



NorthShore University HealthSystem

Total Joint Replacement

Your Guide to Rapid Recovery

NorthShore
University HealthSystem

Orthopaedic Institute

**To register for a Total joint Replacement class or if you have any questions,
please contact the NorthShore Hospital location where you will undergo surgery:**

Glenbrook Hospital: (847) 657-5707

Highland Park Hospital: (847) 480-3943

Skokie Hospital: (847) 933-6815

You can also view the class online by accessing northshore.org/tjrcvideo.



Orthopaedic Institute



Orthopaedic Institute

Welcome to the Total Joint Replacement Center at NorthShore University HealthSystem.

Your decision to have your hip or knee replaced by one of our expert surgeons provides you with a unique opportunity to partner with your doctor and the other healthcare professionals who will be part of your successful surgical recovery.

The Total Joint Replacement Center is nationally recognized for quality and clinical excellence, including a designation as a Blue Distinction® Center from Blue Cross and Blue Shield for its hip and knee replacement programs. The award, based on nationally consistent criteria, recognizes several areas of quality, including treatment expertise, the number of procedures performed every year and patient outcomes. NorthShore is actively involved in enhancing patient outcomes by engaging in research and clinical trials, as well as embracing new technology such as computer-assisted surgery and custom solutions for joint replacements. Comprehensive infection protocols are followed to maximize recovery times.

At the Total Joint Replacement Center, our doctors and staff are trained to address your individual needs. Our multidisciplinary team has created a “pathway” for you that helps guide you, including pre-operative preparation and education, coordination of hospital care and post-operative rehabilitation. Your pathway begins with a class for you and anyone else who will be assisting you through your surgical preparation and recovery. If you have not yet signed up for a class, please call one of the phone numbers below.

This book is designed to provide you with important information that will guide you through the surgical process. It is your workbook. Please bring this book with you to the class and the hospital for reference and further guidance.

Your involvement is very important to our team. We look forward to partnering with you for a successful surgery and recovery. Thank you for choosing the NorthShore Total Joint Replacement Center.

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Preparing for Surgery

Pre-Operative Work-Up

Most arrangements for the tests will be made through either the Total Joint Replacement Center or your doctor's office.

- | | |
|---|---|
| <input type="checkbox"/> Laboratory tests | <input type="checkbox"/> History/physical examination |
| <input type="checkbox"/> X-rays | <input type="checkbox"/> Dental clearance (within 6 months) |
| <input type="checkbox"/> Nasal swabs | <input type="checkbox"/> Other evaluations, as needed |

Decreasing the Risk of Infection

The Total Joint Replacement Center offers a comprehensive surgical site infection program to help reduce your risk of infection after your surgery. NorthShore makes every effort to protect you from developing an infection after your surgery. Specific bacteria—called *Staphylococcus aureus*, or Staph—are organisms that may cause an infection after an operation. Patients who are most likely to get an infection carry these organisms in or on their body without symptoms before surgery. Without precautions, these organisms can unknowingly get into a Staph carrier's surgical incision after surgery.

About 20 to 30 percent of healthy people have Staph in their bodies. All of us have this germ present at one time or another. It usually causes no illness but occasionally can cause infection ranging from small sores on the skin to more serious medical conditions. Staph is passed from person to person by contact with someone who is carrying it. Those who carry Staph typically have it in their nose and may have it on their hands and skin.

Your surgeon believes that it is important to test you for these bacteria before your surgery and to remove them from your body if they are present. Recent medical literature indicates that by doing this, we can prevent infections from Staph. Testing for the Staph bacteria is simple, and treating to remove them is also very easy. Before your surgery date, your surgeon will arrange for a nasal swab, or prescribe an ointment and pre-operative skin scrub in order to help fight potential infections.

Pre-Operative Skin Preparation

The purpose of a pre-operative skin preparation is to help reduce the risk of infection. This preparation should be done the night before surgery as instructed by your surgeon's team. Instructions on how to correctly use the preparation will be provided by your surgeon's team.

Preparing for Surgery

Home Safety Preparation

Setting up your home prior to surgery is an essential step to ensure a safe environment after discharge from the hospital. Listed below are points to consider BEFORE SURGERY while setting up your home.

Stairs

- Be prepared to talk to your therapist about your stairs and railings (e.g., Do you have railings on both sides or just one side?).
- Do you have stairs to get into/out of your home?
 - Having a family member/caregiver present to assist you into/out of your home is highly recommended.

Bathroom

- Be prepared to talk to your Occupational Therapist about your bathroom set up (e.g., Do you have a shower stall or a tub?). Your therapist will make equipment recommendations based on your specific environment to ensure safety at home.
 - If you have a tub, it may be recommended that you get a tub transfer chair to ensure safety while bathing.
 - If you have a stand-up shower, it may be recommended that you get a shower chair to ensure safety while bathing.
- Do you have grab bars in the shower?
 - Grab bars are a helpful way to increase your safety in the tub or shower.
- How high is your toilet seat?
 - For standard toilet seat heights, it is recommended that you get an elevated commode seat to ensure safety with transfers to/from the toilet.

Bedroom/Living Room

- Is your home arranged for ease of movement once you return home?
 - It is recommended that you remove throw rugs and other obstacles from the floor to ensure safety while walking.
- Are items in cabinets and dresser drawers easily accessible?
 - You should not be on step stools or ladders after discharge, so be sure to move items as necessary so you can reach them easily (not too high and not too low).
- How high is your bed?
 - Be sure to let your therapist know the approximate height of your bed so he or she can help you practice bed mobility with a bed height more realistic to your home setup.

Children/Pets

- Do you have small children or pets?
 - Small children may need some education on how to interact with you in a way that ensures their safety and yours.
 - Take steps to ensure that your pet does not try to jump on you or bump you while walking.

Preparing for Surgery

Family Member/Caregiver Support

A family member, close friend or caregiver whom you designate will become an important member of your extended team to help you prior to surgery and throughout your recovery. Please review this book with your family members/caregivers prior to surgery. Also, remember to introduce these individuals to your doctor.

Please invite your family member/caregiver to attend a physical therapy (PT) and occupational therapy (OT) session after your surgery so the therapists can explain how the family member may need to help you at home. These family members/caregivers may also help with:

- Transportation to and from the hospital
- Providing support around the home during the first week after discharge
- Meal planning

Medications

Some medications you currently take may prove harmful during surgery because they thin your blood and increase the risk of bleeding after surgery. If you take medications that contain aspirin, anti-inflammatories (such as ibuprofen, Motrin, Advil, Aleve, etc.), blood thinners (such as Warfarin) or arthritis medications, ask your surgeon when it is best for you to stop taking these medications. Also be sure to let your surgeon know if you are taking any vitamins or herbal supplements. During your visit with your primary care physician for your history and physical, your medication will be reviewed again. You will be instructed on which medications or supplements you must stop taking before surgery.

Staying Active Prior to Surgery

Continue normal activities for as long as you are able up until your surgery date, but do not begin any new exercise or activities. Your doctor or therapist may recommend pre-operative exercises tailored to your individual needs to improve your strength and range of motion.

Write down any questions you may have for your doctor or nurse:

Preparing for Surgery

Pre-Operative Nutrition

- **Drink enough fluids prior to surgery.**

Your body should be well-hydrated prior to surgery. Your physician may adjust these guidelines if you have any other medical conditions, so please discuss them prior to your surgery.

- **Make sure your protein intake is adequate EVERY day.**

Protein helps your body heal. It can be found in meat, fish, poultry, eggs, dairy products and legumes. You should have no fewer than 2 servings a day.

