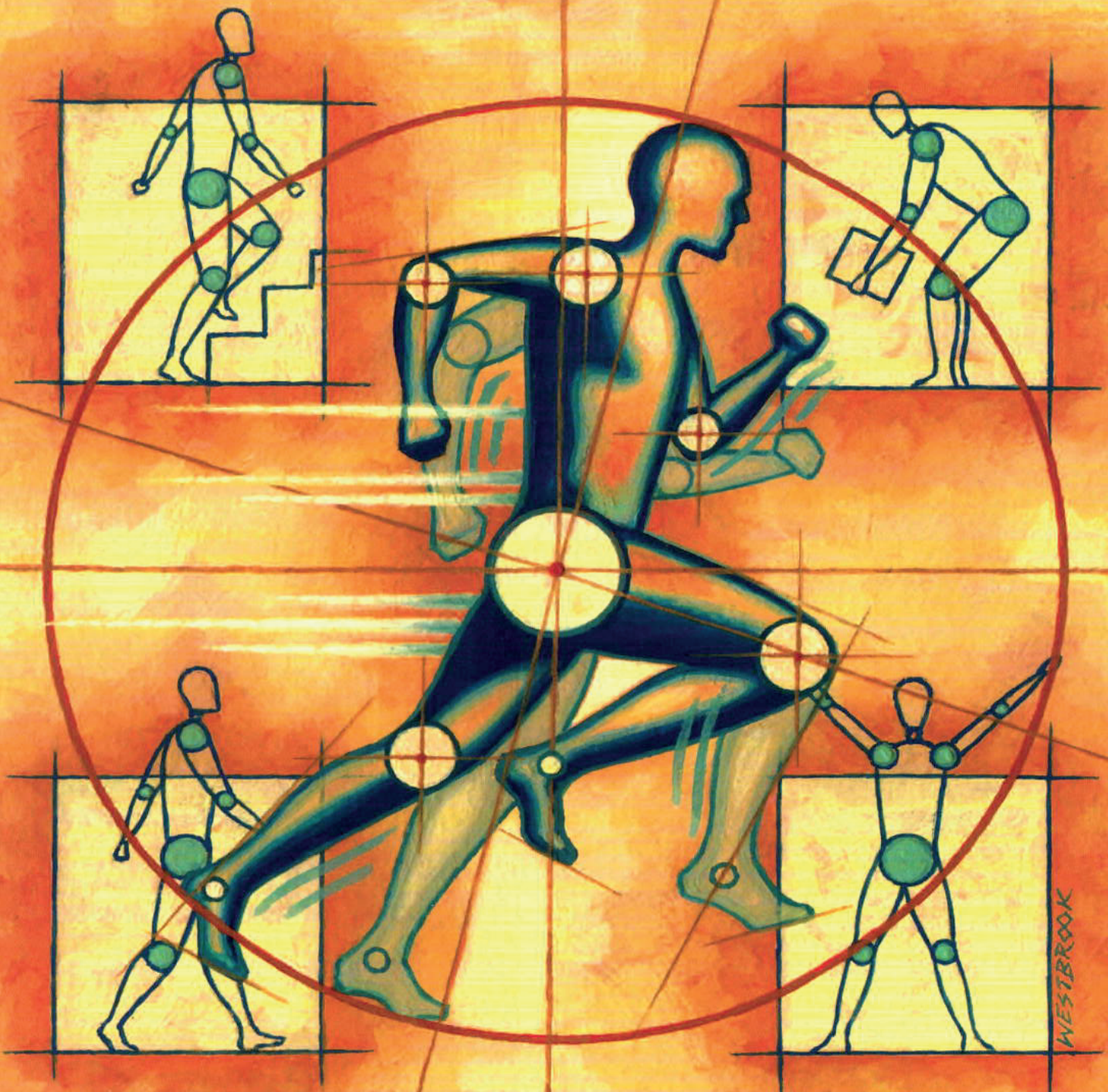


# The Joint Book

Comprehensive Guide for  
Total Joint Replacement



SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE



# SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

**This Joint Book belongs to:**

---

Surgery Date: \_\_\_\_\_

Joint Center

Pre-Op Video Date: \_\_\_\_\_

**Register for the video by calling (301) 896-3238. See page 20 for the information needed to receive the class video by email.**

- Confirmation of your request will be sent to your email address with a link to the video.
- Refer to the Joint Book while viewing the video.
- Viewing of this video (or class attendance when applicable) is mandatory prior to procedure date. Verification done during Pre-testing phone screening/appointment.

Pre-Op Medical

Clearance Appointments: \_\_\_\_\_

---

Phone Screening/Appointment: \_\_\_\_\_

(REQUIRED WITHIN 2 WEEKS OF SURGERY)



# SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

Suburban Hospital  
Joint Center

8600 Old Georgetown Road  
Bethesda, Maryland 20814

(301) 896-3100 Main Hospital  
(301) 896-3238 Joint Program Manager  
(301) 896-7116 Joint Center

[www.suburbanhospital.org](http://www.suburbanhospital.org)

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# **General Info**



**SOUTH BUILDING**

Lower Level	Auditorium / Conference Rooms 7 & 8 Pre-Surgical Testing
Level 1	Cardiac Rehabilitation Emergency & Trauma Services Pediatrics & Pediatric Emergency Center Radiology
Level 2	Café & Dining Prayer & Meditation Room Vending Machines & ATM
Level 3	Intensive Care Unit (ICU) Progressive Care Unit (PC)
Level 4	Behavioral Health - Outpatient Dialysis Center
Level 5	Staff Access Only
Level 6	Clinical Decision Unit (CDU) Oncology Care Unit
Level 7	Behavioral Health - Inpatient

**NORTH BUILDING**

Level 1	Surgical and Procedural Services
Level 2	MAIN ENTRANCE LOBBY Conference Rooms 1-6 Concourse Connecting to South Building Education & Conference Center Financial Counseling Information Desk Medical Offices Medical Records Patient and Family Resource Center Patient Registration Visitor and Vendor Check In Volunteer Services
Level 3	Medical Care Unit
Level 4	Surgical Care Unit



**SUBURBAN HOSPITAL**  
JOHNS HOPKINS MEDICINE

## WELCOME:

Congratulations! You have taken the first major step down the road to recovery by deciding to have your joint replacement surgery at Suburban Hospital! Our Joint Replacement center uses a holistic approach with a comprehensive planned course of treatment. We believe that you play the key primary role in all aspects of this process. Education, preparation, continuity of care, and a pre-planned discharge are essential for optimal results. This Joint Book will provide you with the necessary information and guidance for a safe and successful surgical outcome!

NOTE: Members of your Joint Center Team or your Orthopedic Surgeon may change or add to some of the recommendations made in this guide, so always use their instructions first.

Parking: Paid parking, including disabled parking, is available in the garage.

## JOINT CENTER OVERVIEW

The Suburban Hospital Joint Replacement Center is a unique unit within the hospital. Our joint patients have their own area in which there are no “sick” people, only “sore” people in the process of healing and regaining their independence.

### JOINT PROGRAM FEATURES INCLUDE:

- Joint Center Team members who specialize in the care of joint patients
- A Joint Replacement Program Manager who is your liaison from the preoperative period through post-discharge; and is also the liaison to our surgeons’ offices
- This comprehensive Joint Book which guides you from before surgery through postoperatively and beyond
- Family and friends educated and encouraged to participate as coaches” in the recovery process
- Coordinated discharge planning allowing for a smooth transition to the next step on your road to recovery

## JOINT CENTER OVERVIEW

Your Joint Center Team includes:

- Orthopedic Surgeon
- Anesthesiologists/ Pain Service
- Registered Nurses (RNs)
- Nurse Manager and Assistant Nurse Manager
- Physician Assistants (PAs) / Certified Nurse Practitioners
- Patient Care Technicians (PCTs)
- Physical Therapists (PTs)
- Occupational Therapists (OTs)
- Discharge Planner/ Social Worker/ Case Manager
- Orthopedic Technicians (Ortho Techs)
- Joint Program Manager
- Hospitalist - Board Certified Internal Medicine Physicians

## QUESTIONS AND ANSWERS ABOUT TOTAL JOINT REPLACEMENT

### WHAT ARE THE MOST COMMON INDICATORS FOR TOTAL JOINT REPLACEMENT?

#### Osteoarthritis:

- Often referred to as “wear and tear” arthritis, as years of normal use can cause the cartilage that lines the end of bones to wear away. The loss of the cartilage, or “shock absorber”, results in pain, swelling, and stiffness.
- Being overweight or having an alignment problem (being “knock-kneed” or “bow-legged”) can put extra force on the joint, speeding up the damage.

#### Inflammatory arthritis:

- A chronic disease, such as rheumatoid arthritis or gout, can cause swelling and inflammation in the joint lining.
- As the disease progresses, cartilage are worn away and the joint will become stiff and painful.

#### Traumatic arthritis:

- If an injury or fracture does not heal properly, extra force may be placed on a joint. Over time, this can cause the cartilage to wear away.

#### Avascular necrosis:

- Osteonecrosis can occur when a bad injury or long term use of steroids or alcohol reduces the blood supply to the bone. If the bone dies (necrosis) the joint will decay over time, causing severe pain and disabling arthritis.

#### Dysplasia:

- A congenital condition in which the joint doesn’t develop the normal or usual wear patterns, leading to early osteoarthritis.

## WHAT IS A TOTAL HIP REPLACEMENT?

The hip is a ball-and-socket joint where the thigh bone (femur) meets the pelvis.

In a healthy hip, the head of the femur fits into a socket in the pelvis.

Both areas are covered in smooth cartilage which allows the head to glide easily inside the socket.

If the cartilage is worn down or the hip joint becomes damaged, moving the joint can be painful.

During surgery, an artificial ball replaces the head of the femur and an artificial cup replaces the worn socket. A stem, extending from the ball, is inserted into the thigh bone for stability. These parts fit together to create the new smoothly functioning joint.

Before Surgery



After Surgery



### How long does a hip replacement surgery take?

The actual surgical procedure takes one to two hours. The remainder of the time you spend in the OR suite involves preparation before and follow up after the procedure.

### What will the scar look like?

The type of technique and approach your surgeon uses will determine the number, location, and length of the scar(s).

Traditional approach yields a scar up to 6 inches long running lengthwise along the side of your hip.

There may be some numbness around the scar(s) which is normal, and it usually disappears over time.

### Will my new hip feel any different?

Normally the new hip joint feels completely natural. However, some people may notice a slight leg length discrepancy. Sometimes a small lift placed inside the opposing shoe is needed to correct the difference. Your surgeon will consult with you should you encounter this issue.

A few patients report aching in the thigh when standing or weight bearing. This usually decreases and/or disappears after a few months.

### Could I dislocate my new hip?

Dislocation of the new hip after surgery is a potential but rare occurrence. The muscles and ligaments around your new hip replacement help to hold the ball in the socket, and these will take time to heal after the surgery. This is why certain positions that stress these muscles and ligaments are restricted for especially the first 8-12 weeks postoperatively, depending on your surgical approach.

The Joint Center Team will teach you how to stay within your new hip's safe range of motion, by following certain movement precautions after surgery.

## WHAT IS A TOTAL KNEE REPLACEMENT?

The knee is a hinge-like joint, formed where the thigh bone, shinbone, and kneecap meet. It is supported by muscles and ligaments and lined with cartilage.

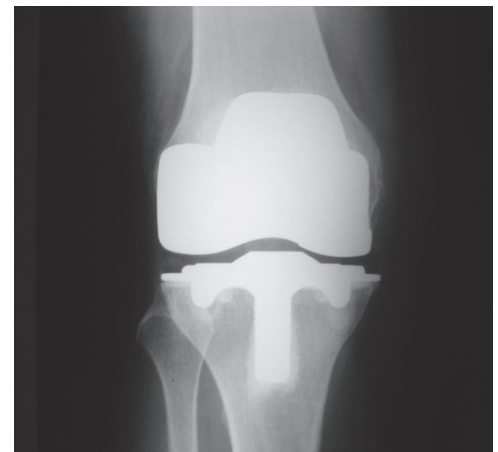
The cushioning cartilage can wear away due to usage, inflammation, or injury. Worn, roughened cartilage no longer allows the joint to glide freely, so it feels stiff. As more cartilage wears away, exposed bones rub together when the knee bends, causing pain. The bony surfaces can also become rough, making pain worse.

