bottles including over-the-counter, vitamins and inhalers. Do not bring a list. The PAT staff will be recording all of your medication information in the computer system. If you bring your medications to your PAT appointment, you will not need to bring them the day of your surgery.
- A copy of your living will or power-of- attorney documents (if applicable)
- Name and phone numbers of your primary-care physician and/or cardiologist
- CPAP or BiPAP unit..

Your PAT appointment does not require fasting; therefore, you may take your routine prescribed medications unless otherwise instructed by your physician. During your PAT appointment, a registered nurse will see you and the following may be completed:

- Tests if ordered by your surgeon or anesthesiologist
- Your health history will be taken and paperwork completed.
- If you do not have an advanced directive/ medical living will, you may complete one if you desire. A notary will be provided free of charge.
- You will have an opportunity to become familiar with the facility, parking, where to go and what to bring on the day of your surgery.
- You will have an opportunity to ask questions.



Your tests results will be reviewed and available to your surgeon and anesthesiologist. These results will be included with all of your other paperwork and sent to Pre-op.

Evening Before Surgery

Skin prep and shower

All people have bacteria (germs) on their skin. It is important to remove any bacteria before surgery to prevent infection. During your PAT appointment, you will be given two packets of chlorhexidine wipes which contain an antiseptic solution.

Take a shower or bathe using soap and warm (not hot) water. Use a clean towel to dry off and put on clean pajamas or a gown. It is important to wait an hour before using your chlorhexidine wipes to allow time for your skin pores to close.

Two wipes are enclosed in each pack. Use the first wipe to wet both legs (include hip area for hip surgery) gently scrubbing back and forth for three minutes. Use the second wipe to scrub the area again from top to bottom and allow to air dry for one to three minutes. Do not rinse off. After area is dry, put on clean pajamas or gown. Ensure clean sheets are on your bed. Wash your hands after each use of the wipes and avoid contact with eyes, ears, mouth, vaginal area or any open areas on your skin.

*If a rash develops or the area becomes reddened, itchy or uncomfortable, rinse off and do not repeat the prep the next morning.

You will be asked to complete the skin-prep instruction sheet and bring back the morning of your surgery. You will give this to the registrar, and it will become part of your medical records.



Shaving

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

Toenail Polish

Remove toenail polish to better assess your circulation in your feet and extremities after surgery.

Jewelry

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

Fasting

Do not eat, drink, smoke, use dip or chew smokeless tobacco, or chew gum after midnight (exception is a sip of water with your medications as directed by your surgeon). If you should eat or drink after midnight, your surgery may be cancelled.

DAY OF SURGERY



Day of Surgery

Before arriving at the hospital

- Take all of your routine, prescribed medications, as directed by your surgeon, with a sip of water **unless** otherwise instructed by your physician. If you are diabetic, follow the instructions you have been given about taking your diabetic medication.
- Do not eat, drink, smoke or chew gum. This also includes no mints or your morning coffee.
- You may brush your teeth and rinse your mouth.
- Do not shave or take a morning shower.
- Complete the skin prep as you did the evening before.
- Avoid use of lotions.
- Do not wear any makeup or jewelry.
- Do not wear contact lenses.
- Leave anything you consider valuable at home.
- Bring the following with you:
 - Suitcase and educational guidebook (leave in the car until after surgery)
 - Driver's license or picture ID
 - Insurance, Medicare, Medicaid Cards
 - Co-pay/deductible required by insurance (cash, check, credit card)
 - Medication in original bottle if not brought to PAT
 - Eyeglasses if needed
 - Copy of your advance directive, living will or power of attorney documents if not brought to PAT
 - CPAP or BiPAP machine if applicable
 - Relaxation aids (MP3 players, books, magazines)
 - PAT PASS
 - Skin prep instruction sheet
- Please plan on arriving promptly by the arrival time given to you by your surgeon's office.



Registration

- The registrar will scan your ID, insurance and/or Medicare or Medicaid cards and other documents if you were not seen in PAT. They will verify your name and date of birth.
- You and your family or visitors will be asked to wait in the waiting area until the pre-op staff is ready for you. You will then be escorted to pre-op and your family and visitors will remain in the waiting area until you are prepared for your surgery.

Pre-op area

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

Operating Room (OR)

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

Recovery room - Post Anesthesia Care Unit (PACU)

- You will remain in the recovery area one to three hours (approximate time).
- You will not be permitted visitors in the recovery area.
- While you are in recovery, your surgeon will report your progress to your family or support person. They will remain in the surgery waiting area until they are notified that you are in your room and ready for visitors.
- You will be monitored closely and given pain and nausea medication as needed.
- **For hip surgery**, you may have an abduction pillow placed between your legs to maintain correct positioning and to remind you not to cross your legs.
- Once your condition is stable and your room is ready, you will be transported to the medical/surgical unit.

AFTER SURGERY

After Surgery

Transported to your room

After surgery, you will go to a medical/surgical unit staffed with registered nurses, licensed practical nurses, patient-care technicians and health-unit coordinators.

If you have any questions or concerns during your stay, you may ask to speak with the charge nurse, unit director, or you may contact the clinical house supervisor or Patient Experience Representative.

