

Total Joint Replacement Education

at Methodist West Hospital



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UnityPoint Health
Des Moines

Table of Contents

Important Facts About Your Surgery	2
Preparation for Surgery	3
Preventing Infection	4
Pain Control.....	5
Elevation	8
Discharge Planning.....	9
Have a Coach	10
Prepare Your Home.....	10
What to Bring.....	10
Pre-Op	11
Consent Forms.....	12
The Operating Room.....	12
The Recovery Room.....	13
The Ortho Floor.....	13
Blood Thinners	15
Incision	16
Therapy Services	17
Physical Therapy	21
Activity After Joint Surgery	25
Goals to Discharge Home	26
Total Joint Replacement Therapy Services - Discharge Instructions	27
After Your Hospital Stay	29
When to Call the Doctor.....	30
Hospital Checklist	31
Notes	32

Important Facts About Your Surgery

- You will be called the day before surgery to let you know what time surgery is and when you need to be at Methodist West. If your surgery is on Monday, you will be called on Friday. If you have not received your phone call by 3 p.m., please call the surgery department at **(515) 343-1270**. (If your surgery is at IMMC, please call **241-6787**). Please call before 5 pm.
- At the time of your phone call they will give directions where to check in for surgery. You will either check in directly at the surgery waiting room or patient registration, depending on what time you arrive at Methodist West Hospital.
- Surgery does not open until 5:30 a.m. If you arrive early, you may wait in the lobby until 5:30 a.m.
- Please leave belongings in your car; the surgery area does not have anywhere to store them for you. After you are admitted to your room following surgery, your family members can retrieve your belongings and bring them to your room.

Preparation for Surgery

Things you need to do before your surgery:

1. Remember- NO food or drink after midnight the night before surgery. You may eat whatever you like the day before surgery, we suggest a light supper, then NOTHING after midnight. This includes gum, chewing tobacco, and cigarettes.
2. A pharmacist will call you to go through your list of medications with you. However, our advice is as follows: If you take blood pressure, heart, or diabetes medication, make sure you have specific instructions regarding your dosages the morning of surgery. Stop all aspirin, blood thinners, Motrin, and anti-inflammatories seven (7) days before surgery. Tylenol may be used in their place. If you take any medications for erectile dysfunction, please stop taking those two (2) days before surgery.
3. When you are called the day before your surgery with your arrival time, feel free to ask any last minute questions you have. Remember to contact your surgeon's office with any questions or concerns.

Preventing Infection

- Follow your surgeon's instructions on the use of CHG liquid soap and shower schedule.
 - Your surgeon will give you a prescription or call one to your pharmacy.
 - You will use the special soap once a day for 5 days before surgery.
 - You will use an ointment in your nose twice a day for 5 days before surgery.
- REMOVE ALL NAIL POLISH ON FINGERS AND TOES.
- Do not shave your surgical leg the week before surgery.
- Call your surgeon if you notice any rash, open area, or scabs on your body within the week before surgery.
- NO use of lotion, perfume, deodorant, makeup, etc. the morning of surgery.
- Brush your teeth the night before surgery, the morning of surgery, and twice a day after surgery.
- Eat a healthy diet starting at least 2 weeks before surgery:
 - Good nutrition is important to help with wound healing.
 - Add protein to your diet: cottage cheese, eggs, nuts, greek yogurt
 - Eat lean meats, fruits and vegetables.