During surgery, the ends of the thighbone (femur) and shinbone (tibia) are shaped and then capped with prostheses made of a metal alloy. A plastic spacer is attached to the prosthesis that creates a smooth cushioning effect much like the original cartilage. The underside of your own kneecap is resurfaced and may be replaced with a metal patellar button.

Before Surgery



After Surgery



How long does knee replacement surgery take?

The actual surgical procedure takes an average of 1 to 1 ½ hours. The remainder of the time you spend in the OR suite involves preparations before and follow up after the procedure.

What will the scar look like?

The technique your surgeon uses will determine the number, location, and length of the scar(s). It may be either a straight incision over the kneecap, or curved around the side of the kneecap; usually about 6 inches long.

Will my new knee feel any differently?

Some people notice a minor “clicking” sound when bending the new knee. This is usually the result of the artificial parts coming in contact with each other.

Kneeling may be a bit uncomfortable during the first year. This normally becomes less uncomfortable over time.

Is it possible to have both knees done at the same time?

Yes, it is possible to have both knees replaced at the same time; this would be called bilateral total knee replacement. However, this is done only at the surgeon’s discretion if you are in generally good health.

Is it possible to have only part of the knee replaced?

Yes; A partial knee prosthesis replaces only a damaged section of the joint. The inside (medial) or outside (lateral) of the joint can be replaced. Your surgeon can determine if you are a candidate based on clinical findings.

If I have a partial knee (unicompartmental) replacement, what should I expect?

Mobilization will begin the day of surgery, usually leading to discharge that same day or within 24 hours.

### When should I have joint replacement surgery?

Your orthopedic surgeon will determine if you are a candidate for surgery, based upon multiple factors: your history, physical exam, X-rays, and response to other conservative measures such as therapy or injections. The decision to then proceed with surgery will then be yours usually based on your level of discomfort or limitation.

### Is age a factor?

Not if you are in reasonably stable health with a desire to continue living a more comfortable, active life. Your overall health is more of a determining factor than age.

### Are there risks associated with joint replacement?

All surgeries carry a certain amount of risk. However, because of your proactive approach in preventing possible complications, almost all of our joint patients have no serious post-operative issues.

### Should I exercise before surgery?

The better condition your muscles are in before surgery, the easier your rehabilitation should be after surgery. Unless your surgeon instructs you to rest your operative leg before surgery, you could start pre-operative exercises now. Gentle exercising will help to build muscle tone, familiarize you with terminology and proper exercise methods, and begin paving a path down the road to recovery!  
(SEE EXERCISE SECTION)

### Will I need blood transfusions after surgery?

In most cases, the body can replace the typically small amounts of blood lost during the surgery on its own. If a transfusion becomes necessary, the blood can be supplied by our blood bank.

What types of anesthesia are available?

Decisions regarding your anesthesia are made collectively by you, the surgeon, and the anesthesiologist. The type of anesthesia decided upon is tailored to your personal needs and medical issues. The types available include:

General Anesthesia: Provides loss of consciousness.

Regional Anesthesia: involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large region of the body. Regional techniques include spinal blocks, epidural blocks, or peripheral (leg) nerve blocks.

Will I be asleep during surgery?

You may have a general anesthetic, which most people call “being put to sleep”. Or, you may have a spinal or epidural anesthetic, in which case you could be sedated or made drowsy with medication.

Will I be in a lot of pain after surgery?

You will probably have some discomfort after surgery. We will keep you comfortable with appropriate medication, and will transition you to oral pain medication as soon as possible.

How long will I be in the hospital?

Based on your medical criteria most patients are discharged the day of surgery vs. the next day.

### When can I start moving after surgery?

Mobilizations begins the day of surgery with the assistance of hospital staff and use of a walker.

### What is Physical Therapy?

Physical Therapy (PT) will focus on functional mobility and ambulating with the appropriate assistive device (both on level surfaces and stairs). PT will also address range of motion and strengthening of the surgical leg.

### Will I need PT when I go home?

Depending on your functional status, you will either have In-home PT or Outpatient PT.

If you qualify for in-home PT, our Discharge Planner will make arrangements for a Physical Therapist to come to your home. Your Home Healthcare PT might also perform dressing changes or staple removal if requested by your surgeon. Home PT typically occurs two to three times per week until you are able to transition to an outpatient therapy center.

The duration of home PT and/or outpatient PT depends upon your progress, but can often last several weeks.

### What is Occupational Therapy?

Occupational Therapy (OT) addresses your activities of daily living after your surgery. OT may assist you to adhere to safety precautions while completing activities such as bathing, and transfers to bed, chair, toilet, or vehicle. Some patients may not need O.T. depending upon their functional level after surgery.

### Will I need Occupational Therapy when I go home?

Further OT may be ordered and provided at your home depending on your needs.

Will I need to use a walker, crutches, or cane?

We recommend the use of an assistive device for up to three to four weeks following surgery, depending on your rate of progress. Your Therapists will determine which device is most appropriate and safest for you.

An assistive device also serves as a visual cue to others to provide you with more space and time while recuperating!

Where will I go after discharge from the hospital?

Most patients are able to go directly home after discharge, with continued therapy.

Some patients may need to be transferred directly to an inpatient rehabilitation facility with continued supervision and therapy.

The Joint Center Team will help you make this decision and make all the necessary arrangements.

How often will I need to see my surgeon after my total joint surgery for follow-up visits?

Most of our surgeons will see you at the office two to three weeks after surgery. Routine follow-up visits usually occur at six, then twelve weeks. Routine annual follow-up visits are necessary in order to examine the joint and surrounding bone for changes or potential problems.

What if I live alone?

We prefer that you have someone at home with you after surgery for safety's sake. It would be best to ask a relative or friend to stay with you for the first several days following discharge.

PLEASE NOTE: Living alone does not automatically make you eligible for admission to a rehab facility. Since this is usually an elective procedure, most insurance companies will expect you to make arrangements for someone to be at home with you.

It is a good idea to pre-arrange for family or friends to be available to assist you when you get home with things such as...cooking, shopping, chores, and transportation to doctor's appointments and therapy sessions.

### When will I be able to drive?

Regardless of your physical progress, you should not consider driving until you are off all narcotic pain medication.

The ability to drive often depends on whether surgery was on your right or left leg, and whether your vehicle is manual or automatic.

After surgery on your right leg, your surgeon will determine how soon you can drive based upon your progress and strength; often anywhere from three to six weeks postoperatively.

After surgery on your left leg, you could be driving within two to three weeks if your surgeon permits.

### When can I return to work?

Your surgeon will help you to decide, based upon your progress and type of job; a safe guess would be at least a couple of weeks.

### Are there any activity restrictions with my new joint?

Walking, dancing, swimming, and golf are considered to be generally safe activities after your initial recovery period. Ask your doctor when it is safe for you to incorporate low impact activities into your normal routine.

High-impact or injury-prone contact sports are usually not recommended. You should avoid any activity that puts a pounding stress on your new joint, such as running, jumping rope, singles tennis, etc. or consult with your surgeon prior to doing so.

### How long will my new joint last?

A total joint implant's longevity will vary in each patient. All prostheses have a limited life expectancy depending on the individual patient's age, weight, medical condition, and activity level. There are no guarantees on how long your new joint will last, although the average can be from 15 to 20 years.

What is the difference between a cemented or non-cemented prosthesis?

With a cemented technique, a prosthesis with a smooth finish is cemented or glued into place.

With a non-cemented technique, a prosthesis with a porous coating is used, allowing for rapid bony fixation anchoring the prosthesis into place.

When can I have sexual intercourse after surgery?

The Joint Program Manager has a guidebook entitled “Sex after Total Joint Replacement” and will give you a copy on request.

Individuals vary in their rate of healing, but the incision, muscles, and ligaments are usually sufficiently healed four to six weeks postoperatively enabling patients to consider resuming sexual activity.

Will my new joint set off security sensors?

Most prostheses are made of metal alloys which may or may not be detected when going through some security devices, depending on the sensitivity of the device or machine. Some surgeons offices will issue a medic alert card indicating that you have an artificial joint. Most security agencies will no longer accept these cards, but instead will individually examine you.

Where can I learn more?

Many websites are available, including:

[www.aaos.org](http://www.aaos.org) (American Academy of Orthopedic Surgeons)

[www.niams.nih.gov](http://www.niams.nih.gov) (National Institute of Arthritis and Musculoskeletal and Skin Diseases)

Many vendors (or makers of prostheses) offer patient education on their websites. Some common vendors include: Biomet, DePuy, Johnson and Johnson, Smith and Nephew, Stryker, and Zimmer.

Another educational website which offers views of both virtual and actual surgeries: [www.edheads.org](http://www.edheads.org)

# **Pre-Op Checklist**

<p>SUBURBAN HOSPITAL SCHEDULING AND REGISTRATION FOR: PRE-REGISTRATION</p>
--

The Suburban Hospital Scheduling and Registration Department will contact you once your surgery is scheduled with the hospital to pre-register you.

If you choose to contact the Scheduling and Registration Department, keep in mind your surgery needs to be posted with the hospital. The number to Scheduling and Registration at Suburban Hospital is (301) 896-2222.

If you reach a recording, please leave your name, phone number, and surgery date. Your call will be returned within 24 hours. Our Operator will ask you to provide the following information:

- Patient's full legal name, address, and county of residence
- Home, work, and cell phone numbers
- Religion
- Marital status
- Social security number
- Name of primary (and secondary, if applicable) insurance company, mailing address, policy and group numbers
- Name of insurance holder, his/her address, phone number, work address and work phone number
- Patient's employer, address, phone number, and occupation
- Name, address, and phone number of nearest relative
- Name, address, and phone number of someone to notify in case of emergency (which can be the same as nearest relative)

- THE PRE-TESTING CENTER APPOINTMENT AND/OR PHONE SCREENING IS REQUIRED FOR ALL SURGICAL PATIENTS.

It is advantageous to complete this Pre-Testing Center Appointment/Screening 1 to 14 days prior to surgery, allowing sufficient time in case any issues are identified requiring follow-up prior to surgical clearance. Patients will be contacted by a presurgical testing nurse regarding this phone screening/ appointment.

PLEASE NOTE: This Pre-Testing Center Appointment/Screening is in addition to any pre-operative clearance appointments with your own Primary Care Physician or Cardiologist.

See page 32 for more information regarding the content of this appointment/ screening.

REGISTER FOR PRE-OP JOINT EDUCATION
-------------------------------------

You have already taken the first giant step down the road to recovery by scheduling your joint replacement surgery.....

### THE NEXT STEP:

#### Request and view our Pre-Operative Joint Video!

Register for the video (class when applicable) at (301) 896-3238. Call the Suburban Hospital Joint Center at (301) 896-3238 to request the class video. Provide the following information to receive the recorded class video by email:

- The patient's name, date of birth & phone number(s)
- The date of patient's surgery
- The name of the surgeon performing the procedure
- The procedure being performed - i.e. left total knee, right hip revision...
- The patient's email address. The video is sent by email. If the patient does not have an email address, the video can be sent to a care partner's, family member or friend's email address.

The video will be sent as soon as possible but could take up to seven days. Remember to check your spam/junk file. Please do not leave multiple messages requesting the on-line class video. Be advised that some information in these educational resources may change due to the current environment.

Pre-Op Class Content Includes:

- Review of Pre-operative requirements/issues
- Hospital stay/expectations
- Equipment review
- Therapy expectations and recommendations
- Discharge planning

We encourage your "Coach" to be involved in all aspects of this learning experience with you in order to help provide reinforcement and encouragement along the way... After all, this is a "Joint Effort"!

## DRESSING AIDS AFTER TOTAL JOINT REPLACEMENT

Below is a list of common equipment used after surgery to assist you in being more independent with dressing tasks.

Equipment Name
Rigid Leg Lifter
Reacher
Sock aid, regular
Sock aid, wide
Shoehorn
Long scrub sponge

OBTAIN MEDICAL AND ANESTHESIA CLEARANCE
---

Pre-Surgical Testing Requirements  
Total Joint (Hips and Knees) Replacement

In order to have total joint replacement surgery you must have the following tests performed. Your surgeon will give you an order form for the following.

