

Award-Winning Care for Your Procedure

Joint Replacement Surgery

PATIENT GUIDE

...

HOW TO PREPARE FOR SURGERY:

Steps to Get You and Your Home Ready Now
Page 21

Your Top Questions Answered

Page 59

YOUR SURGERY TO-DO LIST

Page 4

READY FOR RECOVERY?

Page 28

THINGS TO KNOW AT HOME

Page 50

PALOMAR HEALTH[®]

Reimagining Orthopedic & Spine Care





Dear Orthopedic Patient,

Welcome to the Orthopedic & Spine Center at Palomar Health.

As your partner in health, we will work with you to make your joint replacement surgery a positive experience. Expert doctors, state-of-the-art technologies, therapists, case managers and specialty-trained orthopedic nurses all work together for the best possible outcomes with a patient-centered approach to care.

Before, during and after your surgery, our Orthopedic Care Team will work closely with you. We encourage you to be actively involved in the whole process. If any issues come up during your treatment, or you feel that we are not meeting your expectations, please let us know. We value your feedback.

PALOMAR HEALTH[®]
Reimagining Orthopedic & Spine Care

My Surgery Quick Facts

Surgeon: _____

Surgeon Phone Number: _____

Date & Time of Pre-Operative Appointment at Surgeon's Office: _____

Date & Time of Pre-Operative Screening with Nurse: _____

Date & Time of Surgery: _____

Surgical Procedure: _____

Hospital: _____ Time You Should Arrive at the Hospital: _____

Date & Time of Post-Surgical Follow-Up Appointment with Surgeon: _____

Home Health Agency Contact Number: _____

Palomar Medical Center Escondido Main Line: **442.281.5000**

Palomar Medical Center Poway Main Line: **858.613.4000**

Your Surgery To-Do List

As soon as you are scheduled for surgery:

Watch the Joint Class Video

We will email you a link to a virtual class that we ask you watch prior to your scheduled surgery. The class title is: **Preparing for Joint Replacement Surgery.**

You may also scan the QR code here to watch the **Preparing for Joint Replacement Surgery Education Class.**



Activate your CarePath

Your surgeon has created a custom CarePath for you online. This roadmap will help you get prepared and organized for your surgery and recovery. **We have just enrolled you. Please activate your account through the link included in the CarePath email you will receive from your surgeon.**

Table of Contents

1 Getting Started

- 7 Introduction
- 10 Palomar Health Joint Replacement Program
- 11 Put Yourself in the Best Position For Success
- 12 Understanding Hip Replacement Surgery
- 13 Understanding Knee Replacement Surgery
- 14 Understanding Shoulder Replacement Surgery
- 16 Understanding Blood Transfusion
- 17 Getting Ready for Surgery



2 Before Surgery

- 18 Pre-Admission Screening
- 21 Preparing Your Home Before Surgery
- 22 Durable Medical Equipment
- 23 Planning for Safety After Shoulder Surgery
- 23 Surgical Site Infection Prevention Begins With You
- 25 Day of Surgery: Pre-Operative Area

3 Hospital Stay

- 27 Surgery
- 28 Surgical Recovery Room
- 30 Wearing a Sling
- 31 Post-Surgical Care: Same-Day Discharge
- 33 Measuring Pain
- 35 Post-Surgical Care: Physical Therapy
- 37 Hip Replacement Therapy Guidelines
- 40 Knee Replacement Therapy Guidelines
- 42 Shoulder Replacement Therapy Guidelines
- 42 Shoulder Precautions After Surgery
- 45 Post-Surgical Care: Occupational Therapy

4 Going Home

- 48 Going Home
- 49 Discharge Process
- 50 Things to Know at Home
- 59 FAQs
- 60 Medication List



1

Getting
Started



General Information

Introduction

Now that you and your surgeon have decided that joint replacement surgery is the best treatment for your condition, you will begin the steps to get ready for surgery, undergo your operation and begin healing. Your Orthopedic Care Team will work with you to make sure your needs are met.

You are the most important member of this team. Taking part in your treatment plan is key to a good outcome. We want you to experience a quick but complete recovery so you can return to a more active lifestyle.

This guide provides a full description of the journey that you will take through Palomar Health and serves as a valuable resource to answer general questions that you may have about your pre-operative clearance, progress with your goals in physical therapy and healing.

This packet includes:

- Information for understanding joint replacement surgery
- What to do before surgery
- What to expect while in the hospital
- Information about care after you go home

We encourage you to use this guide as a journal of your joint surgery journey. Please have this packet with you during all appointments, therapy sessions and doctor visits, including your hospital stay. There may be information that you would like to write down and ask questions about. We urge you to:

- Write down your question(s) in the **“Questions and Notes”** section on **pages 61 and 62**
- Complete the medication list on **page 60**

Centers of Excellence

Palomar Health is the largest healthcare district in California. Palomar Medical Center Escondido and Palomar Medical Center Poway are nationally recognized as top performing orthopedic and spine centers and have both been designated as a Center of Excellence by Blue Shield, Aetna.





It is important to be in your best health before surgery.

When is Joint Surgery Right for You?

To make sure your joint replacement surgery goes well and you are able to recover quickly, it is important to be in your best health before surgery. Palomar Health recommends that patients meet the following health standards before having surgery:

Have you tried other traditional treatment options for at least three months (such as physical therapy) that did not help?

- Yes If no, suggested treatment options: _____

	Ideal Numbers	Your Number	Comments
Body Mass Index (BMI)	20–35		
Hemoglobin (red blood cell level/anemia)	Greater than 12.5		
Hemoglobin A1c (blood sugar level)	Less than 8.0 (less than 7.5 preferred)		
Albumin (blood protein level)	Greater than 3		
Prealbumin (blood protein level)	Greater than 18		

Other Things to Consider Before Surgery:	Yes	No	Comments
Has your primary doctor or specialist (lung doctor, heart doctor, etc.) cleared you for surgery?			
Have you had gastric bypass within the past year?			
Are you a smoker?			
Do you drink alcohol on a daily basis?			
Do you take drugs or medications not prescribed to you?			
Do you need pain medications every day in order to function?			
Has your doctor given you antibiotics for an infection in the past 30 days?			
Do you have loved ones that can help you at home for 7–10 days after surgery?			
Have you had complications with a previous joint replacement?			
Do you have a history of cognitive delays such as forgetfulness and some short-term memory loss?			
Do you struggle with depression or anxiety?			

Disclaimer: Each of these factors greatly increases your risk for potential problems after surgery, but does not always mean surgery is not right for you. Going forward with surgery should be carefully considered with your doctor and family.



Palomar Health Joint Replacement Program

The joint replacement program is made up of the following steps:

1. Visiting the orthopedic surgeon's office to discuss joint replacement surgery.
2. Watching the virtual Pre-Operative Joint Replacement Class.
3. Preparing your home for your safe return.
4. Completing a pre-operative screening over the phone with your pre-admissions nurse.
5. Knowing the necessary equipment needed after your surgery (walker, commode or toilet riser, reacher, long shoe horn, etc.).
6. Making arrangements for caregiver support at home. It may be several days to weeks until you are independent with activities (for example: showering, dressing, meal preparation, etc.).
7. Arriving at the hospital for surgery, with the possibility of further recovery time on the Orthopedic unit or healing in the comfort of your own home. Your Orthopedic Care Team will include your doctor, nurses, therapists, dietitians, pharmacists and case managers.
8. Working with your Orthopedic Care Team to develop a home plan. There are several home options based on your healing progress in the hospital, your available insurance options and your ability to care for yourself at home, including:
 - Home for healing with home care therapy and nursing, as needed.
 - Home for healing, going to outpatient therapy.
 - Skilled nursing facility, if needed, then home with therapy.
9. Completing daily exercises as directed by your surgeon and physical therapist.
10. Going to follow-up visits at your doctor's office.

Put Yourself in the Best Position for Success

Stop smoking now:

- Smoking can make medical problems worse and can make healing take longer. If you smoke, you should stop immediately.
- Quitting takes hard work and a lot of effort, but you CAN quit smoking.



Managing Your Diabetes

Good control of your blood sugar before surgery will help:

- Wound healing after surgery
- To prevent infection

Tell your doctors, nurses and pharmacists:

- The type of diabetes you have
- Names of your medications, how much you take and the times you take them
- Your last A1C value (if you know it)
- The name of the doctor who cares for your diabetes

Questions to ask your doctors, nurses and pharmacists:

- What diabetes medicine(s) should I continue to take the day before and the day of surgery?
- How much of my diabetes medicine(s) should I take the day before and the day of surgery?
- How will my diabetes be taken care of in the hospital?



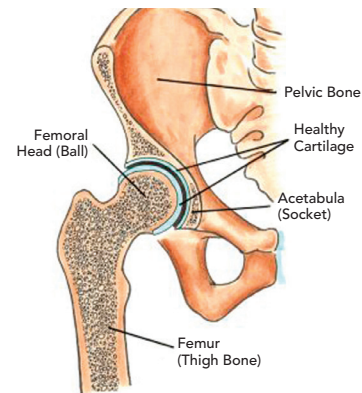
Please contact your surgeon if you have any questions about your medicine(s), your surgery or your upcoming hospital stay.

Understanding Hip Replacement Surgery

The **hip joint**, a ball-and-socket-joint, is one of the body's largest weight-bearing joints. A healthy hip joint lets you walk, squat and turn without pain. A damaged hip joint will likely hurt when you move.

In a healthy hip:

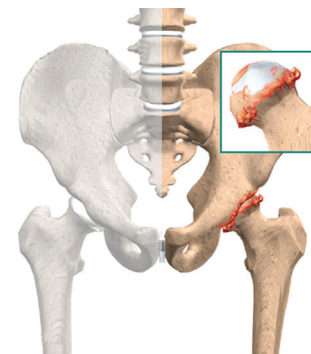
- Cartilage, the smooth covering on the ends of bones, covers the end of the thigh bone.
- The ball part of the joint moves easily in the socket.
- The joint moves smoothly and walking is painless.



In a problem hip:

- The cartilage is worn and no longer covers the end of the thigh bone.
- Rough ends of the bones rub together.
- The ball part of the socket rubs against the socket, causing pain and stiffness.

