

Northern Light Orthopedics Patient Guidebook

# Total Hip and Knee Joint Replacement Surgery



**Northern Light**<sup>SM</sup>

Mayo Hospital



## This Guidebook Belongs to:

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Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Pharmacy Name and Phone: \_\_\_\_\_

This guidebook is designed to provide information and education about all phases of care for your spine surgery so that you will know what to expect every step of the way. Please bring this guidebook with you for all pre-surgical appointments, your hospital stay, and post-surgical appointments. Important dates and times to remember: (Please write below)

Surgery: \_\_\_\_\_ at \_\_\_\_\_ AM or PM

Pre-Admission Testing/Evaluation: \_\_\_\_\_ at \_\_\_\_\_ AM or PM

Follow up Appointment with Surgeon: \_\_\_\_\_ at \_\_\_\_\_ AM or PM

Please list **all medications** you are currently taking including prescription medications, over the counter medications and herbal or dietary supplements:

Our mission is to make healthcare work for you. We are committed to focusing on your needs and guiding you through care.

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# Welcome to Northern Light Mayo Hospital

897 W Main Street  
Dover-Foxcroft, ME 04426  
207-564-8401

[NorthernLightHealth.org/Northern-Light-Mayo-Hospital](http://NorthernLightHealth.org/Northern-Light-Mayo-Hospital)

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## Additional Contact Information

|   |              |
|---|--------------|
| <b>Mayo Hospital Main Number/Operator</b> ..... | 207-564-8401 |
| <b>Care Management</b> .....                    | 207-564-4294 |
| <b>Patient Accounts</b> .....                   | 207-564-4301 |
| <b>Physical Therapy</b> .....                   | 207-564-4273 |
| <b>Occupational Therapy</b> .....               | 207-564-4273 |
| <b>Surgical Services</b> .....                  | 207-564-4262 |

Thank you for choosing Northern Light Mayo Hospital to meet your healthcare needs. Our staff and your surgeon are dedicated to providing you with the finest surgical care available.

## Directions to Northern Light Mayo Hospital

### from Guilford and points north and west

Take ME Routes 6/15/16 east to Dover-Foxcroft

The hospital is on the left at 897 W Main Street, about half of a mile past Foxcroft Academy

### from Dexter and points southwest

Take ME Route 7 north to Dover-Foxcroft (13 miles)

Turn left at the stoplight on to ME Route 15

Veer left at the second stoplight on to ME Routes 6/15/16

Drive half of a mile. The hospital is on the right at 897 W Main Street

### from Corinth and points southeast

Take ME Route 15 north to Dover-Foxcroft (18.5 miles)

Go straight through the stoplight

Veer left at the second stoplight on to ME Routes 6/15/16

Drive half of a mile. The hospital is on the right at 897 W Main Street

### from Milo and points east

Take ME Routes 6/16 west to Dover-Foxcroft (13 miles)

Turn left at the stop sign to stay on Routes 6/16

Turn right at the stoplight to stay on Routes 6/15

Drive half of a mile. The hospital is on the right at 897 W Main Street

## What are the risks of joint replacement surgery?

**Infection:** This is not common but can occur soon after surgery or even years later from bacteria that can enter the blood stream and settle in your artificial joint. An infection often results in the need for additional surgery.

**Phlebitis:** Blood clots may go to your lungs and cause difficulty breathing or chest pain. If it does occur, is most likely to occur shortly after surgery. After surgery, you will be on medication to decrease your risk of having a blood clot go to your lungs (pulmonary embolism).

**Dislocation:** The new joint can pop out of place if the joint is flexed or rotated excessively.

**Swelling:** Swelling of your leg is common after surgery. Your support hose stockings (TEDS) will help with this.

Other risks such as nerve injury, fracture around your artificial joint, and the joint wearing or loosening with time are less common.

Your new joint will be held in place by your own soft tissues (muscles) which will temporarily be weakened as a result of the surgery. Your physical therapist will teach you exercises to do before and after your surgery to strengthen and tone these muscles. Your recovery will be much better if you do these exercises as taught to you.

**Despite these risks, joint replacement is usually very safe and effective!**

**You can look forward to decreased pain and the ability to be more active.**

## Planning Ahead Before Surgery

### Step 1 - Verify Insurance

### Contact your insurance company

All insurance companies are different in the coverage and requirements for joint replacement surgeries. Although each doctor's office has staff that can assist you with processing your insurance claim, you may want to contact your insurance company directly for specific information prior to your surgery.

You will also want to find out if your insurance covers home care or rehabilitation services such as a skilled nursing facility. Most doctors' offices will take the necessary steps to obtain your surgical pre-certification, but you will want to find out about your care options for after your surgery.

One of our financial counselors is available to assist you if you do not have insurance, have Medicaid or need to make payment arrangements. Please call our Patient Accounts department at **207-564-4301**.

If you are not able to pay the full amount you can also make an advance deposit towards the estimated amount due. The financial counselor is also available to financially screen for Medicaid or charity care. The financial counselor can be reached at **207-564-1615**.

## Step 2 - Preoperative Testing

### Surgical Services

As your surgery day approaches, a nurse from the Surgical Services department will call you for a preoperative anesthesia teaching appointment. On the phone you will be asked about medications, your health history and prior anesthesia history. The nurse who calls you will discuss which medications you may take the day of surgery. There are some medications that should be discontinued for several days before surgery. Your surgeon's office will inform you of any medications you take that should be stopped.

The nurse will also confirm the date of your surgery. Please have the following information readily available:

- List of all medications including prescriptions and over the counter medications
- List of prior surgeries
- Specialists (e.g., cardiologist, pulmonologist) names and telephone numbers

At the pre-operative testing appointment, the following may be included in your visit:

- Blood (lab) work
- Electrocardiogram (ECG)
- Medical Management Consult/Hospitalist
- Chest X-ray

Please let us know if you have had any recent tests. It is very important that you go to this appointment or your surgery date may have to be changed.

## Step 3 - Preparing for Surgery

### Advance Directive

Northern Light Mayo Hospital supports and complies with our patients' advance directives. Please bring a copy of your Living Will and/or Durable Power of Attorney for Health Care for your medical records. If you do not have an advance directive, and would like information on creating one, ask your surgeon's office or visit <https://northernlighthealth.org/HIM> to obtain one.

### Home Medications

Leave your own medications at home, we will provide you with your medications while you are at the hospital.

### Stop Smoking

Before your surgery, it is very important to quit smoking and refrain from inhaling marijuana and vaping products. Smoking not only increases your risk of lung problems after surgery but also hinders healing. In some instances, your surgeon may choose not to operate if you continue to smoke. If you need assistance, please call the Maine Tobacco Helpline at 1-800-207-1230. This free, confidential service has proven highly successful for many people.

### Surgery Scheduling

Your surgery date will be scheduled by your surgeon's office. Please be advised your arrival time is approximately 1 to 2 hours prior to your scheduled surgery start time. Surgical Services will call the day before your surgery with the time you should arrive at the hospital.

### Nutrition

Eat healthy foods like fruits, vegetables, lean meats, and whole grains. If your doctor has recommended you lose weight, it is very important that you do the best you can to do this. Extra weight increases your risk of complications after surgery.

### Physical Examination

You may be asked to see your primary care physician to assess your overall health and identify any medical conditions that could interfere with surgery or recovery. Be sure to tell your surgeon about: all medications you take, all allergies or sensitivities, any history of phlebitis (blood clots) or pulmonary emboli (blood clots in your lungs) and recent infections. Joint replacement surgery will not be performed if you have any infections elsewhere in your body.

## Dental Care

Although infections after joint replacement are not common, an infection can occur if bacteria enter the bloodstream. Any tooth or gum problems can be a source of infection and need to be treated before surgery. After surgery, your surgeon will advise you about antibiotics to be taken before dental work. Do not schedule any dental work 1 month prior or 2 to 3 months after surgery.

## Shape Up Before Your Surgery

The surgery date to replace your worn-out joint is coming up and you're wondering if you will bounce back or struggle to get back on your feet again? If you want a speedy recovery and best possible outcomes, you need to get to work! You need to get in "surgery shape." Many people with arthritis and pain favor their joints and limit their physical activities — unfortunately their muscles become weaker. We recommend that you begin to strengthen your muscles so that it is easier for you to regain movement and strength after surgery. This will greatly assist in your recovery.



