

TAKING CHARGE OF YOUR MOBILITY

A Patient's Step-by-Step Guide for Joint Replacement Surgery and Beyond



Animas
Surgical Hospital

Personal care. Better results.

Proudly physician-owned

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INTRODUCTION

As a joint pain sufferer, you're undoubtedly used to making decisions dictated by limitations. The escalating erosion of cartilage and damage to bone surfaces caused by arthritis and other debilitating joint conditions can interfere with just about every aspect of your life — walking, exercising, working, enjoying time with family and friends, and getting a full night of sleep.

Now that you've decided on having joint replacement surgery, this guidebook will cover what to expect at each step of the surgical process so that you have the information you need to proceed with confidence.

Any surgery is a big step. Medical professionals expect you to have questions, concerns, hopes and expectations. The information contained within addresses common issues and guidelines for care. The following information is meant as a general guide, and your individual progress and course may vary.

Please read this material carefully as you prepare for surgery. You may find it helpful to check off items completed and jot down questions about things you're not sure of. Make sure to go over pertinent information with your care team (doctor, therapists and nurses) as well. The more you know, the better prepared you'll be to take charge of your comfort and mobility again.

With compassion and respect,

Animas Surgical Hospital Physicians and Staff

ABOUT ANIMAS SURGICAL HOSPITAL

On behalf of the staff and physicians at Animas Surgical Hospital, we would like to welcome you to our facility and express our commitment to providing exceptional, safe patient care and compassionate service to all our patients and their families. Thank you for choosing Animas Surgical Hospital for your healthcare needs.

Since 2004, Animas Surgical Hospital has been delivering surgical excellence. We're proud to be owned and operated by local physicians who live and work in the Durango area and who are responsive to the health needs of the community.

Personal Care, Better Results

Animas Surgical Hospital is Durango's premiere medical facility, offering patient-focused, personalized care in an intimate environment. Because we're physician-owned, our experienced surgeons are able to advocate for new technology and procedures and are backed by a patient-to-nurse ratio of 3:1. In 2017, 92% of polled patients stated that they would definitely recommend Animas Surgical Hospital. That's 22 percentage points higher than the national average. At Animas Surgical Hospital, you can be confident that you'll receive quality, compassionate care.

What to Expect During Your Stay

We want you to be relaxed and comfortable as possible during your inpatient stay at Animas Surgical Hospital. You will recover in a large private suite and enjoy our spacious bathrooms stocked with plush towels, bathrobes, and specialty bath products. You will dine on your choice of catered gourmet meals in your suite overlooking the Animas River. Each inpatient suite is equipped with patient-controlled lighting and temperature, wi-fi internet access, a telephone, and a flat-screen television. Please let us know if there's anything else that we can do to make your stay more comfortable.

Important Contact Information

Animas Surgical Hospital is a full acute-care hospital. You can find many of the same services offered at bigger facilities, but in a convenient location close to home.

Animas Surgical Hospital Front Desk	Call to be transferred anywhere in the hospital	575 Rivergate Lane, Durango	970-247-3537
Animas Internal Medicine	Primary care for adults	575 Rivergate Lane, Suite 204, Durango	970-403-1340
Animas Urgent Care	Walk-in treatment for minor injuries and illnesses	450 S. Camino del Rio / Hwy 550, Durango	970-385-2388
Animas Surgical Hospital Emergency Department	24/7 emergency room	575 Rivergate Lane, Durango	970-385-2364

PEACE OF MIND PROMOTES POSITIVE SURGICAL OUTCOMES

TIPS TO PREPARE MENTALLY AND PHYSICALLY FOR SURGERY

Getting physically and psychologically ready for surgery can be an intense process. Those who are better prepared tend to achieve better results. Here are tips for achieving optimal results:*

- 1. Feel confident about your surgical team** – Make sure you are comfortable with your doctor's approach, level of experience and personality. You are always welcome to seek a second opinion from another qualified surgeon should you choose to do so. The doctors, nurses and physical therapists are all here to support and guide you.
- 2. Educate yourself about your surgery** – Learn as much as possible about pre-operation preparations, the procedure, post-op care, precautions and possible complications. Ask your doctor about your surgical plan, outcomes and long-term care in detail.
- 3. Plan ahead** – Schedule surgery when you can afford to take time off from work, and when it will be least disruptive to your family. Be prepared for several weeks of downtime. Organize your surroundings, schedule appointments and take care of as much business as possible prior to surgery.
- 4. Weigh risks versus benefits** – Reconcile the big picture in your mind so you are able to think about how this surgery will improve your quality of life, and you don't go into surgery dwelling on risks or potential complications.
- 5. Have a positive attitude** – Be encouraged and focus on the high rate of success for surgical procedures. Visualize getting your life back to normal, and think about how having a new joint will improve your life.
- 6. Talk with past patients** – Hearing about other's successes and how they were able to overcome difficulties can help you gain perspective and ease your mind.
- 7. Realize feeling tense or anxious is normal** – Don't fight it! Feel free to express your concerns to your care providers, as well as your family and friends.
- 8. Actively participate** – Make a commitment to do your part to ensure a positive outcome and assume responsibility for your own care. Remind yourself of the importance of actively participating in your physical therapy, and following any necessary precautions or instructions so that you will have the best outcome possible.