What to expect when you arrive in your room

- You may continue to be drowsy from your anesthesia.
- You will meet your nurse and patient-care tech (nursing assistant) who will assess your status and needs.
- Your vital signs (temperature, pulse, respirations and blood pressure) will be taken.
- You will have a dressing over the incision.
- You may notice a blue/ green color on your skin around the area of your surgery. This is normal from a cleansing solution used during surgery.
- You may have ice placed on your incision site if ordered by your physician.
- If you have knee replacement surgery, a cooling device for your knee may be ordered by your physician.
- You may have oxygen going through a nasal cannula (prongs in your nose).
- You will have IV (intravenous) fluids infusing.
- You may have a tube (catheter) in your bladder to drain your urine.
- You will be asked to perform ankle pumps (moving feet back and forth). This improves your circulation.
- You may have special stockings (TED hose), and/or sequential compression devices (SCDs) or foot pumps on both legs or feet to increase circulation to prevent blood clots from forming.
- If an abduction pillow (for hip replacement) is ordered by your physician, it will be checked for placement.
- You will be asked to cough, breathe deeply and use your Incentive Spirometer that will assist in keeping your lungs cleared.
- You will be turned and positioned. Pillows may be used for comfort but not placed directly behind your knees.
- You will be asked to rate your pain on a scale of 0-10. You will have pain and nausea medication available, but you will need to ask for it.
- **Itching from the anesthetic is normal and medication will be available, but you will need to ask for it.**
- You will be given ice water and ordered a clear-liquid diet.
- Once you are settled into your room, your family or support person will be notified of your assigned room number and you will be permitted visitors.

Activity and care during your hospital stay

○ Diet

- You will begin with ice water and advance as tolerated from clear liquids to solid foods.
- It is not uncommon to have a loss of appetite, but it is important to try to eat something every meal. Your body needs protein and nourishment to begin healing.
- You may ask to speak with a dietitian if you are not getting foods that are appetizing to you.
- You need to drink plenty of fluids.

○ Activity

- A physical therapist will see you either the same day of your surgery, or the day after, and every day thereafter until discharge. They will assist you with getting out of bed, walking in the hall, sitting in a chair and climbing stairs.
- An occupational therapist may see you the day after surgery. They will inform you of hip or knee precautions and teach you how to safely perform daily activities such as bathing and dressing.
- Specific exercises and precautions will be explained by your physical therapist and occupational therapist. The occupational therapist will demonstrate use of several adaptive tools. The tools and precautions are described further in the rehab section.
- Your nurse or patient-care tech may also assist you in getting in and out of the bed, walking to the bathroom or in the hall, bathing, dressing and sitting up for meals.
- **For your safety, do not get up without assistance.**



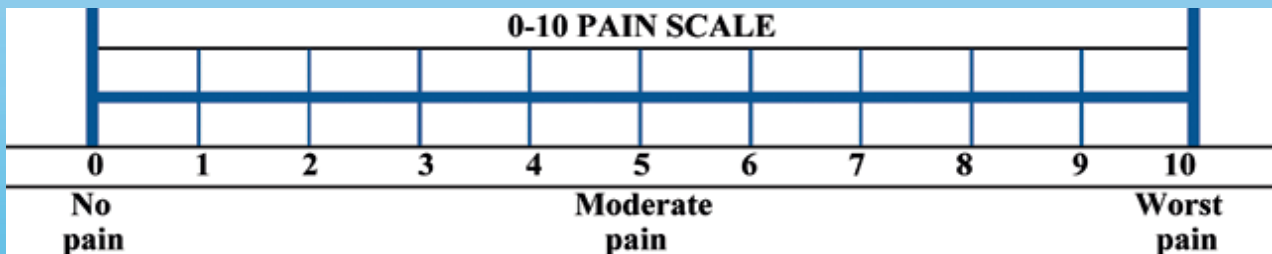
○ **Comfort and pain control**

Effective pain control is a high priority at Baptist Health. Research shows that patients with well-controlled pain heal faster and have improved recovery from surgery.

You may have some pain following surgery, but it will differ from your pain prior to surgery and will improve as you recover. The pain experience is different for each person. Your pain is unique to you. For that reason, it is important that you tell your nurse and/or physician if your pain is not effectively controlled.

When pain is not controlled, it can interfere with your participation toward recovery. Your nurse and physician will partner with you to make you as comfortable as possible.

Pain includes many types of discomfort which can be described as tightness, stabbing, sharp, burning or other unpleasant sensations. It can feel like a dull ache or it can be severe and unbearable. You will be asked to describe and rate your pain on a scale of 0 to 10, with 0 being no pain and 10 being the worst possible pain. This scale is used to describe how much pain you are feeling and to measure how well your treatments are relieving your pain.



It may be easier for you to think of the numeric 0-10 pain scale as a traffic light



0-3 Green means “Go!” Mild to no pain. This is not activity limiting. You are able to move and progress your goals.

4-7 Yellow means “Slow Down!” Pain is uncomfortable, troublesome to miserable and distressing. You are still able to participate in activity but may need rest breaks, exercise modification and/or repositioning.

8-10 Red means “STOP!” Your pain is the intense, horrible or the worst pain possible. You are unable to participate in activity without pain control intervention. These interventions may include but not limited to modalities such as ice, rescheduling appt, pain medication adjustment, or repositioning for comfort.

***Please refer to the traffic light picture in your room.*

There are comfort measures and medications available to control your pain. Your physician will decide what may work best for you, but you will need to let your nurse or physician know if it is not working as well as expected. The goal is to have your pain level acceptable and tolerable allowing you to perform activities and progress towards a healthy recovery.

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

- Ice (if ordered by your physician)
- Repositioning
- Use of pillows for support
- Rest and relaxation techniques
- Music

There are several forms of pain medication - pill, injection and intravenous (IV) - that may be ordered by your physician. Ask for your pain medication as you need it. If you wait, the pain may get worse and it may take longer and/or larger doses of medication to give you relief. You will probably need to take pain medication before physical therapy so you can perform the activities and exercises needed to become stronger and recover after your surgery. You are the key to managing your pain; know what medicines you are taking as well as the possible side effects.

