

# JOINT REPLACEMENT

PRE-OPERATIVE INFORMATION  
For Joint Replacement Surgery



Keck Medicine  
of USC  
BEYOND EXCEPTIONAL MEDICINE™

USC Center for Joint Preservation and Replacement  
Orthopaedic Institute  
1520 San Pablo Street, Suite 2000  
Los Angeles, CA 90033  
323-442-7408 / 323-442-6968



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# IMPORTANT PHONE NUMBERS

**Main Office Number** (answering service after hours) 323-442-5860

**Main Hospital Operator** - After hours, ask to page the Ortho resident on call 323-442-8500

## Dr. Longjohn's Team:

Amy Surnock, RN	Support Coordinator	323-442-6968
Jennifer DeSanto	Nurse Navigator	213-259-7641
Office FAX	Surgery Scheduler	323-442-9081
		323-865-5577

## Dr. Oakes' Team:

Arpi Hovanessian	Program Coordinator	323-442-6950
Adh Ortega, LVN	Coordinator	323.442.6950
Amy Surnock, RN	Nurse Navigator	213-259-7641
John Ludington, PA		323-442-6950
Office FAX		323-865-9503
Office e-mail		<i>uscjointreplacement@health.usc.edu</i>

## Billing and Insurance:

Physician billing	323-442-5808
Hospital billing	323-442-8885

## Disability Forms:

We encourage you to file your Disability requests online as it is the fastest process.

Go to: [http://www.edd.ca.gov/Disability/DI\\_How\\_to\\_File\\_a\\_Claim.htm](http://www.edd.ca.gov/Disability/DI_How_to_File_a_Claim.htm)

Once you've completed process, they assign an application receipt number. Email the application receipt number to our office and we complete the process within nine days of receipt.

## Information for Friends/Family:

- Visiting hours are 10 am to 8 pm
- The hospital does NOT validate parking. The maximum daily rate is \$12.00.
- Norris Healthcare Center (HC3) address is:  
1516 San Pablo Street 323-276-4701
- Keck Hospital of USC address is:  
1500 San Pablo Street 323-442-8500  
Los Angeles, CA 90033
- The orthopaedic unit is located on the 6th floor, North Wing (6 North) 323-442-8878

## PHYSICAL/OCCUPATIONAL THERAPY

Jennifer Okuno, PT / Don Shimabukuro, PT

1. Role of physical and occupational therapy
2. Equipment
3. Exercises
4. Home preparation
5. What to bring to the hospital

## RESEARCH

The research team at the Center for Joint Preservation and Replacement at Keck Hospital of USC in Los Angeles, California is dedicated to developing optimal outcomes in procedures for patients needing total joint surgery. Developing the most advanced techniques in total joint surgery allows our patients to benefit from leading-edge technology and techniques for their total knee or total hip replacement.

As with all major research institutes, our information for research purposes is obtained directly from the patients we serve. The Orthopaedic Institute focuses on our patients' surgery and post-surgery results. We are currently collecting data on several fronts. Those areas of immediate interest are:

1. Outcomes after total hip and knee replacement
2. Osteonecrosis of the hip
3. Costs of total joint replacement
4. Patient response to current anesthetic techniques

Patients enrolled in any or all of these studies are individually informed of the details involving their voluntary chosen project. Some studies require patients to spend extra time in the various labs at the hospital. The potential benefits for volunteering are to obtain a more comprehensive and individual analysis of your condition and to monitor the progress time from the pre-operative to post-operative period.

From our patients' participation in our research, we published results in leading orthopaedic journals such as Journal of Bone and Joint Surgery, the Journal of Arthroplasty and Clinical Orthopaedics and Related Research. We have presented these results at nationwide conferences and used them to advance and update surgical techniques for those suffering from hip and knee arthritis.

We look forward to discussing all of these exciting projects with you during your pre-operative process.

# BEFORE SURGERY

## PRE-OPERATIVE BATHING INSTRUCTIONS



We recommend that all patients undergoing elective total joint replacement surgery shower with a disinfectant skin cleanser prior to surgery. Cleansing your skin appropriately before surgery will reduce the amount of bacteria that naturally occurs on your skin and is one more way to reduce the possibility of infection following surgery. The recommended cleanser can be obtained at the time of your pre-operative orthopaedic office visit or from a pharmacy.