- 9. Practice on crutches** – If you have had crutch training prior to surgery or if you have spent time on crutches before, re-acquaint yourself with them so the awkwardness won't be overwhelming after surgery.
- 10. View the recovery process as time well spent** – This is time to rest and recuperate and to gradually get stronger. Time invested in rehabilitation is necessary for the health of your new joint.
- 11. Prioritize physical therapy** – Realize your physical therapy and post-operation exercise regimen are critical for a successful outcome. You must actively participate! Think of each exercise as a stepping-stone toward improved strength, range of motion and function. ASH patients can consult with one of our physical therapists for evaluation and assistance prior to surgery to help prepare for your procedure and aftercare. Call 259-2547 to schedule an appointment.
- 12. Eat well-balanced meals** – Be particularly health conscious during the weeks and months leading up to surgery to promote better healing. A diet high in protein and vegetables is beneficial. Some patients also benefit from taking a daily multivitamin.
- 13. Be aware of infection** – If you have any sign of any kind of infection anywhere in or on your body prior to surgery, notify your surgeon immediately. This includes a cold or the flu. Skin disruptions, especially near the operative site, may delay or postpone your surgery to protect the health of your new joint. Make the surgical team aware of any skin tears, abrasions or ulcerations prior to surgery. Try to avoid sick people before and immediately after surgery. Wash your hands often and have family members and visitors do the same. Keep alcohol based hand sanitizer available.
- 14. Ask about current medications** – Find out if you need to stop taking any prescription, over-the-counter or herbal remedies before surgery.
- 15. Adapt your environment** – Get ready for returning to home before you go to the hospital by having adaptive equipment ready and removing hazards. Prepare and freeze meals in advance. Have a thermometer available.
- 16. Arrange for help** – Plan for someone to be with you, especially for the first week or two at home. If needed, you may consider staying with a friend or relative for the first week or two after leaving the hospital.

REMEMBER: NEVER LOSE SIGHT OF YOUR GOALS

The surgeon and surgical team do their work in the operating room. The inpatient nurses and therapists will help to prepare you for a positive outcome when you leave the hospital. The rest is up to you. With inspiration and hard work, you can achieve great success throughout your rehabilitation and recovery, and enjoy your new joint for years to come.

** Adapted from an excerpt of "Arthritis of the Hip & Knee," by Allen, Brander M.D., and Stulberg M.D., as it appeared on HYPERLINK "<http://arthritis.about.com/od/surgicaltreatments/a/tipsforsurgery.htm>"*

PREPARING FOR SURGERY

TASKS AND EXAMS TO DO PRIOR TO SURGERY

Preparing for surgery begins weeks before the actual surgery. The more you know and prepare, the better you'll be able to take charge of your health, comfort and mobility. In general, you may be told to:

Have a general physical examination

Patients are to have a health history and physical exam within one month of the surgery date. This exam is to assess overall health and identify any medical conditions that could interfere with surgery or recovery.

The exam is typically done by your primary care physician, but may be done by your surgeon if you are in good health and take no medications. You may also consider scheduling an appointment with Animas Internal Medicine who specializes in evaluating your readiness for surgery and will follow your stay while in the hospital. Appointments can be made by calling 970-403-1340. Make sure you tell them the date your surgery is scheduled and the procedure you are having.

Have a dental examination

Prior to having total joint surgery get a dental exam. Although infections after joint replacement are not common, an infection can occur if bacteria enter the blood stream. Therefore, dental procedures such as extractions and periodontal work should be completed before joint replacement surgery. If you have a dental procedure after your surgery, make sure to tell your dentist about your joint replacement and any medications you may be taking. Avoid any invasive procedures for at least six weeks after joint replacement surgery. You may need to take antibiotics for invasive dental procedures for a couple of years.

Review medications

Make sure you bring all your medications in their original prescription containers to your appointments. Please have a list prepared that includes:

- Name of the Medication
- The strength and the dose
- How often you take the medication
- Who prescribed the medication and why you are taking it
- The pharmacy name where you get your medications filled

Your surgeon can tell you which over-the-counter, prescription medications and herbal supplements should not be taken before surgery.

Make a list of your allergies

It is important for the surgeon to know which medications cause a true allergic reaction such as rashes, hives or anaphylaxis. You may inform the surgeon of medications that cause adverse side effects such as nausea, vomiting, itching, poor sleep, etc...but do not list these medications as allergies.

Get diagnostic tests

Your surgeon's office will advise you of what blood work and tests are required before your surgery. You may be prescribed blood tests, urine tests, an EKG or cardiogram of your heart, and chest x-ray to confirm you are fit for surgery. You will also be asked to have the nares of your nose tested for types of Staph bacteria called MRSA and MSSA. If your nares tests are positive, your surgeon will prescribe Mupirocin ointment that will be applied in your nose for 5 days prior to surgery to help protect your new joint from these bacteria. All of the diagnostic testing the doctors prescribe for you is for your safety and to provide the best outcome with your surgery.

For lab work -- Cedar Diagnostics is conveniently located in the Rivergate Medical Office Building adjacent to Animas Surgical Hospital and no appointment is needed. Their number is (970)247-0937.

Wherever you decide to get your blood work and other tests done, please inform the staff there that you are having surgery at Animas Surgical Hospital, and to send results to both your surgeon's office and the Animas Surgical Pre-admissions department at (970)385-2387 (fax), or PAT@animassurgical.com for email.

REMEMBER – All testing must be completed seven (7) to twenty eight (28) days prior to your procedure. Completion of tests outside these parameters could be a cause for delay or cancelation of your surgery.

X-rays, MRI's and more – If you are required to have an X-ray, MRI, Ultrasound or CT scan before surgery you can make an appointment with the Animas Surgical Diagnostic Imaging department by calling 970-385-2375 and press option 2.

Attend a Total Joint Replacement Class

This class will help you plan for surgery and provide you with an opportunity to ask questions. It is held in one of the hospital in-patient suites. Instructors include a nurse, physical therapist, dietician and home health agency representative. Total joint classes are scheduled twice a month. The nursing staff at ASH will contact you with the class date and time. Studies have determined that patients who attend the Total Joint REplacement class have decreased lengths of stay, less anxiety, and are much better prepared for surgery. Make every effort to attend.

Stop smoking and decrease alcohol

Plan ahead to stop smoking at least 6 weeks prior to surgery. Breaking the habit is particularly important before surgery to reduce the risk of post-operative lung problems and to improve healing and circulation. Your doctor may choose not to do surgery if you smoke. At the very minimum you should not smoke for eight hours prior to your surgery. For support to help you stop smoking one good resource is 1-800-QUIT- NOW.

