

Orthopedics

Joint Replacement



A guide for patients



 Southcoast® Health

More than medicine.

Please be sure to bring this booklet with you to your pre-op class and to the hospital on the day of your procedure.

As you and your surgeon have decided on joint replacement, this booklet will provide you with the information that will contribute to the best possible outcome after your procedure. Here, you will not only learn more about arthritis and joint replacement, but also how to prepare for your surgery and what to expect throughout your recovery and rehabilitation period.

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Scan QR codes for a direct link or visit southcoast.org.

1. Open the camera app on your phone
2. Focus the camera on the QR code by gently tapping the code
3. Follow the instructions on the screen to complete the action

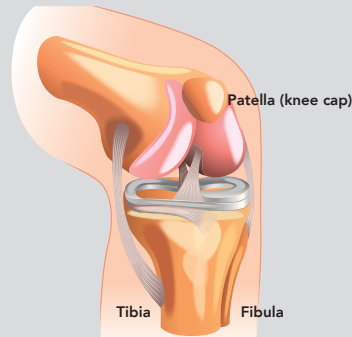
Introduction

What is a joint?

Simply put, a joint is where two bones meet.

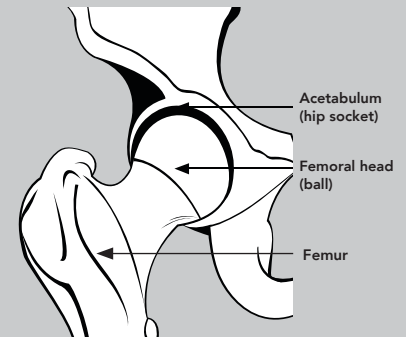
The Knee Joint

The knee is a hinge joint.



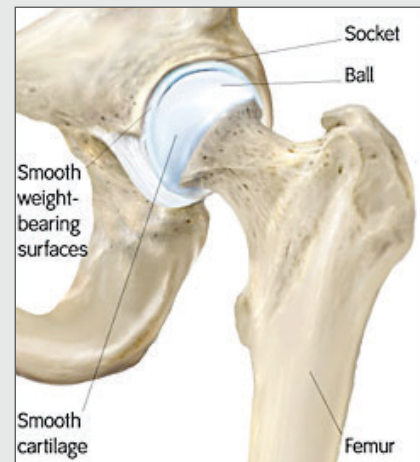
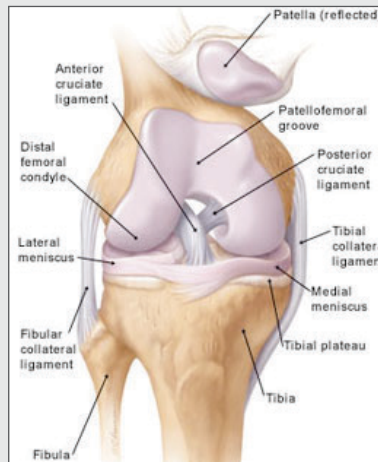
The Hip Joint

The hip is a ball and socket joint.



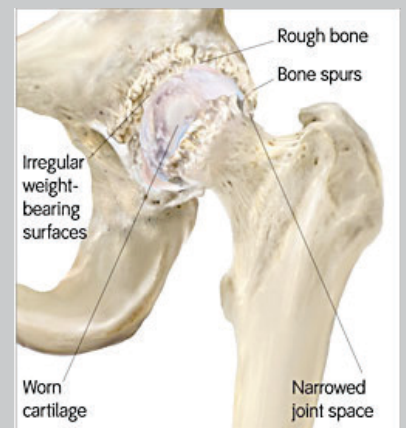
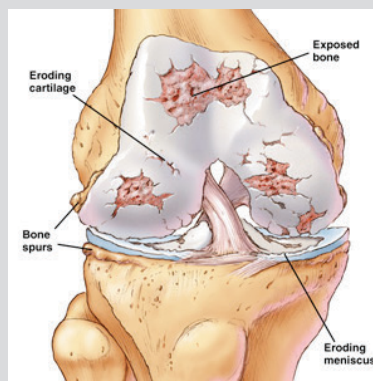
Normal Joints

Normal joints are smooth, because they are lined by glistening cartilage. When this cartilage liner is in good shape, the joint motion is smooth, comfortable and full.



Abnormal Joints

Joints wear out and over time the smooth cartilage liner wears away. A worn-out joint has rough, painful and limited motion.



About Joint Replacement Surgery

What is arthritis?

- Arthritis is joint wear and tear, or “mileage”.
- The word “arthritis” literally means joint inflammation.
- Inflamed joints are painful and have restricted movement.
- Arthritis affects almost all of us and is to be expected as we age.
- Arthritis can develop at an early age. In these cases, there is often a genetic predisposition, trauma or excess weight.
- Osteoarthritis and rheumatoid arthritis are the two most common reasons why joints wear out.

How do we treat arthritis?

Southcoast utilizes a multimodal team approach to managing arthritis of the hip and knee.

When joint wear begins to cause symptoms, we start with non-surgical care. This includes:

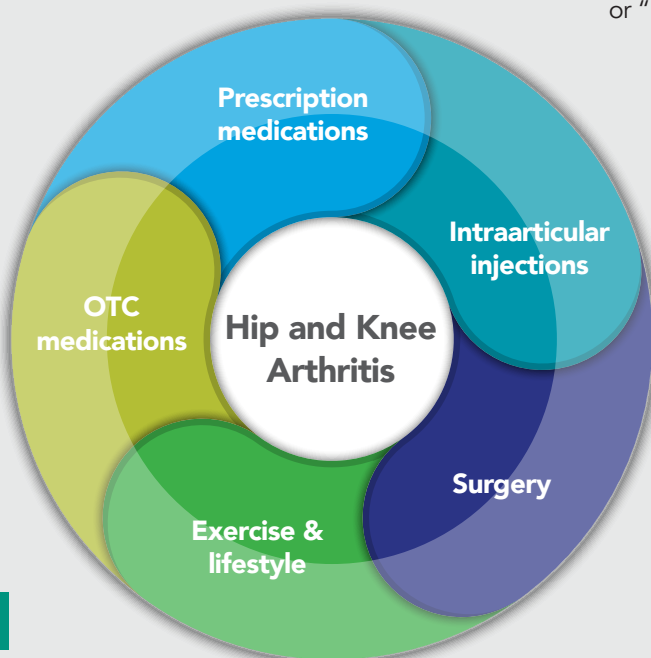
- Medication to minimize symptoms, such as acetaminophen (Tylenol), ibuprofen (Advil) and Naprosyn (Aleve).
- Activity modification.
- Weight loss.
- Physical therapy to maintain strength and reduce stiffness.
- Injections to reduce inflammation or “lubricate” joints.

As arthritis progresses, some patients benefit from minor surgery in the form of arthroscopic procedures. Ultimately, for painful and damaged joints, there is joint replacement surgery.

In a joint replacement, the damaged cartilage liner of the joint is removed and replaced. The new component parts are made of metal, plastic and ceramic. Your unique needs determine what type of material is used.

In the knee, the damaged cartilage from the joint’s surface is removed and replaced with a smooth, man-made liner. In the hip, the damaged ball is removed and replaced, and the socket is relined.

Knee and hip joint replacement surgeries are two of the most common surgeries performed in the United States. Joint replacement is now a routine, highly-evolved surgery, and often is minimally invasive. Nationally, the satisfaction rate for knee replacements is more than 90%, and more than 95% for total hip replacements.