- **Increase your fiber intake.**

Since you will be receiving medications that can contribute to some constipation after surgery, it is recommended that you increase your fiber. "Bulk up" your diet with a variety of food like raw fruits and vegetables, whole-grain breads or muffins, cereals, nuts and beans.

- **Make sure you are getting sufficient iron if you will be donating your own blood.**

Take iron as directed by your doctor. Vitamin C helps with iron absorption. Do not take iron with milk. Dietary iron is in lean red meat, dark green leafy vegetables, egg yolks, raisins and prunes.

- **Make sure you are getting adequate calcium.**

Calcium is necessary to maintain the strength of your bones. The Centers for Disease Control and Prevention recommends 1,500 mg daily. Try to take some of your daily calcium as servings of milk, yogurt or cheese. Do not exceed 500 to 600 mg of calcium at any one time; spread out your calcium intake throughout the day.

- **REMEMBER: You need vitamin D to absorb calcium.**

You need 1,000 IU daily. Vitamin D is frequently in multiple vitamins, milk products, fortified cereals and calcium supplements.

- **Try to stop smoking.**

- **Decrease your alcohol intake.**

It is recommended that you drink no more than one alcoholic drink per day and none at all for 48 hours prior to surgery.

The Day Before Surgery

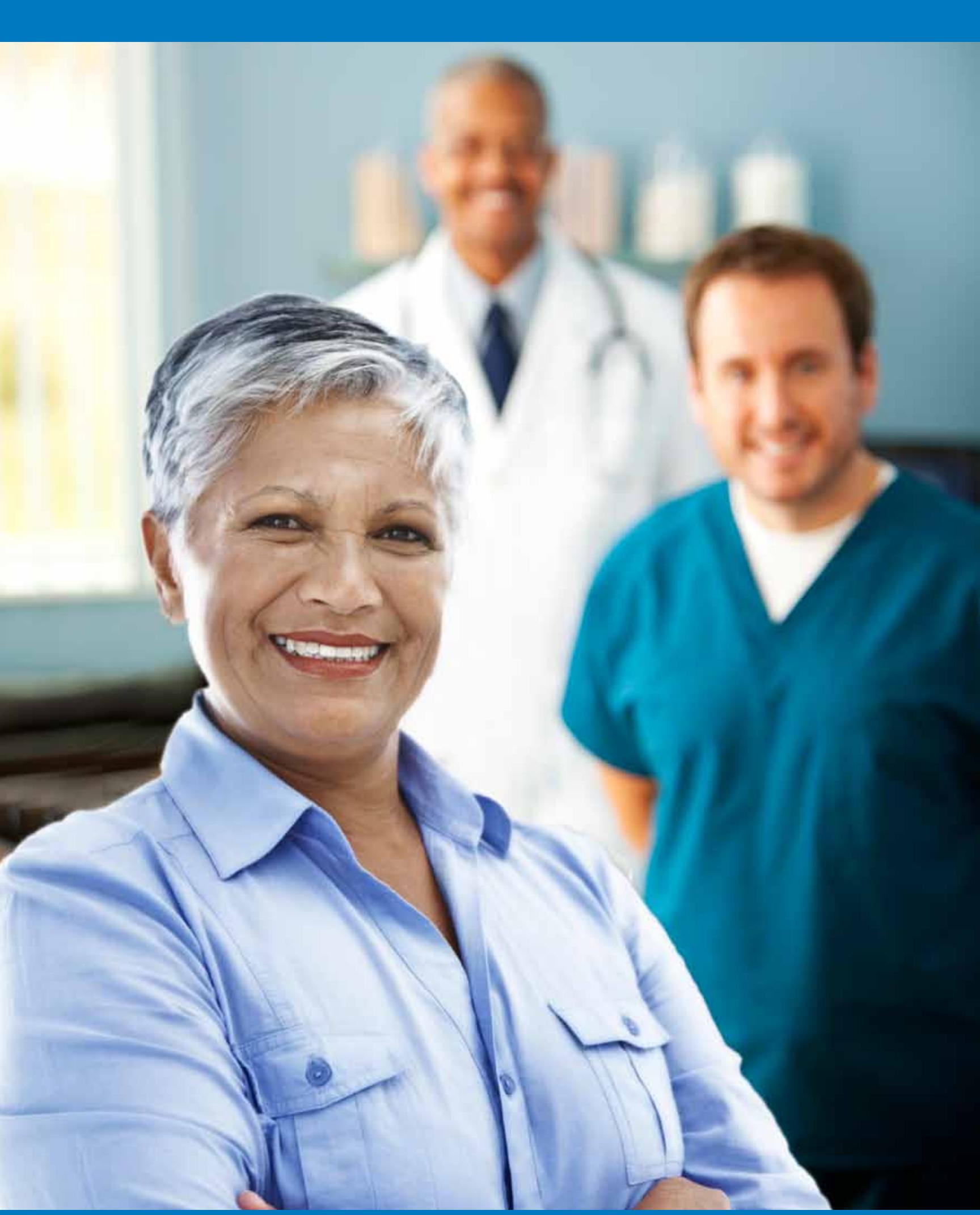
Pre-Operative Phone Call

A nurse will call you between **8 a.m. and 5:30 p.m.** the day before your surgery to confirm your procedure and review your medical history, including dental, allergies, etc. You also will be given directions to the hospital and confirm your arrival time to Ambulatory Surgery.

Also, during this phone call you will be instructed to avoid all food and liquid after midnight the night before surgery. You will be told which medications you should take the morning of surgery with a small sip of water.

DO NOT eat or drink anything (including water) after midnight the night before your surgery.

Write down any questions you may have for your doctor or nurse:



The Day Before Surgery

What to Bring to the Hospital

Things to bring or do:

- Advanced directives
- CPAP machine
- Wear loose-fitting clothing

Things **not** to bring or do:

- Valuables that are not essential during your stay
- Medications from home

Your physician has requested that you wear “street clothes” as soon as possible (following surgery) in order to facilitate rehabilitation. Keep clothes loose fitting, such as:

- Loose shorts/pants with wide leg openings; avoid sweat pants with elastic cuffs
- T-shirt tops
- Loose undergarments (especially for Total Hip patients)
- Proper shoes (see below)
- Short robe or pajamas
- Toiletries

It is important that you bring proper shoes to the hospital. Things to consider when deciding what shoes to bring:

- The foot on your operated leg may be swollen after surgery. Please bring a shoe that accommodates the increased size. The shoe can be a slip-on or tie shoe.
- Choose a shoe with a low (less than 1 inch) heel. Gym shoes or walking shoes are fine.
- If you buy a new pair of shoes, please have a salesperson measure the width and length of each of your feet while you are standing.
- DO NOT bring bedroom slippers.
- DO NOT bring shoes with an open or no heel.

NOTE: You may want to purchase elastic shoe strings (available at most pharmacies). This product will help avoid the need to tie your shoes following surgery.

Write down any questions you may have for your doctor or nurse:

The Day of Surgery

Check-In at Ambulatory Surgery

Family members/caregivers are allowed to remain with you.

Following your check-in at Ambulatory Surgery, the process to prepare you for surgery will begin. You will start meeting various members of your care team, including your surgeon, anesthesiologists and operating room nurses, and others who are committed to helping you through your surgery and beyond to a successful recovery. You will become accustomed to being asked your name, birth date and confirmation of the surgery you are having as part of our patient safety procedures.

For Your Safety

Verification

- You will be asked your name and birth date frequently.
- Prior to surgery, you also will be asked many times what procedure you are having done.

Medication Reconciliation

Prior to administering medications, we need to know:

- The name of all medications you currently take.
- The dosage of each medication.
- The frequency (how often) of your medications.
- When your last dose was taken.

Infection Prevention

- An antibiotic will be given before surgery and continued for 24 hours afterward.

