

Total Joint Replacement Discharge Class



Ascension

Listening to you, caring for you.®

Welcome to the Discharge Class!

- You are on your way to the commitment YOU'VE made for a lifestyle change.
- You are here today to go over YOUR responsibilities and be set up for success at home.





**It has been our privilege here at
Ascension Saint Thomas Joint
Replacement Institute to
provide you and your family
with excellent care.**

thank you!



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DISABILITY PAPERWORK

If you have **DISABILITY** papers requiring your physician's signature: You must take these to your physician's office so these documents do not become lost!

NEW PRESCRIPTION MEDICATIONS

- Hard copy prescriptions in folder

-OR-

- PURPLE paper indicating what has been sent electronically to your pharmacy



ANTICOAGULANT or BLOOD THINNER

Most common side effects:

- Upset stomach
- Nausea or vomiting
- Bruising
- Minor bleeding along gum line during flossing

Notify your doctor if you have:

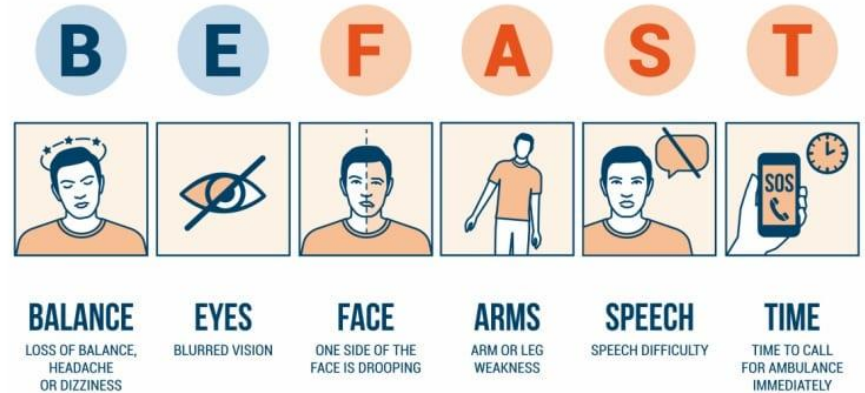
- Excessive bleeding you cannot control
- Pink, brown or blood tinged colored urine
- Red, black or blood tinged stool

ANTICOAGULANT or BLOOD THINNER

- Orthopedic patients have a high risk of developing a blood clot
- Your doctor has chosen a specific blood thinner based on your surgery and your health history
 - Blood thinners you were on at home are usually continued
- Take your full prescription course to decrease the likelihood of developing a blood clot
- *Please refer to your pre-operative book PAGE 5.11* which offers a list of herbal supplements that can interfere with some medications. It is recommended that you avoid these medications until you have completed your blood thinner regimen or cleared by your physician to resume.

ANTICOAGULANT or BLOOD THINNER

- Signs & Symptoms of a BLOOD CLOT
 - Sudden/severe chest pain with breathing, coughing up blood
 - Any extremity that is painful, red, swollen, stiff, hot to the touch
- Signs & Symptoms of a STROKE
 - Facial drooping
 - Uneven hand grip or weakness
 - Slurred speech
 - One side of the body goes numb
- Take all of your blood thinner!
- Stay active/exercise/therapy!
- Ankle pumps!



PAIN MEDICATION

- Prescription often reads:
“Take one – two tablets every four hours as needed for pain”
 - Start with the lowest dose (one tablet)
 - Wait 1 hour and reassess pain
 - If still in pain, then take that second tablet
 - Wait the dosing interval (4hr) until next dose



As your pain decreases during recovery, deescalate the use of pain meds

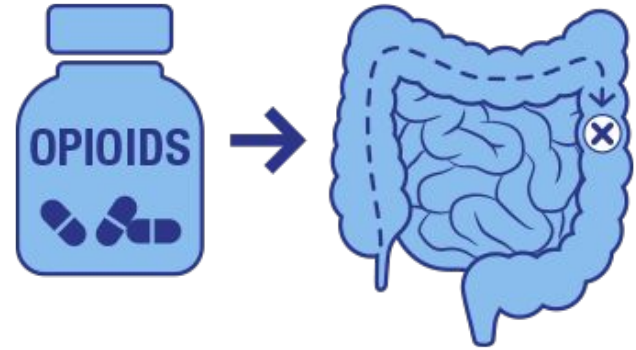
- Prolonged opioid use can increase your chance for addiction and continue unwanted side effects