HISTORY AND PHYSICAL  
WITHIN 30 DAYS of SURGERY

EKG  
WITHIN 90 DAYS of SURGERY if you are AGE 60 or OLDER

LAB WORK – CBC, CMP, ProTime/INR, MRSA Screening  
WITHIN 90 DAYS of SURGERY  
as long as there is no change in your medical status  
A urinalysis is no longer required unless the patient is symptomatic

CHEST X-RAY (If clinically indicated)  
WITHIN 6 MONTHS OF SURGERY

You may go to your Primary Care Physician for all the testing. Please have your doctor FAX all test results to our Pre-Surgical Testing Center at 301 896-7346 or 301-896-7345

See page 81 for more information on MRSA screening.

## ERAS (Enhanced Recovery after Surgery)

Patients are instructed to drink a carbohydrate beverage - see beverage options below and **choose ONE option.**

The carbohydrate beverage should be completed 3 to 4 hours prior to surgery. Patients are to drink the beverage prior to leaving home for the hospital.

After consuming the carbohydrate beverage brush your teeth.

Carbohydrate beverage choices:

- Apple Juice – 8 oz. bottle OR
- Gatorade – 8 oz bottle

FOR DIABETIC PATIENTS:

- Gatorade Zero Sugar – 8 oz bottle.



KNOW YOUR INSURANCE BENEFITS
------------------------------

IF MEDICARE IS YOUR PRIMARY INSURANCE:

- You do not have to call Medicare prior to surgery, unless you have specific questions not addressed online at [www.medicare.gov](http://www.medicare.gov).

FOR ANY OTHER PRIMARY OR SECONDARY INSURANCE:

- Contact your insurance company to find out if pre-authorization, a second opinion, or a referral form is required. (Your Surgeon's office will initiate Pre-authorization for the surgery and hospitalization only.)
- Ask your insurance company about your rehabilitation benefits. Rehab benefits vary, and are specific to your plan. Many plans prefer that you recover at home with home health care services when possible, unless your condition warrants an inpatient rehabilitation stay.
- Ask your insurance company which area rehabilitation facilities (at both the acute and subacute level) and home health care agencies are in-network providers.

FOR HMOs:

- You will also need to call your Primary Care Physician in order to schedule your Pre-operative testing. HMOs have exclusive contracts with certain facilities for radiology and lab work.

IF YOU DO NOT HAVE INSURANCE:

- Notify our staff at the time you pre-register; you will be directed to an Admissions or Finance Counselor for further information.

The Joint Center Discharge Planner will initiate the Pre-authorization required for Home Health Care or Inpatient rehabilitation. Please note that you must meet admission criteria for inpatient rehab facilities in order for your insurance company to authorize your stay there. Insurance companies do not become involved in nor take consideration of "social issues" such as living alone, lack of home support, stairs, etc. They consider these to be issues requiring attention and planning prior to admission to the hospital for surgery.

Our Joint Center Team and Discharge Planner will communicate and coordinate with your insurance provider to insure the safest discharge plan possible! Please contact the Suburban Hospital Care Coordination Office at (301) 896-3030 if you have questions regarding your discharge plan prior to your procedure.

BEGIN TO EXPLORE DISCHARGE OPTIONS
------------------------------------

The best time to explore issues regarding where you will go following your discharge from Suburban Hospital is before you are even admitted for surgery! It is a good idea to investigate all potential options so that you can make an informed decision.

IF YOUR PLAN IS TO GO DIRECTLY HOME:

- Arrange for someone to be with you at first until you are comfortable and confident
- Make sure you will have easy access to a bed and bathroom, which might necessitate a short-term change in your home environment
- Be able to minimize stair climbing at first

IN CASE YOUR FUNCTIONAL STATUS WARRANTS AN INPATIENT REHABILITATION STAY:

- Pre-select a facility (or two) from each level of rehab (acute and subacute)
- Consider touring the facilities you have chosen to make sure your expectations and needs will be met (for example, availability of private room, frequency and duration of therapy sessions especially on weekends, etc.)

Please review the charts on the next pages outlining potential Discharge Options. Further explanations will be provided in the Pre-Op Joint Class, at which time we can provide you with lists of your local Home Health Care providers and rehabilitation facilities.

(See Appendix for local lists)

Making as many decisions as possible prior to surgery gives you more time afterwards to focus on recovery!

**DISCHARGE OPTIONS: HOME**

OPTION	DEFINITION	DURATION OR LENGTH OF STAY	CONDITIONS	EXAMPLES
HOME WITH OUTPATIENT THERAPY	<p>Patient goes to PT sessions</p> <p>Patient goes to lab (if needed) for blood draws</p>	<p>Determined by MD and Rehab Team according to progression</p> <p>Typically PT 2-3x per week for several weeks or more</p>	<p>Going to PT in a Gym or clinic setting can be beneficial for high level functioning patients</p>	<p>Surgeon's Office PT</p> <p>Outpatient Therapy Centers</p>
HOME WITH HOME HEALTH CARE SERVICES	<p>Physical Therapist (PT) comes to the home; can remove staples if no visiting RN</p> <p>RN comes to the home for blood draws or wound care (if necessary)</p>	<p>Determined by MD and Rehab Team according to progression</p> <p>Typically for several weeks: PT 2-3x per week RN 1-2x per week</p> <p>Patient then progresses to outpatient setting</p>	<p>Must qualify for home health services: "Homebound" means it is difficult and taxing for you to leave home independently</p> <p>(Insurance companies do not necessarily consider you to be homebound due to right sided surgery, or lack of transportation)</p>	<p>Potomac Home Health</p> <p>Homecall</p> <p>Medstar</p>

**DISCHARGE OPTIONS: REHABILITATION FACILITIES**

OPTION	DEFINITION	DURATION OR LENGTH OF STAY	CONDITIONS	EXAMPLES
<b><u>Acute</u></b> Rehabilitation Hospitals	<p>Takes place in acute rehab hospital as an inpatient</p> <p>Offers up to 3 hours of therapy, Usually 7 days per week</p> <p>Physician (Physiatrist) on site for more complex medical management</p>	<p>Determined by Rehab Team (usually Physiatrist and PT/OT)</p> <p>Typical length of stay 5-7 days</p> <p>Commercial insurance might also play a role in determining length of stay</p> <p>(Average cost is \$1500 per day)</p>	<p>With commercial insurance: <b>MUST HAVE ACUTE REHAB BENEFIT</b></p> <p>Evaluated for admission by Nurse Liaison</p> <p>More likely to qualify: -Bilateral knee replacements -Pre-existing conditions or co-morbidities</p>	<p>ARH (Adventist Rehab Hospital) -at Shady Grove* -at Takoma Park</p> <p>NRH (National Rehab Hospital)</p> <p>Greater Laurel</p> <p>GWU</p> <p>Kernan</p>
<b><u>Subacute</u></b> Rehabilitation Facilities	<p>Takes place in SNF (Skilled Nursing Facility) as an inpatient</p> <p>Offers at least 1 hour of therapy 5-7 days per week, depending on facility</p>	<p>Determined by Surgeon and Rehab Team</p> <p>Typical length of stay 5-14 days; could be longer depending on progress/needs</p> <p>Commercial insurance might also play a role in determining length of stay</p> <p>(Average cost is \$350 per day)</p>	<p>With commercial insurance: <b>MUST HAVE SKILLED REHAB BENEFIT</b></p> <p>Evaluated for admission by Nurse Liaison</p> <p>More appropriate level of rehab if length of stay needs to be extended</p>	<p>Asbury (Wilson Health Care Center)</p> <p>Bethesda Nursing and Rehab</p> <p>Hebrew Home</p> <p>Manor Care</p> <p>Montgomery Village Nursing and Rehab</p> <p>Shady Grove Adventist Nursing and Rehab*</p>

\*note similar names\*

**PUT YOUR HEALTHCARE DECISIONS IN WRITING**

As a competent adult, you have the right to make important decisions about many aspects of your healthcare. In the event that you ever lose the ability to make decisions for yourself, an advance directive in the form of a living will or durable power of attorney for healthcare can ensure that your wishes are honored.

On admission to the hospital, you will be asked if you have an advance directive. If you do, please bring copies of the documents to the hospital with you, so they can become a part of your medical record.

If you would like more information, copies of the Advance Directives Guide can be obtained from the hospital, or at <http://marylandmolst.org>  
Please note that advance directives are not a requirement for hospital admission.

If you have a Medical Order for Life-Sustaining Treatment (MOLST) form, please bring it with you.

A MOLST form will be needed upon discharge to Rehab or to home with therapy/services.

NUTRITIONAL FOCUS

The time is right to focus on a well-balanced diet prior to (and following!) surgery. Taking a proactive approach will help to provide your body with the building blocks it needs to function properly and heal faster.

A well-balanced diet rich in vitamins, minerals, fluids, and fiber is imperative to your healing and comfort post-operatively. Becoming familiar now with these important nutrients will help you to make healthy choices after surgery.

TYPE OF NUTRIENT	FUNCTION	EXAMPLES		
IRON	<ul style="list-style-type: none"> <li>·Builds healthy red blood cells</li> <li>·Iron replacement necessary due to anemia, blood donation, or blood loss from surgery</li> </ul>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">lean beef liver spinach greens shrimp clams</td> <td style="width: 50%; vertical-align: top;">instant oatmeal bran flakes dried fruits cashews beans lentils</td> </tr> </table>	lean beef liver spinach greens shrimp clams	instant oatmeal bran flakes dried fruits cashews beans lentils
lean beef liver spinach greens shrimp clams	instant oatmeal bran flakes dried fruits cashews beans lentils			
VITAMIN C	<ul style="list-style-type: none"> <li>·Improves iron absorption</li> <li>·Promotes wound healing</li> </ul>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">kale greens broccoli strawberries cantaloupe grapefruit</td> <td style="width: 50%; vertical-align: top;">kiwi oranges tomato cabbage green peppers</td> </tr> </table>	kale greens broccoli strawberries cantaloupe grapefruit	kiwi oranges tomato cabbage green peppers
kale greens broccoli strawberries cantaloupe grapefruit	kiwi oranges tomato cabbage green peppers			
FIBER  *EXTREMELY IMPORTANT WHILE TAKING PAIN MEDS!	<ul style="list-style-type: none"> <li>·Promotes digestion</li> <li>·Prevents constipation</li> </ul>	Cereal: All Bran Raisin Bran Kashi Go Lean Whole grains Fruits and veggies with skin Prunes, prune juice Beans, popcorn, brown rice		

NUTRITIONAL FOCUS
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TYPE OF NUTRIENT	FUNCTION	EXAMPLES
CALCIUM	<ul style="list-style-type: none"> <li>·Builds new bone</li> <li>·Helps to maintain the integrity of existing bone</li> </ul>	Yogurt      Milk Tofu        OJ Cheese      sardines Almonds Fortified cereal and waffles
VITAMIN D	<ul style="list-style-type: none"> <li>·Improves calcium absorption</li> </ul>	Milk Fish Dairy products Fortified cereal Sunshine!

Your Surgeon and/or Primary Care Physician might also suggest that you include a multivitamin with iron daily in addition to a well-balanced diet pre-operatively.

- Be sure to take iron supplements with food in order to prevent stomach upset
- Increase your fluid and fiber intake to prevent constipation, both before and after surgery
- When adding extra fiber to your diet, increase your fluids to six to eight glasses of water per day
- Gradually increase the amounts of fiber in your daily diet in order to avoid potential unpleasant side effects such as bloating, gas, or diarrhea

**ALSO, FOR YOUR BENEFIT:**

- **If you smoke, cut down or QUIT!** Smoking changes blood flow patterns, delays healing, interferes with your body's oxygen-carrying capabilities, and slows recovery. For information on smoking cessation programs, contact our WellWorks program at 301-896-3939 or visit our Web site at [www.suburbanhospital.org](http://www.suburbanhospital.org).
- Stop alcohol intake at least 24 hours prior to surgery. Do not resume alcohol intake until you have stopped all narcotics and anticoagulants.