It is very important that you provide your physician and staff with an accurate description of your alcohol intake prior to surgery so your medications can be adjusted appropriately. It is best to try to cut down or limit your alcohol intake several weeks prior to your surgery, as significant alcohol consumption can affect your postoperative recovery. It is very important to minimize alcohol consumption while taking narcotic pain medication.

Focus on your nutrition

Plan on eating nutritious meals before and after your surgery. Think about making meals in advance and freezing so they will be ready when you return home. Foods rich in iron will help build your blood supply. These include red meat, spinach, broccoli and other dark green leafy vegetables. Foods high in fiber will help prevent constipation that may result from reduced mobility and narcotic pain medications. You will also want to hydrate well by drinking fluids such as water, juice, herbal tea and broth. Eating a well-balanced diet with plenty of protein is important to promote and support healing.

Weight loss considerations

Before or after surgery is not a time to diet unless indicated by your physician. For those patients who are overweight, and having joint surgery, losing weight eventually helps reduce the stress on this new joint. However, before you consider any weight loss program consult with your surgeon as good nutrition is needed to heal. If your BMI is greater than 40, you are considered to be at higher risk for surgery and the procedure may not be able to be performed at ASH. It is very important that you lose weight. You may obtain a consultation from the hospital dietician, Mikel Love who owns Peak Wellness and Nutrition. Her number is (970)259-1712.

Complete forms

You will need to fill out a consent form for your surgeon confirming that you agree to have the operation and that you know the risks involved, as well as hospital forms about your past history, medications, previous operations, insurance and billing information.

Exercise under your doctor's supervision

It's important to be in the best possible overall health to promote the best surgical experience. Increasing upper body strength is important to help you maneuver a walker or crutches after surgery. Strengthening the lower body to increase leg strength before surgery can reduce recovery time.

Confer with physical therapist

A physical therapist will assist you with learning to use crutches and/or walkers following your surgery. However, strengthening exercises before surgery may make your rehabilitation easier. A strong upper body and arm strength will help when using walkers or crutches. Consult your physician before starting any exercise program. Do not overdue any exercises prior to surgery to avoid having sore muscles prior to your surgery date.

Plan for post-surgery rehabilitative care

Total joint replacement recipients may need help at home for the first few weeks, including assistance with bathing, dressing, preparing meals and with transportation. Some patients choose to go home with the support of a home health agency. They will come to your house several times per week to do physical therapy and provide nursing care as needed. Many home health agencies can do a home safety check before surgery, making suggestions and simple changes to assist in your recovery. Home health visits typically end after a couple of weeks when you are ready to progress to outpatient therapy. A physical therapy company of your choice can provide outpatient physical therapy. Check with your insurance company for a list of providers that are under your plan. In the rare case that you can't arrange for someone to help you at home, you may need to stay in a rehabilitation or skilled nursing facility for a short time.

Plan for transportation

You should plan ahead as you must have someone drive you home from the hospital. You will be most comfortable in a sedan type vehicle – something not too high or too low to get into. If you do not have a ride, the hospital will arrange transportation via ambulance and you will be responsible for the bill.

You may not be able to drive for 4-6 weeks after your surgery depending on which joint was replaced. You will have transportation needs, like groceries, doctor's appointments or physical therapy after your surgery so make sure you plan ahead. Do not drive while under the influence of narcotics. Do not drive until your doctor releases you to drive.

Sleep well, relax and reduce stress

Being well rested is important to maintain physical well being. Massage is a great way to reduce stress prior to and after surgery. Sleep disturbances are common after surgery and it may take time for your body to get back to normal sleep cycles. It is usually okay to take over the counter Benadryl or Melatonin to assist with sleep if needed.

INFECTION PREVENTION

Frequent and thorough hand washing is the single most effective way to prevent the spread of illness and infection!

HAND WASHING:

While recovering from surgery wash or sanitize your hands often and encourage your visitors to do the same. Ask your caregivers to wash their hands before coming into contact with you. This includes your physical therapists, doctor, nurse or any other person that may have personal contact with you.

Purchase waterless hand sanitizer and keep it with you to make hand washing simple for you and your visitors.

HAIR REMOVAL:

Do not remove hair from the area in and around the portion of your body where the surgery will take place for **one week** before your surgery. Removing hair can damage the skin, which may increase your risk of infection.

SHOWER AND BATHING:

Showering or bathing with an antibacterial soap that contains 4% chlorhexidine (CHG) prior to your surgery is extremely important to reduce the risk of post-operative complications and infection. Please follow the instructions below and bring this check off with you on the day of surgery. **Avoid skin lotion for 12 hours prior to surgery on or near the surgical site.**

PRE-SURGERY CHG BODY CLEANSING INSTRUCTIONS

Getting your skin ready for surgery is extremely important. To do this, you must cleanse your skin with 4% Chlorhexidine (CHG). This is a special chemical found in soaps such as Hibiclens and other brands.

- This soap will be given to you either at your surgeon's office or at ASH's preadmissions office. (You may also purchase the 4% CHG at any pharmacy (Walmart, City Market, Walgreens, etc.)
- Gather clean, freshly-laundered washcloths, towels and clothes for each shower. Put clean sheets on your bed the night before surgery. Before using, read all of the following instructions!

Frequency for bathing must be once a day, for 2 days prior to surgery, & the morning of surgery for the best results.

Steps for showering or bathing with the 4% CHG/Hibiclens.

READ CAREFULLY BEFORE STARTING. If allergic reactions occur, stop using. Rinse your skin thoroughly and notify your doctor of any reactions.