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

○ **Rest and sleep**

- You need your rest for healing. The unit staff will make every effort to provide you a quiet environment.
- Due to promoting rest and recovery, a quiet-at-night program is practiced.
 - All visitors are asked to leave at 9 p.m.
 - One family member may stay overnight if in a private room or if the roommate is agreeable in a semi-private room.
 - Children younger than 10 are not permitted to visit.
 - Your room phone will not receive incoming calls after 9:00 p.m. However, you may continue to use your room phone or cell phone for any outgoing calls.

○ **Elimination**

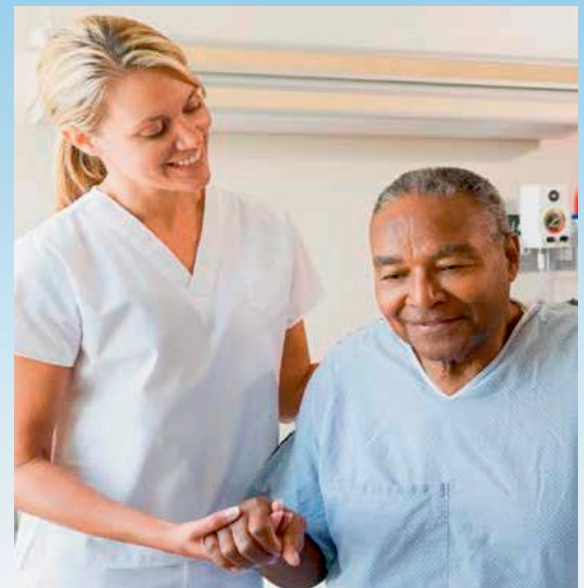
- If you have a catheter in your bladder for urination, it will be removed as early as the same day of your surgery or the following day. You may have some burning with your first voiding, but if it continues or if you have difficulty voiding, you need to let your nurse know.
- Once your catheter is removed, you will use a bedpan or urinal, bedside commode or you can get up to go to the bathroom with assistance.
- Constipation is not uncommon after surgery due to your activity being decreased and taking pain medication. It is important that you drink plenty of fluids (6-8 glasses of water recommended daily). You may need to ask for a laxative and stool softener as needed.

○ **Incisional care**

- You will have a large dressing covering your incision. Your nurse will check it for drainage and change it as ordered by your physician.
- All visitors and staff are expected to wash their hands or use hand sanitizer when entering your room.

○ **IV**

- You will have an IV for fluids and medications.
- Your IV may be discontinued the following day or as ordered by your physician.



- **Circulation (blood-clot prevention)**
 - While in bed, it is important to perform ankle pumps by moving your feet back and forth. This will promote circulation.
 - Early mobility is important in preventing blood-clots from forming. You will be out of bed the same day of surgery.
 - You may have TED hose (elastic stockings) and SCD or foot pumps (compression devices) on your legs or feet to improve blood flow and prevent blood clot formation and swelling. Your elastic hose will be taken off and reapplied twice a day.
 - You may receive a blood-thinning medicine while in the hospital. You may be sent home with blood-thinning medication. Further information is provided in the resource section.

- **Pulmonary (pneumonia prevention)**
 - While in bed, you will be asked to reposition every two hours and encouraged to increase your activity as directed by your physical therapist.
 - You will be asked to cough, breathe deeply and use a respirex (incentive spirometer). This will assist with keeping your secretions moving and cleared from your lungs.

Incentive spirometer

Using your incentive spirometer, coughing and breathing deeply after surgery will help prevent pneumonia by assisting you to fully expand your lungs and clear your secretions. The incentive spirometer will also help your lungs expel the anesthesia gas you were given during surgery.



- Sit on the edge of your bed if possible or sit up as far as you can in bed.
- Hold the incentive spirometer in an upright position. Blow out to empty your lungs.
- Place the mouthpiece in your mouth and seal your lips tightly around it.
- Breathe in slowly and as deeply as possible, raising the blue piston toward the top of the column. The blue coach indicator should float between the arrows.
- Hold your breath as long as possible (for at least five seconds). Allow the piston to fall to the bottom of the column.
- Rest for a few seconds and repeat steps every hour when you are awake.
- Position the blue indicator on the left side of the spirometer to show your best effort. Use the indicator as a goal to work toward during each repetition.
- After each set of 10 deep breaths, cough to clear your lungs. You will use the incentive spirometer every hour, 10 to 12 repetitions throughout your hospital stay and after going home.

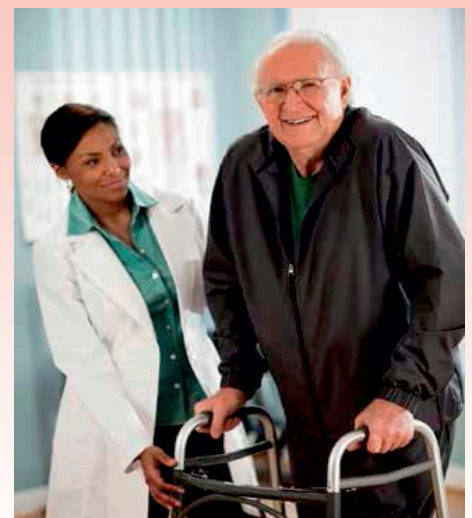
REHAB SERVICES

Rehabilitation

Physical Therapy (PT)

You will see a physical therapist after surgery. The role of the physical therapist is to evaluate your current mobility status and to establish individualized, functional goals with you to increase independence with bed mobility, transfers out of bed, walking and range of motion (ROM). They may also assist in determining the equipment needed upon discharge and discharge placement (home with home health, home with outpatient therapy, rehab facility or a skilled-nursing facility).

