

Norton Joint Care Program

This guidebook belongs to: _____

My surgeon is: _____

My surgeon's phone: _____

My surgery is scheduled for: _____
Date Time

My arrival time is: _____

My surgery is at _____ Hospital.

Welcome to the Norton Joint Care Program! We are pleased you chose the Norton Orthopaedic Care team to help you on your road to recovery.

This guidebook was developed for you and your coach to help you prepare for your total joint replacement surgery and recovery.

If you have questions during your time with us, ask any member of your health care team. We are here for you!

The phone numbers listed below will connect you with staff in pre-admission testing. You will need to make an appointment for pre-admission testing a few weeks before your surgery.

Norton Audubon Hospital (502) 636-7141

Norton Brownsboro Hospital (502) 446-8660

Norton Hospital (502) 629-2144

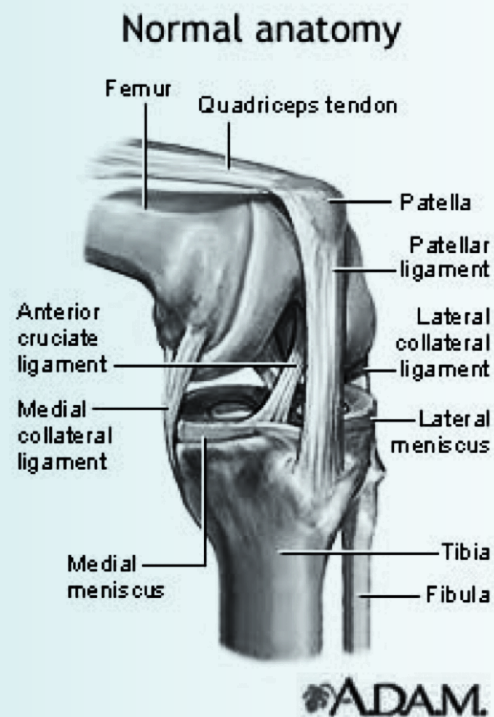
Norton Suburban Hospital (502) 893-1169

Total knee replacement surgery

What you should know

If you have arthritis in your knee, you probably have a hard time walking, climbing stairs or even lying in bed. It may be hard to do the things you want or need to do. To get you back to your normal routine and enjoying life, your doctor has recommended total knee replacement surgery. You are not alone. Every year, more than half a million people have knee replacement surgery.

The knee is the largest joint in your body. The knee is made up of the lower end of the thigh bone (femur), which glides on the upper end of the shin bone (tibia). The kneecap (patella) slides in a groove on the end of the thigh bone. Cartilage covers the ends of the femur, tibia and the back of the kneecap. Joint fluid lubricates the knee, making it move smoothly. Ligaments and muscles help keep the knee strong and stable.



When the cartilage starts wearing away, the knee becomes stiff and painful. This is called arthritis. Eventually, bone starts rubbing against bone, causing even more pain and loss of function. Knee replacement surgery is used to replace the painful joint with a mechanical one.

During knee replacement surgery, the surgeon will make an incision on the top of your knee. The ends of the femur and tibia will be shaped and trimmed, then replaced with new plastic and metal pieces. A plastic button may be placed on the back of the kneecap if the cartilage is worn out there. The new knee comes in different sizes. Your surgeon will decide which size is the best fit for you.



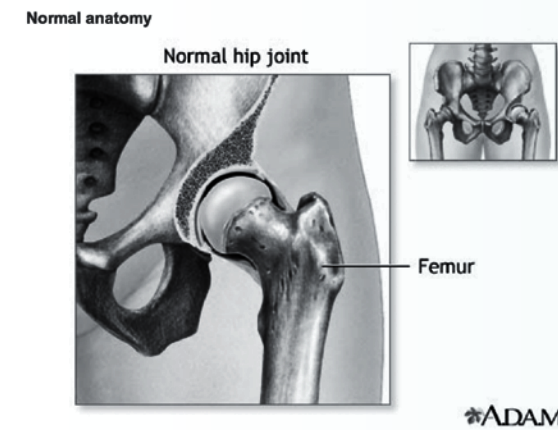
The incision will be closed with staples, stitches and/or glue. Any arthritis in your knee will be gone. Over time, your pain should decrease, and your knee function should improve. Your surgeon will do the easy part; it's up to you to do the rest – physical therapy and following your surgeon's instructions.

