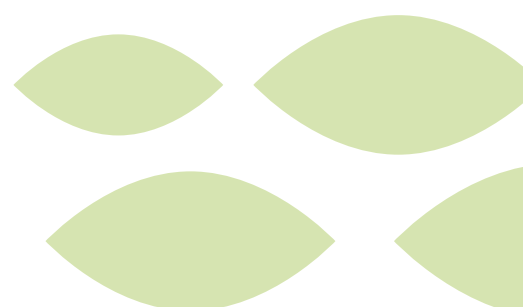


Northern Light Orthopedics Patient Guidebook

Total Hip and Knee Joint Replacement Surgery



Northern LightSM
Eastern Maine Medical Center



This Guidebook Belongs to:

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 Eastern Maine Medical Center

489 State Street
Bangor, ME 04401
207-973-7000

NorthernLightHealth.org/Eastern-Maine-Medical-Center

Additional Contact Information

EMMC Main Number/Operator	207-973-7000 or 877-366-3662
Surgical Navigation (PACE)	207-973-5456
EMMC Financial Counseling Department	207-866-6240
Pre-Registration	207-973-8900
EMMC Total Hip & Knee Replacement	207-973-8278
EMMC Orthopedic Surgical Specialists	207-973-9980
Down East Orthopedics	207-947-8381
EMMC Patient Account Services	207-973-5000
Patient Relations	207-973-8110
Northern Light Riverside Pharmacy	207-973-8888
Riverside INN	207-973-4100
Surgical Patient Reception	207-973-8020

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

Directions to Eastern Maine Medical Center

From Points North:

Take I-95 South toward Bangor.

Take the Hogan Road exit, EXIT 187.

Keep left to take the ramp toward Bangor/Eastern Maine Community College/Korean War Mem.

Turn slight left onto Hogan Road.

Hogan Road becomes State Street/US-2 W.

Eastern Maine Medical Center, 417 State Street is on the left.

From Points South:

Merge onto I-95 N toward Bangor.

Take the ME-222/Union Street exit, EXIT 184, toward Airport.

Turn right onto Union Street/ME-222.

Turn slight left onto Hammond Street/US-2 E. Continue to follow US-2 E.

Eastern Maine Medical Center, 417 State Street is on the right.



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.



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 thigh (femur), lower leg, and usually the kneecap, 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, do your best to follow the instructions and advice, and attend 'joint camp'. Prepare your body and home for the best results of your surgery!

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.

Blood Clots or Deep Vein Thrombosis: 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). The best thing you can do to prevent blood clots is to not sit for long periods of time and get up and walk on a regular basis.

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

Swelling: Swelling of your leg is common after surgery. Your support hose stockings (TEDS) and ice and elevation 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. *See the back of this booklet for exercises to start before surgery.*

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.

IMPORTANT- Pre-Registration

Pre-Registration: 207.973.8900

It is important to pre-register for all your appointments: pre-op testing appointment with surgical navigation, surgery, and any follow-up appointments. Have your insurance card available for this call. You may be asked:

- Your legal name, date of birth, mailing address, phone number, Social security number
- Name of health insurance holder, his or her address, phone number and social security number
- Name of health insurance company, mailing address, policy and group number
- Your employer, their address and phone number
- Name, address and phone number of person to notify in case of emergency

Northern Light Surgical Navigation

Monday through Friday, 7:30 am to 7:30 pm

Office: 207.973.5456

Surgical navigation is the pre-operative anesthesia clinic, formerly known as PACE. The goal of this clinic is to provide all of our patients with the best operative experience possible from beginning to end. We realize that it may seem that some of the questions we ask are repetitive, but this is done to assure that we have up to date medical information about you so that you are adequately and safely prepared for your surgery.

You will receive a letter in the mail with the date and time of your preoperative testing appointment. The staff will help to coordinate this appointment with your surgical team so your transition from home to hospital and hospital to home is smooth and you are at your best before your surgery. You will be scheduled for this appointment within 30 days of your actual surgery.

Surgical Navigation is located off the second-floor parking garage in the area of VASCULAR CARE OF MAINE on the EMMC campus. You do not need to come through the EMMC main entrance to arrive at this appointment. **It is very important that you go to this appointment or your surgery date may be changed. Please call 207.973.5456 to reschedule if you are not able to make your appointment.**

At this appointment, the staff will perform an EKG if necessary, draw blood for necessary lab work, and provide you with a bottle of special soap to use before surgery and instructions. They will also perform a nasal swab. This appointment takes 15- 20 minutes.

You will also be receiving a phone call from a nurse who works in this department. They will be reviewing with you your medical history, surgical history, anesthesia history, review your current medications and answer any questions you may have. 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. The nurse will inform you of any medications you take that should be stopped and the nurse will let you know what time to come in for surgery. It is typically 2 hours before the time your surgery is starting. **You can expect this phone call 7 days before surgery. If there is a change in the time of your surgery, the surgical navigation office will call you.**

Please have the following information readily available for this phone call:

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

Your Role in Preparing for Surgery

Surgery Scheduling

Your surgery date will be scheduled by your surgeon's office. Please be advised your arrival time is approximately two hours prior to your scheduled surgery start time. **You will receive a phone call closer to the date of your surgery with the exact time to arrive.**

Pre op Hip and Knee Replacement Education Class

You are required to attend an educational class before your surgery. Our educational class is held 4 times per month for anyone scheduled for hip or knee replacement surgery at Eastern Maine Medical Center. Please review this booklet before attending the class and bring it with you to class.

Patients who attend this class have a better understanding of what they can expect before, during and after their surgery and their recovery is quicker and easier.

The class typically lasts 1.5 hours or less. Please bring your family member or friend who will be caring for you after surgery. Light refreshments will be served.

The class will be set up by your surgeon's office when surgery is scheduled. If you cannot make this time, please call us.

Due to COVID-19, these in-class education sessions are on hold.

Please call 207.973.8278 to schedule a time to receive this education. We will work to provide this in a way that is most convenient for you and your caregiver.

Preparing for Surgery

Advance Directive

Northern Light Eastern Maine Medical Center 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 an inpatient. Please make sure the list you give to your surgeon's office is up to date. This is the list they use to order your medications while you are in the hospital.

Nutrition

In order for you to be at your best before surgery, 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 provider 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.

Stop Smoking

Before your surgery, it is very important to quit smoking and refrain from inhaling marijuana and vaping products including any nicotine products such as chewing tobacco. Smoking not only increases your risk of lung problems after surgery but also slows 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.

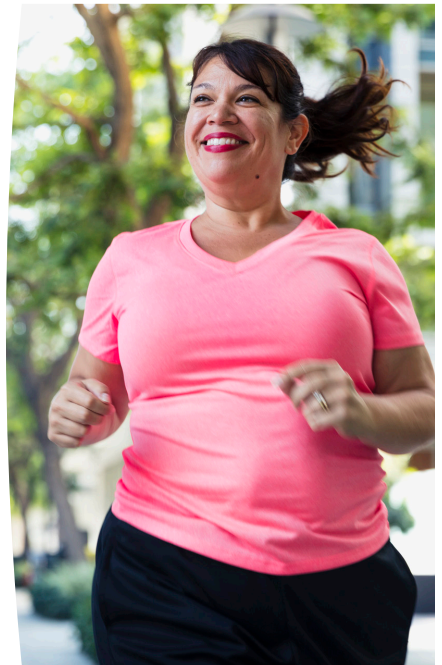
Preparing for Surgery

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 by doing chair push-ups because you will be relying on your arms to help you get in and out of bed, in and out of a chair, walk, and to do your exercises after surgery. 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.

Diabetes and Blood Glucose Management

Managing your blood glucose is always important, but it is extremely important before surgery. In fact, managing your blood glucose before surgery can help reduce the risk of problems after surgery, such as infection and other complications. Surgery can affect your blood glucose control in many ways. Stress before and after surgery can cause your body to release hormones that may make it more difficult to manage blood glucose levels. Surgery can also affect your normal diet, and may change your usual medication routine. Your diabetes will be managed throughout the entire surgical process, starting with a thorough review during the pre-operative testing and continuing through the post-op period.