Hydrocodone/Acetaminophen (Norco)
Oxycodone/Acetaminophen (Percocet)

Tramadol (Ultram)
Oxycodone (Roxicodone)

PAIN MEDICATION

- Most common side effects
 - Upset stomach, nausea, vomiting
 - Dizziness, light-headed, tiredness, confused
 - No operating a vehicle, no getting up too fast
 - Itching, flushing, dry mouth, sweating
 - Should get better within a week
 - Opioid Induced Constipation
 - Use a bowel regimen, see handout
 - Avoid fiber supplements



AVOID ALCOHOL while on medications

The expectation is that you return home and resume your usual way of life.

THE MORE YOU MOVE, THE BETTER YOU WILL FEEL.

However, you will have some restrictions:

- You will not be able to drive until you are no longer taking narcotics and your physician has cleared you for driving
- You will not return back to work until your physician has approved this.



PHYSICAL THERAPY

- Many of you may be doing a **HOME EXERCISE PROGRAM** and will follow the directions given to you by the physical therapist here at the hospital.
 - You may transition to a cane until seen by your physician when you are able to safely walk on level surfaces without holding onto anything.
- If you need **OUTPATIENT PHYSICAL THERAPY**, your physician will have a specific prescription for you
 - If your physician has not taken care of this for you before your surgery, then you will be given a **PINK PRESCRIPTION FORM** today to take to your next visit.
 - Your Physical Therapist will transition you from your walker to a cane or crutches.

Walking, Sitting, Stairs and Sports:

- *Please refer to your pre-operative book PAGE 5.3*
- Unless otherwise instructed you **CAN BEAR WEIGHT** on the surgical side.
- You should be walking every 1-2 hours while awake at home; this will reduce your risk of blood clots and reduce stiffness and swelling.

ACTIVITY - GRADUALLY INCREASE

As long as you are on a walker, crutch or cane; you will require assistance with some housework activities:

- Vacuuming
- Laundry – loading/unloading washer & dryer
- Loading/unloading dishwasher
- NO gardening
- NO mowing, NO tractors
- No taking out the trash
- No walking the dog
- No shoveling snow

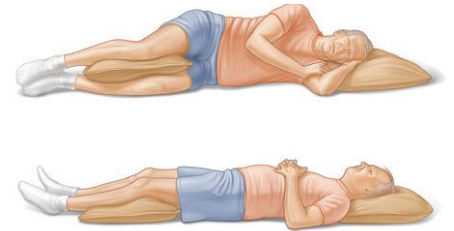
You may resume these activities when you no longer require an assistive device (walker, crutch or cane)

SEXUAL ACTIVITY

- It is generally safe to resume sexual activity when you feel comfortable with your level of balance and pain.
- **DO NOT** bend your hip/knee too far
- **DO NOT** twist or rotate your hip/knee
- Being on the “bottom position” initially is safer and more comfortable.
- Please refer to your pre-operative book PAGE 5.7

SLEEPING HABITS

- Difficulty sleeping is common, this will gradually improve.
- You may sleep on your back.
- You may sleep on your NON-OPERATIVE SIDE with pillows between your legs and to your back. Alternate throughout the night from your back to your side.
- If you had BOTH SIDES operated on, then you can only PROP with several pillows alternating from side to side.
- Caution must be taken when you are on your side to keep your body in alignment (shoulder, hip, knee, ankle must be in an imaginary straight line).
- When you return to your first physician appointment ask at that time when you will be allowed to begin sleeping directly onto your operative side.
- When possible place a towel roll under your ankle to allow for stretching.



