Day of Surgery

For drop-off and pick-up on day of surgery, use the Surgery Center entrance on Spring Street.

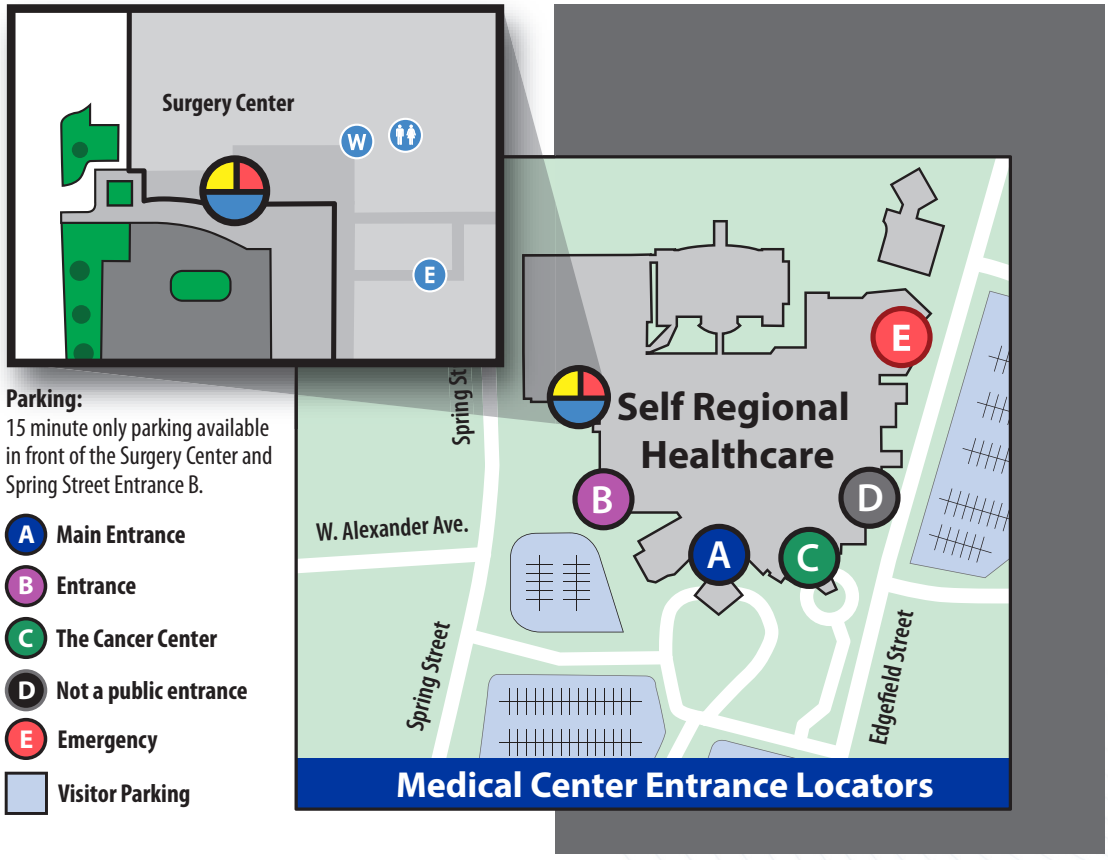
WHAT TO BRING WITH YOU:

- personal items on your pre-surgery checklist
- ID card
- other paperwork we may need

ARRIVAL: The arrival time you are given may be anywhere from 1-2 hours before the actual procedure. This gives nurses time to check you in, start an IV or complete testing that may be ordered by your physician or anesthesia provider.

If you are diabetic, please:

❏ Hold any diabetic medications by mouth the night before and morning of surgery.
❏ Sustain from eating or drinking after midnight the night before surgery.



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Appendix

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Important Names and Telephone Numbers

Imaging Services of Self Regional Healthcare
Imaging Center
102 Academy Avenue
Greenwood, S.C. 29646
Phone: (864) 725-7150

Joint Center Care Coordinator
Angie Smith, RN, BSN, MSN
Phone: (864) 725-6317

Nurse Navigator/Coordinator
Nancy Watkins, RN
Phone: (864) 725-4526

Optimum Life Center of Self Regional Healthcare
115 Academy Avenue
Greenwood, S.C. 29646
Phone: (864) 725-7088

Orthopaedic Associates of the Lakelands
Professional Park
102 Gregor Mendel Circle
Greenwood, S.C. 29646
Phone: (864) 229-2663
John Cathcart, M.D.*
Richard M. Christian, M.D.*
John King, M.D.*
Michael Maughon, M.D. *
Mark Oliver, M.D.
Lee A. Patterson, M.D.*
Douglas F. Powell, M.D.*
Anthony R. Timms, M.D.*
Robert Brun, P.A.-C
Andrew Otto, P.A.-C
Jessica Willard, P.A.-C
Alan Baker, N.P.

**American Board of Orthopaedic Surgery*

Radiology Services
1325 Spring Street
Greenwood, S.C. 29646
Phone: (864) 725-4190

Ready for Surgery Clinic
105 Vinecrest Court, Suite 510
Greenwood, S.C. 29646
Phone: (864) 725-4016

South Carolina Joint Center
Toll free: (855) 80-JOINT (805-6468)
Local: (864) 72-JOINT (725-6468)

Surgery Center of Self Regional Healthcare
1325 Spring Street
Greenwood, S.C. 29646
Phone: (864) 725-4001 or (864) 725-4002

Therapy Orthopedics
Professional Park
102 Gregor Mendel Circle
Greenwood, S.C. 29646
Phone: (864) 229-8110

Welcome

Thank you for choosing The South Carolina Joint Center of Self Regional Healthcare to help restore you to a higher quality of living with your new joint implant. Our joint surgery program has been consistently rated among the top programs in the country by Health Grades,® the nation's leading independent healthcare ratings organization. These ratings include the following recognition:

We follow a patient-focused clinical pathway, which accounts for high levels of patient satisfaction. The Joint Center is a specialized program consisting of physicians, physician assistants, nurses and physical and occupational therapists who specialize in total joint care. Every detail, from preoperative teaching to postoperative exercising, is considered and reviewed with you.

The South Carolina Joint Center has a comprehensive, planned course of treatment. We believe you play a key role in promoting your successful recovery. Our goal is to involve you in your treatment through each step of the program. This guide will give you the necessary information needed to maximize a safe and successful experience.

The joint care coordinator and nurse navigator will guide you through the surgical experience and, with the help of a medical social worker, will develop the most appropriate discharge plan.

We wish you the best as you make your way to a rapid recovery.

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Features of the Center's Program

- Nurses and therapists who specialize in the care of joint surgery patients
- Private rooms
- Emphasis on individual care
- Family and friends participating as "coaches" in the recovery process
- A joint care coordinator who facilitates pre- and postoperative teaching, discharge planning, acts as a liaison throughout the course of treatment and answers questions about your hospital care
- A comprehensive patient guidebook for preoperative and beyond

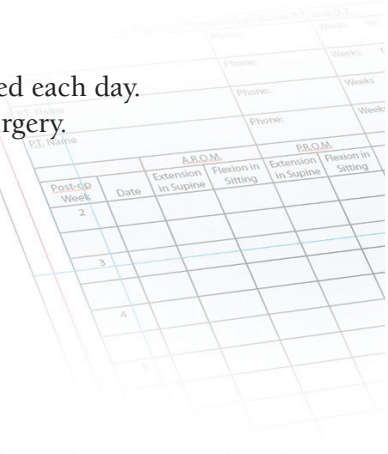
Using the Guidebook

Preparation, education, continuity of care and a pre-planned discharge are essential for optimum results in joint surgery. Communication is essential to this process. This guidebook is a communication tool for patients, physicians, physician assistants, nurses and physical and occupational therapists. It is designed to educate you so that you know:

- What to expect
- What you need to do
- How to care for yourself before and after joint surgery

This is just a guide. Your physician, physician assistant, nurses or therapist may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information.

Your patient guidebook contains valuable information and critical items you need each day. Keep your guidebook as a handy reference for at least the first year after your surgery.



This patient guidebook is a living resource during your personal healthcare experience. It's not something you want to read in a single night and then place on a bookshelf or in a drawer. It's meant to educate, inform and guide you throughout your entire journey. Feel free to review the book in its entirety before your surgery, as this will help you better understand what to expect and how to prepare for the days, weeks and months ahead. This guidebook was created and organized to be a daily reference, so keep it nearby and consult it often.

Your care coordination team may insert appointment reminder cards, business cards and other information. Included with this guidebook are forms in the back section for you to fill out, reminding you of important times and locations for your appointments.

You should bring your book to all pre- and post-operative-related appointments, classes, consultations, physician visits or procedures. Below is a reminder of some of the most important times you will need to bring the book with you:

- Your hospital preoperative class
- During registration and pre-testing
- The hospital at the time of admission
- All physical therapy visits after surgery

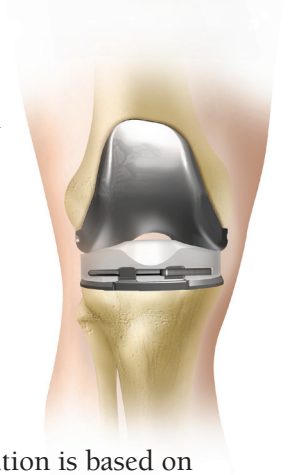
You might decide to take notes or jot down questions at various times during this experience. Consider putting those notes in this guidebook so they will be where you need them when you meet with a healthcare professional who can address your specific questions.