At-Home Fall Prevention Checklist - to be done before surgery

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 unsteady or light-headedness

Telephones

- Cordless phone or cell phone accessible
- A phone in the bedroom, living room, and kitchen
- Answering machine
- 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

- Have doors that are wide enough to enter; unobstructed thresholds
- 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 to 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

Pre-Surgical Checklist

2 weeks prior to surgery: (DATE: _____)

- Your surgeon may ask you to stop taking Aspirin, anti-inflammatory medications like Ibuprofen, Aleve, Advil, or Naproxen. You may also be asked to stop taking garlic, flax seed, fish oil, or Vitamin E supplements.
- If you take blood thinners, the surgeon's office will instruct you when to discontinue these medications.

5 days before surgery: (DATE: _____)

- Some surgeons will require that you wash or shower with Chlorhexidine gluconate- CHG skin cleanser every day. See instructions included in the soap that is provided to you before surgery from surgical navigation or by mail.

Night Before Surgery (DATE: _____)

- Repeat the steps for washing or showering with the CHG skin cleanser.
- Try to have a bowel movement as close to the day of your surgery as possible.

Day Of Surgery (DATE: _____)

- Repeat the steps for washing or showering with the CHG skin cleanser.
- Dress warmly with freshly washed clothes. Keeping warm before surgery decreases your risk of developing an infection
- Do Not** use lotions, powders, or creams after this shower.

Planning Ahead for Your Surgery

Although your hospital stay will be short, things that can improve your recovery include:

- Take an inventory of the equipment you already have
- Arrange furniture so you can walk around easily
- Sit in chairs that keep your knees lower than your hips
- Clear clutter from the floors of your home and remove any throw rugs so you won't trip and fall
- Check that hand rails are secure both entering your home and within
- 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
- Complete as many tasks as you can prior to surgery such as: paying bills, running errands, so you can focus on your healing.

Arrange to Have Someone:

- Stay with you after you go home from the hospital - the length of their stay will be determined by your surgeon
- 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 your shower is a bathtub, you should have a safety seat without arms. If you have a shower stall, you can use any safety seat
- The seat should have feet with rubber tips to keep it from slipping
- Some people find that a hand-held shower hose helps them out which are available 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 - consider having hand rails installed in your shower
- Use of an elevated 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

The Day Before Surgery

Within 7 days of surgery, surgical navigation will call you to let you know:

- Your arrival time for surgery
- What medications to take on the morning of surgery
- What medications to stop taking before surgery
- When to stop eating and drinking before surgery
- Answer any questions you may have

The Day of Surgery

What to Bring

Please do not bring valuables to the hospital. The only time you may need valuables is upon discharge. We have a program that brings medications to the bedside before you leave if you choose to use this service. If you have a co pay for medications, you will need to pay for this at this time.

Please bring:

- Exercise shoes with a closed-in heel and non-slip sole. NO heels or sandals please.
- Glasses, hearing aids, and any other items you use everyday.
- You will be getting dressed the day after surgery in regular comfortable clothes; no jeans or other restrictive clothing.
- Loose fitting tops that zip or button up, and loose-fitting pants.
- You may bring in your own toiletries such as shampoo, toothpaste, and deoderant if you would like. We can also provide them for you.
- 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.
- You do not need to bring in any equipment to help you in the hospital, such as a walker or crutches. The therapist working with you will make recommendations on what you need, and this equipment will be delivered to the bedside before you go home. If you already have equipment at home, don't bring it into the hospital. If you have a long drive, you can place your front wheeled walker in your car for use on the day of discharge.

Where to check in for surgery

Parking

Arrive at our Main Entrance (labeled Deborah Carey Johnson Drive) off Hancock Street in Bangor. Drop off your vehicle with our free valet parking service.

How to get to Surgical Patient Reception

Proceed to the Penobscot Pavilion elevators in the main lobby. Please ask for assistance with directions or if you would like a wheelchair. Take the elevator up two floors to Level 3. Follow the signs to Surgical Patient Reception. Our reception host will welcome you and get you checked in.

What happens during surgery

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 surgical patient reception, 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. Nurses will also show you how to use a special povidone iodine swab for your nose to help further reduce your risk of infection. Your surgeon will also look at the skin on the leg you will be having surgery on just before surgery to make sure you don't have any cuts or signs of infection. If you do, there is a chance the surgeon may cancel your surgery for your safety.

Anesthesia

An anesthesiologist will review your records prior to surgery. The anesthesiologist or nurse anesthetist will talk with you about the types of anesthesia used during surgery.

General Anesthesia puts you to sleep following an injection of medications into your IV. You will not feel pain and will be completely asleep throughout your surgery.

Regional Anesthesia numbs a part of your body with an injection of local anesthetic. For total joint replacement surgery of the knee and hip, regional anesthesia may involve injections into your back or around the nerves in your leg or hip. You will be awake but will not feel any pain. Local anesthetic drug is usually injected around a bundle of nerves that provides sensation to the surgical area. The pain relief may last from 6 to 18 hours, with some numbness lasting longer at times.

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, ECG, and other devices for your safety. At this point, you will be ready for surgery. After surgery, your doctor will meet your family in the waiting room or call them to let them know that you are doing well.

Post-Anesthesia Care Unit (PACU) also called the Recovery Room

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

You will be moved to your hospital room in the orthopedic unit when you are awake and your condition is stable. Once you are in your hospital room your family members or friends will be able to see you. Here you will be cared for by nurses trained in orthopedic care.

Northern Light Health has a visitor policy. Please ask about this policy when you arrive as it may change frequently due to COVID-19.

While You are in the Hospital

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.

At Northern Light EMMC, our orthopedic surgeons use a multi-modal pain approach. This means they use two or more different methods or medications to manage pain. This has been proven to be very effective for patients having hip and knee replacement surgery.

Make sure you 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.

Another method used to help with your pain after surgery is called an intra articular injection. This means the surgeon injects pain medicine and anesthetic in the space where they performed the surgery. This will give added pain relief for several hours while you are in the hospital.

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 or mindfulness techniques that were shown to you in pre op class. Try breathing exercises, music or humor.

Mindfulness means paying attention in a particular way: on purpose, in the present moment, and non-judgmentally. Mindfulness transforms how we relate to events and experiences.

Pain is a complex experience. The way you experience pain is affected by these 3 major components:

- 1) Physical sensations
- 2) Emotional response to the sensations
- 3) Social effects of the experience

Mindfulness has been proven to help you tune into the difference between these three pain experiences. It makes it possible to reduce the overall discomfort associated with pain without necessarily reducing the severity of the pain itself. It can help you approach your pain with less fear and more acceptance, especially related to meeting your goals and working with therapies.

More information on mindfulness can be found at www.mindful.org

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.

Equipment

We will provide you with the equipment that you need while you are in the hospital.

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 within hours of their surgery. You may be discharged with compression stockings as well. It is also important to continue to drink lots of fluids in the hospital and continue while you are recovering at home.

You will be getting out of bed on the day of surgery. Once you settle in to your inpatient room, therapy or nursing staff will get you out of bed. Do not get out of bed without help or you may fall.

Blood Clots

Blood clots are potential complications following hip or knee joint replacement surgery. A blood clot from your leg can travel to your lungs and cause serious health complications. Preventing a blood clot from forming is the best treatment method. The best thing you can do is to move your body. We will ask you to get up within hours after surgery with help. This risk is also present even after you go home for up to 30 days after surgery.

REMEMBER: Although getting up on the day of surgery aids in your recovery and helps prevent complications. You **MUST** do so with assistance.

Precautions

Hip Precautions

Depending on the surgical approach, one low 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 3 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 surgeon and physical therapist will review these precautions with you and will provide guidance if you need to purchase aids to help you maintain your hip precautions.

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 anticoagulation (blood-thinning medications). Because you are having orthopedic (bone) surgery, you are at a higher risk of getting a blood clot after surgery. Your surgeon will discuss with you what they recommend prescribing you to prevent this from happening.

Handwashing/Infection Prevention

Every surgical wound must be considered “contaminated” with your normal skin bacteria. 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 for the first 24 hours following surgery to help your immune system resist an infection, but it is your individual immune system which determines your risk for a wound 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 also wash your hands after using the bathroom and before and after eating even after you are discharged.

What to Do in General

- Take antibiotics 1 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. Superficial scratches may be treated with topical antibiotic ointment.
- Notify your doctor if the area is painful or reddened or if you have drainage.
- Notify your doctor if you ever fall at home and/or injure the operative leg.
- 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 hip or knee replacement and they will check you with a security wand.