- **Post-op day zero (day of surgery):** You will be evaluated by a physical therapist. They will assess your strength, functional mobility and range of motion. They will ask you about any home barriers such as stairs and about your home environment including family, friends and coach support.
 - **EXERCISES:** Your therapist will start education for therapeutic exercises and joint replacement precautions.
 - **WALKING:** Getting up and walking as soon as possible after surgery is the first step toward recovery. You will be encouraged to walk as far as you can tolerate. Early mobility will also decrease the risk of blood-clot formation and pneumonia.
 - **PAIN CONTROL:** It is normal to have some pain after surgery. It is recommended that you take your pain medication before each physical therapy session. Your physical therapist and nurse will work together to coordinate this using medications, ice, positioning and movement.
- **Post-op day one (day after surgery)**
 - You will be encouraged to increase your independence needing only assistance of one person with bed mobility, transfers out of bed and walking.
 - You will continue to increase your distance of walking with a walker.
 - You will be given your individualized home exercise program.
- **Post-op day two and beyond:** You will continue to progress toward established goals.
 - **STAIRS:** You will learn how to go up and down stairs if needed.
 - **HOME EXERCISE PROGRAM:** It is recommended that your coach attend a physical therapy session with you to learn the home exercise program.
 - **DISCHARGE:** Your physical therapist will work with case managers throughout your stay to establish your discharge plan.



○ **Day of discharge**

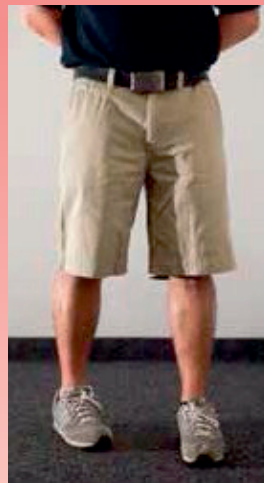
- You may need a coach (responsible caregiver) to stay with you for the first 1-2 weeks.
- You will be advised on the equipment you may need at home.
 - You will need a walker for a few weeks. You may borrow or purchase one.
 - You may need an elevated commode seat for hip-replacement surgery. It may also be helpful for knee-replacement surgery.
- Your goals for **hip-replacement** include:
 - Going from lying to sitting to standing independently using a safe method
 - Going up and down stairs with a walker
 - Completing home exercise program and precautions independently
- Precautions after your **hip-replacement** surgery (The ABCs of your total-hip precautions):

A = AIM your toes straight forward.
(Do not allow your leg to roll inward or outward.)

B = Do not BEND your hip past 90 degrees.



Correct



Incorrect

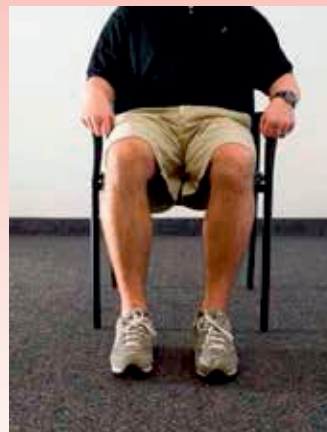


Correct



Incorrect

C = Do not CROSS your legs.



Correct



Incorrect

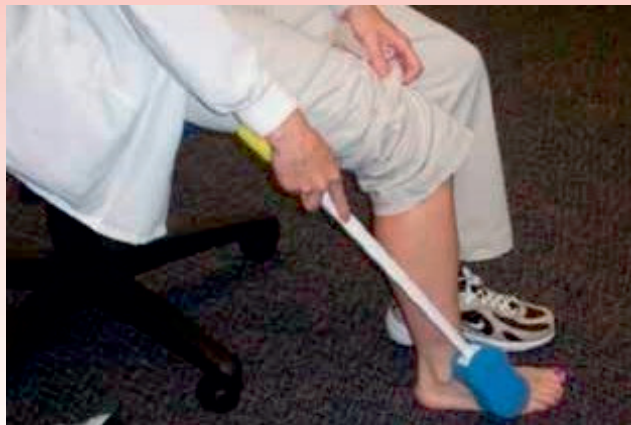
- Your goals for **knee replacement** include:
 - Going from lying to sitting to standing independently using a safe method
 - Bending your knee 90 degrees
 - Walking safely with full weight bearing on involved leg
 - Going up and down stairs independently or with the assistance of a caregiver
 - Completing home exercise program independently
- Precautions after your **knee replacement** surgery:
 - Do not twist on knee with foot “planted”
 - Do not place a pillow directly behind the knee (may cause stiffness and blood pooling which increase risk of blood clot formation)
- **Individualized goals will be set when you meet with your physical therapist.**



Occupational Therapy (OT)

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

- You will be taught home exercises for strengthening and energy conservation if applicable.
- Since you may be at a different level of independence from others, you may not need all of the adaptive equipment. The following are standard pieces of equipment:
 - A **reacher** allows you to get dressed (especially lower body) and reach items on the floor without bending or compromising your balance or precautions.
 - A **sock aid** allows you to get your socks or knee-highs on without bending over.
 - A **long-handled shoehorn** assists you in getting your closed-heeled shoes on without bending over or crossing your legs.
 - A **long-handled bath sponge** with toe sponge attached makes it possible for you to wash your lower body, toes and back without bending or twisting.



