MERCYONE℠

Total Joint Replacement

Healing Handbook

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MERCYONE

Welcome

Thank you for choosing MercyOne to help restore you to a higher quality of living with your new prosthetic joint.

We believe you play a key role in ensuring a successful recovery, and our goal is to involve you in your treatment through each step of the program to achieve the best possible outcome. This patient guide will give you the information needed for a safe and successful surgical outcome and recovery.

Your team includes physicians, nurses, orthopedic technicians, case managers and physical and occupational therapists specializing in total joint care. Every detail, from pre-operative teaching to post-operative exercising, will be considered and reviewed with you. The MercyOne team will plan your individual treatment program and guide you through it. Please let us know at any time if you have questions. We are here for you.

The pathway to healing

We specialize in the care of patients undergoing total joint replacement surgery and are dedicated to returning individuals to independent living and improved quality of life.

Hospital care

Medications

- You will receive oral pain medication during your preparation for surgery in ambulatory services. Pain medication is given routinely after surgery.
- Your nurse will ask you to rate your pain on a 0 – 10 scale. A rating of 0 is no pain while a rating of 10 is unbearable pain. Let your nurse know if you are having pain. We do our best to keep you comfortable, although we may not be able to eliminate your pain completely.
- If you are feeling nauseated, tell your nurse. There is medication that can be ordered for you that will decrease the nausea.
- You will receive a blood thinner after surgery. The type will depend on your specific risk factors. Some take oral blood thinners while others need injectables.
- Itching can be a side effect of the anesthesia; if you are itching, tell your nurse.
- You may receive an injectable blood thinner (a shot) to minimize your risk of blood clots after surgery for up to two weeks. You or your coach will need to inject the medicine. Your nurse will teach you how to do this.
- You will receive a stool softener.

Activity

- The care team will determine when you are ready to begin moving around. This begins shortly after surgery. You can begin pumping your ankles while in bed. When able, the team will help you to begin things like walking and sitting up in a chair.
- The nursing staff will monitor you and observe your condition by assessing you and checking your vital signs.
- You will have compression stockings on your legs to help prevent blood clots.

- Your care team will help you practice walking, getting in and out of bed and chairs as soon as you are able.
- Some patients need to follow hip precautions which we will review with you in the hospital. A hip precaution handout will be provided.

Breathing exercises

- Breathe deeply and use your incentive spirometer 10 times every hour while you are awake. This exercises your lungs and helps minimize your risk of pneumonia.

Diet

- You will start with a regular diet upon returning to your room.
- The combination of pain medications and little activity can cause constipation. Eat plenty of fresh fruits and vegetables and drink several glasses of liquid daily to help prevent constipation.

Tubes and drains

- An intravenous (IV) flexible catheter will be placed in your vein to give you fluids and medications. The doctor will instruct the nurse when this can be removed before you are discharged.

Self-care

- Occupational therapy will address self-cares like bathing, dressing and adaptive equipment at the pre-operative class and on an individual basis as needed.

Planning your discharge

- Your discharge is dependent on how well you move around and when you are medically approved for discharge. When you meet certain goals, you can be discharged on the day of surgery. Many factors contribute to this: time of surgery, ability to mobilize safely, ability to tolerate foods without nausea and ability to urinate. Your safety at discharge is our priority.
- Before your admission, a discharge plan was started with your assistance. A discharge planner is available to assist with any needs, e.g., equipment.
- The nurse will review home care instructions including incision care, pain management, taking blood thinner medication and returning to the doctor.
- After discharge, continued therapy and follow-up varies by surgeon and by surgery type. You will be educated on your individual plan.

Caring for yourself at home

After surgery, you can expect gradual improvement for the next several months. You can look forward to less pain, stiffness and deformity. You will begin to enjoy the activities of daily living with more comfort and move to a more independent lifestyle. Your physician will monitor your progress.

The following conditions may require immediate attention. Call your physician or home care nurse if you have:

- Increased pain
- Swelling not reduced by elevation or ice
- Elevated temperature of 101 degrees or higher
- Incision drainage (increased), redness or warmth at the incision site
- Wound opening
- Bright red blood
- Calf or groin pain that is not lessened by elevation

COMMON CONCERNS AFTER SURGERY

Moderate pain and discomfort

Cold therapy is effective in managing pain and swelling. Make sure there is a barrier between your skin and the cold pack. This may be most effective before and after exercise and before bed. Knee replacements will have the option to purchase an ice machine to help relieve pain and swelling.

Poor appetite

The combination of pain medicines may create a temporary loss of appetite and can even upset your stomach. Light, non-fatty foods are more easily digested, but don't forget to drink plenty of liquids. Eating small, light meals frequently throughout the day may help regain your appetite and strength.

Feet and ankle swelling

Some swelling of your feet and ankles, especially after walking, is completely normal and can occur up to several weeks after surgery. Elevate your entire leg with two pillows under your feet, not knees, when sitting or sleeping, or for two hours twice a day. Pump those ankles! In most cases, swelling should decrease by morning.