Total hip replacement surgery

What you should know

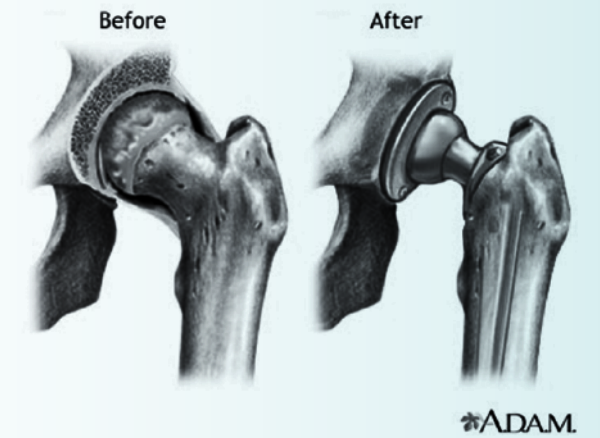
If you have arthritis in your hip, you probably have a hard time walking, climbing stairs or even lying in bed. It may be hard to do the things you want or need to do. To get you back to your normal routine and enjoying life, your doctor has recommended hip replacement surgery. Every year, more than 200,000 people have hip replacement surgery.

The hip joint is one of the largest joints in the body. It is made up of the ball (head) of the thigh bone (femur), which fits into a socket (acetabulum) in the pelvis. The ball and the socket are covered with smooth cartilage. This allows the ball to glide easily inside the socket. Muscles and ligaments help keep your hip strong and stable.



When arthritis develops in the hip, the cartilage wears out so there is no longer a cushion for the bones. The bones then become rough as they rub together. The ball grinds in the socket when the leg moves, causing pain and stiffness. Hip replacement surgery can help ease your pain and get you back to enjoying life again.

During hip replacement surgery, the surgeon will make an incision in the front, side or back of the hip. The ball of the femur will be cut off,



and an artificial stem will be placed into the thighbone. An artificial ball replaces the ball of the femur. An artificial cup is placed in the socket of the pelvis. These parts fit together to create the new hip joint. The parts of the new hip come in different sizes and materials. Your surgeon will decide which size is the best fit for you.

Your incision will be closed with staples, stitches and/or glue. Any arthritis in your hip will be gone. Over time, your pain should decrease, and your hip function should improve. Your surgeon will do the easy part; it's up to you to do the rest – physical therapy and following your surgeon's instructions.

Possible joint replacement complications

While your care team will make every effort to ensure your safety and success during and after surgery, complications are always a possibility.

Blood clots

Signs and symptoms:

- Calf swelling/increased leg swelling and warmth
- Extreme pain and tenderness in calf, especially when bending your foot up

How to prevent:

- Your doctor will prescribe an anticoagulant in the form of a pill or shot to be given to you after surgery. It is very important to take this when you go home for the length of time prescribed by your doctor.
- While in the hospital, you will have foot pumps or stockings to wear to help with circulation in your legs.
- Elevate your legs when sitting and relaxing.
- Lie down several times each day and elevate your legs above your heart.
- Do the ankle pump exercises every hour.
- Move your legs around while in bed and get up and about as much as possible.

Infection

Signs and symptoms:

- Foul smelling or cloudy drainage from the incision
- Extreme redness of incision and surrounding area

- Temperature of more than 101 degrees for 24 hours or more
- New pain that is difficult to control

How to prevent:

- Make sure you, your coach and all your caregivers wash their hands before and after caring for you.
- Report any signs and symptoms to your orthopaedic doctor as soon as possible.
- Look at your incision every day to make sure it looks like it's healing. Don't put any ointment or medicine on your incision unless your doctor tells you to. Don't pick at your incision.

Pneumonia

Signs and symptoms:

- Cough/coughing up colored sputum
- Fever
- Generally feeling under the weather
- Shortness of breath

How to prevent:

- Drink lots of fluids.
- Use your incentive spirometer every hour.
- Cough and take deep breaths every hour.
- Get up and out of bed and reposition yourself in bed frequently.
- Do not smoke.

If you get any kind of infection in your body, it is possible for it to travel to your new joint, so you need to be careful. Take these steps to stay infection-free:

- Be sure to tell your dentist you have had joint replacement surgery before your next visit. You will need to take antibiotics prior to any dental work, even teeth cleaning. Your teeth have bacteria on the surface, which can get into your bloodstream when you have dental work. This could possibly cause an infection with your new joint. Once you tell your dentist about your joint replacement, he or she will tell you what you need to take before any dental work.
- Before any medical procedure, remind your doctor or surgeon that you have had joint replacement surgery.
- If you think you may have a bladder or sinus infection, or any other type of infection, call your doctor as soon as possible.



Managing your comfort

It is important that you remain as comfortable as possible and that your pain is controlled. Your body will heal from surgery quicker if it is not under the stress of pain. You will have medicines to help with your pain, and you need to take them so you will get better.

Types of pain

Acute pain can be caused by a health problem, an injury or an operation. This kind of pain usually lasts less than six months.