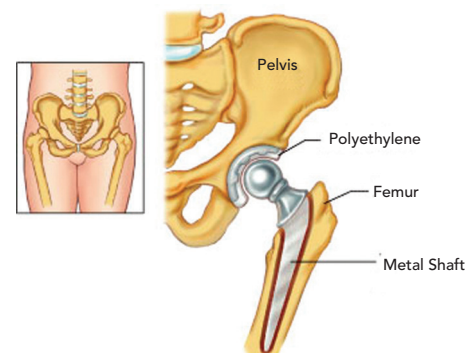
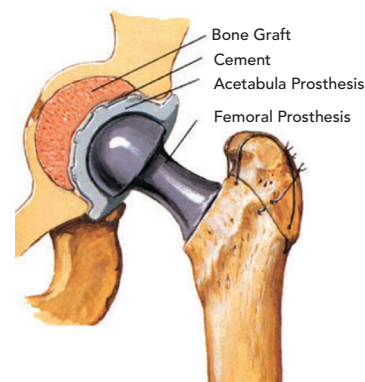
Osteoarthritis



CMMG 2001

Total hip prosthesis (artificial joint):

- An artificial ball replaces the head of the thigh bone (the ball part of the joint).
- An artificial cup replaces the worn socket.
- A metal stem is inserted into the bone for stability.
- The three parts connect to create your new artificial hip.
- All parts have smooth surfaces for comfortable movement.



Hip replacement procedure:

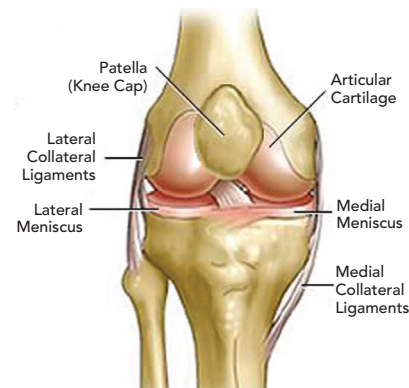
- An opening is made in your skin to give the surgeon access to your hip joint.
- The artificial joint is made up of a stem, a ball and a socket.
- The damaged ball at the top of your thigh bone is removed and the stem is put into your femur (thigh bone).
- The new ball is attached to the stem and fitted into the matching socket.
- The skin opening is closed with staples and/or stitches.

Understanding Knee Replacement Surgery

The **knee** is a hinge-like joint where the thigh bone, shin bone and kneecap meet. The knee joint is supported by muscles and ligaments and is lined with cushioning cartilage. Over time, cartilage can wear away. As it wears, the knee becomes stiff and painful.

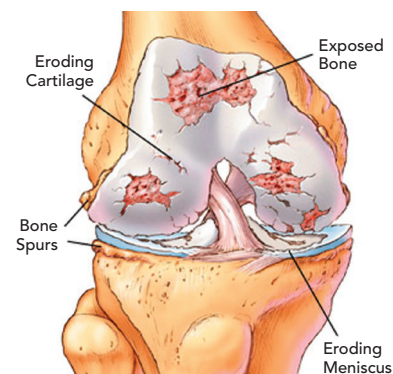
In a healthy knee:

- Cartilage, the smooth covering on the ends of bones, covers the end of the thigh bone, shin bone and underside of the kneecap.
- Cartilage helps the bones move easily over each other.



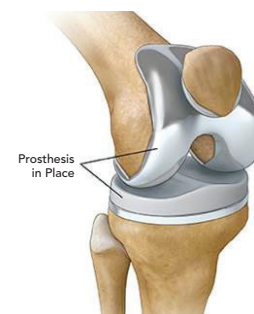
In a problem knee:

- The cartilage is worn and no longer covers the end of the bones.
- The rough ends of the bones rub together.
- The bones grind when you move your leg, causing pain and stiffness.



Total knee prosthesis (artificial joint):

- The rough ends of the thigh bone, shin bone and the underside of the kneecap are replaced with metal and plastic pieces.
- The new smooth surfaces let the bones move easily.



Knee replacement procedure:

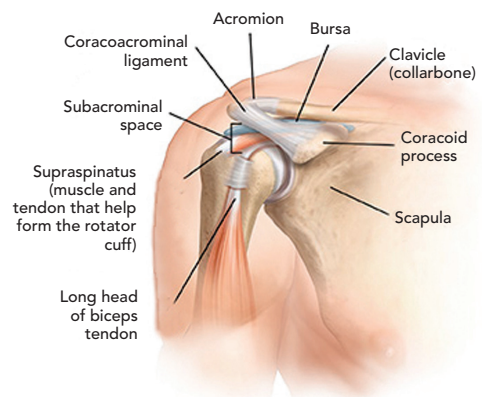
- An opening is made in the skin on the front or side of your knee giving the surgeon access to your knee joint.
- The damaged cartilage and bone at the ends of the bones are removed.
- The bones are reshaped so the new pieces can be put in.
- A plastic plate is attached to the new piece, allowing the bones to move smoothly against each other.
- A plastic piece is cemented to the back of the kneecap to prevent friction between the kneecap and the other parts of the new joint.
- The skin opening is closed with staples and/or stitches.

Understanding Shoulder Replacement Surgery

The shoulder joint is where the ball-shaped part of the upper arm bone (humerus) meets the cup-shaped socket of the shoulder blade (scapula). A group of muscles and tendons hold the joint together. These muscles and tendons are called the rotator cuff. The muscles let you move your arm and shoulder.

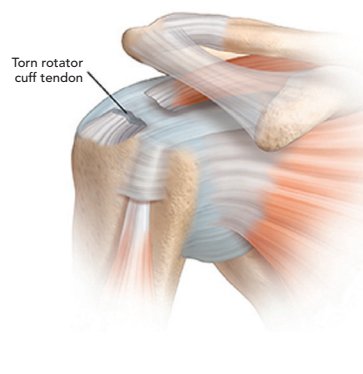
In a healthy shoulder:

- Cartilage, the smooth covering on the ends of bones, covers the end of the humerus bone.
- The ball part of the joint moves easily in the socket.
- Joint movement is smooth and painless.

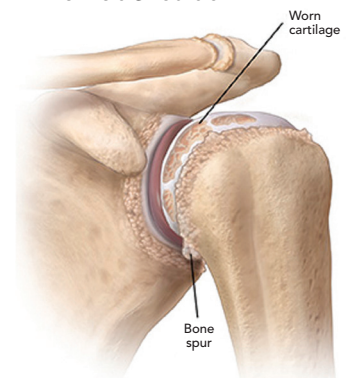


In a problem shoulder:

- The cartilage is worn and no longer covers the end of the humerus bone.
- Rough ends of the bones rub together.
- The ball part of the joint rubs against the socket, causing pain and stiffness.



Arthritic Shoulder



Reference:

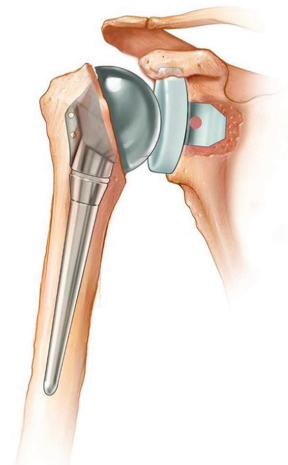
© 2000-2017 The StayWell Company, LLC. 780 Township Line Road, Yardley, PA 19067.

All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.

Shoulder prosthesis (artificial joint):

- An artificial ball replaces the head of the upper arm bone (the ball part of the joint).
- An artificial cup replaces the worn socket.
- A metal stem is inserted into the bone for stability.
- The three parts connect to create your new artificial shoulder.
- All parts have smooth surfaces for comfortable movement.

Total Shoulder Arthroplasty



Total shoulder replacement procedure:

- An opening is made in your skin to give the surgeon access to your shoulder joint.
- The artificial joint is made up of a stem, a ball and a socket.
- The damaged ball at the top of your arm bone is removed and the stem is put into your humerus (the upper arm bone).
- The new ball is attached to the stem and fitted into the matching socket.
- The skin opening is closed with staples and/or stitches.

Understanding a Reverse Total Shoulder Replacement Surgery

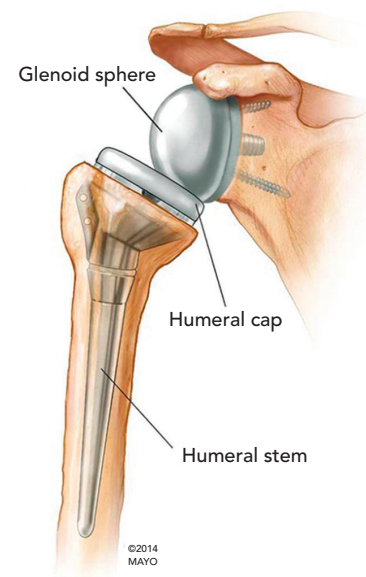
The reverse total shoulder replacement surgery provides stability of the shoulder joint so that the muscle (deltoid) can power the shoulder instead of the torn rotator cuff. In the reverse total shoulder replacement, the socket and metal ball are switched. This means a metal ball is attached to the shoulder blade (scapula) and a plastic socket is attached to the upper arm bone (humerus).

The reverse total shoulder replacement may be indicated for people who have:

- A completely torn rotator cuff with severe arm weakness.
- The effects of severe arthritis.
- Had a previous replacement that failed.
- Severe shoulder pain and are unable to lift arm overhead or out to the side.
- Failed conservative treatments such as rest, medication, cortisone injections and physical therapy that have not relieved shoulder pain.

Reverse total shoulder replacement procedure:

- An opening is made in your skin to give the surgeon access to your shoulder joint.
- The ball of the humerus is replaced with an artificial socket.
- The socket of the scapula is replaced with an artificial ball.
- The skin opening is closed with staples and/or stitches.





Relatives and friends with your blood type can also donate blood in your name.

Understanding Blood Transfusion

If you are scheduled for surgery, you may have concerns about a possible blood transfusion. Our doctors do all they can to prevent blood loss during surgery. However, it may be that you still require a blood transfusion after surgery. While rare, we want you to be aware of the options.

Autologous Blood Transfusion

- Autologous blood is your own blood. For this type of transfusion, you donate your own blood before surgery. Make sure to discuss this option with your surgeon. If it is the right plan for you, it can take extended time to complete the process of donating your own blood.

Allogeneic Blood Transfusion

- If you are not able to donate for yourself, you may get blood donated by a blood bank donor. This is called allogeneic blood donation.
 - Blood bank blood is screened for disease and considered safe.
- Relatives and friends with your blood type can also donate blood in your name.
 - They are called designated (or directed) donors and may take extra time to process.

Note: If it is your choice to not have a blood transfusion, please let your surgeon know.