FAQs About Total Knee Replacement Surgery

We are glad you have chosen the South Carolina Joint Center to care for your knee. Patients have asked many questions about total knee replacement. Following are some of the most frequently asked questions and the answers. If you have other questions, we encourage you to ask your surgeon or the joint care coordinator. We want you to be thoroughly informed about this procedure.

What is osteoarthritis and why does my knee hurt?
Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear-and-tear condition that destroys joint cartilage. Sometimes, as the result of injury or repetitive movement – or for no apparent reason – the cartilage wears down, exposing bone ends. This can occur quickly over months or might take years. Cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and can affect a single joint or many joints.

What is a total knee replacement?
A total knee replacement is an operation that removes the arthritic ball of the upper femur (thighbone) and damaged bone and cartilage from the knee socket. The ball is replaced with a metal ball that is fixed solidly inside the femur. The socket is replaced with a plastic or metal liner that is usually fixed inside a metal shell to create a smoothly functioning joint.



What are the results of total knee replacement?
Results vary depending on the quality of the surrounding tissue, the severity of arthritis at the time of surgery, the patient's activity level and the patient's adherence to the surgeon's orders.

When should I have this type of surgery?
Your orthopedic surgeon will decide if you are a candidate for surgery. This determination is based on your medical history, a physical examination, imaging studies such as X-rays and response to conservative treatment. After this, the decision whether to have surgery is yours.

Am I too old for this surgery?
Age is not generally a factor if you are in reasonably good health and have a desire to continue living a productive and active life. We may ask you to see your primary care physician for an opinion about your general health and readiness for surgery.

How long will my new knee last, and can a second replacement be done?
All implants have a limited life expectancy, depending on a person's age, weight, activity level and medical condition(s). A total joint implant's longevity varies in every patient. It is important to remember that an implant is a medical device subject to wear that can lead to mechanical failure. It is important to follow all of your surgeon's recommendations after surgery, but there is no guarantee that your implant will last for any specific length of time. There is a one percent failure rate per year and a 90 percent implant survival rate of 20 years.

FAQs continued

Why might I require a revision?
Just like your original joint wears out, a joint replacement will wear over time. The most common reason for revision is loosening of the artificial surface from the bone. Plastic spacer wear could necessitate the need for a new spacer. Your surgeon will explain the possible complications associated with total knee replacement.

What are the possible complications associated with joint replacement?
While uncommon, complications can occur during and after surgery. Some complications include infection, blood clots, implant breakage, malalignment and premature wear, any of which might necessitate implant removal/replacement surgery. While these devices are generally successful in attaining reduced pain and restored function, they cannot be expected to withstand the activity levels and loads of normal healthy bone and joint tissue. Although implant surgery is successful in most cases, some patients continue to experience pain and stiffness. No implant will last forever, and factors such as a patient's post-surgical activities and weight can affect the longevity of the implant. You should discuss these and other risks with your surgeon.

Should I exercise before the surgery?
Yes, you should consult your surgeon about the exercises that are appropriate for you. We strongly recommmend our Transitional Rehabilitation Classes.

Will I need blood?
You might need blood after your surgery. You may use the community blood supply, or your physician might have started you on Procrit,® a blood-producing stimulant used to decrease the chance you will need a blood transfusion after surgery. For more information, read "Blood Transfusions – Know Your Options" in this guidebook's appendix.

When will I be able to move around?
Your surgeon expects you to begin moving around on the day of surgery. You will receive instructions about this from your surgeon, physicial therapist and/or nurses. You will attend physical therapy twice a day while you are in the hospital. The morning after surgery, patients will go to the gym for physical therapy and will be walking with a walker that day. After second therapy session, you will be discharged home.

How long will I be in the hospital?
Most knee surgery patients will be hospitalized overnight and go home next day. There are several goals that must be achieved before you are discharged.

What if I live alone?
Patients have several options to consider following discharge from the hospital. You may return to a home environment and receive help from your "coach," relative or friend. If you are less independent, you might need Home Health. The majority of patients will be discharged home with their family. Your therapy sessions will be arranged at a facility or through home sessions two to three times per week for six weeks. Insurance coverage will vary.

Will I need a second opinion before the surgery?
The surgeon's office staff will contact your insurance company to pre-authorize your surgery. If a second opinion is required, you will be notified.

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How do I make arrangements for surgery?
After your surgeon has scheduled surgery, the surgeon's office will contact you. The South Carolina Joint Center coordinator will guide you through the program and make arrangements for both preoperative and postoperative care. The coordinator's role is described in this guidebook and includes contact information.

How long does the surgery take?
The hospital reserves between 1-2 hours for surgery. Some of this time allows operating room staff to prepare for the surgery.

Do I need to be under anesthesia for this surgery?
There are various anesthesia options. Others may prefer general anesthesia or have medical issues that necessitate this type of anesthesia. Some patients might have an epidural or spinal anesthetic, which numbs only the legs and does not require you to be asleep. The choice is between you, your surgeon and your anesthesiologist. For more information, read "Anesthesia" in the appendix of this guidebook.

Will the surgery be painful?
You will have discomfort following the surgery, but we try to keep you as comfortable as possible. We will use different types of pain blocks, as well as pain medication by IM (intramuscular) or by mouth. For more information, read about "Day of Surgery – What to Expect" in this guidebook.

Who will be performing the surgery?
Your orthopedic surgeon will perform the surgery and is often accompanied by an assistant.

How long will my scar be and where will it be located?
Surgical scars vary in length, but most surgeons will make it as short as possible. It will be straight down the center of your knee, unless you have previous scars, in which case your surgeon might use an existing scar. There could be some lasting numbness around the scar.

Will I need a walker, crutches or a cane?
You will use a walker for approximately 10 to 14 days, and then you will use a cane until independent. A case worker can help make arrangements for this equipment.

Where will I go after being discharged from the hospital?
Most patients are able to go home directly after being discharged. You should plan ahead and make the necessary arrangements.

Will I need help at home?
The first several days or weeks, depending on your progress, you should be able to be independent with your walker. You will either have Home Health or outpatient therapy. You may need someone to assist you with meal preparation and other household chores. Going directly home from the hospital, a case worker can arrange for a home health nurse to visit your home if needed. If needed, you should arrange to have family members or friends available to help. Arrange to have the laundry done, house cleaned, yard work completed and clean linens on the bed before surgery. You can prepare single-portion frozen meals, which can reduce the need for extra help. Remove obstacles such as rugs and furnishings from walking paths.

FAQs continued

Will I need physical therapy when I go home?
Yes. You will have either outpatient or in-home physical therapy. A case worker will arrange for either outpatient or in-home physical therapy appointments. The length of time required for these therapies varies with each patient.

How long until I can drive and get "back to normal?"
The ability to drive depends on whether surgery was on your right leg or your left leg and the type of automobile you drive. If surgery was on your left leg and you have an automatic transmission, you could be driving within two or four weeks. If surgery was on your right leg, your driving could be restricted for up to six weeks. Getting "back to normal" will depend somewhat on your progress. Consult with your surgeon to find out when you are allowed to drive.

When will I be able to return to work?
We recommend that most people take at least a month off from work, unless the job is sedentary and you can return to work with a walker. Your surgeon will discuss with you about when you are able to return to work.

When can I have sexual intercourse?
The time to resume sexual intercourse should be discussed with your orthopedic surgeon. Your surgeon will provide a booklet with more information upon your request.

How often will I need to be seen by my surgeon following surgery?
The surgeon's office will see you for your first postoperative office visit two weeks after being discharged from the hospital. The frequency of follow-up visits depends on your progress. Many patients are seen at six weeks, 12 weeks, six months, one year and then every two years.

Are there permanent restrictions following this surgery?
Yes. High-impact activities such as running, singles tennis and basketball are not recommended. Sports with high risk of injury, such as downhill skiing, are also restricted.

What physical/recreational activities may I participate in after my recovery?
You are encouraged to participate in low-impact activities such as walking, dancing, golfing, hiking, swimming, bowling and gardening. Consult with your surgeon about what is best for you.

Will I notice anything different about my knee?
Yes. You might experience a small area of numbness on the outside of the scar that could last a year or more, and kneeling might be uncomfortable for about the same length of time. Some patients notice some clicking sounds when they move their knee. This usually is the result of the artificial surface and decreases with time.