Chronic pain is long-lasting pain usually due to a condition that can't be cured or easily treated. It may be due to an ongoing injury or health problem. Common causes include arthritis, back injury, nervous system damage (neuropathic pain) and headaches. Sometimes the exact cause of the pain is unknown.

Knowledge helps lessen pain

Fear and anxiety can make pain seem worse. If you know what to expect, you'll feel less afraid and more in control. This helps make pain a little easier to handle.

Exercise, mind/body therapists and medications are a few of the methods used for controlling pain. After surgery, medications will be used as the primary method of pain control.

Communication brings the best results

Although pain-free surgery isn't yet a reality, current pain control measures can help make you more comfortable as you recover.

Your role in managing your pain begins even before your surgery. Be sure to tell us all the medicines you take, even the ones you buy in the drug store without a doctor's prescription, like vitamins. On the day of your surgery,

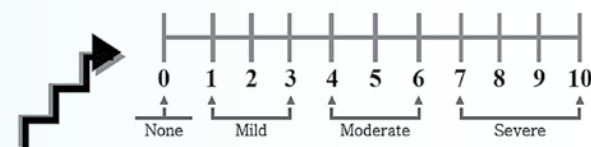
bring a list of everything you take with the following information:

- Name of each medicine
- Strength or dosage of the medicine, e.g., 10 mg tablets
- How many tablets or capsules you take during a 24-hour period
- How long you have been taking the medicine

You also can bring your medicines to the hospital in a bag, and we will write down all of this information. If you bring your medicines with you, we will give them back to you to take home once we have the information we need. We need the medication information to develop a pain control plan that meets your needs.

Pain control during your hospital stay

Your care providers will ask you to rate your pain using a pain scale. This scale helps you rank your pain and describe it to others. The scale ranges for 0 (no pain) to 10 (worst possible pain).



Sometimes we have you use a picture scale to tell us about your pain. Again, the scale ranges from 0 (no pain) to 10 (worst possible pain). You could be asked which face shows how much you hurt.



Pain-relief medications

Analgesics (non-opioids and nonsteroidal anti-inflammatory drugs) – These remove feelings of pain by blocking pain signals as they make their way to the brain. **Uses:** Mild to moderate pain and possibly to reduce swelling at the surgery site.

Narcotics (opioids) – These are a type of analgesic that removes feelings of pain at the pain centers in the spinal cord and brain. **Uses:** Moderate to severe pain. With short-term use after surgery, narcotics are not addictive.

Other medications

In addition to pain relievers, you may receive other medications to help make you comfortable. Tranquilizers or antidepressants may be given to reduce anxiety, allowing pain medications to work better. Sedatives may make you feel relaxed or sleepy. In some people, these medications cause breathing to slow down. Antiemetics may be prescribed to reduce nausea and vomiting.

Anesthesia

There are several types of anesthesia used for surgical procedures. The types most often used during joint replacement surgery are general anesthesia and peripheral nerve blocks.

General anesthesia

Medicines are put in your IV to make you unconscious (you will feel like you are falling asleep). A breathing tube may be put into your windpipe or throat after you are unconscious. Medicine you breathe through this tube will keep you unconscious while a machine may breathe for you. If numbing medicines are used to keep you comfortable, they will be delivered through an IV and will keep you asleep.

Some patients experience nausea and vomiting as a result of anesthesia. Every effort will be made to minimize the possibility of nausea and/or vomiting.

Peripheral nerve blocks

Medicine is given through a needle or tube near the nerves of your leg, knee or hip. You will not be able to feel anything or move. The block provides temporary pain relief after surgery.

The anesthesiologist will meet with you and discuss your plan for anesthesia the day of surgery.

Medication delivery methods

After surgery, pain medications can be given in several ways. The doctor will choose a method based on your surgery, the amount of pain you're feeling and the stage of recovery. The methods described here can deliver strong medicines immediately after surgery to relieve pain. As your hospital stay nears its end, you will be transitioned to oral pain medications (taken by mouth). You also may be given a prescription for pain-relieving pills or liquid to take home.

Injections

Medications can be injected beneath the skin or into muscle to relieve pain. To block pain at the surgery site, you may be given a regional anesthetic. The anesthetic may be delivered to the main nerve that supplies sensation at the surgery site or into the fluid around the spinal cord (a spinal). With a spinal, your body feels numb from the waist down. As a result, you temporarily have no control over your lower muscles. You may feel as if your feet are up in the air. A quick glance at your toes, however, will show you this is not the case.

IV

For pain relief within minutes, medication may be given intravenously (through the vein), or IV. When an IV is used, medication is supplied through a catheter (a thin, flexible tube) placed in a vein, often in the hand or forearm. Narcotics flow through the tube directly into the bloodstream. Pain medication may be injected periodically into the IV tubing, or an IV solution may deliver a slow, continuous supply of pain medication.