Getting Ready For Surgery

For all appointments, including your hospital stay, please bring your health plan card, photo ID and know your social security number.

Before surgery you will need:

- To register online or in person for surgery.
- To complete insurance and financial transactions.
- To be cleared for surgery by your surgeon. Your surgeon may want you to:
 - See your primary care doctor or your specialist before surgery for pre-operative clearance.
 - Have some tests done before surgery. In order to keep your surgery on track, please allow sufficient time as additional testing may be necessary. Ask your doctor and insurance company where you can go to get your tests done. Tests may include:
 - Bloodwork
 - An electrocardiogram (EKG) for your heart
 - A chest X-ray
- To complete the following documents:
 - **Conditions of Admissions** – Gives Palomar Health permission to provide you with care and treatment.
 - **Consent for Surgery** – Identifies the exact body part to be operated on and gives a complete description of the type of surgery.
 - **Transfusion Consent** – Gives Palomar Health permission to give you a blood transfusion if your surgeon decides that you need one during surgery.
 - **Health History Questionnaire** – Gives your anesthesiologist important information that will help them in providing the right anesthesia and medications.
 - **Consent for Anesthesia** – Gives the anesthesiologist the ability to give you medications. (They will discuss types of anesthesia that are the best for you.)

Pack Your Bag for the Hospital

Registration items:

To register for your surgery, you will need:

- Your health plan card.
- A picture I.D.
- To know your social security number.
- The name of your primary care doctor.
- You will also be asked to pay applicable copays.

What not to bring to the hospital:

- Large quantities of cash.
- Highly valued items such as precious jewelry or family heirlooms.
- Your actual medications (unless requested to do so by our staff).

What to bring with you at check-in (if applicable):

- Reading glasses with case.
- Dentures with case.
- Hearing aids (plus extra batteries) with case.
- CPAP machine.
- Closed-toe and closed-heel shoes (no slippers or flip-flops).
- Loose-fitting pants, shorts or loose house dress/house coat.
- A front-wheel walker, if you have been given one by your doctor or insurance.

2

Before Surgery



Before Surgery

Pre-Admission Screening

A pre-admission nurse will screen you before your surgery. This will take 30–45 minutes by phone call. Individualized instructions will be provided.

- Do NOT eat or drink after _____ on _____.
(Time) (Date)
- Complete the medication list found at the end of this book. Various members of your healthcare team will inquire about the medications you take. This redundancy is intended for your safety.

Note:

- DO NOT shave or clip hair on operative site for 5 days prior to surgery.
- Plan rest periods before surgery to help your body be rested for surgery.
- Call your surgeon if you become ill or have an infection or skin problem prior to your surgery.

Medications to Avoid Prior to Surgery

Some medications, vitamins and herbal supplements below (and potentially many others) may have an effect on your blood's ability to clot during surgery. Your surgeon must be aware of all the medications, vitamins and herbal supplements you are taking. **It is important not to make any adjustments to your medications without the direction from your healthcare provider.**

Non-steroidal anti-inflammatory drugs (NSAID's) (stop 7 days prior to surgery)

- ↪ Celebrex
- ↪ Daypro
- ↪ Diclofenac
- ↪ Etodolac
- ↪ Fenoprofen
- ↪ Flurbiprofen
- ↪ Ibuprofen (Advil, Motrin, Nuprin)
- ↪ Indomethacin
- ↪ Ketoprofen
- ↪ Magnesium salicylate
- ↪ Meclomen
- ↪ Mefenamic acid
- ↪ Meloxicam (Mobic)
- ↪ Naproxen (Naprosyn, Aleve)
- ↪ Salsalate
- ↪ Sodium salicylate
- ↪ Suldinac

Vitamins and herbal supplements (stop 7 days prior to surgery)

- ↪ Bilberry
- ↪ Chamomile
- ↪ Echinacea
- ↪ Ephedra
- ↪ Feverfew
- ↪ Fish oil
- ↪ Flaxseed
- ↪ Garlic
- ↪ Ginkgo biloba
- ↪ Ginger
- ↪ Ginseng
- ↪ Green tea
- ↪ Kava Kava
- ↪ Selenium
- ↪ St. John's wort
- ↪ Valerian
- ↪ Vitamin E
- ↪ Vitamin C (large doses)

Blood thinners

Consult with your healthcare provider on when to **stop and resume these medications.**

Stop (date) _____ Resume (date) _____

- ↪ Aspirin
- ↪ Clopidogrel
- ↪ Coumadin
- ↪ Eliquis
- ↪ Plavix
- ↪ Pradaxa
- ↪ Warfarin sodium
- ↪ Xarelto
- ↪ Ximlagatran

Additional medications to avoid:

- ↪ **Diet medications (prescribed, OTC, herbal)** should be discontinued at least 1 full week or more prior to surgery.
- ↪ **Diuretics** such as Furosemide, Lasix and hydrochlorothiazide (HCTZ) should not be taken the morning of surgery.
- ↪ **Endocrine** – Oral diabetic medications should not be taken the morning of surgery.
 - Rapid-acting insulin such as Novolog or Apidra should not be taken the morning of surgery.
 - Short-acting insulin such as Kwikpen, Humalog, HumulinR and/or NovolinR should not be taken the morning of surgery.
 - For intermediate/long-acting insulin such as HumulinN, NovolinN, Lantus, Levemir or mixed insulins (examples: 70/30, 70/25 or 50/50), you should take half of your morning dose.

Continue to use these medications (unless otherwise instructed):

- ↪ **Autoimmune medications** such as Enbrel, Humira, Methotrexate and Remicade, unless you have been instructed otherwise by your healthcare provider.
- ↪ **Monoamine Oxidase Inhibitors (MAOI)** are medications that treat depression and panic disorders. Continue MAOIs unless instructed otherwise by your healthcare provider.

If you have been prescribed oral or injectable medications either for diabetes or for weight loss, or a combination drug that includes one of these medications, please consult with your provider.

The GLP-1 medications that are weekly injectables should be held a week before surgery.

Examples include, but are not limited to:

- ↪ Semaglutide (Ozempic, Wygovy)
- ↪ Dulaglutide (Trulicity)
- ↪ Exenatide XR (Bydureon)
- ↪ Tirzepatide (Mounjaro and Zepbound)

The GLP-1 injectables that are daily should be held the day of surgery.

Examples include, but are not limited to:

- ↪ Liraglutide (Victoza, Saxenda)
- ↪ Exenatide (Byetta) 2 times per day

The GLP-1 medications that are daily oral medications taken by mouth should be held the day of surgery.

Examples include, but are not limited to:

- ↪ Rybelsus oral daily pill

The SGLT-2 inhibitors that are daily oral medications taken by mouth should be held 4 days prior to surgery.

Examples include, but are not limited to:

- ↪ Bexagliflozin (Brenzavvy)
- ↪ Canagliflozin (Invokana)
- ↪ Dapagliflozin (Farxiga)
- ↪ Empagliflozin (Jardiance)
- ↪ Ertugliflozin (Steglatro)

The DPP-4 inhibitors that are daily oral medications taken by mouth do NOT need to be held before surgery.

Examples include, but are not limited to:

- ↪ Alogliptin (Nesina)
- ↪ Saxagliptin (Onglyza)
- ↪ Linagliptin (Tradjenta)
- ↪ Sitagliptin (Januvia)



Preparing Your Home Before Surgery

Prepare your home with the following safety tips:

- 1 Put away loose throw rugs.
 - Move furniture so that you have enough space to move around easily with a walker or cane.
 - Put away or tape down electrical cords.
- 2 Set up pet care.
- 3 Ensure adequate lighting to maximize safety.
 - Plan for a cordless phone or cell phone to be near you at all times.
- 4 Have option(s) for non-moving chairs (NO rocking, rolling or swivel chairs).
 - Use solid chairs with arm rests.
 - Ensure your toilet seat is secure.
 - Consider borrowing or purchasing a 3-in-1 commode if your toilet is low.
- 5 Identify narrowest hallways or areas to ensure walker will easily pass through.
 - My most narrow walkway is _____ inches.

- 6 Identify the number of stairs required to travel through to complete activities of daily living.
- The number of stairs to get around my living space, including the entrance to my home, is _____.
 - Describe your outdoor terrain: _____
-
- Identify the height of your bed.
- My bed height is _____ inches.
- Use non-skid socks or footwear that has a closed heel.
- Consider shoes that fit snugly without laces (tying your shoes may be difficult for a while after surgery).
- Plan activities so you can take your time. DO NOT rush.

You will want to make arrangements for caregiver support at home. It may be several days to several weeks until you are independent with activities. You will need to have someone available to assist with:

- Showering
- Meal preparation
- Dressing
- Driving to appointments



Durable Medical Equipment

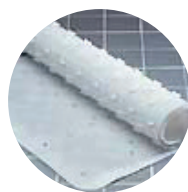
You and your Orthopedic Care Team will determine what medical equipment you may need at home. The following are suggested pieces of equipment that may be useful during your healing. Please note, insurance policies vary, so you may want to check with your insurance company to determine your equipment coverage. **If you already have a front-wheel walker, please label it with your name and have a family member or friend bring it to your room after surgery.** The physical therapist will ensure it is properly fitted for your height. If you do not already have a walker, the therapist will make equipment suggestions to your doctor. Your case manager will arrange for your needed equipment before you leave the hospital.

Proper sizing and use of a front-wheel walker (FWW) can greatly increase your safety when mobilizing out of bed.

- Standard FWWs are built for individuals between 5'3" and 6'2"
- Junior/youth FWWs are best suited for individuals shorter than 5'3"
- Extra tall FWWs are best for patients taller than 6'2"
- Bariatric FWWs are wider than the standard FWWs and have a capacity between 400-700 lbs, depending on the manufacturer



Shower chair and shower extension hose



Non-skid mat/strips



Bath brush, long-handle reacher, long-handle shoe horn and sock aide



Commode



Walker and walker bag

Planning for Safety After Shoulder Surgery

To reduce the risk of harm to your new shoulder, it is recommended that you practice activities within an imaginary box (see picture to the right). You will be able to perform light activities using both hands within this box such as eating, knitting, reading a book and using small electronic devices. Before surgery, practice using only your non-operative arm for dressing, household tasks and hygiene. Write down your thoughts and concerns to discuss with your surgeon and therapists. They can give you tips on how to complete these tasks safely.