1. Shower daily with Hibiclens® or other antibacterial soap for six (6) days before surgery.
  - Make sure your skin is wet prior to using the antibacterial soap or Hibiclens®.
  - Wash your entire body for five (5) minutes, paying special attention to the surgical area (operative leg).
  - Turn water off while washing to prevent rinsing the soap off too soon.
2. Wash your hair with your normal shampoo.
3. Dry off normally with a clean towel.
4. **REMINDER: The night before surgery**, after your shower, use the cloth wipes containing 4% Chlorhexidine Gluconate (i.e. Hibiclens®, Hibistat®) that you received at your START appointment. Follow the instructions provided with the wipes.

It is okay to put on your own clean clothes after you are finished with this procedure.

### OTHER IMPORTANT INSTRUCTIONS:

- **Please check with your surgeon** regarding eating and drinking the evening prior to and the day of surgery.
- **Do not shave** your leg or body for six (6) days before surgery.
- **Do not use lotion** on the operative leg during the six (6) days prior to surgery.
- Do not shower on the morning of your surgery.



# PRE-SURGERY REMINDERS

## MEDICATIONS

### Prescription Medications

There are a number of medications that should be stopped for a period of time prior to surgery. It is important that we have a current list of the medications that you are taking and these should be reviewed with both your surgeon and your primary care provider.

Below is a list of common medications that usually need to be stopped prior to surgery and the common length of time they should be stopped before and after surgery. Always discuss the stoppage of these medications with the physician that has prescribed the medication to establish a plan to do so. Some medications require you to gradually decrease the amount of medication (weaning off) instead of suddenly stopping and some require you to take a different medication until you are able to resume your normal treatment plan. The list below includes commonly used medications.

***If you take a medication not listed, but similar to one on the list below, please check with your doctor.***

It is important that these situations be addressed. After all of the planning and preparation that everyone does before surgery, the last thing we want is to have to postpone surgery because a medication wasn't stopped when it should have been. Do not stop taking the medication until you have received instructions on how to do so.

#### **Blood thinners/Platelet inhibitors:**

- Coumadin® - 5 days before (may need to take a supplemental medication)
- Plavix® - usually 7 days before and you will be told when to resume taking this drug
- Aspirin - 325mg should be stopped 4-5 days before surgery
- Aspirin - 81mg generally does not need to be stopped prior to surgery

#### **Rheumatoid Arthritis/Auto-Immune Disorders:**

- Methotrexate® - Need to discuss with Surgeon & Rheumatologist
- Enbrel® - 2 weeks before and 4 weeks after
- Remicade® - 4 weeks before and 4 weeks after
- Humira® - 2 weeks before and 4 weeks after
- Orencia® - 4 weeks before and 4 weeks after
- Kineret® - 2 weeks before and 4 weeks after
- Plaquenil® - 2 weeks before

Check with your medical doctor if you take Coumadin, Heparin, Xarelto, Eliquis, or any other **blood thinners**. These are usually stopped 5-6 days prior to surgery.

If you are on any **medications for heart problems**, lung problems, or high blood pressure, check with the medical doctor to see if you will need to take your medication on the day of surgery (only with a sip of water, and only if directed).

If you are **taking birth control pills or wearing a birth control patch**, you must discontinue it 6 weeks prior to surgery.

It is okay to take **other routine medications** (heart, blood pressure, asthma, hormones, cholesterol, etc.) right up until the night before your surgery.



## Over-the-Counter Medications

There are some non-prescription medications that should be stopped prior to surgery. Medications that are in the Non-steroidal Anti-Inflammatory (NSAID) class of medications should be stopped 5 days prior to your surgery date. These medications include: Ibuprofen also known as Motrin® and Advil® and Naproxen also known as Aleve®.

Discontinue all anti-inflammatory medications 5 days prior to surgery. These medications include:

- (Ibuprofen) Motrin and Advil
- Aspirin (including Empirin compounds and Anacin)\*
- All anti-inflammatories such as Indocin, Naprosyn, Meclomen, Tolectin and Naprosyn (Aleve)
- All aspirin containing products such as Alka Seltzer, Bufferin, Anacin, and Pepto-Bismol
- Any “alternative” medications such as Arnica, Ginko Biloba, garlic or fish oil
- Embrel, Plavix, and Coumadin

You may take Extra Strength Tylenol, Tylenol with codeine, or Tylenol PM for pain control during this time. You can also consult with your doctor for any other alternatives.

It is okay to take vitamins. If you take mega-doses of vitamins, you should cut back 5 days before your surgery.

Do not take laxatives the day before your surgery.

