Total Hip and Knee Replacement
Thank you for choosing Loma Linda University Medical Center and East Campus to help restore you to a higher quality of living with your new prosthetic joint.

Annually, over 500,000 people undergo total joint replacement in the United States. Primary candidates are arthritic individuals with chronic joint pain that interferes with daily activities. The goal of surgery is to relieve pain, restore your independence and return you to work or daily activities.

Loma Linda University Medical Center and East Campus have developed a comprehensive, planned course of treatment. We believe that you play a key role in ensuring a successful recovery. Our goal is to involve you in your treatment through each step of the program.

Your team includes physicians, nurses and physical therapists specializing in total joint care. Every detail, from preoperative teaching to postoperative exercising, is considered and reviewed with you.

Preparation, education and a pre-planned discharge are essential for optimum results in joint surgery. Communication is essential to this process. This patient guide is an education and communication tool for you, your physician, physical therapists and nurses. It is designed not only to educate you but also to help you participate in your recovery process. Our goal is for you to know:

~ What to expect every step of the way
~ What you need to do
~ How to care for your new joint for life
How to Prepare For Surgery

You have a very important role in preparing for surgery. It is important to follow the instructions, so that your surgery will proceed as planned. Follow the directions below and call your doctor’s office if you have any questions.

When Your Surgery is Scheduled

Schedule an appointment with your primary care physician for a pre-op surgical clearance. This should be scheduled as soon as possible. At that appointment your physician will order routine pre-op tests. Check the boxes below when each test has been completed:

- EKG
- Chest x-ray (if needed)
- Lab work
- Urine test

If you are on Coumadin®, discuss with your physician when to discontinue this prior to surgery.

Four Weeks Before Surgery

**Start Iron** – Prior to your surgery you may be instructed by your surgeon to take iron. Iron helps build your blood, which is especially important, if you plan on donating your own blood.

**Advance Directives** – the law requires that everyone being admitted to a medical facility have the opportunity to make advance directives concerning future decisions regarding your medical care. Advance directive forms will be discussed at your Pre-Anesthesia Consultation & Education (PACE) appointment.
Donate Your Blood – You may wish to donate your own blood or have family donate for you. The blood bank does charge a fee for this service. Please review this with your surgeon.

10 to 14 Days Before Surgery
Make your house user-friendly for your arrival home from the hospital. Some suggestions to make the transition easier are:

~ Prepare meals for your freezer or stock up frozen dinners before surgery.
~ Store frequently used items in easy to reach cabinets, avoid very high or low shelves for cleaning supplies or canned foods.
~ Check the safety of your home to prevent falls or tripping. Move long electrical and telephone cords against the wall, remove scatter rugs and place a non-slip mat in your bathtub.
~ Arrange for transportation from the hospital upon discharge.

Three to Nine Days Before Your Surgery
♦ Do not take any aspirin or nonsteroidal anti-inflammatory medications (Advil®, Ibuprofen®, Motrin®, Aleve®, etc.) for seven days before surgery or as recommended by your surgeon. You may take Tylenol® or acetaminophen. Ask your doctor about any other blood thinners you might be taking.

♦ You will have a pre-op appointment in your surgeon’s office with the orthopedic nurse practitioner, physician’s assistant, resident or the surgeon. This will serve as a final check-up and serve as a time to ask any questions you might have. Bring a list of the medicines you are currently taking; this includes the name of the medicine, the dose and how often you take it.

♦ A second appointment will be scheduled with the Pre-Anesthesia Consultation and Education (PACE) department. You will meet with a nurse practitioner or a resident from the anesthesia department. You will meet your anesthesiologist on the day of surgery. In addition to anesthesia clearance, financial clearance will be verified and you will be pre-registered at this time as well.
If you have blood slips from blood donated by you or your family, bring the slips with you and give them to the nurse at the PACE appointment.

**The Night Before Surgery**

The night before surgery there are several things you will do to help get your body ready for surgery:

~ Do not eat or drink anything after midnight (not even water).

~ The PACE department will give you instructions on whether any of your prescription medicines will be taken the morning of surgery.