1. Wash and rinse your hair, face, and body using your normal shampoo and soap, NOT the CHG.
2. Make sure you completely rinse off in a very thorough manner.
3. Turn off the shower, or step out of the bathwater.
4. Pour a quarter size amount of liquid CHG/Hibiclens soap onto a wet, clean washcloth, and apply to your entire body FROM THE NECK DOWN. Do NOT use on your face, hair, or genital areas.
5. Rub the soap filled washcloth over your entire body for 3 minutes, applying more soap as needed (1/3 of bottle should be used with each of the 3 showers/cleansings). Avoid scrubbing your skin too hard.
6. Turn on the shower/return to bath, rinse soap off your body completely with warm water.
7. Do NOT use regular soap after washing with the CHG/Hibiclens.
8. Pat your skin dry with a freshly-laundered, clean towel after each shower or bath cleansing.
9. Dress with freshly-laundered clothes after each shower or bath cleansing
10. It is important the night before surgery, upon the 2nd day of bathing, to sleep with clean bed linens!
11. Do NOT apply any lotions, deodorants, powders, or perfumes to your body.
12. Do NOT shave your legs the night before or the day of surgery, or remove any body hair below the neck! Facial shaving is the only thing permitted before surgery.
13. Throughout this process, good hand hygiene is a must throughout the entire day, each day. Wash hands with soap and water for the time frame it takes to sing "Row, Row your boat" to ensure adequate cleansing.

GETTING YOUR HOUSE READY

CLEARING OBSTACLES

Some common things in your home may now be dangerous. To prevent falls, you should remove or watch out for:

- Long phone or electrical cords that lie across the floor
- Loose rugs or carpet that can fold up under foot or get caught on your walker
- Furniture you might trip over in stairs and hallways
- Stacks of books, piles of magazines, mail, etc.
- Pets that run in your path, get underfoot or sleep where you may trip over them
- Bare bathroom tile or slippery floors
- Ice or mud on outdoor steps
- Poor lighting

PLANNING YOUR HOME ENVIRONMENT

- If you have a multilevel home you may want to set up your sleeping arrangements on the first floor to avoid having to use stairs. You may also choose to stay with friends or family for a short time if needed. If you stay with family/friends, notify your home health company of your new address.
- Arrange your furniture so that you have easy access while using a walker or crutches. Place nightlights along routes.
- Arrange the most frequently used kitchen utensils and food on shelves and counters that can be reached easily. Avoid deep bending to obtain items.
- Have chairs or stools with handles throughout the house – don't forget one in the kitchen to sit on while preparing and cooking food.
- You may want to consider borrowing or purchasing a raised toilet seat or commode if you have a low toilet that is difficult to get off of.
- Have a rolling cart to take food from the stove or refrigerator to the counter, and from the counter to the table.
- Have a walker bag or apron with pockets to carry small items such as glasses, books, silverware, etc.

- Attach a cup holder to your walker to carry drinks in covered cups.
- Arrange for someone to care for or feed your pets.
- Consider having a supportive firm chair with supportive arms that makes it easier to get in and out of. Avoid low furniture. Placing blocks of wood under bed frames will raise them a few inches.
- Stock up on easy to prepare foods (frozen and canned), or make meals ahead of time and freeze. Friends and family may also enjoy making a meal for you.

PACKING YOUR BAGS FOR THE HOSPITAL

Make sure to take these things with you to the hospital:

- **Exercise shoes** with closed-in heel and non-slip soles. Feet tend to swell after surgery, so avoid shoes that are already tight.
- **Knee length robe** or cover-up for walking in the halls – the hospital provides these items, however you may be more comfortable with your own. You may also wear comfortable shorts and shirt once your IV and catheter have been discontinued (you may not have a catheter placed.) You should bring loose fitting pants for when you go home, and a large buttoned shirt if you have had shoulder surgery.
- **Grooming items** such as shampoo, toothpaste, deodorant, hairbrush etc.
- **Reading materials, cell phone and personal tablet or laptop.** The hospital has free internet service for your use and cell phones can be used in most places in the hospital. Bring your chargers
- **Glasses, hearing aids with spare batteries, dentures,** and any other items you use every day.
- **Walker and crutches** if you already have them. Walkers should have 2 fixed wheels in the front only, and should be sized appropriately for you. Please put your name on all equipment you take to the hospital.
- **Medications** you are currently taking at home in the original prescription containers with the exception of pain medications. The hospital can provide most short acting pain medications, but please inform the hospital staff if you take long acting pain medications like MS Contin, as you may need to bring this medication to the hospital. Avoid bringing medications that are not in their original bottles (i.e. in a pill box), as these cannot be administered. Try to minimize the use of narcotic pain medications in the weeks prior to surgery to minimize your tolerance to them after surgery. This will help your pain medication to be more effective.
- **List of true allergies** to medications or food, and how you react to each. Allergic reactions include

rashes, hives and anaphylaxis, and should not be confused with an intolerance to medications or their side effects.

- **A copy of your Living Will and Health Care Power-of-Attorney**, if you have either one. Hospital personnel are required by law to ask for these.
- **A copy of your insurance card and photo identification.**
- **CPAP machine** if you use one at home for treatment of sleep apnea.
- **Leave jewelry, credit cards, cash and other valuables at home.** ASH is not responsible for loss or theft.
- **Due to the nature of a surgical hospital, service pets are allowed in certain areas only.**

WHAT TO EXPECT DURING YOUR PROCEDURE

PRE-OPERATION

This is where you will initially be taken to be prepared for surgery. A limited number of friends/family may accompany you.

- You will be asked to state your name, DOB, and surgery you are having multiple times. You will also be asked when you last had anything to eat or drink.
- You will be asked to give all of your home medications to the nurse in their original prescription bottles, to confirm the time of day you take each of these meds, and when you last took each one.
- An IV will be started.
- Your surgical area will be clipped if needed to remove excess hair.
- The surgical area will be gently scrubbed by the nurse. Elastic stockings will be placed on your legs to promote blood flow.
- You may have a nerve block, spinal injection or pain ball placed by the anesthesiologist.
- The doctor will see you prior to surgery and confirm the surgical site.
- Your belongings and your family or friend will be taken over to your room where they can wait for you during the surgical procedure. After the surgery is done, the physician will look for this support person in your room to inform them of how the surgery went.