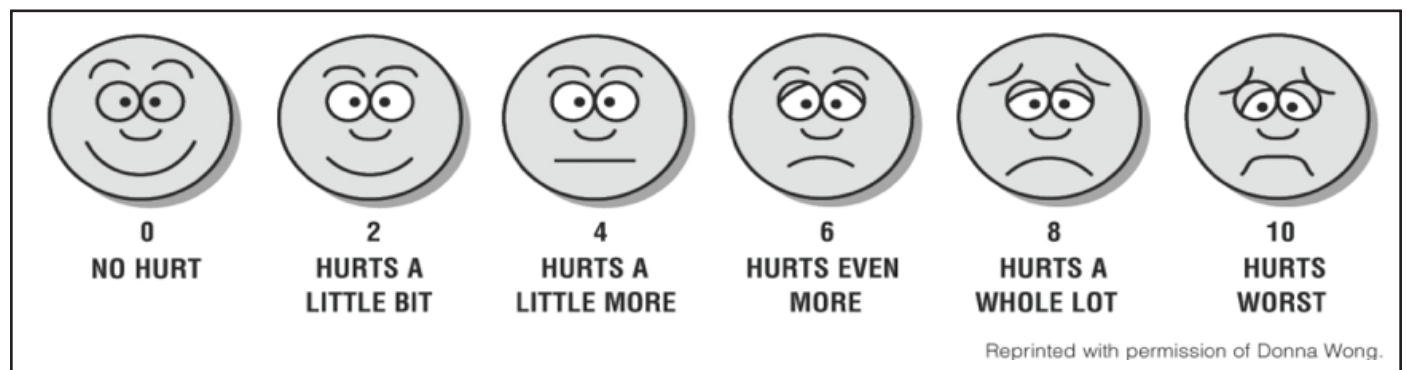
Pain Control

ANESTHESIA

- You will meet with an anesthesiologist the morning of surgery to determine what option is best for you.
- If a spinal is used, you may not have any pain for several hours after surgery.
- If a general anesthetic is used, you may feel some pain when you wake up in the recovery room.
- If you have a spinal, a foley catheter will be used to drain your bladder.

SURGICAL PAIN

- Surgical pain is felt differently by everyone, but everyone should expect pain after surgery. You will be asked to choose a pain goal between 0 and 10 and then rate your pain. We will work with you to try and meet your pain goal. Your nurse will ask you to rate your pain frequently throughout your stay.



- Good pain control can speed your recovery.
- Pain is personal and everyone responds differently!

PAIN MANAGEMENT FOR PATIENTS

- Surgical pain is different for everyone, but everyone should expect pain after surgery. No pain is not a reasonable expectation.
- You will be asked to choose a pain GOAL between 0 and 10, and then to rate your pain.
- We will work with you to try and meet your pain goal and keep your pain managed.
- Pain is personal and everyone responds differently.
- Pain pills are ordered on an ‘as needed’ basis – so you must let your nurse know when you want them.
 - Your primary pain medication is written on the white board for your convenience. The nurse will list the name of the medication, the time it was given, and the next time it is available.
 - Your nurse and patient care tech will check on your pain frequently but the pain medication will not automatically be brought in. It must be requested.
- Most pain medications are taken by mouth. If you have not eaten, please make sure to eat a cracker or something with your pain medication.
- Don’t worry about ‘being a bother’. Pain control is very important.
- Tell your nurse early, before the pain is out of control. Remember your nurse may be busy with another patient; use your call light to get a hold of them.

SIDE EFFECTS

Side effects may occur within the first few hours of treatment. Not everyone will have the same side effects. Let your nurse know if you have any of these side effects. These are the most common side effects of pain medication:

- **Constipation:** Not being able to have a bowel movement. The best ways to prevent constipation is to drink plenty of fluid, increase your fiber intake, and exercise if able. You will likely receive medication to help prevent or treat constipation.
- **Nausea:** Let your nurse know if you have nausea (feel like you are going to vomit). This may only last a few hours, but may last longer. Your nurse will likely give you medication to help stop this side effect.
- **Sleepiness:** You may feel drowsy or sleepy when beginning your medication. This usually does not last long.

OTHER TECHNIQUES TO MANAGE YOUR PAIN

Many pain control methods are available and can be combined to improve your pain control.

- **Ice packs:** apply ice packs at least 4 times a day for 30-45 minutes. You may do it more often if you would like, just not continuously.
- **Reposition:** try a new position in bed, or get up to the chair. If you stay in one position too long you will become stiff and sore.
- **Ask for pain medication BEFORE physical therapy:** your nurse and therapist will be happy to coordinate this if you ask.
- **Deep breathing and relaxation:** turn the lights down; breathe in and out slowly and deeply.
- **Elevation:** Elevate your legs 3-4 times a day on 2-3 pillows.