- **Leg lifter** assists you in lifting your leg in activities such as getting out of bed or into the bathtub or car.



- **Elastic shoelaces** allow you to continue wearing lace-up shoes that provide increased support and stability without bending over to tie or untie your laces.
- Your occupational therapist will simulate your bathroom set-up while in the hospital and make equipment recommendations as needed.
- You will be instructed on how to safely transfer on and off an elevated toilet seat and tub bench if applicable.



DISCHARGE

Discharge

Going home after surgery

Discharge planning begins on the day of admission. The average length of stay in the hospital is 2-3 for total hips, and 1-2 days for total knees. Your healthcare team, which may include your surgeon, medical physician, case manager and nurse, will coordinate your discharge with you, your coach and/or your family support.

- Your surgeon or medical physician will determine your discharge needs, prescribe medications and request a follow-up appointment. Most patients are discharged home, but you and your physician will decide what care will be the best for your recovery. If you go home, you may need outpatient rehab or home health services 2-3 days a week. Please review the resource section for more information. If you are discharged to an acute rehabilitation hospital or a skilled-nursing facility in your local town, your case manager will assist you with the arrangements.
- Your case manager will coordinate your post-hospital care and answer any questions you may have regarding equipment, rehab or insurance coverage. You may need the following equipment:
 - A walker for approximately 6 weeks. If you borrow one, it will need to be brought to the hospital for the physical therapist to check.
 - An elevated toilet seat or bedside commode for hip replacement. This is also helpful if you had knee replacement surgery.
 - A tub seat or bench
- Your nurse will review your written discharge instructions with you, provide you with your prescriptions and a follow-up appointment and answer any questions.
- You will be asked to have your coach or a responsible adult to stay with you for the first one to two weeks after discharge. If you do not have anyone available, you may need to consider going to a rehab or skilled-care facility.
- You will need comfortable-fitting clothes and shoes to wear home.



- **Frequently asked questions about discharge planning**

- **Will my insurance pay for home care?**

Medicare and most private insurances will pay for skilled services at home such as physical therapy, occupational therapy and skilled nursing. Medicare will also pay for a home health aide to assist with personal care several hours a week. Private insurances do not pay for a home health aide.

- **Will my insurance pay for outpatient rehab?**

Medicare and most private insurances will pay for outpatient physical therapy, but the number of outpatient visits may be limited during a one-year period.

- **Will my insurance pay for rehab in an acute or skilled facility?**

Medicare and private insurance may pay for a short stay in an acute rehab facility if you meet their admission criteria. Medicare will pay for a short stay in a skilled facility that provides therapy 5-6 days a week. Many private insurances pay for these facilities, but some may not. Most joint replacement patients do not require an acute rehab facility after discharge. If there is a question regarding your insurance coverage, the case manager can address it at the time of your admission.

- **Where do I get my equipment?**

Most communities have a medical equipment store that sells walkers, elevated commodes, bath benches, etc.

- **Will insurance pay for my equipment?**

Medicare and most insurance will pay for a walker if you cannot borrow one. Medicare and most private insurances do not pay for anything you would use in a bathroom. This includes elevated commode seats and bath benches.



Your trip home

Most patients are able to ride home or to rehab in a personal car. Ask your driver to plan to arrive by 11 a.m. on the day of discharge. If your trip home takes several hours, you may ask your driver to bring a pillow and blanket so that you can rest. You will need to stop for short rest periods, walk and exercise your legs if your trip home is longer than one hour. This is important to prevent blood clots from forming in your legs.

General information

Each individual patient responds to surgery differently. You are unique. Despite the differences; however, some generalizations can be made.

- You may not have much of an appetite for several weeks. Many patients notice that their sense of taste is decreased or almost absent, but it will return. Some patients even complain of nausea at the smell of food for a week or two after surgery.
- You may have some swelling in your hip or leg. Elevate your leg or foot to reduce swelling or throbbing. You may prop up the whole leg with pillows, but avoid placing pillows directly behind the knees.
- You may find it difficult to fall asleep or you may find that you wake up and cannot fall back to sleep. This will improve with time.
- You may have problems with constipation. Reduced activity and taking narcotic pain medication contributes to constipation. You may use a laxative of your choice and add more fruits, raw vegetables, fiber and juice to your diet. Drink at least 8 glasses of water or juice each day unless your physician has limited your fluid intake.
- You may have some numbness (pins-and-needles sensation) around your incision.
- Keep in mind, hip or knee surgery is a major surgery and everyone heals at a different pace. Do not be surprised if it takes 3-6 months to fully recover from your surgery.

Incision care

Caring for your incisions after you go home is very important. If you have diabetes, you tend to heal more slowly and you are at an increased risk for infection. It is very important to keep your blood-sugar levels in good control. You also need to take extra effort to care for your incisions.

- Take a shower daily. Do not take a tub bath or use hot tubs until your physician says it is okay to do so.
- Gently clean your incision daily with antibacterial soap and water. Always use a clean washcloth and towel. If you do not have city water or running water in your home, your incision needs to be cleansed with bottled water.
- Keep your incision clean and dry at all times. Do not reapply used or soiled dressings.
- Do not use any lotions, creams, oils, powders, antibiotic ointment (i.e., Neosporin®), peroxide, alcohol or iodine on your incision unless told to do so by your physician.
- If you have tape (steri-strips) on your incision, they will fall off after 7-10 days.
- If you have staples or sutures in your incision when you go home, you will be given specific instructions on when they will be removed.
- You may have a special dressing that is applied by your physician or nurse. If you have that dressing, you will receive a special page of instructions on when to remove.
- Do not remove unless otherwise instructed.