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What You Can Do to Prevent Infection

Replacing your joint with an artificial one can place you at increased risk of joint infection, but there are precautions you can take to prevent infection:

- If you are diabetic, make sure your glucose is controlled.
- If you are a smoker, make plans to stop.
- Address chronic diseases with your doctor.
- Eat a healthy diet.
- Observe good oral hygiene.
- Beginning five days before surgery, wash daily with the antimicrobial soap provided and apply nasal ointment twice daily.
- Wash your hands before and after contact with your eyes, nose, mouth or your unhealed wound.
- Keep dressings dry and clean. Contact the office immediately if the dressing begins to come loose or there is excessive drainage.
- Before certain medical procedures ask your surgeon if you need to take antibiotics. Your surgeon may require that you take a preventive round of antibiotics before procedures such as dental cleanings, eye procedures, gastrointestinal (GI) procedures, etc. If required, your orthopedic surgeon or primary care physician will prescribe antibiotics for you.
- If there is a question, always ask your surgeon.

Role of Joint Care Coordinator

The joint care coordinator is available during the preoperative and post-discharge periods to answer questions you have about your surgery or the recovery process.

The joint care coordinator will instruct your joint surgery class. This class is required prior to surgery. The joint care coordinator can be reached between 8 a.m. and 4 p.m., Monday – Friday.

Angie Smith, RN, BSN, MSN
Phone: (864) 725-6317
Fax: (864) 725-6327

Six Weeks Before Surgery

Contact Your Insurance Company

Before surgery, you will need to contact your insurance company. You will need to find out if pre-authorization, pre-certification, a second opinion or a referral form is required. It is very important to make this call, because failure to clarify insurance requirements could result in a reduction of benefits or delay of surgery. This is especially important if your orthopedic problem stems from a work-related injury. If you are a member of a health maintenance organization (HMO), you will go through a similar registration procedure.

Billing for Service

After your procedure, you will receive separate bills from your orthopedic surgeon, the anesthesiologist, the primary care physician who cleared you for surgery, Self Regional Healthcare and, if applicable, the surgical assistant, and the radiology and pathology departments. Contact your insurance carrier to determine if there are specific requirements that affect you.

Ready for Surgery Clinic (RFS)

After your surgery has been scheduled, the orthopedic surgeon's office will arrange for a pre-testing appointment at RFS Clinic located at Self Medical Center Tower Pointe. A nurse will ask you questions about your health history. You need to have the following information when you arrive:

- Photo ID
- Home phone number
- Social Security number
- Name of insurance company, policy and group number, and the company's mailing address
- Your employer and occupation, and the employer's address and phone number
- Name, address and phone number of someone to notify in case of emergency (This can be the same as your nearest relative)
- All of your medications in their labeled bottles

Surgical Consent

If you have not signed your surgical consent, you need to visit the surgeon's office at least one hour before your RFS appointment and sign the consent. It is important that you arrive at RFS at your scheduled time.

Start Preoperative Exercises–Transitional Rehabilitation Program

Many patients with arthritis favor their joints, causing the joints to become weaker. This can interfere with the recovery process. A pre-rehabilitation program is offered at Optimum Life Center. When you decide to have your joint replaced, you will be given a referral to this program from your doctor. If you have appropriate home exercise equipment (stationary bike, elliptical machine, access to a swimming pool) you should exercise for 30-45 minutes, three to four times per week prior to your surgery to increase your stamina. Try to begin this exercise program at least four to six weeks prior to your scheduled surgical date.

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Medications and You

Obtaining accurate information about the medicines you take is critical for the physicians and other healthcare professionals who provide care for you.

You must provide a complete list of medications (prescription, over-the-counter and herbal) and any vitamins you take. Take this guidebook to all preoperative and postoperative appointments.

To ensure that we have the correct medication dosage, you must bring all of your medications in their labeled bottles to your RFS appointment.

Any type of allergy is also very important. Allergic reactions to antibiotics need to be discussed since you will receive antibiotics before and after your surgery.

Also, you will need to let your surgeon know if you have any metal allergies. This should be done in plenty of time before your knee surgery is scheduled, since further testing may be involved.

Two Weeks Before Surgery

Obtain Medical and Anesthesia Clearance

You may, at the discretion of your surgeon, obtain medical clearance from your primary care physician or a physician specialist.

Review "Exercise Your Right"

Federal law requires that all patients being admitted to a medical facility have the opportunity to complete advance directives pertaining to future decisions about your medical care. Although advance directives are not required for hospital admission, we encourage you to consider completing the forms for the directives you desire. For information about completing advance directives, refer to the appendix in this guidebook or contact the hospital's patient representative at (864) 725-4740. If you have advance directives, bring copies to the hospital on the day of pre-testing.

Stop Smoking

It is essential to quit smoking before surgery. Smoking impairs oxygen circulation to your healing joint. Oxygen circulation is vital to the healing process.

Read "Anesthesia and You" (Appendix)

Review "Anesthesia and You" in this guidebook's appendix. Most hip replacements are performed under spinal anesthesia. If you prefer, you may request general anesthesia. Most patients will also receive a block. If you have questions, please call your orthopedic surgeon's office.

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Seven Days Before Surgery

Stop Medications that Increase Bleeding

- Seven days before surgery, stop all medications containing aspirin and anti-inflammatories, such as aspirin, Advil,® Motrin,® Naproxen,® Goody's,® BC Powder,® Mobic,® Ultram,® Ultracet,® Vitamin E, etc. These medications may cause increased bleeding.
- If you are on Coumadin,® Warfarin® or Plavix,® you will need special instructions on stopping this medication. Your surgeon will give you specific instructions related to these medications.
- Any herbal medication needs to be discontinued.
- Failure to follow these orders will result in the cancellation of your surgery.

Planning Ahead to Ease Transition Back Home

- De-clutter your home. Put away area rugs and clear any obstacles that might be a tripping hazard.
- Shop ahead. Have frozen dinners available to microwave and paper plates to limit dish washing. Pain medications can give you a dry mouth, so have plenty of liquids available.
- Prepare fresh linens for your bed.
- Strategically place nightlights in bedrooms, hallways and bathrooms or any place you need to access at night.
- Place essential and frequently used items at counter level in the kitchen and the bathroom. Consider moving items from the lower and upper cabinets to the counter temporarily.
- Have support lined up, especially if you live alone. Arrange for family or friends to call on certain days or ask them to stop by in case you need assistance.
- Have a designated chair you will be comfortable using, preferably straight-backed. The seat must be elevated to keep your hip higher than your knees, and the seat must have arms to help with getting in and out of the chair.
- Purchase liquid soap for the shower. Bar soap is slippery, and you cannot bend to retrieve the soap if you drop it.
- Arrange for family or friends to help keep food and water available for pets.
- Plan to have a "dog walker" for the first two to three weeks. You don't want to risk losing your balance or being jerked by your pet.
- If you have cats, put the litter box on a high table or counter so you won't have to bend to clean it.
- Pets carry bacteria. Keep them away from your incision until the sutures have been removed and the incision is fully healed.

Five Days Before Surgery

To decrease your risk of infection, begin showering daily with the antimicrobial soap that was given to you at RFS pre-testing. Follow the directions given to you with the soap. After washing, rinse and apply a generous amount of the soap to the operative leg starting at the groin and moving to the ankle. Gently rub for two to five minutes. Do not shave the leg or apply lotions during this time. Use a clean wash cloth and clean towel for each bath. Dress in freshly laundered clothes. You will also be given a prescription for a nasal ointment at your last office visit prior to the surgery. Begin applying it twice daily as directed and the morning of surgery.

The Day Before Surgery

Confirm Your Arrival Time for Surgery

Call Self Regional at (864) 725-4001 or (864) 725-4002 the day before surgery or on Friday after 12 p.m., if your surgery is on Monday, to find out what time your procedure is scheduled. Your surgery could begin before the scheduled time, so it is important to be on time. If you are late, your surgery could be moved to a later time/date.

The Night Before Surgery

Shower

Shower as directed and apply nasal ointment.

Follow ERAs Guidelines

Food and Beverage should consist of:
- Spaghetti dinner
- Gatorade (24 oz.)

Special Instructions:
There are certain medications you will be asked to cease on the day of your surgery. Your surgeon or your pre-screening nurse will instruct you in advance about which medications to take or omit. If you must take medication the morning of surgery, do so with a sip of water.

What to Bring to the Hospital

- Patient guidebook
- Advance directives and living will
- Insurance card and co-pay (if applicable)
- Personal hygiene items (toothbrush, powder, deodorant, razor, etc.)
- Hearing aid, glasses and dentures
- Loose-fitting clothes, well-fitting slippers or flat shoes with rubber soles
- Loose-fitting warm-up suit for the ride home
- Your CPAP mask and hose
- A cane or walker if you already have one. Have a family member bring the equipment to your hospital room on the day of surgery for proper adjustment.
- Reading materials, crossword puzzles, music player with headphones, etc.

Do not bring your wallet or purse, money, jewelry, valuables or any medications from home to the hospital on the day of your surgery.

The Morning of Surgery

Shower

Shower as directed and apply nasal ointment. Dress in clean, loose-fitting clothes.

Beverage should consist of (either/or):
- Gatorade (8 oz.)
- Coffee (1 cup/8 oz.)-no cream or sugar

Beverage must be consumed before arrival at hospital.