## STOP MEDICATIONS THAT INCREASE BLEEDING

**Medications that have a blood-thinning effect need to be stopped prior to surgery.**

(Examples are not all inclusive).

- Non-steroidal Anti-Inflammatory Drugs (NSAID'S) and blood-thinners need to be stopped **seven** days prior to surgery.

COMMON NSAID'S:

Advil (Ibuprofen)	Indocin (Indomethacin)	Relafen (Nabumetone)
Aleve (Naproxen)	Lodine (Etodolac)	Toradol (Ketorolac)
Arthrotec (Diclofenac)	Mobic (Meloxicam)	Voltaren (Diclofenac)
Aspirin	Motrin (Ibuprofen)	
Bufferin	Naprelan (Naproxen sodium)	
Daypro	Naprosyn (Naproxen)	
Ibuprofen	Orudis (Ketoprofen)	

- Anticoagulants which should be stopped IN CONSULTATION WITH YOUR PRESCRIBING PHYSICIAN OR SURGEON:  
(Usually up to seven days before surgery, as directed)

Coumadin (Warfarin)  
Lovenox (Enoxiparin)  
Persantine (Dipyridamole)  
Plavix (Clopidogrel)  
Ticlid (Ticlopidine)

- Multivitamins and herbal supplements which should also be stopped seven days prior to surgery:  
(might interact with other medications, or cause physiological changes with surgery)

Dong Quai	Ginseng
Garlic	Vitamin E
Ginger	St. John's Wort
Gingko Biloba	

- ❖ If you are currently taking Celebrex, you may take it up until midnight the night before surgery.
- ❖ If you need pain relief, you may take Tylenol (acetaminophen)\* up until midnight the night before surgery; or call your physician regarding other medication options. You may continue taking your prescription pain medications or opioids containing acetaminophen up until midnight the night before surgery.  
(\* do not take more than 4,000 mg of tylenol in 24 hours)

**SUBURBAN HOSPITAL PRE-TESTING CENTER PHONE SCREENING/APPOINTMENT**

Within 1 to 14 days of surgery, you will need to be screened by the Suburban Hospital Pre-Surgical Testing Center. A nurse in the Pre-Testing Center will provide you with individualized special instructions to further prepare you for surgery. Your in-depth pre-operative education will be completed, including the following:

- Review of pre-operative tests; repeat any outdated lab tests
- Review of surgical history, including anesthesia issues or concerns
- Medication review (please have a concise list)
- Review what time to stop eating and drinking
- Review what medications (if any) to take the morning of surgery
- Review arrival time to Suburban Hospital the day of surgery

**For revisions only:**

At this appointment, a blood sample will also be taken called the “Type and Screen/Type and Crossmatch” (if needed).

**THIS BLOOD TEST CAN ONLY BE DONE AT SUBURBAN HOSPITAL, PRE SURGICAL TESTING CENTER AND MUST BE WITHIN 7 DAYS OF YOUR SURGERY.**

(This enables us to know your blood type and ensure blood availability on the day of surgery.)

We request that you allow 45 minutes for this phone screening/appointment.

PREPARE FOR YOUR RETURN HOME
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It is important to start planning for your return home before you have surgery. Take care of as many chores as you can (laundry, shopping, lawn work, meal preparation) in advance, as being prepared is the secret to a relaxed recovery!

- Have easy access to a chair and bathroom on the floor where you will be spending the most time.
- Have a chair with arms and a firm seat available.  
NOTE: If you are having a HIP replacement, make sure you have a chair high enough that your hip and knee are level. The surface should not cause you to “sink”; your knee should not be higher than your hip.
- Borrow or purchase adaptive equipment.  
(See Appendix for list of retailers; most insurance companies do not cover these items.)

NOTE: If you are having a HIP replacement, you will probably need a raised toilet seat, or a three-in-one commode chair with arms. Most toilets are 18 inches high; a safer height would be at least 22 inches high. (Insurance does not cover adaptive equipment.)

- Have a cell or cordless phone within easy reach, with emergency numbers handy for times when you are alone.
- Take measures to prevent potential falls: clear walkways, remove throw rugs.
- Use bathtub or shower stall mats with non-slip backings.
- Organize your kitchen to avoid excessive lifting, bending, or reaching.
- Install night lights in hallways, bathrooms, and bedrooms.

**SHOWER PREP PRIOR TO SURGERY**

Showering with an anti-bacterial soap for the **two days prior to surgery** will help to reduce the amount of germs present on your skin before your procedure.

**DIRECTIONS:**

1. Pour an anti-bacterial soap (Hibiclens) on a clean, warm, wet washcloth.
2. Wash all areas of your body with the anti-bacterial soap, with the exception of hair, face and private areas.
3. Wash the area where you are going to have surgery thoroughly, with a warm, soapy washcloth for 2 to 3 minutes. (Don't forget behind your hip or behind your knee also!)
4. Rinse as usual.

- NOTE:**
- Do not shave any area of your body for at least 48 hours prior to the day of surgery.  
Any new cut, abrasion, or rash on your surgical extremity will need to be evaluated, and may cause a delay in your procedure.
  - Change bed linens.
  - Avoid lotion and medication patches on your operative site.
  - Hibiclens can be purchased at a local drug store.

<b>PACK YOUR BAG: WHAT TO BRING</b>
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Our Joint Center Team will be available to assist you with getting dressed in your own comfortable clothing and shoes, as early as the first day after surgery.

**CLOTHING:**

- Easy to put on, stretchable, layers
- Tshirts and shorts
- Sweats or jogging suits
- Underwear

**SHOES AND SOCKS:**

- Lace-up walking shoes or sneakers with non-slip soles are ideal.
- Slip-on shoes will need to be able to accommodate a little swelling in your feet.
- Please wear quarter length athletic socks if possible.

**TOILETRIES:**

- Your favorite personal hygiene items.
- Denture cleaning tablets or paste, if needed.
- Battery operated razor, if necessary.
- Chapstick or lip balm.
- Incontinence products, if needed.
- Antibacterial hand wipes or foam.

**ADDITIONAL ITEMS - you may also want to bring:**

- Mobile phone and charging cord.
- CPAP machine from home if used on a nightly basis for sleep apnea.
- WIFI available.
- Reading glasses if needed.

**DON'T FORGET YOUR JOINT BOOK!**

THE NIGHT BEFORE SURGERY
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- Do not eat after midnight (or other specified time, if your surgery is later in the day). This includes chewing gum and medications. Eating after the specified time could delay or cancel your surgery.
- Review any special medication instructions for the morning of surgery during your Pretesting screening call and/or appointment. If you have been instructed to take your high blood pressure or diabetes medication, do so with only a sip of water.
- Check your arrival time to the hospital: \_\_\_\_\_  
(Typically 2 to 2 ½ hours prior to surgery)
- Prepare items to bring to Suburban for Registration/Admissions:
  - Photo ID or drivers license
  - Insurance cards
  - Copy of Advance Directives (Unless already given to Pretesting)
  - Any copayment required by your insurance company

### IMPORTANT REMINDERS:

- ▶ PLEASE LEAVE MEDICATIONS, JEWELRY, VALUABLES, LARGE AMOUNTS OF MONEY OR CREDIT CARDS AT HOME
- ▶ LEAVE YOUR PERSONAL MEDICATIONS AT HOME.  
(Personal medications can only be used in specific situations when the medication is either not available in the hospital or there is not an acceptable alternative substitute approved by your physician and the hospital pharmacy. If it is pre-determined that your personal medications will be used during your stay, they will need to be ordered by your physician, identified and labeled by a Suburban Pharmacist, and administered by the nursing staff.)

# Hospital Stay

## DAY OF SURGERY REVIEW

### **REGISTRATION**

On the day of surgery, report first to the Registration Desk at the time instructed. The Registration Desk is located on the second floor, to the right of the main Information Desk when entering through the main entrance of the hospital. You will then be directed to the first floor, where all of the surgical areas are located.

### **PRE-OPERATIVE HOLDING UNIT**

While in the Pre-Operative Holding Unit, your Coach/Family may stay with you. Your Surgeon will see you and answer any questions that you may have. You will meet with your Anesthesiologist. You will change into a surgical gown, and the final preparations will be completed (IV started, etc.).



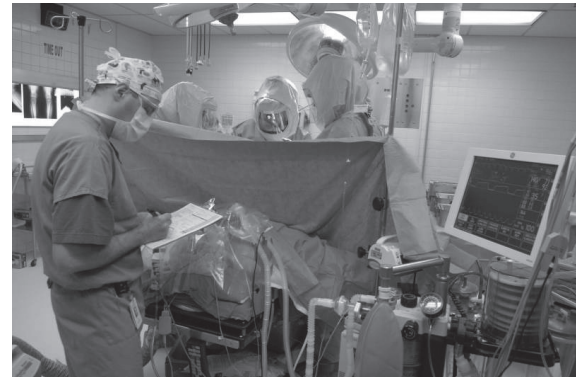
When you move into the Operating Room, your Coach/Family will be directed to the waiting area. Our staff and volunteers will be available to keep them informed of your progress.

## **THE OPERATING ROOM (“OR”)**

The OR is kept rather cold (usually around 55 degrees) for physiological reasons as well as infection control measures. The OR staff will keep you comfortable with plenty of warm blankets.



Expect to be in the OR for a couple of hours. Your Anesthesiologist will make you comfortable, and time will be spent preparing the surgical site. The surgery itself will only take an hour or two. Lastly, a sterile dressing is applied before you are moved to the PACU.



## **POST ANESTHESIA CARE UNIT (PACU)**

After surgery is completed, you will go to the “PACU” (or “Recovery Room”). Physical Therapy may begin in the PACU or in the hospital room on the day of surgery. You will already be in your bed, which is much more comfortable than a stretcher! You will be attached to monitors that check your blood pressure, heart rhythm, and oxygen levels. You will have a nurse taking care of you and making sure that everything is okay. Your method of pain control will be established. An X-Ray may be taken of your new joint based on surgeon request. You may discharge from this unit or the PACU staff will transport you in your bed to your room in the Joint Center on the surgical units. Due to high volumes, in some circumstances, patients may spend the night in the Recovery Room. The same standard of care is provided in the Recovery Room as other units. Given space and privacy limitations, family presence in the recovery area is limited. One care partner may visit for a few minutes each hour.



## **JOINT REPLACEMENT CENTER**

Once you arrive in your room at the Joint Center, you and your Coach/Family will be oriented to your room, call light, and staff. The focus will be on keeping you comfortable. Our staff will be checking your vital signs, surgical extremity circulation and sensation frequently.

The communication board will have your RN and technician phone numbers, along with other noteworthy information.

You will probably be ready to order a light lunch or dinner.  
(See “At Your Request” explanation below.)

### **“At Your Request” Meal Service**

Our “At Your Request” patient meal service offers freedom and flexibility with regard to meal times and selections. Once your diet is prescribed by your surgeon and communicated to Food and Nutrition Services, simply dial 3663 (or FOOD) from your bedside telephone with choices selected from the menu.

Meal and snack requests can be placed anytime from 6:30AM to 6:30PM, with selections delivered to your room within 45 minutes. Guest trays available at a nominal charge.

POST OPERATIVE CARE
---------------------

DURING YOUR HOSPITAL STAY, YOU WILL HAVE SOME OR ALL OF THE FOLLOWING:

**DRESSING (BANDAGE)(GAUZE)**

You may initially see a large bulky bandage that will be changed to a much smaller one in the next day (according to your surgeon).

HIPS: Typically a foamy tape over gauze

KNEES: Typically a fluffy gauze covered by an Ace wrap

Dressing (large band-aid)

This dressing should stay on 7 days after surgery. Your discharge instructions will remind you. Wash your hands before removing dressing. Leave open to air. No lotions!

**VENODYNES (SEQUENTIAL COMPRESSION DEVICES OR “SCD’s”)**

These stockings are a special type of Velcro leg wraps that will be worn on both legs for the majority of your hospital stay. Venodyne is a brand name for a form of sequential compression devices (“SCD’s”). A small unit at the end of your bed pumps air in and out of the leg wraps, producing a massaging-type action. This action promotes venous return, which stimulates circulation and prevents blood clots from forming.