**If you are uncertain about which medications you must stop or which are okay to take, call the medical doctor's office at 323-442-5100 or the nurse at 323-442-6950 / 213-259-7641.**

## Dental Work

NO dental work 2 weeks before surgery. If there is an emergency, such as a toothache or a broken tooth, call the clinic for instructions. Antibiotics must be taken before you have any dental work done. Dental work is also discouraged for up to three months after surgery. You may be given a prescription for antibiotics at your pre-op visit or you can obtain an antibiotic prescription for routine dental work at the 6-week or 3-month follow-up.

# Anesthesia For Your Total Joint Surgery

Many patients, upon learning about the necessity of a surgical operation, become equally alarmed about the thoughts of their anesthesia care. Today's patients are usually not admitted the night before surgery, thus, meeting time with your anesthesia care team is limited. We hope to give you insight into your anesthesia, and our role as your Anesthesiologist, with the following handout.

## WHICH TYPE OF ANESTHETIC IS BEST FOR ME?

One of the most important jobs of your anesthesiologist is to evaluate your medical condition, and to assist you in choosing the most appropriate anesthetic. This ultimately requires assessment of your medical history, your physical status and medical diseases, the type and duration of your surgery, and your surgeon's preferences. We have found that regional anesthesia, usually involving a "spinal" technique, works best for most patients having joint replacement surgery. With this technique, medication is injected into the fluid surrounding the spinal cord. This anesthetic numbs the nerves that carry sensation and movement messages to lower part of the body. The spinal anesthetic ensures you will have no sensation below the level of the abdomen for the duration of the procedure. When regional anesthesia is used, patients additionally receive intravenous medications for sedation, and usually have minimal to no recollection of any intraoperative events.

On occasion due to patient conditions or medications that might cause bleeding, a general anesthetic is preferred. With this technique, a breathing tube may be inserted into your windpipe once you are asleep, and a combination of inhaled and intravenous anesthetics will be used to ensure you are pain free and unaware during the operation. Whatever technique is used, you will have an opportunity to discuss risks, benefits and alternatives on the day of surgery with your anesthesiologist.

Safety during your operation is of the utmost importance to us. We utilize a number of sophisticated monitoring devices and techniques to assure your well-being. At minimum, these include ECG, blood pressure, pulse oximetry and capnography measurements. These monitoring devices improve the administration of your anesthetic with regard to safety and effectiveness of the various agents and techniques utilized.

## SUMMARY

Many people are anxious about having any type of anesthesia. Although it can be frightening, please know your knowledgeable and experienced Anesthesiologist will evaluate your specific situation, and discuss the best technique for you. We are proud of our hospital, and feel the staff and facilities provide the very best anesthesia care. We look forward to making your surgery and convalescence as safe and pleasant as possible.

## What should I bring to the hospital?

### Cell Phone

Cell phones are generally permitted in the hospital. They **must be at least 3 ft from any operating hospital equipment** (an average adult's arm length). At the discretion of the unit manager or caregiver, if the usage of a cellular phone is deemed to distract caregivers or create an unsafe situation, the caregiver may insist that the cellular phone be turned off. We ask that you cooperate with such requests in order to provide you with a positive experience during your hospitalization.

### Important Papers

Bring a copy of your Living Will or Health Care Power of Attorney with you on the day of your surgery. Help obtaining a Living Will, if you desire to have one, is available when you check in on the day of surgery.

### Personal Care Items

- Toothbrush/Toothpaste
- Shaving Equipment
- Deodorant
- Eyeglasses/Lens case/solution

### Clothing

- Pajamas (Knee length gown, robe or drawstring pants and top)
- Loose fitting shorts/sweats and T-shirts for Physical Therapy
- You will be given non-skid footies to wear to Physical Therapy sessions
- You will probably want to wear a hospital gown until your drain has been removed in order to avoid soiling of your clothing

### A Positive Attitude

- Willingness to actively participate in your rehabilitation plays a crucial role in determining the successful outcome of your surgery!!
- Throughout the course of your recovery keep in mind the end result...pain relief and a return to a more active lifestyle.
- Remember, you will have good days and difficult days during your rehabilitation. Don't get discouraged!! As time goes on, you will realize the benefits of joint replacement surgery.
- Spiritual care is available to you. A hospital chaplain will pray or talk with you. Please notify your nurse if you desire to have a chaplain call on you at any time during your hospital stay.