Elevation

The most common complaint after discharge is leg swelling! It is very important that you elevate your surgical leg at least 4 times a day for 30 minutes each time. Sitting in a recliner is not effectively elevating your legs. Lay down on a couch or in bed and put 2-3 pillows under your calves (lower legs).

We want you to get your **“TOES ABOVE YOUR NOSE”** (as seen below):



Discharge Planning

- The typical hospital stay after a knee or hip replacement is 1-2 days.
- Most surgeons prefer that you go home with family help for at least 3-4 days. *PLEASE DISCUSS WITH YOUR SURGEON IF YOU FEEL THIS WILL NOT BE POSSIBLE.*
- Studies are showing that the best recovery setting is at home with family help.
- To go home: you need to be able to walk about 100 feet, get in and out of bed, and pain should be controlled with pain pills.
- Skilled care is considered in rare circumstances, but insurance guidelines must be met. Typically they require that you are walking LESS than 100 feet and continue to have a NEED for physical therapy. Medicare does NOT take into consideration if you live alone; have stairs, or an outdoor toilet. Title 19 does not cover skilled care.
- The use of skilled care is decreasing, due to the high cost and poor results.
- The hospital does not provide or pay for rides home or to a skilled nursing facility. We can arrange transportation, but you will be charged.
- There is no special discharge time, but leaving earlier in the day gives you more time to get situated at home. Let your nurse know what time your ride is coming.

Have a Coach

- Your hospital stay is short, 1-2 days. We recommend you arrange someone to stay with you for at least 3-4 days once you get home.
- Your coach should be present in the hospital on the day of discharge so they can be involved in your discharge teaching.

Prepare Your Home

- Arrange meals ahead of time. Arrange someone to help with housework and laundry.
- You may want a rail on your stairs or grab bars in your bathroom.
- You may want equipment such as a toilet seat riser or shower chair.
- Insurance DOES NOT pay for any equipment.
- Make sure you have a firm chair with arms to help you get up and down.
- Do NOT plan on sitting on a low soft sofa.

What to Bring

- Living will or medical power of attorney documents
- CPAP machine
- Bath and teeth supplies
- Glasses
- Shaving equipment
- Comfortable tennis or walking shoes. (not heels or slip-ons)
- Loose fitting clothing to wear the day after surgery if you would like.
- Crutches or a walker, if you have them.
- This book.

DO NOT BRING credit cards or large amounts of money. We do have safes available in each room, but cannot be responsible for such items while in surgery.

NO SMOKING by visitors, patients, or staff, on the hospital campus.

E-cigarettes are not allowed either.

Pre-Op

- You will be given a patient gown to wear and will be asked to remove all other clothing and jewelry. **RINGS MUST BE REMOVED**, they cannot be taped. Most jewelers can do this for you if you cannot get a ring off at home.
- Your glasses and dentures must be removed before going to surgery.
- If you are very hard of hearing, you may wear your hearing aides to surgery.
- A nurse will start your IV for surgery.
- Your surgeon and anesthesiologist will see you in pre-op before your surgery.
- You will stay in pre-op until the operating room is ready for you.
- Someone from surgery will come to take you to the operating room.
- Your family members will be directed to the waiting room.
- Family members will be kept informed on the progress of your surgery by watching the TV monitors in the waiting room.

Consent Forms

You will be asked to sign two consent forms before surgery. These consents show that you understand the information that you have been given, the surgery that will be done and possible risks.

- 1. Informed surgical consent:** Lets everyone know you understand the surgery. Gives your surgeon permission to perform the surgery. Questions about the surgery will be answered by your surgeon.
- 2. Informed consent for anesthesia:** explains the effects of the anesthesia drugs that put you to sleep and the possible complications. Any questions about anesthesia or the consents will be answered by the anesthesiologist.

We want you to be informed before you sign these forms. If you have any questions, please ask your surgeon or anesthesiologist.