NOTE: These should be worn on both legs at all times, unless you are walking.



POSTOPERATIVE CARE
--------------------

**IV (INTRAVENOUS LINE)**

You will have an IV which will be used to give you fluids to keep you hydrated, antibiotics to prevent infection, and pain medications to keep you comfortable. The IV tubing will be attached to an IV pump that will control how much fluid you receive.

The IV fluids will be discontinued once you are able to take enough fluids orally. The small port with a cap on it will remain in place in case you need further IV medications.

**URINARY CATHETER (“FOLEY”)**

You might have a soft flexible tube called a Foley catheter passed into your bladder to allow the urine to drain, especially if you have had spinal anesthesia. The catheter is usually removed within 24 hours.

**ICE**

Postoperative ice application will help to alleviate swelling and pain with cold packs which will be exchanged frequently. Take the ice packs home upon discharge.

POSTOPERATIVE CARE
--------------------

### **INCENTIVE SPIROMETER**

In order to keep your lungs clear and healthy, you will need to do coughing and deep breathing exercises.

1. Place the mouthpiece of the incentive spirometer in your mouth, closing your lips around it.
2. Inhale deeply through your mouth, which will raise the white disc inside the cylinder, and hold the air in your lungs for five seconds.
3. Remove the mouthpiece from your mouth and cough two to three times, forcing all of the air out of your lungs.
4. Repeat steps one to three **TEN TIMES EVERY HOUR WHILE YOU ARE AWAKE!**



### **LEG LIFTER**

You will be given a soft cotton “leg lifter”. You can use this to help move and control your leg after surgery until the anesthesia wears off and the strength in your leg returns.

The leg lifter is also important for supporting the new prosthetic hip for the first few weeks after surgery while the hip ligaments and thigh muscles heal and regain strength.

(NOTE: Your Occupational Therapist may suggest you use a different type of leg lifter with a rigid handle and foot loop at the end.



POSTOPERATIVE CARE
--------------------

**FOR SOME KNEE REPLACEMENT PATIENTS ONLY:****KNEE IMMOBILIZER**

You might need to wear a knee brace for the first day or so after surgery. The purpose is to protect and support your knee (in the case of “buckling” after a femoral nerve block), or to help you to be able to completely extend (straighten) your knee.

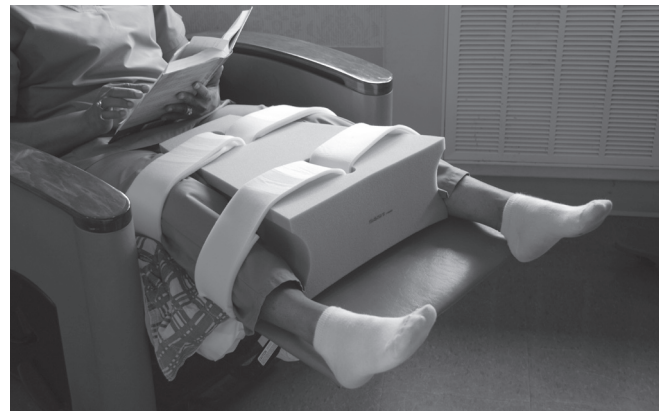


POSTOPERATIVE CARE
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**FOR POSTERIOR HIP REPLACEMENT PATIENTS ONLY:****ABDUCTION PILLOW**

This wedge-shaped pillow may be in place between your legs immediately after surgery depending on surgical procedure. The purpose is to keep your knees apart (in a position called “abduction”) and to keep you from crossing your legs while in bed or the recliner chair.

This wedge will be replaced with regular pillows.



POSTOPERATIVE CARE
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**SAFETY**

Any post-operative patient on pain medication is at risk for falling. Having surgery on your joint increases your risk for a fall. Our nursing care team carry phones that are linked to patients call bell. We anticipate all of our patients to call for assistance when getting out of bed, or up from the chair or toilet. We use an alarm system in bed, chair and bathroom to alert us before you get up. Even if your family member is with you, please call before you get up. Thank you.

## PAIN MANAGEMENT

Adequate pain management is a very important aspect of your surgery. After surgery, effective pain management helps to prevent complications, keep your immune system working well, and allow you to fully participate in therapy. It is very important to communicate with the Joint Center Team regarding the effectiveness of your pain medications and any potential side effects such as drowsiness or nausea.

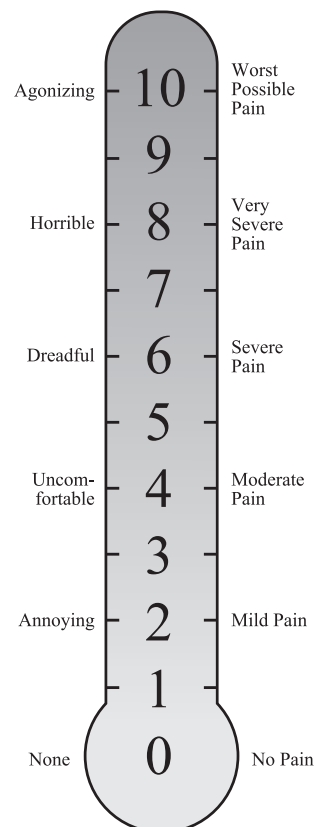
### **RATING YOUR PAIN**

We will ask you to rate your pain intensity using a pain scale. The numeric scale uses “0” as “no pain” and “10” as “worst possible pain”. Rating your pain using the numbers will give the Joint Team a good idea of how effective the pain medication you are using is working. Having “0” pain after surgery is rare. The goal of postoperative pain management is to make the discomfort as tolerable as possible so you can participate in therapy sessions. Even though the Joint Team members ask you very frequently to rate your pain, it does not mean that something is wrong, only that they are checking to see how well the medicine is working.

#### **PAIN CATEGORIES:**

0	No pain
1-3	Mild pain
4-6	Moderate pain
7-10	Severe pain

#### PAIN DISTRESS/ INTENSITY SCALE



TYPES OF PAIN MANAGEMENT
--------------------------

There are several types of pain management available after joint replacement. Patients may use intravenous (IV) or oral medication right after surgery.

**Oral pain medication:** After the first few hours after surgery, you will switch over to oral medications in the form of pain pills. The key is to ask for a dose when the pain starts; DO NOT let the pain become severe before asking for a dose. You can usually have the pain pills every four to six hours as needed. It is usually ordered on an “as-needed” basis, so it may not be brought to you automatically. Always take your oral pain medications on a full stomach or with a small snack to avoid nausea.

**IV pain medication by intermittent injection:** Morphine or Dilaudid given by the nurse as ordered by the doctor or PA. Most commonly, injections are ordered every four hours as needed. You will need to tell your nurse when you need more pain medication. (It is usually not ordered to come automatically.)

**For Knee Patients Only**

**Peripheral Local Anesthetics/Nerve Blocks:** Nerve blocks with local anesthetic are helpful additions to your regular pain management. A nerve block can be done by the anesthesiologist during surgery using local anesthetic injected into the nerves in the lower extremity. This nerve block will provide pain relief for an additional six to eight hours. You may feel like your leg is numb during this time, but the sensation will wear off just as the nerve block wears off (similar to when you get novacaine in the dentist’s office). This reduced level of pain right after surgery can help start your regular pain management off with lower levels of pain and fewer amounts of narcotics.



## PAIN MEDICATION SIDE EFFECTS

All pain medications have side effects. Here are some of the common side effects and what we can do to help manage them.

- **Constipation** can be a cumulative side effect of narcotics and decreased mobility postoperatively only compounds the problem. Prevention is key by increasing your fluid and fiber intake and using stool softeners or laxatives when necessary.
- **Itching** is a very common side effect with some pain medications. Most of the time this responds quickly to treatment. The itching is not usually considered to be an allergic reaction, but more related to histamine release that can be treated with an antihistamine like Benadryl.
- **Nausea and vomiting** are also common after surgery. It can be a reaction to medications that you had during surgery, or to pain medication. There are several good IV medications that can be used to combat these symptoms. Tell us if you start to feel queasy or nauseated so we can prevent these symptoms from getting worse.
- Some patients may have **difficulty urinating after surgery**. This may be caused by meds received during surgery, pain medications, or the surgery itself. In order to remove the urine, a catheter may have to be inserted for a short period of time after surgery. Most patients find their urinary patterns return to normal in the first 24 hours after surgery.
- **Respiratory depression is the least common side effect**. It happens very rarely and less than 1% of all surgical patients experience a decrease in breathing. We will be monitoring your respiratory status frequently after surgery. If your respirations start to slow, the nurse will adjust the pain medication and call your doctor. If you do experience more serious respiratory depression, it can be reversed with an IV medication.

### KEY POINTS TO REMEMBER

- ▶ Pain management is critical to your postoperative recovery.
- ▶ You can help choose the type of pain management you receive after surgery.
- ▶ Be sure to take pain meds when the pain first starts; waiting only makes it more difficult to treat.
- ▶ When taking oral pain meds, you usually will need to ask for it if you need it every four to six hours; it typically is not ordered to be brought to you around the clock.
- ▶ It is best to take your pain pills 30 to 45 minutes prior to therapy sessions.
- ▶ When you think you are ready, try substituting 1-2 Tylenol tablets in place of one dose of pain medication. Gradually increase the number of substitutions until you are no longer taking pain medication. DO NOT take more than 8 Extra Strength Tylenol tablets a day. If you are taking a medication with Tylenol already in the medication ( such as vicodan or percocet ) you will need to account for this Tylenol.

TYPES OF THERAPY
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**PHYSICAL THERAPY (PT)**

Physical Therapy (PT) is a form of rehabilitative medicine that incorporates the use of exercises and physical activities to restore strength and mobility, and prevent disability.

In the hospital setting, PT is a skilled treatment following joint surgery. The primary goals concern the strength and range of motion in the new joint, and your ability to ambulate, or walk, independently.

PT sessions take place in the Joint Center unit, in a group setting or in the room. You will be able to interact with fellow patients at this time. Instruction on performing strengthening and stretching exercises will be given, as well as written material including precautions and the use of assistive devices. PT will provide assistance in transfer training, walking, and negotiating stairs. An assistive device (walker, crutches or cane) can be issued for your discharge to home.

- ▶ PT will make recommendations regarding discharge destination and continued therapies at home, as an outpatient, or in an inpatient rehabilitation facility.
- ▶ HOME is the preferred discharge destination.
- ▶ REFUSING THERAPY IS NOT AN OPTION! If you are uncomfortable, we can alter your therapy session somewhat; however, in your best interest, we won't "skip it". Your primary role after joint replacement surgery is to be an active participant in your recovery. It is important to consider yourself "sore" instead of "sick", and to increase your activity level each day to prevent complications. We are here to help!

**OCCUPATIONAL THERAPY (OT)**

Occupational Therapy (OT) is skilled treatment that helps an individual to achieve independence in all facets of life. OT will focus on activities of daily living (including bathing, grooming, and dressing) while you are recovering from your joint surgery.

When needed, OT will assess and make recommendations for adaptive equipment as needed, or help you find the adaptive techniques to safely complete tasks. OT will also address your home bathroom setup and make recommendations for your toilet or shower needs for safety. Education on safe transfer techniques in the bathroom will be a focus of treatment. Other daily activities to address include review of getting in and out of bed, into your car for discharge as appropriate, and safe mobility for your self care around your home.

Some patients recover movement very quickly and may not need OT treatment for the above items.

DAILY SCHEDULES
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It will be beneficial to be aware of your gym times in order to plan for meals, pain medications, and bathroom trips prior to your sessions. Also, everyone usually feels more comfortable dressed in their own clothing/shoes prior to therapy sessions or walking the halls.

- DAY OF SURGERY:**
- Physical Therapy (PT) may begin (dependent upon surgery time) in the PACU or on the unit.
  - You will sit on the side of the bed in a “dangle” position.
  - You will be progressed to sit up in a reclining chair as soon as appropriate.
  - Focus on breathing exercises and ankle pumping.
  - Possible discharge home if PT goals met, safe for discharge, and surgeon orders.

- POST OP DAY 1:**
- We will assist you to get up into the recliner by 7 am.
  - Physical Therapy (PT) sessions; check the communication board in your room for Therapy time frames.
  - Occupational Therapy (OT) session in your room will focus on Activities of Daily Living (ADLs), (such as bathroom activities), when needed.
  - Discharge home if PT goals met, safe for discharge, and surgeon orders.