Write down any questions you may have for your doctor or nurse:

The Day of Surgery

Pre-Operative Holding

Family members/Caregivers can view your progress on the waiting room monitor. You will be in the pre-operative holding area where you will stay for 1 to 3 hours.

During that time, the following will occur:

- Your health history and physical examination will be reviewed.
- Advanced directives will be noted.
- Your operative site will be prepped.
- Your anesthesiologist will review your health history and physical exam results and will discuss your options for anesthesia with you.
- An IV (intravenous line) will be started.
- The surgeon will review the joint procedure with you and mark the site of surgery on your body.



Write down any questions you may have for your doctor or nurse:

The Day of Surgery

Anesthesia

The Department of Anesthesiology at NorthShore has prepared this brief informational section to help you understand the anesthesia and pain relief options available to you for your total joint replacement surgery.

The Anesthesia Care Team

At NorthShore, anesthesia care is directed by board-certified anesthesiologists. You will meet your care team members in the pre-operative holding area near the surgical suite. We work together to provide you with a safe anesthetic experience.

Pre-Operative Preparatory Work

Preparatory work for your surgery begins in the pre-operative area. An intravenous (IV) line will be started, and an initial set of vital signs will be taken. Your anesthetic care team will review your medical history and laboratory reports and perform a brief physical exam. After discussing your various anesthetic options with you, your anesthesiologist will formulate a specific anesthetic plan.

Intra-Operative Anesthesia Alternatives

Your anesthetic options will be guided by your medical history, your preferences and the planned surgical procedure.

General Anesthesia

General anesthesia will put you to sleep following an injection of medications into your IV. After you are asleep, a breathing tube will be placed into your mouth to assist your breathing during the surgery. During the operation, you will be receiving additional medications in your IV and through your breathing tube that will ensure that you remain asleep throughout your surgery. At the end of the operation, the breathing tube will be removed when appropriate.

Regional Anesthesia

Regional anesthesia refers to numbing a part of your body with an injection of local anesthetic. For total joint replacement surgery of the knee and hip, regional anesthesia may involve injections into your back or around the nerves in your leg or hip. It is very important that you inform your surgeon and anesthesiologist if you are on blood thinners/Warfarin. If you are, additional blood tests may be needed to determine whether it is safe to proceed with this type of anesthesia.

Write down any questions you may have for your doctor or nurse:

The Day of Surgery

Anesthesia (continued)

Should you choose to have regional anesthesia, sedative medications will be given to you through your IV during the surgery. A small amount of these medications may be given to you before starting a regional anesthetic to relax you and to minimize your discomfort and/or any anxiety.

- **Spinal anesthesia.** A small amount of local anesthetic is injected into your back. You rapidly become numb in your lower body and will likely be unable to move your legs for a few hours. This is a single injection and blocks the pain from the surgical area.
- **Epidural anesthesia.** An epidural, similar to a spinal, is an injection into the back, which numbs the lower part of your body. In addition to the injection, a very small flexible plastic catheter is passed into the epidural space of the spine. This catheter enables medication to be continuously administered both during and after surgery through an adjustable pump at your bedside.

Nerve Blocks and Catheters

Nerve blocks and catheter insertions are anesthetic techniques that reduce knee and hip pain by numbing the nerves with local anesthetic. Tiny catheters may be placed before or after surgery as an alternative to epidural anesthesia. Individual nerve blocks also may be beneficial post-operatively to help reduce pain.

Pain Medications

As part of NorthShore's multifaceted pain management program, you will be offered oral or IV medications to help with pain management before and after your operation. They are to be taken in addition to the other modalities described above.

Risks

Anesthesia is very safe, but it does have recognized risks and complications. At the time of your surgery, your anesthesia care team will discuss the anesthetic risks with you in detail.

Our goal at NorthShore is to provide you with a safe and comfortable experience.

Write down any questions you may have for your doctor or nurse:

The Day of Surgery

Operating Room and Post-Anesthesia Care Unit (PACU)

Family members/caregivers can view your progress on the waiting room monitor.

Operating Room

Inside the operating room, you will be cared for by doctors, nurses and skilled technicians. The total time required for surgery differs from patient to patient depending on the complexity of the procedure. Generally, most joint replacement surgeries last from 1 to 2 hours, not including the preparation and recovery times.

While you are in the operating room, your family can monitor your progress on a screen located in the waiting room. For privacy, you will be identified by a unique identification number, which will be given to your family members/caregivers.

PACU (Recovery)

After surgery, you will be transported to the Post-Anesthesia Care Unit or recovery room. You may feel groggy from the anesthesia. You will spend from 1 and 3 hours in the PACU while you recover from the effects of anesthesia.

- Nursing staff will monitor your:
 - Vital signs
 - Progress as you emerge from anesthesia
 - Pain, and provide interventions, as necessary
- Your surgeon will meet with your family members/caregivers to provide a post-surgery recap.
- After recovery, you will be transported to the nursing unit. Your family members/caregivers can visit you after this point.

Write down any questions you may have for your doctor or nurse:

Your Hospital Stay

The Nursing Unit

Family members/caregivers are allowed to visit with you.

After your recovery in the Post-Anesthesia Care Unit (PACU), you will be transferred to the inpatient nursing unit. Your stay on this unit will begin the post-operative/rehabilitation phase of your recovery.

You will have a bandage covering the incision on your hip or knee. You also will have a urinary catheter and will receive antibiotics. Your nursing team will monitor your vital signs and give you medications for pain and nausea and to prevent blood clots. You will be introduced to therapists who will work with you individually to help you begin your exercise routine and instruct you on precautions following surgery.

Nursing Assessments and Interventions

Nursing assessments and interventions will include:

- Monitoring your vital signs frequently, including throughout the night
- Checking your incision
- Administering IV fluids and antibiotics
- Checking your urinary catheter
- Checking your oxygen level
- Assisting with an incentive spirometer to prevent pneumonia (10 times per hour while awake)
- Assessing the use of abductor splints for hip patients
- Checking compression devices to prevent blood clots
- Assessing blood clot prevention/administration of oral anti-coagulants/early ambulation



Physician Assistants

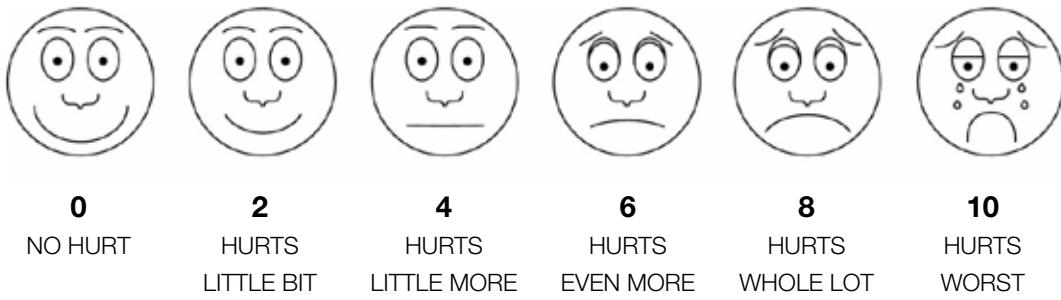
Physician Assistants (PAs) are board-certified advanced practitioners who work with your surgeon and other dedicated medical professionals to help guide your care. PAs are able to interpret labs, make diagnoses, write prescriptions and assist in the operating room. PAs are staffed in the hospital 24 hours a day, 7 days a week. Working closely with your surgeon, a PA will see you each day that you are hospitalized.

NOTE: Please do not attempt to get out of bed on your own. After joint surgery, there is a higher risk of falling.

Your Hospital Stay

Pain Assessments and Management

Communication is an important part of helping us manage your pain. We encourage you to share information with your nurses and doctors about any pain you experience. Be as specific as possible.