## Physical and Occupational Therapy

It is important to be as fit as possible before undergoing a total joint replacement. This will make your recovery much faster and easier.

Remember that you need to strengthen your entire body, not just your leg. It is very important that you strengthen your arms. Do not do any exercises that are too painful!

**There are exercises in the back of the book, please refer to these exercises and complete them as directed. The more you do before surgery, the stronger you will be after surgery.**

**If you have any questions about the exercises, please feel free to contact your surgeon or discuss with your physical therapist.**



## Planning for Knee Surgery

Together, you and your surgeon have decided that replacing your knee with an artificial joint is the best solution to help relieve your pain and help you return to enjoying normal, everyday activities.

During knee replacement surgery, the surfaces of the damaged bone in your knee are replaced with specially designed metal and polyethylene plastic joint components.

There are two methods of joining the artificial parts and your bones:

- Cemented
- Non-cemented

With a non-cemented joint, the bone grows into specially prepared surfaces of the prosthesis allowing for fixation. With cemented components, the bone cement provides a mechanical fixation for bonding the prosthesis to the bone.

Your surgeon will determine which prosthesis and method of fixation is best for you. Most often the decision is based on your age, activity level, your health, and how your bones appear on X-ray.

### Unicompartmental (Partial) Knee Replacement

Partial knee replacement effectively relieves pain and returns patients to their desired lifestyle. This surgery works best for people who have already started the work of recovery before surgery. Please read this booklet and do your best to follow the instructions and advice. Prepare your body and home for the best results of your surgery!



## Planning for Hip Surgery

When it's working properly, your hip lets you walk, sit, bend, and turn without pain. To keep it moving smoothly, a complex network of bones, cartilage, muscles, ligaments, and tendons must all work in harmony.

The hip is a very stable ball-and-socket joint. The ball portion of the joint is called the femoral head and is part of the upper leg bone (femur). The socket portion is called the acetabulum and is part of the pelvic bone. The femoral head (ball) fits into the acetabulum (socket). Both the femoral head and acetabulum have a smooth, friction-free surface of cartilage.

Arthritis is the wearing away of this cartilage layer to the underlying bone. Without this cartilage layer, the hip becomes painful with motion and daily activities, such as walking.

## Your Hip Replacement Surgery

In total hip replacement surgery, the ball and socket that have been damaged by arthritis are removed and replaced with artificial parts. These artificial parts are called "implants" or "prostheses".

There are many different types of implants available and many different techniques used to place the implants. Your surgeon will evaluate your unique situation and recommend the options best for you.

Hip replacement is generally very effective in relieving arthritic pain and returning function; however, it is considered "major surgery" with significant risks.

Your doctor will discuss anticipated benefits and potential risks of the procedure with you.

Unless your surgeon otherwise specifies, we will provide you with a "Hip Kit" for after your surgery in order to follow your precautions.

### Hip Kit items:

- Sock Aid
- Reacher
- Long Handled Shoe Horn
- Long Handled Sponge



Raised toilet seats are provided to patients if needed. If you prefer to have a raised seat with grab bars, you will need to purchase one on your own. Other options can include use of a commode over toilet as well, to increase toilet height and provide support during transfers on and off the toilet.

Insurance does not cover this equipment. It is an "out-of-pocket" expense. You can find this equipment at a variety of locations such as your local pharmacy or online.

## Precautions

### Hip Precautions

Depending on the surgical approach, one risk of hip replacement surgery is hip dislocation (the ball of the hip popping out of the socket). This risk is greater in the first three months after surgery when you are regaining strength and coordination. You can minimize the risk by avoiding extreme movements and by following the precautions from your surgeon.

Your physical therapist will discuss hip precautions with you if you had a posterior surgical approach. These hip precautions are:

- Do not flex your hip greater than 90 degrees
- Do not cross your legs
- Do not internally rotate the hip, turning the toe in

### What positions should be avoided?

While your precautions will depend upon which surgical approach your surgeon uses, there are some common movements you can plan on **avoiding for the next three months:**

- Any extreme movements such as; deep bending or extreme twisting
- Avoid crossing your legs at the knees
- Use a pillow between your legs when lying in bed and when turning side to side
- Reaching to your feet for bathing and dressing tasks

### Do's and Don'ts for the Rest of Your Life

People who have had joint replacement surgery need to have a regular exercise program to maintain their fitness and the health of the muscles around their joints. You will need to engage in a regular exercise program. Speak with your physical therapist or surgeon for details. High impact activities such as running, and singles tennis may put too much load on the joint and are generally not recommended.

### After your Discharge

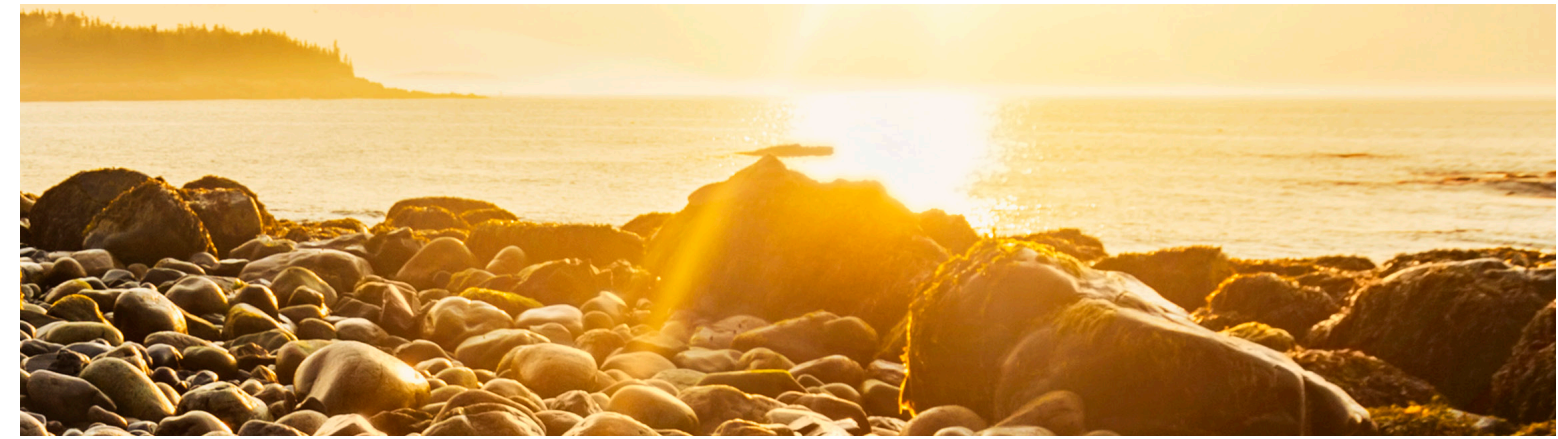
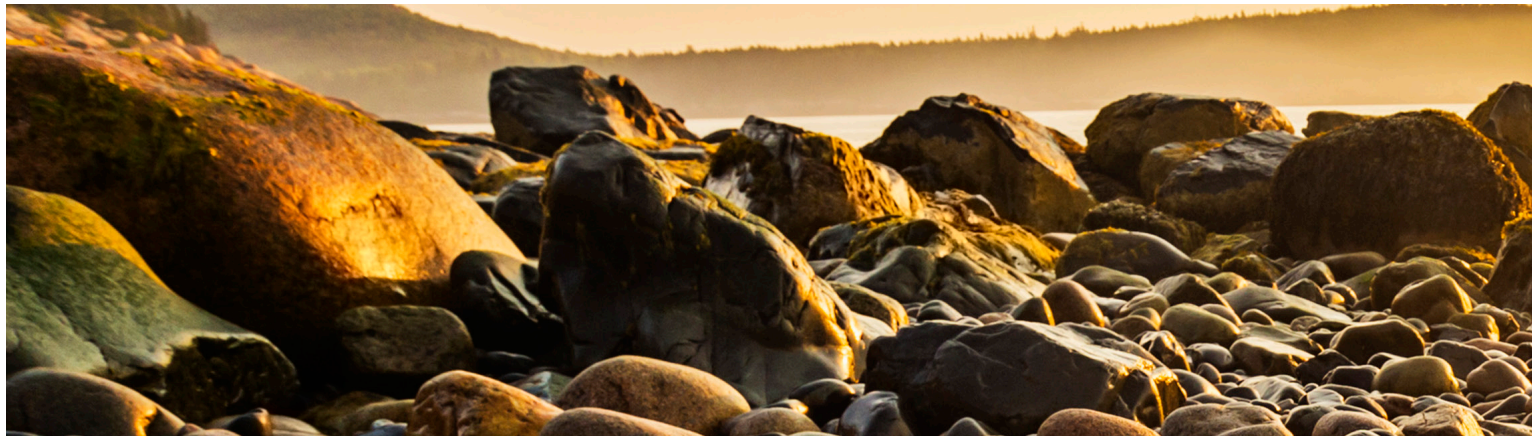
You will be on anticoagulants (blood-thinning medications) during your hospital stay and usually for several weeks after surgery. This may include aspirin. Take as directed.