PCA pump

Medication contained in a PCA (patient-controlled analgesia) pump can be delivered through a needle in your arm. The nurse will program the pump with the amount of medicine your doctor wants you to have. This allows you to push a button and receive a dose of pain medication as you need it. After pushing the button, you have to wait only a few minutes before the medicine starts to work. **Important note:** You should be the one who presses the button, because no one else knows if you need the medicine. Following this rule will allow you to give yourself your medicine when you need it, but not before your doctor wants you to take it. Do not allow someone else to push the button for you. You need to control the amount of medication you receive.

Epidural

An epidural provides ongoing medication for stable pain relief. With an epidural, pain medication is fed through a catheter into your lower back. The tubing that delivers the medication to the catheter is taped over your shoulder and down your back or side. Epidurals are used to control severe pain.

Managing pain at home

During your first few days at home, take your pain medication on a set schedule. The goal is to take the next dose before the last dose wears off. When it comes to effective pain management, the tips you learned in the hospital also work at home. To get the best pain relief possible, remember these points:

- Use your medication as directed. As pain lessens, try taking your medication less often.
- Remember that medications need time to work. Most oral pain relievers need at least 20 minutes to take effect.
- Try to time your medication so that you take it before beginning an activity.
- Be sure to ask the doctor whether heat packs and/or ice packs might help your pain.
- Eat lots of fruits and vegetables and drink plenty of liquids to reduce constipation, a side effect of some pain relievers.

Relax to reduce pain

When you're relaxed, pain medications work better. This is because muscles aren't tense, and signals of fear and anxiety aren't flooding your brain. Try the tips below to help increase your level of relaxation:

- Position yourself for comfort and ease of breathing. Place a pillow against your incision site or use several pillows to support the new joint.

- Lower nearby lights and breathe deeply. By focusing on your breathing, you can relax tense muscles and take your mind off your pain a bit. Listening to soft music also may help you to relax.
- Use your imagination to help reduce tension and pain. First, notice where your body feels tight or sore. Does an image such as knotted muscles come to mind? If so, replace that painful picture with a healing one.





What you and your coach can do to prepare for surgery

Get your home ready

- Remove clutter and tripping hazards.
- Tape down loose carpet and floor edges that stick up.
- Remove all throw rugs and long extension cords.
- If you have pets, arrange for them to be taken care of by someone else; you will not be up to walking them or taking care of them for a while.
- Clean your house and do the laundry.
- Put clean sheets on the bed.
- Put night lights in the bathrooms and hallways.
- Gather items you will want nearby, like your remote control, radio, telephone, tissues, etc., and put them in one central location by a chair (with arms) that you will be sitting in when you come home from the hospital.
- Place a lamp and/or flashlight next to your bed. It is too dangerous to walk around in the dark.
- Put a nonslip rubber mat in your bathtub/shower so that you do not slip. You may want to consider renting, purchasing or borrowing a shower bench for a few weeks. It makes bathing much easier and safer.
- Move the things you use a lot to an easy to reach place. Things at waist level are easiest to reach.
- Stock up on groceries. If you like to cook ahead of time, freeze some items that can be reheated easily and served after surgery.

- Make sure the chairs, couches and bed you are going to use are stable and sturdy.

Get yourself ready for surgery

- Eat a well-balanced diet. Now is not the time to go on a weight loss diet.
- If your medications change before your surgery, write them down on your patient-friendly medication reconciliation sheet we give you and tell the nurse when you come to the hospital for your surgery.
- See your medical doctor and any other doctors you see regularly to make sure they clear you for surgery. This is an elective surgery, and we want you to be in the best shape possible before surgery.
- Stop smoking or at least cut down. We want your lungs to be in their best possible shape too!
- Find your living will and place a copy with the items you are bringing to the hospital.
- If there is a chance that you will go to a rehabilitation facility before going home, you and your coach may want to begin looking at facilities that are convenient to you. The case manager at the hospital also can help you determine your options.
- Remove any polish on your toenails.
- Bathe with an antibacterial soap (e.g., Dial, Hibiclens) for three days before surgery or as directed by your doctor.
- Relax and try to get as much rest as possible! (This includes your coach!)



The role of the coach

We all go through times when we need help and support. Having surgery is one of those times. It's important to have a family member, friend or group of people to assist in providing physical and emotional support before and after surgery. At Norton Healthcare, we call this helper a "coach."