Home Care Management Services

Should you require care at home following discharge, these services will be ordered by your surgeon. We have staff that help with discharge planning. The nurse will stop by your room the day after surgery or call you in advance to make the necessary arrangements. He or she will discuss which home health agency you prefer or which outpatient agency you would like to use. The nurse also arranges for other home services as needed like lab draws, and he or she will help to ensure you have the equipment you need for home.

Home health services will contact you typically within 24 to 48 hours of discharge to arrange a time to meet with you in your home. If you are receiving home services, these will occur until your 2 week appointment after surgery with your surgeon. You will then determine with your surgeon if you will progress to outpatient therapy.

Patient's Guide to Post-Operative Opioid Tapering

General Recommendations

Opioid medications (narcotics) 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 tramadol, oxycodone, hydrocodone, and hydromorphone.

Additional Ways to Improve Pain Control

- Your surgeon will prescribe scheduled acetaminophen (Tylenol) or ibuprofen (Motrin) at regular intervals throughout the day that help prevent pain from becoming too severe and limit the amount of opioid you need. This regimen will begin in the hospital. If you cannot have the medications mentioned here, your surgeon will come up with something you can have.
- Drink plenty of fluids throughout the day and eat regular meals and snacks.
- Use relaxation techniques such as breathing exercises, music, meditation, reading, mindfulness and distraction.
- Follow individual recommendations for movement and exercise.
- Apply ice and elevation.

Important Reasons for Reducing Your Opioid Usage in the Days Following Surgery²

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

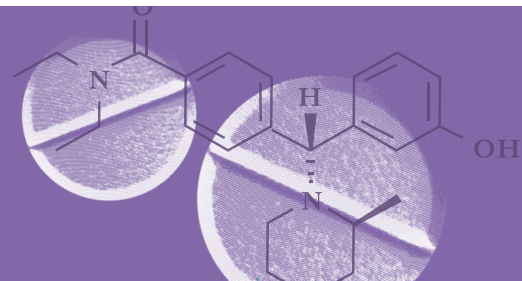
You can become dependent on opioids, meaning that you feel the need to take the medication long after you have recovered from surgery.

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.

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



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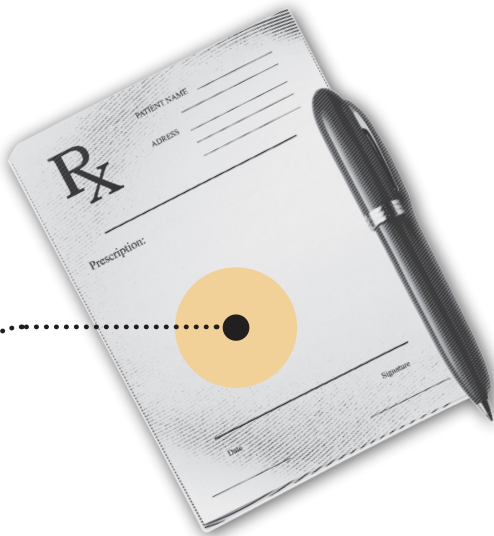
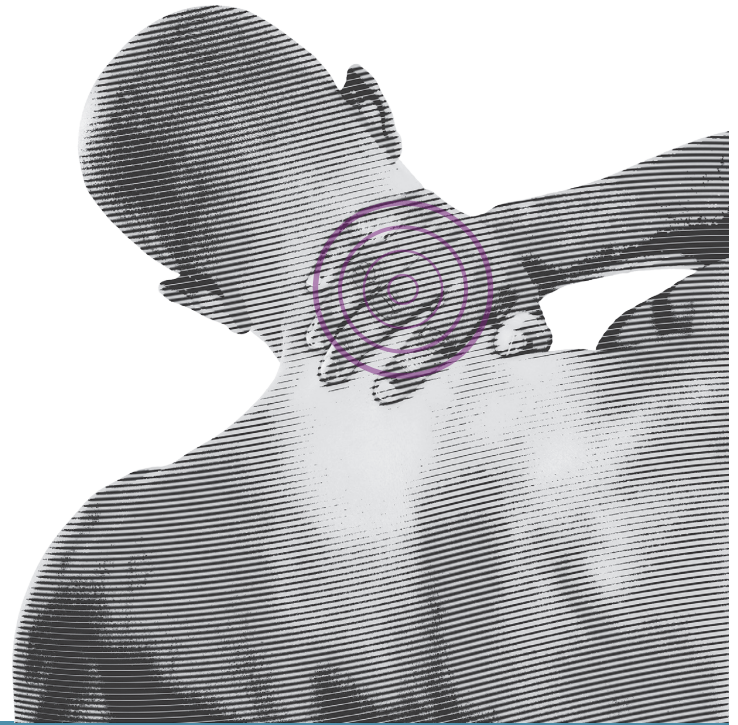
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May 9, 2016

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.



Be Informed!





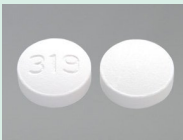

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.

IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

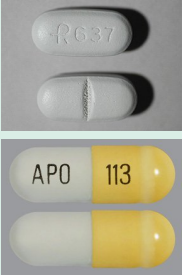


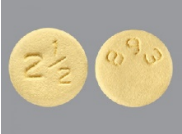

- ❑ Never take opioids in greater amounts or more often than prescribed.
- ❑ Follow up with your primary health care provider within ___ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about 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).
- ❑ Visit 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.

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html


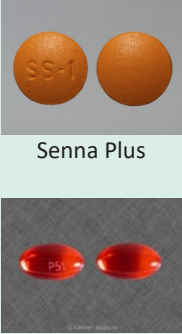

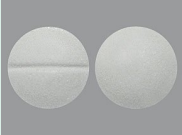

Common Medications Prescribed by Your Orthopedic Surgeon

Medication Form Appearance will vary.*	Medication Generic (Brand)	Purpose	Side Effects	Special Considerations
Tablet 	Oxycodone (Roxicodone)	Pain reliever (opioid) Treatment of mild to moderate pain	Constipation, drowsiness, itching, nausea, and vomiting	Avoid driving until you know how the medication will affect you.
Tablet 	Acetaminophen (Tylenol)	Fever reducer and Pain reliever	Nausea and vomiting	Do not take over 4000 mg/day. If you have liver problems, this limit may be lower. Talk to your prescriber or pharmacist.
Tablet 	Hydromorphone (Dilaudid)	Pain reliever (opioid) Treatment of moderate to severe pain	Constipation, drowsiness, itching, nausea, and vomiting	Avoid driving until you know how the medication will affect you.
Tablet 	Hydrocodone – Acetaminophen (Norco)	Pain reliever (opioid)	Constipation, nausea, dizziness, drowsiness, headache	Avoid driving until you know how the medication will affect you. Be careful if also using acetaminophen (do not take over the daily limit of acetaminophen each day from all sources).
Tablet 	Tramadol (Ultram)	Pain reliever (opioid-like)	Constipation, nausea, vomiting, dizziness, drowsiness, headache	This medication may make you feel tired and lightheaded.
Injection or Tablet 	Ketorolac (Toradol)	Pain reliever	Headache, upset stomach, stomach bleed, nausea	Use of this medication is limited to 5 days. Do not take other NSAIDs when taking this medication.