TRAVELING

- NO LONG DISTANCE TRAVEL BY AIRPLANE OR CAR UNTIL CLEARED BY YOUR SURGEON!
- Today and your first office appointment are the only days you may be in your car for greater than one hour. If these trips are longer than 1 hour you are encouraged to *stop every hour and walk around in a safe area* for a few minutes before continuing on.
- Your new artificial joint may contain metal components and for the remainder of your life will set off security systems in airports, court houses and shopping malls. Please plan ahead to give yourself enough time to be searched by security before proceeding on so you do not miss your flight.
 - It is unfortunate but in today's society the TSA will no longer accept documents confirming your surgery.



DIET

- Having a decreased appetite after surgery is normal, but now is not the time for dieting. Optimum nutrition will help speed up the healing process by providing you with the building blocks for tissue repair and growth.
- Eat nutritious foods to promote healing, especially protein rich foods and vegetables.
- If dieting is the commitment you have made to a lifestyle change then you may begin dieting at the 3 month post surgery mark.
- Drink lots of fluids to stay hydrated! This too will help reduce blood clots. Your body requires water to rehydrate. If you are an avid Coke or Coffee drinker, for each glass you drink you will need to drink a glass of water as well.



Maintain your blood sugar if you are a diabetic.

*Ideal blood sugar pre-meal 80 – 130;
A1C < 6.5%*

BLOOD CLOTS

- Most likely to occur days 2-10 after surgery, but can happen weeks to months afterwards.
- Can be avoided by taking your entire prescribed blood thinner, drinking plenty of fluids and keep yourself ambulating as much as possible.
- Blood clots can occur anywhere in your body, including both legs. It does not have to be just the leg you had surgery on.
- Signs and symptoms:
 - Swelling of any or both extremities
 - Redness and heat to the touch
 - Sudden shortness of breath
 - Pain or tenderness (severe cramp or Charley horse)
 - Sharp sudden chest pain that gets worse with each breath
 - Rapid heart beat

You must seek immediate medical attention with any of these signs or symptoms.

- You will require additional blood thinning medication for an undetermined amount of time, possibly a lifetime.

WOUND CARE

WASH YOUR HANDS!

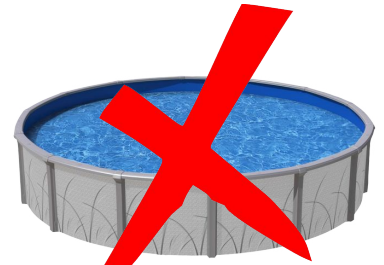
Use hand sanitizer often
Should contain 60-70% alcohol content to be effective



WOUND CARE

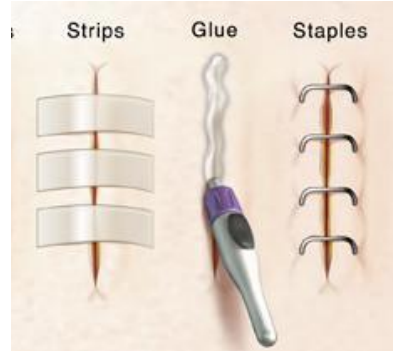
- You may shower at any time, but until cleared by your doctor:
 - NO bath tubs
 - NO hot tubs
 - NO swimming pools
 - NO lake water
- You may use any soap.
 - If you have any pre-surgical soap left from pre-op class you may throw this away.

DO NOT put any ointments or lotions on your incision



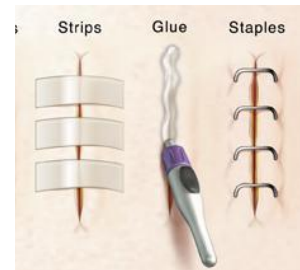
DRESSING CARE

- If your doctor has not already removed your dressing here in the hospital, or given you specific directions what to do with your dressing, then the expectation is that you are to remove your own dressing 1 week from the day of your surgery
- You may have DERMABOND (glue, looks like clear fingernail polish) along your incision. Please leave this alone. This is the that is holding your incision together and will go away on its own.