If you are going to have hip or knee surgery, we ask you to find a support person to help in your preparation before surgery and healing process afterward. Below is a list of ways your "coach" can help make this journey as easy and stress-free as possible for you:

- Help you prepare for surgery.
 - Your coach can go with you to some or all of your doctor visits. He or she can take along a pad of paper and a pen and help you remember questions to ask your doctor, as well as your doctor's answers.
 - Your coach can help you get your home ready so you will be comfortable after surgery.
- Help you consider rehabilitation/therapy centers after surgery if you are not able to go home right away.
- Remind you to do your exercises before and after surgery.
- Visit often or stay with you while you are in the hospital to learn how to help you after you go home.
- Be a familiar and trusting source of encouragement, especially when it comes to exercise and therapy.
- Help get you home. It's important to have an extra set of ears to listen to your home care instructions and get your medicines filled.
- Stay with you at home for a few days, if needed, until you feel safe by yourself. Your coach can help by reminding you to do your exercises and take your medicine correctly, go to the grocery store, cook meals and take you to your doctor's visits.

Once you have completed your journey, you will be qualified to be a coach for someone who needs you!

On the day of surgery

- Do **not** eat breakfast today or drink anything! This is very important. Your surgery will be rescheduled if you eat or drink anything.
- You may brush your teeth, but don't swallow the water.
- Take your medications as directed by your nurse or doctor for the morning of surgery. If you have not provided a list of your current medications, vitamins and over-the-counter medications to the nurse during your pre-admission testing, bring all of these items with you to the hospital. Once the nurse reviews what you are taking, she will return everything to you. Your coach or family member can keep them and return them to your home. You will not need these medications while you are in the hospital.

Personal items to bring to the hospital on the day of surgery

- This guidebook
- A walker if you have one (this can stay in the car until you are assigned a room after surgery)
- Underwear (nylon/satin ones help you move better in bed)
- Clothes to wear after surgery: shorts, T-shirts, loose sweatpants. You are going to be doing lots of therapy and movement, so we want you to be in comfortable clothes.
- Supportive shoes (not slip-ons)
- Personal care and hygiene items
- Entertainment, such as books or magazines
- Your positive attitude!
- If you live far away, bring a phone card or cell phone.
- If your insurance requires a co-pay for your surgery, bring a check with you. To find out the amount of your co-pay, call the customer service phone number on the back of your insurance card.
- Note to the coach: Don't forget items for yourself! (Medications, clothing, reading materials, etc.)

Leave at home

- All valuables
- Large amounts of money
- Credit cards
- Medications (If you bring these to the hospital on the day of surgery, they will be returned to your family or coach after the nurse has reviewed them.)
- Jewelry
- Your "can't do" attitude – you can do it all with the help of your coach and caregivers

Upon your arrival at the hospital

- Go to the surgery area and check in.
- The registration person will review your information and make sure all paperwork is complete.
- You will be directed to the pre-op area. When you get there, the nurse taking care of you will have you put on one of our stylish hospital gowns (sorry, no underwear).
- Your nurse will draw some blood, start your IV and review your medical history.
- Your coach and family members may stay with you in the pre-op area until you are taken to surgery.
- The nurses will prepare the surgery site by cleaning it with a solution to help prevent infections. Your orthopaedic surgeon will mark the site of the surgery incision and confirm it with you.
- The anesthesiologist will review your medical history and talk about the type of anesthesia that is available to you. He or she also will give you some medicine to help you relax and get ready for surgery.



Things to know about your medications

- Know what medicines you take – your prescription medicines, over-the-counter medicines (e.g., Tylenol, ibuprofen), vitamins, herbal supplements, etc.
- When you come to the hospital, bring a list of everything you take, along with the phone number of your pharmacy.
- Do not keep the medicines with you at the hospital. Be sure to send all medicines back home after the doctor or nurse sees them.
- Make certain the doctors and nurses are aware of any drug, food or environmental allergies you have, including latex allergies.
- Look at all medicines before you take them. If one does not look like what you usually take, ask why. It may be a generic medicine or different medicine than normally ordered.
- Ask if any test or procedure will require dyes or medicines before the test is done. Remind your doctor or nurse if you have any allergies to dyes or medicines.
- Please do not remove intravenous (IV) tubes from yourself or from the pumps.

Medicines at discharge

- Be sure that you understand how much and how often you are to take your medicines. Talk with your nurse as well as your pharmacist to be sure you know exactly how to take the ordered medicines.
- If you have any questions about your medicines, ask your nurse to explain them to you. You must be sure you know how to take your medicines in order to get well. Write down as much as you can to help you remember when you get home.
- If you have a special medicine that is not usually found at your local pharmacy, you may want to call and talk to the pharmacist. Sometimes compound medicines that are less common cannot be found at your local pharmacy. Other complex medicines may have to be ordered. Some pharmacies may have delivery options, so be sure to ask.
- Keep a list of all of your medicines with you at all times. When you need medical treatment again, it is very important for doctors and nurses to know what medicines you take, the dose of the medicines and when you take them.