Surgical Site Infection Prevention Begins With You

Our hospital team does all we can to reduce the patient's risk of infection. We sterilize equipment, utilize clean linens/supplies and we wash our hands frequently. It is important for you to be a proactive member of your Orthopedic Care Team by preparing your skin for surgery with pre-operative showers using chlorhexidine wash. This will reduce the normal bacteria on your skin and can reduce your risk of infection. Your surgeon's office staff may provide you with one bottle (4 ounces) of 4% CHG soap. This soap is also available for purchase at most local drug stores.

Please take three showers using a 4% chlorhexidine wash (CHG) prior to your surgery.

- One shower two nights before (_____).
(date)
- One shower the night before (_____).
(date)
- One shower the morning of your surgery (_____).
(date)



Steps to follow:

1. Test the CHG soap on your wrist 1 hour prior to showering. **If you have any sensitivity, do not use the product.** Liquid Dial™ can then be used as a substitute.
2. Wash your hair as usual with your normal shampoo and wash your body with regular soap. **Do not shave operative area.**
 - Rinse your hair and body very well to remove any shampoo or soap that may be on your skin.
3. Wet a clean, soft washcloth and turn off the shower.
4. Put the CHG soap on the clean, wet washcloth.
5. Apply the CHG soap externally to your whole body from the neck down only.
 - Do not put CHG on your face, eyes, head, ears or genital area.
 - CHG does not lather well.
6. Wash your body gently with the washcloth from your chest down to your feet for 5 minutes. Do not scrub. **Do not wash with regular soap after using CHG.**
7. Turn the shower back on and rinse well to remove all soap from your body.
8. Pat yourself dry with a **clean towel** after each shower.
9. **Do not use any lotion, moisturizer, makeup or other products on your skin.**
 - Do NOT use deodorant on the day of your surgery.
10. Put on clean clothes.
11. Change bed linens each day while using CHG.

Day of Surgery: Pre-Operative Area

You will:

- ↪ Have a “patient identification band” placed on your wrist. This band will be used to identify you throughout your stay. As a safety precaution, you will be asked about your allergies frequently throughout your stay. If you have allergies, a red identification band will be placed on your wrist.
- ↪ Be given a hospital gown.
- ↪ Be asked to wipe down your skin with CHG wipes.
- ↪ Have your belongings itemized and logged into our computer system.*
 - Initially, this should just be the clothes you wore to the hospital and any glasses, hearing aids, CPAP or dentures you may have. Additional necessary items may be brought directly to your room after surgery.
 - Be sure to notify the staff of additional items so they can also be inventoried.

**Please note that Palomar Health is not responsible for any lost items.*
- ↪ Be asked to remove dentures, contact lenses and glasses before going into the operating room.
- ↪ Be asked questions to double check important information for your surgery.
- ↪ Have an IV (intravenous fluid line) inserted to give you medications and fluids.
- ↪ Have your vital signs checked: temperature, pulse, blood pressure, level of oxygenation and respirations.
- ↪ Have the hair on your surgical site clipped and cleaned.
- ↪ Be given antibiotics before your operation.
- ↪ Meet with your anesthesiologist and your surgeon.
- ↪ Be able to ask any last minute questions.
- ↪ Be given medication to relax you.
- ↪ If ordered by your surgeon, be started on our pain protocol.



Pre-Surgery/ Procedure Patient Checklist

Steps to follow:

- Repeat your pre-operative shower in the morning.
- Do not eat or drink anything before surgery unless otherwise instructed.
- Wear clean, comfortable, loose-fitting clothing.
- Do not wear jewelry, including body piercings.
- Bring insurance cards, photo ID and know your social security number.
- Bring medication list.
- Do not wear contacts (glasses ok).



3

Hospital
Stay



Hospital Stay

Surgery

- You will be moved to the operating room on a bed or in a wheelchair. If you have a loved one with you, they will be told where to wait. Your surgeon will speak with them at the end of your surgery. If your loved one cannot stay, they will be asked to provide contact information so the surgeon can contact them after surgery.
- The operating room staff will greet you and go over any final surgical plans. Do not be worried about the number of repeated checks that take place. These are safeguards to make sure everything is correct while you are in the operating room. Your safety is our highest priority.
- In the operating room, your anesthesiologist will talk you through each step of the anesthesia process. They will then give you either a spinal or a general anesthetic, as discussed during your anesthesia interview. They will monitor your status throughout the operation.



The operating room staff will greet you and go over any final surgical plans. Do not be worried about the number of repeated checks that take place.

Surgical Recovery Room

Immediately after surgery, you will be taken to the Post Anesthesia Care Unit (PACU)

- Nursing staff will monitor you closely in the PACU while you recover from anesthesia and slowly wake up.
- There will be a mask over your nose and mouth, providing oxygen until you are able to take deep breaths on your own.
- Your nurse will continuously check your heart and lung functions. You will have a blood pressure cuff on your arm, EKG patches on your chest and a small oxygen monitor on your finger.
- Your bladder may be emptied through a tube called a urinary catheter. This catheter will drain your urine into a collection bag until you are able to urinate on your own.
- A drain may be placed at the surgical site. This drain will gently remove blood or excess fluid from your surgery site so that blood does not pool and potentially slow the healing process.
- You will continue to get fluids through your IV.
- You may feel a gentle squeezing on your legs due to a pumping device (called PAS or pulsatile anti-embolism stockings) used to keep blood flowing through your body. This helps to prevent blood clots.
- If you had **hip replacement surgery**, you may have a wedge-shaped cushion, or *abduction pillow*, between your legs to keep your hips in the optimal position.
 - Keep gel packs in the freezer. Apply a pack for 20–30 minutes per day, 3–5 times per day. If the gel pack begins to thaw, swap it with a pack from the freezer. Always have a cloth barrier between the gel pack and your skin.



Abduction Pillow



Gel Pack

Cold therapy can lessen swelling after surgery and help ease the pain.



- If you had **knee replacement surgery**, you may have a CPM (continuous passive motion) machine under your operated leg to gently bend and straighten your knee.
 - Using this machine after surgery may decrease stiffness and increase movement.
 - When utilized, the machine will be used on your new knee for at least 8 hours during a 24-hour period.
 - This will be delivered to your home if your doctor feels it is needed.
- Your knee may feel cold due to a cooling device that may have been placed on your leg to reduce swelling. Cold therapy can lessen swelling after surgery and help ease the pain. The cold therapy machine on your knee is owned by you and goes home with you.
 - To reduce the risk of injury, the cold therapy machine **MUST** be used with a towel or pillow case between the cold pad and your skin.



- If you had a **shoulder or reverse total shoulder replacement surgery**, you will wake up after surgery with your operated arm in a sling. The straps on the sling can be adjusted for your comfort. Please ask the nursing, physical therapy or occupational therapy staff to adjust these straps. **Do not try to do this on your own until instructed by staff.** Your elbow should be fully supported by the sling and you should not “shrug” your shoulder or “hold” your shoulder in place; relax the arm to let the sling work. Wear your sling at all times with the exception of bathing, dressing and doing exercises for the next 4 weeks (unless otherwise instructed by your surgeon/physical therapist). Be sure to wear your sling even when you sleep. When laying on your back, place a rolled towel under your elbow to ensure your arm is supported and properly positioned.
 - Keep gel packs in the freezer. Apply a pack for 20–30 minutes per day, 3–5 times per day. If the gel pack begins to thaw, swap it with a pack from the freezer. Always have a cloth barrier between the gel pack and your skin.
- After several hours, you may be moved from the PACU to your hospital room, where loved ones can visit you. Many patients are discharged on the same day. You will discuss this with your doctor.



Wearing a Sling



If someone is fitting the sling for you, support your operated arm with your elbow at right angles using your unoperated arm. Slide the sling in from behind so that your elbow fits snugly into it.



If you are fitting the sling without assistance, ensure that you are seated with your elbow bent to 90 degrees (a right angle – see picture above). You will find it more comfortable if your arm is supported on a pillow.



Attach the wrist strap approximately 1 inch from your wrist (towards your elbow). The lower 'D' ring should rest against your body and the higher 'D' ring should face upwards.

Take the shoulder strap over the opposite shoulder and feed it through the upper 'D' ring.



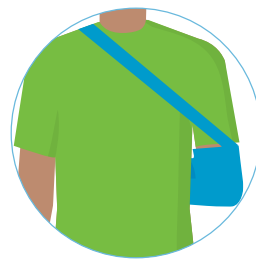
Attach the strap back onto itself so that your elbow is held at a right angle (90-degrees flexion – see picture).

Once in place, this is how your sling should look:

Without A Body Belt



Front View



Back View



Right Side View

With A Body Belt



Left Side View



Back View



Right Side View

Note:

These are guidelines only. If you have any concerns or additional queries, please contact your physical therapist.

Website:

shoulderdoc.co.uk/article/68



Post-Surgical Care: Same-Day Discharge

- ↻ Be sure to change positions every 2 hours when resting at home. This is to make sure you do not have any skin breakdown from being in the same position too long.
- ↻ You can still change positions after a hip surgery, even if you have a pillow wedge between your legs. Follow your physical therapist's instructions.
- ↻ It is very important to flex your ankles up and down to keep the flow of blood through your body. This will reduce your risk for blood clots.
- ↻ To help keep your lungs clear, do deep breathing exercises throughout the day. This will strengthen your breathing muscles and help stop future problems such as pneumonia.
- ↻ You are allowed to eat and drink after your surgery depending on how you are feeling. Patients who are feeling sick will not usually eat or drink until the feelings are under control or gone. The feeling of being sick to one's stomach after surgery is usually related to the anesthesia, a drug that puts you to sleep and pain medications you received.
- ↻ You will be taught exercises to do at home and learn ways to help you move safely.
- ↻ Continue to observe the safety measures after your hip, knee or shoulder surgery (refer to the listing of hip, knee or shoulder safety measures in this guide).

Post-Surgical Care

- ↪ Your primary nurse will monitor you closely for the first few hours.
- ↪ Your nurse or certified nursing assistant (CNA) will take your vitals often. This includes asking you about the pain at your surgical site.
- ↪ Your nurse and CNA will help you change positions every 2 hours. This is to make sure you do not have any skin breakdown from being in the same position too long.
- ↪ You can still change positions after a hip surgery, even if you have a pillow wedge between your legs. Your nurse and CNA will help you move positions by changing the pressure points beneath you with a few well-placed pillows.
- ↪ Soon after your surgery, a nurse or respiratory therapist will teach you breathing exercises using an incentive spirometer (IS). This will help keep your lungs clear, make your breathing muscles stronger and help stop future problems such as pneumonia, a lung infection.
- ↪ Your continuous IV fluids will be stopped as soon as you are able to take fluids and medication by mouth without feeling sick.
- ↪ You will have physical and occupational therapy to help you get better. You will be taught exercises to do at home and learn ways to help you move safely.
- ↪ Continue to observe the safety measures after your hip, knee or shoulder surgery (refer to the listing of hip, knee or shoulder safety measures in this guide).