### Preventing Respiratory Problems

Nurses will encourage you to do deep breathing exercises. You will be instructed in how to use an spirometer to help keep your lungs fully expanded until you are fully mobile and active. You will be encouraged to get up and moving. Research shows that the sooner you are up and moving, the less likely you are to experience post-surgery complications.







## Planning Ahead for Your Surgery

Many patients go home the same day following joint surgery. Your surgeon will determine if you are a good candidate for outpatient joint surgery. Things that can improve your recovery include:

- Check with your surgeon to determine what medical equipment you will need
- Arrange furniture so you can walk around easily
- Clear clutter from the floors of your home and remove any throw rugs so you won't trip and fall
- Check that handrails are secure when entering your home
- Be sure you have a clear path to the entrance of your home
- Get a non-slip mat for the bottom of your bathtub to prevent slipping
- Wrap up or tape down any long electric/ telephone cords
- Store food and supplies that you use often in cupboards or on counters that are at waist to shoulder level
- Place clothing that you use most often in drawers and closets at waist to shoulder level
- Buy or make individual meals that can be frozen or reheated easily

## Arrange to Have Someone:

- Take you home from the hospital on your day of discharge
- Stay with you for the first week after you go home from the hospital
- Help with house cleaning, chores, and laundry
- Help with errands and groceries
- Take you to your doctor's office for follow-up visits
- Care for a child, spouse, pet, or parent while you are in the hospital and after you are discharged from the hospital

## Prepare Your Bathroom

- If you have a combination shower/bathtub, you may want to consider a tub/transfer bench. If you have a shower stall, you can use any seat that you feel comfortable with.
- The seat should have feet with rubber tips to keep it from slipping.
- A hand-held shower head may be helpful. These can be purchased at local home improvement stores.
- You will be instructed on the proper way to use a bench or seat in the shower while you are in the hospital or during your home health visit. Consider having hand rails installed in your shower.
- Use of a raised toilet seat with hand rails will help you maintain any hip precautions that you have and is also helpful for those who have knee replacements. They can be purchased at a pharmacy or department drug store.



## Fall Prevention Checklist

### In General

- Remove all clutter
- Remove low lying objects
- Avoid cords
- Maintain clear pathways
- Be aware of pets or children who can pop up in front or behind you
- Clean up all spills immediately
- Avoid walking on stairs, wooden or waxed floors, wearing socks or nylons
- Choose shoes that have a slip-resistant sole
- Exercise regularly – it improves muscles and strength
- Stand up slowly to avoid becoming unsteady or light-headed

### Telephones

- Cordless phone or cell phone accessible
- Ask family & friends to let the phone ring 10 times

### Seating

- Use sturdy, stationary chairs with armrests
- Make sure chairs are of the appropriate height
- Do not use chairs with wheels

### Walkways

- Make sure walkways are level
- Make sure there is enough lighting
- Keep walkways free of objects
- Construct non-slip surfaces

### Steps

- Keep steps in good repair
- Construct non-slip surfaces
- Mark the edges
- Secure handrails on both sides
- Place bright contrasting colored tape on the top and bottom step

### Kitchen

- Make sure that storage areas are easily reached without using a stepstool or chair
- Be careful of slippery linoleum floors
- Place a non-skid mat near the sink areas to absorb any spilled water

### Bathroom

- Be careful of floors that may be slippery when wet
- Make sure you have a shower mat in the bathtub
- Make sure you have a shower seat
- Have grab bars available and securely fastened
- Make sure the toilet seat is the proper height so you can easily sit down and stand up
- Use non-slip bath mat

### Lighting

- Use bright, glare free lighting
- Have light switches available before entering the room
- Install motion sensor lights
- Use clap-on lights
- Replace burnt out light bulbs immediately
- Utilize nightlights in the bedroom, hallway, and the bathroom

### Rugs/Carpet

- No scatter rugs
- Non-slip backing
- Rugs need to be firmly attached
- Padding not excessive

### Bedroom

- Have a lamp or light switch that you can easily reach without getting out of bed
- Make sure bed height is appropriate to get in and out of
- Make sure the heights of the closet rods and drawers are where you can reach them easily

## The Day Before Surgery

The day before your surgery, you can eat your usual diet for supper as well as eat or drink until midnight. Do not eat or drink anything after midnight. Please brush your teeth. At your pre-admission testing appointment, you will be instructed which of your medications you should take on the day of surgery. You should take these medications with a small sip of water. You will need to shower with antiseptic soap as instructed by your surgeon. See the instructions on the next page.

### Care Management Services

If your care team determines that you need to stay overnight in the hospital, we have staff that help with discharge planning. They will see you either before or after your surgery to discuss your plan for going home from the hospital.

### Home Care Services

Should you require care at home following discharge, these services will be ordered by your physician. Your home health care team may include nurses, social worker, and physical and occupational therapists. Care Management may stop by your room to make the necessary arrangements. Once you are home, the home health agency of your choice will be in touch with you to schedule your first home visit.

If you are going home the same day as your surgery, the Orthopedic office will assist in arranging for home care services prior to your surgery day.

## Pre-Surgical Checklist

**Approximately 2 weeks** prior to surgery:

- Your physician may ask you to stop taking aspirin, anti-inflammatory medications like ibuprofen, Aleve, Advil, or Naproxen. You are also asked to stop taking garlic, flax seed, or Vitamin E supplements. (DATE:\_\_\_\_\_)
- If you take blood thinners, the doctor will instruct you when to discontinue these medications. (DATE:\_\_\_\_\_)

**Night before surgery:** (DATE:\_\_\_\_\_)

- Some surgeons may require that you wash or shower with an antimicrobial skin cleanser every day. **DO NOT USE ANTIMICROBIAL SKIN CLEANSER ON FACE OR AS A SHAMPOO.** The skin cleanser will be provided to you by your surgeon's office.
  - Make sure there are clean linens on your bed.
  - Take a shower and wash your entire body, including your hair, using your normal shampoo and soap.
  - Rinse thoroughly.
  - Using the antimicrobial sponge provided to you, wash from your **neck down. This is very important!**
  - Rinse your body thoroughly. **This is very important!**
  - Using a fresh, clean towel, dry your body.
  - Dress in freshly washed clothes.
  - Do Not** use lotions, powders, or creams after this shower.

**Day of surgery** (DATE:\_\_\_\_\_)

- Repeat the steps for washing or showering with the antimicrobial skin cleanser.

## What to Bring

### Day of Surgery

Please do not bring valuables to the hospital.

Please bring:

- Exercise shoes with a closed-in heel and non-slip sole
- Glasses, hearing aids, and any other items you use everyday
- You will be getting dressed the day you are discharged in regular comfortable clothes; please do not bring jeans or other restrictive clothing
- Loose fitting tops that zip or button up, and loose-fitting pants
- A list of medications you are currently taking (we will need the name, strength, and what time of day you take them, and how often you take each medication). Leave all medications at home unless your surgeon has told you to bring it in. We cannot leave these medications at the bedside.
- A list of allergies (to food, material, or medicine) and how you react to each one
- Your Advance Directive (Living Will) or Health Care Power-of-Attorney (if you have one). Our staff is required by law to ask if you have one when you are admitted. They will make a copy for your medical record and return the original
- If you have sleep apnea, please bring your CPAP or BiPAP machine in the event you have to spend the night

### Pre-Surgical Care Area

On the day of surgery, please let us know if you have any new concerns or if there has been a change in your health since your pre-op visit. The pre-surgical area, also known as Day Surgery, is where we begin to prepare you for your surgery. An intravenous catheter (IV) will be placed in a vein in the hand or lower arm. IVs are used to administer fluids and medication.