Depending on the specific procedure and a specific patient's general health and stamina, some patients can go home the day of, or the day after surgery. The average length of stay for patients who have undergone joint replacement surgery is less than two days. In order to accomplish this goal, a large part of care coordination starts before you are admitted. At our pre-operative class, there is a presentation explaining every step, from the day before surgery through recovery. With this class you will understand beforehand what the expectations are and how the clinical course should progress. **For all patients having hip and knee joint replacement, attendance at our pre-op class is required.**

When should I have this type of surgery?

Based on your history, physical examination, x-rays and response to conservative treatment, your orthopedic surgeon will let you know if and when joint replacement is a good treatment option.

Knee Implant



Femoral Component

Tibial Component

Hip Implant



Acetabular Component ("Socket")

Femoral Head Component ("Ball")

Femoral Stem

About Joint Replacement Surgery



Surgery and Smoking

Cigarette smoking is recognized as one of the major causes of preventable disease. Most people know that smoking is linked to heart and respiratory diseases, as well as to several cancers. However, many people are not aware that smoking has a serious negative effect on bones, muscles and joints, and that smoking often leads to poorer outcomes from orthopedic surgery.

Effects of Smoking

- Increases overall surgical risk.
- Has a negative effect on bone and incision healing after surgery.
- Slows the overall recovery process.
- Increases the rate of infection, blood clots and pneumonia.
- Renders pain medication less effective.
- Leads to poor results after joint surgery.

Smokers have a higher rate of complications after surgery than nonsmokers. In fact, smoking may be the single most important factor in post-operative complications.

Am I too old for this surgery?

Age is not a problem if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your primary care physician for an opinion about your general health and readiness for surgery.

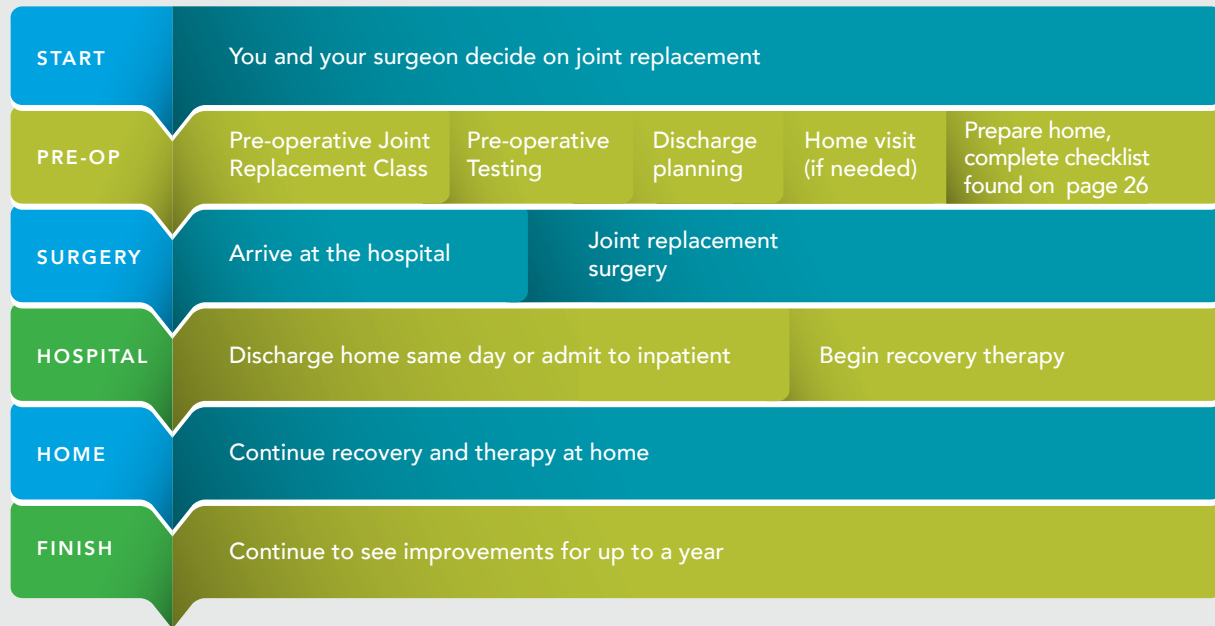
How long will my new joint replacement last?

All implants have a limited life expectancy depending on an individual's age, weight, activity level and medical condition. A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a mechanical device subject to wear that in time may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery to keep your new joint healthy, there is simply no way to guarantee that your implant will last for any specific length of time.



Do not smoke for at least one to two months before surgery. Your provider can help place a referral to Quitworks.

Joint Replacement Timeline



What are the possible complications associated with joint replacement?

While uncommon, complications can occur during and after surgery. Some complications include infection, blood clots, implant breakage, dislocation, and loosening or premature wear. These may necessitate implant removal and possibly revision surgery. Other complications include unequal leg length, nerve injury, foot drop, adverse reactions to anesthesia, stroke, heart attack, vascular injury and death.

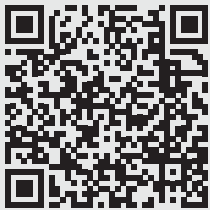
While joint replacements are generally successful in reducing pain and restoring function, they cannot be expected to work as well as your own joint before it became arthritic. Although implant surgery is extremely successful in most cases, some patients still experience pain and stiffness. No implant will last forever; factors such as a patient's post-surgical activities and weight can affect longevity.

Surgical Date Scheduling

- Joint surgery is typically scheduled two to three months in advance to give you and your family and caregivers time to prepare.
- You will be given a date, time and location for a Pre-operative Joint Replacement Class.
- You will be given your date of surgery and location to report to the hospital. Your surgical time will be provided to you the business day before your surgery.
- Referral to outpatient physical therapy will be placed during your pre-operative education call which will take place 3-4 weeks prior to surgery.
- These outpatient therapy sessions will generally start 2 weeks after you are discharged from the hospital, but it is important that these appointments get booked early so that you have a spot when ready to transition to outpatient therapy.

Preparing for Surgery

Pre-operative Joint Replacement Education Class



This class will give you basic, important information about joint replacement surgery and provide you the opportunity to meet members of the team.

We will cover:

- The importance of a “coach”
- What to expect before, during and after your surgery
- Pre-operative medical evaluation
- Pre-operative testing
- Pre-operative exercises and nutrition
- Pre-operative skin care
- Home safety and preparation
- Pre-operative diet
- What to bring to the hospital
- Discharge planning
- The surgical procedure
- Recovery Room (PACU)
- Pain control
- Prevention of complications
- Home medical equipment

Select a Coach

You must select a Coach prior to surgery. Selecting a perioperative coach is critical to your success after joint replacement surgery. A coach can be your spouse, a friend, a family member, a neighbor or anyone that can be a support to you as you recover from your joint replacement surgery. Your coach can help you with:

- Preparing your home
- Taking medication
- Activities of daily living
- Transportation to follow-up appointments
- Running errands
- Home exercises
- Listening

Pre-operative Medical Evaluation

Your surgeon’s office will assist you with scheduling a pre-operative evaluation and clearance with your primary care doctor. You may need to have medical clearance prior to your surgery.

During pre-admission testing, you will have blood drawn, a swab of your nostrils, a heart tracing and possibly a chest x-ray. You will be interviewed by a member of the pre-admission team to review your medications and medical and surgical history. Please be sure to explain any

allergies and sensitivities. At the time of your preadmission visit, it will be determined if you will require further consultation or additional testing prior to surgery.