When you go home, there are a variety of things you need to know for safety, speedy recovery and comfort.

CONTROL YOUR DISCOMFORT

- Take your pain medicine at least 30 – 45 minutes before physical therapy.
- Gradually wean yourself from prescription medication to Tylenol. Some prescription medication contains acetaminophen, which is the same as Tylenol. You may take two extra-strength Tylenol in place of your prescription medication up to three times per day. Do not take more than 3000 mg of acetaminophen in 24 hours. Contact your pharmacist if you have questions.
- Change your position every 45 minutes throughout the day. Taking slow, deep breaths while changing position will help control pain.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort. You can use it before and after your exercise program and as needed for swelling and discomfort.

BODY CHANGES AFTER SURGERY

- You may have difficulty sleeping for many weeks after surgery. This is not abnormal. Don't sleep or nap too much during the day.
- Your energy level will be decreased for the first month.
- Pain medication contains narcotics, which promotes constipation. Increase the fiber in your diet with foods such as prunes, prune juice, raisin bran or whole wheat bread.
- An afternoon snack of peanuts, raisins or dried fruit may be helpful. Use stool softeners or laxatives if necessary.

STOCKINGS

You may be asked to wear special compression stockings. These stockings are used to help compress the veins in your legs. This helps to keep swelling down and reduce the chance for blood clots.

- If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day. It's best to lie down and raise the leg above heart level.
- Initially wear the stockings continuously, removing for one hour morning and evening, or up to two hours daily for six weeks.
- Notify your physician if you notice increased pain or swelling in either leg.
- At your return appointment, ask your surgeon when you can discontinue stockings. Plan to wear for six weeks.
- Hand wash and hang to dry.

CARING FOR YOUR INCISION

- Keep your incision dry.
- Keep your incision covered with a light, dry dressing as instructed by your nurse until your follow-up appointment.
- Do not take tub baths until your surgeon allows.
- You may shower or sponge bathe as long as you keep your dressing clean and dry.
- Notify your surgeon or visiting nurse if there is increased drainage, redness, pain, odor or heat around the incision.
- Take your temperature if you feel warm or sick. Call your surgeon or visiting nurse if it exceeds 101 degrees.

RECOGNIZING AND PREVENTING POTENTIAL COMPLICATIONS

Signs of infection

- Increased swelling or redness at the incision site
- Change in color, amount or odor of drainage
- Increased pain in your new joint.
- Fever greater than 101 degrees

Preventing infection

- Take proper care of your incision as explained.
- Take prophylactic antibiotics when having dental work, including cleanings, or other potentially contaminating procedures. This needs to be done the rest of your life.
- Always notify your physician or dentist that you have a total joint replacement.

Although the risks are very low for post-operative infections, it is important to realize that the 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, notify your doctor.
- If you sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or bandage on it and notify your doctor.
- The closer the injury is to your prosthesis, the bigger the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment.
- Notify your doctor if the area is painful or reddened.

Blood clots in legs

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents complications that are more serious.

Signs of blood clots in legs

- Increased pain
- Redness or warmth in thigh, calf or ankle
- **Note:** Blood clots can form in either leg

Prevention of blood clots

- Foot and ankle pumps
- Walking
- Compression stockings
- Blood thinners, if your physician feels it necessary

Pulmonary embolus

An unrecognized blood clot could break off the vein and go to the lungs. This is an emergency and you should call 911 if suspected.

Signs of an embolus

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

Signs of hip dislocation

- Severe pain
- Rotation/shortening of leg
- Unable to walk/move leg

SAFETY AND AVOIDING FALLS

All areas

- Pick up throw rugs and tack down loose carpeting.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces.
- Provide good lighting throughout the home. Install nightlights in the bathrooms, bedrooms and hallways.
- Keep extension cords and telephone cords out of pathways. Do not run wires under rugs—this is a fire hazard.
- Wear supportive and comfortable shoes that have a non-skid sole to provide adequate support to reduce slips and falls.
- Sit in chairs with arms. It makes getting up easier. Avoid chairs that sit low to the floor.
- Rise slowly from either a sitting or lying position so as not to get light-headed.
- Do not lift heavy objects for the first three months, and then only with your surgeon's permission.
- Stop and think. Use good judgment.

Do's and don'ts for the rest of your life

Whether you have reached all the recommended goals in three months or not, all joint patients need to have a regular exercise program to maintain fitness and the health of the muscles around their joints. With both your orthopedic and primary care physicians' permission, you should be on a regular exercise program three to four times per week for 20 to 30 minutes.

High-impact activities and extended kneeling may put too much load on the joint and are not recommended. High-risk activities are likewise discouraged because of the risk of fractures around the prosthesis.

What to do for exercise

Choose a low-impact activity when your physician allows:

- Recommended exercise classes
- Regular one- to three-mile walks
- Home treadmill (should not do post-operatively until decided by physical therapist/surgeon)
- Stationary bike (should not do post-operatively until decided by physical therapist/surgeon)
- Regular exercise at a fitness center
- Low-impact sports: golf, bowling, walking, gardening, dancing, etc.