Incentive Spirometer for Breathing Exercises

Measuring Your Pain

A pain scale helps you measure the amount of pain you're in. On the scale, 0 means no pain and 10 is the worst pain possible. While in the hospital, you will be asked what your acceptable level of pain is.

Our goal is to keep you at or below YOUR acceptable level of pain.

My acceptable level of pain is: _____.

You may feel some pain even with medications. Tell your nurse or doctor if medications do not lower the pain. Be sure to tell them if the pain gets worse or changes.



Pain Control

There are many different types of pain control to help take care of your pain and keep you comfortable. Your doctor will choose the right method for you based upon your medical history, how much pain you are having and how fast you are healing. Your surgeon may utilize our pain protocol which includes long- and short-acting pain medications, non-steroidal anti-inflammatories and acetaminophen. For the best control, some medications will begin before your surgery.

The goal is to stop the pain before it becomes a problem. The key is to stay ahead of the pain and ask for pain medicine as needed. If your pain becomes too severe, it will be harder to get it back under control.



The goal is to stop the pain before it becomes a problem.

Medications are not the only way to deal with pain after surgery. Try the following ideas:

- ↪ Ice or heat.
 - Hot/cold therapy should only be used if instructed by your doctor.
- ↪ Visualization helps take your mind off the pain.
 - Close your eyes and breathe deeply.
 - Picture yourself in a quiet, peaceful place. Imagine how you feel in that place.
 - If other thoughts enter your mind, take a deep breath and try again.
- ↪ Progressive body relaxation helps relieve stress and pain.
 - Close your eyes. Tighten your foot muscles.
 - Hold for a few seconds then release.
 - Do it again with the muscles in your calves, then your thighs and work slowly up your body.
- ↪ Deep breathing relaxes your whole body.
 - Inhale slowly and deeply as you count to 5 and exhale slowly through your mouth.



Let your nurse know right away if you are having any of these side effects from medication:

- ↪ Nausea, vomiting, diarrhea, lasting constipation or stomach cramps
- ↪ Headaches
- ↪ Breathing problems or a fast heart rate
- ↪ Feeling very tired, sluggish or dizzy
- ↪ Itching or skin rash



The physical therapist will teach you how to get in and out of bed.

Post-Surgical Care: Physical Therapy

- After your surgery, you will have a physical therapy (PT) evaluation.
- The physical therapist will look over your current abilities including joint motion, strength and balance.
- The physical therapist will ask you questions about your home setup and your mobility before surgery.
- The physical therapist will teach you how to get in and out of bed or a chair and walk and climb stairs more easily.
- You should feel better each day. It is important for you to focus on working towards doing these activities by yourself.
- Remember that you make the difference in the speed and success of your healing. **Your participation in your therapy program is vital to your success.**
- There will be some pain as you do more activities. Try to take your pain medication(s) 30-45 minutes before your physical therapy session if your pain is greater than your acceptable level.
- Exercise and movement are important parts of your healing.
- During your hospital stay, you will have daily physical therapy sessions.
- For your safety, the physical therapist may suggest help for you while you walk, such as a walker or a cane.
- Family or friend(s) who will be helping you at home during your healing are encouraged to participate in therapy sessions. Please inform your therapist so your therapy sessions can be scheduled accordingly.

General Guidelines for Moving From a Chair or Commode After Hip or Knee Surgery

To stand:

- Place walker in front of you.
- Put one hand on the walker and one hand on the surface you're getting up from.
- Slowly rise, pushing up from the stable surface (chair).



To sit:

- Back up so your legs touch the surface on which you are going to sit.
- Slide operated leg forward.
- Reach back with one hand for the surface you will sit on while keeping one hand on the walker.
- Sit slowly.



Hip Replacement Therapy Guidelines

Physical therapy goals for going home from hospital:

- Move from lying down to sitting on the edge of the bed
- Move from bed to standing with a walker
- Walk 100 feet or more with a walker
- Walk to/from bathroom and transfer to the toilet
- Climb stairs or get up/down curbs
- Eat all your meals sitting in a chair
- Perform initial home exercise program
- Remember to use “hip safety measures”

Safety measures after hip replacement surgery

Safety measures are necessary to prevent you from placing too much pressure on the incision or your new joint, which can end up dislocating your hip. The hip safety measures you need to follow depend on the type of surgical approach the doctor used during your surgery.

- It is important that you know which surgical approach was used, so you follow the correct safety measures. Your surgeon, nurse and therapist can let you know what type of surgical approach you had.

- **The approach used for your surgery was:**

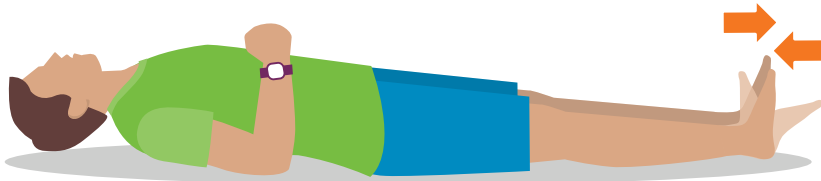
- With any of the surgical approaches, your doctor may prescribe a hip abduction wedge to be placed between your legs when in bed or in a chair to help you follow your hip safety measures.



Hip Replacement Physical Therapy Exercises

NOTE: Each person heals at a different speed. For your safety, only do the exercises that are shown to you by your therapist. **DO NOT** try an exercise that has not been shown to you.

Ankle Pump Exercise



Bend your foot up and down at your ankle joint as shown. Hold for 1 second.

Repeat 10 times.
Do hourly while you are awake.

Quad Set Exercise



Tighten your top thigh muscle as you attempt to press the back of your knee downward towards the bed. Hold for 5 seconds.

Repeat 10 times.
Do hourly while you are awake.

Glute Set – Supine Exercise



While lying on your back, squeeze your buttocks and hold. Hold for 5 seconds.

Repeat 10 times.
Do 3 sessions per day.

Reference: © 2010-2017 HEP2go Inc.

Short Arc Quad Exercise



Place a rolled up towel or object under the knee of your operated leg and slowly straighten your knee as you raise up your foot. Hold for 5 seconds.

Repeat 10 times.
Do 3 sessions per day.



Heel Slides – Supine Exercise



Lying on your back with knees straight, slide the heel of the operated leg towards your buttock as you bend your knee.

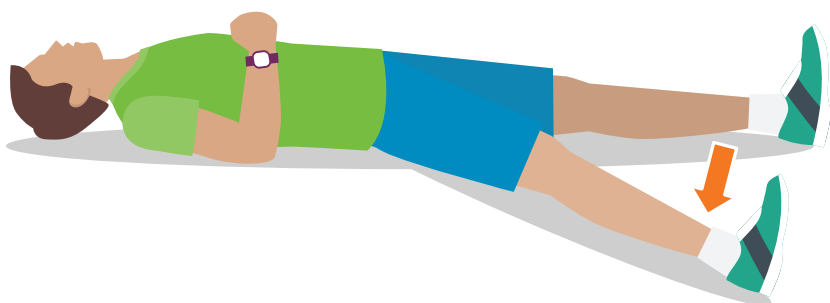
Hold a gentle stretch in this position and then return to original position.

*For Posterior Lateral Approach, do not bend hip greater than 90 degrees. Hold for 1 second.



Repeat 10 times.
Do 3 sessions per day.

Supine Hip Abduction Exercise



While lying on your back, slowly bring your operated leg out to the side. Keep your knee straight the entire time. Bring leg back to midline.

*For Anterior or Anterior Lateral Approach, avoid this motion until approved by your physical therapist. Hold for 1 second.

Repeat 10 times.
Do 3 sessions per day.

Knee Replacement Therapy Guidelines

- **NO rolled towels or pillows under the operated knee!**
- Keep the lower half of your hospital bed flat at all times.

Physical therapy goals for going home from hospital:

- Move from lying down to sitting on the edge of the bed
- Move from bed to standing with an assistive device as needed
- Walk 100 feet or more with an assistive device as needed
- Walk to/from bathroom and transfer to the toilet
- Bend your knee 90 degrees or more
- Climb stairs or get up/down curbs
- Eat all your meals sitting in a chair
- Perform initial home exercise program

Knee Replacement Physical Therapy Exercises

NOTE: Each person heals at a different speed. For your safety, only do the exercises that are shown to you by your therapist. **DO NOT** try an exercise that has not been shown to you.

Ankle Pump Exercise



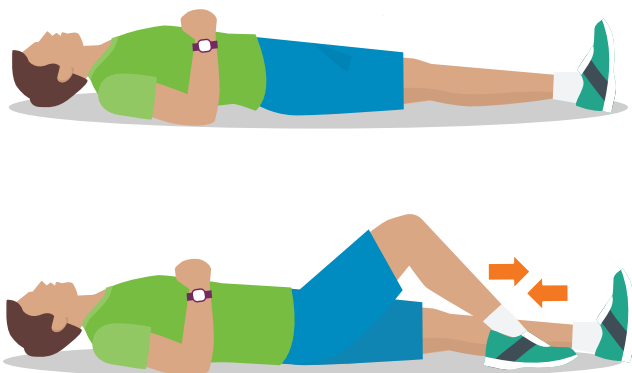
Bend your foot up and down at your ankle joint as shown. Hold for 1 second. Repeat 10 times. Do hourly while you are awake.

Quad Set Exercise



Tighten your top thigh muscle as you attempt to press the back of your knee downward towards the bed. Hold for 5 seconds. Repeat 10 times. Do hourly while you are awake.