IN SURGERY

Many staff members will be with you in the operating room during your two to four hour surgery, including:

- **Orthopedic surgeon** – your doctor who will perform surgery. They may be accompanied by a physician's assistant.
- **Anesthesiologist** – the doctor who gives you anesthesia. Your surgeon and the anesthesiologist will help you choose the best anesthesia for your situation. No matter what type of anesthesia you have, be assured you will not feel the surgery. A nerve block may be done to help control pain once you wake up.
- **Scrub nurse** – the nurse who hands the doctors the tools they need during surgery.
- **Circulating nurse** – a nurse who supports the surgical team.

EQUIPMENT USED DURING SURGERY:

- Intravenous (IV) fluids, medications and antibiotics may be flowing through your IV line.
- A Catheter Tube – This may be placed in your bladder to help your healthcare delivery team monitor your fluid intake and output. It is most often removed the day after surgery. Not every patient has a catheter for surgery.
- A Drain Tube – This may be inserted in your bandage site to help reduce blood and fluid buildup at the incision. This may not be required.
- Compression pumps may be placed on your legs over the elastic stockings to promote better blood flow and decrease the risk for blood clots.
- Your vital signs will be monitored repeatedly throughout your surgery.
- Supplemental oxygen will typically be delivered via a tube in your throat. You may have a mild sore throat the following day.
- For ankle and shoulder replacements, a pain ball may be inserted that numbs the nerves to your surgical limb for a couple of days.

RECOVERY ROOM

After surgery you will spend about an hour in the recovery room. While there, your blood pressure and heart rate will be monitored closely to make sure they are stable. The nurses will also give medications as needed to control pain and nausea, and may administer IV antibiotics. You may have an X-Ray taken of the surgical site, and the nurses will check for good circulation to that area.

You will find a dressing has been applied to the surgical area to maintain cleanliness and absorb any fluid.

INPATIENT POST-OPERATIVE STAY

DAY OF SURGERY

Once your condition is stabilized after surgery, you will be transported to your own hospital room where you will continue to have your vital signs and surgical site monitored. You will typically be on IV fluids and IV antibiotics, you may have a catheter in your bladder, and you may be on oxygen for at least the first night. You will typically be seen by your primary nurse, a physical therapist, your surgeon, and possibly a Hospitalist who will review your medical history and home medications, and write orders for your stay accordingly.

The nurses will monitor the surgical site and make sure you continue to have good circulation to that extremity. They will also monitor whether or not a nerve block is still in effect, and how well you can move your toes, foot or fingers. They will monitor your level of pain, and administer medications appropriately.

PAIN MANAGEMENT

You can expect to have some pain or discomfort after surgery. You will be asked to rate your pain on a scale of 0 to 10, with 0 being no pain and 10 being the worst pain you can imagine. This scale will help your nurse understand and assist in the management of your pain. It is important that you notify the nursing staff as soon as your pain level begins to worsen so that it doesn't get out of control. You may have received some type of nerve block or spinal block prior to surgery which will typically help to control your pain for at least 12 hours or more. If you are having pain immediately after surgery, you may be given IV narcotic pain meds. However, the nursing staff will try to switch you over to oral pain medications as soon as you are eating and drinking. Tylenol may also be given in addition to the narcotic pain meds to help them last a little longer and work a little better. Your surgeon may also prescribe an anti-inflammatory medication to help with pain control.

During your stay the hospital staff will evaluate which pain medications will work the best for you at home, and help you plan a regime for how to administer them once you get home. The goal is to provide you with adequate pain relief for participating in physical therapy and getting enough rest so that you feel well. Your pain probably won't be completely gone, but it should be a level that is tolerable to you.

SIDE EFFECTS: Nausea, constipation, and itching can be side effects of the narcotic medications. There are many medications that can treat nausea and it is helpful to notify your healthcare team if you are nauseated, even if it is minor. It is important to take the narcotic pain medications with food to help avoid nausea. Itching can typically be controlled with Benadryl. Tell your nurse if this occurs. You will be treated for constipation in the hospital and are encouraged to continue stool softeners or laxatives while on narcotic pain medications or until your stools are regular and soft.

OTHER HELPFUL HINTS: You may experience other aches and pains in your body from lying in bed and possibly from the position you were in during surgery. It is good to change position in the bed as much

as your surgery will allow, and to move your legs and pump your feet up and down. We recommend getting up to a chair for meals. Many patients find they feel better with activity. Alternative pain reduction practices can include the use of ice packs or ice machines, and elevating the surgical extremity. You can also distract yourself with music, reading, using a computer or watching TV.

KEEPING YOUR LUNGS HEALTHY

After surgery the health team will remind you often to take deep breaths and cough. You will also be using a device called an incentive spirometer, which helps you expand your lungs so that they can take in more oxygen. It is very important to use this a minimum of ten times an hour while you are awake. Doing these exercises, deep breathing and forcing yourself to cough can help prevent pneumonia and fevers and will help to get you off of the oxygen quicker. Your tissues also heal better when they are well oxygenated. Walking is very good exercise for your lungs, and once you are able you should walk every few hours while awake. Call for assistance every time you want to get up while you are in the hospital. Stop smoking prior to surgery.

DIET

Immediately after surgery, your diet will start out as clear liquids or soft foods. It will advance to normal food as tolerated. It is important to get plenty of protein and vegetables to promote healing. Your body burns a lot of calories when healing, and it's important to eat quality food in sufficient quantities to provide your body with energy for this. Some patients say their appetite isn't very good after surgery, but it is important to keep trying to eat good food. Ensure protein drinks can also be provided for extra calories and protein when food doesn't sound appealing.

The meals on the in patient unit are catered by Durangourmet, are nutritious and delicious! Our dietary service is not able to provide meals for family members, but food can be obtained at the Soup Palette café, Rivergate pharmacy or at one of the many restaurants in town.