- Your incision may have the following, which are considered normal and should go away in the first two to three weeks:
 - Bruising or black and blue skin around the incision
 - Mild redness along the incision edges
 - Tenderness, numbness or itching along the incision
 - Mild to moderate swelling around the incision
 - Small amount of clear or pinkish drainage from incision

- Check your incision daily for the following and contact your physician if any of these occur. **Do not** wait until your next office visit.
 - Increased drainage or redness at or around the incision site
 - Foul-smelling drainage from the incision
 - Increase in pain or swelling around the incision site
 - Pulling apart of the incision
 - Increase in body temperature more than 101 degrees for 24 hours

Diet

- Eat well-balanced meals and foods that are nutritious and high in protein, calcium and fiber to promote healing. Foods high in protein include meat, fish, poultry, beans, cheese, milk, eggs and tofu. Foods high in fiber include whole grain breads, cereals, vegetables and fruits.
- Drink plenty of fluids.
- Avoid fried foods and add as little fat as possible to your food.
- If you have specific diet needs, nutrition counseling is available at Baptist Health.

Activity

The best way to resume your normal activities at home is to use a slow, progressive approach. Over time, you should be able to perform routine household tasks, take part in recreational activity and return to work.

○ General tips

- Get up and get dressed each morning; do not stay in bed.
- Wear street clothes each day to help you get back into a regular daily routine. Avoid clothes that may irritate your incision.
- Continue to use your adaptive equipment as needed.
- Walking is your friend and the bed is your enemy. Just lying in bed can cause pneumonia and blood-clots.
- Limit your visitors for the first couple of weeks. If you get tired, excuse yourself and lie down.
- Stop any task before you get tired. If you overdo it, you will probably be very tired the next day and need to rest.
- Use pain as your guide. If a specific activity is painful, stop.



Rest

- You need a balance of rest and exercise for your recovery.
- Get plenty of sleep at night (8-10 hours).
- Use a pillow between your legs when lying on your side.
- Plan to rest between activities, which includes sitting quietly for 20-30 minutes and taking short naps as necessary.
- Rest 30 minutes after meals before exercising.
- Signals that your body needs rest include fatigue, dizziness and pain or discomfort.

Exercise

- Your physical therapist will provide you with a written home-exercise program before discharge. It is important to follow all of the exercises prescribed to regain energy and to strengthen your hip or knee, back and leg muscles to recover as quickly as possible. You will have physical therapy for several weeks following surgery. For your recovery, you should continue exercising after physical therapy is discontinued.
- Continue to exercise your lungs by coughing, breathing deeply and using your respirex. This will help prevent pneumonia.
- Walking is one of the best forms of exercise because it increases circulation throughout the body and it reduces the risk of developing blood-clots and pneumonia.
- It is important to walk at your own pace, increase your activity gradually, avoid unequal surfaces and be careful when walking on ramps.
- If elastic stockings (TED hose) are prescribed for you, wear the stockings for at least two weeks after discharge. The stockings help decrease swelling and promote circulation. Remove stockings at bedtime. Wash the stockings with mild soap and water, and make sure they are completely dry before you put them back on. Do not dry in the dryer.
- Avoid sitting in one position or standing for long periods of time.
- **Do not** kneel, stoop or cross your legs at your knees or ankles.
- For hip replacement surgery, **do not** bend more than 90 degrees at your hip.



Stairs

- You can climb stairs one step at a time at a slow pace unless told differently by your physician or physical therapist.
- Stop and rest if you tire.
- Use the hand railing for balance only.

Driving

- Do not drive a car or any motorized vehicle (truck, riding lawn mower, tractor, or motorcycle) until you have your physician's permission.
- You may ride in a car, but do not take long trips or travel until your doctor says it is okay.

Sex

- Many patients are concerned about resuming sexual activity after surgery. It often depends on how you feel physically and mentally.
- Check with your surgeon before having sexual activity.
- When your physician states you can resume sexual activity, find a comfortable position and avoid supporting your weight or your partner's weight.

Future dental care

Before any dental procedures in the future, inform your dentist that you have had a knee or hip replacement surgery. Bacteria from certain dental procedures can enter the blood and settle in your artificial joint causing an infection. Your dentist or physician may prescribe antibiotics before your dental procedure to prevent such an infection.

Metal detectors

The metal in your new joint may trigger security devices in airports and other security checkpoints. It may be helpful to carry a card identifying yourself as having a joint replacement.

Medication

You will receive prescriptions of new or changed medication before you leave the hospital. **We offer a Meds-to-Beds service where you may choose to have your medications filled and delivered by our outpatient pharmacy to your bedside.** Take the medication exactly as prescribed. Keep a current list of your medicines (including over-the-counter, vitamins and herbal supplements) in your wallet or purse. The list should have the medication, dosages and times. Take either the list or bottles of all medicine (including over-the-counter, vitamins, and herbal supplements) you are taking to all doctor visits so that every medical provider has an accurate list. Do not take any medication (including over-the-counter, vitamins, or herbal supplements) without checking with your doctor.

Additional information about your medicines will be provided before you are discharged.



- You will be sent home with a prescription for pain medication. It is important to continue to take your pain medication as needed. If your pain is not relieved with rest or medication, contact your physician. Research shows your body heals faster if it is not in pain. Do not drive a car or any motorized vehicle (truck, riding lawn mower, tractor or motor cycle) while taking pain medication.
- Your physician may send you home on an anticoagulant (blood-thinning) medication. It helps to prevent harmful blood clots from forming in your veins.