- **Where is the pain?**
- **How often do you feel pain?**
- **On a scale of 0 to 10, where 10 is the worst pain imaginable, how would you rate your pain?**
- **Is there anything that makes the pain go away?**

Some pain will accompany your therapy sessions. Be sure to ask for pain medication 30 to 45 minutes before your scheduled therapy session. This pain will be managed with different oral medications.

Write down any questions you may have for your doctor or nurse:

Your Hospital Stay

Clot Prevention

The following therapies and medications may be used during or after your surgery to improve circulation and prevent blood clots. This will be at your surgeon's discretion.

- PlexiPulse® boots or sequential compression device (SCD)
- Ankle pumps
- Oral and/or injectable blood thinning medications
- Early ambulation

At Risk for DVT

DVT stands for deep vein thrombosis. DVT is a disorder in which a blood clot forms in the deeper blood vessels, particularly in the legs. Having orthopaedic surgery increases this risk as does being immobile or inactive.

Symptoms of DVT in the leg are swelling, redness and pain in the affected leg, usually below the knee. Sometimes the leg is warm to the touch.

Symptoms of a blood clot in the lung (pulmonary embolism) are shortness of breath, sudden onset of chest pain, cough and sometimes fainting. These symptoms require immediate medical attention.

Write down any questions you may have for your doctor or nurse:

Your Hospital Stay

Questions About Oral Anti-Coagulant Medications (Blood Thinners)

Why is this drug prescribed?

Oral anti-coagulant medications, commonly known as blood thinners, lower the body's ability to form clots and therefore prevent harmful clots from forming in the blood vessels. These clots can cause serious medical problems because they can move to other parts of your body. For example, if a clot moves to your lung (pulmonary embolism), it can cause a strain to your heart or trouble breathing.

When should it be used?

Your doctor will determine when you will begin taking your oral anti-coagulant medication. It is important to take your oral anti-coagulants at the same time every day—BE CONSISTENT.

What special instructions should I follow while using this drug?

Your doctor determines how much oral anti-coagulant you need. Remember that too much oral anti-coagulant can cause you to bleed more, and too little oral anti-coagulant may allow a harmful clot to form.

Upon discharge from the hospital, you will receive instructions specific to the type of oral anti-coagulant your physician prescribes. You should follow these directions carefully, and contact your healthcare provider if you have any questions.

What should I do if I forget to take a dose?

Take the missed dose as soon as possible on the same day, but DO NOT take a double dose of oral anti-coagulants the next day to make up for the missed dose. Finally, if you forget to take a dose, tell your healthcare provider.

What side effects can this drug cause?

Patients taking oral anti-coagulants have an increased risk of bleeding complications.

Call your healthcare provider right away if you have:

- Bleeding that does not stop from cuts or from your nose.
- Unusually colored urine (dark brown or red) or stool (red or black) when you go to the bathroom.
- More bleeding than usual when you brush your teeth.
- Unusual bruising for unknown reasons.
- Vomiting or coughing up blood.
- More bleeding than usual when you get your menstrual period or unexpected bleeding from the vagina.
- Severe headache, dizziness, weakness or trouble breathing.

Understanding Hip Replacement (Total Hip Arthroplasty)

Arthritis or injury can cause severe pain in your hip(s). Reconstruction of those joints can be the best way to regain function and restore quality of life. The hip enables us to bend and straighten our body and move our lower limbs. Total joint replacement involves surgery to replace the ends of both bones in a damaged joint to create new joint surfaces.

When the hip is replaced, the original ball and socket joint is replaced with an artificial one consisting generally of a metal ball attached to a stem that fits inside the hollow canal of the femur or thigh bone. The ball articulates with an artificial socket that is fixed to the cup portion of the pelvis or acetabulum. For the femur, both cement fixation and bone ingrowth methods are equally successful. A bone ingrowth implant is generally used, although cement fixation for the femur may be used in older patients whose bone may not be as substantial as when they were younger.



Physical Therapy (PT)/Occupational Therapy (OT) for Total Hip Arthroplasty

Physical therapy (PT) and occupational therapy (OT) following your hip replacement surgery are critical components of your recovery, as well as helping you regain range of motion and leg strength. Although there may be more pain felt during and after therapy sessions, remember that in the long run it is necessary for your recovery. Your nurses and doctors will work with you to manage your pain before and after therapy sessions as well as throughout the day and night.

The NorthShore Total Joint Replacement Center has a goal-oriented approach to care, which includes PT and OT specialists working closely with you to accomplish daily goals approved by your doctor. PT may begin as early as the afternoon of your surgery and occurs two times a day until discharge. OT occurs once a day until discharge. PT will continue after you leave the hospital. You are encouraged to have a family member or caregiver attend at least one PT and one OT session to learn what to expect once you go home from the hospital.

For most patients, our goal following your surgery is for you to be discharged on post-operative Day 2. (Definition of post-operative Day 2: If your surgery is on Monday, you will be discharged 2 days after the date of your surgery, or Wednesday.) In some instances, it may be determined by your surgeon that a longer length of stay is necessary. In these cases, a plan of care will be developed for you.

We have plenty of equipment in the hospital—such as walkers, canes and crutches—that you can use during your stay.

Please bring loose fitting pants with wide leg openings (no elastic cuffs) or shorts and undergarments. Your surgical leg may be a little swollen, so avoid tight fitting pants or shorts and stiff clothing such as jeans. OT sessions will teach you how to perform self care skills, such as dressing your lower extremities while maintaining your hip precautions.

Your Hospital Stay



Hip

Our objective is to help you return home as quickly as possible. During your stay, your goals, at a minimum, are as follows:

Physical Therapy Goals:

- Perform bed mobility with minimal assistance for operated limb.
- Sit to stand with standby assistance.
- Ambulate 100 feet with appropriate assistive device and standby assistance.
- Compliance with total hip arthroplasty precautions.
- Demonstrate home exercise program independently.
- Ascend/descend three PT practice stairs with assistance.

Physical Therapy Schedule

Day 0 (Day of Surgery)

- If you have an early morning surgery, you may be seen by the physical therapist in the afternoon of surgery.
- You likely will sit up at the edge of your bed, work on exercises and ambulate a short distance.
- The physical therapist also will go over your hip precautions.

Day 1 (Day After Surgery)

- The physical therapist will see you twice a day (once in the morning and once in the afternoon).
- Be sure to ask for pain medication as it is no longer automatically given after the first 24 hours.
- Together with your nurse, you will coordinate your pain medication schedule to receive it 30 to 45 minutes before therapy sessions.
- The physical therapist will help you stand, continue walking with the walker and work on exercises.
- Depending on how you are progressing, you may walk in the hallways and even try going up and down practice stairs.
- The physical therapist will review your hip precautions.

Day 2 (2nd Day After Surgery)

- The physical therapist will see you twice a day (once in the morning and once in the afternoon).
- Plan on walking more and continuing to work on strengthening exercises.
- The physical therapist will have you practice stairs, perhaps even a full flight of stairs, depending on your home setup.
- If you are doing well and would like, the physical therapist may offer you a cane or crutches instead of the walker.
- The physical therapist will make sure you have the ambulation equipment you need to be discharged.
- The physical therapist will give you a home exercise program to perform once you return home until your home therapist arrives.

Your Hospital Stay

Hip

Occupational Therapy Goals:

- Demonstrate compliance with total hip precautions while performing functional activities.
- Perform functional transfers such as getting on/off toilet safely with stand-by assistance.
- Perform self care activities such as dressing with adaptive equipment and stand-by assistance.
- Demonstrate understanding of adaptive equipment recommendations.
- Verbalize safe car transfer technique independently.