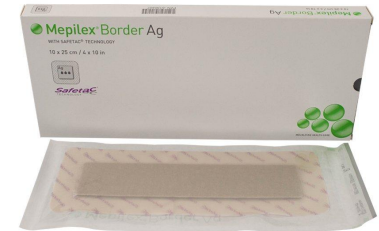
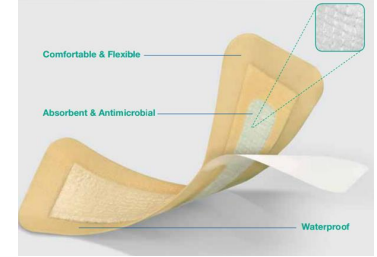
DRESSING CARE

- You may have STERI-STRIPS (white horizontal band aid like strips) across your incision.
 - Leave these in place. Over the course of days the edges to these strips will begin to roll up. You may trim the edges back with clean scissors, but otherwise allow these to fall off on their own.
- You may have STAPLES. If so, you have been given a YELLOW FORM that is to be given to your physical therapist as a reminder for them to remove your staples in 10-14 days.
- If you have a PROVENA Wound Vac., you are to remove the entire dressing in 7 days or when the battery dies and THROW AWAY PUMP & DRESSING. Then leave your incision open to air.



DRESSING CARE

- If you have AQUACEL AG dressing:
 - Follow the directions on your handout
 - This is to be removed 1 week from day of surgery
- If you have MEPILEX AG dressing (brown foam like dressing):
 - You MUST cover this dressing with saran wrap or plastic to limit as much moisture as possible when bathing then remove the plastic when finished.
 - This is to be removed 1 week from day of surgery
- If you have DERMABOND PRINEO dressing:
 - Remove the outer clear dressing 1 week from day of surgery
 - Please allow the DERMABOND PRINEO to remain in place. This will fall off naturally or be removed at your next physician's visit
- If you have CLEAR surgical dressing
 - Please remove 1 week from day of surgery



WOUND CARE – INCISION SITE

- Each day while showering, examine your incision and see that it is healing well.
- You may notice INCREASED REDNESS surrounding your incision for several weeks. This is NORMAL. This is an inflammatory process of healing. Some incisions may even show pink to bright red skin color. You can help your incision heal by:
 - Eating a well balanced diet, high in protein.
 - Breathing in good oxygen and using your Incentive Spirometer 10x every hour while awake for the next 3 days then when possible until completely healed
 - NO Smoking and Avoid secondhand smoke! No cigarettes, E-cigarettes, marijuana, chewing tobacco, nicotine patches/gum!
 - BRUISING is normal. It may take weeks to diminish.
 - BLISTERS if small, are normal. Leave them alone to dry up. Quarter sized or bigger should be reported to your doctor.
 - NUMBNESS is normal and expected. Most sensation will return in 6-12 months; however, you will most likely have an area that will remain numb for life.
 - AVOID SUN EXPOSURE on your scar. The rays are capable of increasing the appearance of the scar. Extended exposure can make the scar permanent. Use sunscreen.

MANAGING SWELLING

Swelling peaks around days 3-7 and may last for weeks. You may feel like something is wrong over the next couple of days because your swelling has increased and so has your pain. This is all normal. Your body will slowly get accustomed to your new joint and the swelling and pain will subside, but again, this may take several weeks.

You are encouraged to lie down 3 – 4 times a day for 30 mins – 1 hour.

Take this time to APPLY ICE to your joint. Ice will help with your swelling and your pain.

If you were sent home with white elastic hose:

- Wear these around the clock the first 2 weeks then wear them in the day time only until your swelling subsides.

DO NOT APPLY HEAT to your joint. Heat will increase swelling and can increase bleeding. This applies to heating blankets on your bed as well.



SIGNS OF INFECTION

NOTIFY YOUR PHYSICIAN IMMEDIATELY with any sign of the following:

- Fever higher than 101.5
- Change in color, smell or amount of drainage more than five days after surgery.
- Separation along edges of incision
- Redness along your incision
- Increased pain
- Inability to walk or do exercises
- Fall with or without hitting surgery site
- Increased swelling that does not go away after laying down
- Shortness of breath and /or chest pain - **SEEK IMMEDIATE ATTENTION AT AN EMERGENCY ROOM**

For any questions or concerns regarding your incision please call your physician's office 24/7.