What to Expect

In the Surgery Center, we'll prepare you for surgery. This includes:

- Completing the identification process and applying your arm band
- Changing into a hospital gown
- Getting your IV started
- Making sure you and your family know which inpatient room you will be assigned to
- Reviewing your medical history
- Reviewing your medications
- Giving you any pre-surgery medication your surgeon has ordered

The operating room nurse and your anesthesiologist will interview you in the preoperative holding room. From there you will be escorted to the operating room. Following surgery you will be taken to a recovery area where you will remain for one to two hours. During this time, pain management will be established and your vital signs will be monitored. You will then be taken to the orthopedic floor (located on the fourth floor in the Patient Tower) where our staff will care for you.

Family/"Coach" Waiting

- After you are taken to the preoperative holding area, your family will wait in the surgical waiting room or the patient's assigned room on the fourth floor of the Patient Tower. Your nurse will inform you of the surgeon's preference.
- During your surgery, your family or friends will be informed approximately once per hour by the circulating nurse on your progress in the operating room.
- After surgery, your surgeon will speak with your family/coach either by phone or later when the surgeon rounds at end of the day.

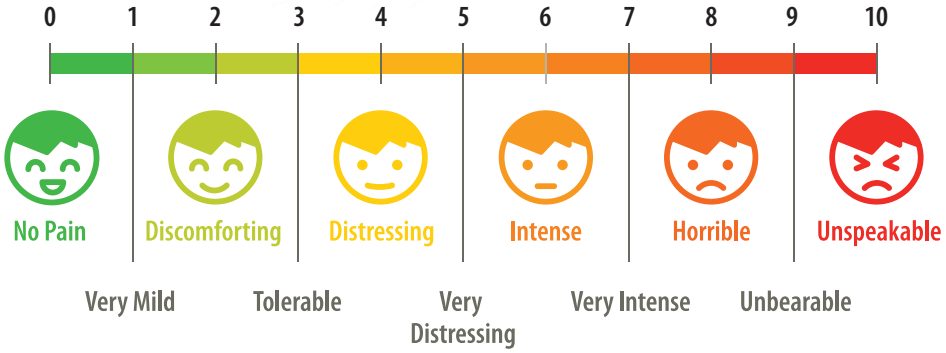
Understanding Pain Management

It is our goal to make your surgery as pain-free as possible. We realize pain management is not perfect, and you will have some discomfort after your operation. There are several factors that limit our ability to completely eliminate pain after surgery. The first is that pain medications have side effects. These include respiratory depression (decreased ability to breathe normally), hypotension (low blood pressure), nausea and constipation. Other less common side effects include itching, urinary retention and abdominal distention (collection of gas within the intestines). These side effects mean the amount of medication will have to be reduced at times to avoid creating dangerous or uncomfortable conditions. Another factor is tolerance. This is the body's tendency to become less responsive to the pain-reducing action of narcotics after being exposed to them for periods of time. In other words, your body can become used to having these drugs. Unfortunately, the side effects can still be present. Patients who have taken large doses of narcotics for months or years have a much harder time keeping comfortable after surgery. For this reason, it is very important for you to provide accurate information to your surgeon about the amount of pain medication you have been taking. Inaccurate information could result in a needlessly painful and stressful postoperative course. It may be necessary to taper or discontinue your use of narcotics before surgery. This might even require inpatient detoxification. It could be necessary to delay your surgery while this is accomplished.

When surgery is complete, we will rely heavily on your own assessment of your pain and work with you to manage it. Most patients will receive intermittent, low doses of pain medication by mouth or through intramuscular injections. After 12-24 hours you will transition to oral pain medications. Generally, these are the same medications you will take at home once you are discharged from the hospital. Throughout your hospital stay, your surgeon and your bedside nurses will assess your physical condition and look for signs of pain and side effects. Pharmacologists are available for consultation to help optimize your treatment program. Using this approach, most of our patients experience satisfactory pain management after surgery.

Pain Rating Scale

When asked by a healthcare provider to rate your pain level, use the 0-10 scale and pictures below as your guide.



Discharge Plans and Expectations

When patients are ready to be discharged from the hospital, certain criteria are generally met: patients are moving independently with a walker, eating and drinking well and taking oral medication to manage discomfort. We suggest that you have someone available to be your caregiver for two to three days. This caregiver can assist with meals and household activities. During the first few days at home, we want you to concentrate on your recovery. A physical therapist will determine whether equipment (rolling walker, bedside commode) is needed at your home and a case worker will order it. Patients go directly home. In-home physical therapy appointments will be arranged by a medical social worker if needed.

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If you go home with the assistance of Home Health, you can expect someone at your house 5 out of 7 days the first week. They will be either from physical or occupational therapy. You will receive a new copy of your medication list before being discharged. It is important that you insert this list into your guidebook and take your guidebook to all follow-up appointments.

Preoperative Reminders

- Preoperative exercises, goals and activity guidelines
- Pre-rehabilitation program at Transitional Rehabilitation
- Attend information session

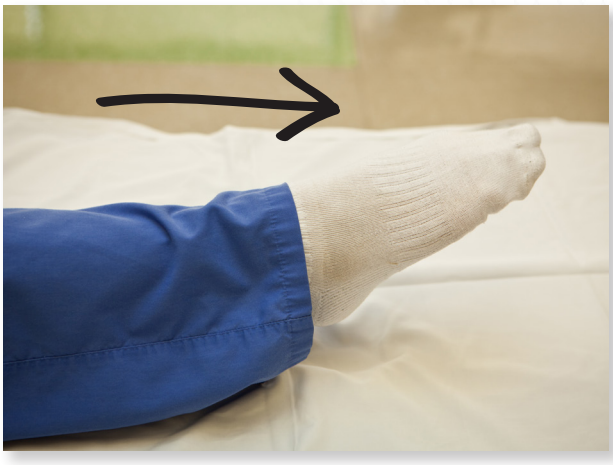
Exercising Before Surgery

It is important to be as fit as possible before undergoing a total hip replacement. Consult your physician before starting any preoperative exercise plan. We have listed some exercises your physician may instruct you to start doing now and continue until your surgery. Ask your physician to advise you about any exercises in this guidebook.

Range of Motion and Strengthening Exercises

(1) Ankle Pumps

1. Bend your ankle up toward your body as far as possible.
2. Point your toes away from your body.
3. Repeat 20 times.



(2) Quad Sets (Thigh Push-Downs)

1. Lie on your back with one leg straight.
2. Press the back of your hip and knee into the bed; this will tighten the muscle on top of your thigh.
3. Hold for 3-5 seconds.
4. Repeat 20 times with each leg.

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(3) Gluteal Sets (Bottom Squeezes)

1. Lie on your back.
2. Tighten buttocks together.
3. Hold 3-5 seconds.
4. Repeat 20 times.

(4) Hip Abduction and Adduction (Slide Heel Out and In)

1. Lie on your back with your legs straight and your feet together.
2. Slide your legs apart. Keep your toes pointed up and hips straight.
3. Bring your legs back to the starting point.
4. Repeat 20 times.

Exercises continued

(5) Heel-Slides

1. Lie on your back.
2. Slide your heel toward your buttocks, then straighten your leg.
3. Repeat 20 times with each leg.

(6) Short Arc Quads–Knee Extension

1. Lie on your back and place a towel roll under your thigh.
2. Lift your foot and straighten your hip without raising your thigh off the towel roll. Hold for 3-5 seconds then return to the starting position.
3. Repeat 20 times with each leg.

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(7) Long Arc Quads–Knee Extension

1. Sit in a chair with your back against the backrest.
2. Straighten your knee fully.
3. Slowly lower your foot back to the floor.
4. Repeat 20 times with each leg.

(8) Armchair Push-Ups

This exercise will help strengthen your arms for walking with crutches or a walker.

1. Sit in an armchair.
2. Place your hands on the armrests and your feet flat on the floor.
3. Straighten your arms, lifting your buttocks off the seat.
4. Repeat 20 times.

Day of Surgery: What to Expect

In the preoperative area, patients are prepared for surgery. This includes starting an IV, performing your pain block and clipping any hair at your operative site. You will also get a dose of medicine to help with anxiety until you get to the operating room. Your operating room nurse and your anesthesiologist may interview you. They may take you to the operating room where you will see your surgeon, if you have not seen him or her in the preoperative area.

Following surgery, you will be taken to a recovery area where you will stay for one to two hours. During this time, pain management will be established, your vital signs will be monitored and an X-ray may be taken of your new joint. You will be taken to a private room on the fourth floor of the Patient Tower. Only one or two very close family members or friends should visit you on this day. You will begin physical therapy the afternoon of your surgery to complete your initial evaluation. You will have a brief physical therapy visit the day of surgery to work with motion and movement.

It is very important that you begin ankle pumps on this first day. This will help prevent blood clots from forming in your legs. You may have oxygen and a probe on your finger to check your oxygen level. You should also begin using your incentive spirometer and doing the deep breathing exercises that you learned in class.

After Surgery: Day One–Discharge Day

Your surgeon or physician assistant will visit you in the morning. A physical therapist will assess your progress and get you walking with a walker. Intramuscular (IM) pain medication should be stopped and you may begin oral medication. If you are taking fluids well by mouth, IV fluids will be stopped that evening. You will begin physical and occupational therapy sessions. Refer to the PT/OT schedule in this guidebook's appendix for a tentative schedule. You will spend most of the day up in a chair with your legs elevated.