The Operating Room

- Once in the operating room you will be moved onto a special bed under bright lights.
- All people in surgery wear operating gowns or scrubs, caps, and masks.
- The room will be cool and there will be a lot of activity.
- Your anesthesiologist or nurse anesthetist will introduce him or herself to you. They will re-explain the anesthetic that you will receive and answer any questions you may have.
- A general anesthetic is placed in your IV tubing, and puts you to sleep quickly.
- Once you are asleep, a tube may be placed in your throat to give you anesthetic gases and oxygen.
- If you are having a spinal anesthetic, the anesthesiologist or nurse anesthetist will explain the procedure to you.
- Surgery usually takes 2-4 hours; the first hour is spent getting you ready. The operating time usually takes 1 hour.

The Recovery Room

- When surgery is over you will be taken to the PACU (Post Anesthesia Care Unit or “recovery room”).
- You will receive constant care from trained critical care nurses while waking up
- Your family will not see you until you come out of the PACU, but your family will be kept informed.
- When your condition is stable, you will be taken to your room.

The Ortho Floor

- A staff member from PACU will take you on a cart to your new room on the Ortho floor. Your family will wait in the family waiting area until you are settled in your bed and your nurse has assessed your condition.
- After turning you side to side, slide sheets will be placed under you and you will be slid into your new bed. The nurse will check you over and ask you a series of questions.
- You may have oxygen in your nose, which is normal after surgery.
- Your nurse will determine when you can eat and drink.
- The IV that was started in surgery will still be in your vein and you will be getting fluid through this line. If you need IV medication or a blood transfusion, it will be given through this IV. The IV is usually needed for 1-2 days after surgery.
- Your nurse will be in and out of your room often during the first several hours after surgery. Feel free to ask questions during these visits.
- In each room, there is a pull-out couch for a family member to stay the night if desired. Visitors are welcome any time, but may be asked to step out of the room occasionally.
- Recovery from surgery is our first priority. Children may come for brief visits, if they are healthy and quiet.

- Special booties will be placed on your feet when you are in bed. These are attached to a pump that squeezes the bottom of your feet to help pump the blood back up your leg and prevent blood clots from forming. These will be used whenever you are in bed, throughout your hospital stay. If you are in bed without them, please call your nurse to come and put them on.
- You will also have a thick pad under your lower legs, called a “calf pad”, to keep your heels off the bed to protect your skin.
- You will be given an incentive spirometer (breathing exerciser) to help keep your lungs clear. Your nurse will teach you how to use it and remind you to use it 10 times an hour whenever you are awake.
- You will have several people taking care of you:
 - **RN- Registered Nurse:** (wears navy scrubs) Gives your medications, IV fluids and medications, changes dressing, and follows doctors’ orders.
 - **PCT- Patient Care Tech:** (wears burgundy scrubs) Helps you get to the bathroom, and helps with dressing, bathing, and walking.
 - **Hostess:** (wears a green top) Brings your meal trays and refills water.
 - **PT- Physical Therapist:** (wears black scrubs) Helps with special exercises, teaches you to get in and out of bed/chair, teaches you how to walk and go up and down stairs, with walker or crutches.
 - **OT- Occupational Therapist:** (wears black scrubs) Helps with activities of daily living such as: putting your clothes on, bathing, eating, teaches you how to get in/out of chair.
 - **PCF- Patient Care Facilitator:** (wears a lab coat) Helps with transition planning. Helps arrange needs such as home care, skilled care, equipment, etc. and will talk with your doctors and nurses to make sure your stay goes as smoothly as possible. The PCF’s are here to answer any questions you have during your stay, including questions about leaving the hospital.

Blood Thinners

- Blood thinners are a must to keep you from getting blood clots.
- Blood thinners are given to prevent or reduce the chances of having an unwanted blood clot.
- A clot has a greater chance of forming after surgery because you are less mobile.
- A DVT (deep vein thrombosis) is a blood clot in the large veins, usually in the lower legs. This clot could break free and travel to the lungs where it can clog the blood vessels causing a PE (pulmonary emboli), a blood clot in the lung.
- Symptoms of a DVT include pain, tenderness, swelling, and redness.
- Your surgeon will decide the appropriate blood thinning medication for you based on your health history, your family history, and surgeon preference.

PLEASE CALL, DON'T FALL!!!

- You may think you can stand on your own, but DON'T!!!
- Your leg is weak, you may get dizzy/lightheaded, and there are many obstacles that could cause you to trip and fall.
- You will have a call light to use to call your nurse or PCT.