Dental Health

Good oral health is important to help decrease risk of infection in your new joint. Bacteria from dental disease (broken or infected teeth and gum disease) can travel through your bloodstream sometimes causing an infection in a new joint. It is recommended that you see your dentist before your joint replacement surgery and address any concerns with your teeth and or gums.

Please discuss with your surgeon, any major dental work such as root canals, extractions, and other procedures that have taken place at any point prior to your surgery

Patients should avoid all dental work 3 days before their scheduled surgery — this includes cleanings, fillings, and crowns. Please discuss any major dental work such as root canals, extractions, and other procedures with your surgeon if the need for dental work has been identified. Any major dental work must be completed a minimum of two weeks prior to scheduled surgery.

Patient Reported Outcome Measures (PROMs)

PROMS are surveys that are completed by patients and reflect self-assessments of their health and function. HOOSJr/KOOSJr and VR-12 surveys are the PROMs used at Southcoast Health. These surveys provide a standard mechanism to evaluate and track severity of patient symptoms and effectiveness of their care overtime.

These will be collected three times during your total joint replacement journey, at the following intervals:

- One month before surgery
- At your three month post-op appointment
- At your one year post-op appointment

Scan the QR below to login into MyChart and complete the PROM survey.



Blood Transfusion

Although uncommon during or after joint replacement surgery, on occasion patients may require a blood transfusion. If a blood transfusion is necessary, the blood comes from the community blood bank. The blood bank follows universal guidelines in screening blood and blood products to ensure safety. If you have any questions or concerns about blood transfusions, you should discuss them with your surgeon prior to surgery.

Pre-operative Exercises



The physical preparations you make before surgery can improve both the outcome of the surgery and

your recovery time. You can jump start your recovery by doing pre-operative exercises for strength and range of motion. Your pre-operative exercises are found on page 18-22 of this booklet. Avoid any of these exercises if they cause pain. These exercises are to be performed on both your operative and non-operative extremity.

Pre-operative Nutrition

An optimal nutritional state is an important consideration in providing successful surgical outcomes. As part of a healthy lifestyle, many patients will be losing weight. However, in the month or two before surgery, we recommend maintaining a steady weight to be sure you are strong for surgery and rehabilitation. A member of the team will ask you questions about your nutrition before surgery. Your surgeon may recommend taking protein supplements before or after surgery.

Preventing Infection

Infection is rare but a serious complication of joint surgery. Most infections come from certain skin bacteria (such as Staph) that can enter the incision at the time of surgery. There are several proven regimens to reduce this risk that your surgeon and team will put into place. Let your surgeon know immediately if you have any type of open wound or infection of any kind.

In rare cases an infection can spread to your surgical site from your bladder (urinary tract). Be sure to let your surgeon and medical doctor know if you have, or have had, a bladder infection, or any problems at all with urination.



Preparing for Surgery

Pre-operative Skin Care

Preparing your skin before surgery can greatly reduce the risk of infection at the surgical site.

DO NOT shave your body with a razor for 72 hours prior to surgery.

Check the skin areas around your surgical site to maintain good skin health prior to surgery. If you note any pre-operative cuts, scratches, redness or open areas let your surgeon know right away.

To reduce skin bacteria before surgery, all patients need to wash with a special soap called Chlorhexedine (CHG), which we will distribute to you. Note: If you are allergic to CHG let us know and you will not use CHG.

You will need to wash your entire body with CHG for the **five days** before surgery and on the morning of surgery, using the following regimen:

1. Wash your entire body and hair (including beard) with your regular soap and shampoo.
2. Thoroughly rinse off everywhere.
3. Stepping back from the water flow, apply CHG to your entire body, taking care to avoid your eyes, mouth and the inside of your rectum/vagina.
4. Wash thoroughly with CHG and refer to product instructions.
5. Pay special attention to your surgical site.
6. Do not use your regular soap after rinsing off the CHG.
7. Pat dry with a clean towel.
8. Do not apply lotion, powders or perfume.
9. Put on clean clothing.

Warning: CHG must be kept out of the eyes, mouth, vagina and rectum. Do not use CHG if you are allergic to it.

Many of us also carry Staph bacteria in our nostrils (nose), without any signs or symptoms. If you are such a carrier, this can be the source of a surgical infection. To check for this, all patients will have a swab culture of the nostrils. This is quick and pain free, using a cotton-tipped swab. The treatment to reduce nostril (nasal) Staph is to use an antibacterial ointment, called Mupirocin, in each nostril, twice a day, for the five days before surgery.

After the nasal culture, you will be notified if the results are positive. Those patients who are notified as positive for nasal Staph will have a prescription given for Mupirocin. Use the Mupirocin as directed by applying some to each nostril, twice a day, for five days before surgery.



Nothing to Eat After Midnight

No solid foods to eat after midnight. Most patients will be allowed to drink clear liquids up until 2 hours before arrival time of surgery and will be given a carbohydrate loading drink at your PAT visit along with instructions for use. You will also be instructed on which medications you should take the morning of surgery.

Pre-Operative Physical Therapy Home Visit

Your surgeon will discuss discharge plans with you and decide if a pre-operative Physical or Occupational therapy home visit is needed. If determined that this will be beneficial, the Southcoast Visiting Nurse Association will contact you approximately one to two weeks prior to surgery to schedule an in-person home evaluation. This evaluation will include:

- Complete assessment of your living situation and home environment.
- Teach basic movement precautions and home safety recommendations.
- Review the process for Total Joint Replacement and discharge home.
- Discuss the importance of a “coach” and participation in the Total Joint class.
- Review the exercise program and adaptive equipment needs.
- Establish a connection with you and your “coach”.

Anesthesia

You will discuss anesthesia options with your surgeon and anesthesiologist. Regional anesthesia also referred to as “Spinal” and “blocks” are our preference for joint replacement surgery. Research has shown that patients who receive spinal anesthesia have fewer complications than patients who receive general anesthesia. If you are not a candidate for a spinal, the anesthesia team will discuss options with you on the day of surgery.

What to Bring to the Hospital — If you will be spending the night

- Personal hygiene items (toothbrush, toothpaste, deodorant, razor and other toiletries).
- Shorts, tee shirts, loose-fitting clothing, socks and sneakers. You won’t be wearing a hospital gown after the first night.
- Reading materials.
- Your favorite music for personal listening.

Do not bring any valuables to the hospital (jewelry, credit cards, etc.).

Discharge Planning

Our goal is for you to be discharged to home and continue your recovery with the assistance of visiting nurses, physical and/or occupational therapy, your coach and family. It is a good idea to have someone stay with you for the first 3 days after surgery.

Literature supports that patients have a quicker recovery and fewer complications when they are discharged to home versus rehab facilities.

If you take care of anyone (like children or older parent), it will be important for you to make arrangements ahead of time as you will need help caring for them.