**NOTE:** If patient’s hospital stay extends beyond Post Op Day #1, physical therapy is daily. PT/OT issue durable medical equipment.

**RECOGNIZE AND PREVENT POTENTIAL COMPLICATIONS**
**PREVENT BLOOD CLOTS**

The risk of developing blood clots in the lower extremities is a potential complication following joint surgery. The risk is greatest two to five days after surgery, but increased somewhat for up to three months postoperatively. When your leg is immobilized or experiences poor circulation, the blood could coagulate or thicken in the veins and possibly cause a deep vein thrombosis (DVT). If an unrecognized clot breaks away from the vein and travels to the lung, this becomes a more serious complication called a pulmonary embolism (PE). Any of the following signs or symptoms should be reported to your Surgeon immediately:

**DEEP VEIN THROMBOSIS (DVT) SIGNS AND SYMPTOMS:**

- Swelling in the calf, thigh, or ankle that does not decrease with elevation of the leg
- Pain, warmth, tenderness in the calf, back of knee, or groin
- Discoloration or redness
- Could possibly occur in non-operative leg

**PULMONARY EMBOLISM (PE) SIGNS AND SYMPTOMS:**

- Shortness of breath; may be difficult or rapid
- Sudden chest or rib area pain
- Sweating
- Confusion or anxiety
- Rapid pulse or racing heartbeat

**NECESSARY STEPS TO HELP PREVENT DVT/PE:**

- **STOP SMOKING!** (There is a higher incidence of clot formation in smokers.)
- Do your ankle/foot pumping **EXERCISES** hourly; be as active as possible!
- Wear your **VENODYNES** (SCDs) on your legs **AT ALL TIMES** while you're still in the hospital, unless you are up walking.
- Take your **ANTICOAGULANT MEDICATION** (blood thinner) as directed by your surgeon (see "Medications" in the "Taking Care of Yourself at Home" section).
- Stay well hydrated

**FYI:** Before you plan a long distance trip, check with your surgeon to determine when you should be ready to travel. You will need to do your ankle pumping exercises and stand/stretch/move/walk every hour as much as possible to prevent blood clots.

## **PREVENT PNEUMONIA**

To keep your lungs clear and healthy (especially if you had general anesthesia, or have a history of smoking) you will need to do coughing and deep breathing exercises. It is a good idea to continue doing these exercises for as long as you require narcotic pain medication.

Instructions for coughing and deep breathing exercises:

1. Take a slow, deep breath. Inhale through your nose to fully expand your chest.
2. Exhale through your mouth.
3. Take another deep breath, but hold it this time for five seconds.
4. Cough two to three times and force all of the air out of your lungs.
5. Take three normal breaths and relax.
6. Repeat steps one through five 10 times every hour while awake.

(You could also do these exercises using your incentive spirometer)

## **PREVENT INFECTION**

It will be important for you to proactively protect your new joint against infection for the rest of your life! Your artificial joint does not have your body's natural protective mechanisms to fight infection. Bacteria from a variety of sources can enter your bloodstream and invade the area surrounding the new joint.

### **SIGNS AND SYMPTOMS OF INFECTION:**

- Increased swelling, pain, redness at the incision site
- Change in the amount, color, or odor of drainage at the site
- Fever greater than 101.5 degrees

**(Call your surgeon immediately if you develop this cluster of symptoms.)**

- Wash hands before removing dressing at home.
- Refer to showering in your discharge instructions.
- No tub baths, whirl pool or swimming until cleared by surgeon.

### **PREVENT CONSTIPATION**

Many cumulative factors contribute to potential constipation, including decreased mobility, changes in diet and fluid intake, anesthetic agents, and medications (especially pain medications and iron). You will need to increase your oral intake of fluids and fiber to prevent constipation. With hospital meals, make sure to include prune juices and high fiber cereals with breakfast.

- You might need a laxative while in the hospital.

### **PREVENT DISLOCATION (FOR HIP PATIENTS)**

Following posterior hip replacement, there are certain movements that you need to avoid for about two months to prevent potential dislocation of your new hip, giving muscles and ligaments time to heal. **The Joint Center Team will review these movements and restrictions with you postoperatively, based upon the surgical approach.**

### **SIGNS OF POTENTIAL DISLOCATION: CALL SURGEON AND/OR 911**

- Severe pain
- Rotation or shortening of the leg
- Unable to walk or move the leg
- Popping noise from the hip

# **Post Discharge Info**

**Patient Choice Instructions:  
Discharge Disposition and Services Provided  
(For Example)**

PATIENT PLATE



**Patient Choice Statement**

Your doctor has prescribed discharge services to assist you in the transition from hospital to home or the next level of care. We will arrange all referrals to meet your discharge needs, according to your choices. By Federal Law, you have the right to select your service providers.

- Your insurance company may have a preferred provider with whom they have a contract. **If you choose another service provider other than is contracted with your insurance, this may affect your insurance coverage.**
- If your need is home care, we can make arrangements for you with the Johns Hopkins Home Care Group, a full-service provider of home health services, infusion therapy, medical equipment and respiratory services, which is jointly owned by Johns Hopkins Health System and Johns Hopkins University; **OR**, with Potomac Home Health Care, an affiliate of Suburban Hospital.
- Rehabilitation, skilled nursing facilities, nursing home placements and hospice arrangements can be made based on level of care needs.
- We can make service arrangements with a familiar provider through whom you have had previous experience.

A list of service providers can be provided for your review as an aid to discharge planning. The list is not intended as a recommendation or endorsement of any of the facilities or agencies. The hospital makes no representations as to licensure or quality of care.

Our intention and desire is to provide you with a smooth, safe transition back to your home or next level of care in the community. If you have questions, please contact your social worker, nurse, or doctor.



8600 Old Georgetown Road  
Bethesda, Maryland 20814  
Patient Choice Instructions  
FORM I-1893 (01/11)

**Patient Choice Instructions:  
Discharge Disposition and Services Provided  
(For Example)**

PATIENT PLATE

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*(where services will be delivered)*

**Telephone #:** \_\_\_\_\_ **Responsible Party:** \_\_\_\_\_

*Please notify the agency if address or telephone number changes where services are to be delivered. The following services have been arranged for your care after discharge.*

SERVICES	Agency/Facility Name	Expected Date of Service	Phone Number
<input type="checkbox"/> Home Health Agency <input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Aide <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Social Work			( ) _____ - _____
Infusion Therapy			( ) _____ - _____
Facility Placement <input type="checkbox"/> Acute Rehabilitation <input type="checkbox"/> SAR/SNF <input type="checkbox"/> Nursing Home			( ) _____ - _____
Hospice <input type="checkbox"/> Inpatient Hospice <input type="checkbox"/> Home Hospice			( ) _____ - _____
Medical Equipment			( ) _____ - _____
Medical Supplies			( ) _____ - _____
Other			( ) _____ - _____

**Additional Comments:**

\_\_\_\_\_

\_\_\_\_\_

The discharge plan, including types of services and supplies, have been discussed with me. I have reviewed the Patient Choice Statement and understand that I have the right to choose my service providers

PATIENT/RESPONSIBLE PARTY SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ PRINTED \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ PRINTED \_\_\_\_\_



SUBURBAN HOSPITAL  
JOHNS HOPKINS MEDICINE

8600 Old Georgetown Road  
Bethesda, Maryland 20814  
Patient Choice Instructions  
FORM I-1893 (01/11)

TRANSPORTATION TO HOME/REHAB
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Our Joint Center Discharge Planner will help to make arrangements for the next phase of your recovery, whether you go home or to a rehabilitation facility. Depending on your functional status, you can be transported to either destination by one of these methods:

FAMILY/FRIEND TRANSPORT BY CAR

- You must be fairly independent with transfers to safely enter and exit the vehicle.
- The vehicle must not be too high (SUV's) or too low (sports cars).
- A plastic bag or trash can liner on the seat of the car will help you slide in and out.
- Therapy will review car transfers.

WHEELCHAIR VAN TRANSPORT

- Typically not covered by Insurance; price varies (around \$100). Payment provided to the driver with check or credit card at the time of transport.
- Driver with wheelchair comes to your hospital room; you then ride to destination in the wheelchair in the back of the van. Upon arrival to your destination, you are then taken inside in the wheelchair.
- If you are going to a Rehabilitation Facility, a packet of your latest clinical information, including current medications, will be sent to the facility with the driver.

IF YOU ARE GOING HOME: You will receive written discharge instructions, prescriptions, and the completed Home Health Care Resource sheet.

IF YOU ARE GOING TO A REHAB FACILITY: A packet of info including copies of your hospital chart, medications, labs, and discharge summary will be sent with you or your driver.

Patients discharging on the same day of surgery must have a responsible adult accompany the patient home. A Rideshare Co. (Uber/Lyft) may not be used less there is a responsible adult with the patient.

## TAKING CARE OF YOURSELF AT HOME

INCISION CARE

1. Specific wound care instructions will be sent with you on discharge.
2. Do not scratch, rub, or pick at your wound.
3. Protect your wound from injury at all times. Call your surgeon immediately if the wound edges reopen or separate.
4. Your staples will be removed 10-14 days after surgery, either at home by the Home Health Care Physical Therapist or Visiting Nurse, in the Rehab Facility, or at the surgeon's office.

CONTROL DISCOMFORT

- Take your pain medicine at least 30 minutes before therapy or exercising.
- Change your position every hour throughout the day.
- Use ice cold packs, to minimize the effects of pain, inflammation, or swelling in your new joint.
  - \* Do not apply ice for longer than 30 minutes at a time.
  - \* Do not get the incision wet with icy water; place a towel or washcloth between the ice pack and your skin.
  - \* Ice can be applied as often as once per hour to help control pain or swelling.

ACTIVITY ISSUES

- PHYSICAL THERAPY  
In addition to your daily exercises prescribed by the Joint Center Team, you will continue with Physical Therapy several times per week; either with Home Health Care coming to your home, or you traveling to an Outpatient setting.
- ASSISTIVE DEVICES  
Use your walker/crutches/cane for balance as directed by your therapists, especially if you leave the house. Most people progress to a cane within three to four weeks.
- STAIRS  
You will practice stair climbing before you leave the hospital. Use railings whenever possible. Do only one step at a time.  
REMEMBER: “Up with the non-operative leg, down with the operative leg leg”.

ACTIVITY ISSUES (continued)

- SLEEPING

You may have some difficulty sleeping due to discomfort or stiffness. Getting up and moving around or stretching may help to alleviate it.

KNEE PATIENTS: DO NOT sleep with a pillow under your knee.

HIP PATIENTS: You may sleep on your unaffected side, but you must keep a pillow between your legs for the first eight weeks

- ENERGY LEVEL

Your overall endurance may be decreased for the first month or so after surgery. Avoid activity extremes; listen when your body tells you to slow down or rest, but don't nap or sleep too much especially during the day.

- DRIVING

The decision regarding when you can drive again will be made by your surgeon. Those who had surgery on the left leg will typically return to driving sooner, sometimes within a couple of weeks. Those who had surgery on the right leg can usually resume driving when walking independently with a cane and not taking any pain medication, usually within three to four weeks.

- SEXUAL INTERCOURSE

The time to safely engage in sexual intercourse should be discussed with your Orthopaedic Surgeon. The Joint Program Manager has a brochure available on request which can be helpful for patients regarding safe positioning.

MEDICATIONS
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- **PRESCRIPTION PAIN MEDS**

After the first couple of weeks following surgery, you will want to gradually wean yourself from prescription or narcotic pain medicine, perhaps by alternating with Tylenol (acetaminophen). You may take one to two tablets of Tylenol (acetaminophen) in place of the narcotic pain medicine, every four to six hours as needed.

- **STOOL SOFTENERS/LAXATIVES**

Pain medications can cause constipation. In addition to adding fiber and fluids to your diet, you might need to consider a daily stool softener or mild laxative to prevent constipation.