What not to do

- Do not run or engage in high-impact activities.
- Do not participate in high-risk activities.

TREATMENT OF POST-OP CONSTIPATION

Constipation is very common in the post-operative setting for a few major reasons: You will not be as active as you ordinarily are, you will likely be using opioid pain medications and your intake of fluids might be decreased if you are not monitoring your intake.

Opioids, like oxycodone and hydrocodone, bind to specific receptors in the gastrointestinal (GI) tract and brain to reduce bowel motility (the movement of waste through your GI tract). The slower the waste moves, the more water that can be reabsorbed, making bowel movements more firm and harder to move through.

While you are in the hospital, you will receive a stool softening medication. The medications you will be taking can be purchased over the counter, without a prescription and should be used routinely at home until you are no longer taking your opioid pain medications and your activity level increases.

There isn't one agent we recommend for all patients but listed here are several options. You can choose one that you find easiest to take and that provides the most relief for you. It is important to stay ahead of constipation by taking these daily until you stop using your prescription pain medications. Only stop taking these medications if your bowels become too loose or frequent.

- **Docusate/Senna 50 mg/8.6 mg –** contains a stool softener and mild laxative. Directions for use: Take 1 tablet by mouth twice daily or 2 tablets at bedtime as needed. Safe to increase dose to 2 tablets twice daily while on narcotic pain medication.
- **Miralax –** contains a mild laxative; we often recommend this if you had problems with constipation prior to surgery or the docusate/senna is not effective enough. Directions for use: Mix one capful with 8 oz water or other beverage and drink once daily.
- **Bisacodyl 5 mg tablets –** laxative that can be utilized if more than 3 days have passed without a bowel movement and GI discomfort or distention is noticed. Directions for use: Take 1 tablet by mouth once daily until you have a bowel movement. Safe to increase to 10 mg (2 tablets) once daily.

If you have any questions about using these products, please ask your pharmacist or speak with the visiting nurse.

PAIN MANAGEMENT

Remember to take the pain medicine as directed by your surgeon. Take all pain medicines with food. It is important to take pain medicine before having therapy.

SMOKING CESSATION

Discontinue smoking for 4-6 weeks prior to and after surgery to facilitate tissue healing.

Activities of daily living

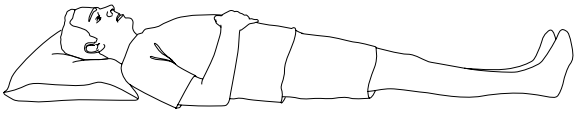
Once you have had your surgery, you may begin to think about going home with your new joint, and how you will get around and get back to your daily life. Before you go home, your therapist will teach you the skills you will need, such as how to get in and out of bed and how to use the stairs. Your therapist will also teach you how to walk with a walker, crutches or a cane.

BED MOBILITY

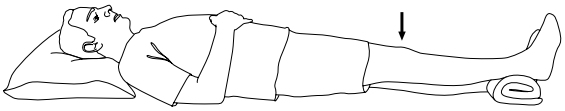
Positioning in bed

An important part of knee replacement recovery is maintaining knee extension. Full knee extension, which is straightening the knee and leg, is needed to have a normal walking pattern.

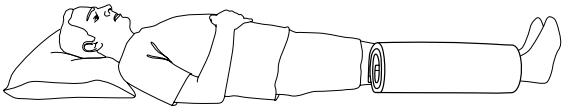
To ensure knee extension, when you are in bed:



Do not place anything under your knee.



You may place a towel or blanket roll under your ankle to promote extension.

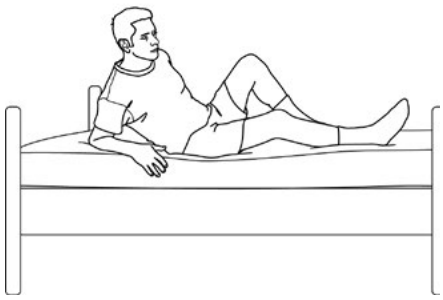


If your leg tends to roll outward when you are lying down, you may place a blanket roll along the side of your leg to keep your toes pointed straight up.

Getting out of bed

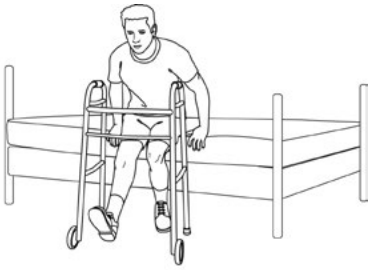
You will get out of bed as soon as possible. Do not try to get up by yourself. A member of your care team will help you.

Slide your surgical leg to the edge of the bed as you bend your non-surgical leg. Do not roll onto your side. Keep your body straight, supporting yourself with your elbows.



Push with your hands and non-surgical leg as you lift your buttocks off the bed and move toward the edge of the bed. Begin to sit up.