Between surgery and going home

You may have several things attached to you for a day

- IV (gives you medications and fluids)
- Oxygen/pulse oximeter (monitors your oxygen level)
- Foot pumps/compression hose (helps with circulation)
- Bladder catheter (drains your bladder)
- Cold therapy (ice, which helps with swelling)
- Incentive spirometer (breathing tool)
- Drain (removes excess blood from surgery site)
- Dressing (keeps your wound covered)

Day of surgery

Your coach and nursing staff will encourage you to take deep breaths, cough and use your incentive spirometer every hour while you are awake. This helps your lungs get back to normal after anesthesia.

We will start you out on a liquid diet and then slowly introduce regular foods as you can tolerate them. It's important to drink lots of liquids!

The nursing staff and your coach will be turning you from side to side, so don't be afraid to ask for help with moving.

Your coach also can help you with your bed exercises – ankle pumps, quad sets and gluteal (glut) sets.

When you begin to have pain, please tell your nurse. Don't wait until the pain worsens because it will take a little time for the medication to begin to work.

Depending on the time of your surgery and when you arrive in your room, the therapist and nurses will get you up to start walking. **Do not attempt to walk without assistance until you have been released from physical therapy.** Your nurse and physical therapist will help you sit up on the side of the bed or in the chair the day of your surgery. The sooner you start moving, the better off you will be!

First day after surgery and until discharged

You will have blood drawn once a day (usually at night or early in the morning), so that your doctor can see the lab results during rounds.

On the afternoon of your surgery or the morning after surgery, your physical therapists will continue your therapy and see you throughout the day until you are ready to go home. Don't be surprised if you see the therapists more than once a day. We will help you get dressed into your workout clothes. We don't want you to feel like you are "sick," so why dress that way?

Your nurse will remove any tubes and drains that remain and change your dressing. Don't be afraid to look at your incision.

You will be getting up in a chair for all meals – You don't eat your meals lying in bed at home, do you?

If you do not have a bowel movement by the second or third day after surgery, ask your nurse for an additional laxative. If you have been taking a stool softener, you may need more help.

A care manager/social worker will visit you and discuss your plans to go home or leave the hospital. Arrangements will be made so that by the time you are ready to leave you will understand all your home care instructions.

Getting the most from your new joint

Rehabilitation

Rehabilitation is a vital part of your care and quick recovery. Carefully following recommendations from your doctor and therapists can greatly improve your ability to get back to your routine as soon as possible. Each person is different, and depending on the type of surgery you are undergoing your individual rehabilitation program may be different. This guide includes a basic outline of what to expect after surgery.

Rehabilitation isn't something that begins after you return home – it should start right after surgery! The physical therapy staff will begin working with you and your coach after your surgery to gradually increase your activity. They will teach you an exercise program, how to move in bed, how to get in and out of bed, and how to walk using a walker, crutches or cane. Occupational therapy may be a part of your care. Occupational therapists will teach you how to perform everyday activities like dressing, bathing, using the toilet and getting around your house.

The therapy you need depends on the type of replacement surgery you have. Together, your nurses and therapists will work with you and your coach to teach you the correct ways to move. After surgery, you will work with physical therapy and/or occupational therapy to achieve these important goals:

- Walk independently with a walker, crutches or cane
- Increase strength in the joint that was replaced
- Improve the range of motion of your new joint
- Help you become independent with your daily activities

You will likely leave the hospital after a few days. Some patients go to a rehabilitation center for more therapy, some patients go home with home health therapies and some patients may go to outpatient therapy if they can leave their home easily.

You will be walking soon after your surgery. It may be the day of surgery or the very next day, but by the time you leave the hospital you should be using the walker or the cane without help from another person. With practice and therapy, you will be walking on your own again soon.

CPM machine

Some patients may use a continuous passive motion (CPM) machine. The need for this is determined by your doctor. It can help increase your flexibility by moving your knee without your help.

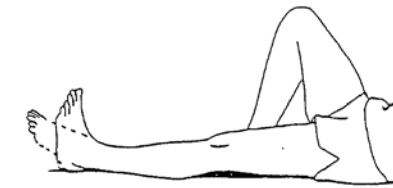
Exercises

Begin practicing the following exercises today. These exercises will help you prepare for your therapy after surgery as well as improve strength/flexibility leading up to your surgery.

Do these exercises 10 times each, two to three times a day.

Total knee replacement exercise program

1. Ankle pumps



Sitting or lying, pump your ankle by pulling the foot and toes up, then pushing down again.