Your "coach" is encouraged to attend these therapy sessions as often as possible. You are encouraged to move around as much as possible with the help of a nurse or therapist, not on your own. This movement will help return your strength and stamina to optimal levels. Only one family member can accompany a patient to therapy. Patients are expected to wear normal clothes. After your morning session of PT, a waterproof dressing will be applied and you will be able to shower. After your afternoon session of PT, you will be discharged home.

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Going Directly Home

Your coach or family friend needs to drive you home. You will receive written discharge instructions about medications, physical therapy, activity, etc. A medical social worker will arrange for needed equipment. Take this guidebook with you. Most patients will have outpatient physical therapy, which will be arranged before you are discharged. If you require home healthcare services, a case worker will arrange for this. You will be on a blood thinner to prevent blood clots for 30 days, then evaluated by your surgeon to determine if you can stop or need to continue a while longer. This will require you to have blood drawn approximately once a week.

This section contains several things you need to know to ensure your safety, steady recovery and comfort when you return home.

Managing Your Discomfort

- Take your pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to a non-prescription pain reliever. Over the first two weeks before starting an over-the-counter pain medicine, be sure to check with your surgeon.
- Change your position every 45 minutes throughout the day.
- Use ice for pain management. Applying ice to your affected joint will decrease discomfort. You can use it before and after your exercise program. Do not apply ice directly to the skin.

1. **Pain medication that contains narcotics promotes constipation. Use stool softeners.**
2. **Use of Ice**
   - » Applying ice to your wound will decrease discomfort. Do not apply ice directly to your skin. Use a small towel between the bag of ice and your skin.
3. **Positioning**
   - » Change your position every 45 minutes throughout the day.
4. **Sitting**
   - » You are encouraged to be mobile often. Sitting on the side of a bed or chair are great for mobilization. Sit on a firm chair. Let your comfort level guide you as you increase the length of time you are mobile.
5. **Breathing**
   - » Take slow, controlled, deep breaths. Cough deeply and use your incentive spirometer several times each hour. This helps to expand your lungs after surgery and prevent pneumonia or respiratory complications. Deep breathing can also assist in relaxing your muscles and body. Breathing and relaxing while you move will help reduce muscle tension. Contact your surgeon if you become short of breath.
6. **Diet**
   - » If you are taking Coumadin® for DVT (deep vein thrombosis) prevention, you will have to follow a special diet after your surgery. Your care team will discuss your diet with you before you are discharged, plus you will receive a booklet with recommended foods. Eating high-fiber foods such as fresh fruits, vegetables, bran cereals and prune juice can prevent constipation from pain medications. Drinking cold fluids, or eating popsicles or ice cream will help with nausea.
7. **Sleeping**
   - » Sleep on a firm mattress. DO NOT PUT A PILLOW UNDER YOUR KNEE while lying flat.

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Body Changes

- Your appetite might be diminished. Drink plenty of fluids to prevent dehydration.
- You might have difficulty sleeping at night. This is not abnormal. Don't sleep or nap too much during the day.
- Your energy level will be decreased for the first month.
- Certain pain medications contain narcotics, which promote constipation. Use stool softeners like Senekot® or laxatives such as milk of magnesia, if necessary, while using narcotics. Do not let constipation continue. If the stool softener or milk of magnesia do not relieve your discomfort, contact your pharmacist, primary care physician or surgeon for advice.

Caring for Your Incision

- You will be sent home with a water-resistant dressing that will remain on your incision until your first postoperative office visit. You may shower (not tub bathe) with this dressing. If you notice your dressing is not functioning as a water barrier before your first visit, you need to call your surgeon's office immediately so it can be changed.
- Always wash your hands anytime you are touching your incision or near your incision site.
- Keep your incision dry.
- If you have skin staples, you will be scheduled for an appointment in the surgeon's office so the staples can be removed, usually 10-14 days after surgery.
- Notify your surgeon if there is drainage, redness, pain, odor or heat around the incision.
- Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 100.5 degrees twice in a four-hour period.
- Do not use any creams, lotions, rubbing alcohol or hydrogen peroxide unless your surgeon has given you specific instructions.

Possible Signs of Infection

- Increased pain around the incision or in your operated leg
- Increased swelling, redness at incision site
- Any drainage or odor from your incision site
- Temperature higher than 100.5 degrees on two different readings, four hours apart

Stockings

- You will be asked to wear special stockings. These stockings are used to help compress the veins in your legs. This helps to keep swelling down and reduces the chance for blood clots.
- If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day.
- Wear the stockings continuously for the first two weeks-only removing for shower.
- Notify your physician if you notice increased pain or swelling in either leg.
- Ask your physician when you can discontinue stockings. Usually, this will be done two to four weeks after surgery.

Blood Clots in Legs

Surgery might cause the flow of blood to slow and clot in the veins of your legs. If a clot develops, you might need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complication of pulmonary embolus. Moving around throughout the day, especially walking, will reduce the chance of a blood clot.

Signs of Blood Clots in Legs

- Swelling in thigh, calf or ankle that does not go down with elevation of the legs
- Pain, tenderness in calf, back of hip or groin area

NOTE: Blood clots can form in either leg

These signs are not 100 percent certain, but are warnings. If they are present, promptly notify your surgeon.

Prevention of Blood Clots

- Frequent foot and ankle pumps
- Walking
- Compression stockings
- Blood thinners

Pulmonary Embolus

An unrecognized blood clot could break off in a 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

Prevention of Embolus

- Prevent blood clots in the legs.
- Recognize a blood clot in the leg and call your physician immediately.

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Emergencies and After-hours

- If you are experiencing an emergency, call 911.
- If you need to reach your surgeon when the office is closed, please call the Orthopaedic Associates of the Lakelands at (864) 229-2663 to speak with our triage nurse.

Medical Forms

Your surgeon's office charges to fill out Family Medical Leave Act (FMLA) forms. There will be a charge for forms and will be payable at the time of request.

Medication Refills

- Medication refill requests are made through your surgeon's office during regularly scheduled office hours (Monday through Friday). Call (864) 229-2663, option 3 to request a medication refill.
- **The surgeon's office does not process medication refill requests after 4 p.m.** Any refill request received after 4 p.m. will be called in on the next business day.
- You will need to call and request your refills ahead of your needs and at least one day in advance.
- Non-narcotic pain medication refills will be sent directly to your pharmacy, so please have the correct name of the pharmacy and telephone number available when you call for the refill, along with your name, date of birth and your phone number.
- **Surgeons do not refill medicines on the weekends**, so review your needs before any weekend.
- **Take care of your medicines and keep them in a safe location.** Stolen or lost medications cannot be replaced.
- **Pain medications are for pain management only, and prescriptions must be obtained only through the surgeon's office.** Transfer of prescription pain medications by you to another person or to you from another person is against the law. Any unused pain medications should be discarded. Check with the surgeon's office for the best way to discard unused prescription medications.
- **Our surgeons reserve the right to discontinue pain medicine refills if you attempt to obtain them from another source.** You also should not use any illicit drugs before, during or after treatment.
- **Notify your surgeon if your medications change** based on anything prescribed to you by another physician, as your surgeon will need to instruct you about possible interactions.
- **Take your medication exactly as prescribed.** Do not take more than the prescribed dose, as this can create tolerance and make pain management more difficult. If the prescribed medication is not working, let the surgeon's office know as soon as possible.

Activity Guidelines

Exercise is important in helping you obtain optimal results after total hip surgery. Always consult your surgeon before starting a home exercise program. You might receive exercise plans from a physical therapist at an outpatient facility or at your home. In either case, you need to participate in an ongoing home exercise program. After each therapy session, ask your therapist to mark the appropriate exercises in your guidebook. Exercise goals and guidelines are listed on the next few pages.

Weeks One and Two

During weeks one and two of your recovery, typical two-week goals are to:

- Continue with a walker unless otherwise instructed.
- Walk at least 300 feet with support.
- Climb and descend a flight of stairs (12–14 steps) with a rail once a day.
- Actively bend your hip at least 90 degrees.
- Straighten your hip completely.
- Independently sponge-bathe or shower (after staples are removed) and dress.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises twice a day, with or without a therapist, from the program provided to you.

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Home Exercises

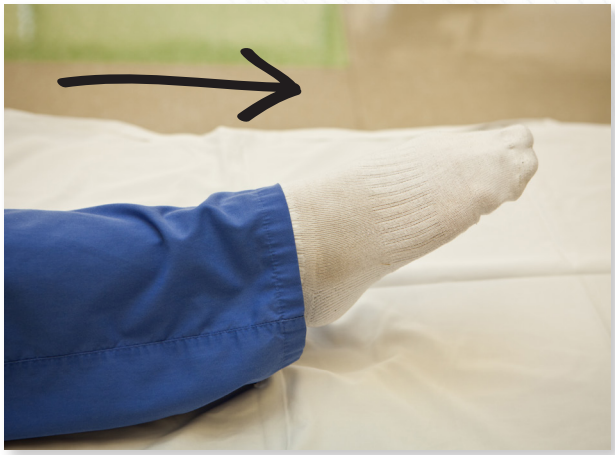
Listed below are two groups of home exercises that are essential for a complete recovery from your surgery. Always consult your physician before starting a home exercise program. The first group focuses on range of motion and flexibility exercises that are important to improving your motion. The second group features strengthening exercises to restore you to full strength. Your therapist will mark which exercises you should be doing. Some exercises you will do in the first two weeks, others during weeks two to four, and still others during weeks four to six and beyond. Exercising should take about 20 minutes and should be done twice daily. If you are recovering quickly, it is recommended that you supplement these exercises with others that your therapist recommends.