Incision

- The surgical dressing on hip or knee will be removed the day after surgery.
- When the dressing is removed, you may have a waterproof covering that looks like a large band-aid, and is to be kept on the incision until you are told to remove it (10-14 days). If you have this dressing, you do not need to worry about doing any incision care. You can shower with this dressing in place.
- If you don't have this large band-aid dressing on your incision, your nurse will teach you how to clean and dress your incision. You should clean it daily with alcohol and cover it with gauze until you no longer have any drainage.
- On the second day after surgery, if there is no drainage from your incision, you will be allowed to shower. It is ok to let water run over the incision, but don't scrub it or submerge it in water.
- Once your incision is dry, it is ok to leave it open to air.
- Most surgeons use internal sutures that dissolve on their own; very rarely are staples used.
- Upon discharge, it is normal for your hip or knee to be swollen, red, and warm. This does not go away for 3-5 months.

Therapy Services

Your Physical Therapist (PT) will meet with you after surgery and develop a plan of care that will help you move, reduce pain, restore function, and prevent injury. Your PT may team with a Physical Therapy Assistant (PTA), an educated and licensed clinician working under the direction and supervision of the PT. Your Occupational Therapist (OT) will evaluate and treat you to help you return home to be as independent as possible. Assistive equipment that can be used during everyday living after surgery will be shown to you, so you can try them out with instructions on their use.

The main parts to therapy during your recovery are transfers, gait training (walking), stairs, activities of daily living, and exercises.

TRANSFERS

- This includes getting in and out of bed, in and out of a chair, and on and off a toilet. For these activities you will often be using the strength in your arms to assist you.
- There may be a trapeze over your bed, but we encourage you not to use it during your transfers in and out of bed as you will not have one at home. The trapeze should primarily be used to help you reposition yourself in bed. Your therapists will be instructing you in performing transfers from the bed, chair, and toilet in the safest way possible.

GAIT TRAINING (WALKING)

- Walking will begin in the afternoon or evening after surgery.
- A member of your care team will be helping you walk the first time with a walker.
- In most cases, patients are able to place as much weight as is comfortable on their leg. This is called “weight bearing as tolerated.”
- By the time you return home, you should be able to walk unassisted with the use of a walker or crutches, as well as climb a few stairs with an appropriate assistive device.

ASSISTIVE DEVICES: WALKER VS CRUTCHES:

- The purpose of a walker or crutches is to help decrease the weight placed on your surgical leg as well as help with balance.
- After surgery staff will start patients walking with a walker.
- As patients progress with walking most will be progressed to crutches.
- Your Physical Therapist and physician will work together to determine which assistive device (walker or crutches) will best suit your individual needs.

If you have a walker or crutches at home that you plan on using, please bring these to the hospital so your therapist can check them for safety, and adjust them to fit you. The proper adjustment of a walker or crutches is necessary to maintain good posture, balance, and safety. Here are a few good points to keep in mind for proper adjustment of the walker or crutches.

- Stand tall with good posture
- Wear sturdy, well-fitting shoes, with low heels
- The handgrip should be adjusted so it is level with the crease between your hand and wrist
- When walking with crutches, all the weight should be placed through your hands, not through your armpits
- There should be room for two to three fingers between the top of the crutches and your armpit. The crutch arm pad should be gently squeezed by the upper arm against the body like a newspaper tucked under the arm

WEIGHT BEARING STATUS

- Most patients will be Weight Bearing As Tolerated following surgery. This means patients may place as much weight on the operated leg as is comfortable, and the remainder is shared by the good leg and the arms on the walker or crutches.
- If you have a more limiting weight bearing status you will be educated more on your limitations by your physician and staff during your hospital stay.

GOOD POSTURE

The following key points are important to reduce the strain on your muscles

- Stand up straight and look ahead
- Step onto your heel first and then on to your toe
- Keep length of steps equal for both feet
- Keep leg in a straight line, with knee pointing straight ahead
- Bend knee as you bring your foot forward

STAIRS

You will practice how to safely go up and down stairs in physical therapy. Going up and down stairs is always made easier with the use of a sturdy, well secured, railing. When possible, it is recommended to have a railing installed before surgery. If a railing is not present your therapist will teach you how to go up and down stairs with the assistance of crutches.