What to Expect: Your Surgery

Arrival at the Hospital on the Day of Surgery

- Check in at the Patient Admitting Desk at the time you were given.
 - At St. Luke's Hospital, the Surgical Admitting Desk is located within the Surgery Center, located on West Street.
 - At Charlton Memorial Hospital, the Admitting Desk is located by the main entrance, on the first floor.
 - At Tobey Hospital, please enter at the Main Entrance to Admitting.
- After your registration is complete a member of the hospital team will bring you to the pre-op area.
- Your family will be directed to a waiting area. When your surgery is completed, those waiting for you will be contacted by the surgeon.
- Your team member will bring you to the pre-op area. You will be asked to use the restroom and empty your bladder.
- After you change into a surgical gown, your team will begin preparing you for surgery. This includes starting an intravenous line and receiving medication.
- Your operating room nurse, as well as your anesthesiologist, will interview you and review and confirm important information.
- Your surgeon will mark your incision site.
- Patients who are having a nerve block usually have this done at this point.
- A team member will then wheel you on your stretcher to the operating room, where you will see your surgeon and meet other members of the surgical team.
- The surgical team will conduct a "time out" to verify that everything is as planned.
- Following surgery, you will be taken to a recovery area (called the PACU), where you will remain for one to two hours. The nurses will assess your pain level, treat your pain and monitor your incision.
- If you will be going home same day you will be moved to the ASU area to continue to recover.
- If you will be spending the night, you will then be taken to your room on the orthopedic unit where your joint replacement team will begin working with you.
- On the unit, you will receive pain medication as needed and you will be given IV antibiotics.
- You will be assisted to get out of bed and begin walking during the first hours after surgery.
- You will be shown how to do in-bed ankle pump exercises. It is very important that you begin ankle pumps on this first day and continue to do them throughout your recovery. Ankle pumps help prevent blood clots from forming.
- You will begin using a sequential compressing device on your legs, also to prevent blood clots.
- You will begin using an Incentive Spirometer to aid in taking deep breaths.

If you will be going home the same day, the physical and occupational therapists will work with you to walk, do stairs, and ensure you can get in and out of the car safely. A case manager will also visit you to arrange home physical therapy and order any equipment necessary (i.e walker). If you do not have any complications and are cleared by therapy, you will be discharged from the ASU area.



What to Bring

- Personal hygiene items-specifically, denture supplies
- Loose fitting clothes, shorts, socks, sneakers- for exercises and ambulation

DON'T BRING VALUABLES: jewelry, wallet, money, or home medications (unless directed to by physician)

Hospital Stay

- During your hospital stay, the lab will come very early in the day to draw blood.
- You will have pain medication available, when needed.
- On the day of your surgery when you arrive on the nursing unit, the nurses will be checking your ability to feel and move your legs. When you have feeling and can move, the nursing staff or physical therapist will get you up and out of bed. Our goal is to get you up and walking on the same day of surgery. You will be expected to be up and out of bed for meals and after the day of surgery you will walk at least four times a day with the help of your care team.
- You will be helped out of bed every morning and assistance will be provided to help you bathe.
- If you prefer to take your bath at night, just let your nurse or nursing assistant know.

- We will help you dress in the loose-fitting clothing that you brought from home. (Shorts and tops are usually best.)
- You need to be mentally prepared to “work” and participate in your care by doing things such as getting out of bed for your meals and participating in physical therapy twice a day.
- You should request pain medication 45 minutes to one hour before going to therapy sessions.
- Your coach’s participation is encouraged in your recovery as much as possible.
- You will have 1-2 sessions of therapy per day depending on your needs; your coach is invited and encouraged to participate in these sessions. You will also walk with the nursing staff at least two times each day.
- Visitors are welcome, preferably in the late afternoon or evening.

For Discharge to the Home (the goal for most patients)

- Someone responsible needs to drive you home.
- Before leaving, you will receive complete written instructions concerning medications, physical therapy, activity, follow-up and incision care.
- Equipment needs, exercise/ physical therapy plans, and any home healthcare agency needs will be discussed and arranged before discharge.

If Discharged to a Skilled Nursing Facility

- For a variety of reasons, discharge to a nursing facility is not encouraged, but may be necessary in special circumstances.
- Transfer papers will be completed by the nursing staff for the nursing facility.
- A physician from skilled nursing facility will be caring for you in consultation with your surgeon.
- Expect to stay seven days, based on your progress.
- Upon discharge home, complete instructions will be given to you by the rehab staff.

What to Expect: After Surgery

Pain Control

- You will be given a prescription for pain medication at the time of discharge.
- Take pain medication when needed before activity and exercise. The goal of pain management is to bring your pain to a tolerable level that allows you to participate in physical therapy, perform your home exercises and activities of daily living. It is not realistic to expect to be pain-free, even when taking medications, especially not early in your recovery. Pain may increase/worsen 24-48 hours after surgery as the block wears off.
- Change your position every 45 minutes throughout the day.
- Ice and cold therapy are used to reduce pain and swelling.
- You will be shown how to use ice for pain control. Applying ice to your affected joint will decrease discomfort. Do not use an ice pack for more than 20 minutes at a time each hour. You can use ice before and after your exercise program.
- Ice your joint for 15 to 20 minutes after exercise periods to reduce pain.

- If you are using a cold therapy unit, follow the provided instructions.
- Post-operative pain, soreness, swelling and bruising will decrease over 6 to 12 weeks. However, you could have occasional swelling for up to nine months.

Pain Scale

Pain is to be expected after surgery. People used to think that severe pain after surgery was something they "just had to put up with." Today, you can work with your nurses and doctors before and after surgery to prevent or relieve pain. They will help you understand why pain control is important for recovery as well as for your comfort. Our goal is to get your pain to a tolerable level in order for you to mobilize and participate in physical therapy. The goal is not "0" pain. The nurses will use a pain scale to assess and understand your pain level.





Prevention of Constipation

Narcotic pain medication, inactivity and dehydration can cause constipation. It is common for patients not to have a bowel movement for 3 to 4 days after discharge. As long as you are passing gas and your abdomen is soft, there is no need to be alarmed. Here are some things you can do to prevent constipation:

- Eat fruits and vegetables daily.
- Drink extra water and fluids.
- Walk every hour.
- Use laxatives and stool softeners, if needed, especially while still taking narcotic medication.
- Miralax (or generic brand) 1 Tablespoon mixed with 8 oz. liquid, 1 to 5 times per day.

Blood Thinners — Preventing Blood Clots

All total joint patients will need measures to prevent blood clots. As part of this process, medications are used. Some medications are in pill form, some are given by injection and some require periodic blood tests. Your regimen and all instructions will be completely in place before you leave the hospital.

Recognizing a Blood Clot

It's important to look for the following symptoms of blood clots. If you suspect that you have a blood clot, call your surgeon as instructed on your hospital discharge instructions.

- Swelling in thigh, calf or ankle of either lower extremity that does not go down with elevation.
- Pain and tenderness in calf.
- Shortness of breath that continues at rest.
- Chest pain or tightness.
- Fast heart rate or palpitations.
- If you think you have a blood clot and go to the emergency room, be prepared to explain that you have had joint surgery and believe you have a blood clot. Be prepared to tell them your surgeon's name.
 - Charlton Emergency Department
508-973-7041
 - St. Luke's Emergency Department
508-973-5388
 - Tobey Emergency Department
508-273-4180

Preventing Leg Swelling for hip and knee replacements

- Some patients will be asked to wear special stockings (known as "TEDS") to prevent leg swelling. If you are using these special stockings, ask your surgeon when you can discontinue use. Usually, this is when your activity level increases and you are "up" more than "down."
- Avoid sitting with your knees bent.
- Two or three times a day, spend 20 to 30 minutes lying down with your legs up on pillows.
- Do your ankle pumps, just as you did in the hospital.
- Notify your physician if you notice increased pain or swelling in either leg.
- Swelling will likely be less first thing in the morning and after elevation. It is normal and expected for swelling to increase with activity, after physical therapy/ exercises and if standing for prolonged periods of time. As long as the swelling follows this pattern and improves with rest and elevation, there is usually no reason for concern.