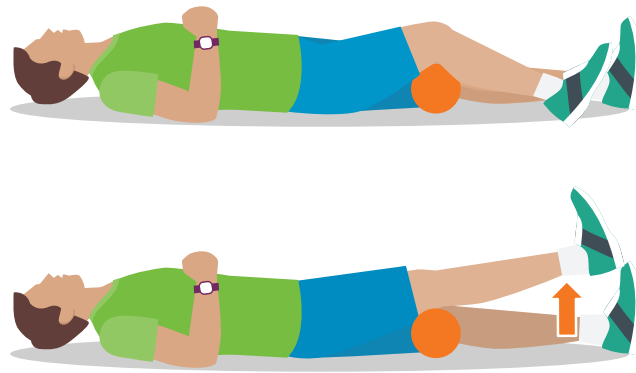
Heel Slides – Supine Exercise



Lying on your back with knees straight, slide the heel of the operated leg towards your buttock as you bend your knee. Hold a gentle stretch for 5 seconds in this position and then return to original position.

Repeat 10 times.
Do 3 sessions per day.

Short Arc Quad Exercise



Place a rolled up towel or object under the knee of your operated leg and slowly straighten your knee as you raise up your foot. Hold for 5 seconds.

Repeat 10 times.
Do 3 sessions per day.

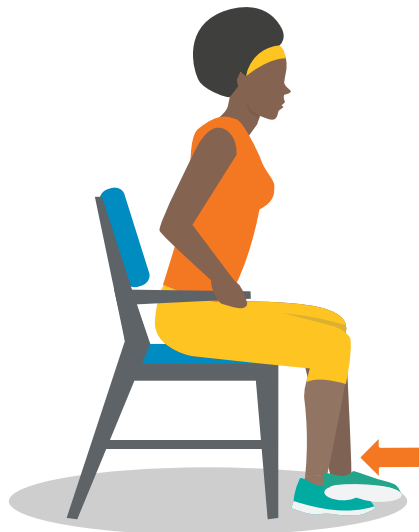
Straight Leg Raise Exercise



While lying, raise up your operated leg with a straight knee. Keep the opposite knee bent with the foot planted to the ground. Hold leg as straight as you can during the lift and lowering portion of the exercise. Hold for 1 second.

Repeat 10 times.
Do 3 sessions per day.

Knee Flexion Stretch – Self-Assisted Exercise



While seated in a chair, use your unaffected leg to bend your operated knee until a stretch is felt. Hold for 5 seconds.

Repeat 10 times.
Do 3 sessions per day.

Shoulder Replacement Therapy Guidelines

Physical therapy goals for going home from hospital:

- Move from lying down to sitting on the edge of the bed
- Move from bed to standing with an assistive device as needed
- Walk 100 feet or greater with an assistive device as needed
- Walk to/from bathroom and transfer to the toilet
- Take off and put on sling
- Perform initial home exercise program
- Eat all your meals sitting in a chair

Safety measures after total shoulder replacement surgery

Safety measures are necessary to prevent you from placing too much pressure on the incision or your new joint which could lead to a dislocation of the joint. It is important for you to know what type of shoulder replacement you had, either a Total Shoulder or a Reverse Total Shoulder Replacement.

My surgery was a:

- Total Shoulder
- Reverse Total Shoulder Replacement

Shoulder Precautions After Surgery

It is important to avoid excessive movement of the shoulder after surgery to maintain the integrity of the joint and allow for necessary healing of the muscles. Typically, dislocation occurs with actions such as tucking in the shirt or performing bathroom/personal hygiene.

DO NOT perform the following:

Avoid Lifting Greater Than 2-3 lbs



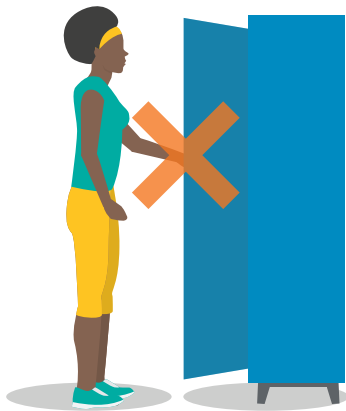
Avoid using surgical arm to carry things such as grocery bags or purses.

Avoid Active Unsupported Range of Motion



Avoid using surgical arm to brush hair.

Avoid Resisted Internal and External Rotation



Avoid using surgical arm to open or close cabinets/doors.

Avoid Placing Your Hand Behind the Back



Do not use surgical arm to tuck in your shirt or perform hygiene/toileting.

Avoid Pushing



Avoid using surgical arm to push up out of chair or bed.

Avoid External Rotation Beyond Neutral



Avoid using computer mouse with surgical arm.

Shoulder and Reverse Shoulder Replacement Physical Therapy Exercises

NOTE: Each person heals at a different speed. For your safety, only do the exercises that are shown to you by your therapist. **DO NOT** try an exercise that has not been shown to you.

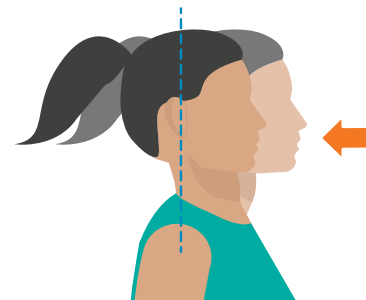
Cervical Extension and Flexion



Tilt your head upwards, then return back to looking straight ahead. Tilt your head down to look at the floor, then return to looking straight ahead.
Hold for 1 second.

Repeat 10 times.
Do 3 sessions per day.

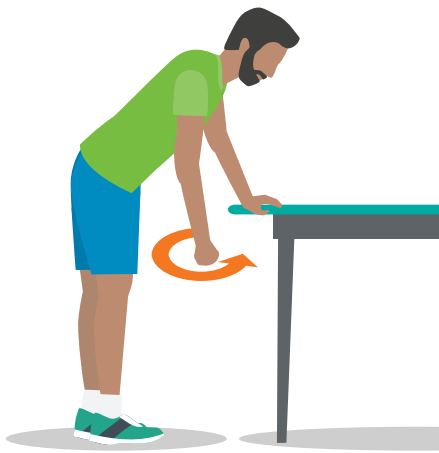
Retraction/Chin Tuck



Slowly draw your head back so that your ears line up with your shoulders.
Hold for 1 second.

Repeat 10 times.
Do 3 sessions per day.

Pendulum Shoulder Circles

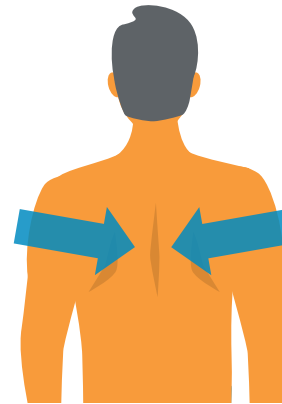


Shift your bodyweight in circles to allow your operated arm to swing in circles freely. Your operated arm should be fully relaxed. Complete for 30 seconds.

Repeat 1 time.
Do 3 sessions per day.

Reference: © 2010-2017 HEP2go Inc.

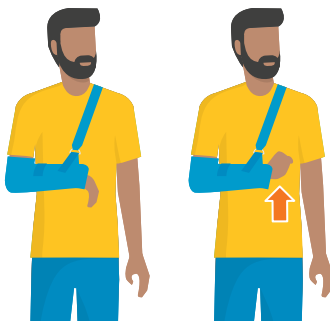
Scapular Retractions



Draw your shoulder blades back and down. Hold for 1 second.

Repeat 10 times.
Do 3 sessions per day.

Sling – Wrist Flexion Extension



Bend your wrist up and down as shown while your arm is in the sling. Hold for 1 second.

Repeat 10 times.
Do 3 sessions per day.

Reference: © 2010-2017 HEP2go Inc.

Sling – Ball Squeeze



Grip a small ball or rolled up towel and squeeze it with your hand. Hold for 1 second.

Repeat 10 times.
Do 3 sessions per day.

Post-Surgical Care: Occupational Therapy

After your surgery, you may have an occupational therapist (OT) evaluate you. The occupational therapist will go over your upper body strength, range of motion and your ability to complete your activities of daily living (ADLs).

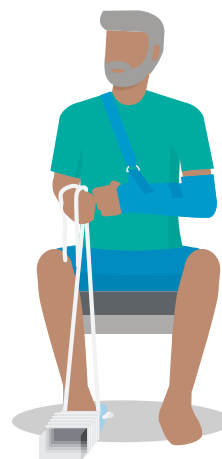
- They will teach you to complete ADLs such as dressing, bathing, toileting, grooming and hygiene, while maintaining any activity limitations you have.
- They will develop a program for you and may suggest special equipment, such as a reacher or a sock aide, to help you progress toward independence.
 - Please bring a pair of shorts or loose pants and closed-heel shoes to practice lower body dressing.
- They will ask you questions about your home and bathroom setup.
 - Shower training may be performed and a shower chair may be recommended if you are unsteady on your feet.

Lower Body Dressing After Hip or Knee Surgery

Socks



1. Applying socks may be easier with sock aide as one arm will be immobilized in a sling.
2. Position sock aide against the body for support and pull on sock with one hand.
3. Use cords in one hand to lower the sock aide to floor in front of your foot.



4. Place foot into sock aide.
5. Pull on cords until sock slips onto your foot and sock aide is free.
6. Repeat for other side.

Pants



1. A dressing stick or reacher may assist you to allow greater reach without placing pressure on the arm in the sling.
2. Hook or pinch waistband of pants.



3. Lower pants to foot placing foot inside pant leg. Pull pant leg completely over one foot then repeat with other side.
4. Stand with good stability and pull pants up over hips.

Upper Body Dressing After Shoulder Surgery

Shirts

- ↻ If your doctor does not want you to remove the sling, use a button-down shirt with the nonsurgical arm through the sleeve first and then drape the other sleeve over the surgical side.
- ↻ If your doctor allows your surgical arm to hang down from the sling, dress the surgical side first.

Use a button-down shirt that is a size or two larger.

- ↻ Dress the surgical side first by letting the arm hang down and bring the sleeve up past elbow.
- ↻ Once the sleeve is up all the way, continue placing the other arm in the shirt and complete the buttons.



A pullover shirt will need the neck opening as large as possible and should be a size or two larger.

- ↻ Place the surgical arm in the sleeve first, pulling it up past the elbow.
- ↻ Once the sleeve is up all the way, place the other arm into the sleeve and put the shirt over your head.
- ↻ Remember to place the sling back on after dressing.

Additional Care Suggestions After Shoulder Surgery



Keep arms in front of you when sitting.



Use your nonsurgical arm to get out of your chair.



Rest surgical arm on rolled pillow when lying down.

4

Going Home



Going Home

Your Orthopedic Care Team will make a plan for outpatient or home health physical therapy and occupational therapy as appropriate for your continued care. Patients needing more nursing and rehabilitation will be sent to a healthcare facility that will provide those services.