**What to Bring to the Hospital**

- Your insurance/hospital cards
- This manual (Patient Guide: Total Hip and Knee Replacement)
- Flat, rubber-soled (non-slip) athletic or walking shoes with an enclosed heel
- Loose fitting comfortable pajamas or shorts (something you feel comfortable in and can fit over your dressing).
- Short, lightweight bathrobe
- Personal hygiene items such as toothbrush, toothpaste, deodorant, etc. Battery operated items – for safety reasons do not bring electrical items. All items should be able to fit into a single, small piece of luggage.
- Eyeglasses, NOT contact lenses (they are easier to care for and less likely to be lost).
- Dentures and cleaner (if applicable)
- Bring a list of medications that you are currently taking at home. Your medications will be prescribed by your physician and will be given out by the nurse.
- Phone card to make personal, non-local calls as cell phones are not allowed on the units
- Magazines, books or other items to help you relax and pass the time
Do NOT bring to the hospital:

- Jewelry and valuables
- Credit cards or cash (unless instructed to bring a co-pay on day of surgery)

What to Plan on The Day of Surgery

- We suggest that you leave your belongings in the car or with your family until you have been assigned a room.
- Check in at the front desk in the lobby. You will be directed to the observation unit.
- In the preoperative holding area nurses will complete your preparation for surgery. It is at this time you will meet and talk with your anesthesiologist. You may be in this area for one to two hours depending on the OR schedule and flow for that day.
- Time in the operating room – This varies depending on complexity of each case, but you will be in the operating room for about two hours.
- Time in the recovery room – This time varies depending on each patient’s response to anesthesia, but is generally around two to three hours.
- In general, you and your family should plan on about six to seven hours from the time you are wheeled to the preoperative holding area until you get to the unit. This may vary depending on the OR schedule and flow for that day.
- The designated waiting area for family and friends is in the main lobby. Once you are taken to the OR, your family should check in with the surgery hostess/concierge in the waiting area. If this waiting area is utilized, your surgeon will know where to find your family to provide an update once surgery is over. Family and friends waiting for you may want to bring reading material to help pass the time.

We hope that this overview of events for your surgery day is helpful for you and those that bring you for surgery.
Care During Hospitalization

General Information

Loma Linda University Medical Center and East Campus have semi-private rooms. You will be in a room with another patient. In order to provide the best hospital experience for both patients, we ask that there be only two visitors in the room at a time. Because not all patients have precisely the same conditions or needs, your recovery will be designed just for you.

You will have an intravenous (IV) line in your arm during your hospitalization. This allows nursing to provide you with fluids, antibiotics, pain medications and a blood transfusion if needed.

You will have a bandage around your surgical site to keep the incision clean and dry. This will be changed daily or when soiled by your nurse.
Pain Management

Because there are no tests to measure pain, we rely on you to let us know what your pain feels like, the severity of the pain and where it is located. We use a pain scale of 0 – 10 to describe the pain severity. 0 is no pain, and a 10 is the worst pain ever. Your nurse will ask you frequently about your pain so that we can make sure you are as comfortable as possible as you heal.

Your nurse will help you set a reasonable pain goal. When your pain is more than this goal, be sure you ask for medication. If you are not getting pain relief with the medication, let your nurse know.

There are several approaches to pain management:

- **Patient Controlled Analgesia (PCA)** – PCA is a machine that is programmed for you to get pain medicine when you need it. It is set up to prevent against an overdose of medication. If you are using the PCA and are still not getting pain relief, please contact your nurse.
- **Femoral Block** – this is medication that is put into your groin to block the pain from you knee. You may have some numbness to your leg and foot. Make sure you let the nurse know if the numbness or pain does not go away.
- **Oral Medication** – as you begin to tolerate your meals, your nurse will decrease the amount of medication you receive through your IV, and give you medication in a pill form. These medications may make you drowsy, but will last longer than the IV medication.
Cold Therapy – your nurse can put an ice pack on your knee to help relieve the pain by decreasing the swelling.

Relaxation Exercises – these exercises of slow rhythmic breathing can help you handle pain you are feeling

~ Breathe in slowly and deeply through your nose.
~ As you breathe out through your mouth, concentrate on relaxing
~ It may also help to picture you in a calm and relaxing place, such as lying on the beach in the sun with the waves gently crashing on the shore or in your own special place.
~ Try doing this for about 20 minutes, focusing on rhythmic breathing and relaxing your body.

Preventing Blood Clots

Blood clots in your legs are a risk of joint replacement. In order to prevent clots, your physician will prescribe an anticoagulant. This may be a pill that you take or a small shot that is given in your stomach. Your nurse will teach you how to give yourself a shot, so that you will be able to do it for a few weeks while at home.

Ankle exercises are another way to prevent blood clots. Move your feet up and down (like pushing on a gas pedal of a car). Then roll your foot in all directions, keeping your leg still. Do these 10 times each hour while awake.