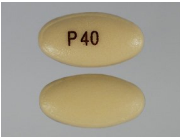
Common Medications Prescribed by Your Orthopedic Surgeon

<p>Tablet or Capsule</p> 	<p>Gabapentin (Neurontin)</p>	<p>Treatment for nerve pain</p>	<p>Dizziness, drowsiness, lack of coordination</p>	<p>The dose of this medication may be gradually increased to avoid side effects.</p>
<p>Capsule</p> 	<p>Pregabalin (Lyrica)</p>	<p>Treatment for nerve pain</p>	<p>Dizziness, drowsiness, weight gain, swelling</p>	<p>The dose of this medication may be gradually increased to avoid side effects.</p>
<p>Injection</p>  <p>Heparin</p> <p>Enoxaparin</p>	<p>Blood Thinners: Heparin</p> <p>Enoxaparin (Lovenox)</p>	<p>Blood thinner- treatment and prevention of blood clots</p>	<p>Bruising and bleeding</p>	<p>This medication is given as a shot in the stomach. Heparin may also be given as an IV infusion.</p>
<p>Tablet</p> 	<p>Apixaban (Eliquis)</p>	<p>Blood Thinner/ Anticoagulant to prevent strokes and blood clots</p>	<p>Bruising and bleeding</p>	<p>Call your doctor if you fall, hurt yourself, or hit your head, even if you feel fine.</p>
<p>Tablet</p> 	<p>Rivaroxaban (Xarelto)</p>	<p>Blood Thinner/ Anticoagulant to prevent strokes and blood clots</p>	<p>Bruising and bleeding</p>	

Common Medications Prescribed by Your Orthopedic Surgeon

<p style="text-align: center;">Tablet</p> 	<p style="text-align: center;">Aspirin</p>	<p>Blood Thinner/pain reliever-used to prevent strokes and blood clots, also prevents and treats heart attacks</p>	<p>Bruising and bleeding</p>	<p>May irritate the stomach.</p>
<p style="text-align: center;">Tablet or Capsule</p>  <p style="text-align: center;">Senna Plus</p> <p style="text-align: center;">Docusate</p>	<p>Laxative: Senna (Senokot)</p> <p>Stool softener: Docusate Sodium (Colace)</p> <p>Laxative/Stool Softener Combination: Senna-Docusate (Senna Plus, Senna-S)</p>	<p>Prevent constipation</p>	<p>Diarrhea, cramps, and upset stomach</p>	<p>These medications are important to prevent and treat constipation associated with opioid pain medications.</p>
<p style="text-align: center;">Capsule</p>  <p style="text-align: center;">Ferrex</p>	<p>Iron Polysaccharide (Ferrex)</p> <p>Iron Glycinate (Gentle Iron)</p>	<p>Iron supplement for anemia caused by low iron</p>	<p>Constipation, upset stomach, stool discoloration</p>	<p>Some heartburn medications decrease the absorption of iron.</p>
<p style="text-align: center;">Tablet</p> 	<p style="text-align: center;">Ascorbic Acid (Vitamin C)</p>	<p>Increases absorption of iron</p>	<p>Headache, nausea, vomiting, and diarrhea</p>	<p>Take this at the same time as iron to improve how well iron works.</p>
<p style="text-align: center;">Tablet</p> 	<p style="text-align: center;">Folic Acid (Vitamin B9)</p>	<p>Vitamin supplement for anemia caused by low folate levels</p>	<p>No major side effects when taken at usual prescribed doses</p>	

Common Medications Prescribed by Your Orthopedic Surgeon

<p style="text-align: center;">IV Bag</p>  <p style="text-align: center;">Cefazolin</p>	<p>Antibiotics: Cefazolin (Ancef); Vancomycin</p>	<p>Antibiotic – Fights bacterial infections</p>	<p>Diarrhea, rash, itching, nausea and vomiting</p>	<p>These medications are given through an IV.</p>
<p style="text-align: center;">Tablet</p>  <p style="text-align: center;">Pantoprazole</p>	<p>Proton Pump Inhibitors (PPIs): Pantoprazole (Protonix) Omeprazole (Prilosec) & others</p>	<p>Heartburn and ulcer prevention</p>	<p>Headache, upset stomach, gas, nausea, and vomiting</p>	<p>Take 30-60 minutes before your first meal. Most patients will only need this for a short period of time (8 weeks or less).</p>

*Different strengths of the same medication have different appearances. Medication appearance will also vary based on manufacturer. The best resource for medication appearance specific to your prescriptions is the description on the prescription label and your pharmacist. Medications also may come in multiple forms (i.e. tablet, capsule, liquid). Only the most commonly prescribed forms for adults are included in this document.

Exercising Guidelines

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.

Before Surgery at Home

Your surgeon wants you to perform these exercises before surgery. If they cause pain, do not perform them but become familiar.

- 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.

While You are at the Hospital

- Focus is placed on controlling swelling, pain control, and elevation with knee in full extension.
- Many of the initial exercises will be performed while lying down or sitting.
- 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)
- Depending on the time you get to your room after surgery, physical therapy will try to meet with you on the day of surgery. They will attempt to get you out of bed and walk with a front wheeled walker.
- If you get to your room later because you have a later case, or a longer recovery time in the recovery room, nursing staff will get you out of bed on the day of surgery to walk with a front wheeled walker.
- Some patients qualify for same day surgery. If your surgeon has identified you would be a candidate, you would be discharged from the recovery room.

When You are Home from Surgery

- Continued focus on swelling and pain control, usually for 2 weeks after surgery until you see your surgeon.
- 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.

Several Weeks After Surgery

- 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 THR who have been limited by surgeon in active hip abduction will begin abductor strengthening once cleared by surgeon.



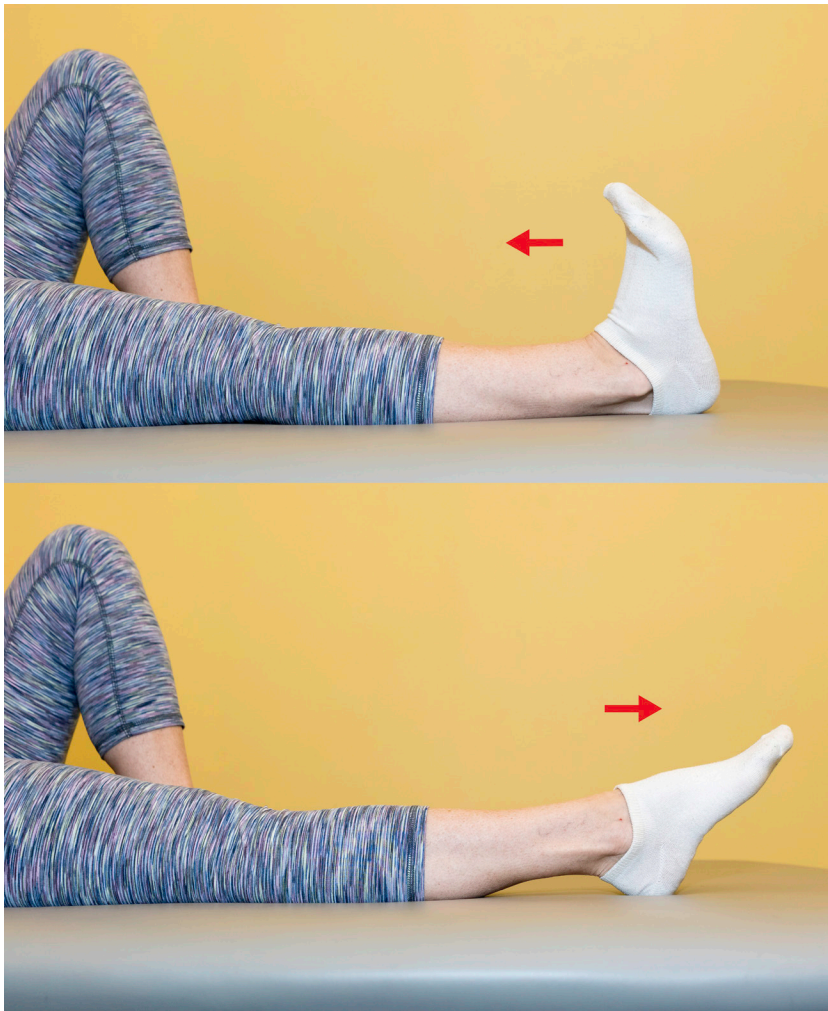
What to do for Exercise

- Choose low impact activities such as golf, bowling, walking, gardening, swimming and dancing
- Home program as discussed by your physical therapist
- Regular one- to three-mile walks
- Stationary bike
- Regular exercise at a fitness center
- Ankle pumps will help reduce swelling, improve circulation, and prevent blood clots.
- Point then flex both feet slowly. Repeat 10-30 times each hour.
- Use an icepack if your hip begins to swell or feel tender. If you prefer, use a bag of frozen peas in a thin cloth and then place it on your hip. Don't place ice directly on the skin. Elevate your leg above your heart. Keep ice on hip for less than 20 minutes 3 to 4 times daily.
- Walk more each day to increase your endurance. Progress to cane when your therapist tells you to. You should change your position at least every hour when you awake to prevent your hip from getting stiff.