### Anesthesia

A Certified Registered Nurse Anesthetist (CRNA) will review your records prior to surgery. Some patients may receive a nerve block to assist with pain control. This injection may occur before or after surgery. Other patients may receive spinal anesthesia, also known as spinal block, where an anesthetic drug is injected along the spine. Patients may also receive general anesthesia.

### Operating Room

A member of the Operating Room (OR) Staff will take you to the OR on a stretcher. There will be someone from the OR team with you at all times. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, electrocardiogram, and other devices for your safety. At this point, you will be ready for surgery. After surgery, a nurse or your surgeon will update your family in the waiting room or call them at home to let them know how you are doing.

### Post-Anesthesia Care Unit (PACU)

After surgery you will be taken to the recovery room, also called the PACU (Post Anesthesia Care Unit). There you will be watched closely by nurses specifically trained in caring for patients after anesthesia and surgery.

If you have had spinal anesthesia, you may be drowsy and numb from the waist down and unable to move. If you had a general anesthetic, you will be drowsy and may be a bit disoriented. We will quickly begin to treat your surgical pain with medications. Your discomfort should be tolerable but do not expect to be pain free.

You will be moved to Day Surgery or your hospital room when you are awake and your condition is stable. Once you are in Day Surgery or your hospital room your family member or friend will be able to see you.

Once you can feel your leg and your vital signs are stable, the physical therapist will come to see you and ensure that you are safe for discharge home. The physical therapist will help you get out of bed and ask you to walk, as well as perform stairs if needed at home. This will determine if you are ready to go home on the day of surgery. Most patients will go home with a walker, unless otherwise requested and deemed appropriate by a physical therapist.

## Recovering From Surgery

### Managing Your Discomfort and Pain

Pain management is an important part of your care. Good pain control helps your body rest and heal with greater comfort as well as help you feel better faster. Unfortunately, pain is a common experience after surgery. Most of the discomfort occurs the first 12-24 hours following surgery, but our goal is to help you to be as comfortable as possible.

If you are staying in the hospital, make sure to let the nurses know what your pain level is so that they can help you manage your pain. Because of side effects, we like to use the least amount of opioids as possible. Side effects of opioids may include nausea, constipation, and depression. Therefore, less is better, and as your pain diminishes you should take fewer opioids.

In addition to medications, there are other pain reduction methods that have helped others relieve some of the anxiety of surgery, decrease muscle tension and increase circulation. Using some of these methods may also help you keep your mind off your discomfort. Try relaxation techniques, breathing exercises, music, or humor.

Ask your health care team to help you manage your pain before it becomes intolerable. You will be asked frequently to rate your pain on a scale of 0-10, “0” being no pain and “10” being severe pain.

### Nutrition

After your surgery, you will be given clear liquids and a light diet until your body can tolerate a regular diet. The priority is good nutrition to promote healing, so we recommend you eat a variety of foods and drink plenty of fluids. If you have questions about your diet while in the hospital, please ask to see a dietitian.

#### **Don't let constipation become a problem. Try the following to prevent constipation:**

- Eating 5 – 7 servings of fresh fruit and vegetables daily
- Eating a hot breakfast with a hot beverage daily
- Increasing fiber in your diet with whole grain cereals and breads
- Drinking at least 6 – 8 (8 oz.) glasses of water daily
- Increasing physical activity as much as you can tolerate
- Using a stool softener (Colace) or laxative

## Recovering From Surgery

### Preventing Complications

**Coughing, deep breathing, and moving are important to do following surgery to prevent infections such as pneumonia.** You may be taught to use a device called an “Incentive Spirometer” which is used to help keep your lungs healthy. To help prevent blood clots from forming in your legs, you should begin doing ankle pump exercises on the first day of surgery. All patients are encouraged to stand or walk with a physical therapist within hours of their surgery. You may be discharged with compression stockings as well.

**You will be getting out of bed on the day of surgery.** If you are having an outpatient procedure, Physical Therapy will come to Day Surgery to see you and help you get out of bed. If you are planning to stay overnight in the hospital, either therapy or nursing staff will get you out of bed once you are settled into your room. Do not get out of bed without help or you may fall.

### **Call your surgeon** if you develop any of the following complications

#### **You should call your doctor's office immediately if you experience:**

- Increased bleeding, drainage or redness associated with your surgical site (some bruising is expected).
- A fever greater than 101.5 degrees (38.5 degrees) for 24 hours.
- Persistent calf pain or swelling that does not improve with elevation (putting the leg on two-three pillows bringing it above the level of your heart).
- Calf pain or swelling could be an indication of a blood clot.
- Worsening pain not controlled by rest, ice and pain medications.
- Worsening or persistent numbness in the surgical leg.
- Difficulty urinating or if you have symptoms of burning with urination.
- Abdominal discomfort that persists longer than 24-48 hours.
- Redness, warmth, or tenderness in the back of the calf of your leg(s).
- A persistent headache that is different when sitting or lying down.
- New problems urinating or having control of your bladder or bowel movements.
- Persistent nausea or vomiting.

**Call 911 immediately if you have sudden onset of chest pain or difficulty breathing**



## Step 6 - Understanding Opioids

# Patient's Guide to Post-Operative Opioid Tapering

## General Recommendations

Opioid medications are safe when used at prescribed doses and for limited periods of time. The dose of opioid is reduced gradually (or tapered) over several days to prevent symptoms that may occur from stopping them cold turkey.

Opioids should be used on an as needed basis. For example, if your medication label states, "one tablet every 4 hours as needed" and you feel that don't need it in 4 hours, you can skip that dose and take your medication in 6 hours. If the prescription states "1 to 2 tablets," you may not need 2, one tablet may be enough. It's usually preferable to start with one and take an additional in 30 – 45 minutes if needed.

*Examples of prescription opioids are oxycodone, hydrocodone, and hydromorphone.*

## Additional Ways to Improve Pain Control

- Talk to your doctor or pharmacist about over-the-counter pain medications and doses that are appropriate for you. Scheduling acetaminophen (Tylenol) or ibuprofen (Motrin) at regular intervals throughout the day will help prevent pain from becoming too severe and limit the amount of opioid you need.
- Drink plenty of fluids throughout the day and eat regular meals and snacks.
- Use relaxation techniques such as breathing exercises, music, meditation and reading.
- Follow individual recommendations for movement and exercise.

## Important Reasons for Reducing Your Opioid Usage in the Days Following Surgery

- Opioids can cause constipation and nausea.
- Opioids may cause slowed breathing (known as respiratory depression).
- Opioids may cause drowsiness and can increase your risk of falling.
- Opioids may cause you to not sleep as well at night.

*You can become dependent on opioids, meaning that you feel the need to take the medication long after you have recovered from surgery.*

## Some Symptoms You May Experience While Reducing Your Opioid Medication

- Flu-like symptoms such as sweating, chills, goose bumps, and headache.
- Fatigue, anxiety, and difficulty sleeping.
- Nausea, vomiting or diarrhea.

*Some patients may not experience any symptoms while reducing opioids. However, if you experience these symptoms, they may last for 5 to 7 days after your last dose of opioid medication.*

## Handwashing/Infection Prevention

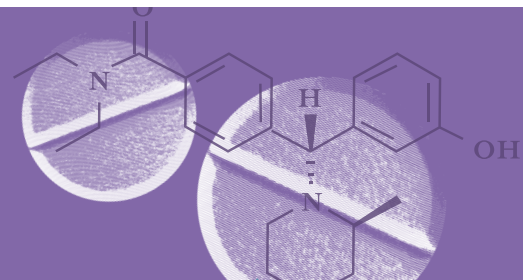
The area for the incision is thoroughly scrubbed and prepped before surgery, but your normal skin bacteria eventually returns. You will receive an IV antibiotic within the first 24 hours following surgery to help your immune system resist an infection.