What to Expect: After Surgery

General Information

- Recuperation can take from 6 up to 12 weeks; you may feel weak during this time.
- Use ice for swelling and discomfort.
- You may have a low-grade fever (below 100.5° F).
- If you feel feverish, take your temperature. If greater than 100.5 degrees, let your visiting nurse and surgeon know.
- NO alcohol may be consumed while you are taking narcotic pain medication.
- Do not smoke. It slows healing and increases your chance of infection.
- Walk with your walker or crutches until your doctor or Physical Therapist says that these aids can be discontinued.
- If you have a total knee replacement, you may hear some clicking noises as you walk. This is a normal occurrence.
- Your joint replacement may cause metal detectors to go off in airport security. Plan on mentioning this as you go through security. You may be asked to show your incision. .

Caring for Your Incision

- Most patients will go home with a special surgical waterproof bandage that will stay in place until your post-op visit, specific instructions will be provided in your discharge paperwork.
- You may shower with this waterproof dressing in place.
- For those with a non-waterproof bandage, you will be given specific instructions from your care team.
- Be sure to wash your hands anytime you touch your incision or dressing.
- If you have staples, they will be removed 10 to 14 days after surgery.
- If your incision was closed with absorbable sutures, steri-strips or skin glue, no removal is needed. The glue or steri-strips eventually come off as you shower.
- It is normal to have some numbness around your incision.
- Some staining to your dressing is normal and may increase as you become more mobile. Notify your orthopedic care team if your dressing is completely covered with drainage or you experience increasing redness or swelling. These may be signs of an infection requiring immediate treatment.

- If you feel feverish, take your temperature. If your temperature is greater than 100.5 degrees, let your visiting nurse and surgeon know.
- Refer to your hospital discharge instructions for wound care instructions.

Showering

- You may shower at any time if you have a waterproof bandage in place.
- If you have a non-waterproof bandage in place follow instructions from your health care team on showering.
- You can consider a shower chair if you are unable to stand to take a shower. Taking a bath is not allowed until 6 weeks after surgery.
- Do not soak your incision for at least 6 weeks after surgery (for example, in a bath tub, pool, hot tub, open water).
- Do not scrub your incision, you may wash it gently and pat it dry.



Late Infection Prevention

- Invasive procedures such as dental cleaning, colonoscopy or a bladder catheter can cause bacteria to be released into your blood that can lead to a joint infection. This may be prevented by taking an antibiotic before any such procedure.
- We ask that you avoid any invasive procedures and dental work for 3 months after your joint replacement. If an emergency arises call our office for assistance.
- After 3 months, be sure you tell your dentist or anyone else doing any invasive procedure that you have a joint replacement and will need an antibiotic 1 hour prior to dental or any invasive medical procedure. This will continue for at least 2 years or lifetime depending on your age and medical history.

Sleeping

Sleep is an important part of your recovery and healing. Sleep will also give you energy needed for physical therapy. Sometimes pain medication can make it hard to sleep well.

Tips on how to get better sleep after your joint replacement:

- Avoid alcohol.
- Avoid caffeine, it will keep you awake.
- Use ice/cold packs to help with pain.
- If you have tried the above and are still unable to sleep you can try Benadryl or Melatonin at night to help (follow the package instructions).

Sex after Surgery

If you are currently experiencing painful joints and difficulty with mobility it may be difficult or painful to have sex. The goal of joint replacement is to improve your quality of life and having a joint replacement usually makes it possible to have less or no pain during sex once you have recovered. It is ok to have sex once you feel up to it. In general, about 4 weeks after your knee replacement and 6-12 weeks after your hip replacement. However, you still need to be careful, so your new hip does not move out of place.

Signs of Infection

Look closely for the following signs of infection. If you think you may have an infection or issue with your wound, call your surgeon immediately.

- Increased swelling and/or redness at incision site.
- Drainage that increases, changes in color, or smells bad
- Increased pain at the surgical site
- Fever greater than 100.5° F (a low-grade fever below 100.5° is common after joint surgery).
- Your incision is very red, warm and tender.
- If your bandage is soaked with blood (touching 3 out of the 4 borders of your bandage)
- If any fluid starts to leak from your bandage
- If your bandage moves and part of your wound is not covered.



What to Expect: After Hip Surgery

Caring For Your New Hip: Precautions, Preventing Dislocations

For a period of time after a total hip replacement there is a risk of the hip ball coming out of its socket, which is called dislocation. The risk of dislocation can be greatly reduced by following simple "hip precautions" during your hospital stay and after your return home, see pictures on page 16-17.

Be sure to discuss any questions or concerns with your surgeon. Your therapist will discuss specifics with you during your treatment sessions.

For Posterolateral Approach total hip replacement patients, never force your hip into excessive flexion, nor turn your operated leg inward or cross your operated leg or ankle. See next page for examples.

For Direct Anterior Approach total hip replacement patients, avoid externally rotating and extending the operative leg at the same time. See next page for examples.

Post Op Driving Recommendations

In general patients are permitted to drive when they feel safe and competent and are no longer taking narcotics. The usual time frame is about 2 weeks when surgery is done on your left side and about 4 weeks when surgery is done on your right side. Please discuss any specific questions or concerns with your surgeon.

If you are having a hip replacement you must make sure that you can maintain your precautions when getting in and out of the vehicle.

Posterior Hip Precautions: No Adduction



Keep legs apart at all times. Do not cross legs whether standing, sitting or lying down. Use a pillow to keep legs apart in bed.

Posterior Hip Precautions: Sitting

Do not sit on low or soft seats as this forces bending at hips and rolling inward at knees.

Avoid recliners, rocking chairs and low stools.



Posterior Hip Precautions: Limit Lifting Leg

Do not prop or lift leg up past 90 degrees at affected hip.

Some activities such as cutting toenails or shaving legs will require assistance from others.



Posterior Hip Precautions

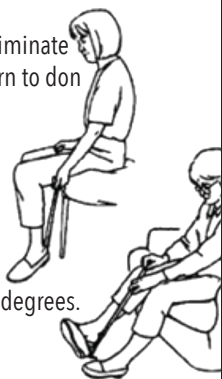
Dressing: Shoes & Socks

Step-in shoes or elastic shoelaces eliminate bending. Use long-handled shoehorn to don shoes. Use a sock aid to don socks.

May use a reacher or dressing stick to help take off socks & shoes.

Special Precautions:

- Do not bend affected hip past 90 degrees.
- Avoid crossing legs.
- Do not twist affected leg inward.



For Direct Anterior Approach:

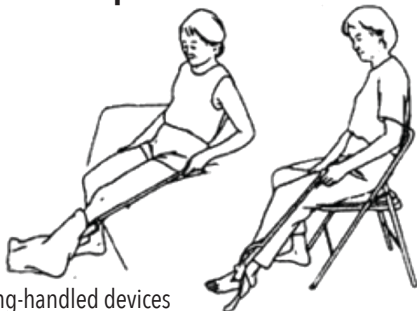
Avoid combined movement of extending hip backward and turning hip outward.

Do not step backwards with your surgical leg or extend your surgical leg behind you.