Be prepared to take a picture of your wound on a cell phone to send to your doctor.

My Joint Replacement Action Plan

Healthy zone: Feeling well

Action = Daily maintenance plan

If you are feeling well:

- Pain under control
- No fever
- Physical therapy and exercises going well
- Tan dressing not overly bloody or wet
- No increased swelling, warmth or pain to either leg
- Appetite returning to normal, regular bowel movements

Do this:

- Continue to take medications as directed.
- Keep up with your physical therapy visits and exercises.
- Take tan dressing off 7 days after surgery. Then, clean wound with gentle soap and water daily.
- Drink lots of liquids, especially water and not alcohol. This will help prevent dehydration and constipation.
- Ice as needed.
- Keep follow-up appointments with the doctor.

My Joint Replacement Action Plan

Caution zone! Not feeling well

Action = Step up care!

If you have any of these symptoms:

- Pain not controlled, unable to make progress with physical therapy due to pain
- Increased joint stiffness
- Increased clear or bloody drainage from wound
- Constipation

Do this:

- Call your doctor. We may need to make changes to your plan of care or medications.
- Drink more liquids - goal 8-10 glasses of water daily. Eat a diet with more fiber. Stool softeners, which you can buy at a pharmacy, might help. As your doctor if you have any questions.

My Joint Replacement Action Plan

Danger zone!! Feeling worse

Take action!

If you have any of these symptoms:

- Temperature over 100.4 F
- Redness, foul-smelling drainage or pus at surgery site
- Increased swelling, warmth and pain to either leg
- Fall with or without hitting surgery site
- Sudden severe pain
- Shortness of breath or chest pain – call 911/go to ER

Do this:

- Call your doctor immediately!
- If it is the weekend and your doctor is unavailable, or if your symptoms are severe, go to the ER.

If your symptoms get worse or if you get worried, call your doctor, call 911 or go to the nearest ER.

ANTIBIOTICS

- Your physician may or may not be sending you home with antibiotics today. This is physician preference only.
- An infection in another part of your body (sinus, mouth, lungs, urinary tract, bowel, skin) could possibly spread to your new joint. Contact your family doctor and/or surgeon with any type of infection as soon as possible.
- To protect your joint you may need to take antibiotics before certain procedures, such as ROUTINE DENTAL CARE, ROUTINE COLONOSCOPY, or any surgical procedures. Please refer to your pre-operative book PAGE 5.6
- If your dentist will not prescribe antibiotics prior to any routine dental work please contact your physician and have this discussion. If your surgeon feels like you need an antibiotic they will write one for you.

PETS

- DO NOT TRIP over pets. Use caution when ambulating with walker, crutches or cane.
- USE CAUTION when allowing your pets to climb into your lap that their nails do not penetrate your incision given the location. This will be painful and may lead to an infection.
- DO NOT allow your pets to lick your incision. Their mouths are full of bacteria and fungus. Allowing them to lick your wound may lead to an infection.
- DO NOT sleep with your pet until you return to your first doctor appointment and have fully discussed this with your doctor.
- SANITIZE YOUR HANDS after loving on your pet. Please remember their fur and skin can be full of bacteria.



FOLLOW UP APPOINTMENT

- If you do not already have a follow up appointment with your surgeon, you will need to make one.
- Expect to see your surgeon in the office for follow-up care 2-6 weeks after surgery and then several more times thereafter.
- If you are going to outpatient physical therapy, the first therapy visit has been made for you. You will make your additional appointments on that first visit.