Hand washing is the number one way to avoid an infection. It is important that everyone caring for you, including your family and friends, wash their hands with soap and water or alcohol gel upon entering your room. We encourage you to ask anyone who enters your room, "Did you wash your hands?" It is also important that you wash your hands after using the bathroom and before and after eating.

## General Guidelines Following Surgery

- Take antibiotics one hour before dental procedures or cleaning or other invasive procedures for as long as instructed by your surgeon.
- Although the risks are very low for post-op infections, it is important to realize that a risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 101 degrees or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or Band-Aid on it and notify your doctor. Occasionally, antibiotics may be needed. Scratches on your skin may be treated with topical antibiotic ointment.
- Notify your doctor if the area is painful or reddened.
- Notify all health care providers performing any procedure that you have an artificial joint, as some individuals or procedures may require antibiotics prior to the procedure. Your surgeon will let you know if this is necessary or not.
- When traveling, stop and change position every 30 minutes to prevent your joint from tightening. If you are flying, you will set off the security alarms at the airport. Just indicate that you have had a joint replacement and they will check you with a security wand.

# PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

## WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

**Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use.** An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as  
**1 in 4**  
PEOPLE\*



receiving prescription opioids long term in a primary care setting struggles with addiction.

\* Findings from one study

## RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids

## KNOW YOUR OPTIONS

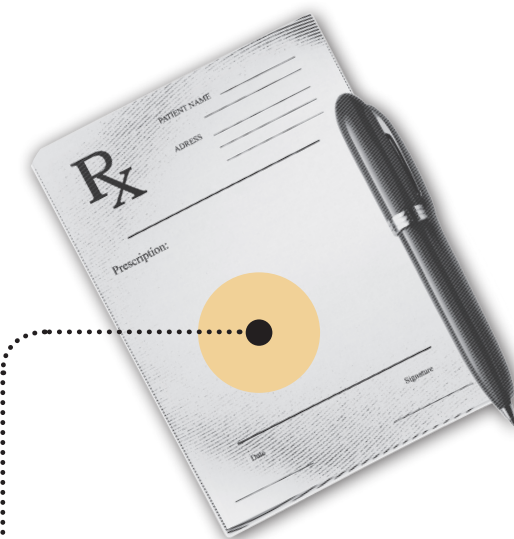
Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- Pain relievers such as acetaminophen, ibuprofen, and naproxen
- Some medications that are also used for depression or seizures
- Physical therapy and exercise
- Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



## IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within \_\_\_ days.
  - Work together to create a plan on how to manage your pain.
  - Talk about ways to help manage your pain that don't involve prescription opioids.
  - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
  - Never sell or share prescription opioids.
  - Never use another person's prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration ([www.fda.gov/Drugs/ResourcesForYou](http://www.fda.gov/Drugs/ResourcesForYou)).
- Visit [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose) to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.



### Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



CS264107C May 9, 2016

LEARN MORE | [www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)

## Essential Exercises – See page 32

The exercises listed below are designed to provide a guideline of typical exercises after having a hip or knee replacement. Restrictions regarding exercise may vary after surgery depending on the post operative precautions determined by your surgeon. Please consult with your surgeon or therapist to determine which exercises are appropriate for you.

### Prehab Outpatient Phase

- Instruction provided on home program to include isometrics, heel slides, ankle pumps and a 3 point straight leg raise (SLR).
- Strengthening in clinic focuses on quadriceps and hip abductors.

### Hospital Phase

- Focus is placed on edema control, pain control and positioning of operative limb with knee in full extension.
- Many of the initial exercises will be performed while lying down or sitting and focus on activation of your muscles.
- Therapy visits will focus on improving your mobility in preparation for going home (i.e. getting out of bed, walking, practicing the stairs, getting in and out of the car)

### Home Health Phase

- Continued focus on edema control, pain control, and positioning of the operative leg with the knee in full extension.
- Patients will continue with exercises received in the hospital independently.
- Therapy at this phase will focus on progressing your strength, range of motion, and mobility to prepare you for transitioning to outpatient therapy. Expect to transition from exercises in lying down or sitting to more standing exercises.

### Outpatient Clinic Phase

- Focus is now on strengthening and maintaining/ increasing joint range as needed.
- Utilization of equipment in clinic i.e.: bicycle, calf weights, progressive resistive equipment.
- All patients will continue with quad strengthening.
- Patients with total hip replacement (THR) who have been limited by the surgeon in active hip abduction, which is when your leg is extended out away from your body, will begin abductor strengthening once cleared by surgeon.

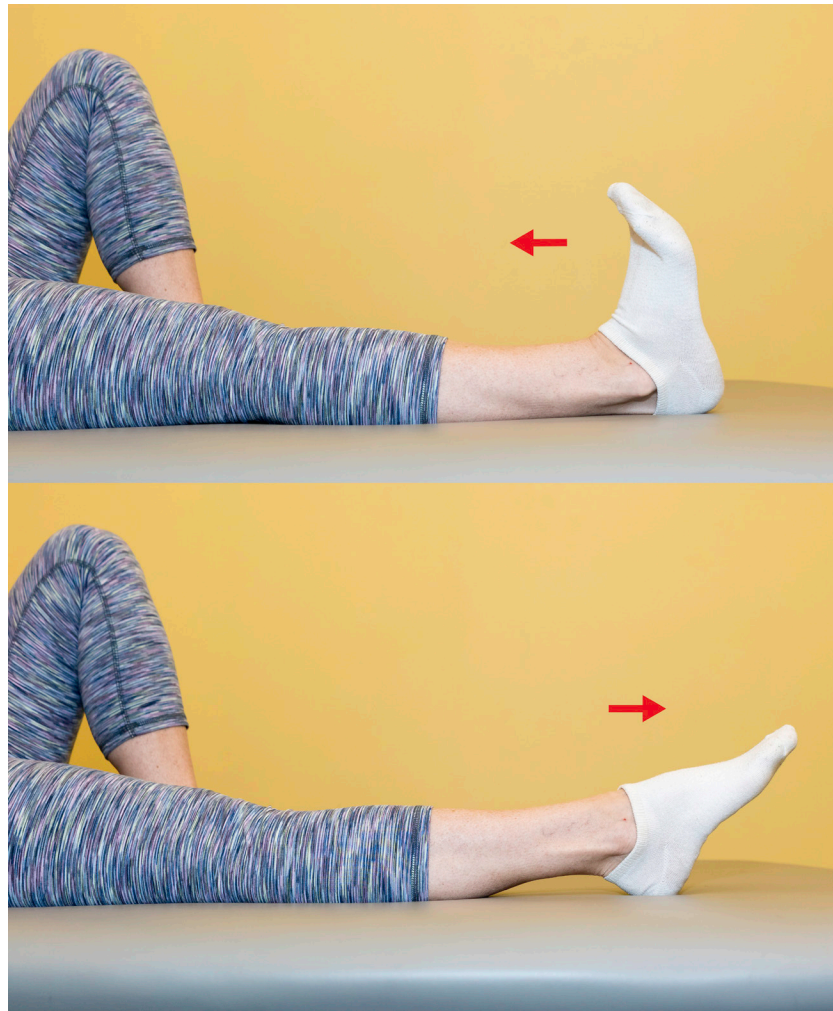




## Exercises for before and after hip replacement

\*These should be performed as tolerated, if too painful stop.

### Ankle Pumps



With your leg relaxed, gently flex and extend ankle. Move through full range of motion.

Complete 2 sets of 10 repetitions 2-3 times per day.

## Hip replacement exercises

### Quad sets



Begin by lying on your back with one knee bent and your surgical leg straight. Squeeze your thigh muscles, pushing the back of your knee down towards the bed. Hold for 3-5 seconds.

Complete 2 sets of 10 repetitions 2-3 times per day.

## Hip replacement exercises

### Gluteal Sets



Begin by lying flat on your back. Tighten your buttock muscles, then release. Hold for 3-5 seconds.

Complete 2 sets of 10 repetitions 2-3 times per day.