Posterior Hip Precautions

Dressing: Limited Hip Flexion



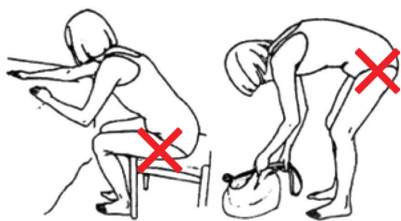
Always use long-handled devices for self care. Keep reachers handy to pick up dropped items.

For Direct Anterior Approach:

Avoid Outward Leg Rotation



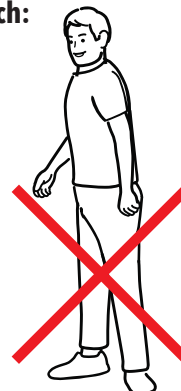
Posterior Hip Precautions: Limit Hip Flexion



Do not bend forward at hips past 90 degrees while standing, sitting or lying down.

For Direct Anterior Approach:

Avoid Outward Leg Rotation



Home Exercise Program



Heel Slide: While flat, bend knee and slide heel toward buttocks and then slide back to straight. Repeat opposite side.



Short Arc Quads: With a towel roll under the knee of the operated leg, lift your heel off the bed. Repeat opposite side.



Ankle Pumping: Bend ankles up and down.

PRE-OP | POST-OP*

Heel Slide

Sessions per Day: 2

Sets: 2

Repetitions: 15

PRE-OP | POST-OP*

Short Arc Quads

Sessions per Day: 2

Sets: 2

Repetitions: 15

PRE-OP | POST-OP*

Ankle Pumping

Sessions per Day: 2

Sets: 2

Repetitions: 15

* Your therapist
will assign your
Post-op* numbers

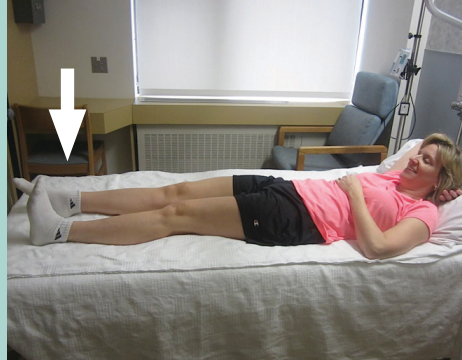
PRE-OP | POST-OP*

Isometric Hamstring

Sessions per Day: 2

Sets: 2

Repetitions: 15



Isometric Hamstring: On operated side, press your straight leg firmly into the bed, and hold for 6 seconds. Repeat opposite side.

PRE-OP | POST-OP*

Hip Abduction

Sessions per Day: 2

Sets: 2

Repetitions: 15



Hip Abduction: Slide the operated leg sideways in bed, keeping your leg pressed on the bed. Repeat opposite side.

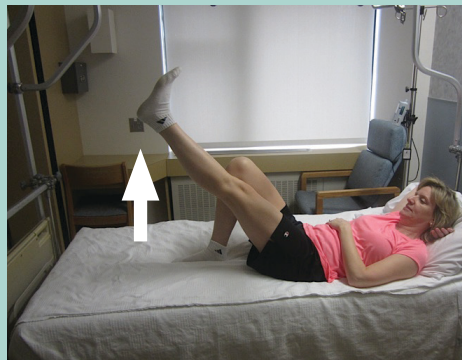
PRE-OP | POST-OP*

Straight-Leg Raise

Sessions per Day: 2

Sets: 2

Repetitions: 15



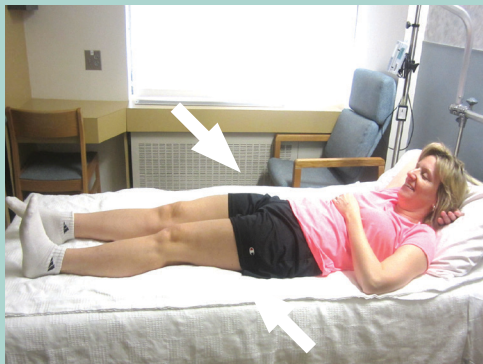
Straight-Leg Raise: With non-operated leg bent, slowly lift the operated leg up and down. Repeat opposite side.

* Your therapist
will assign your
Post-op* numbers

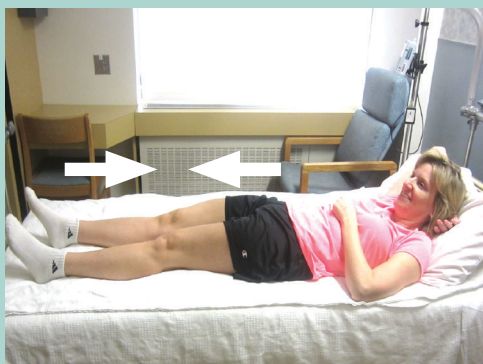
Home Exercise Program



Hamstring Press: Lie on your back with knees bent and toes up. On your operated side dig your heel into the bed and press down firmly for 6 seconds. Repeat opposite side.



Gluteal Contractions: Squeeze buttock muscles as tightly as possible while counting to 15.



Quad Set: With operated leg out straight, slowly tighten and hold thigh muscle, while counting to 15.

PRE-OP | POST-OP*

Hamstring Press

Sessions per Day: 2

Sets: 2

Repetitions: 15

PRE-OP | POST-OP*

Gluteal Contractions

Sessions per Day: 2

Sets: 2

Repetitions: 15

PRE-OP | POST-OP*

Quad Set

Sessions per Day: 2

Sets: 2

Repetitions: 15

* Your therapist
will assign your
Post-op* numbers

PRE-OP | POST-OP*

Seated Knee Extension

Sessions per Day: 2

Sets: 2

Repetitions: 15



Seated Knee Extension: Sit up straight on a chair with your feet flat on the floor. Slowly lift your foot to the level of your hip, then lower. Repeat opposite side.

PRE-OP | POST-OP*

Standing Hip Flexion

Sessions per Day: 2

Sets: 2

Repetitions: 15

* Your therapist
will assign your
Post-op* numbers



Standing Hip Flexion: Holding onto a stable surface, lift knee of operated leg slowly up and down.

Home Exercise Program

Do not start these exercises until 4 weeks after surgery.



Standing Hip Extension: Holding onto a stable surface, extend leg backwards trying to lift foot off the ground. Return to standing.



Standing Hip Abduction: Lift operated leg out to side, bring back to midline.

PRE-OP | POST-OP*

Standing Hip Extension

Sessions per Day: 2

Sets: 2

Repetitions: 15

PRE-OP | POST-OP*

Standing Hip Abduction

Sessions per Day: 2

Sets: 2

Repetitions: 15

* Your therapist will assign your Post-op* numbers

Durable Medical Equipment Overview

Walker.

Standard or rolling device for support to maintain balance and stability.



Shower Chair.

Place the bath seat in the tub or shower and elevate to the appropriate height.



Long-handled Bath Sponge.



Assists you with washing your lower legs and feet. The long-handle reduces the need to bend. You can also wrap a towel around the sponge to help with drying off.

Seat Cushion. Is placed on any low chair to avoid the "Danger Position" (which is when the hips are below the knees)



Reacher. Help pick up dropped items.



Sock Aide.

Use to put on socks, underwear or pants.



Long-handled Shoehorn.

The handle on this shoehorn helps to avoid bending when putting your shoes on. Place the shoehorn inside the back of your shoe and push your heel down into the shoe.



Elastic Shoelaces. Elastic laces provide firm support yet stretch to allow your feet to slip in or out of the shoes without having to untie and retie them.