- Since this medication prevents blood from clotting, it takes longer than normal for you to stop bleeding and you may need to hold pressure even for minor cuts.
- As with any medication, there are potential side effects. You should contact your physician if you notice any of the following:
 - Unusual bleeding (nose bleeds, bleeding gums, blood in urine, black or bloody stool, or coughing and spitting up blood)
 - Bruising for any unknown reason
 - Pain, swelling, redness, muscular weakness, numbness or tingling in any part of your leg, foot or hip
 - A change in the color (dark or pale) or temperature (hot or cold) of your foot or toes
 - Rash or dark spots under the skin
 - Chest pain, shortness of breath or dizziness
 - Rapid or unusual heartbeat
 - Nausea, vomiting
 - Fever
 - Confusion
- Inform your physician if you are allergic to pork or Heparin.
- Inform your physician if you are taking any nonsteroidal anti-inflammatory drugs (NSAIDS- Advil, ibuprofen, etc) or aspirin.
- Follow your physician's instructions on how long to take blood thinning medication. The treatment duration varies depending on your specific condition. To give you an idea, it may vary from 7 days to 4 weeks.
- You will be given additional information and instructions on the blood thinning medication before leaving the hospital. Additional information is also available in the resource section of this guide.



- It is important not to stop any medication without contacting your physician first.
- Take all prescribed medications as directed by your physician.

Smoking

Smoking decreases circulation which increases the risk of not healing after surgery. Smoking is the single most preventable cause of death in the United States. Despite this fact, an estimated 400,000 Americans die each year as a result of smoking. The best smoking advice is “don’t start” and if you smoke, “quit.”



If you smoke, Baptist Health Lexington offers an American Lung Association “Ready When You Are” eight-week program to help you. The cost for the program is \$40. For information concerning classes or a one-on-one consultation, please call (859) 260-6419.

Follow-Up Appointments and Instructions

- Please read all of your written discharge instructions and ask your nurse or physician to answer any questions you have before leaving the hospital.
- Have your driver stop on your way home to fill any new prescriptions.
- It is important to keep all of your follow-up appointments.
- If you have any new or bothersome symptoms or questions during your recovery period at home, do not hesitate to contact your surgeon or primary-care physician.



RESOURCES

Guide to Patient and Visitor Services for Baptist Health Richmond

You are special to us and we are committed to providing you with quality health care. Please review and share the following information with your visitors to assist in making you and your visitors' hospital time as pleasant and convenient as possible.

○ **Security**

- Do not bring any valuables to the hospital.
- Security officers are available 24 hours a day by dialing extension "0" for the hospital operator.
- An ATM is located on the first floor.

○ **Food Services**

- The Cafeteria is located on the first floor of Building near the front lobby. Hours are 6:00 a.m. – 6:00 p.m. Monday through Friday.
- Vending machines are located throughout the Facility.

○ **Your Hospital Phone Number**

- Family and friends may call you directly by dialing (859) 625-3 plus your 3-digit room number.
- To call out locally, dial 9 plus the local number.

○ **Visiting Hours**

- There are no set visiting hours but access to the front lobby is restricted after 9 PM. Entrance is only allowed through the Emergency Department after that time.

○ **Parking**

- Free self-parking is available in front and rear parking lots.

○ **Code H**

- Code H is a safety program for our patients. Baptist Health is dedicated to making our hospital a safe place for patient care.
- If you or your family notice a clinical change, a breakdown in how care is being managed or something that does not look or seem right and your healthcare team is not present or not responding, you may call a Code H.
- To access Code H, you or your family may call 3733 from your room phone.
- For additional assistance, you may call:
 - Information Desk - Dial 0
 - Patient Care Experience Nurses - Dial 3446

Lovenox (Enoxaparin) *(a type of blood thinning medication)*

Your physician may send you home on Lovenox after your joint replacement surgery.

This medicine is used to help prevent blood clots from forming in your veins. This medicine may be used for other reasons, as prescribed by your doctor. Side effects include dizziness, upset stomach or confusion. You are having an allergic reaction if you experience **rash or itching, facial or throat swelling, wheezing or shortness of breath.**

Follow these instructions:

- Inject this medicine at the same time each day.
- Look at your old injection sites for signs of infection:
 - **Redness**
 - **Pain**
 - **Warmth**
 - **Swelling**
 - **Oozing from the site**
- Inject the medicine into a layer of fat just under the skin on your stomach.
- Do not inject within 2 inches of your belly button or around scars or bruises.
- Inject the medicine into a different area of your stomach each time.
- Store this medicine away from heat, moisture or direct light.
- If you miss a dose and remember within 6 hours, take it as soon as possible. Otherwise, skip the missed dose. Do not double the doses.
- **Talk with your doctor before taking any other medicines (including vitamins and herbals) as you may require additional monitoring.**



To give yourself a shot:

1. Wash your hands with soap and water. Dry your hands.
2. Sit or lie in a comfortable position so you can easily see the area of your belly you will be injecting.
3. Select an area on the side of your belly, at least 2 inches from your belly button and out toward the side.
4. Clean the area with an alcohol swab. Allow area to dry.
5. Carefully pull off the needle cap from the syringe. Throw away the cap. **Do not press on the plunger to get rid of the air before injecting.**
6. Hold the syringe in the hand you write with (like a pencil). With your other hand, gently pinch the cleaned area of your belly between your thumb and forefinger to make a fold in the skin. **Be sure to hold the skin fold throughout the injection.**
7. Insert the full length of the needle straight down (at a 90° angle) into the skin fold.
8. Press down the plunger to inject the medicine with your finger.
9. Remove the needle by pulling it straight out. You can now let go of the skin fold. **To avoid bruising, do not rub the injection site after you inject.**
10. Drop the used syringe, needle first, into the plastic or metal container provided. Close the lid tightly and place the container out of reach of children or pets.