Using your arms and non-surgical leg, lift your buttocks and pivot toward the side until both your feet are on the ground.



Stand up, pushing down on the bed with both hands. Reach for the walker.

Getting back into bed

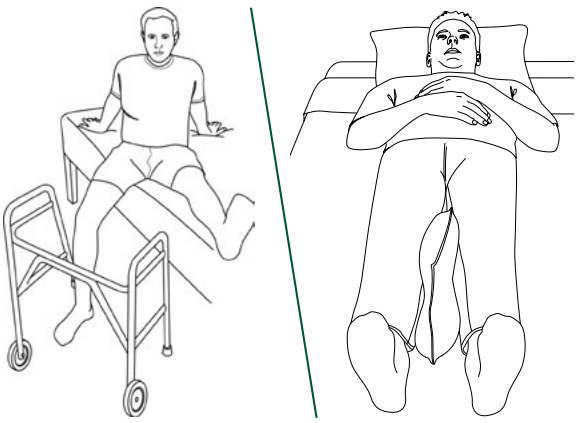
You will also need help getting into bed at first.

Slowly back up to the bed until you feel the back of your legs against it.

Reach back for the bed and sit as far back as you can. Using your arms and non-surgical leg, scoot back until your surgical leg is supported.

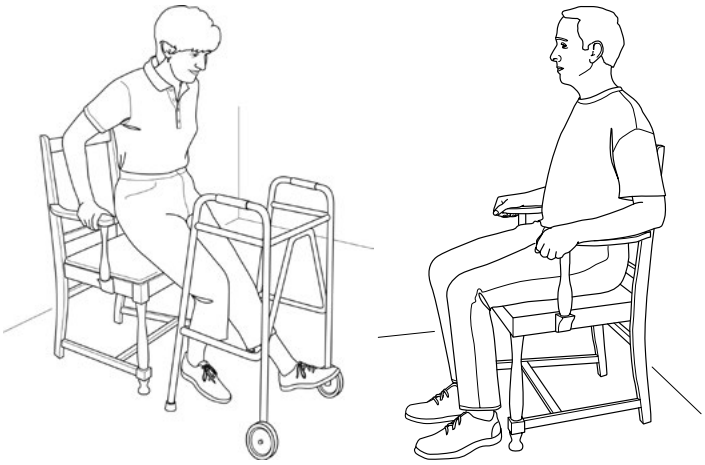
Lift your legs onto the bed as you slowly turn your body. You may need someone to help you lift your surgical leg at first.

Scoot back as needed with your arms and non-surgical leg.



STANDING UP AND SITTING DOWN

Follow these steps when you are using a walker, a wheeled walker or crutches.



When you try to stand up from a sitting position, scoot your hips forward to the edge of the chair or bed. Keep your surgical leg stretched out and your non-surgical leg bent with your foot flat on the floor.

Use your arms to push down on the edge of the chair, bed or toilet seat to push yourself up.

As you stand up, shift your weight onto your non-surgical leg and grasp the handgrips of the walker, wheeled walker. At the same time, move your surgical leg back in line with your non-surgical leg.

Do not pull yourself up with the walker, as this could cause you to fall backward. Once you are standing, take a few seconds to get your balance before you take a step.

When sitting down, slowly back up to a chair or bed until you feel the back of your legs against it.

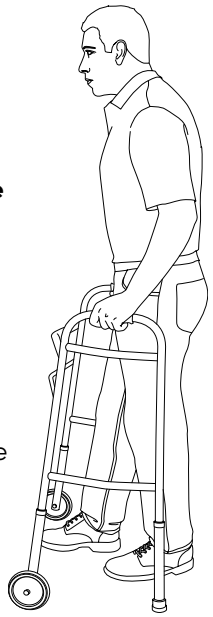
Slide or place your surgical leg forward. Then reach back for the armrests of the chair or the edge of the bed.

While leaning slightly forward and keeping the surgical leg outstretched in front of you, lower yourself slowly into the chair. Use a firm chair with armrests.

Do not hold on to the walker while lowering yourself.

USING A WHEELED WALKER

You will need a walker for safe mobility after surgery. If needed, a walker can be ordered for you through home medical equipment on the day of surgery. **If you already have a walker, please bring it with you on the day of surgery to ensure it is properly fitted for you.**



Walking with a wheeled walker

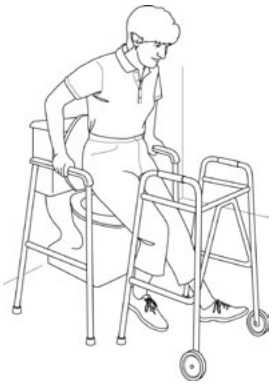
- Push the walker as you walk, using as normal a walking pattern as possible.
- Do not step too close to the front edge of the walker.
- Keep your body in line with the back legs of the walker.