HOW TO REDUCE COMPLICATIONS

- Your coach/family member needs to be with you for the first 72 hours to assist with daily needs or until you are stable.
- Prevent blood clots: drink fluids, walk hourly when awake, ankle pumps, TED hose when applicable and take your prescribed blood thinner until completed.
- Prevent pneumonia: use incentive spirometer 10 times every hour while awake for minimum 3 days after returning home.
- DO NOT stop using your walker until instructed by your physical therapist.
- STAIRS: up with good, down with bad. Limit trips you make. Use handrails.
- SITTING: No low soft recliners.
- No driving, resistance training, swimming or sports until cleared by surgeon.
- Maintain good body mechanics, DO NOT twist or cross your legs.
- Maintain HIP PRECAUTIONS (POSTERIOR)
- No ADDUCTION: No crossing legs; keep pillow between legs
- No HIP FLEXION beyond 90 degrees sitting, standing, lying
- No INTERNAL/EXTERNAL ROTATION: keep toes pointed forward; in bed use towel roll if necessary

MEDICATIONS

- Take medications as ordered. You may or may not be continuing some of your home medications. At your next physician visit you can discuss when you can resume them.
- Please take home the two GREEN colored forms in your room as a reminder of the possible side effects that may occur from taking many of these medications.
- Take pain medication with or after food.
- Take pain medication 30-60 minutes before therapy and document when taken
- **AVOID ALCOHOL and driving while taking narcotics**
- If you need a refill on your pain medication you must notify your physician's office at least 4 days before running out. You will need to make plans to pick up the prescription or have it mailed to you.
 - If you run out over the weekend, please that your physician **WILL NOT** provide you with any refills on the weekend
- **DO NOT SHARE** your pain medication.

OPIOID INDUCED CONSTIPATION

Stimulant Laxative

Senna (Senokot) 8.6mg 2 tablets orally once daily at bedtime

- Administer 2hr before or after other medications
- Side effects: abdominal cramps, diarrhea, nausea, vomiting
- **Also available as Senokot-S (Senna and Docusate – laxative + softener)**



Bisacodyl (Dulcolax) 5mg 1-2 tablets orally once daily

- Swallow whole, do not crush/break/chew, separate from antacids/dairy by 1hr
- Side effects: abdominal cramps, nausea, vomiting

Stool softener

Docusate (Colace) 100mg 1 capsule orally twice a day

- Ensure Adequate fluid intake
- Side effects: abdominal bloating, cramping, diarrhea, throat irritation



OPIOID INDUCED CONSTIPATION

Osmotic Laxative

Polyethylene Glycol 3350 (Miralax) 17gm orally once daily in beverage

- 17gm + ~1 heaping tablespoon
- Dissolve in 4 to 8 ounces of water, juice, coffee, or tea until dissolved and drink immediately
- Side effect: abdominal bloating, cramping, diarrhea, flatulence



Magnesium Citrate Oral Solution 150-300ml (half-full bottle) orally once

- May be better tolerated if oral solution is chilled before drinking
- Side effects: Flatulence, abdominal pain, diarrhea



Fleet Enema (Sodium Phosphates) Contents of one 4.5oz enema rectally once

- May be better tolerated if rectal solution is warmed in warm water bath
- Side effects: abdominal bloating, cramping, abdominal pain, diarrhea, dizzy



OPIOID INDUCED CONSTIPATION

Avoid fiber-based and bulk-forming laxatives, as these agents are unlikely to relieve symptoms and can cause bowel obstruction.



OPIOID INDUCED CONSTIPATION

As long as you are taking narcotics you will remain constipated and will need to take medication over the counter.

The following bowel regimen is suggested:

1. Take Docusate (Colace) 100mg 1 capsule orally twice a day
2. Take Polyethylene Glycol 3350 (Miralax) 17gm orally once daily
3. Take Stimulant Laxative (senokot, Dulcolax etc,) once a day

When the above does not work then add:

4. Magnesium Citrate Oral Solution 150-300ml (half-full bottle) orally once
5. Fleet Enema (Sodium Phosphates) Contents of one 4.5oz enema rectally once
6. Bisacodyl (Dulcolax) suppository 10mg one rectally once

Ascension Saint Thomas Joint Replacement Institute and staff wish you continued success on your journey!

Our goal is for you have the best possible result from your surgery.

You play a vital role in the success of the lifestyle change that you have committed to by having your joint replaced.



Nothing *shall be* impossible.