Exercises

***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.**

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

Exercises

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

Hip/Knee Heel Slide



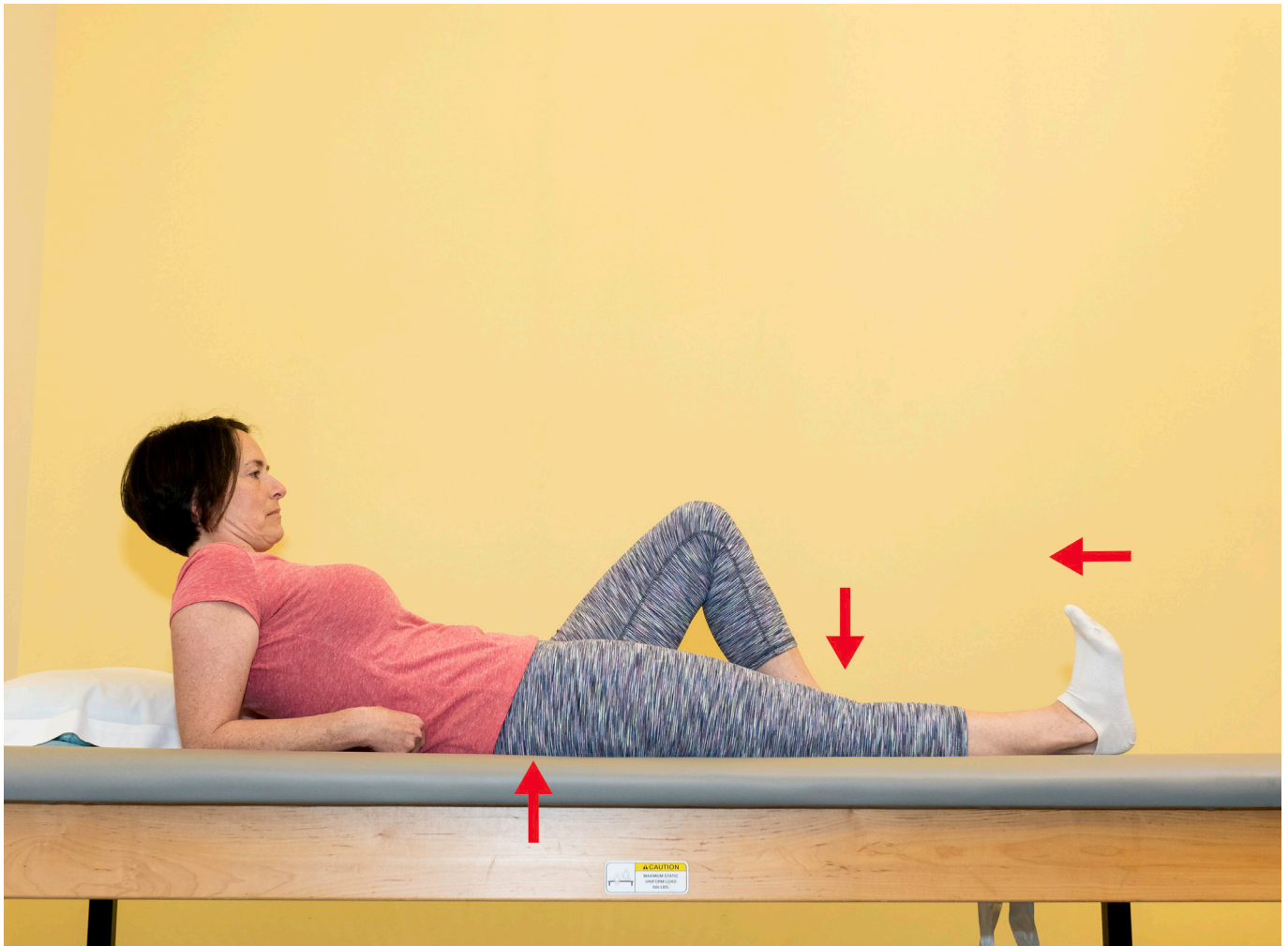
Slide your heel toward buttocks until a gentle stretch is felt. Hold 10-15 seconds. Relax.

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

Exercises

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

Hip/Knee muscular holds – Quadriceps set/Gluteus sets



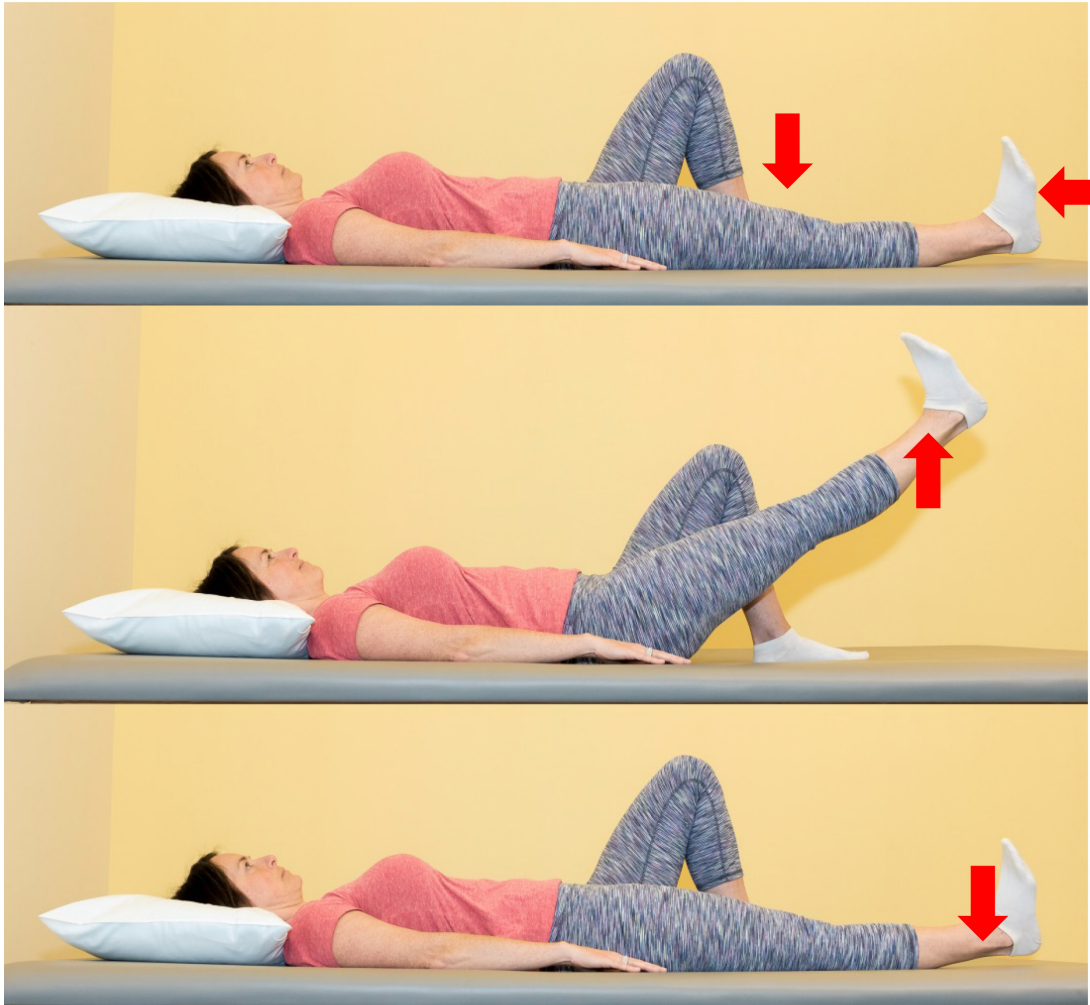
Pull toes toward your knee, tense muscles on front of thigh and simultaneously squeeze buttocks. Keep leg and buttocks flat on bed. Hold for 5-6 seconds.

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

Exercises

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

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.**

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

Do 2 sessions per day.

Exercises

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

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.