GOING UP/DOWN STAIRS

- Go up the stairs with your "good" leg (non-surgical) first.
- Go down the stairs with your "bad" leg (surgical) first.
- If no railing, you can use a folded walker for stability.
- Prefer a railing for safety.

USING A TOILET

Using a toilet with armrests



Back up to the toilet until you feel the back of your legs touching it. Reach back for the armrests and slowly lower yourself onto the toilet. Keep your surgical leg straight out in front of you.

Bend your knee and hip on the non-surgical side as you lower yourself onto the seat.

Reverse the steps when getting up. Use the armrests to push yourself up. Get your balance before reaching for the walker or crutches.

Using a raised toilet seat without armrests

Back up to the toilet until you feel the back of your knees touching it. Keep one hand on the handgrip of the walker or crutch while you reach back for the edge of the raised seat.

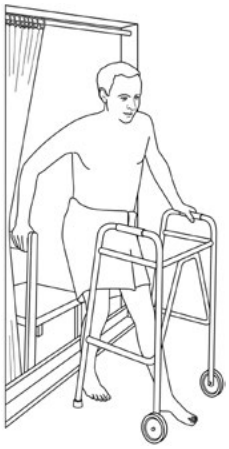
Bend your knee and hip on the non-surgical side as you lower yourself onto the seat. Keep your surgical leg straight out in front of you.

Reverse the steps for getting up. Place one hand on the handgrip of the walker or crutch and the other on the edge of the toilet seat. Get your balance before reaching for the walker or crutch.

TAKING A SHOWER

The first week after your surgery, it is best to have someone with you to assist with taking a shower. Make certain you have your towel and supplies before you get in. Walk-in showers with a small step of 2 to 6 inches are preferred. Tub-showers make you lift your legs over the edge and require you to bear more weight upon one leg at a time. Your therapist can make suggestions about how you can safely bathe based on your home's setup.

In a walk-in shower



Use built-in grab bars when possible. Step into the shower leading with your stronger, non-surgical leg. Step out of the shower leading with your stronger, non-surgical leg.

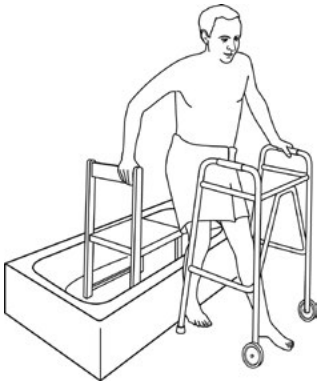
If using a shower bench, back up to the edge of the shower using your walker. Reach back with one hand and grab the shower bench. Leave your other hand on the walker.

Sit down on the bench. Lift one leg at a time over the lip of the shower stall and turn to sit facing the faucet.

Do not lean forward or to the side to wash your lower body. Use a long-handled sponge to reach your lower body to maintain your hip precautions.

To get out of the shower, turn your body while lifting one leg at a time over the lip of the shower stall. Stand up outside the shower stall by pushing off from the chair or using a grab bar.

In a tub



You may use your tub for a shower, but do not lower yourself for a bath. Place a walker or chair beside the tub. Stand between the walker or chair and the tub.

Your support person should support you with one hand and steady the walker or chair with the other. Steady yourself with one hand on the walker or chair and the other on the wall or grab bar. Step over the tub with your stronger, non-surgical leg. Next, lift your operative leg over the tub.

If you choose to use a shower bench, request that your support person position it in the tub behind you. Reach back with one hand and grab the shower bench. Leave your other hand on the walker.

Sit down on the bench. Lift one leg at a time over the side of the tub and turn to sit facing the faucet.

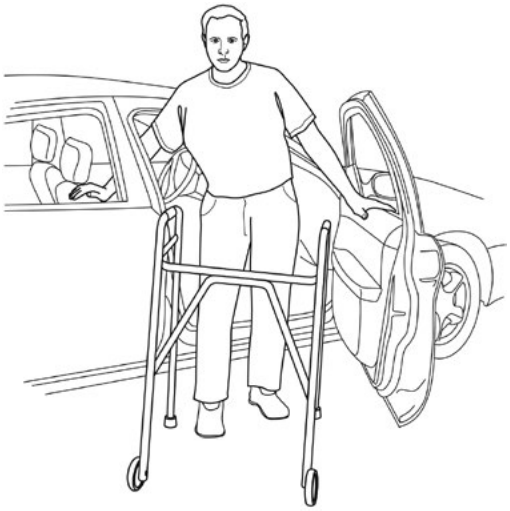
To get out of the tub-shower, turn your body while lifting one leg at a time over the side of the tub. Stand up outside the tub by pushing off from the chair.

GETTING IN AND OUT OF A CAR

Getting in

A taller vehicle is easier to get in and out of than one that is lower to the ground. You are safest sitting in the front seat with your seat belt on and the seat upright.