## Hip replacement exercises

### Short Arc Quad



Place a towel roll or pillow under your knee. Raise your foot off the bed surface by straightening your knee. Do not raise your thigh off the towel roll or pillow. Then, slowly lower leg back down to bed surface.

Complete 2 sets of 10 repetitions 2-3 times per day.

## Hip replacement exercises

### Hip/Knee Heel Slide

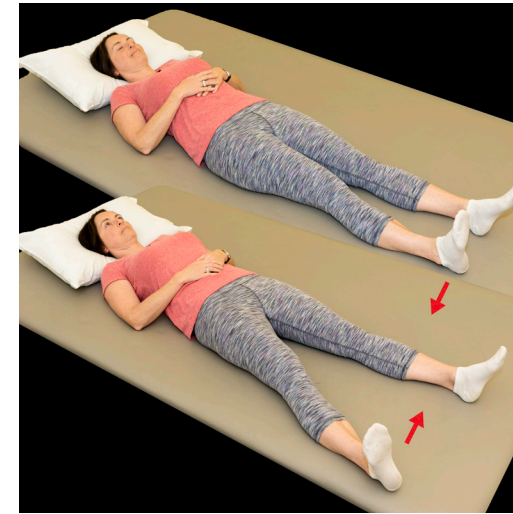


Slide your heel toward your buttocks until a gentle stretch is felt. Do not pass 90 degrees of hip flexion. Relax and return to starting position.

Complete 2 sets of 10 repetitions 2-3 times per day.

## Hip replacement exercises

### Hip Abduction

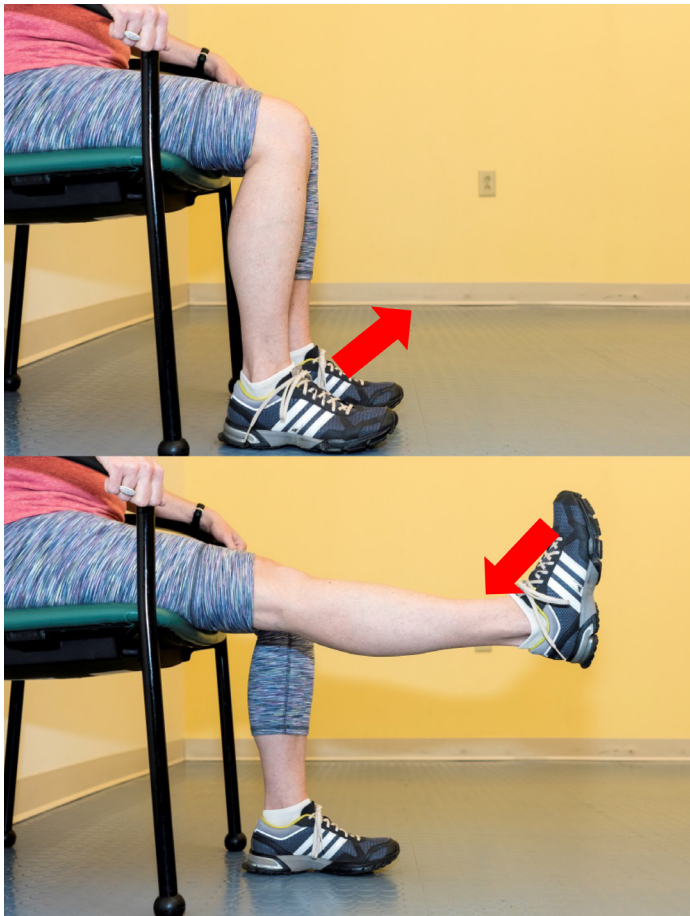


Lie on back. Slide leg out to the side and return to the center. Keep toes pointed up and knees straight. Do not pass midline.

Complete 2 sets of 10 repetitions 2-3 times per day.

## Hip replacement exercises

### Long Arc Quads



Sit, with involved leg bent to 90 degrees, as shown. Straighten leg at knee with emphasis on tightening the muscle in your thigh. Hold 3-5 seconds. Return to start position.

Complete 2 sets of 10 repetitions 2-3 times per day.

## Hip replacement exercises

### Leg Elevation to decrease swelling (*edema management*)

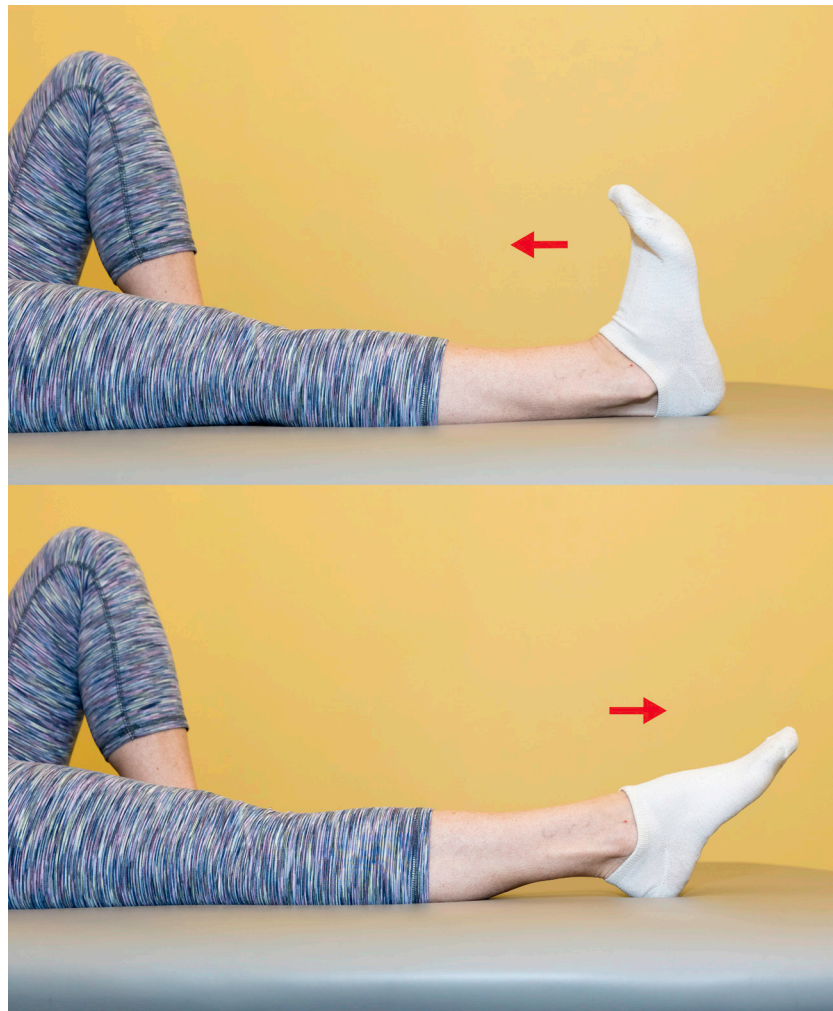


Elevating your operative leg is very important for edema (swelling) management. Use several pillows in your home to create a wedge as shown in the picture to elevate your leg above your heart with your knee kept straight. Rest in this position throughout the days following your surgery to help with your swelling. Consider doing this while icing your operative leg.

## Exercises for before and after knee replacement

\*These should be performed as tolerated, if too painful stop.

### Ankle Pumps



With your leg relaxed, gently flex and extend ankle. Move through full range of motion.

Complete 2 sets of 10 repetitions 2-3 times per day.

## Knee replacement exercises

### Quad sets



Begin by lying on your back with one knee bent and your surgical leg straight. Squeeze your thigh muscles, pushing the back of your knee down towards the bed. Hold for 3-5 seconds.

Complete 2 sets of 10 repetitions 2-3 times per day.

## Knee replacement exercises

### Gluteal Sets



Begin by lying flat on your back. Tighten your buttock muscles, then release. Hold for 3-5 seconds.

Complete 2 sets of 10 repetitions 2-3 times per day.