When you are going up the stairs:

- Going up – “the good go to heaven”
 - Place “good” non-surgical leg on step
 - Place “bad” surgical leg on step
 - Bring up assistive device to same step

When you are going down the stairs:

- Going down – “the bad go down”
 - Place the assistive device down on the next step
 - Place the “bad” surgical leg on the step
 - Bring down the “good” non-surgical leg

ACTIVITIES OF DAILY LIVING

- To get acquainted with your home environment, the staff will be asking you questions about your home setup and potential equipment needs.
- We will work with you to increase your independence in dressing, showering, and toileting.
- We will also teach you how to move your new joint safely and proper body mechanics.

Physical Therapy

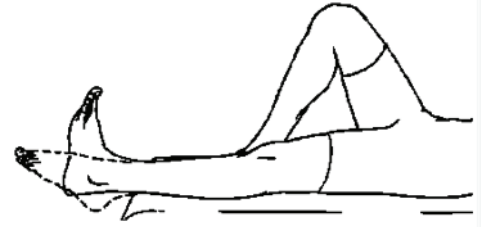
Your home exercises program should be performed three times per day. Start by performing each exercise 10-15 times. As you get stronger you can progress to 20-25. Do not do these exercises too quickly. If you start to feel pain, swelling, increased warmth or tenderness in your knee, then perform the exercises with less intensity.

To get the greatest benefit from your total joint replacement and to regain the quality of life that you want, you must continue to walk, exercise, and increase how much you do for yourself each day. Even on days when it may seem difficult, you are encouraged to continue your activities. The exercises you are taught in the hospital should be continued until you are progressed further by a physical therapist in outpatient therapy or you return for the follow up appointment with your physician.

TOTAL KNEE REPLACEMENT EXERCISES

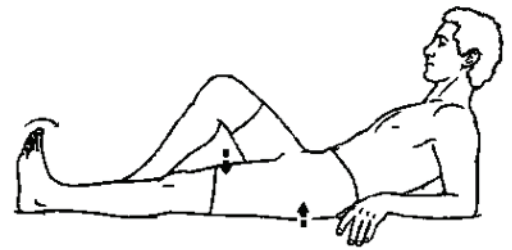
Ankle Pumps

- Lie on your back with legs straight
- Point toes towards head and then point toes away from head
- Continue to slowly alternate positions



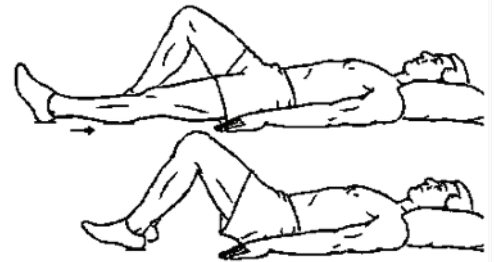
Quad Sets

- Lie on your back with legs straight
- Tighten the muscle on top of your thigh by pressing your knee down into the bed
- Hold for 5 seconds



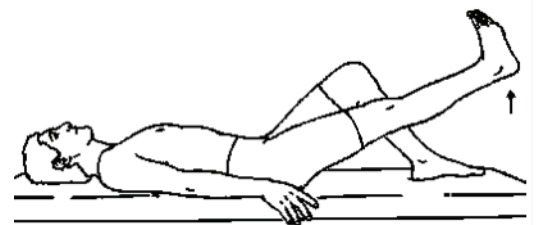
Heel Slides

- Lie on your back with legs straight
- Gently slide the heel of the surgical leg towards buttocks until stretch is felt
- Gently slide the heel back to starting position



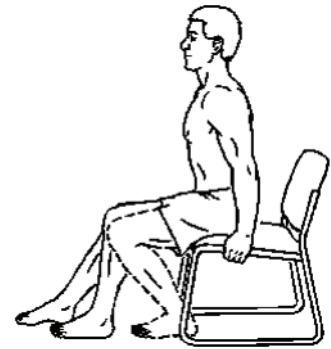
Straight Leg Raise

- Lie on your back with legs straight
- Tighten muscle on top of the surgical leg
- Then lift leg six inches from the bed, try to keep knee straight
- Hold for 5 seconds
- Slowly return to the starting position