Commode. Can be used with the bucket to provide bathroom facilitates or remove the bucket and place over your toilet to raise the seat.



Ice machine. Cooling device that uses a pump to circulate cold water through a pad or wrap that is applied to the knee.



Resources



Educational Websites

There are numerous websites that offer educational information for arthritis and joint replacement surgery. They provide definitions of medical terminology, research and news, as well as diagrams and interactive virtual surgeries. You may have an interest in checking out the following sites.

Arthritis Foundation — arthritis.org

The Arthritis Foundation offers a great deal of information about diseases, such as osteoarthritis and rheumatoid arthritis. The site also has a section that describes joint replacement surgery options.

Health Finder — healthfinder.gov

Sponsored by the U.S. Department of Health and Human Services, this site has information on diseases like osteoarthritis and rheumatoid arthritis as well as links to other great websites.

American Academy of Orthopaedic Surgeons — orthoinfo.org

The American Academy of Orthopaedic Surgeons website has patient information and resources about joint replacement surgery in English, Spanish, Chinese, Japanese and Portuguese.

There are also a number of total joint replacement surgery videos available on YouTube.

Osteoarthritis Principle Care Management Program (PCM)

This is a pathway designed for all our patients undergoing hip, knee, or shoulder replacement surgery. Enrollment in the program helps our team identify specific medical and/or physical comorbidities that pose a higher risk of postoperative complication and risk of readmission after total joint arthroplasty. The focus of the program is to optimize these risk factors prior to surgery to reduce the risk of complications. Enrollment in the program is highly encouraged and it allows 24/7 access to either the physician or care team utilizing the nurse navigator or office phone numbers during working hours and the on-call pager system after hours.

1. A comprehensive care plan as it pertains to the patient's joint problems as well as comorbid conditions would be developed between the physician and clinical staff in preparation for joint replacement surgery and documented in the electronic health record. This will be actively managed by the clinical staff with physician supervision throughout enrollment in the program.
2. The clinical staff will help manage care transitions as well as coordinate home and community based care as it pertains to the patient's joint problem.
3. Enrollment in the program is covered by your insurance, but may have some cost sharing responsibilities depending on the insurance payer.
4. Enrollment will cease immediately before their joint replacement surgery.
5. The patient is allowed to stop the PCM services at any time.



Care Companion

The Southcoast Health Total Joint Replacement Team introduces a new tool to support you throughout your Joint Replacement Journey.

Care Companion Digital Support Tool

Care Companion is an interactive tool that includes access to a hip or knee replacement care plan depending on the surgery you have been scheduled for. This care plan is available through the MyChart mobile app. While working with your healthcare team via Care Companion, you will receive education, symptom check-ins and reminders through notifications to your mobile device, home computer or tablet. To connect with you via Care Companion, you will need to register for MyChart at southcoast.org/mychart-portal or simply scan the QR code below.

To access Care Companion through your MyChart App:

- Open MyChart
- In the top left corner, open the menu
- Scroll down to My Records
- Tap on "To Do" and all your tasks will appear

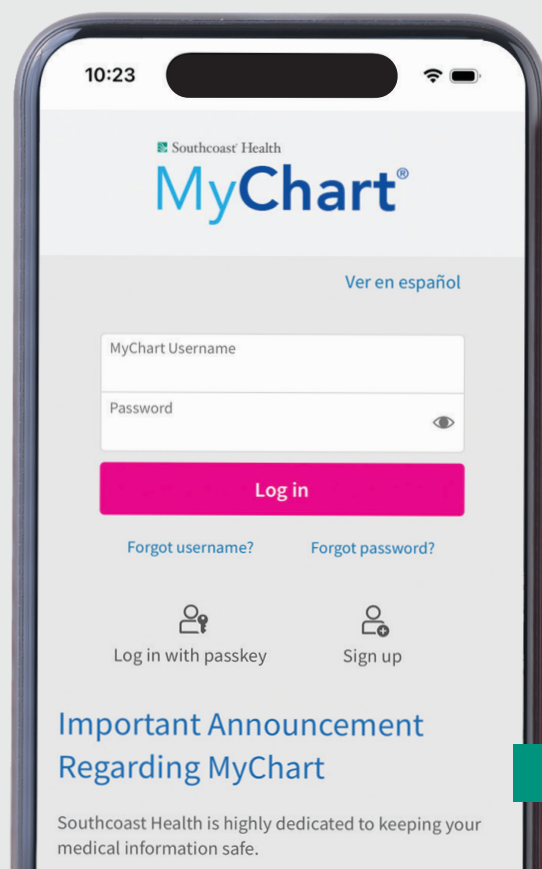
New to MyChart?

Southcoast Health is committed to partnering with you by providing quick and convenient online access to your personal healthcare information. MyChart is a secure way to store all your health records in one place and for creating and carrying out a plan of care that works for you.

For us to connect with you via Care Companion, you will need to register for MyChart at southcoast.org/mychart-portal or simply scan the QR code below

My Chart allows you to:

- View your medical records, shared notes and non-sensitive test results
- Request Appointments
- Refill Medications
- Track Important health data
- Upload your healthcare proxy to your medical record



Important Announcement Regarding MyChart

Southcoast Health is highly dedicated to keeping your medical information safe.

Checklist: Home Safety



Use this safety precautions checklist to eliminate some of the most common dangers in the home. For your convenience, simply tape this list to your refrigerator for easy viewing.

- ☐ Remove throw rugs from walkways.
- ☐ Always pick your feet up when walking.
- ☐ Use a cooking timer, especially if you leave the kitchen while the stove/oven is on.
- ☐ Keep all flammable items away from the stove/oven, including shirt sleeves and towels.
- ☐ Place frequently used items within easy reach by rearranging shelves and counters.
- ☐ Take your time getting in or out of the tub or shower.
- ☐ Use a non-skid bathmat or shower chair.
- ☐ Keep phones and emergency numbers in every room of the house, and by your bed.
- ☐ If you live alone, stay in contact with a neighbor or relative on a daily basis.
- ☐ Use a pill organizer or journal to keep track of daily medications.
- ☐ Call your physician if you do not feel well or if you have any questions about medications.
- ☐ If you use a walker, do not carry items with your hands; use your walker basket or attached bag.
- ☐ Keep electrical cords out of the way. Place them under rugs or furniture or along walls or baseboards.
- ☐ Never stand on a chair, box or other unstable object.
- ☐ Keep stairways clear of clutter.
- ☐ Take your time on the stairs.

☐ Surgery Scheduled on

☐ Name of Coach

☐ Joint Replacement Class Date and Time

☐ Pre-operative Exercise Start Date

☐ Pre-operative Testing Date and Location

☐ Medical Clearance Appointment

☐ Dental Clearance Appointment


☐ Home safety preparation completed.

☐ Personal items for the hospital gathered.

☐ Skin cleansing start 5 days before and finish the morning of surgery.

☐ No solid foods to eat after midnight. If instructed you can drink clear liquids up to 2 hours before surgery arrival time.

Patient Rights & Responsibilities



You are welcome here.

Southcoast Health actively supports and embraces a **welcoming and inclusive environment** in which all individuals are treated with **respect and dignity**.