## Knee replacement exercises

### Short Arc Quad

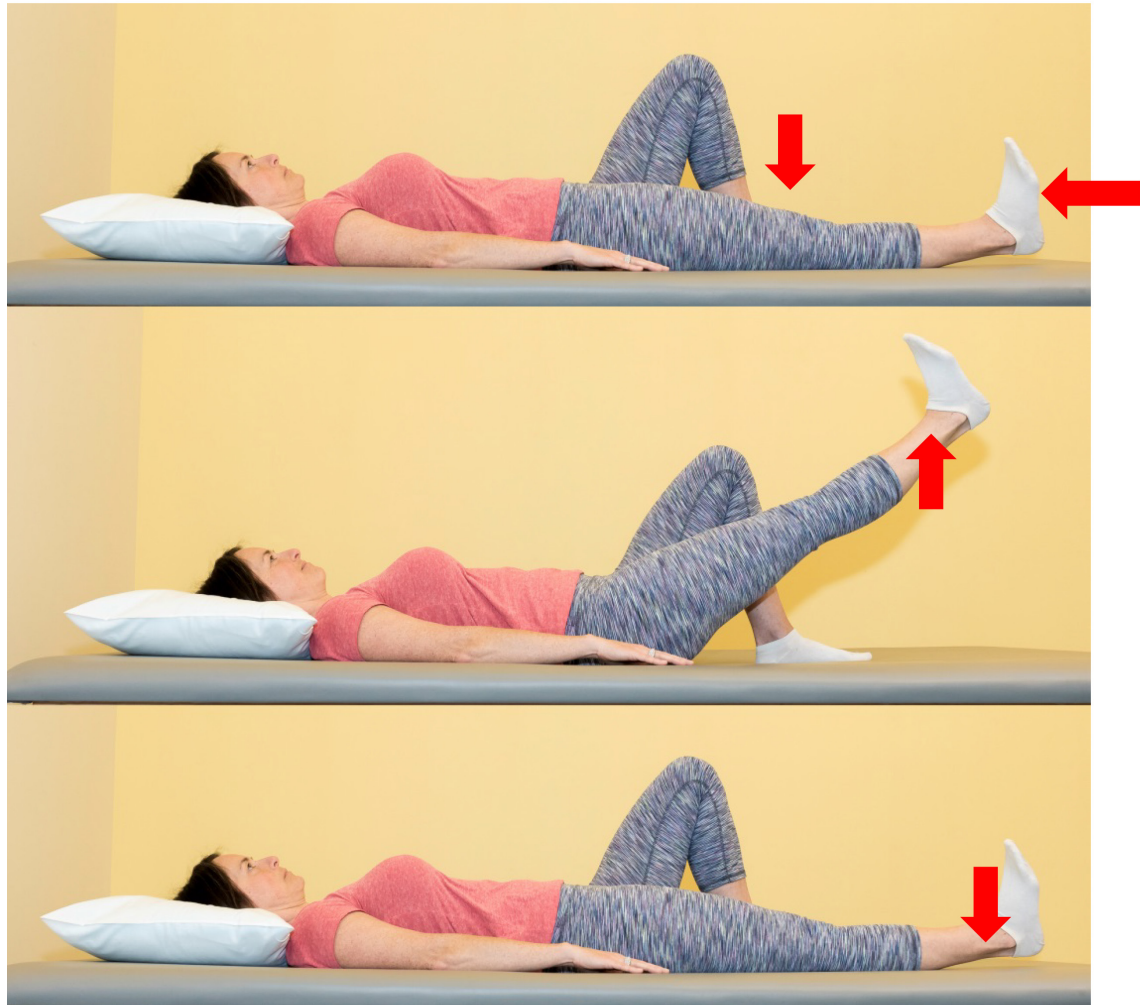


Place a towel roll or pillow under your knee. Raise your foot off the bed surface by straightening your knee. Do not raise your thigh off the towel roll or pillow. Then, slowly lower leg back down to bed surface.

Complete 2 sets of 10 repetitions 2-3 times per day.

## Knee replacement exercises

### Hip / Knee Strengthening: Straight Leg Raise



Tighten muscles on front of your thigh, then lift your leg up to but not higher than the bent leg, keeping knee locked and in a straightened position.

Complete 2 sets of 10 repetitions 2-3 times per day.

## Knee replacement exercises

### Hip/Knee Heel Slide

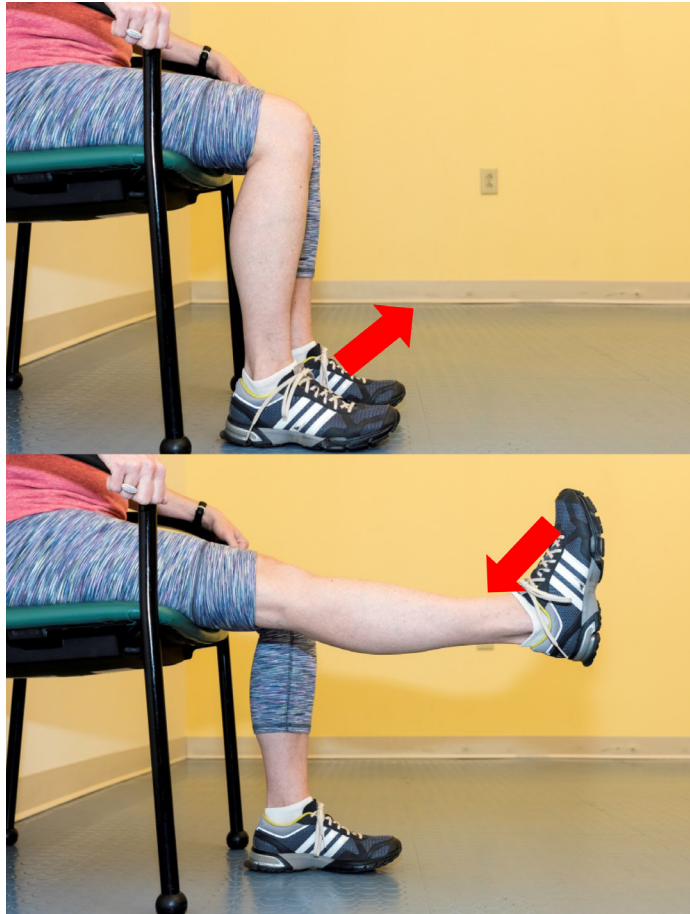


Slide your heel toward your buttocks until a gentle stretch is felt. Hold 3-5 seconds. Relax and return to starting position.

Complete 2 sets of 10 repetitions 2-3 times per day.

## Knee replacement exercises

### Long Arc Quads



Sit, with involved leg bent to 90 degrees, as shown.  
Straighten leg at knee with emphasis on tightening the muscle in your thigh. Hold 3-5 seconds.  
Return to start position.

Complete 2 sets of 10 repetitions 2-3 times per day.

## Knee replacement exercises

### Heel Slides (Sitting)



Sit in a chair with your feet on the floor.  
Slide your foot back on your operative leg. You may use your non-operative leg to help push your operative leg back to get an extra stretch.  
Return to start position.

Repeat 10 times per set. Do 2 sets per session.  
Do 2 sessions per day.



## Knee replacement exercises

### Knee Extension Towel Prop



With rolled towel under your ankle. Hold 5-10 Minutes.  
Do 2 sessions per day.

## Knee replacement exercises

### Leg Elevation to decrease swelling (*edema management*)



Elevating your operative leg is very important for edema (swelling) management. Use several pillows in your home to create a wedge as shown in the picture to elevate your leg above your heart with your knee kept straight. Rest in this position throughout the days following your surgery to help with your swelling. Consider doing this while icing your operative leg.

# Managing Common Activities

## Stair Negotiation

### To Go Up the Stairs

Hold on to two handrails if available. If not, use one handrail and an assistive device in the opposite hand as instructed by your therapist.

1. Place your “good” (unoperated) leg up first.
2. The “bad” (operated) leg goes up second.
3. If using a cane or crutch, this goes up last.

### To Go Down the Stairs

Hold on to two handrails if available. If not, use one hand rail and an assistive device in the opposite hand as instructed by your therapist.

1. If using a cane or crutch place this down a step first.
2. The “bad” (operated) leg goes down next.
3. The “good” (unoperated) leg then follows.

# Managing Common Activities

## Getting in and out of the Shower - Using a Tub Bench



Check with your doctor before you shower or bathe. You may want someone to help you when you get in and out of the tub or shower. Using walker, back up to appropriate height adjusted tub bench. Extend the operated leg forward, one hand on walker, one hand on bench and lower yourself down.