Postoperative Exercise Plan

1. Ankle Pumps	30 reps 2 times per day
2. Quad Sets (Thigh Push-Downs)	30 reps 2 times per day
3. Gluteal Sets (Bottom Squeezes)	30 reps 2 times per day
4. Hip Abduction and Adduction (Slide Heels In and Out)	30 reps 2 times per day
5. Heel Slides	30 reps 2 times per day
6. Short Arc Quads–Knee Extension	30 reps 2 times per day
7. Long Arc Quads–Knee Extension	30 reps 2 times per day
8. Flexion–Standing Knee	30 reps 2 times per day
9. Flexion–Hip	30 reps 2 times per day
10-13. Advanced exercises to be reviewed by your physical therapist.	

(1) Ankle Pumps

1. Bend your ankle up toward your body as far as possible.
2. Point your toes away from your body.
3. Repeat 30 times with each ankle.



(2) Quad Sets (Thigh Push-Downs)

1. Lie on your back with one leg straight.
2. Press the back of your hip and knee into the bed; this will tighten the muscle on top of your thigh.
3. Hold for 3-5 seconds.
4. Repeat 30 times with each leg.

(3) Gluteal Sets (Bottom Squeezes)

1. Lie on your back.
2. Tighten your buttocks.
3. Hold 3-5 seconds.
4. Repeat 30 times.

(4) Hip Abduction and Adduction (Slide Heels Out and In)

1. Lie on your back with your legs straight and your feet together.
2. Slide your legs apart. Keep your toes pointed up and hips straight.
3. Bring your legs back to the starting point.
4. Repeat 30 times.

(5) Heel Slides

1. Lie on your back.
2. Slide your heel toward your buttocks, then straighten your leg.
3. Repeat 30 times with each leg.

(6) Short Arc Quads – Knee Extension

1. Lie on your back and place a towel roll under your thigh.
2. Lift your foot and straighten your hip without raising your thigh off the towel roll. Hold for 3-5 seconds then return to the starting position.
3. Repeat 30 times with each leg.

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(7) Long Arc Quads – Knee Extension

1. Sit in a chair with your back against the backrest.
2. Straighten your knee fully.
3. Slowly lower your foot back to the floor. DO NOT BEND YOUR HIP MORE THAN 90 DEGREES.
4. Repeat 30 times with each leg.

(8) Flexion – Seated Knee

1. Sitting on a straight-back chair, cross your legs with your affected leg on the bottom.
3. Slide your feet underneath the chair.
4. Keep your hips on the chair. Try to gently stretch and bend your knee as far as possible.
5. Plant your foot and move your bottom forward on your chair.
6. Repeat 30 times.

(9) Flexion – Standing Knee

1. Hold on to a firm surface while standing.
2. Bend the knee of your involved leg behind you, then straighten your leg.
3. Repeat 30 times.

(10) Flexion – Hip

1. Place both hands on your walker or chair to maintain balance.
2. March in place while standing. DO NOT BEND YOUR HIP MORE THAN 90 DEGREES.
3. Be careful to avoid hitting your knees on the front of the walker frame.
4. For further balance training, place one hand on a countertop or the back of a chair and repeat this movement.

(11) Seated Hamstring Stretch

1. Sit on a couch or bed with your leg extended as shown.
2. Lean forward and point your toes to the ceiling.
3. Stretch until your feel a gentle pull.
4. Hold for 20–30 seconds. Keep your back straight. Relax.
5. Repeat 5 times.

Advanced Exercises

(11) Quarter Squat

1. With your feet shoulder-width apart and your back touching the wall, place your feet in front of your hips.
2. Slide down the wall until your hips are at 30–45 degrees of bend.
3. Return to upright position.

NOTE: DO NOT ATTEMPT THIS EXERCISE ON YOUR OWN. YOUR THERAPIST WILL ADVISE YOU WHEN YOU ARE ABLE TO PERFORM THIS MOTION SAFELY.

CAUTION: YOU SHOULD NOT BEND YOUR KNEES ENOUGH TO CAUSE PAIN.

(12) Single Leg Step Up

Use a step similar to the one shown.
Your therapist will advise you of the appropriate height for you.

1. With the foot of your non-surgical leg on the floor and the foot of your surgical leg on the step, carefully straighten your surgical leg.
2. Slowly return to the original position.
3. You may exercise the other leg as well.

NOTE: DO NOT ATTEMPT THIS EXERCISE ON YOUR OWN. YOUR THERAPIST WILL ADVISE YOU WHEN YOU ARE ABLE TO PERFORM THIS MOTION SAFELY.

(13) Prone Flexion Knee Stretch

1. Lie on your stomach.
2. Bring your heel toward your buttocks as far as possible. If you experience pain in your back during this exercise, try placing a pillow under your stomach for extra support.
3. Repeat 30 times.

(14) Extension Stretch

1. Prop the foot of your operated leg on a chair.
2. Place a towel roll under your ankle and an ice pack over your knee.
3. Put 5–10 lbs. of weight on top of your knee (a 5–10 lb. bag of rice works well).
4. Maintain this position for 20 minutes.

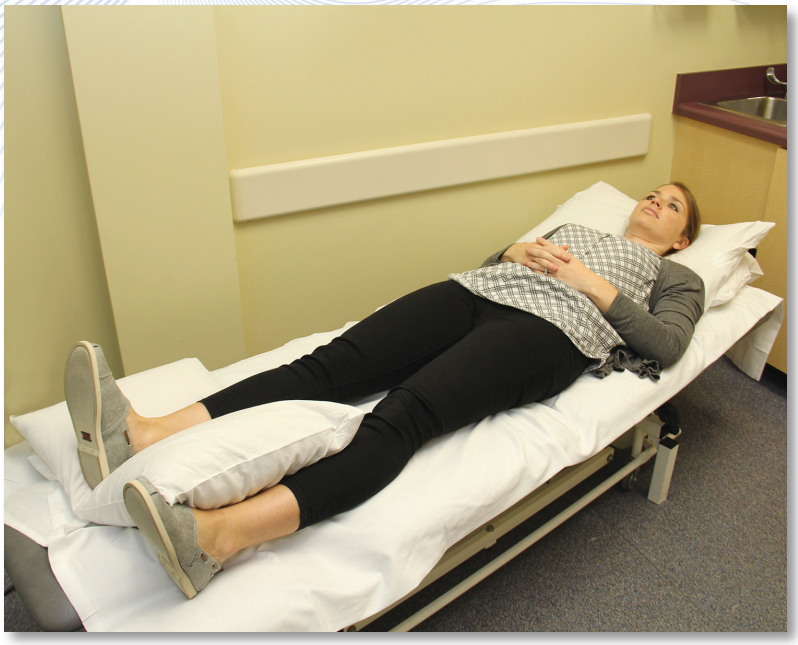
Standing Heel Raises and Toe Raises

(15) Plantar Flexion and Dorsiflexion

1. Stand holding on to a firm surface (chair, walker, counter top, etc.).
2. Rise to the tips of your toes.
3. Return to the starting position.
4. Raise your toes off the floor.
5. Return to the starting position.
6. Repeat 30 times.

Bed Positioning

Lie in bed with a pillow under your ankle. DO NOT put a pillow under your hip. Your hip should be kept as straight as possible. Place a small pillow under your ankle to assist in straightening.



Standing Up from a Chair

- Do NOT pull up on the walker to stand.
- Sit in a chair with armrests when possible.
- Scoot to the front edge of the chair.
- Push up with both hands on the armrests.
- Balance yourself before resting your weight on the walker.

Proper Method Transfer

Improper Method

Transfer – Toilet

You may need a raised toilet seat for 12 weeks after surgery. It is a good idea to have a handicapped toilet permanently installed in your bathroom.

When sitting on the toilet:

- Take small steps and turn until your back is to the toilet. Never pivot.
- Back up to the toilet until you feel it touch the back of your legs.
- If using a commode with armrests, reach back for both armrests and lower yourself onto the toilet. If using a raised toilet seat without armrests, keep one hand on the walker while reaching back for the toilet seat with the other.
- Slide your surgical leg out in front of you when sitting down.

When getting up from the toilet:

- If using a commode with armrests, use the armrests to push up. If using a raised toilet seat without armrests, place one hand on the walker and push off the toilet seat with the other.
- Slide operated leg out in front of you when standing up.
- Balance yourself before grabbing the walker.