Occupational Therapy Schedule

Day 1 (Day After Surgery)

- The occupational therapist will see you the day after surgery.
- The occupational therapist will instruct and review your hip precautions as they relate to activities of daily living.
- You will practice and perform toilet transfers while maintaining your hip precautions.
- The occupational therapist will review assistive devices to allow for independent performance of lower body dressing, bathing and reaching while maintaining your hip precautions.
- The occupational therapist will review bathroom medical equipment such as tub seats and raised toilet seats to promote safe and independent toileting and bathing at home.
- If family members/caregivers have any questions, please write them down and the occupational therapist can address them before you leave.

Day 2 (2nd Day After Surgery)

- The occupational therapist will see you once today.
- The occupational therapist will continue to reinforce and educate you regarding your hip precautions and how they impact activities of daily living.
- The occupational therapist will instruct and assist you in getting dressed and may have you practice using assistive equipment.
- The occupational therapist will instruct you on how to get in and out of a car safely.
- The occupational therapist will make final recommendations regarding assistive devices and bathroom equipment for home.
- The occupational therapist will address other functional concerns you may have.

If you have any questions about your rehabilitation, please do not hesitate to ask. If you need to speak to your physical therapist or occupational therapist at all during your stay, just let your nurse know, and he or she can contact them for you.

Hip Precautions

Do not bend your operated leg beyond a 90° angle.

- Do not lean forward from a seated position.
- Do not bend over to pick something off the floor or put on shoes and socks.
- While sitting, keep your hips higher than your knees.



Do not cross your operated leg or ankle.

- Do not cross your legs or ankles while sitting, standing or lying down.
- To lie on your non-operated side, put several pillows between your legs.



Do not turn your leg inward in a pigeon-toed position.

- Do not twist your torso or waist.
- Do not pivot on your surgical leg.
- When walking, take small steps while turning.



Write down any questions you may have for your doctor or nurse:

Understanding Knee Replacement (Total Knee Arthroplasty)

Arthritis or injury can cause severe pain in your knees. Reconstruction of those joints can be the best way to regain function and restore quality of life.

The knee is one of the largest joints in the body and is critical for people to perform everyday activities like walking as well as athletic pursuits. Total joint replacement involves surgery to replace the ends of both bones in a damaged joint to create new joint surfaces.

The knee involves the lower end of the thigh bone—the femur—and the upper end of the shin bone—the tibia. The kneecap—the patella—is in the middle. The ends of these three bones meet and are protected by articular cartilage, which also helps the bones move easily. The menisci are located between the femur and tibia, cushioning the joint and acting as a shock absorber. Ligaments hold the femur and tibia together, providing strength and stability to your knee. The remaining surfaces of the knee are lined with a synovial membrane, which releases a lubricant that prevents friction in the knee. Injury or disease, such as various forms of arthritis, disrupts normal knee function, causing pain and/or mobility problems.

During knee replacement surgery, a metal prosthesis that resembles the normal shape of the femur in the knee joint is placed over the end of the bone. The top of the tibia is replaced with a metal plate with a small stem that reaches down into the bone. The femoral component articulates with a specially shaped polyethylene tibial insert that attaches to the tibial plate. All of these components are inside the joint with preservation of the normal capsule and major stabilizing ligaments on the sides of the knees. Generally, the undersurface of the kneecap, or patella, also is resurfaced with a polyethylene implant. These components are fixed with cement or bone ingrowth into porous surfaces.



The standard total knee in a plastic model is shown on the left, and X-rays of the knee following surgery are shown on the right.



Understanding Knee Replacement (continued)

Surgeons use a variety of instruments to make sure that the leg is straight at the end of the operation. Another surgical goal is to have the knee extend completely (straighten out) and bend (flex) as much as possible to enable stair climbing, getting in and out of a car and sitting comfortably. Like the normal knee, it is important that the main ligaments on the side of the knee provide stability against the knee moving to the side and being unstable.

Physical Therapy (PT)/Occupational Therapy (OT) for Total Knee Arthroplasty

Physical therapy (PT) and occupational therapy (OT) following your knee replacement surgery are critical components of your recovery, as well as helping you regain range of motion and leg strength. Although there may be more pain felt during and after therapy sessions, remember that in the long run it is necessary for your recovery. Your nurses and doctors will work with you to manage your pain before and after therapy sessions as well as throughout the day and night.

The NorthShore Total Joint Replacement Center has a goal-oriented approach to care, which includes PT and OT specialists working closely with you to accomplish daily goals approved by your doctor. PT may begin as early as the afternoon of the day of your surgery and occurs two times a day until discharge. OT occurs once a day until discharge. PT will continue after you leave the hospital. You are encouraged to have a family member or caregiver attend at least one PT and one OT session to learn what to expect once you go home from the hospital.

For most patients, our goal following your surgery is for you to be discharged on post-operative Day 2. (Definition of post-operative Day 2: If your surgery is on Monday, you will be discharged 2 days after the date of your surgery, or Wednesday.) In some instances it may be determined by your surgeon that a longer length of stay is necessary. In these cases, a plan of care will be developed for you.

We have plenty of equipment in the hospital—such as walkers, canes and crutches—that you can use during your stay.

Please bring loose fitting pants with wide leg openings (no elastic cuffs) or shorts and undergarments. Your surgical leg may be a little swollen, so avoid tight fitting pants or shorts and stiff clothing such as jeans. OT specialists will teach you how to get dressed with your affected knee.

Write down any questions you may have for your doctor or nurse:

Your Hospital Stay



Our objective is to help you return home as quickly as possible. During your stay, your goals, at a minimum, are as follows:

Physical Therapy Goals:

- Perform bed mobility with minimal assistance for operated limb.
- Sit to stand with stand-by assistance.
- Ambulate 100 feet with appropriate assistive device and stand-by assistance.
- Range of motion for operated knee no more than 10 degrees from full extension.
- Range of motion for operated lower extremity greater than or equal to 60 degrees of flexion.
- Demonstrate home exercise program independently.
- Ascend/descend three PT practice stairs with assistance.

Physical Therapy Schedule

Day 0 (Day of Surgery)

- If you have an early morning surgery, you may be seen by the physical therapist in the afternoon of surgery.
- Some patients will receive the femoral nerve block, which blocks pain in the surgical limb and also limits muscle function. DO NOT ATTEMPT TO STAND OR MOVE WITHOUT ASSISTANCE.
- Generally, the physical therapist will work on range of motion and strengthening exercises, and may progress to standing.
- If you are steady while standing, you may begin to take a few steps.

Day 1 (Day After Surgery)

- The physical therapist will see you twice a day (once in the morning and once in the afternoon).
- If you received a nerve block, expect to feel more pain as it wears off.
- Be sure to ask for pain medication as it is no longer automatically given after the first 24 hours.
- Together with your nurse, you will coordinate your pain medication schedule to receive it 30 to 45 minutes before therapy sessions.
- The physical therapist will help you stand and begin walking with a wheeled walker.
- Your physical therapist will also measure your knee range of motion and instruct you on exercises to help increase range of motion.
- Depending how you are progressing, you may walk in the hallways and try going up and down practice stairs.

Day 2 (2nd Day After Surgery)

- The physical therapist will see you twice a day (once in the morning and once in the afternoon).
- Plan on walking more and continuing to work on range of motion, especially flexion (bending) and extension (straightening) as well as general strengthening exercises.
- The physical therapist will have you practice stairs, perhaps even a full flight of stairs, depending on your home setup.
- If you are doing well and would like, the physical therapist may offer you a cane or crutches instead of the walker.
- The physical therapist will make sure you have the ambulation equipment you need to be discharged.