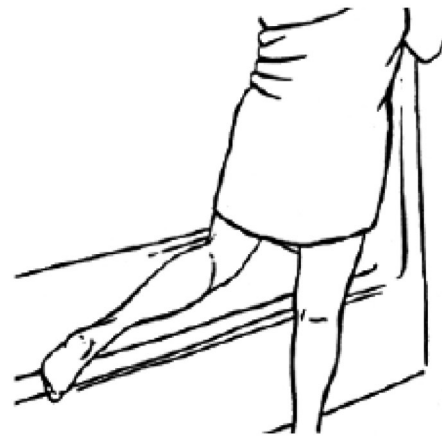
While sitting on bench, slide your hips to the inside of the tub. Extend operated leg and lift over tub edge.



Position yourself for a shower. Reverse the order of these steps to transfer out of the tub / shower.

## Managing Common Activities

### Taking a Bath or Shower Without a Tub Bench

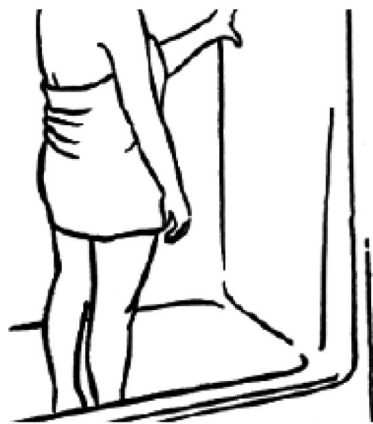


#### To Get Into the Tub

Bend your non-operated leg, lifting your foot behind you. Lift your leg over the edge of the tub and stand with your non-operated leg.



Take a step sideways with your non-operated leg to allow room for your operated leg in the tub.



Holding onto a bar, wall, or helper for support, lift your operated leg into the tub. You may need a bathtub chair, a hand-held shower head and a non-slip bath mat. Position yourself for a shower. Reverse the order of these steps to transfer out of the tub /shower.

## Managing Common Activities

### Getting on the Toilet

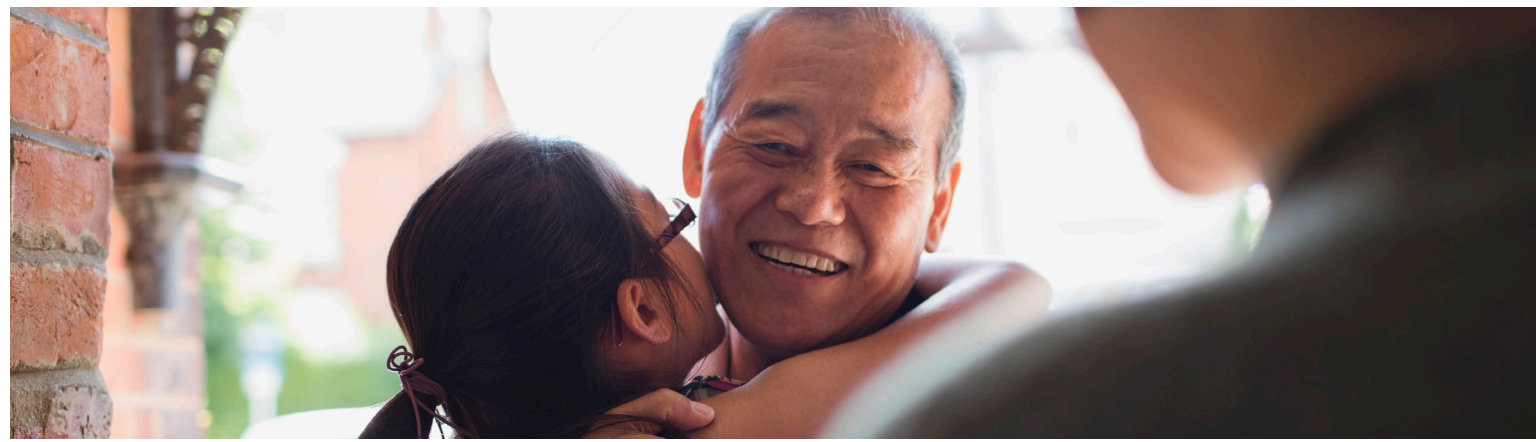


You may need to obtain a raised toilet seat depending on your ability to move from sitting to standing. Extend your operated leg forward.

Slowly lower yourself onto the toilet. Use one hand to support yourself on a secure surface (not the walker).

#### Transfer Off the Toilet

Extend your operated leg forward. Keep your back straight and slowly stand up from the toilet. Use one hand to support yourself on a secure surface (not the walker).



## IMPORTANT- Resources

### Additional Resources

#### American Academy of Orthopaedic Surgeons

Patient information provided by the professional organization for orthopedic surgeons.

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

#### American Association of Hip and Knee Surgeons

A sub-specialty organization of orthopedic surgeons the patient information section includes links to videos, support groups and includes information about your condition and surgery.

<https://hipknee.aahks.org/>

#### MedlinePlus

An extensive resource provided by the National Library of Medicine with the National Institutes of Health, this site offers information on various health topics and procedures, drugs and medications, as well as online surgery videos, interactive patient tutorials and much more.

[www.medlineplus.gov](http://www.medlineplus.gov)

#### NOAH (New York Online Access to Health)

NOAH provides access to high quality consumer health information in English and Spanish. The site consists of full-text consumer health information that is current, relevant, accurate and unbiased.

[www.noah-health.org](http://www.noah-health.org)

## When you get home

### This is a Transitional Time

For some, going home is a relief. For others, it is challenging. Since your arrival at the hospital, your care team has been directing you in your care; motivating you to get out of bed, eat, drink, get dressed and go to the bathroom. The nursing staff have been managing your pain and giving you your medications. Now you will transition to self care and recovery.

### The First 48 hours at Home

No matter how much you prepared for your homecoming, it will be an adjustment. You will likely experience anxiety and question whether you were discharged too early. This is a normal feeling, so relax and focus on your recovery.

Expect a call from the Northern Light Mayo Hospital team. This is your opportunity to report any problems and ask any questions. Also expect a visit from the home health physical therapist and/or occupational therapist within 48 hours of discharge.

### Driving

Arrange for someone to drive you to your follow-up appointments. Do not drive until your surgeon tells you it's okay to do so. Absolutely do not drive while taking narcotic medications. Do not drive until you have regained the range of motion, strength, and reaction time needed to drive safely.

# Comprehensive Checklists

**These checklists help you prepare for surgery and recovery.  
Careful preparation improves the chance of a complication-free recovery.**

## To complete before surgery

- I have verified with my insurance company that I have coverage for my surgery.
- I have received my pre-admission testing schedule. If I have not received my schedule within two weeks before my surgery, I will contact the surgeons office.
- I have completed all lab work requested from my surgeon's office.
- I will call the Surgical Services department at 207-564-4262 if I have questions or concerns about my surgery.
- I have completed a Living Will or Health Care Power-of-Attorney to have on file in my chart.
- I have completed the pre-operative bath using the special soap for five days before surgery
- I have arranged for someone to drive me home and stay with me for as long as the surgeon recommends when I'm discharged from the hospital.
- I have arranged for someone to drive me to my 2 week follow-up appointment.

## To improve my health before surgery

- I quit smoking to improve healing and reduce the risk of infection after surgery.
- I had a dental check-up to make sure all my dental needs are taken care of before surgery.
- I have increased fluids and fiber in my diet as well.
- I had my diabetes checked, and it is under control (if applicable).







## Northern Light Health

Acadia Hospital  
A.R. Gould Hospital  
Beacon Health  
Blue Hill Hospital  
C.A. Dean Hospital  
Eastern Maine Medical Center  
Home Care & Hospice  
Inland Hospital  
Maine Coast Hospital  
Mayo Hospital  
Mercy Hospital  
Northern Light Health Foundation  
Northern Light Laboratory  
Northern Light Medical Transport  
Northern Light Pharmacy  
Sebasticook Valley Hospital

[northernlighthealth.org](http://northernlighthealth.org)



**Northern Light**<sup>SM</sup>

Mayo Hospital