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Transfer – Tub

Getting into the tub using a bath seat:

- You may want to ask for help placing the bath seat in your tub or shower.
- Back up to the tub until you can feel it on the back of your hips. Make sure you are lined up with the bath seat.
- Reach back with one hand for the bath seat. Keep the other hand in the center of the walker.
- Slowly lower yourself onto the bath seat, keeping the surgical leg out straight.
- Move the walker out of the way, but keep it within reach.
- Lift your legs over the edge of the tub, using a leg-lifter for the surgical leg, if necessary.
- Hold onto the back of bath seat.

NOTE: Although bath seats, grab bars, long-handled bath brushes and handheld showers make bathing easier and safer, they are typically not covered by insurance; however, you should consider these for safety.

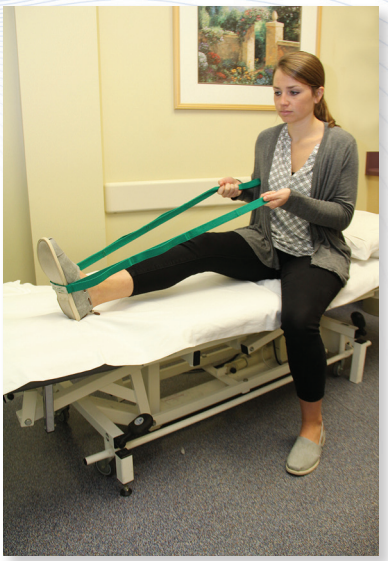
NOTE: ALWAYS use a rubber mat or non-skid adhesive on the bottom of the tub or shower and on the floor outside of the tub.

NOTE: Keep soap within easy reach by placing a bar of soap in the toe of a pair of pantyhose and attach it to the bath seat.

Getting out of the tub using a bath seat:

- Lift your legs over the outside of the tub.
- Scoot to the edge of the bath seat.
- Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
- Balance yourself before resting your weight on the walker.
- Alternatively, you may place a wooden or metal chair in the tub or shower to sit on.
- Make sure the chair will not slip or slide.

Transfer – Bed

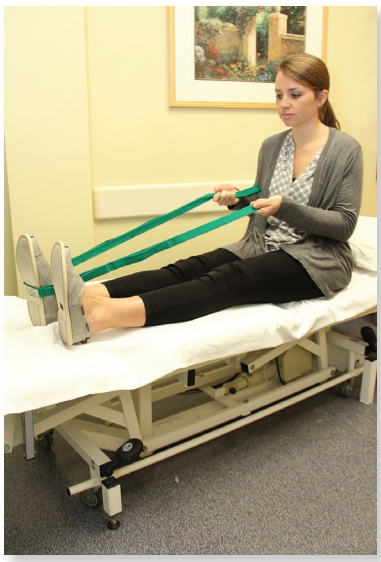


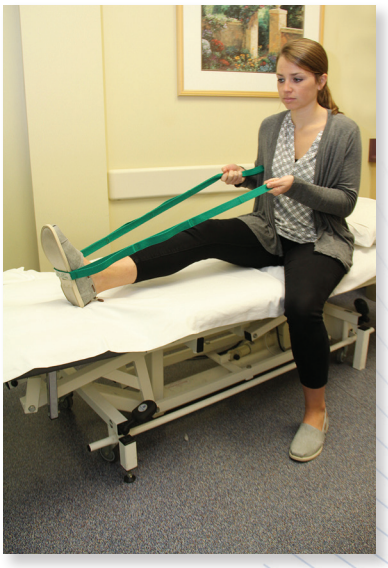
When getting into bed:

- Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed). Slide the operated leg out in front of you when sitting down.
- Reaching back with both hands, sit on the edge of the bed and then scoot back toward the center of the mattress. Silk pajama bottoms, satin sheets or sitting on a plastic bag may make it easier. Ask your therapist how to perform this safely.
- Move your walker out of the way, but keep it within reach.
- Scoot your hips around so that you are facing the foot of the bed.
- Lift your leg into the bed while scooting around (if this is your operated leg, you may use a cane, a rolled bed sheet, a belt or your exercise band to assist with lifting that leg into bed).
- Keep scooting and lift your other leg into the bed.
- Scoot your hips toward the center of the bed.

When getting out of bed:

- Scoot your hips to the edge of the bed.
- Sit up while lowering your non-surgical leg to the floor.
- If necessary, use a "leg-lifter" to lower your surgical leg to the floor.
- Scoot to the edge of the bed.
- Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
- Slide the operated leg out in front of you before standing.
- Balance yourself before resting your weight on the walker.





Transfer – Automobile

- Push the car seat all the way back; recline it if possible, but return it to the upright position for traveling.
- Place a plastic trash bag or silk pillowcase on the seat of the car to help you slide and turn frontward.
- Back up to the car until you feel it touch the back of your legs.
- Reach back for the car seat and lower yourself. Keep your operated leg straight out in front of you and duck your head so that you don't hit it on the door frame.
- Turn frontward, leaning back as you lift the surgical leg into the car.

Walker Usage

- Move the walker forward.
- With all four walker legs firmly on the ground, step forward with the surgical leg. Place the foot in the middle of the walker area. DO NOT move it past the front feet of the walker.
- Step forward with the operated leg.

NOTE: Take small steps. Do not take a step until all four walker legs are flat on the floor.

Stair climbing

Ascend with non-surgical leg first: "Up with the good."
Descend with surgical leg first: "Down with the bad."

Personal Care

Putting on pants and underwear:

- Begin in a seated position.
- Put your surgical leg in first and then your non-operated leg. Use a reacher or dressing stick to guide the waist band over your foot.
- Pull your pants up over your hips, within easy reach.
- Stand with the walker in front of you to pull your pants up the rest of the way.

Taking off pants and underwear:

- Back up to the chair or bed where you will be undressing.
- Unfasten your pants and let them drop to the floor. Push your underwear down to your hips.
- Lower yourself, keeping your surgical leg out straight.
- Take your non-surgical leg out first and then the operated leg.
- A reacher or dressing stick can help you remove your pants from your foot and off the floor.

NOTE: Wear sturdy, slip-on shoes or shoes with Velcro® closures or elastic shoelaces.
DO NOT wear high-heeled shoes or shoes without backs, such as flip-flops or sandals.

Around the House: Protecting Your Joints

Kitchen

- DO NOT get on your knees to scrub floors. Use a mop and long-handled brushes.
- Plan ahead. Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To provide a better working height, use a high stool or put cushions on your chair when preparing meals.

Bathroom

- DO NOT get on your knees to scrub the bathtub. Use a mop or other long-handled brushes.

Safety and Avoiding Falls

- Have someone pick up throw rugs and tack down loose carpeting, or do this before surgery. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces.
- Provide good lighting throughout. 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.
- DO NOT wear open-toe slippers or shoes without backs. These slippers or shoes do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position to avoid getting light-headed.
- DO NOT lift anything that weighs more than 15-20 pounds for the first three months, and then only with your surgeon's permission.

DOs and DON'Ts for the Rest of Your Life

Whether you have reached all the recommended goals in three months or not, most joint patients should have a regular exercise program to maintain the fitness and the health of the muscles around their joints. A typical exercise program is three to four times per week, lasting 30-45 minutes. Impact activities such as running and singles tennis may put too much load on the joint and are usually not recommended. High-risk activities such as downhill skiing are discouraged because of the risk of fractures around the prosthesis and damage to the prosthesis itself. Infections are always a potential problem and you need antibiotics for prevention of certain invasive procedures. If there is a question, always ask your surgeon. Resume your exercise program at Transitional Rehabilitation Program as instructed by your surgeon.

What to Do in General

- Take antibiotics before and after you have dental work or other invasive procedures.
- Although the risk is low for postoperative infections, it is important to realize the risk remains. A prosthetic joint could possibly attract bacteria from an infection located in another part of your body. If you develop a fever of more than 100.5 degrees or sustain an injury such as a deep cut or puncture wound, you should clean the wound as best you can, put a sterile dressing or adhesive bandage on it and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics are needed. Superficial scratches can be treated with topical antibiotic ointment. Notify your doctor if the area is painful or reddened.
- You may request a card from your orthopedic surgeon that states you had a joint replacement. You may want to carry the card with you, as you might set off security alarms at airports, malls, etc. There is no "surgical implant" card that is universally recognized by security personnel. Joint surgery patients who set off security alarms might face some delays while traveling or visiting locations that utilize magnetic and/or X-ray scanners. It is a good idea to allow for extra time when traveling.
- When traveling, stop and change positions hourly to prevent your joint from tightening.
- See your surgeon yearly unless otherwise recommended.

(Lifetime Follow-up Visits – see Appendix).

What to Do for Exercise

- Low-impact activities
- Recommended exercise classes
- Home program as outlined in the guidebook
- Regular one-to-three-mile walks
- Home treadmill (for walking)
- Stationary bike
- Regular exercise at a fitness center
- Low-impact sports such as golfing, 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 such as downhill skiing, etc.