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

Exercises

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

Knee Extension Towel Prop



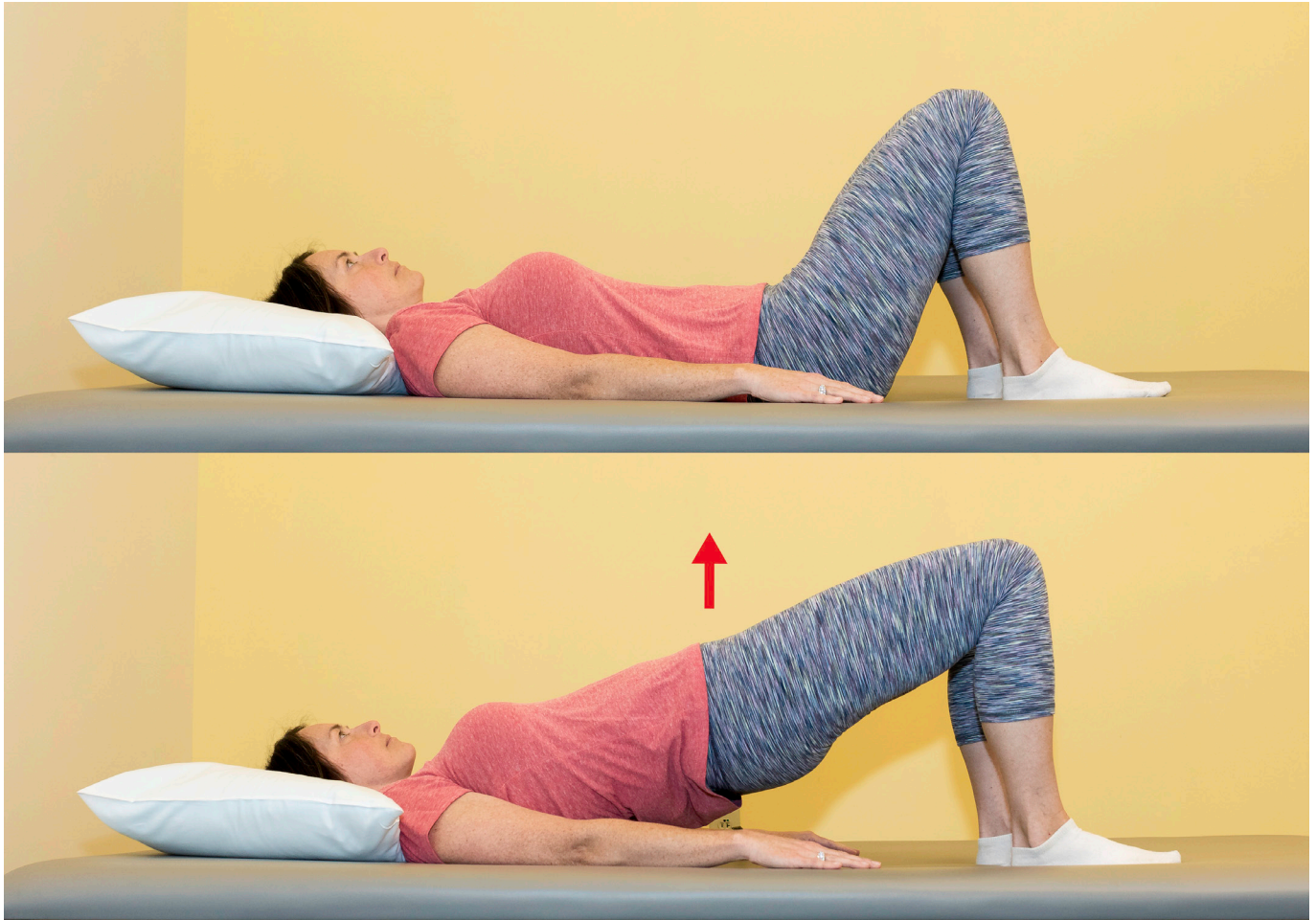
**With rolled towel under your ankle. Hold 5-10 Minutes.
Do 2 sessions per day.**

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

Exercises

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

Bridging



Lie on bed with knees bent.

**Lift hips off the bed while squeezing the muscles in your bottom.
Return to start position.**

Repeat 10 times. Do 3 sessions per day.

Exercises

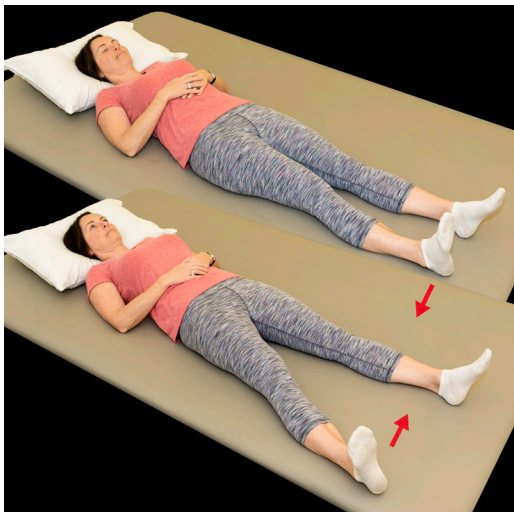
***These should be performed as tolerated, if too painful stop.**

Hip Abduction/Adduction (slide heels in and out)



Stand/Hold onto your walker or a stable surface for balance. Keep knee straight, move operative/non-operative leg outward. Hold 2-3 seconds, slowly relax. Return to start position.

Slide leg kickout (circle “operative” or “non-operative” leg based on surgeon’s post op precautions)



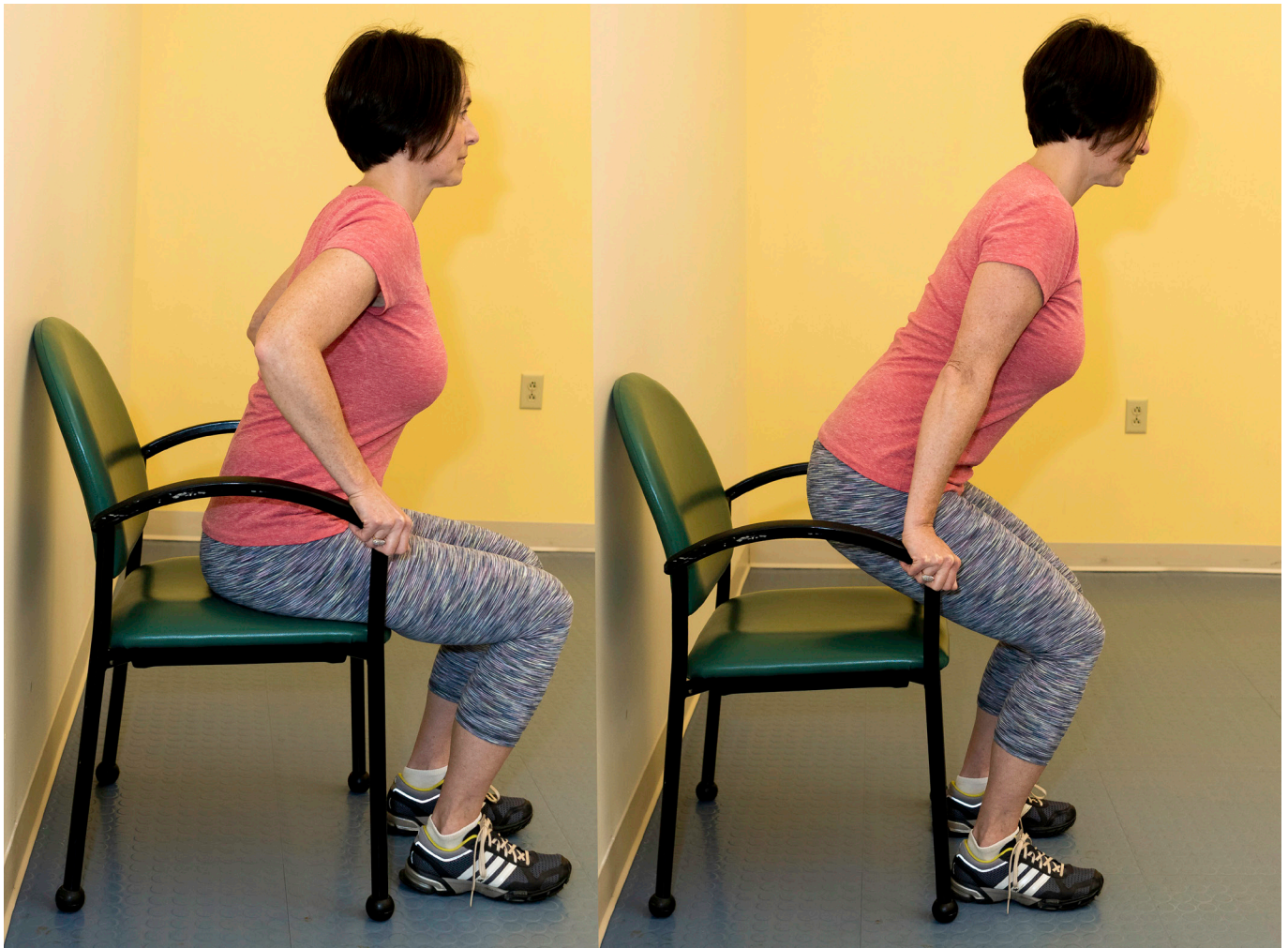
Lie on back or stand. Slide leg out to the side and return to the center. Keep toes pointed up and knees straight.