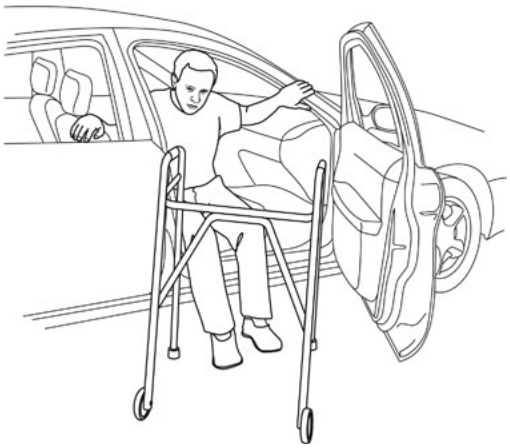
- Move the seat back as far as possible.
- Stand facing away from the car.
- Slide your surgical leg ahead of you.
- Place one hand on the back of the seat and the other on a secure spot and slide onto the seat.
- Lower yourself slowly to the seat.
- You may need someone's help to lift and swing your legs in.



Getting out

Have your helper place the walker close by.

- Pivot and lift your legs out of the car. Your helper may need to assist with this.
- Scoot to the edge of the seat, and with one hand on the back of the seat and the other on a secure spot, push to stand.



If you are riding longer than 30 minutes, take a break from sitting. This will help prevent stiffness, swelling and blood clots. Look for a safe place to park where you can walk at least 25 feet to aid your circulation.

Recommended therapy items

There are adaptive equipment options available for purchase to assist with daily cares. These will be reviewed in the pre-operative class. If you have questions, reach out to the therapy care team.

This equipment is available at MercyOne Home Medical Equipment for your convenience. Store hours are Monday – Friday, 8 a.m. – 5 p.m. The phone number is 563-589-8118.

Putting on pants using a reacher

Step 1: Use the reacher to lower the pants to your feet. Put surgical leg into pants first then pull pants over your leg until you can see your foot. Repeat on the other side.

Step 2: Then stand up, holding onto the pants, and pull the pants over your hips.

Taking off pants using a reacher

Step 1: Stand up and slide your pants down past your hips.

Step 2: Sit down, then use the reacher to push the pants down and pull the pants off one leg at a time.

Socks and stockings

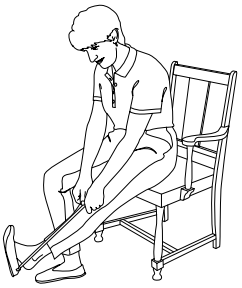
Slide the sock or stocking onto the sock aid. Make sure the heel is at the back of the plastic and the toe is tight against the end. The top of the sock should not come over the top of the plastic piece.

Hold onto the cords and drop the sock aid out in front of the foot on your surgical leg. Slip your foot into the sock and pull it on. Drop the cord to the ground. Use your reacher to pick up the sock aid. Repeat these directions for the foot on the other leg.

Do not bend over to get the sock aid off the floor.

To take socks or stockings off, use the dressing stick or reacher to hook the back of the heel and push the sock off your foot.

Shoes



Wear slip-on shoes with a closed toe and heel or use elastic shoelaces so you do not have to bend over.

Use the reacher, dressing stick or long shoehorn to put on or take off your shoes.

Total Joint Coach information

Congratulations, you have been selected to be an official coach. You will be helping a special person return to an improved quality of life after total joint replacement. This requires commitment on your part.

As a coach, you will provide emotional support, patience and guidance. To be of assistance, you will be asked to attend the pre-operative total joint class. You will learn how to assist your patient with exercises before and after surgery and assist during their recovery. You will also need to help prepare at home for the recovery phase. Next to the patient, you are the most important member of the hospital care team.

COACH'S TO DO LIST

Before surgery

- Review the information in this booklet.
- Encourage the patient to practice the exercises listed in this booklet.
- Assist in making plans for care at home or alternative living arrangements.

Assist with preparing the home for a safe recovery

- Install handrails on all stairs that will be used. (This is especially helpful.)
- Pick up all throw rugs.
- Move all phone and electrical cords close to the walls.
- Check lights to make sure they are all in working order.
- Remove clutter.
- Move necessary items to waist level for easy access.
- Stock the freezer with a two-week supply of microwave meals and easy-to-fix food.
- Encourage the patient to review specific requests or routines with the person who will be performing the household chores and errands during their recovery phase.

After surgery

- Be present as much as possible while in the hospital to know the game plan each step of the way. Ask the team and patient for updates on progress and any changes in the plan.
- Please encourage the patient to ask for pain medication as soon as he/she is uncomfortable. The nurse will ask the patient to rate his/her pain using a pain scale. A rating of "0" is no pain while a rating of "10" is unbearable pain. The goal is to keep the pain at a tolerable level.
- Pain medication is important before walking or exercising.
- Provide general support by being positive. Reassurance and encouragement are some of the most important parts of your role. Celebrate successes. Recovery is hard work for everybody and can be frustrating for all those involved.
- Attend as many physical therapy/occupational therapy sessions as you can.
- Learn how to inject blood thinner, if needed.
- Review discharge instructions with patient and nurse.
- Speak with a member of the care team if you have any questions or concerns.
- Allow/encourage patient to be as independent as possible. Assist patient only if they need help or their safety is jeopardized.
- Be available to take the patient home and be with them for at least the first 48 hours. After the first 48 hours, plan to be present with the patient very frequently for the first week at home.