Compression stockings help keep the blood circulating as well. You will be wearing these as you come out of surgery. Your nurse or assistant will take these off twice a day for about an hour to give your legs a rest.
Deep Breathing

It is important for you to exercise your lungs by taking deep breaths to help keep them clear from mucus.

Your nurse will provide you with an incentive spirometer and instruct you on its use.

1. Hold the unit upright (as shown) and exhale normally
2. Place your lips tightly around the mouthpiece
3. Slowly inhale to raise the piston as high as possible keeping the coach indicator in the “best” range
4. Exhale normally
5. Repeat steps one to four ten times each hour while you are awake
Post-Operative Rehabilitation

Introduction to Physical Therapy

A physical therapist will see you following your total joint replacement surgery. Physical therapy will work with you twice a day while you are in the hospital to instruct you in your exercise program, bed mobility, transfers, walking and review any precautions. Your physical therapist will also work with your doctor and discharge planner to arrange for any equipment needs and further rehabilitation needs after your discharge.

Your Role in Rehabilitation

Your exercise program is a very important part of your recovery. In order to achieve the best outcome possible, you will need to be faithful to your home exercise program. You make the difference in the speed and success of your recovery. It is critical that you understand that your motivation and participation in your physical therapy program is a vital element in the success of your surgery and rehabilitation.

Pain Control

We provide a team approach to the management of pain resulting from your surgical procedure. Your physical therapist will work closely with your nurse to provide therapy after your pain medication has been given. Additional pain management techniques include the use of cold therapy and relaxation exercises.

Exercise Program

Following your physical therapy evaluation a physical therapist will instruct you in a personalized exercise program. A written handout with the exercise program and instructions for home will be issued to you prior to your discharge. Your commitment to doing exercises, as instructed, is a major factor in your recovery. You make the difference!
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<thead>
<tr>
<th>Activity</th>
<th>Good, Recommended</th>
<th>Needs prior skill &amp; expertise</th>
<th>May be carried out with care. Ask your doctor</th>
<th>Not recommended, should be avoided</th>
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Walking
Initially you will be walking with a walker with front wheels.
If you had a total knee replacement with a femoral or sciatic nerve block, you may also need to use a knee brace when walking. You will need to use the knee brace until the nerve block is removed and your strength has returned to your leg. Your physical therapist and nursing staff will instruct you and assist you with it if you need it.
Your physical therapist and nursing staff will also inform you of your weight-bearing status and of any limitations after surgery.
It is possible that you may be walking with a cane within six to eight weeks after your surgery. Your physician or physical therapist will progress you to walking with a cane when you are no longer walking with a limp and feel stable standing and walking. Continue to use your cane when walking outside for six to twelve weeks.

Stairs
Be conservative with use of stairs for six weeks. If you need to go up and down the stairs at home after being discharged, the physical therapist will instruct you prior to your discharge.

Sleeping
After a total hip replacement, you may lie on your operated side as soon as it is comfortable. We recommend that you sleep with a regular pillow between your legs for six weeks. This is to keep your operated leg from crossing the midline.
After a total knee replacement you need to keep your knee straight when in bed. Do not use a pillow under your knee when sleeping.

Driving
It is estimated that you could be driving your car again approximately three months after surgery. Your physician will give you the clearance.
Commode
Use a raised toilet seat for three months.

Leg Length
It is not unusual for patients to feel that one leg is longer than the other following surgery. This is expected and usually decreases as your muscles strengthen. We do not advise using a lift in your shoe unless your doctor advises you to.
Precautions and Guidelines After Total Hip Replacement

Depending on the approach used during your total hip replacement surgery, your doctor might request that you maintain the following precautions for three months following your surgery. Your physical therapist will review these with you.

1. Do not bend forward at the hip past 90 degrees.

Sit in a high chair with knees lower than hip. Use two pillows to elevate lower surfaces.

Don’t let your knee get higher than your hip.
2. Do not cross knees or ankles.

Do not cross your legs when lying, sitting or standing.

Don’t lean forward. Don’t bend your hip more than 90 degrees.

Use a reacher to assist you getting dressed or picking things up from the floor to avoid bending.
2. Do not turn toes inward or roll leg inward, when sitting, standing or lying down.
Going Up and Down the Stairs

**Upstairs**
1) The *good* (non-operated) leg goes first.
2) The operated leg goes second.
3) The cane or crutches go last.

For Bilateral Joints Replacement
The *stronger* leg goes first. The *weaker* leg goes second.