Your Hospital Stay



Occupational Therapy Goals:

- Perform self care activities such as dressing with adaptive equipment and stand-by assistance.
- Demonstrate understanding of adaptive equipment recommendations.
- Verbalize safe car transfer technique independently.

Occupational Therapy Schedule:

Day 1 (Day After Surgery)

- The occupational therapist will see you the day after surgery.
- The occupational therapist will assess your ability to perform functional transfers such as getting on/off the toilet and in/out of the shower. Your occupational therapist may make recommendations for equipment that will allow for safe and more independent performance of these activities.
- The occupational therapist will assess your ability to dress and bathe yourself and may make recommendations for assistive devices to improve your independence.
- If family members/caregivers have any questions, please write them down and the occupational therapist can address them before you leave.

Day 2 (2nd Day After Surgery)

- The occupational therapist will see you once today.
- The occupational therapist will continue education and practice for lower body dressing.
- The occupational therapist will instruct you on how to get in and out of a car safely.
- The occupational therapist will review equipment recommendations with you.
- The occupational therapist will address other functional concerns you may have.

Write down any questions you may have for your doctor or nurse:

Your Hospital Stay

Assistive Equipment for Joint Replacement

Listed below are a few of the assistive equipment items commonly used after joint replacement surgery. These items are available from most area drugstores as well as Community Lending Closets. A list of area Community Lending Closets can be found in the back pocket of this book. Please discuss with your nurse if you have any specific equipment needs.

Personal Aids

- Walker with wheels
- Cane
- Reacher
- Crutches
- Sock aid
- Long-handled shoehorn
- Elastic shoe laces



Bathroom

- Elevated commode seat
- Toilet seat riser
- Shower chair
- Grab bar for shower/tub
- Hand-held shower head
- Long-handled bath sponge



Write down any questions you may have for your doctor or nurse:



Discharge Planning

Home Health

You may require home health care when you return home following your hip or knee replacement. The choice of a home health provider is yours to make. There may be some restrictions based on your insurance coverage, which you can determine prior to surgery by contacting your insurer.

Write down any questions you may have for your doctor or nurse:



Discharge Planning

Discharge Planning Process

The driving philosophy upon which the discharge planning process is built is that the BEST place for patients to be is in their own HOME. For this reason, the staff at NorthShore will work with you to ensure a successful transition to your home following surgery.

Planning for your discharge begins upon admission to the hospital. The care team at NorthShore begins preparing for your discharge home or a skilled nursing facility from the moment you walk through the doors. As such, your care team will be in constant communication with your surgeon regarding your daily progress.

When all discharge criteria are met, your surgeon will discharge you. If you are being discharged to home, expect your home health agency to contact you.

Remember, achievement of good outcomes and function is a partnership of effort. Your role is to actively participate with the care team in rehabilitation, exercise and daily activity.

Discharge Criteria

The following are general criteria used to assess the appropriateness of your discharge:

- You are medically healthy.
- All rehabilitation goals have been achieved.
- Arrangements have been confirmed with home health services.
- Initial home support is available from a family member/caregiver.

Ultimately, your surgeon will determine when you have met the criteria for discharge. Occasionally, however, adjustments to these plans may need to be made. If your plan of care does change, the discharge planners at NorthShore will be there to support your next transition.

If you are being discharged directly to home following your surgery, please remember, your surgeon has determined based on your pre-surgical status that you are safe to heal in the comfort of your home.

Remember that once you return home, your recovery will be supported through a home care agency that has received specific care instructions for you from your surgeon. They will be there to support you as you begin your return to normal activity.

Discharge Instructions for Total Hip Arthroplasty

Medications

- Review medication instruction sheet given to you by your nurse for your prescription medications.
- Take prescription pain medication as directed by your surgeon.
- Do not take anti-inflammatory medications (aspirin, ibuprofen, Aleve, Advil) until approved by your surgeon.

Diet

- Eat a well-balanced diet.
- A multi-vitamin capsule each morning for at least one month is advisable.
- Pain medication may cause constipation. We encourage you to drink lots of fluids and increase your intake of fruits and fiber.
- A pharmacist is available for any questions that you might have regarding dietary considerations while taking blood thinning medications.

Incision Care

You will receive instructions regarding incision care prior to discharge from the hospital.

If you notice **any** of the following symptoms of infection, please call the surgeon's office immediately:

- **There is drainage from the incision**
- **The incision becomes red and very hot.**
- **You develop a fever over 100 degrees.**

Showers

Check with your surgeon regarding when you may take your first shower following surgery. You should pat the incision dry—do not rub your incision or apply creams or lotions. If you are unsteady standing, you should use a stool or chair.

Write down any questions you may have for your doctor or nurse:

Discharge Planning

Hip

Support Stockings

Your surgeon may recommend wearing support stockings following your surgery. The length of time that you will wear them depends on your activity level and the amount of swelling. Most patients wear the stockings for 4 to 6 weeks after surgery. Be sure you are checking for pressure sores on your heels. Report any heel pain, burning, itching, blisters or redness that does not go away to your surgeon or nurse.

Ankle Swelling

You may get ankle swelling for about 3 months, but it should occur less in the morning. If you lie down during the day and elevate your legs (remember your hip precautions), the swelling should go away. If the swelling continues or if you have the swelling in both legs, you should call your surgeon.

Blood Clots

The following symptoms may indicate the formation of a clot. If you notice any of these symptoms, please call your surgeon immediately:

- **Calf is painful and feels warm to the touch.**
- **Persistent swelling of the foot, ankle or calf that does not go away with elevation of the leg.**
- **Chest pain or shortness of breath. (If this chest pain or shortness of breath is sudden or severe, call 911 and seek emergency care immediately.)**

Walkers/Crutches/Cane

It is important that you use your assistive device for balance as directed by your surgeon or therapist. If your hip replacement is full-weight bearing, you may progress from a walker to crutches or a cane as recommended by your surgeon or therapist. If your hip is non-weight bearing, you will need to continue using crutches for at least 3 to 6 weeks per your surgeon's instructions.

Write down any questions you may have for your doctor or nurse:

Discharge Planning

Hip

Daily Activity

Walking is very important for the success of your hip surgery—but you must avoid the extremes of too little or too much.

- **Do not sit for longer than 30 to 45 minutes at a time.** Use chairs with arms. You may nap if you are tired, but DO NOT stay in bed all day. Frequent, short walks—either indoors or outdoors—are the key to a successful recovery.
- **You may experience discomfort in your operated hip, and you may have difficulty sleeping at night.** This is part of the recovery process. Getting up and moving around alleviates some of the discomfort.
- **You should do stairs with support.** Do one step at a time—“good” leg up—“bad” leg down. Use a railing if available.
- **You may be a passenger in a car, but you should sit on a firm cushion or folded blanket to avoid sitting too low.** Be careful to avoid excessive bending of the operated hip getting in and out of the car.
- **You may not drive prior to your first post-op visit.** The decision to resume driving your car is made by your surgeon between 2^{1/2} to 4 weeks after surgery.

Lifelong Fitness

The goal of your surgery is a hip that will enable you good motion and the ability to perform everyday activities without pain. This hip is NOT INDESTRUCTIBLE. Avoid sports or other activities that put a pounding stress on the hip until cleared by your surgeon. It is important to stay as active as you can after recovering from your surgery; talk with your surgeon/therapist about activities and exercises that are right for you. It may or may not be appropriate to return to the exercise routine that you used prior to surgery.

Added body weight puts stress on the hip, so try to maintain a healthy weight.

Write down any questions you may have for your doctor or nurse:

Discharge Planning



Discharge Instructions for Total Knee Arthroplasty

Medications

- Review medication instruction sheet given to you by your nurse for your prescription medications.
- Take prescription pain medication as directed by your surgeon.
- Do not take anti-inflammatory medications (aspirin, ibuprofen, Aleve, Advil) until approved by your surgeon.

