

Total Joint Program

Vital Signs

Routine vital signs (heart rate, blood pressure, temperature, and breathing rate) are taken at approximately 7am, 4pm, and 11pm and more frequently if you are a new surgical or have an elevated temperature.

Pain Medications

Notify your nurse as soon as possible if you experience pain. Pain medications can be given in many different ways, including orally (by mouth), IV (through a vein), or IM (an injection into a muscle). Your doctor will decide which type is best for you. Your nurse will ask you to rate your pain on a scale of 0-10, with 0 being no pain and 10 being the worse possible pain. It is especially important to take medication for pain 30-60 minutes before your Physical Therapy is scheduled. A good suggestion is to ask for pain medication at mealtimes.

Pain medications can sometimes cause constipation. You may be given a stool softener and have laxative medications ordered to aid in bowel movements. Please inform your nurse if you have not had a bowel movement by the second day after surgery. Feel free to talk to your nurse about any concerns you have with pain control.

Home Medications

We need to know the name, dosage, and times that you usually take medications at home. Please do not take your own home medications while you are in the hospital unless you have

permission from your doctor.

Physical Therapy

Sessions are scheduled twice each day.

Usually, you will be up walking to the bathroom on the 1st or 2nd day after surgery. If your doctor orders Occupational Therapy, those sessions are usually scheduled to coincide with bath care.

Intake and Output

We keep close track of your intake and output each shift. Intake includes all liquids you drink or are given through your IV. Output includes all urine, bowel movements, vomiting, or drainage from any tubes. Please save your urine in a urinal or "hat." You also need to save any other outputs so your nurse can measure and dispose of them.

Questions or Concerns

If you have any questions/concerns or require personal care items (toothbrush, comb) during your stay, please contact the nurse in charge of your care. Also, feel free to ask for information from the nurse caring for you.

Approximate Mealtimes:

Breakfast.....8:00am

Lunch.....11:45-12:15pm

Supper.....5:30-6:00pm



Social Services and Discharge Planning

- Most patients go home after discharge. Our staff will schedule your first appointment for outpatient therapy and give you the lab form that you will need when you go to have your blood drawn.
- After hip replacement, you may need lab draws but rarely do patients need physical therapy. You will need to arrange transportation to the lab. **Remember: walking is the best form of exercise after a total hip replacement.**
- You should plan to have someone stay with you for at least a few days after you are discharged from the hospital
- Prepare a place to sleep on the main floor; have a portable phone available.
- Some patients may have considerable difficulty getting in or out of the house and require home health care services to come into their home for therapy and lab draws. Some insurance companies are very particular about providing coverage for home health care. It is not to be used **instead of** finding transportation to and from therapy and the lab after discharge.
- Call you insurance company to be sure of what they will cover. Some types of insurance require you to have your therapy at a specific place, or require you to pick up your walker or crutches at a specific retailer. Find out if you insurance covers prescription, and let us know the pharmacy you intend to use.
- We want you to be aware that durable medical equipment like stool riser and bath benches *are not covered* by Medicare or most insurances, but either crutches or walkers are.
- Occasionally, patients will not meet criteria for discharge by the third or fourth day after surgery and will require additional therapy at a skilled care facility or acute rehab unit. Our case workers will be available to assist you with getting skilled care set up and St. Luke's is pleased to offer an acute rehab program.
- If a patient has both knees replaced or has a complicated medical history, he/she may be eligible to stay in the acute rehab unit. St. Luke's does have an acute rehab unit which is utilized by patients that require additional therapy prior to safely going home. You are welcome to contact either Camy or Jane in the Acute Rehab unit at 279-7006 prior to your surgery to learn more about the program and its qualifications.
- Some patients stay in a nursing home on a skilled unit after discharge. If this is your plan please call the nursing home before you come to the hospital to make sure they have a bed available and inform them that we will be contacting them. If you do not have family or friends available that can help, you may want to consider this option.



Physical Therapy

Therapy

You will have both occupational therapy(OT) and physical therapy (PT) up to two times a day starting the day of surgery or the following morning.

Occupational therapy will assist you with learning self-care skills after surgery. This will include techniques for safe bathing, toileting and dressing with the goal of you being independent as possible. Meal preparation may also be assessed to ensure safety in the kitchen.

Physical Therapy will work with you on the following activities: exercise for strengthening and flexibility, getting in and out of bed, walking with a walker or crutches, and moving up and down stairs.

Examples of Exercises

If you are able, perform the following exercises to prepare for surgery. Do not do the exercises if they cause you pain. Exercises can be done on

a bed starting with a few repetitions and gradually working up to 10 repetitions twice a day.

Ankle pumps: Move your ankles up and down by pointing your toes toward your head and then away.

Quad Sets: Pull toes toward nose. Tighten the quadriceps muscles on the top of your thigh by pressing the back of your knee flat into the bed. Hold for 5 seconds.

Straight leg raises: Lie on back with your “good” knee bent. Keeping the operative knee straight, lift leg 6-8 inches off the bed and hold for 5 seconds. Do not hold your breath.

Home Preparation and Safety Checklist

Here are some items and home modifications that will make your return home easier during your recovery.