Seated Knee Flexion

- Sit in a straight chair with feet flat on the floor
- Slide surgical foot back until gentle stretch is felt over the knee
- Hold for 10 sec
- Gently slide foot back to starting position



Sitting Knee Extension

- Sit in a straight chair
- Prop heel of surgical leg on a chair or stool of equal height
- Keep knee and toes pointed towards ceiling
- Tighten muscles on top of your thigh or gently press down on your thigh
- Hold for 10-15 seconds



TOTAL HIP REPLACEMENT EXERCISES

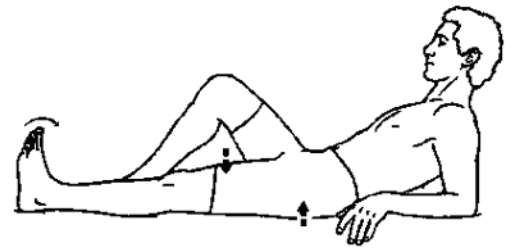
Ankle Pumps

- Lie on your back with legs straight
- Point toes towards head and then point toes away from head
- Continue to slowly alternate positions



Quad Sets

- Lie on your back with legs straight
- Tighten the muscle on top of your thigh by pressing your knee down into the bed
- Hold for 5 seconds



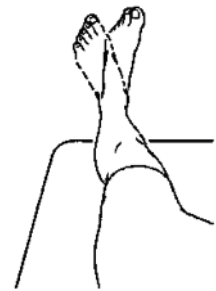
Glute Sets

- Lie on your back with legs straight
- Tighten buttock muscles
- Hold for 5 seconds



Hip Rotation

- Lie on your back with legs straight
- Gently rotate the foot to the outside
- Return to the middle



Activity After Joint Surgery

DAY OF SURGERY

The afternoon or evening of surgery you will be getting up out of bed with members of your care team. They will assess when you are ready to begin to get out of bed, as well as how you tolerate being up and out of bed. Many patients are able to walk in the hall with a walker the night of surgery, while some are only feeling well enough to get to the chair.

POST-OP DAY 1 – THE DAY AFTER SURGERY

Physical therapy will begin today. You will be seen by members of the physical therapy team twice a day until they feel you are ready to be discharged from therapy. Patients begin walking with a walker and are progressed to crutches as appropriate. Today you will be introduced to the home exercise program that should be followed upon discharge. Nursing will assist patients to and from the bathroom, as well as assist with a third walk in the evening. Patients are expected to sit up in the chair for all meals. Some patients are doing well enough by the end of the first day to discharge home with the support from their Coach and family.

POST-OP DAY 2

You will be continued to be seen by members of the therapy team today to prepare you for discharge home. Each day your activity level will increase from the day before, and you will be stronger and more independent.

Goals to Discharge Home

- Patients will be able to get in and out of bed, up and down from chair, up and down from toilet, and in and out of shower on their own or with supervision from their Coach.
- Patients are able to walk household distances safely with use of walker or crutches on their own or with supervision from their Coach.
- Patients are able to go up and down the stairs in a safe manner to enter their home with supervision from their Coach.
- Patients are able to independently perform their home exercise program as determined by their therapy team.

SAFETY FIRST!

Please do not get up on your own, or with family members, until your health care team tells you that you are able to safely do this on your own. Surgery, anesthesia, and pain medication can make you dizzy or light headed. We do not want you to hurt yourself or fall. Staff will be assisting you by using a gait belt (safety belt), the walker or crutches, and shoes or non-slip hospital socks.

Total Joint Replacement Therapy Services - Discharge Instructions

ACTIVITY

- It is important to increase your activity and walking every day.
- You want a good balance of activity and rest upon return home.
- You do not want to spend all day in bed, nor all day in the chair, nor all day being active.
- It is important to continue to take three “long” walks each day.
- Sit in the chair for no longer than an hour at a time.
- Take time to lie down and rest in bed. This is a good time to elevate your feet on 2-3 pillows and get your feet higher than your heart to assist with decreasing swelling.
- If your body tells you that you have “over done it” take it easier the next day, but remain active and continue to walk.