Diet

- Eat a well-balanced diet.
- A multivitamin capsule each morning for 1 month is advisable.
- Pain medication may cause constipation. We encourage you to drink lots of fluids and increase your intake of fruits and fiber.
- A pharmacist is available for any questions you may have regarding dietary considerations while taking blood thinning medications.

Incision Care

You will receive instructions regarding incision care prior to discharge from the hospital.

If you notice **any** of the following symptoms of infection, please call the surgeon's office immediately:

- **There is drainage from the incision.**
- **The incision becomes red and very hot.**
- **You develop a fever over 100 degrees.**

Showers

Check with your surgeon regarding when you may take your first shower following surgery. You should pat the incision dry—do not rub your incision or apply creams or lotions. If you are unsteady standing, you should use a stool or chair.

Support Stockings

Your surgeon may recommend wearing support stockings following your surgery. The length of time that you will wear them depends on your activity level and the amount of swelling. Most patients wear the stockings for 4 to 6 weeks after surgery. Be sure you are checking for pressure sores on your heels. Report any heel pain, burning, itching, blisters or redness that does not go away to your surgeon or nurse.

Ankle Swelling

You may get ankle swelling for about 3 months, but it should occur less in the morning. If you lie down during the day and elevate your legs the swelling should go away. If the swelling continues or if you have the swelling in both legs, you should call your surgeon.

Discharge Planning



Blood Clots

The following symptoms may indicate the formation of a clot. If you notice any of these symptoms, please call your doctor immediately:

- Calf is painful and feels warm to the touch.
- Persistent swelling of the foot, ankle or calf that does not go away with elevation of the leg.
- Chest pain or shortness of breath. (If this chest pain or shortness of breath is sudden or severe, call 911 and seek emergency care immediately.)

Walkers/Crutches/Canes

It is important that you use assistive devices for balance as instructed by your surgeon or therapist. By your first post-op visit to the doctor, you may progress from a walker or crutches to a cane as recommended by your surgeon or therapist.

Daily Activity

Exercise is very important for the success of your knee surgery—but you must avoid the extremes of too little or too much.

- **Do not sit for longer than 30 to 45 minutes at a time.** Use chairs with arms. You may nap if you are tired, but DO NOT stay in bed all day. Frequent, short walks—either indoors or outdoors—are the key to a successful recovery.
- **You will experience discomfort in your operated knee, and you may have difficulty sleeping at night.** This is part of the recovery process. It is important that you do your exercises even though the knee hurts when you move it. 15-20 minutes of icing after exercising often helps decrease the discomfort. The key to a successful recovery is movement—both exercises and walking.
- **Do not sleep with a pillow under your knee. Keeping your knee in one position all night counteracts your physical therapy progress.** If you have been discharged with a foam support, it may be used intermittently throughout the day as needed. Please remove the foam support before going to sleep at night.
- **You should do stairs with support.** Do one step at a time—“good” knee up—“bad” knee down. Use a railing if available.
- **The decision to resume driving your car is usually made by your surgeon between 2½ and 4 weeks after surgery.**

Lifelong Fitness

The goal of your surgery is a knee that will enable you good motion and the ability to perform your everyday activities without pain. This knee is NOT INDESTRUCTIBLE. Avoid sports or other activities that put a pounding stress on the knee until cleared by your surgeon. It is important to stay as active as you can after recovering from your surgery; talk with your surgeon/therapist about activities and exercises that are right for you. It may or may not be appropriate to return to the exercise routine that you used prior to surgery.

Added body weight puts stress on the knee, so try to maintain a healthy weight.



After Surgery—At Home

Home Health

Once you are discharged, begin exercises as instructed until physical therapy (PT) visits start in your home. Physical therapists will evaluate each patient and initiate a plan of care. Home health nurses will visit a few times per week for blood testing, incision checks and general assessments.

NOTE: Home health nurses and PT services must be provided by the same agency.

Discharge Home Follow-Up

Call your surgeon's office to arrange a follow-up appointment approximately 3 weeks after surgery.

Preventing Infection

Preventing infection is extremely important for the rest of your life. Your new joint is artificial and does not have your body's natural protection against infection. Bacteria from a variety of sources can enter your bloodstream and invade the area surrounding your new joint. This can eventually cause it to become loose and painful. A list of possible sources of infection follows, along with things you can do to minimize the risk to your new joint.

Future Procedures

Prior to any of the following procedures, you will need to take a dose of antibiotics to reduce infection risk to your new joint: dental procedure, prostate and bladder surgery, tonsillectomy, colonoscopy, etc.

- **Dental work.** Cleaning, drilling, extraction, root canal: Take antibiotics the day of your dental work. Call your surgeon's office for a prescription.
- **Urinary tract or bladder infection.** Symptoms: pain, burning, fever, blood in the urine, increased need to urinate. See your internist immediately.
- **Infection in the ears, throat, vagina, etc.** Symptoms: pain, fever, redness or drainage. See your internist immediately.
- **Any invasive procedure, for example: proctoscope, cystoscope, endoscope.** Inform your doctor that you have an artificial joint and need to be given antibiotics to protect it during these tests.

Post-Operative Exercises

Your rehabilitation process for joint replacement surgery will continue once you leave the hospital. Performing your post-operative daily exercises is critical for your recovery. These exercises are shown on pages 44-47 of this booklet.

After Surgery—At Home

Controlling Pain at Home

Goal of Home Pain Control

You will be able to control pain to allow you to increase walking, to gradually increase activity level and mobility, and to follow the prescribed exercise program while decreasing reliance on prescription pain medications through the use of alternative measures.

It is important to understand that:

- You cannot expect to be pain-free. Not moving to avoid pain will ultimately contribute to more pain and swelling.
- It is okay to take medication when pain is interfering with walking, exercises or sleep.
- If your pain is manageable or the prescription pain medication is causing ill effects, it is okay to **substitute** Tylenol and use alternative measures to increase comfort. We recommend that the maximum amount of Tylenol (acetaminophen, APAP) you take should not exceed 3,000 mg in 24 hours. Please read the labels carefully or consult with your pharmacist for clarification.

Guidelines for Use of Pain Medication:

- Only take pain medications according to the directions from your doctor. Be sure that you do not exceed the number of tablets for each dose or how often you can take the medication.
- Many medications, including over-the-counter medications and prescriptions, contain acetaminophen.
- You should take pain medication with meals or at least with something in your stomach. Follow directions from your doctor or on the medication bottle.
- Do not wait until the pain is severe. Pills take 30 to 45 minutes to begin to work. If the pain is severe, relief will be slower and less effective.
- Use pain medication at night and before therapy as needed.
- Notify your doctor if pain medication causes you to be nauseated, shaky, disoriented, unsteady when walking, or causes vomiting.
- **Do not drink alcohol** if you are taking pain medication.
- Some pain medications cause constipation. This can be avoided by drinking extra fluids, increasing activity, and eating prunes or other dried fruits.
- **Do not take aspirin or anti-inflammatory medications until you are done with Warfarin.**
Your doctor may prescribe an acceptable medication if necessary.

Alternative Measures to Increase Comfort

- Establish a reasonable pattern of activity without increasing pain and swelling from overdoing. You should alternate periods of activity with rest to avoid increased pain.
- Get dressed every day. This makes you feel less like a patient.
- Use ice frequently, especially following physical therapy for 20-30 minutes.
- Your therapist can instruct you in positioning to relieve pain.
- Gradually increase walking and other activities. Change positions every 30 to 60 minutes. Do not sit too long without moving about.
- Find activities that will take your mind off surgery.
- Use relaxation techniques.