Goals for going home:

- ↪ You are able to eat your normal diet.
- ↪ Your stomach is active and bowel movements are returning to normal.
- ↪ You are able to use the toilet and bathe on your own.
- ↪ Your surgical wound is clean and dry.
- ↪ You understand your wound care instructions and can take care of your wound.
- ↪ You show safe movement when moving from the bed to the chair, standing, walking, climbing stairs (if needed) without help and performing home exercises and activities of daily living by yourself.
- ↪ You understand your medication schedule.
- ↪ You understand your discharge instructions.
- ↪ You demonstrate an understanding of safety measures that may impact your healing process.
- ↪ You understand your resources in your home, family and community, including the case of an emergency.

Questions to ask your doctor when getting ready to go home:

- ↪ What type of diet should I follow?
- ↪ How much and what type of activity can I do?
- ↪ What medications do I need to be taking?
- ↪ When can I drive?
- ↪ When do I need to come back for follow-up appointments?
- ↪ When and where should I call for medical advice if I experience problems?
- ↪ Can I get a return-to-work slip (if needed)?
- ↪ When can I take a bath or shower?
- ↪ What special equipment do I need at home?
- ↪ Where can I buy medical supplies?
- ↪ When can I resume sexual activity?

The Going Home Process

You will be visited by a social worker or case manager to talk about your physical therapy/occupational therapy and/or other medical care needs after leaving the hospital.

Most patients can discharge to home. If you are not able to meet the medical criteria for home management and safety, your Orthopedic Care Team member will provide names and telephone numbers of places that can be hired for added care at home or at a rehabilitation facility.

- ↪ The Orthopedic Care Team will make sure you have the equipment you need at home.
- ↪ Please note that if you are being sent to another healthcare facility for added therapy, your choices can be limited based on what your insurance carrier covers.
- ↪ **Your Orthopedic Care Team members will include you in the decision-making process and will ensure that you get the care you need.**

If you and your Orthopedic Care Team determine that you are ready to go home, written instructions will be given to you and the nurse will talk with you about the instructions.

- ↪ You may receive prescriptions for medications that you need to fill.
- ↪ Follow-up doctor appointments will be explained to you or may be made prior to your leaving the hospital.
- ↪ You will be asked to sign a form that states you understand and are willing to follow the outlined instructions.
- ↪ You should have your transport or support person get there early so they can also listen to the instructions.

Please note:

- ↪ Vehicles, such as recreational vehicles and sport utility vehicles (SUVs), are tall and may be hard for you to climb in and out of. **Traveling home in a sedan with a bench seat and extra pillows instead of a bucket seat may be easier for you.**
 - This is important for those having a hip replacement.
- ↪ Do not drive until your doctor gives you permission. This is usually about 4 weeks after surgery. Long distance travel should be minimal for the first 6–8 weeks and should include many stops where you can get out and walk.
- ↪ Shoulder patients should consider the position of the seatbelt. Avoid having the seatbelt over the affected shoulder.





Take pain medication at regular times as directed.

Things To Know At Home

Pain management at home

Once you are home, you may have some pain. When it comes to 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 pain medications as directed.**
 - If your pain is not relieved or if it gets worse, call your surgeon (for example, if your pain stays greater than 6 out of 10 after taking medication).
 - After about a week, if your pain lessens, try taking less medication.
 - Take only the medications that your healthcare provider tells you to take.
 - Take pain medications with some food to avoid an upset stomach.
- **Remember that medications need time to work.**
 - Most pain relievers taken by mouth need at least 20–30 minutes to take effect.
 - Take pain medication at regular times as directed. Do not wait until the pain gets bad to take it.
 - Once you become more active and as your pain lessens, try taking less medication.
- **Time your medication so that you take it before starting an activity, such as dressing, exercising or sitting at the table for dinner.**
 - Keep a log of when you take your medicine(s) so that you can keep track of when your next dose may be due.
 - Taking your medication at night may help you get a good night's rest.
- **Avoid wearing tight-fitting clothes over the incision as this can increase pain.**
- **Avoid drinking alcohol while taking pain medication as this combination can cause dizziness and slow your respiratory system. It can even be fatal.**
 - Keep away from driving or operating machinery while taking pain medication.

Protect your new joint

- Avoid lifting heavy objects for 6–12 weeks after your surgery to protect your new joint from injury.
- Follow precautions taught to you during your hospital stay.
- Continue strengthening exercises as instructed.

Wound health

Keep your wound clean and dry. Avoid having pets share the space where you are sleeping and resting until after your incision is completely healed. Be careful around pets and children to protect your incision from getting touched as this could become a source for infection. You will most likely go home with an occlusive dressing over your incision. As long as this dressing is intact and in place, you are allowed to shower. You may shower without a dressing when permitted by your surgeon, typically 5–7 days after surgery. Do not use ointments, lotions, oils or vitamin preparations on your incision until after you are cleared to do so by your surgeon.

Contact your surgeon if you have any of the following:

- A fever of 100.4°F or higher.
- New or more redness at your surgical incision site.
- More pain that does not get better with rest and is not a result of more activity or physical therapy.
- Drainage of any amount from your wound several days after going home from the hospital.
- Medical conditions that you already had that get worse, such as blood sugar or blood pressure levels that are too high or too low.
- Chest pain, palpitations (a “pounding heart”), difficulty breathing or fainting episodes. **These symptoms are a medical emergency, dial 911 for immediate care.**



Be careful around pets and children to protect your incision from getting touched.

Blood clot prevention

Firm swelling in the back of the calf, knee and/or thigh can indicate you have a blood clot (called a deep vein thrombosis or DVT). After your surgery, you remain at risk of blood clots for about a month. Notify your surgeon if you experience such symptoms. Strategies to prevent blood clots include:

- Taking the anticoagulant prescribed by your surgeon (examples are: aspirin, Coumadin®, Lovenox®). If taking an oral anticoagulant, consider taking with food to prevent an upset stomach.
- Walking frequently and performing ankle pumps when in bed or sitting for extended periods of time.
- Shoulder patients should move their hands in a hand grip motion frequently throughout the day.

Lung health

While you are regaining strength and endurance, your lungs are at risk for pneumonia and infection. Inactivity and shallow breathing can put you at risk for pneumonia and other lung infections. Continue deep breathing exercises and incentive spirometer use at home.



Bowel health

Constipation is a common side effect after surgery and with some pain medications. It is also preventable. Please be proactive about your bowel regimen. Tips to reduce your chances of constipation include:

- Eating fruits, vegetables and other high-fiber foods.
- Being diligent about water intake.
- Consider over-the-counter laxatives if these efforts are ineffective. Check with your surgeon if you need suggestions.

Your doctor and surgeon want you on the road to recovery as quickly as possible. Please feel free to call them with any questions you may have. For more information about dietary guidelines, go to: **ChooseMyPlate.gov**.

NOTE: Your doctor may choose to have you take antibiotics prior to any dental procedures for a specified time following your total joint replacement. This is specified by your physician. Most dentists can write a prescription for you to take to your pharmacy if necessary. It would be advised to inform healthcare providers that you have had a joint replacement anytime you have medical procedures.

Caring For Your Bowels When You Get Home

It's not regular to be irregular!

Anesthesia and pain medications can slow your bowel patterns. This may cause a delay in having your first stool after surgery, which can cause pain and difficulty due to hard stools called constipation.

Goal: The goal is to help you avoid constipation or diarrhea and get back to a regular bowel pattern after your surgery. Try the suggestions below to help you get back on track.

Your doctor and surgeon want you on the road to recovery as quickly as possible. **Please feel free to call them with any questions you may have.**

Diet

- ↪ Eat at least 25–35 g of fiber each day. Read nutritional labels to see how much fiber the food contains.
- ↪ Drink at least 6–8 glasses of liquid each day, water is best.
- ↪ Visit www.ChooseMyPlate.gov for examples of high-fiber foods.

Exercise

- ↪ Exercise as instructed by your doctor, physical therapist or occupational therapist.



Daily routine

- ↪ Pick a regular time to sit on the toilet, such as after a meal. You may need to sit 2 or 3 times a day.
- ↪ Be patient. It may take 15 to 30 minutes to have a bowel movement.
- ↪ Try gently rubbing your stomach to help stool move through your colon.
- ↪ When you feel the need to have a bowel movement, use the toilet right away. Do not wait.
- ↪ Consider drinking prune juice every day, if needed.
- ↪ Once you find a bowel routine that works, stick with it.

Medication

- ↪ You may want to have stool softeners and/or laxatives on hand after your surgery to avoid intestinal issues.
- ↪ If you begin to feel uncomfortable or notice you have not had a regular bowel movement after surgery, you may want to take a medication to help. Examples include:
 - **Miralax** – Generic name is “polyethylene glycol 3350.”
 - **Senokot** – Generic name is “senna.”
 - **Stool softener** – Talk to your doctor, nurse or pharmacist.
- ↪ If you notice any signs of diarrhea (watery, extra soft) after taking these medications, stop taking them right away. The goal is to avoid any extreme changes in your bowels and get you back to a regular pattern.
- ↪ If you have a history of irritable bowel or other bowel problems, talk to your doctor or pharmacist for medication suggestions.

Call your doctor and surgeon if you notice:

- ↪ Pain in your stomach that does not go away.
- ↪ Blood in your stool.
- ↪ Your stomach is very bloated and uncomfortable.
- ↪ You are not able to get back to a regular bowel pattern.
- ↪ Ongoing diarrhea.

Orthopedic Over-the-Counter Medication Guide

NOT A VALID PRESCRIPTION

It is important to take these medications below as directed by your doctor after your surgery.

Blood Clot Prevention

You will be on a drug for blood clot prevention after surgery. Contact your provider if any severe bleeding occurs or go to the nearest emergency department.

Your doctor recommends you take the following for 30 days after surgery or as directed:

Aspirin enteric-coated 81 mg – Take 2 tablets by mouth once a day.

➤ TAKE WITH FOOD.

Constipation Prevention

Constipation occurs when your bowel movements are too hard, large or difficult to pass. Constipation can occur with some drugs that treat pain. Do not take the following medicine if you are experiencing diarrhea.

Your doctor recommends you take 2 of the following EVERY DAY with your post-surgery pain medications to prevent constipation:

Docusate (Colace) 250 mg – Take 1 capsule by mouth up to 3 times a day with plenty of water. Hold for loose stools or diarrhea.