Exercise Your Right: Put Your Healthcare Decisions in Writing

It is the policy of the South Carolina Joint Center to place patients' wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

What are advance medical directives?
Advance directives are a means of communicating to all caregivers the patient's wishes regarding healthcare. If a patient has a living will or has appointed a healthcare agent, and is no longer able to express his or her wishes to the physician, family or hospital staff, the South Carolina Joint Center is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

There are different types of advance directives:

- Living wills are written instructions that explain your wishes for healthcare if you have a terminal condition or irreversible coma and are unable to communicate.
- Appointment of a healthcare agent (sometimes called a medical power of attorney) is a document that lets you name a person (your agent) to make medical decisions for you if you become unable to do so.
- Healthcare instructions are your specific choices regarding use of life-sustaining equipment, hydration, nutrition and use of pain medications.

On admission to the hospital, you will be asked if you have advance directives. If you do, please bring copies of the documents to the hospital with you, so they can become part of your medical record. Advance directives are not a requirement for hospital admission.

If you would like more information or forms for completing a living will, appointment of a healthcare agent or healthcare instructions, you may contact the patient advocate at (864) 725-4740.

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Anesthesia and You

Who are the anesthesiologists?
The Operating Room and Post Anesthesia Care Unit (PACU) at the hospital are staffed by board-certified and board-eligible physician anesthesiologists. Each member of the service is an individual practitioner with privileges to practice at Self Regional Medical Center.

What types of anesthesia are available?
Decisions regarding your anesthesia are tailored to your personal needs.

The types available for you are:
- General anesthesia provides loss of consciousness. Medication will be injected into your body through your IV.
- Regional anesthesia involves the injection of a local anesthetic to provide numbness, loss of pain or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks or leg blocks. Medications can be given to make you drowsy and blur your memory.
- Continuous femoral nerve block if you are having hip surgery. You might have a small catheter in your groin area, near the nerves that provide feeling around the front part of your hip.
- Local anesthesia may be injected locally or topically into your wound, which may reduce postoperative pain for six to eight hours.

Will I have any side effects?
Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options and any complications or side effects that can occur. Make sure you inform your surgeon of any allergic reactions to anesthesia or pain medications. Do this in the office first, before your surgery.

Nausea or vomiting could be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed.

The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses can manage pain with medications. Your discomfort should be minimal, but do not expect to be totally pain-free. The staff will teach you the pain scale (0–10) to assess your pain level.

What will happen before my surgery?
Your anesthesiologist and certified registered nurse anesthetist (CRNA) will meet you before your surgery in the perioperative area. At that time your anesthesiologist will review information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. He or she will also answer additional questions you have. It is very important to tell your anesthesiologist of any prior problems or difficulties you or immediate family members have had with anesthesia. If you are allergic to latex, you will need to inform your surgeon before surgery so that special accommodations can be made.

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and preoperative medications may be given, if needed. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG and other devices for your safety. At this point, you will be ready for anesthesia. If you would like to speak to your anesthesiologist before you are admitted to the hospital, this can be arranged through the surgeon's office.

During surgery, what does my anesthesiologist do?
Your anesthesiologist is responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, the anesthesiologist will monitor vital functions, including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary.

May I choose an anesthesiologist?
Although most patients are assigned an anesthesiologist, you may choose one based on personal preference or insurance considerations. If you have questions about your insurance coverage or medical plan participation by the anesthesiologist, please contact your insurance company for guidance.

Requests for specific anesthesiologists should be submitted in advance through your surgeon's office for coordination with the surgeon's availability.

What can I expect after the operation?
After surgery you will be taken to the Post Anesthesia Care Unit (PACU) where you will be monitored. During this period, you may be given extra oxygen and your breathing and heart functions will be observed. Your pain level will be assessed and medication will be given to obtain an acceptable level of comfort. An anesthesiologist is available to provide care, as needed, for your recovery.

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Physical Therapy (PT) Daily Schedule

The following is a typical schedule for PT. Times shown are approximate. A physical therapist will advise patients and family members of any time changes. If your surgery is later in the day, PT may not see you until the next morning. Only one coach or family member can attend therapy sessions.

Day of Surgery Patients who had surgery in the morning will be evaluated by Physical Therapy on the day of surgery.

Post-op Day 1 Patients will have their first therapy session between 8:30 a.m. and noon. Coaches should be present for therapy. The second session of PT will be between 1 and 4 p.m.

Post-op Day 2 Patients will have their first therapy session between 8:30 a.m. and noon. The second therapy session will be between 1 and 4 p.m.

Patients are usually discharged after the afternoon therapy session.

Coaches are encouraged to attend therapy sessions when possible. We understand some coaches cannot be here for all the sessions because of work schedules.

Occupational Therapy (OT) Daily Schedule

Patients scheduled for total hip replacements will see OT for one session per day. An occupational therapist will arrange treatment times with the patient and coach to accommodate scheduling.

Day of Surgery	No Therapy
Post-op Day 1	Patients evaluated in the morning between 8:30 a.m. and noon.
Post-op Day 2	Therapy may continue once per day depending on patient's progress. Your coach is encouraged to participate in at least one therapy session to ensure that he or she is comfortable supervising you for safety.

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The Importance of Lifetime Follow-up Visits

Over the past several years, orthopedic surgeons have discovered that many people are not following up with their surgeons on a regular basis. The reason for this could be that they do not realize they are supposed to or they do not understand why it is important.

So, when should you follow up with your surgeon? Here are some general rules:

- Every two years, unless instructed differently by your surgeon
- When you have mild pain for more than a week
- When you have moderate or severe pain

1. There are two good reasons for routine follow-up visits with your orthopedic surgeon:
If you have a cemented hip, your surgeon needs to evaluate the integrity of the cement. With time and stress, cement can crack. You probably would be unaware of this happening because it usually happens slowly over time. Seeing a crack in cement does not necessarily mean you need another surgery, but it does mean we need to follow things more closely.

Why? Two things could happen: your hip could become loose and this might lead to pain; or the cracked cement could cause a reaction in the bone called osteolysis, which can cause the bone to thin and cause loosening. In both cases, you might not know this for years. Orthopedists are continually learning more about how to deal with both of these problems. The sooner we know about potential problems, the better chance we have of avoiding more serious problems.

2. The plastic liner in your hip can wear. Little wear particles combine with white blood cells and might get in the bone and cause osteolysis, similar to what can happen with cement. Replacing a worn liner early and grafting the bone can keep this from worsening.

X-rays taken at your follow-up visits can detect these problems. Your new X-rays can be compared with previous films to make these determinations. This should be done in your surgeon's office.

We are happy that most patients do so well that they do not think of us often; however, we enjoy seeing you and want to continue to provide you with very good care and advice. If you are unsure how long it has been or when your next visit should be scheduled, call your doctor. We will be delighted to hear from you.

Glossary of Terms

Abduction: A movement that draws a limb away from the body.

Adduction: A movement that brings a part of the anatomy closer to the body.

Anti-inflammatory: The property of a substance or treatment that reduces inflammation.

Arthritis: An acute or chronic inflammation of a joint, often accompanied by pain and structural changes.

Articular Cartilage: A smooth cushion that covers the end surfaces of bones so they slide against one another smoothly.

Blood Clot: A mass of coagulated blood, as within a blood vessel or at the site of an open wound.

Cartilage: A smooth material that covers bone ends of a joint to cushion the bone and allows the joint to move easily without pain.

Dislocation: To put out of joint or out of position.

Edema: An increased volume of fluid in the soft tissue outside a joint capsule.

Femur: The thighbone.

Fibula: The outer and narrower of the two bones of the lower leg.

Fracture: A break in a bone.

IM: Intramuscular

Implant: Device or material used for repairing or replacing part of the body.

IV: Intravenous

Joint: Where the ends of two or more bones meet.

Ligaments: Flexible bands of fibrous tissue that bind together and connect various bones.

Malalignment: Displacement from a normal position (imperfect alignment).

Meniscus: A crescent shaped body, such as the cartilage disk that acts as a cushion between the ends of bones that meet in a joint.

NSAID: An abbreviation for non-steroidal anti-inflammatory drugs, which do not contain corticosteroids and are used to reduce pain and inflammation. Aspirin and ibuprofen are two types of NSAIDs.

Osteoarthritis: A common form of arthritis usually occurring after middle age, marked by chronic breakdown of cartilage in the joints, leading to pain, stiffness and swelling.

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Pain Block: A nerve block that relieves pain by interrupting how pain signals are sent to your brain.

Pain: An unpleasant sensory or emotional experience primarily associated with tissue damage.

Patella: The knee cap (i.e., the flat, moveable bone at the front of the knee).

Pulmonary Embolus: A blockage of an artery in the lungs by air, a blood clot or tumor cell.

Quadriceps: The muscles located at the front of the thighs.

Spacer: A piece of material used to create or maintain a space between two things.

Sub-acute Facility: A comprehensive inpatient care facility designed for someone who has an exacerbation of a disease process.

Synovial Fluid: An oily fluid that lubricates the joint surfaces to help keep them friction-free.

Synovial Membrane: The membrane that produces a lubricant (synovial fluid) to help the knee move smoothly.

Tendons: The tough cords of tissue that connect muscle to bones.

Tibia: The inner and larger of the two bones of the lower leg, also called the shinbone.

Weight Bearing: The amount of weight a patient puts on the leg on which surgery has been performed.

X-ray: A diagnostic test that uses invisible electromagnetic energy beams to produce images of internal tissues, bones and organs onto film.

Additional Notes:

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