To help prevent constipation that can occur with immobility and the use of pain medications focus on:

- Eating 5-7 servings of fresh fruit and vegetables daily
- Increasing fiber in your diet with whole grain cereals, breads and flax seeds
- Drinking at least 6-8 8oz. glasses of water or other non-dehydrating liquids daily, such as prune juice, sports drinks, herbal teas or broth.
- Increasing physical activity as much as you can tolerate

INPATIENT PHYSICAL THERAPY AND EXERCISES

You will be evaluated by a physical therapist who will go over exercises and precautions for avoiding dangerous movements. You may be surprised at how soon after surgery joint replacement patients are encouraged to get up and start moving, typically later the day of surgery. The more quickly you start moving again, the sooner you will be able to regain independence. Moving also reduces the effects of bed rest such as stiffness, risk for blood clots and pressure ulcers. Mild exercises of ankle pumping and gluteal sets are usually recommended by your physical therapist as soon as you are awake from surgery and able to perform them. Being active is crucial to having a good outcome from your surgery!

You will typically begin walking the day of surgery or the following morning with the use of a walker or

knee scooter, depending on the type of surgery you had. You may move on to other devices such as crutches, depending on your needs and the layout of your home. You should walk several times daily! It is important that you call the nursing staff to assist you for all ambulation while here in the hospital, even if you feel confident that you can do it by yourself. Do not get out of bed on your own!

The day following surgery, your orthopedic surgeon, nurses and physical therapists will closely monitor your condition and progress. Most patients spend 1 night at the hospital. Before you are discharged home, you should be able to safely get in and out of bed, walk up to 100 feet with an assistive device, go up and down stairs if needed, and access the bathroom and shower. You will also need to be able to get in and out of a car safely. These tasks should be able to be completed with only a stand by or minimal assist from the PT or nursing staff.

Your physical therapist will also go over exercises to help improve mobility and to start exercising the surgical limb as appropriate. Ankle movements help reduce swelling in the leg and prevent the possibility of a blood clot. Elevating the extremity and applying ice can also help with swelling.

POST-OP EXERCISE PLAN

Remember these are typical and your personal goals may vary

Day of surgery:

- Sit and then stand at bedside with assistance
- Do ankle pumps while resting in bed
- Walk a short distance in room with assistance as tolerated

Day 1:

- Review postsurgical precautions and weight bearing restrictions (there may not be any)
- Sit at side of bed
- Stand with assistance typically with a walker or other assistive equipment
- Transfer to and from chair/toilet with assistance
- Walk in the hall with assistance
- Practice step training as needed
- Demonstrate and practice daily bed exercises
- Obtain and evaluate assistive devices such as walkers and crutches for home use
- Prepare for departure from the hospital

IN-PATIENT PROGRESSION: Most patients stay in the hospital one night following total joint replacement. The day following surgery your IV fluids will be discontinued, your catheter removed if you have one, your pain control will become more refined, and plans will be made for you to go home. You will become more mobile, and possibly have a shower and a bowel movement before leaving.

DISCHARGE PLANNING

HOME HEALTH

In general, if you live with someone who will be assisting you, discharge to home is the usual procedure. The nursing staff will help you make arrangements for a home health agency if needed which will typically come to your house for about two weeks to provide physical therapy and nursing and check on your incision, dressing and overall health. Most patients are able to go home after a total joint surgery.

REHAB FACILITY

If you live alone or you have not achieved your discharge safety goals, you may be recommended for placement in a rehabilitation center. These facilities are usually available to a patient for a 1-2 week stay, with emphasis on returning the patient to home in a short period after aggressively addressing any problems with patient independence. Your safety and being able to use your new joint well are the goals. Insurance coverage for these rehabilitation stays varies according to condition and needs to be discussed with your insurance company and discharge team. However, if you and your doctor feel you will benefit from a short stay at a rehab facility, you are required to spend three nights in the hospital prior to transfer.

EQUIPMENT

You will typically be discharged from the hospital with the appropriate assistive devices you will need at home for getting around and for toileting. The nursing staff can assist with obtaining some of this equipment through the local medical equipment companies that provide these items. You can also purchase items from the local thrift stores, senior center or pharmacies, or you can borrow them from friends and family. It is important that walkers and crutches are the right size for you, and that the walker only have 2 fixed wheels in the front. Although walkers are adjustable, it is important to know that they come in 3 overall sizes which may or may not fit you. Bring any equipment you have obtained to the hospital for the physical therapists to evaluate. Insurance will typically pay for one assistive device. If you have a low toilet in your home, you may want to purchase a toilet riser or commode to fit over the toilet or in your shower. A reacher/grabber is also very helpful for dressing and picking up items that are on the floor.

WHEN YOU GET HOME

LEAVING THE HOSPITAL

You will be discharged with a set of instructions for home, a follow-up appointment date/time, all of your home medications, prescriptions for new medications, and any equipment (including electrical cords) that you have obtained here at the hospital. Your care giver should bring a vehicle that you can get in and out of reasonably easily, and possibly an extra pillow or two for comfort. It will typically be most comfortable to sit in the front seat. Your nursing staff will show you how best to get in and out of the vehicle.

MEDICATIONS

You'll need to continue taking medications as prescribed by your doctors. You may be sent home with prescriptions for controlling pain, preventing blood clots, and preventing ulcers. You also may be asked to get over the counter Tylenol, medications for preventing constipation, and vitamin C and D supplements. It can be a little confusing trying to organize all of your medications when you go home. It helps to write down when each medication is due and when it was last given. Pain medications are usually prescribed on an "as needed" basis, and typically don't need to be taken if you are not having much pain. However, it is helpful to take pain medication 30 minutes before exercises or when your pain level starts to elevate. It's easier to prevent pain than to chase it later. You can begin weaning the amount of pain medication taken as soon as you feel comfortable enough to do so.

INCISION CARE

Keep your incision clean and dry and check the dressing daily. Follow the physician instructions for any dressing changes. Typically the physician prefers a minimum number of dressing changes. Always wash your hands first if this needs to be performed. The home health nurse can assist you as needed with this activity. Your incision may itch, burn or feel numb. **Do not put anything on your incision** unless directed by your physician. Typically it is safe to shower after 72 hours or sooner if you have a waterproof dressing, but be sure your doctor has approved this. While many of the dressings are fairly waterproof, it is important to check it afterwards to make sure it remains dry and intact. Don't sit in a bath tub, hot tub or pool until your surgeon approves these activities (typically around 4 weeks after surgery.)