Repeat 10 times (each leg), 2 times per day.

Exercises

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

Armchair Push-ups



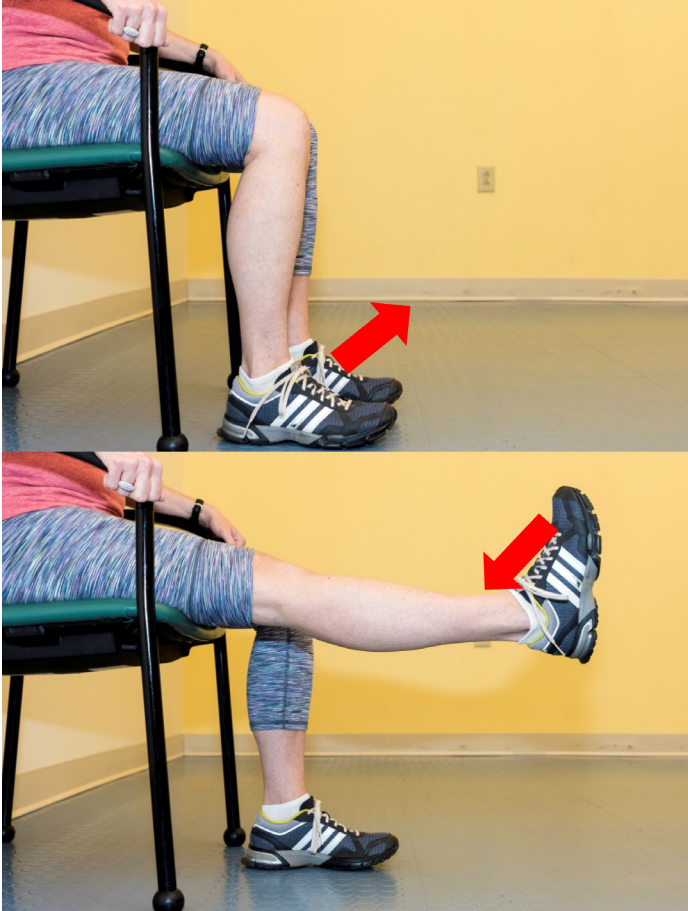
**With hand on armrest, push up from chair.
Use legs as much as necessary. Return slowly.**

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

Exercises

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

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 5 seconds. Return to start position.

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

Exercises

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

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.**

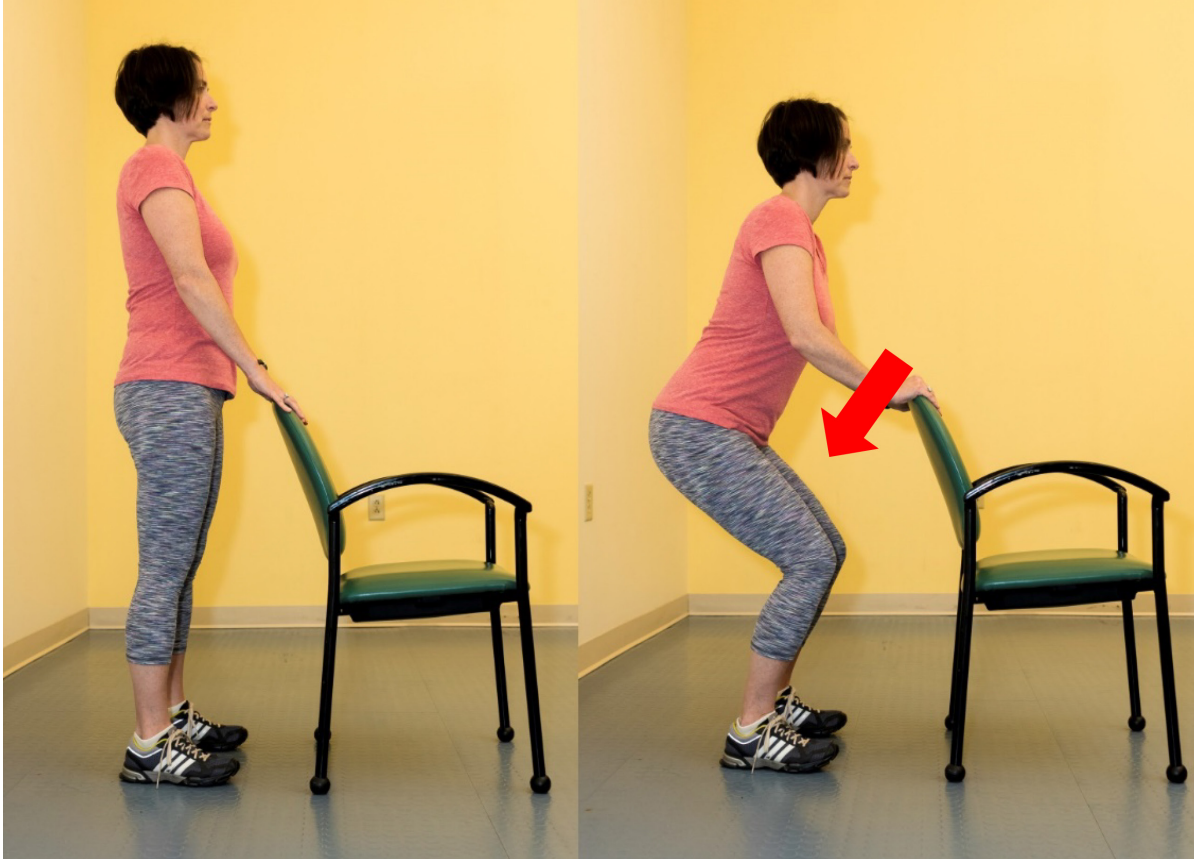
Return to start position.

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

Exercises

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

Mini Squats



Stand on both legs.

Use secure object to maintain balance.

Bend knees to 45 degrees.

Return to starting position while squeezing muscles in your thighs and bottom.

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

Do 2 sessions per day.

Exercises

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

Terminal Knee Extension



Stand with back against wall.

Place small rolled up towel behind operative knee.

Push the back of your knee into the towel to tighten your thigh muscle. Hold 5 seconds.

Relax and repeat.

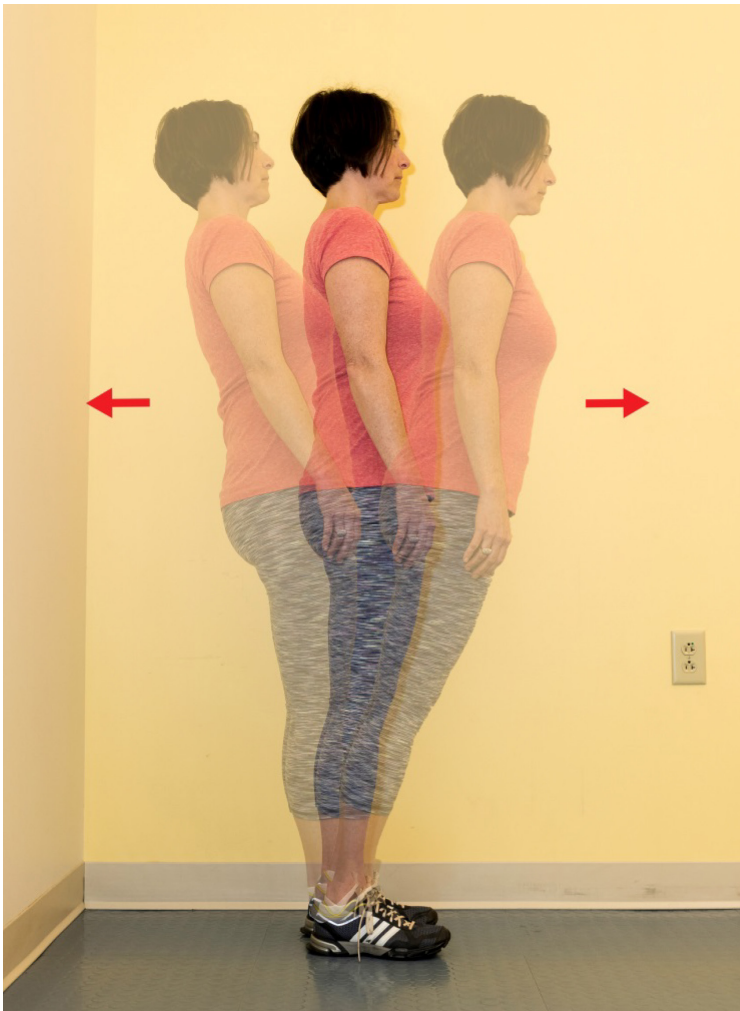
Repeat 10 times per set. Do 2 sets per session.