Recovery at home

- Assist the patient with following all discharge instructions.
- Encourage rest periods but increase activity and independence each day.
- Encourage exercises and frequent walks.
- Encourage patient to keep a log of the time pain medication was taken. Especially before walking or exercising.
- Don't let the patient get discouraged. Remind the patient recovery can be a slow process. Each patient will progress differently.
- Arrange transportation for appointments.
- If home care is needed, meet the home care team to develop a plan of care.
- Call the physician's office or team for questions.

Taking care of yourself

Assisting as a coach through the experience of total joint replacement is a commitment. It is important for you to get enough rest and ask others for help when you need a break. Thank you for accepting the job of coach.

Resources

Medical Associates orthopedics
563-584-4460

Director of surgical services
563-589-9499

Case manager, surgical services
563-589-9708

Director of physical therapy
563-589-8180

Pre-surgery checklist

- ☐ Who have you identified as a coach? Will he or she be able to stay with you the first week after surgery?
- ☐ Do you have an appropriate chair to sit in that has armrests and is not too low?
- ☐ Is your bed arranged so you can get in and out on the same side as your surgery?
- ☐ Are your frequently used items easily reachable and on the main floor?
- ☐ Do you have some easy meals prepared or someone to assist with meals?
- ☐ Have you removed clutter, throw rugs and trip hazards to provide a clear path for walking?
- ☐ Do you have railings on your stairs? Have you installed railings where needed?
- ☐ If you can, did you move your bedroom to the main level to avoid frequent stairs? Have you moved items to the main-level bathroom for easier access?
- ☐ Have you moved your frequently used items close to your chair and bed (e.g., phone, remote, reading materials, wastebasket, tissues, water, etc.)?
- ☐ If you plan to borrow any equipment, did you obtain the equipment?
- ☐ Does your bathroom have a clear path for walking? Do you have a raised toilet seat or railings? A commode can be obtained in the hospital.
- ☐ Do you have the needed adaptive equipment (e.g., reacher, footstool, long shoehorn, etc.)? These items can be obtained in the hospital.
- ☐ Do you have grab bars installed in the tub or shower? Do you have a bath seat for the tub?
- ☐ Are you working on your exercises within your pain tolerance?

Frequently asked questions

We are glad you have chosen MercyOne for your care. Following are the most frequently asked questions about joint replacements. You'll find additional information throughout this booklet. If there are any other questions you need answered, please ask your surgeon so that you are completely informed about this procedure.

What is arthritis and why does my joint hurt?

In each joint there is a layer of smooth cartilage where the bones meet. This cartilage serves as a cushion and allows for smooth motion of the joint. Arthritis is a wearing a way of this smooth cartilage. Eventually it wears down the bone. Rubbing of bone against bone causes discomfort, swelling and stiffness.

What is a total joint replacement?

Hip

A total hip replacement is an operation that removes the arthritic ball of the upper thigh bone (femur) as well as damaged cartilage from the hip socket. The ball is replaced with a metal ball that is fixed solidly on the end of the femur. The socket is replaced with a plastic liner that is usually fixed inside a metal shell. This creates a smoothly functioning joint that does not hurt.

Knee

A total knee replacement is a cartilage replacement with an artificial surface. The knee itself is not replaced, as is commonly thought, but rather an artificial substitute for the cartilage is inserted on the end of the bones. This is done with a metal alloy on the femur and a plastic spacer on the tibia and kneecap (patella). This creates a new smooth cushion and a functioning joint that does not hurt.

What are the results of total joint replacement?

Ninety to ninety-five percent of patients achieve good to excellent results with relief of discomfort and significantly increased activity and mobility.

When should I have this type of surgery?

Your orthopedic surgeon will decide if you are a candidate for the surgery. This will be based on your history, exam and x-rays. Your orthopedic surgeon will ask you to decide if your discomfort, stiffness and disability justify undergoing surgery. There is no harm in waiting if conservative, non-operative methods are controlling your discomfort.

Am I too old for this surgery?

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

How long will my new joint last, and can a second replacement be done?

We expect most knees to last more than 15 to 20 years. However, there is no guarantee, and 10 – 15 percent may not last that long. A second replacement may be necessary.

Why do they fail?

The most common reason for failure is the loosening of the artificial components of your total joint.

What are the major risks?

Most surgeries go well, without any complications. Infection and blood clots are two serious complications that cause the most concern. To avoid these complications, we use antibiotics and blood thinners. We also take special precautions in the operating room to reduce the risk of infections. The chances of this happening are one percent or less. Dislocation of the hip after surgery is a risk. Your orthopedist will discuss ways to reduce that risk.

Should I exercise before the surgery?

Yes. You should either consult an outpatient physical therapist or follow the exercises in this booklet. Exercises should begin as soon as possible before surgery.