Many of the surgical incisions are closed externally with skin glue. If you have staples or stitches, they will be removed about 10 to 14 days after surgery. Your incision will heal, and the swelling and bruising will get better over the next few weeks.

CALL YOUR DOCTOR IF YOU NOTICE ANY OF THESE SYMPTOMS

- Persistent fever of 101 degrees or higher. Often fevers can be reduced by deep breathing, coughing, using your incentive spirometer and walking. If these interventions don't help, call the doctor.
- Increasing redness around incision
- Drainage from incision
- Increased swelling around incision
- Calf pain or swelling in your legs
- Blue, purple or reddish discoloration of the operative limb
- Inability to move your operative extremity including toes or fingers
- GO TO THE EMERGENCY ROOM IMMEDIATELY IF YOU HAVE CHEST PAIN OR FEEL SHORT OF BREATH

PREVENTING BLOOD CLOTS

Due to decreased mobility following surgery, the circulation in your lower extremities may be compromised. While in the hospital you will have compression devices in place. Once you are at home you should still wear the white elastic stockings until your follow up appointment with the physician. It is important for you to continue your physical therapy and do the exercises prescribed to you to reduce the chance of blood clots.

You may also be prescribed blood thinners. You will need to take these until your physician makes a determination to discontinue them or until you have completed taking your prescription.

Despite medication, compression devices and ambulation, you may develop pain or swelling in the back of your calf (the most common site of blood clots), or notice that your leg is discolored. If a blood clot travels to your lungs, it can make you feel short of breath or make breathing feel more painful. If you develop any of these symptoms, please contact your physician right away or go to the ER.

HOME HEALTH AND PHYSICAL THERAPY

When you get home, keep up the exercise program you learned in the hospital. You will see the home health nurse and physical therapist the day after arriving home, and for several in-home physical therapy treatments. This is to ensure you are safe in and about the home, and getting in and out of a car. Your physical therapist will make recommendations about your safety, review your exercise program and continue working with you on strengthening, range of motion and any activity precautions related to your surgery. Some patients may choose to go to outpatient physical therapy right away and not have home health. Let your doctor know if this is your preference.

Expect to regain strength and endurance as you begin to take on more of your normal daily routine. Home therapy visits should end when you can safely leave the house and outpatient physical therapy

should begin. Make sure your pain is adequately controlled before the therapist arrives, so you can do the activities required during therapy.

YOU HAVE THE SUPPORT OF YOUR ENTIRE CARE TEAM!

All the staff at Animas Surgical Hospital want to THANK YOU for allowing us the privilege of caring for you, and wish you a speedy recovery. If you have questions about your medications or your recovery, the staff at Animas Surgical Hospital are happy to assist you, or connect you with the appropriate person to help you. The PCU phone number is (970)385-2359 and the emergency room phone number is (970)385-2364. You can also call your physician's office.

LIFE AFTER TOTAL JOINT REPLACEMENT

INITIAL ACTIVITIES

Most people experience reduction in joint pain and improvement in their quality of life following joint replacement surgery. While joint replacement surgery may allow you to resume many daily activities, don't push your implant to do more than your surgeon recommends is appropriate for your new joint.

Give yourself at least six weeks following surgery to heal and recover from muscle stiffness, swelling and other discomfort. Some people continue to experience discomfort for 6-12 weeks following their joint replacement.

PHYSICAL THERAPY

During visits to the physical therapist's office, your therapist may use heat, ice or electrical stimulation to reduce any remaining swelling or pain. You should continue to use your walker or crutches as instructed.

Your physical therapist may use hands-on stretches for improving range of motion. Strength exercises address key muscle groups, including the buttock, hip, thigh and calf muscles, or muscles of the arm and shoulder if this was replaced. You can work on endurance through stationary biking, lap swimming (once your surgeon approves going in the pool), and using an upper body ergometer (upper cycle).

Physical therapists sometimes treat their patients in a pool. Exercising in a swimming pool puts less stress on your joints and the buoyancy lets you move and exercise easier. You must first be cleared by the surgeon to go in the pool.

For lower extremity replacements, once you are safe to put full weight on the leg, several types of balance exercises can help you further stabilize and control the hip, knee or ankle. Finally, you will work with a group of exercises to simulate day-to-day activities, such as going up and down steps, squat-

ting, rising up on your toes, bending down and walking on uneven terrain. You may be given specific exercises to simulate your particular work or hobby demands.

By six weeks, you may be able to return to many normal activities such as driving. When you see your surgeon for follow-up two to six weeks after surgery, he or she can advise you on both short and long-term goals.

EXPECTATIONS AND LIMITATIONS

- Expect to use assistive devices for several weeks such as canes, crutches, walkers, scooters or slings
- No kneeling, bending or jumping for the first month
- Don't drive until approved by your doctor (usually 4-6 weeks), and don't drive while taking narcotic pain medications
- Minimize alcohol with pain medication
- Don't smoke – it slows healing
- You may hear some clicking in your joint as it heals which is typically normal
- With most joint replacements it is okay to engage in intercourse once it is comfortable to do so. Avoid sexual activity until after your six week check-up if you have had a posterior hip replacement.
- Continue wearing elastic stockings until your first follow up appointment. You may wash and air dry them as needed

In general, physical activities should:

- Not cause severe pain, either during activity or later
- Not jar the joint, such as when running or jumping
- Not place the joint in extreme ranges of motion
- Be pleasurable

ADDITIONAL TIPS for living with your new joint:

- Ask for help – while your goal is to eventually do things for yourself, don't take unnecessary risks by trying to do too much too soon.
- Recuperation takes approximately 6-12 weeks. You may feel weak during this time. Use ice for swelling and discomfort. Ice your new joint for 15-20 minutes after each exercise period to reduce pain.