2. Quad set



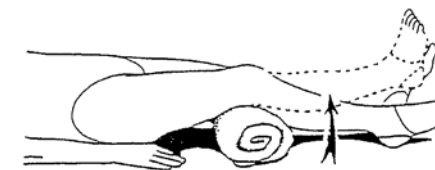
Lay with your knees straight. Tighten the muscle on top of your thigh (the quadriceps), pulling your kneecap up. Hold for a count of 5.

3. Gluteal set



Squeeze buttocks tightly and hold for a count of 5.

4. Short arc quads



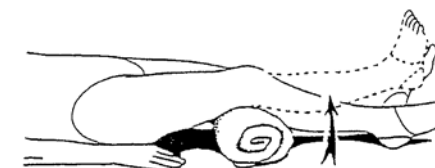
Lay with a towel roll under your knee. Straighten your leg and hold for a count of 5.

5. Straight leg raises



Tighten the thigh as in exercise #2, then lift the leg straight up, even with the opposite knee. Hold for a count of 5.

6. Heal slides



Lying on your back, bend your knee by sliding your heel toward your buttocks.

Exercises for total hip replacement

1. Ankle pumps



Sitting or lying, pump your ankle by pulling the foot and toes up, then pushing down again.

2. Quad set



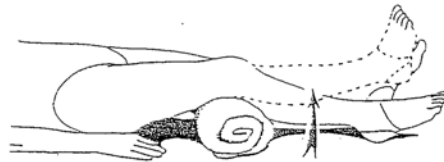
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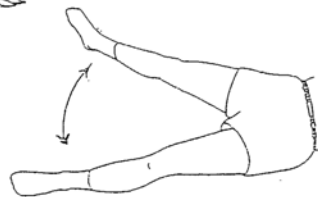
Lay with a towel roll under your knee. Straighten your leg and hold for a count of 5.

5. Heal slides



Lying on your back, bend your knee by sliding your heel toward your buttocks.

6. Hip abduction



Slide your leg out to the side, keeping your knee straight and toes pointing up. Slide back in, but do not cross midline.

While you are in the hospital, these exercises will be performed twice a day and at night on your own or with the help of your coach. Exercises after surgery are important to strengthen your muscles and improve your hip or knee movement. They also are important for increasing blood flow to your legs to prevent blood clots. You may begin these exercises shortly after surgery. It may feel uncomfortable at first, but these exercises will speed your recovery and reduce your pain after surgery.

Tips to improve mobility

Walking

- Stand up straight and look straight ahead.
- Use a walker or cane to help with walking.
- Keep the length of steps equal for both feet.
- Keep your knee pointing straight ahead.
- Bend your knee when you take a step; try to touch the floor with your heel first.
- Do not pivot or twist on your new joint; instead, pick up your feet when you turn.
- Gradually increase the distance you walk.
- Walk at least four to six times daily.
- Avoid uneven surfaces while using a walker or cane.
- Be cautious with entryways. Wet surfaces, leaves and gravel can be hazardous.
- Slippers and shoes should offer support, comfort and stability. Wear non-slip soles. Do not wear high heels.
- Remove throw rugs from your home.

Using a walker

Once you stand, you will be using a walker. As you progress with safety and comfort, you will learn to use other assistive devices until you don't need anything.

With your back straight, lean on the walker to support your weight. Step with your operated leg first, then the other leg.

Using stairs

• Walking up stairs

- Step up first with your nonoperated leg, then follow with your leg with the new joint and cane if you are using one.
- Use a handrail if one is available.
- Have someone stand by for safety at first.

• Walking down stairs

- Step down with your cane, then with your leg with the new joint.
- The key to maneuvering stairs is to go up the stairs with your stronger leg first and down the stairs with your weaker leg first. If there is a curb or only one step, place your walker up the curb/step or down the curb/step before you step with your feet.

Dressing the lower body

- It will be easiest to get dressed while sitting on the edge of your bed or in a chair.
- Dress the operated leg first.
- Elastic shoelaces can turn shoes with ties into slip-on shoes. Use a long-handled shoehorn if needed.
- If precautions are given, a reacher or dressing stick will be needed to pull up and push down your pants over your legs.
- Use a sock aid to pull socks over your foot, and push socks off with a reacher or dressing stick from the inside.

Getting in and out of a car

- You can use the front passenger seat or the back seat.
- Have someone slide the seat back as far as possible and recline it before you get in.
- Back up to the seat and sit down. Keep your hands behind you and lean back to bring your legs in safely without bending beyond 90 degrees at the hips. Someone may need to help you get your legs into the car.
- Place a cushion or folded blanket in the center of the seat to make it level with the sides and build up the height, if necessary.