When will I begin walking?

Once back in your room after surgery (approximately two hours), the therapist will have you sit on the side of the bed, and then you will progress to walking in the hall. The nurses and CNAs will also work with you.

How long will I be in the hospital?

Most patients are discharged to home a few hours after surgery and some patients will stay overnight. This will all depend on your mobility and pain levels. There are several goals you must achieve before you can be discharged.

Will I need to discontinue any medications before surgery?

Follow your physician's recommendation for stopping anti-inflammatory medication (such as Aleve, Advil, Aspirin, Motrin) and blood thinners (such as Coumadin, Brillinta, Eliquis, Plavix and Xarelto) before surgery. Be sure to tell your physician and nurse if you have ever had any bleeding problems or ulcers. Discuss other medications, vitamins or supplements with your physician.

Will I need a second opinion prior to the surgery?

Office personnel will contact your insurance company to pre-authorize your surgery. If a second opinion is required, you will be notified.

How long does the surgery take?

We reserve approximately two to two-and-a-half hours for surgery. (Some of this time is used by the operating room staff to prepare for the surgery.) You will then go to the recovery room for about one half hour before going to your room.

Do I need to be put to sleep for this surgery?

You will have anesthesia, which most people call "being put to sleep." It is often recommended to have a spinal anesthetic, which numbs your legs.

Will the surgery be painful?

You will have discomfort following the surgery, but we will keep you comfortable with appropriate medication. Your pain medications are not set-up around the clock but may be taken every three to four hours. You may turn your call light on and ask your nurse if it's time for pain medication. He or she will let you know if it's too soon or if they need to be adjusted.

How long, and where, will my scar be?

Hip

The scar will be approximately three to six inches long. It will be along your hip.

Knee

The scar will be approximately six to eight inches long. It will be straight down the center of your knee.

Will I need a walker or crutches or cane?

Yes. We recommend you use a walker, a cane or crutches for about six weeks following surgery. Equipment will be arranged for you to use at home. If you already have a walker at home, please bring it with you to have it adjusted to meet your personal needs.

Will I need any other equipment?

You may benefit from a bath seat or grab bars in the bathroom. Your care team will make equipment recommendations to meet your personal needs. You may wish to borrow equipment from family or friends who have had joint replacements in the past to reduce costs.

Where will I go after discharge from the hospital?

You should plan on discharging directly home after surgery.

Will I need help at home?

Yes. For the first two days at home, we recommend having someone present 24 hours a day. The first several days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. The joint care team will arrange for a home health care nurse and therapy services to come to your house. If recommended by your surgeon, following an initial nursing assessment, an individualized plan of care will be developed that will include you, your caregiver and other health care professionals, i.e., physical therapist. Your plan of care will determine the frequency of your visits to achieve your established goals.

Will I need physical therapy when I go home?

Therapy after total joint replacement is dependent upon your surgeon, surgery type and mobility needs. Your pre- and post-operative team will ensure you know your personalized plan.

How long until I can drive and get back to normal?

The ability to drive depends on whether your surgery was on your right or left leg. Your driving could be restricted as long as six weeks. Getting "back to normal" will depend somewhat on your progress. Consult with your surgeon or therapist for their advice on your activity. You must also be off narcotic pain medications.

When will I be able to get back to work?

We recommend that most people take at least one month off from work, unless their jobs are quite sedentary and they can return to work with crutches, a walker or cane. The therapist can make recommendations for joint protection and energy conservation on the job.

When can I have sexual intercourse?

The time to resume sexual intercourse should be discussed with your orthopedic physician.

How often will I need to be seen by my surgeon following the surgery?

You will be seen for your first post-operative office visit between two and six weeks after surgery. This appointment will be made for you prior to discharge. The frequency of follow-up visits will depend on your progress. Many patients are seen between two to six weeks, at twelve weeks and then yearly.

Do you recommend any restrictions following this surgery?

Yes. High-impact activities, such as running, singles tennis and basketball are not recommended. Injury-prone sports such as downhill skiing are also not recommended. Avoid excessive kneeling.

What physical/recreational activities may I participate in after my recovery?

You are encouraged to participate in low-impact activities such as walking, dancing, golf, hiking, swimming, bowling and gardening when your surgeon approves.

Will I notice anything different about my joint?

Hip: In many cases, patients with hip replacements think the new joint feels completely natural. However, we recommend always avoiding extreme positions or high-impact physical activity. The leg with the new hip may be longer than it was before, either because of previous shortening due to the hip disease or because of a need to lengthen the hip to avoid dislocation. Most patients get used to this feeling in time or can use a small lift in the other shoe. Some patients have aching in the thigh on weight-bearing for a few months after surgery.

Knee: You may have a small area of numbness to the outside of the scar, which is normal and may last a year or more. Kneeling may be uncomfortable for a year or more. Some patients notice some clicking when they move their knees. This is the result of the artificial surfaces coming together and is also normal.

Notes

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