- Rest when you feel tired.
- Your new joint may set off metal detectors in airports and other secured buildings. You may need to actually show your surgical site to the airport screening staff.

COMMUNICATING WITH YOUR DOCTORS

- **Keep your appointments with your doctor.** It's important to monitor healing and function on a regular basis. You will typically have your first post op visit with the doctor 10-14 days after being discharged from the hospital. You may need to check in with your doctor two to three times during the first two years, and at intervals of two to three years thereafter. During those visits, your surgeon will take x-rays and monitor wear.
- **Under optimal conditions, your artificial joint may last for many active years.** You should always consult your orthopedic surgeon if you begin to have pain in your artificial joint or if you suspect something is not working correctly.
- **Watch for infection.** Your new joint is a foreign object in your body, and germs from other infections can move into that joint and cause infection. Call your family doctor immediately if you have any signs of infection, such as skin infections, urinary tract infection, abscessed teeth, etc. Early treatment is crucial.
- **Alert your dentist or family physician.** Tell them about your joint replacement before any invasive dental work or other invasive procedures such as a cardiac catheter, bladder exam, colonoscopy or surgery. You may need to take prophylactic antibiotics prior to the procedure to prevent infection.

LONG-TERM ACTIVITIES

Most patients have less pain and better mobility after joint replacement surgery. Your physical therapist will work with you to help keep your new joint healthy for as long as possible. This may mean adjusting your activity choices to avoid putting too much strain on your joint. You may need to consider alternate work activities to avoid the heavy demands of lifting, crawling and climbing.

More extreme sports that require running, jumping, quick stopping or starting and cutting are discouraged. More low impact exercises such as cycling, swimming, golfing, bowling and level walking are ideal. Check with your surgeon regarding which activities are appropriate for you.

The efforts you put in prior to and during your recovery will be rewarded. Be kind to yourself and keep taking those baby steps that will lead to a healthy new joint and an improved quality of life.

POTENTIAL RISKS

The complication rate following joint replacement surgery is very low. Nationwide statistics for infection are approximately 2-3%, but in high volume centers such as Animas Surgical Hospital, this occurs in less than 1% of patients. Most complications can be avoided or treated when addressed early on. Three very important modifiable risk factors which can decrease your risk of complications include:

1. Stopping smoking
2. Losing weight so that your BMI is less than 40
3. Having your diabetes well controlled if you are a diabetic patient. Your hemoglobin A1C test result should be less than 7% and ideally closer to 6.

These risk factors should be addressed months before having surgery.

Below are signs of possible complications and you should call your physician immediately or come to the emergency room if any of the following occur:

INFECTION:

This may occur in the hospital, after you return home or years later. While many steps are taken to minimize the risk of infection, it can't be avoided altogether.

Signs of infection could include:

- Increasing redness or heat around the incision
- New or increasing drainage from the incision
- Yellow or greenish colored drainage
- Unusual odor from the incision
- Increasing pain
- Fever

Ways of preventing infection:

It is important that you do the Chlorhexadine scrub as directed on the days prior to your surgery to minimize bacteria prior to the procedure. Make sure your linens and clothes are clean, practice frequent hand washing and maintain a clean home environment. Avoid being around sick people and notify your doctor immediately if you feel sick or have any skin abrasions or ulcers prior to your procedure. Keep pets off the areas where you sit or sleep. If you have a positive nares screen, apply the Mupirocin nasal treatment in both nostrils twice daily for 5 days prior to surgery as instructed by your surgeon.

In the hospital, you will typically receive antibiotics within an hour of your incision time, but for less than 24 hours total to help prevent infection. ASH follows the guidelines of SCIP (Surgical Care Improvement Project) whose mandate is to improve surgical care by reducing surgical complications.

The operating room is a filtered, clean air environment, and the limb is washed, prepared with antiseptic solution and covered with sterilized drapes. Your surgeon and surgical assistants wear masks, sterilized gowns and two pairs each of sterilized gloves that are frequently changed.

For at least a couple of years, you will need to tell doctors about your joint replacement and may need to take antibiotics before undergoing invasive procedures to reduce the chance of infection in another parts of your body spreading to the artificial joint. If an infection does occur, your surgeon will have a protocol to manage it.

BLOOD CLOTS:

These may result from several factors, including decreased mobility following surgery, which slows the movement of the blood. Symptoms include a red to purple, swollen leg, especially in the back side of your calf, and pain to the back of the calf. A blood clot that travels to the lungs can cause pain with deep breathing and possibly shortness of breath, and should be reported immediately to your doctor. If you can't reach your doctor right away, you should go to your nearest emergency room.

Ways of preventing blood clots:

- Blood thinning medications (anticoagulants)
- Elastic support stockings to improve blood circulation
- Leggings that inflate to promote blood flow in the legs (while you are in the hospital)
- Elevating the feet and legs to keep blood from pooling
- Moving toes and legs immediately after surgery and while at rest (ankle pumps)
- Walking soon after surgery, and then several times daily

PNEUMONIA:

This is always a risk following major surgery. You will be assigned a series of deep breathing exercises to keep your lungs clear including the use of your incentive spirometer 10 times per hour while in the hospital and at home. You should also walk several times daily as allowed. Avoid smoking to protect your lungs, and to improve lung function and oxygenation of tissues.

DISLOCATIONS AND INSTABILITY:

Your new joint replacement needs time to heal properly before it reaches its full strength. While joint replacements are very strong, they may not be able to endure extreme ranges of motion, or high impact activities such as jumping or quick, jerky movements. Follow your physician's activity guidelines for protecting and prolonging the life of your joint.

STIFFNESS:

In some cases, the ability to bend the joint does not return to normal after joint replacement surgery. It is very important for the patient to continue to work on range of motion with PT and independently. Knee joints are particularly prone to stiffness. However, the engaged patient who actively participates in his or her own recovery will be less likely to have issues and enjoy a faster recovery.

Sometimes extra scar tissue develops after surgery that can lead to an increasingly stiff joint. If this occurs, speak to your surgeon about resolving this issue.