- **ANTICOAGULANT THERAPY**

All patients will be placed on some form of anticoagulant (blood thinner) in order to prevent blood clots, usually for several weeks postoperatively. Your Orthopaedic Surgeon will determine what type of anticoagulant you will use following your joint surgery. You might be using one, or a combination of, the following:

- Aspirin
- Baby Aspirin
- Coumadin
- Lovenox

MEDICATIONS
-------------

- **ANTICOAGULANT THERAPY (CONTINUED)**

Important reminders while taking anticoagulants:

1. DO NOT TAKE ADDITIONAL ASPIRIN, NSAID'S, OR ANTI-INFLAMMATORY MEDICATIONS UNLESS INSTRUCTED TO DO SO
2. Avoid or do not drink alcohol
3. Monitor for signs/symptoms of excessive bleeding: notify your doctor for
  - Abdominal or back pain
  - Bloody or black (“tarry”) stools
  - Bloody urine (red or dark brown)
  - Coughing up blood
  - Vomiting blood or material that looks like “coffee grounds”
  - Severe or continuing headache
  - Bleeding from gums when brushing teeth
  - Unexplained bruising or nosebleeds
4. Take your anticoagulant medication at the same time each day in the evening
5. If you miss a dose, **do not double** the next dose

**COUMADIN (WARFARIN) INFORMATION**

- Coumadin dosages might have to be adjusted. You will need to have your blood drawn twice weekly (by the Home Health Care RN or Outpatient Lab) for a test called the PT/INR. Based upon your lab results, your surgeon’s office may call you to change the daily dose. **MAKE SURE YOUR DOCTOR’S OFFICE HAS A CELL NUMBER OR PHONE NUMBER WHERE YOU CAN BE REACHED!**
- You will need to maintain a consistent diet when eating foods high in Vitamin K. Because Coumadin works by blocking Vitamin K, eating foods that contain high amounts can change the effectiveness and safety of this blood thinner. Keeping your diet consistent means if you typically eat three servings of high Vitamin K foods per week, then you should eat three servings every week.

HIGH Vitamin K foods:

Asparagus  
 Avocado  
 Broccoli  
 Brussel sprouts  
 Cauliflower  
 Cabbage  
 Garbanzo beans  
 Lettuce: romaine, endive  
 Mung beans

VERY HIGH Vitamin K foods:

Collard greens  
 Foods with Olestra (Olean)  
 Green Tea  
 Kale and Turnip greens  
 Liver  
 Mustard greens  
 Parsley  
 Seaweed  
 Spinach

MEDICATIONS
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- **ANTICOAGULANT THERAPY (CONTINUED)**

**LOVENOX (ENOXAPARIN SODIUM INJECTION) INFORMATION**

- If you are being discharged to home on Lovenox, you will receive instructions on self-administration via injection.  
You will be asked to demonstrate self-injection prior to your discharge.
- When you have your Lovenox prescription filled, you will receive prefilled Lovenox syringes that are ready to use.
- You will be injecting one syringe of Lovenox in your abdomen as you were instructed every day until this medication is discontinued by your surgeon.
- More information maybe found at: [www.lovenox.com](http://www.lovenox.com)

WHEN TO CALL YOUR SURGEON
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**CALL YOUR SURGEON IMMEDIATELY IF YOU HAVE ANY OF THE FOLLOWING PROBLEMS BEFORE YOUR NEXT APPOINTMENT:**

- Pain unrelieved by medications, ice, or elevation
- If swelling, redness, pain, or warmth increases at the wound site
- If the wound edges reopen or separate
- Unexplained shortness of breath
- Fever 101.5 or greater



# Exercises

## EXERCISES

It is important to be as fit and physically prepared for joint replacement surgery as possible; this will help your recovery to be faster and easier for you.

It will be very important for you to try to strengthen your arms, too. You will be relying on your upper body strength post-operatively to help you get in and out of bed and chairs, and to use a walker or crutches.

## BEFORE SURGERY:

### ARM CHAIR PUSH-UPS

This exercise will help to strengthen and condition your arms and upper body.

- Sit in an armchair with hands on the armrests.
- Straighten arms, raising your bottom off of the chair if possible. (Ideally, feet should not be touching the floor).
- Repeat 20 times.



The following exercises should be done BEFORE AND AFTER surgery. They are designed to teach control of your knee and hip in a variety of positions, and to increase strength and range of motion in your leg.

Try to start doing these exercises several weeks before surgery. This will help you to learn both the actual exercises and terminology, making the post-operative phase of your exercise program easier to understand and master.

**GOAL:**

- Perform this group of exercises twice per day
- Do 10 – 20 repetitions of each exercise at a time

**NOTE:**

- STOP doing any exercise that is too painful
- DO NOT perform these exercises if your Surgeon told you to rest your joint before surgery.

**ANKLE PUMPS**

This exercise will help to increase the Circulation to your feet and legs, and will also help to prevent blood clots.

- Move your feet up and down, bringing your toes toward your nose.
- Repeat 20 times.



## **QUAD SETS**

- Tighten your quadriceps muscles on the front of your thigh, pressing your knee down onto the surface.
- Hold for 5 to 10 seconds, then relax.
- Repeat 20 times.



## **GLUTEAL SETS (Buttocks contractions)**

- Tighten buttocks muscles, squeezing buttocks together.
- (Don't squeeze legs together, just buttocks).
- Can be done lying, sitting, or standing.
- Repeat 20 times.



## **HEEL SLIDES**

- Lie on your back (on a couch or in bed) and slide heel toward your bottom.
- Repeat 20 times.
- STOP this exercise if you develop any heel pain, soreness, or redness.



**NOTE:** Postoperatively, you will want to perform heel slides sitting up in a chair. A small towel or washcloth placed under your foot on a non-carpeted floor allows for easier performance/sliding.

## **SHORT ARC QUADS**

- Sit or lie on a flat surface with a towel roll (6-10 inches high) under your knee/thigh.
- Lift your foot, straightening your knee.
- DO NOT RAISE your thigh off of the roll.
- Repeat 20 times.



## **LONG ARC QUADS**

- Sit with back against chair.
- Straighten knee.
- Repeat 20 times.



**FOR TOTAL KNEE PATIENTS**

## **STRAIGHT LEG RAISES**

- Sit or lie on a flat surface.
- Lean back on your elbows.
- Bend your non-operative (“good”) knee so that your foot is flat on the surface.
- Keep your operative (“sore”) knee straight and lift that leg at least 12 inches with your toes pointed up.
- Relax.
- Repeat 20 times.



**FOR TOTAL HIP PATIENTS**

**HIP ABDUCTION**

- Lie on your back.
- Slide your affected leg out to the side, keeping your toes pointed up and your knee straight.
- Then slide your leg back, being careful NOT to bring your leg past the midline of your body.
- Repeat 20 times.



**NOTE:**

Postoperatively, as you progress in therapy, additional exercises will be added to your daily program by your Therapist or Surgeon.

These exercises are to be used as a guide; always use the exercise program outlined by your Therapist or Surgeon.

## **ACTIVITIES OF DAILY LIVING (ADLs)**

### **HELPFUL HINTS**

#### **BED MOBILITY**

- When getting out of bed, use the leg lifter on the operative leg.
- Back up to the bed with your walker until you feel the bed behind your knees.
- Sit on the edge of the bed using precautions: place operative leg out in front, bending hip and knee of the non-operative leg.
- Angle your hips toward the pillow and lift legs into bed as you lean back on your elbows.
- Scoot back toward the pillow using your arm and non-operative leg (silk pajama bottoms, satin sheets, or sitting on a plastic bag might make scooting easier.)
- A leg lifter can be used to help lift the operative leg into bed. (it is easier to move the operative leg into bed first).

#### **TOILETING**

- Raised toilet seat use for 8 to 12 weeks after surgery may be indicated. Grab bars mounted on the wall or a 3-in-1 bedside commode frame over the toilet might aid in lowering and standing up from the toilet.

#### **DRESSING**

- When dressing, put operative leg into pants first.
- When undressing, take non-operative leg out of pants first.
- You may need to use a reacher to hook the waistband of underwear and pants to pull them on. Once both legs are in the pants, pull them up as high as possible before standing, then pull them up completely.

## **ACTIVITIES OF DAILY LIVING (ADLs)**

### **HELPFUL HINTS (continued)**

#### **DRESSING (continued)**

- You may need to use a sock aid to put socks on. Pull sock onto the sock aid first. Holding onto the cords, place the sock aid in front of the operative leg and slip foot into the opening. Pull sock up and over the foot until the sock aid pulls out. Let go of the cords and pick up the sock aid with your reacher, if necessary. Then do the same for your non-operative leg.



#### **SHOES**

- You may need a long-handled shoe horn to slide your shoes on.
- Place the shoehorn inside the shoe against the back of the heel.
- Lean back, if necessary, as you lift your leg and place your toes into your shoe.
- Step down into your shoe, sliding your heel down the shoehorn.

#### **CAR TRANSFERS**

- Push the car seat all the way back.
- Place a plastic trash bag on the seat to help you slide easier.
- Back up to the car seat until you feel it touch the back of your legs.
- Reach back for the car and lower yourself down; duck your head!
- Turn frontward, leaning back as you lift the operative leg into the car.

## RESOURCES FOR PURCHASING EQUIPMENT

### PLACES to PURCHASE / RENT ASSISTIVE EQUIPMENT

#### **Bethesda**

Strosnider's Hardware  
6930 Arlington Road  
Bethesda, MD 20814  
(301)654-5688  
(has grab bars, raised toilet seats)

#### **Gaithersburg**

Jessa Medical Supply Inc.  
112 Market Street, Gaithersburg, MD  
(301)990-8706

#### **Wheaton**

Rodman's Drugstore  
4301 Randolph Road  
Wheaton, MD 20906  
(301) 946-3100  
(No pharmacy; carry all other healthcare items)

#### **Other Resources**

Local Pharmacy- Rite Aid/CVS etc  
Home Depot  
Bed, Bath & Beyond  
Lowe's  
K-Mart  
Local Churches  
Wal-Mart  
Target

Wheelchair Society  
(301) 495-0277  
(202) 332-2595

#### **Kensington**

Kensington Fire Dept.-Station 5  
10620 Connecticut Ave.  
Kensington, MD 20895  
301- 929-8000 (Loan Closet)

#### **Silver Spring**

O'Neal's Stair Lifts  
13609 Middlevale Lane  
Silver Spring, MD 20906  
(301) 871-0700  
(Only wheelchair & stair lifts)

Spectrum Medical  
8820 Brookville Road  
Silver Spring, MD  
(301) 587-2992  
(Bath safety items, etc.)

## RESOURCES FOR PURCHASING EQUIPMENT

<b>Functional Solutions / North Coast Medical</b>	1-800-235-7054
<b>ILA Can-Do Products</b>	1-800-537-2118
<b>J.C. Penny Easy Dressing</b>	1-800-222-6161
<b>S &amp; S Worldwide</b>	1-800-288-9941
<b>Smith &amp; Nephew Rehabilitation Division</b>	1-800-468-4798
<b>Sears Health &amp; Wellness</b>	1-800-326-1750

### **Electronic Resources**

Disability Resource Center – <http://www.blvd.com>

Dynamic Living – <http://www.dynamic-living.com>

Sammons Preston – [www.sammonspreston.com](http://www.sammonspreston.com)

Specialty Medical Supply – [www.specialtymedicalsupply.com](http://www.specialtymedicalsupply.com)

### **Grab Bar Installation**

#### **Jessa Medical Supply Inc.**

112 Market Street

Gaithersburg, MD

301-990-8706

(At the Kentlands)

Cost: \$20 and up / charge by the hour for labor / Stair glides available

Ask for Don Stackhouse – he will install on his own time (301)-655-9331

(Charges \$115 – Two bars, parts & labor)

#### **Pro Home Care**

Serving MD

(301) 330-4036

Cost: Starts at \$150

#### **Get A Grip**

5708 Wilson Lane

Bethesda, MD 20817

(240) 372-0770

[getagrip@getagrip.com](mailto:getagrip@getagrip.com)

#### **Strosnider's Hardware**

(301) 654-5688

Ask for Dean Shoot (301-704-6204)

Cost: \$85 and up



# Appendix

## **THE IMPORTANCE OF ANNUAL FOLLOW-UP VISITS WITH YOUR ORTHOPEDIC SURGEON**

Your Surgeon will probably recommend annual check-ups, unless a change in your condition warrants an additional visit.