WALKER OR CRUTCHES

- You have been instructed to use either a walker or crutches.
- Use these at all times for mobilizing and walking.
- When you return to your doctor’s office, they will tell you when to stop using the walker or crutches.

WALKING

- Walking is one of the most important activities after surgery.
- It is recommended to take three longer walks each day.
- Try to increase your walking distance each day.
- You can walk on the sidewalk, in churches, a mall, or the community center.
- Remember to use your walker or crutches until instructed otherwise by your physician.

SITTING

- It is important to not sit for longer than one hour at a time.
- After an hour of sitting you should get up and walk around to stretch out your legs and pump the blood through your body.
- You may then return to sitting in the chair, or take some time to lie down and rest.

EXERCISES

- The physical therapy team has taught you several important exercises.
- It is important to perform them 3 times a day as directed, and it is helpful to set time aside each day to perform them.
- If you are referred to physical therapy after surgery your therapist may add new exercises for you to perform.

After Your Hospital Stay

- **Dental Care:** when you make a dental appointment (teeth cleaned, cavity filled, tooth pulled, root canal, etc.), notify the dental office that you have an “artificial joint”; they will have you take antibiotics prior to your dental visits. Avoid dental visits for 3 months after surgery if possible.
- **Follow-up appointment:** you will be given a return appointment card before you leave the hospital. If you need to change your appointment, please call your surgeon’s office.
- Your new joint will set off metal detectors. You will still be allowed to fly.
- **Driving:** NO DRIVING until okayed by your orthopaedic surgeon.
- **Riding in a car:** get out and walk around every hour to help your circulation and lower your chance of getting a blood clot.
- If you would like a handicapped parking permit, you may get the paperwork from your surgeon’s office at your follow-up appointment.
- **Returning to work:** you and your surgeon will talk about when you can return to work. Your work activity may need to be changed following your total joint replacement. Patients with jobs that require mostly sitting may return to work as early as 3-6 weeks after surgery. Patients with jobs that require physical activity may need up to 3 months of recovery.

When to Call the Doctor: DMOS (515) 224-1414

- Call your *ORTHOPEDIC SURGEON* for:
 - A temperature above 101.9 degrees
 - Severe pain that pain medication doesn't relieve
 - If you are unable to use your leg as you did when you left the hospital
 - Increased redness around your incision
 - "Pulling apart" of your incision
 - Drainage from your incision
 - Any problems with your surgical leg

Enjoy your new joint!!

Hospital Checklist

ONE OR TWO MONTHS BEFORE SURGERY

- Get a general physical. Your doctor needs to assess your overall health before surgery.
- Get necessary dental work. If you need any kind of dental work, including routine cleanings, do it before surgery.
- Call your insurance company. Make sure your coverage is authorized and any pre-authorization forms are complete.

A FEW WEEKS BEFORE SURGERY

- Equip your home. Make sure you have safety grips in the shower, grab bars if needed, toilet seat riser, rails on your stairs, etc.

ONE WEEK BEFORE SURGERY

- Make your home “recovery friendly”. Carpets need to lie flat. Take away area rugs where you can, otherwise tape down the edges of any loose carpets. Arrange furniture so you have a straight path to wherever you are going. Consider setting up a temporary sleeping area if your house has a lot of stairs.
- See your jeweler if you have rings or jewelry that can’t be removed by your family.

A FEW DAYS BEFORE SURGERY

- Stock up on food. Load your refrigerator and freezer with prepared foods that are easy to heat and serve.

ONE DAY BEFORE SURGERY

- Set up your personal recovery area. In a place where you will feel most comfortable, put basic items: phone, TV remote control, tissues, wastebasket, water pitcher/glass, books and magazines.
- Pack for the hospital. Bring insurance card(s), advance directives, slippers, a robe, hair brush, teeth or denture care items, loose fitting clothing. (No cash, credit cards, jewelry, other valuables).

Need More Information?

If you would like additional information concerning the services we provide, contact us at (515) 343-1365.

You may also visit our website at unitypoint.org.