Do 2 sessions per day.

Exercises

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

Standing Weight Shift



**Stand up straight with a chair behind you.
Keep your feet flat on the floor.
Slowly shift your weight forward and back while keeping your knee straight, do not allow your heels or toes to lift from the floor.
Repeat forward/backward weight shift for 1-3 minutes.**

Managing Symptoms

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 onto handrail if available and use cane/crutch in the opposite hand as usual.

Place your “good” (unoperated) leg up first.

The “bad” (operated) leg follows with the help of the cane/crutch and rail.

To Go Down the Stairs

Hold onto handrail if available and use the cane/crutch in the opposite hand as usual.

Put the cane/crutch down onto the next step to assist the “bad” (operated) leg down first

The “good” (unoperated) leg follows.

Managing Common Activities

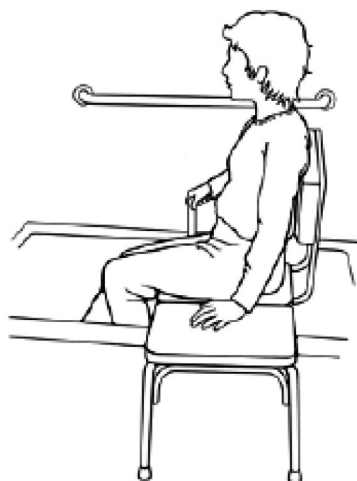
Getting in and out of the Shower - Using a Tub Bench



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.



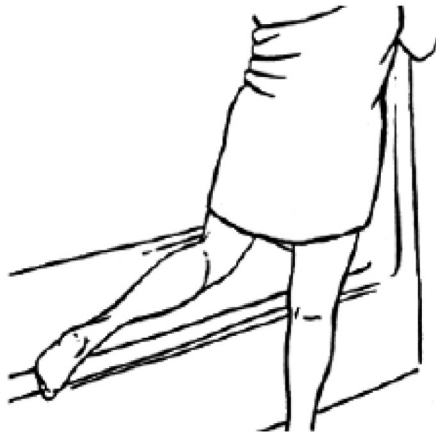
While sitting on bench, slide your hips to the inside of the tub. Extend operated leg and lift over tub edge.



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

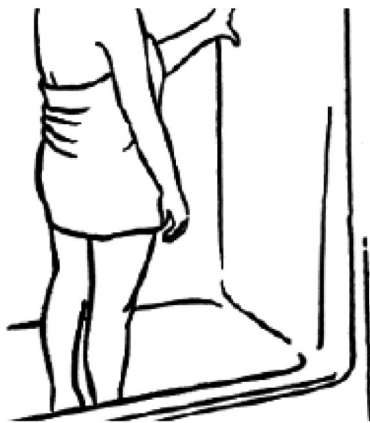


To Get Into the Tub

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.



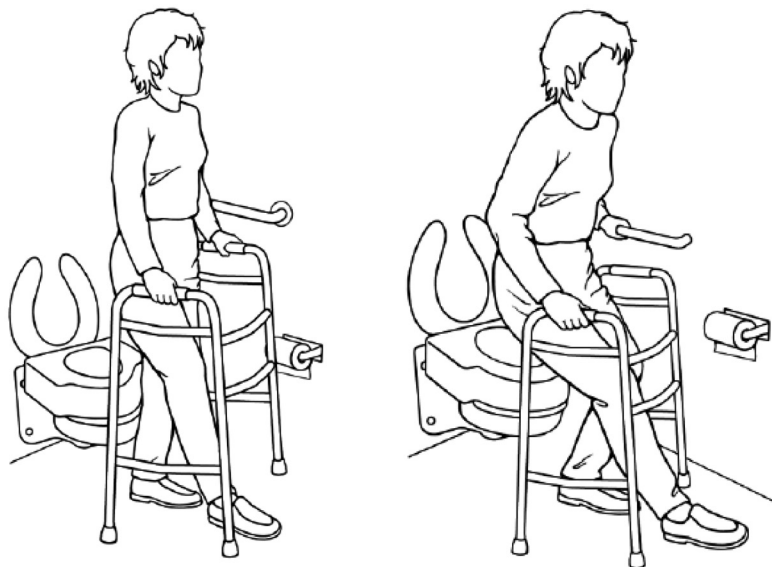
Take a step sideways with your non-operated leg to allow room for your operated leg in the tub.



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).



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, the joint 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.

It has been proven that patients who have had hip or knee replacement, do far better recovering at home and have very good outcomes.

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

Driving

Arrange for someone to drive you to your after surgery 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.

Additional Resources

Lodging

If you are traveling a distance to have your surgery, there are a number of other options for lodging in the greater Bangor area. Some of the area hotels/motels offer a discount for family members. Please call for rates. You will need to inform the hotel/motel that you have a family member at Northern Light Eastern Maine Medical Center.

American Academy of Orthopaedic Surgeons

Patient information provided by the professional organization for Orthopaedic surgeons.
www.orthoinfo.aaos.org

American Association of Hip and Knee Surgeons

A sub-specialty organization of Orthopaedic 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

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

Lodging

Comfort Inn

10 Bangor Mall Blvd.
Bangor, ME 04401

Phone: 207-990-0888

Suites: No

Fitness Center: Yes

Mobility accessible: Yes

All rooms have 2 double.

1 Room with MA bathroom with handrails

Free shuttle: Yes, 7:30 am - 10 pm

Microwave in room: Yes

Courtyard by Marriott

236 Sylvan Road
Bangor, ME 04401

Phone: 207-262-0070

Suites: Yes (4 king suites)

Fitness Center: Yes

Mobility accessible: Yes, 8 rooms

Free shuttle: No

Microwave in room: No (on request or in lobby)

Fairfield Inn

300 Odlin Road
Bangor, ME 04401

Phone: 207-990-0001

Suites: No

Fitness Center: Yes

Mobility accessible: Yes, 6 rooms

Free shuttle: No

Microwave in room: No (on request or in lobby)

Four Points Sheraton

308 Godfrey Blvd.
Bangor, ME 04401

Phone: 207-947-6721

Suites: No

Fitness Center: Yes

Mobility accessible: Yes, 5 rooms

Free shuttle: No

Microwave in room: Yes

Hampton Inn

261 Haskell Road
Bangor, ME 04401

Phone: 207-990-4400

Suites: No (6 king rooms w/pull out couch)

Fitness Center: Yes

Mobility accessible: Yes, 8 rooms

Free shuttle: Yes, 7:30 am - 10:30 pm

Microwave in room: Yes

Hilton Garden Inn

250 Haskell Road
Bangor, ME 04401

Phone: 207-262-0099

Suites: Yes (1 presidential)

Fitness Center: Yes

Mobility accessible: Yes, 7 rooms

Free shuttle: Yes, 7:30 am - 10:30 pm

Microwave in room: Yes

Residence Inn Marriott

250 Haskell Road
Bangor, ME 04401

Phone: 207-433-0800

Suites: Yes (kitchenette/living space)

Fitness Center: Yes

Mobility accessible: Yes, 3 rooms

Free shuttle: only to airport and downtown

Microwave in room: Yes

Towneplace Suites by Marriott

240 Sylvan Road
Bangor, ME 04401

Phone: 207-262-4000

Suites: Yes (2 suites: 1 bedroom and a 2 bedroom)

Fitness Center: Yes

Mobility accessible: Yes, 6 rooms

Free shuttle: No

Microwave in room: Yes

**Please ask hotel staff about available discounts for NL EMMC Patients and Families.

***All rooms have refrigerators (Suites have refrigerator with freezer)

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 and any home therapy.
- I have attended the total joint replacement education class.
- 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 EMMC hip and knee Nurse Coordinator at 207-973-8278 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 op bath using the special soap for 5 days before surgery and the morning of surgery. And I have followed all of the specific instructions to help reduce my risk of infection.
- 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 and using nicotine products 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).