- Remove all throw rugs
- Create well-lit hallways and rooms that are free of clutter. You may need to temporarily rearrange furniture so that you can move about with a walker or crutches.
- Consider getting a bag or basket to attach to the walker so you can carry small items. A plastic grocery sack can work in a pinch.
- If possible, plan on having a portable phone with you at all times and a list of emergency numbers.
- A stable chair with armrests and a firm seat, but without wheels. The seat should be at least 18 inches high. Measure chair height _____.
- Move frequently used items to waist level for easy retrieval.
- Measure bed height _____. A firm mattress is recommended.
- Flashlight nearby for emergencies.
- Height of toilet _____ and tub _____.
- A hand-held shower head is helpful but not mandatory.
- Consider stocking freezer with meals prepared before surgery or buying frozen meals.
- It is very helpful to have at least one sturdy handrail for stairs.
- Number of stairs to enter home _____. Number of stairs to get to bed room _____. Number of stairs to get to the bathroom _____.
- Ice pack or cold gel pack, which can be purchased at a local pharmacy or discount store.
- Arrange for a friend or family member to stay with you your first two nights at home. You will need help for several weeks with tasks such as shopping and housekeeping.



Nutrition

Good nutrition provides the building blocks for repairing the damaged tissue and helps strengthen your immune system to resist infection.

Most Important after joint replacement: eat 300-500 extra calories a day to promote healing, drink lots of water and eat plenty of fiber to prevent constipation. Do not try to lose weight at this time.

Your body especially needs extra calories, protein, iron, zinc, Vitamin C and A. The following food contain some or all of the above nutrients: Milk, yogurt, cheese, legumes, eggs, meat fish, dark green leafy vegetables, enriched bread and cereal, peanuts, orange juice, deep yellow/orange fruits and vegetables, and prune juice.

Remember that dark green leafy vegetables contain high levels of vitamin K, that may affect the way your body works with Coumadin (a blood thinner). It is recommended that you try to eat the same amount of dark green leafy vegetables before and after the surgery, or at least until you are no longer taking blood thinning medications.

Supplements are available at the grocery or drug store to help increase your nutrient intake (Ensure or Boost). Drink 6-8 Glasses of water daily.

**If you have
questions or
requests call a St.
Luke's Nutritionist:
712-279-3180**

Frequently Asked Questions

When can I drive my car?

- You may drive your car only when your surgeon says it is O.K. This usually happens 4-6 weeks after surgery.

How long do I have to use the walker/crutches?

- At least until your follow-up appointment with the surgeon. They will direct you at that time. Do not use a cane until your surgeon gives approval.

May I Shower?

- After your staples are out, you may shower. If your doctor indicates you may shower earlier, then it is O.K. The real issue with showering is your safety. You must not fall. Do not shower alone in the house.

How do I shampoo my hair?

- Shampoo hair in the shower. If you are not able to shower yet due to staples or safety, stand over a sink and have someone pour warm water over your head to wash your hair. *Reminder: total hip patients should not bend at the waist more than 90 degrees.*

When may I resume sexual activity?

- **Total Knee** You may resume sexual activity when you are comfortable. Do not kneel or put any pressure on your operated knee for six weeks.
- **Total Hip** It is important to let the soft tissues around your total hip replacement heal before you resume sexual activity. You should refrain from sexual intercourse for three months after your surgery. When you resume sexual activity, remember to maintain your hip precautions at all times, and you should assume the bottom position. You need to discuss these precautions with your partner. Eventually, you can take a more active sexual role as you continue to recover.

When can I go back to work?

- Your surgeon will answer this question. It depends on the type of work you do and the environment you work in. Plan on being off at least six weeks after surgery.

Will my prosthesis set off an alarm at the airport?

- It probably won't, but it could. Always keep your card that says you have a metal implant with you. This card should be given to you by your orthopedic surgeon or mailed to you by the company that supplied your prosthetic.

When may I go to the dentist?

- Check with your surgeon first, even if it is a routine cleaning. It is possible that minor trauma may cause bacteria in your mouth to enter your blood stream and travel to your new total joint, causing an infection.



Key Points to Remember

Total Knee

Total knee patients will need to lie flat on your back on the bed or couch and elevate your surgical leg above your heart two to three times a day for at least an hour. Elevate the surgical leg by placing two to three pillows under your calf (never behind the knee), and ice the incisional area.

Total Hip

Total Hip Patients should remember their hip Precautions.

Do not bend hip joint more than 90 Degrees

No twisting or rotating leg or hip joint.

A toilet riser will be needed after surgery (OT will be able to assist with this.)

Total Knee and Hip

Take your pain medication every 4 hours if needed for the first three or four days at home.

Take your anticoagulation medication as instructed at discharge (aspirin, Coumadin, or Lovenox Shots).

Work hard on your exercises at home. You need to be diligent with you exercises to get the full advantage of having your joint replaced.

An antibiotic will need to be taken prior to any dental work or minor surgery for at least two years after surgery. Any bacteria that get into the bloods stream can travel to the spot of the prosthesis predisposing you for an infection.

Remember:

Please leave all your valuables or large amounts of cash at home.