Bathroom

- If precautions are given, a raised toilet seat will be needed.
- Getting in/out of the tub: Stand sideways at the tub facing the faucet with the walker in front of you. Bend your knee and step over using the walker for support.

Special precautions with hip surgery

There are two surgical approaches to a hip replacement – anterior and posterior. You and your doctor will discuss what approach is best for you. If your surgeon will be using a posterior approach, there are precautions to follow to decrease the risk for dislocation. These include:

- No bending at the waist or hips over 90 degrees.
- No crossing your legs.
- No rotating your foot inward (“pigeon toes”).

Signs of hip dislocation

During the healing process, if you do not follow the hip precautions, your new hip may slip (dislocate) out of the socket. Call your doctor immediately if you notice any of the following signs:

- Sudden, severe hip pain followed by continued pain and muscle spasms when you move your hip.
- A new bulge on your hip you can feel with your hand.
- Abnormal rotation of the leg on the surgery side.
- Shortening of the leg (limp) on the surgery side.
- Decreased sensation in the leg on the surgery side.

Day of discharge

Although your surgeon usually will visit you in your hospital room early in the morning, it takes some time to get your paperwork together and complete any additional orders the doctor writes. Once all orders are carried out and the nurse provides you and your coach with the discharge instructions, you can leave the hospital.

Your nurse will give you a medication sheet with the medicines your surgeon wants you to take at home along with any specific instructions. Please get any new prescriptions filled and take them as directed. Do not add any new medicines without checking with your doctor.

Homeward bound!

Here is what you should know about what happens when you go home:

- You may drive only when your doctor says it is OK.
- Your pain medication works great, but it also can cause one uncomfortable side effect – constipation. Eating a high-fiber diet like fresh fruits, vegetables and whole grain breads, as well as drinking a lot of fluids, at least 4 to 6 eight-ounce glasses, will help prevent constipation. Often, over-the-counter stool softeners or laxatives are needed. If you have not had a bowel movement by the second or third day after surgery you need to start taking a laxative. A good, gentle bulk-forming laxative is polyethylene glycol (Miralax), which can be found at drug and grocery stores. Take it as directed on the package. If you continue to have a problem with regular bowel movements, contact your primary care doctor.

- You may shower only when your doctor says it is OK.
- Follow your doctor's orders for taking care of your dressing on your incision.
- Don't put any medications, lotions or ointments on the incision until your doctor says it is OK.
- Do your exercises as instructed by your physical therapist.
- If you have staples, they will be removed by your doctor or home health nurse in 10 to 14 days. If you have Steri-Strips on your incision, they will fall off on their own in 7 to 10 days.
- Use an ice pack on your incision for swelling and pain relief.
- Use your walker, cane or crutches as long as your physical therapist or doctor instructs.
- When sitting, elevate your legs. If you notice your leg is swelling more, make a point of lying down flat several times a day with your legs elevated higher than your heart.
- Your incision will look bruised, reddened and swollen. This is normal. It is important to look at it every day so you can tell if it is getting worse. If it does, call your surgeon.
- Eat a well-balanced diet. This is not a good time to go on a weight loss diet. Eat lots of protein, and drink lots of fluids. Your body needs energy to heal and stay strong!
- When you first get home, make sure you get lots of rest. You have been through a lot, and it is normal to need an extra nap or two during the day. Don't worry – that feeling won't last forever. Note to the coach: Get your rest too!

- Your new joint may set off metal detectors at airports or federal buildings. Be prepared for longer wait times while they scan you (just like they do with anyone who sets off the metal detectors).
- Any infection in your body could possibly go to your new joint, so you need to be careful. See page 5 for further instructions about preventing infections.
- Give your coach a great big hug for taking such good care of you!
- And give yourself a big hug for doing such a great job!
- As you settle into your new routine at home, it's important to pay attention to what your body is telling you.

Call your orthopaedic surgeon if you:

- Have a fever of 101 degrees or more for 24 hours
- Have increased swelling, tenderness or redness in calf
- Have increased pain that is unrelieved by your pain medicine
- Have cloudy or foul smelling drainage from your incision

Call 911 if you:

- Have chest pain
- Have sudden shortness of breath
- Have trouble talking/putting your thoughts together
- Have a very fast heart beat
- Feel dizzy or like you are going to faint

Your home health agency is: _____

Their phone number is: _____

Your follow-up appointment with your orthopaedic surgeon is: _____

His/her office number is: _____

Norton Audubon Hospital Outpatient Rehabilitation Services
(Physical Therapy/Occupational Therapy)(502) **636-7261**

Norton Suburban Hospital Outpatient Rehabilitation Services
(Physical Therapy/Occupational Therapy)(502) **893-1144**

Good luck and thank you for entrusting your care to Norton Healthcare. We wish you the best!