OR

Senna (Senokot) 8.6 mg – Take 2 tablets by mouth once daily in the morning with plenty of water. Hold for loose stools or diarrhea.

And

Polyethylene glycol (Miralax) – Mix 17 grams (1 heaping tablespoon) in 8 ounces of water or juice.

OR

Magnesium citrate (Citroma) – Use as directed on bottle for constipation with plenty of water.

Stomach Irritation Prevention

After surgery, you may take some pain medications that may cause stomach pains. These pain medicines called non-steroidal anti-inflammatory drugs (NSAIDs) which include ibuprofen (Advil/Motrin), naproxen (Aleve) and more.

Your doctor recommends you take the following for 1 week prior to surgery and up to 4 weeks after surgery or as directed:

Omeprazole (Prilosec) 20 mg – Take 1 or 2 capsule(s) by mouth once daily 30 minutes before breakfast.

Other: _____

General Pain Prevention

Pain can be an unpleasant feeling that happens in any part of the body after surgery. Take the following medications as directed by your doctor.

Your doctor recommends you take the following as needed for post-surgical pain:

- Ibuprofen (Advil/Motrin) 200 mg** – Take 2 tablets by mouth with food every 6 hours if needed for pain.
 - TAKE WITH FOOD. Do not take more than 3200 mg per day. Wait 30 minutes before or after taking Aspirin to avoid stomach irritation.
- OR**
- Naproxen (Aleve) 220 mg** – Take 2 tablets by mouth every 12 hours if needed for pain.
 - TAKE WITH FOOD.
- Acetaminophen (Tylenol) 500 mg** – Take 2 tablets by mouth every 8 hours if needed for pain.
 - Do not take more than 4000 mg of acetaminophen (Tylenol) from all sources combined within a 24-hour period.
 - Do not take more than 3000 mg of acetaminophen (Tylenol) from all sources combined within a 24-hour period if you are 65 years or older.
- Other: _____

Patient Name: _____ Date of Birth: _____

Notes: _____

For more information, visit PalomarHealth.org/Ortho

SHOULDER REPLACEMENT

Post-Op Activity Chart

Do NOT attempt any activities below without consulting your surgeon.

✗ Stop ✓ Proceed as directed

General Activity	Post-Op- Week 1	Week 2- Week 4	Week 5- Week 6	Week 7- Week 8	Week 9- Week 10	Week 11- Week 12	Week 12- 6 Months	6 Months- 1 Year
Lifting < 5 lbs	✗	✗	✓	✓	✓	✓	✓	✓
Sleeping on stomach	✗	✗	✗	✗	✗	✗	✓	✓
Sleeping on surgical side	✗	✗	✗	✗	✗	✗	✓	✓
Pushing up from chair	✗	✗	✗	✓	✓	✓	✓	✓
Overhead activity	✗	✗	✓	✓	✓	✓	✓	✓
Hand behind back	✗	✗	✗	✗	✗	✓	✓	✓
Daily Living								
Showering	✓	✓	✓	✓	✓	✓	✓	✓
Donning/doffing bra (modified)	✗	✗	✓	✓	✓	✓	✓	✓
Brushing hair	✗	✗	✗	✓	✓	✓	✓	✓
Light housework	✗	✗	✗	✓	✓	✓	✓	✓
Vacuuming	✗	✗	✗	✗	✗	✗	✓	✓
Laundry	✗	✗	✗	✗	✗	✓	✓	✓
Travel								
Short car rides < 1 hour	✓	✓	✓	✓	✓	✓	✓	✓
Long car rides > 1 hour	✗	✓	✓	✓	✓	✓	✓	✓
Driving*	✗	✗	✗	✗	✓	✓	✓	✓
Air travel - short trip < 1-2 hours	✓	✓	✓	✓	✓	✓	✓	✓
Air travel - long trip > 2 hours	✗	✗	✗	✗	✗	✓	✓	✓
Work								
Computer mouse work w/restrictions	✗	✓	✓	✓	✓	✓	✓	✓
Typing	✓	✓	✓	✓	✓	✓	✓	✓
Upper extremity repetitive motion	✗	✗	✗	✗	✗	✗	✓	✓
Light yardwork	✗	✗	✗	✗	✗	✗	✓	✓
Sports								
Jacuzzi/hot tub	✗	✗	✗	✗	✗	✗	✗	✓
Swimming (no diving)	✗	✗	✗	✗	✗	✗	✗	✓
Low-impact aerobics	✗	✗	✗	✗	✗	✓	✓	✓
Tennis	✗	✗	✗	✗	✗	✗	✗	✓
Bowling	✗	✗	✗	✗	✗	✗	✗	✓
Jogging	✗	✗	✗	✗	✗	✗	✗	✓
Golf	✗	✗	✗	✗	✗	✗	✗	✓
Road bicycling	✗	✗	✗	✗	✗	✗	✗	✓
Horseback riding	✗	✗	✗	✗	✗	✗	✗	✓
Skiing	✗	✗	✗	✗	✗	✗	✗	✓
Motorcycle riding	✗	✗	✗	✗	✗	✗	✗	✓

*Please discuss driving with your surgeon.

KNEE AND HIP REPLACEMENT

Post-Op Activity Chart

Do NOT attempt any activities below without consulting your surgeon.

✗ Stop ✓ Proceed as directed

General Activity	Post-Op- Week 3	Week 3- Week 8	2 Months- 6 Months	6 Months- 1 Year
Lifting < 5-10 lbs	✓	✓	✓	✓
Lifting > 15 lbs	✗	✓	✓	✓
Sleeping on stomach	✓	✓	✓	✓
Sleeping on surgical side	✗	✓	✓	✓
Stairs	✓	✓	✓	✓
Walking outdoors	✓	✓	✓	✓
Daily Living				
Showering	✓	✓	✓	✓
Light housework	✗	✓	✓	✓
Vacuuming	✗	✓	✓	✓
Laundry	✗	✓	✓	✓
Travel				
Short car rides < 1 hour	✓	✓	✓	✓
Long car rides > 1 hour	✗	✓	✓	✓
Driving*	✓	✓	✓	✓
Air travel - short trip < 1-2 hrs	✗	✓	✓	✓
Air travel - long trip > 2 hrs	✗	✗	✓	✓
Work				
Upper extremity repetitive motion	✗	✓	✓	✓
Light yardwork	✗	✓	✓	✓
Sports				
Stationary bike	✓	✓	✓	✓
Dancing	✗	✗	✓	✓
Jacuzzi/hot tub	✗	✗	✓	✓
Swimming (no diving)	✗	✗	✓	✓
Low-impact aerobics	✗	✗	✓	✓
Tennis	✗	✗	✗	✓
Bowling	✗	✗	✓	✓
Jogging	✗	✗	✗	✓
Golf	✗	✗	✗	✓
Road bicycling	✗	✗	✓	✓
Horseback riding	✗	✗	✗	✓
Skiing	✗	✗	✗	✓
Motorcycle riding	✗	✗	✗	✓

*Please discuss driving with your surgeon.

FAQs

Activate your CarePath

Your surgeon has created a custom CarePath for you online. This roadmap will help you get prepared and organized for your surgery and recovery.

Once you've been enrolled, please activate your account through the link included in the CarePath email you will receive from your surgeon.

How long should I expect swelling after knee replacement?

About six months after surgery.

Will I have a kneecap after a knee replacement?

Yes.

How long do I take aspirin after surgery?

If you were instructed by your doctor to take low dose aspirin, our protocol is 30 days after surgery.

When can I return to work?

It depends on the type of job.

How can I reduce the scar?

Try Mederma® or any cocoa butter (when your doctor says you are ready).

When can I drive after a knee replacement?

When you are off strong narcotic pain medication and have been cleared by your doctor.

Will I set off metal detectors?

Yes. Plan for extra time to pass through security.

Which sports can I resume doing?

Remember to consult your doctor before you participate in any sport.



Medication List

Please include all medications you take. This includes all prescription, over-the-counter, topical ointments/patches, eye drops, herbs, vitamins or other supplements that you take.

Patient's Name: _____ Date: _____
(Please Print)

Medication Name and Dose	Purpose (Why do you take it?)	When do you take your medication?			
		Breakfast	Lunch	Dinner	Bedtime

Allergies?	What kind of allergic reaction?	Allergies?	What kind of allergic reaction?

*Please include all allergies (medication, environmental, metal, food, etc.)



Tell Us About Your Experience

Your comments are important to us.

Following your visit with us, you may receive a survey asking about your experience with Palomar Health.

We value your feedback and look forward to receiving your response.

If you have an experience you would like to share with us about your visit to Palomar Health, please contact us directly by calling **760.740.6345** or by visiting PalomarHealth.org/Contact-Us/.

It is our privilege to serve you.

PHYSICIAN	very poor	poor	fair	good	very good
1. Time physician spent with you	1	2	3	4	5
2. Physician's concern for your questions and worries.....	○	○	○	○	○
3. How well physician kept you informed	○	○	○	○	○
4. Friendliness/courtesy of physician	○	○	○	○	○
5. Skill of physician.....	○	○	○	○	○
Comments (describe good or bad experience): _____					
DISCHARGE	very poor	poor	fair	good	very good
1. Extent to which you felt ready to be discharged	○	○	○	○	○
2. Speed of discharge process after you were told you could go home.....	○	○	○	○	○
3. Instructions given about how to care for yourself at home	○	○	○	○	○
4. If you received patient education about your Diabetes self-management (the Pinkbook), how well did it meet your needs	○	○	○	○	○
Comments (describe good or bad experience): _____					
PERSONAL ISSUES	very poor	poor	fair	good	very good
1. Staff concern for your privacy.....	○	○	○	○	○
2. How well your pain was controlled	○	○	○	○	○
3. Degree to which hospital staff addressed your emotional needs	○	○	○	○	○
4. Response to concerns/complaints made during your stay	○	○	○	○	○
5. Staff effort to include you in decisions about your treatment	○	○	○	○	○
6. Degree to which the hospital staff addressed your cultural/ethnic needs	○	○	○	○	○
Comments (describe good or bad experience): _____					
OVERALL ASSESSMENT	very poor	poor	fair	good	very good
1. How well staff worked together to care for you.....	○	○	○	○	○
2. Likelihood of your recommending this hospital to others	○	○	○	○	○
3. Overall rating of care given at hospital.....	○	○	○	○	○
Comments (describe good or bad experience): _____					

PALOMAR HEALTH[®]

Reimagining Healthcare[®]

PalomarHealth.org/Ortho