**Downstairs**
1) The cane or crutches go first.
2) The operated leg goes second.
3) The good leg goes last.

For Bilateral Joints Replacement
The *weaker* leg goes first, the *stronger* leg goes last.
Getting Up from a Chair

Grasp arms of chair with both hands if you can.

Push down with your elbows, arch your back and scoot your bottom forward.

Put the foot of your operated leg out in front so your knee will be lower than your hip.

Don’t bend hip beyond 90 degrees

Stand for a moment and make sure you have your balance before taking off.

PUSH UP!
Sitting Down in a Chair

Back up to the chair until both legs touch the chair.

Don’t bend hip beyond 90 degrees. Let yourself down slowly.

Reach back and grasp the chair arms one at a time.

Put the foot of the leg you had surgery on out in front so your knee will be lower than your hip.
Caring for Yourself at Home

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

Home Safety

- Remove loose rugs or any other items that may be a hazard when you walk.
- Place extension and telephone cords out of the way of traffic.
- Put bathroom toiletries and frequently used items in the kitchen within easy reach. Bending and stooping will be difficult for the first month.
- Equip bathroom with safety features such as textured strips on tub floor and grip bars if needed.

Control Your Discomfort

- Take your pain medicine at least 30 minutes before physical therapy.
- If instructed by your surgeon, gradually wean yourself from prescription medication to Tylenol® (acetaminophen).
- Change your position every 45 minutes throughout the day.

Body Changes

- Expect your appetite to be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping. This is normal. Try not to sleep or nap too much during the day.
- Your energy level will be decreased for the first month.
• Pain medication contains narcotics, which can lead to constipation. Use stool softeners or laxatives such as Milk of Magnesia if necessary.
• Good nutrition is important as this will aid in the healing process.

Shoes
• A well fitting, flat, closed heel shoe with a non-skid sole is safest. A good example would be a tennis shoe or sneaker. High heels should be avoided for the first three months.

Stockings/Leg Swelling
• You will be asked to wear white TED® stockings. These stockings are used to help compress the veins in your legs. This may 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.
• Initially wear the stockings continuously, removing for one or two hours a day. After you are up and walking on a regular basis, the stocking on the non-operative leg may be put on in the morning and removed at night when you go to bed.
• You should use the TED® hose for three weeks after your surgery.

Ice
• Ice is helpful to relieve pain and swelling. Apply to the knee three to four times daily for 20 to 30 minutes. This is effective especially after physical therapy.

Caring for Your Incision
• 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, or if you feel cold and shivery. Call your surgeon if your temperature is higher than 101º F.
• Do not put creams or oils on your incision until it is completely healed.
If you have staples:
~ Keep your incision dry.
~ Keep your incision covered with a light dry dressing until your staples are removed, usually 10-14 days.
~ Do not shower until the staples are removed, unless given permission.

Bathroom Activities
~ Using soap on a rope placed on a shelf at chest height in the shower will prevent having to bend to retrieve items while in the shower.
~ A tub bench may be used for sitting while bathing for safety and for conserving energy.
~ A long-handled bath sponge may be used to reach lower legs.

Antibiotic Prophylaxis
~ You will need to take prophylactic antibiotics before having dental work done, including dental cleaning. They also need to be taken if you have surgery or any other invasive procedures. If you suspect that you have an infection of any kind (like a bladder or sinus infection) contact your primary care physician, as you may need antibiotics.
~ For prescriptions, contact your dentist or primary care physician.

Prevention of Blood Clots
There are several things you can do to help prevent blood clots from forming in your legs:
~ Foot and ankle pumps
~ Walking
~ Stockings
~ Blood thinners such as Coumadin®, Fragmin® and Aspirin®. Your physician will decide which one of these is best for you.
Signs of Blood Clots in Legs
- Swelling in thigh, calf or ankle that does not go down with elevation of your leg
- Pain, tenderness in calf

Call the physician’s office if you have:
- Increased pain
- Swelling not reduced by elevation
- Incision drainage
- Wound opening
- Bright red blood
- Calf or groin pain and tenderness that is not lessened by elevation
- Fever over 101° F for more than four hours

These conditions may require immediate attention!

IF YOU HAVE:

Sudden chest pain and/or shortness of breath
Call 911, as this may be an emergency
Loma Linda University Medical Center
East Campus Joint Replacement
25333 Barton Road
Loma Linda, CA 92354
lomalindaortho.org
Many strengths. One mission.
lomalindahealth.org