If you suddenly develop pain around your new knee or hip that lasts for more than a week or requires medication, you will need to be evaluated by your Surgeon.

You might have new X-Rays taken at these annual visits (that can be compared with previous films) to detect any changes with the prosthesis, polyethylene liner, or surrounding bone. The sooner potential issues are identified, the better chance you and your Orthopedic Surgeon will have of avoiding more serious or complicated problems.

### **REMEMBER:**

- Choose low-impact activities and exercises (walking, treadmills, swimming, doubles tennis, dancing, etc.).
- Do not run or engage in high-impact activities (skiing, jogging, etc.).

**HOME HEALTH CARE SERVICE PROVIDERS**  
**RESOURCE GUIDE**

The following are Medicare certified agencies that provide skilled services including visiting nurses, therapists, and social workers.

Our Joint Center Discharge Planners will assist you prior to discharge with making arrangements for Home Health Services.

	301-896-6999
(an affiliate of Suburban Hospital)	(dial only 6999 from inside the Hospital)
Actual Care Home Health	703-273-0783
Adventist Home Care	888-678-8969
Capitol Home Care	540-220-3201
Espirit Home Health	703-998-7400
Frederick Memorial Home Health	800-704-3701
Maryland Health Services Home Care	301-899-6070
Holy Cross Home Care	301-754-7740
Homecall	800-444-0096
INOVA VNA	703-916-2800
Medstar VNA	800-862-2166
Prince William Home Health	703-369-8448
Professional Health Care Resources	240-395-0000
VMT Home Health Agency	202-282-3100, option 4

*This is a partial list of agencies serving the Washington DC Metro area. If you live outside this area, you may go to <https://www.medicare.gov/homehealthcompare/search.html> for a listing specific to your area.*

**ACUTE REHABILITATION HOSPITALS**  
**RESOURCE GUIDE**

Adventist Rehabilitation Hospital At Shady Grove	9909 Medical Center Drive Rockville, MD 20850 240-864-6000
Adventist Rehabilitation Hospital At White Oat Johns Hopkins Care at Home	11886 Healing Way Silver Spring, MD 20904 240-637-6040
Chambersburg Rehabilitation (PA)	Chambersburg, PA 717-267-4809
GWU Rehabilitation	(In GWU Hospital) 900 23 <sup>RD</sup> St. NW Washington, DC 202-468-9741
INOVA Mount Vernon	2501 Parkers Lane Alexandria, VA 703-664-7593
Laurel Regional	7300 Van Dusen Rd. Laurel, MD 301-725-4300
National Rehabilitation Hospital	103 Irving St. NW Washington, DC 20010 202-877-1152
Sinai Hospital	2401 Belvedere Ave. Baltimore, MD 21215 410-601-8823
University of MD Post Acute Services (centralized referral office for the following:)	410-328-8680
Kernan Hospital	2200 Kernan Drive, Baltimore, MD 21207 888-453-7626
University Specialty Hospital	601 S.Charles St., Baltimore, MD 21230 410-328-3191
The RehabCenter at MD General	827 Linden Lane, Baltimore, MD 410-225-8522
Washington County Hospital	Hagerstown, MD 301-790-8000

**SUBACUTE REHAB: (SKILLED NURSING FACILITIES)**  
**RESOURCE GUIDE**

FACILITY MONTGOMERY CO.	PHONE	ADDRESS	# OF BEDS
Adventist Fairland	301-384-6161	2101 Fairland Rd., Silver Spring, Md 20904	82
Adventist Sligo Creek	301-270-4200	7525 Carroll Ave, Takoma Park, Md 20912	102
Althea Woodland	301-434-2646	1000 Daleview Dr, Silver Spring, Md 20901	50
Arcola of Silver Spring	301-649-2400	901 Arcola Ave, Silver Spring, Md 20902	158
Oak View	301-565-0300	2700 Barker St, Silver Spring, Md 20910	138
Asbury/Wilson Health Care Center	301-216-4135	201-301 Russell Ave, Gaithersburg, Md 20877	280
Bedford Court	301-598-2900	3701 International Dr, Silver Spring, Md 20906	60
Bethesda Health and Rehab	301-530-1600	5721 Grosvenor Ln, Bethesda, Md 20814	200
Brighton Gardens	301-897-8566	5550 Tuckerman Ln, Bethesda, Md 20852	41
Brooke Grove	301-924-5176	18131 Slade School Rd, Sandy Spring, Md 20860	168
Carriage Hill Bethesda	301-897-5500	5215 Cedar Lane, Bethesda, Md 20814	108
Collingswood Nursing Center	301-762-8900	299 Hurley Ave, Rockville, Md 20850	160
Fox Chase Rehab Center	301-587-2400	2015 East-West Hwy, Silver Spring, Md 20910	79
Friends Nursing Home	301-924-4900	17340 Quaker Ln, Sandy Spring, Md 20860	82
Hebrew Home	301-881-0300	6121 Montrose Rd, Rockville, Md 20852	558
Holy Cross Nursing Center	301-388-1408	3415 Greencastle Rd, Burtonsville, Md 20866	143
Kensington Nursing Center	301-933-0060	3000 McComas Ave, Kensington, Md 20895	118
Layhill Center	301-871-2000	3227 Bel Pre Rd, Silver Spring, Md	123
Manor Care Bethesda	301-530-9000	6530 Democracy Blvd, Bethesda, Md 20817	100
Manor Care Potomac	301-299-2273	10714 Potomac Tennis Ln, Potomac, Md 20854	158
Manor Care Wheaton	301-942-2500	11901 Georgia Ave, Wheaton, Md 20902	94
Manor Care Chevy Chase	301-657-8686	8700 Jones Mill Rd, Chevy Chase, Md 20815	157
Manor Care Silver Spring	301-890-5552	2501 Musgrove Rd, Silver Spring, Md	130
Millenium Bel Pre Center	301-598-6000	2601 Bel Pre Rd, Silver Spring, Md 20906	100
Montgomery Village	301-527-2500	19301 Watkins Mill Rd, Gaithersburg, Md 20879	147
Villages at Rockville	301-424-9560	9701 Viers Drive, Rockville, Md 20850	300
Potomac Valley	301-762-0700	1235 Potomac Valley Rd, Rockville, Md 20850	175
Randolph Hills	301-933-2500	4011 Randolph Rd, Wheaton, Md 20902	112
Riderwood Village	301-572-8399	3160 Gracefield Rd, Silver Spring, Md	84

\*The names of some facilities may have changed.

**SUBACUTE REHAB (SKILLED NURSING FACILITIES)**  
**RESOURCE GUIDE (continued)**

FACILITY	PHONE	ADDRESS	# OF BEDS
Rockville Nursing Home	301-279-9000	303 Adclare Rd, Rockville, Md 20850	100
Shady Grove Adventist Nursing and Rehab	301-315-1923	9701 Medical Center Drive, Rockville, Md. 20850	120
Springbrook Adventist	301-622-4600	12325 New Hampshire Ave., Silver Spring, Md	99
Woodside Center	301-588-5544	9101 Second St, Silver Spring, Md 20910	92
DISTRICT OF COLUMBIA			
Carroll Manor Nursing and Rehab	202-269-7804	1150 Varnum St., NE Washington, DC	250
Ingleside at Rock Creek	202-363-8310	3050 Military Rd. NW Washington, DC	73
Methodist Home of DC	202-966-7623	4901 Connecticut Ave. NW Washington, DC	50
Sibley Renaissance	202-243-5170	5255 Loughboro Rd. NW Washington, DC	44
FREDERICK COUNTY			
Buckingham's Choice	301-874-5630	3200 Baker Circle; Adamstown, Md.	41
College View Center	800-205-9342	700 Toll House Ave., Frederick, Md.	143
Glade Valley Nursing and Rehab	301-898-4300	56 West Frederick St., Walkersville, Md.	124
Homewood at Crumland Farms	301-644-5600	7407 Willow Rd., Frederick, Md.	120
PRINCE GEORGES COUNTY			
Cherry Lane Nursing Center	301-498-8558	9001 Cherry Lane, Clinton, Md.	155
Clinton Nursing and Rehab	301-868-3600	9211 Stuart Lane, Clinton, Md.	267
Ft. Washington Health and Rehab	301-292-0300	12021 Livvingston Rd, Ft. Washington, Md.	150
Greater Laurel Nursing and Rehab	410-792-4717	14200 Laurel Park Dr., Laurel, Md.	177
Heartland Healthcare Hyattsville	301-559-0300	6500 Riggs Rd., Hyattsville, Md.	150
Heartland Healthcare Adelphi	301-434-0500	1801 Metzertott Rd., Adelphi, Md.	200
Manor Care Largo	301-350-5555	600 Largo Rd., Largo, Md.	130
Renaissance Gardens at Riderwood	301-572-8420	3110 Gracefield Rd., Silver Spring, Md.	81
Villa Rosa Nursing Home	301-459-4700	3800 Lottsford Vista Rd., Mitchellville, Md.	101

NOTE: This list is not intended as a recommendation or endorsement of any of the above facilities by Suburban Hospital. It is provided as a service to our patients in accordance with federal requirements.

## **PATIENT/FAMILY INFORMATION ABOUT MRSA SCREENING**

### **WHAT IS MRSA?**

- Staphylococcus aureus is a common germ which lives harmlessly on the skin and in the nose of about one-third of the population. MRSA (Methicillin Resistant Staphylococcus Aureus) is a variety of the more common Staph germ which has developed resistance to standard antibiotic therapy.
- People sometimes have MRSA in their noses or on their skin and are not harmed by it (or have no active infection from it); these people are described as being “colonized.”

### **WHY AM I BEING SCREENED FOR MRSA?**

- Surgical patients, especially those having joint replacements or other implanted devices, are at increased risk for developing post-operative infections.
- Patients who are found to be “colonized” with MRSA might develop an infection if MRSA is spread from the colonized nose to a wound or surgical site.
- Once we know if MRSA is present in your nose, we can take the appropriate steps to reduce the chance that the germs might spread to other sites on your body, or to other people.

### **HOW WILL I BE TESTED, OR SCREENED, FOR MRSA?**

- If you did not have a MRSA screening performed at your medical screening (see p. 22), please call Suburban Hospital at (301) 896-2222 to request a Pre-Surgical Testing Center appointment for MRSA screening.
- You, your Surgeon, and your Primary Care Physician will be notified if your test is positive.

#### WHAT WILL HAPPEN IF MY NASAL SWAB IS POSITIVE FOR MRSA?

- Your Surgeon's office will prescribe a nasal ointment called mupirocin (Bactroban®) to begin applying into both nostrils twice a day for several days prior to surgery. It may also be started the day of surgery, and should be used for no more than 7 days.
- You will be given stronger, more appropriate intravenous antibiotics before and after your surgery.
- You will be showering/bathing with Hibiclens® or Exicline® for 2 days prior to your surgery even if your test result is negative.
- You, your family members/visitors, and your caregivers should practice good hand hygiene by washing your hands with soap and water after contact, and using the alcohol-based handrub provided at each door when entering or leaving your hospital room.
- Everyone exiting your hospital room should clean their hands.
- Having a positive MRSA nasal swab should not affect your daily progress or therapy protocols after surgery.
  - If you have any further questions or concerns, please let us know!
- If you did not have a MRSA screening performed at your medical screening (see p. 22), please call Suburban Hospital at (301) 896-2222 to request a Pre-Surgical Testing Center appointment for MRSA screening.
- You, your Surgeon, and your Primary Care Physician will be notified if your test is positive.

This Joint Book© and its educational material  
was compiled from a variety of internal and external resources,  
including the following:

American Academy of Orthopedic Surgeons (AAOS.org)

National Institute of Arthritis and Musculoskeletal and Skin Diseases  
(NIAMs.nih.gov)

Previous Publications:

Your Guide To Total Knee Replacement at Suburban Hospital

Your Guide To Total Hip Replacement at Suburban Hospital

NoteBook for Knees

NoteBook for Hips

Fran Phillips, MS, RN, ACNS-BC  
Orthopaedic, Nurse, Educator

# NOTES

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