After Surgery—At Home

Icing and Elevation Instructions—Knee

Instructions for Icing

After a knee replacement, swelling is expected. Swelling can cause increased knee pain and limit your range of motion, so taking steps to reduce the swelling is important. Using the cooling unit or an ice pack can help reduce swelling.

There are several types of “ice packs” you can use:

- A cooling unit
- A commercial ice bag
- Ziplock bags, doubled, half filled with ice
- Commercial gel packs that you refreeze
- Large bags of frozen peas that can be refrozen

It is important to take precautions when icing to avoid injury to the skin:

- Never apply ice directly to the skin.
- Place a towel or other cloth between your skin and the ice pack.
- Ice should never be applied longer than 30 minutes. (Exception: a cooling unit may be applied continuously throughout the day.)
- Ice should be removed if the area becomes numb regardless of how long it has been applied.

Tips for effective icing:

- An ACE™ bandage wrapped loosely around your knee will help hold the ice pack in place.
- Ice can be placed both on top of the knee and under the knee so the entire joint is covered.
- Ice for approximately 20 to 30 minutes.
- Ice can be applied as often as once an hour to help control pain and swelling.

Instructions for Elevation

In the hospital, you may be given a blue wedge to elevate your leg. You also may use pillows to help elevate your leg. Elevating your leg, in conjunction with icing, will help reduce swelling.

If you use a pillow to help elevate your leg, it is very important to elevate your entire leg, down to your ankle. Never put a pillow only behind your knee so your knee is in a bent position. Your knee should always be straight when it is elevated.

After Surgery—At Home

“Normal Activities” FAQs

When can I drive?

When you are allowed to drive again varies depending on your type of surgery (hip vs. knee) and the side of surgery (right vs. left). You can work with your home therapist and speak with your surgeon at your follow-up office visit to determine when you are safe to drive.

When can I go back to work?

This varies depending on what your job entails and the physical demands of your job. You can work with your home therapist on simulating your work environment and speak to your surgeon at your follow-up office visit to determine when you are safe to return to work.

Can I do water aerobics, swim and take baths?

You must wait until your incision is well healed to avoid infection. You can speak to your surgeon to discuss when your incision is healed enough to perform these activities.

When can I climb stairs?

Your therapist will practice stairs with you before you leave the hospital.

When can I return to golfing, jogging or other sports?

Your new joint can take up to a year to be completely healed. High-impact activities should be avoided until your surgeon gives you clearance to perform them.

How long do hip precautions apply?

Typically hip precautions apply for 4 to 6 weeks after surgery. Your surgeon will notify you when your hip precautions may be discontinued.

How long will I use a walker?

This varies from person to person. Your therapist in the hospital and your home therapist will evaluate you and advise you on which assistive device is best for your needs. As you progress with therapy, your therapist will advise you to use a less restrictive device.

After Surgery—At Home

Where can I get assistive devices and adaptive equipment?

- **Directly from the hospital.** Depending on your insurance, the hospital has equipment that can be vended to you.
 - **Lending closets.** Many townships or villages have community lending closets with a variety of equipment. To avoid paying for equipment out-of-pocket, it is recommended that you refer to the lending closet directory in this packet and call your local lending closet to see if they have equipment you can borrow during your rehabilitation.
 - **Medical supply stores.** If you choose to purchase your own equipment, there are many medical supply stores throughout the area. Walgreens Home Medical, Walmart and Mark Drug are among the more popular local stores that have medical equipment for purchase.

When can I resume sexual activity?

In general, it is safe to resume intercourse approximately 4 to 6 weeks after surgery if okay with your surgeon. It is important to adhere to your hip precautions during sexual activity.

Hip replacement patients, both male and female, prefer to resume intercourse in a passive manner in the “bottom” position, as this position generally requires less energy expenditure. As your hip heals, you may resume a more active role. After a few months, you can resume sexual activity in any comfortable position. Additional information is available, including pamphlets with descriptions and diagrams of safe sexual positions. If you still have questions, feel free to ask your surgeon, case manager or therapist.

Patients having a knee replacement may resume sexual activity whenever they feel comfortable.

Write down any questions you may have for your doctor or nurse:

After Surgery—At Home

Following surgery, do I need to make special considerations when I travel?

Airlines have various accommodations for people traveling with assistive devices (crutches, wheelchairs, etc.). It is best to call the airline ahead of time to explain your specific needs to make sure yours will be accommodated. Consider how you might need assistance, such as help entering the aircraft and getting to your seat or assistance with luggage. Try to choose nonstop flights if possible, and make reservations early so the best seats for you will be available.

Flying has some unique characteristics that can further increase your risk for blood clots. If you intend to travel within 90 days of your surgery or if you have a history of blood clots, you need to take extra preventive measures. The following is a list of things you should discuss with your surgeon before getting aboard the plane:

- Wear loose-fitting clothing during the flight.
 - Walk around the cabin every 30 to 60 minutes if possible during flights of 3 hours or longer.
 - Do ankle flexion exercises while seated.
 - Limit alcohol and caffeine, which may contribute to dehydration.
 - Stay hydrated before, during and after the flight.
 - If possible, elevate your legs during travel.
 - If you have a layover, take a brisk walk in the airport.

Write down any questions you may have for your doctor or nurse:

Exercises for Total Hip Arthroplasty

Glut sets: Lie on your back.

Squeeze your buttock muscles together. Hold for five seconds. Relax.

Repeat 10 more times.



Hip abduction (supine):

Lie on your back. Gently bring your leg out to the side while keeping your knee straight. Bring your leg back to the start position while keeping your knee straight.

Repeat 10 times.



Quad sets: Lie on your back.

Tighten muscles on the top of your thigh by pushing your knee down into the bed.

Hold 5 seconds. Relax.

Repeat 10 times.



Home Exercises

Hip

Heel slides: Start lying down with your legs straight in front of you. Draw the heel of your foot toward your body. Hold for five seconds. Return to start.

Repeat 10 times.



Ankle pumps: While lying down or sitting up, gently point your toes down to the floor and then up towards the ceiling.

Repeat 10 times.



Exercises for Total Knee Arthroplasty

Glut sets: Lie on your back.

Squeeze your buttock muscles together. Hold for five seconds. Relax.

Repeat 10 more times.



Hip abduction (supine):

Lie on your back. Gently bring your leg out to the side while keeping your knee straight. Bring your leg back to the start position while keeping your knee straight.

Repeat 10 times.



Quad sets: Lie on your back.

Tighten muscles on the top of your thigh by pushing your knee down into the bed.

Hold 5 seconds. Relax.

Repeat 10 times.



Home Exercises

Knee

Straight leg raise: Lie on your back. Tighten muscles on the front of your thigh then lift your leg up off the bed. Keep your knee straight and your leg controlled throughout the motion. Return to start.

Repeat 10 times.



Heel slides: Start lying down with your legs straight in front of you. Draw the heel of the left foot toward your body. Hold for five seconds. Return to start.

Repeat 10 times.



Ankle pumps: While lying down or sitting up, gently point your toes down to the floor and then up towards the ceiling.

Repeat 10 times.



Long arc quads: Sit in a chair. Raise your leg until your knee is straight. Hold 5 seconds. Return to the start position.

Repeat 10 times.



Thank you for choosing NorthShore University HealthSystem for your total joint replacement.

If you have any questions, please contact the Total Joint Replacement Center at the NorthShore Hospital location where you will undergo surgery:

Glenbrook Hospital: (847) 657-5707

Highland Park Hospital: (847) 480-3943

Skokie Hospital: (847) 933-6815

BC Slits -- donot print white box
for position only





Orthopaedic Institute