Patient Bill of Rights

As a patient of Southcoast Hospitals Group, your rights include the right to:

- Receive care and treatment in a safe and secure environment and to have all reasonable requests responded to promptly and adequately within the capacity of the hospital.
- Receive considerate and respectful treatment that supports your values and beliefs. Pastoral counseling is available upon request.
- Know the name and professional specialty of any doctor or other person who participates in your care.
- Receive complete and current information in terms you can understand.
- Have a family member, friend or other individual to be present with you for emotional support during the course of stay unless the individual's presence infringes upon other's rights, safety or is medically or therapeutically contraindicated.
- Expect confidentiality of communication and medical record information regarding your diagnosis, treatment and care.
- Review your medical records in the presence of your doctor or nurse, and receive a copy at a reasonable fee.
- Be informed of procedures, treatments, risks, benefits and alternatives in order to make decisions and give consent.
- Refuse treatment and be informed of the risks of your decision.
- Receive information and your rights if you choose to participate in research, investigational studies or clinical trials.
- Personal privacy during medical treatment and care.
- Refuse to be examined, observed or treated by students or any other hospital staff without jeopardizing your access to other medical care.
- Prompt life-saving treatment in an emergency without discrimination on the basis of economic status or source of payment.
- Receive an explanation if you must be transferred to another institution.
- Receive an explanation of your bill regardless of the payor, and receive information concerning financial assistance and free health care.
- Have complete information, at the time of pre-admission, about the hospital's maternity practices.
- Appoint a Health Care Proxy as a substitute decision maker for your health care should you become unable to make or communicate your own decisions.
- Request assistance from the Bioethics Committee if faced with an ethical concern or conflict.
- Receive accurate written information on emergency contraception and have emergency contraception made available to you if you are a female rape victim of childbearing age.



We welcome all concerns and compliments about the service you or your loved one receives while our patient. Southcoast is committed to reviewing all patient concerns and communicating steps taken to address and resolve such concerns. To file concerns about your care at Charlton, St. Luke's or Tobey, contact:

**Southcoast Health System
Patient Experience Department**

101 Page Street
New Bedford, MA 02740
Southcoast Hotline: 1-877-264-7244
(toll free)
E-mail: info@southcoast.org
www.southcoast.org

**Massachusetts Department of Public
Health
Division of Health Care Quality,
Complaint Unit**

99 Chauncy Street
Boston, MA 02111
800-462-5540
www.mass.gov/dph/dhcq/

**Massachusetts Board of Registration
in Medicine**

200 Harvard Mill Sq., Suite 330
Wakefield, MA 01880
781-876-8200
www.massmedboard.org

**The Joint Commission
Division of Accreditation Operations
Office of Quality Monitoring**

One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Fax: 630-792-5636
www.jointcommission.org

**Concerns About the Privacy
of Your Medical Record**

The Southcoast Privacy Officer can assist you with concerns about inappropriate access to your medical record. Please call the Compliance and Privacy Hotline at 508-973-5040.

Notes

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Rehabilitation Locations

Total Joint Program Rehabilitation Locations

Total Joint Program
Southcoast Health Outpatient
Rehabilitation Services

To schedule an appointment please call:

Phone: 508-973-9450

Toll Free: 844-608-2598

Greater Fall River

Southcoast Health Rehabilitation at Hanover Street 235 Hanover Street, Fall River, MA 02720

Mon – Thu: 7 a.m. to 6:30 p.m. / Fri: 7 a.m. to 5:30 p.m.

Southcoast Health Rehabilitation Swansea 479 Swansea Mall Drive, Swansea, MA 02777

Mon, Thu: 9:30 a.m. to 7 p.m. / Tue, Wed: 7:30 a.m. to 4:30 p.m. / Fri: 7:30 a.m. to 4 p.m.

Southcoast Health Rehabilitation at Truesdale 263 Stanley Street, Fall River, MA 02720

Mon, Wed: 7:30 a.m. to 7 p.m. / Tue, Thu: 7:30 a.m. to 5 p.m. / Fri: 8 a.m. to 5 p.m.

Greater New Bedford

Southcoast Health Brain & Spine 480 Hawthorn Street, Dartmouth, MA 02747

Mon, Wed: 7 a.m. to 7 p.m. / Tue, Thu: 7 a.m. to 7:30 p.m. / Fri: 7 a.m. to 4:30 p.m.

Southcoast Health Rehabilitation at Faunce Corner 300 C Faunce Corner Road, Dartmouth, MA 02747

Mon: 8 a.m. to 7 p.m. / Tue-Thu: 7 a.m. to 7 p.m. / Fri: 7 a.m. to 4:30 p.m. / Sat: 8 a.m. to 12 p.m.

Greater Wareham

Southcoast Health Rehabilitation Wareham 1 Recovery Road, Wareham, MA 02571

Mon, Wed: 8 a.m. to 8 p.m. / Tues, Thu: 7 a.m. to 7 p.m. / Fri: 7 a.m. to 5:30 p.m.

Southcoast Health at Home

Greater Fall River, Greater New Bedford, Greater Taunton and East Bay Rhode Island Communities

508-973-3200 Toll Free 1-800-698-6877

7 days a week

Rehabilitation Services

Outpatient Locations

Greater Fall River

Southcoast Health Swansea 508-973-1560 • Fax: 508-973-1565	479 Swansea Mall Drive, Swansea, MA 02777 <i>Physical Therapy, Orthopedic, Balance</i>
Southcoast Health at Hanover Street 508-973-9470 • Fax: 508-973-9475	235 Hanover Street, Fall River, MA 02720 <i>Physical Therapy, Occupational Therapy, Hand Therapy, Speech Therapy, Audiology, Hearing Aid Dispensing & Repair, Balance, Orthopedic, Neurological Rehab</i>
Southcoast Health at Stanley Street 508-973-7445 • Fax: 508-973-7446	263 Stanley Street, Fall River, MA 02720 <i>Physical Therapy, Occupational Therapy, Hand Therapy, Orthopedic, Balance, Neurological Rehab</i>

Greater New Bedford

Southcoast Health at Faunce Corner 508-973-9370 • Fax: 508-973-9235	300B Faunce Corner Road, North Dartmouth, MA 02747 <i>Physical Therapy (for men & women with pelvic floor dysfunction, pelvic pain disorders, lymphedema and other issues following breast cancer)</i>
Southcoast Health at Faunce Corner 508-973-9380 • Fax: 508-973-9395	300C Faunce Corner Road, North Dartmouth, MA 02747 <i>Physical Therapy, Orthopedic</i>
Southcoast Health at Dartmouth Place 508-973-9230 • Fax: 508-973-9222	Mashpee Building, 49 State Road, Dartmouth, MA 02747 <i>Audiology, Hearing Aid Dispensing & Repair</i>
Southcoast Health Brain & Spine 508-973-9110 • Fax: 508-973-9111	480 Hawthorn Street, Dartmouth, MA 02747 <i>Physical Therapy, Occupational Therapy, Hand Therapy, Speech Therapy, Functional Spine, Orthopedic, Balance, Neurological Rehab</i>
Southcoast Health Pediatric Rehabilitation 508-973-1470	4543 Acushnet Avenue, New Bedford, MA 02745 <i>Pediatric Physical Therapy, Occupational Therapy, Speech Therapy</i>

Greater Wareham

Southcoast Health Wareham 508-273-1950 • Fax: 508-273-1955	1 Recovery Road, Wareham, MA 02571 <i>Physical Therapy, Orthopedic, Balance, Neurological Rehab</i>
Southcoast Health at Gleason YMCA 508-273-1950 • Fax: 508-273-1955	33 Charge Pond Road, Wareham, MA 02571 <i>Aquatic Therapy</i>