Call your doctor if you have:

- Any sign of allergy
- Bleeding from your surgical site or other areas
- Chest pain
- Any questions about giving yourself a shot
- Any new or severe symptoms

BEFORE your joint replacement surgery

(Remove this page and post on your refrigerator as a reminder)

Once you have been scheduled for your joint replacement surgery, you can begin preparing for your surgery, hospital visit and recovery. **Please refer to your Joint Replacement Education Guide for further details.**

Preparing for surgery

- Select a coach
- Prepare your home
 - Stock up on canned and frozen foods
 - Store supplies and frequently used items at waist level
 - Remove any clutter, throw rugs or electrical cords from walking paths
 - Prepare a room on the main living level to limit use of stairs
 - Arrange furniture so walking path is wide enough for a walker
- Schedule appointment with your dentist for oral exam
- Visit your cardiologist for surgery clearance if applicable
- Stop smoking

Within two weeks

- Contact your cardiologist if taking Plavix, Effient and/or aspirin for coronary stent placement
- Contact your surgeon's office if taking blood-thinning medication (Coumadin, Pradaxa, Heparin, Lovenox, Xarelto, Eliquis), aspirin or aspirin-based medication or diabetic medication
- Stop taking any herbal supplements or weight-reducing medication unless otherwise instructed
- Contact your surgeon for fever, sore throat, signs of a cold or urinary tract infection, rash or open areas on skin or if taking or have taken antibiotics within two weeks of scheduled surgery
- Visit your jeweler if unable to remove your rings
- Prepare meals and freeze
- Launder dirty clothing and have loose, comfortable clothes ready for recovery period
- Keep your appointment with Pre-admission Testing. Bring to your appointment:
 - Copy of previous EKG, chest X-ray, echo, stress test, heart cath or cardiac clearance (if applicable)
 - All medications in **original bottles** including over-the-counter (do not bring a list)
 - Copy of Living Will or Power of Attorney documents (if applicable)
 - Phone numbers of your primary-care doctor and/or cardiologist
 - Pacemaker or ICD cards
 - C-PAP or Bi-PAP **settings** (if applicable)
- Pack personal hygiene items, walking shoes or tennis shoes, loose-fitting shorts, pants or pajama bottoms, socks and a short, lightweight robe that opens down the front (optional)
- Stop shaving 2 days before surgery

Evening before surgery

- Use skin prep and place clean sheets on bed
- Remove toenail polish and all jewelry
- Do not eat, drink, smoke or chew gum after midnight

Morning of surgery

- Repeats skin prep
- Take all routine, prescribed medications with a sip of water unless otherwise instructed by your physician
- What to bring:
 - Suitcase, education guide, walker if already have (leave in car until after surgery)
 - Photo ID, Insurance, Medicare, Medicaid Cards
 - Co-pay / deductible required by insurance (cash, check, credit card)
 - Medication in original bottles (if not brought to PAT)
 - Copy of Living Will or Power of Attorney documents (if not brought to PAT)
 - C-PAP or BiPAP **mask and tubing** if applicable (do not bring your machine)
 - Relaxation aids (MP3 players, books, magazines)
 - Completed skin prep instruction sheet**
 - PAT PASS

AFTER your joint replacement surgery

(Remove this page and post on your refrigerator as a reminder)

Please refer to your discharge instructions for further details.

Remember

- Make follow-up appointment with your doctor if not done for you at discharge.
- Check incision and shower daily (no tub baths). Always use a clean washcloth and towel.
- Do not use lotions, powders or medicated cream on incision.
- Keep your legs elevated when sitting.
- Do not kneel, stoop or cross your legs.
- Do not place a pillow directly behind your knee.
- Do not bend more than 90 degrees at your hip (hip replacement surgery).
- If elastic hose were prescribed, wear at least two weeks. Remove two times a day for an hour with assistance. May wash with soap and water and air dry.
- Eat well balanced meals and foods that are nutritious and high in protein and fiber.
- Drink plenty of water.
- Take a stool softener as needed.
- Take your medication as directed. Continue to take your pain medicine as needed.
- Do not smoke.
- Do not drive until your physician gives you permission.
- In the future, before having any type of procedure, it is important to inform your dentist or physician that you had a knee or hip replacement. They may decide to prescribe antibiotics before your procedure.

Be active:

- Follow your written exercise program given to you by your physical therapist.
- Balance rest with exercise and pace yourself throughout the day. Get plenty of sleep at night.
- Avoid sitting or standing in one position for long periods of time.
- Walk, walk, walk.

Contact your physician for any of the following (do not wait until your next office visit):

- Drainage or redness at or around the incision site
- Foul-smelling drainage from the incision
- Increase in pain or swelling surrounding the incision site
- Pulling apart of the incision
- Increase in body temperature more than 101 degrees for 24 hours
- Unusual bleeding or bruising for any unknown reason
- Pain, swelling, redness, muscular weakness, numbness or tingling in any part of your leg or foot
- Change in color or temperature of your foot or toes
- Rash or dark spots under your skin
- Chest pain, shortness of breath, rapid or change in heartbeat or dizziness