## What should I leave at home?

### Valuables

- Cash, keys, credit cards, jewelry or any other valuables

### Medications

- Medications are provided by the hospital. Only in rare circumstances will you need to bring your own medications.
- Do Not eat, drink, smoke or take any medications after midnight the night before surgery, unless instructed otherwise by the doctor.
- If you take oral or injectable medications for diabetes you will be instructed on dose adjustment for the night before and/or the morning of surgery.

# DAY OF SURGERY

## Overview of the Day

1. Go to Norris Healthcare Center HC3, 1516 San Pablo Street, Los Angeles, CA. Valet parking is available, or you can park in the structure to the left of the main entrance.
2. Check in at the Admission desk in the lobby.
3. You will be directed to the pre-op area.
4. In the pre-op area, you will change into a gown and then meet with the anesthesiologist. Your family may be able to sit with you during this time.
5. The anesthesiologist will discuss the type of anesthesia you will have.
6. You will be asked to confirm which leg will be operated on. Your surgeon will write on your leg to identify it for surgery. The surgeon's initials will be written on the operative leg.
7. You will stay in the pre-op area until it is time to go to the operating room. Your family will be directed where to wait during surgery.
8. After surgery you will stay in the recovery room for 1 to 2 hours.
9. You will be taken to your room in Keck Hospital, 1500 San Pablo Street, 6 North.
  - Our goal is to have you out of bed on the day of surgery. This can range from sitting at the edge of the bed to walking in the hallway. The activity level depends on how you are feeling and how well your pain is controlled.
  - You may be sleepy the rest of the evening.
  - Your blood pressure, pulse, and temperature will be taken every 4 hours.
  - You will have a clear liquid diet until your nurse detects "bowel sounds" (an indication that your intestines are awake and functioning). Some mild nausea may occur.
  - You may be connected to several tubes and lines.
    - You will have an IV line in your arm.
    - You may have a Foley catheter to drain your urine from your bladder. It is inserted before surgery.
    - If you have a knee replacement, you may have an adductor canal catheter to assist with pain control. It is a small catheter that is inserted at the top of your operative leg.
    - You may have an oxygen cannula in your nose for supplemental oxygen. You may also have a clip on one of your fingers. This clip is called a pulse oximeter, and it indicates if you are receiving enough oxygen in your body.
  - You will also be connected to leg or foot squeezers. These squeezers are on at all times when you are in bed to help prevent the formation of blood clots. You may also wear foam heel protectors to alleviate any discomfort on your heels.
  - You should also use your incentive spirometer, an inhaler that helps to expand and oxygenate your lungs.

## Pre-operative Medications

Shortly after your arrival to the hospital you will receive a variety of medications. These medications are the first step in managing post-operative nausea and vomiting, itching and pain. No antibiotics are necessary prior to surgery.

### To help prevent or decrease nausea, vomiting, and itching:

Medication	Commonly known as	Purpose
Hydroxyzine	Vistaril	An antihistamine useful in controlling itching. Itching is a common side-effect of some types of anesthesia.

### To help control your pain after surgery:

Medication	Commonly known as	Purpose
Acetaminophen	Tylenol®	A non-narcotic, non-drowsy pain reliever
Celecoxib (if not allergic to sulfa)	Celebrex®	Nonsteroidal anti-inflammatory which blocks the enzyme that makes the chemical in your body that causes inflammation
Oxycodone SR	Oxycontin	A slow release narcotic pain medication. By taking it before surgery, it has time to get into your system during surgery and is already working when you wake up.
Tramadol	Ultram	A narcotic like pain medication. By taking it before surgery, it has time to get into your system during surgery and is already working when you wake up.
Hydrocodone/ASAP	Norco	

\*\*\*As a safety precaution you will be asked several times to confirm the hip/knee to be operated on. In addition, your surgeon or a resident physician will initial the surgical site with a marker. While you may get tired of answering this question repeatedly, please bear with us. Rest assured, we are not asking because we are confused or unsure, but in order to fulfill all of the checks and balances that are in place\*\*\*

## Pain Management

At USC, we use the most state of the art pain management regimens. In some instances, you will start taking pain medications 3 days prior to surgery. The morning of surgery you will also receive pain medications (see the table above). At the end of the procedure, pain medications will be injected directly into the joint and the surrounding soft tissue. Therefore, when you go to the Post-Anesthesia Care Unit (PACU) after surgery, you will be very comfortable. These pain regimens are so effective that almost all patients can get out of bed the day of

surgery.

## AFTER SURGERY THROUGH DISCHARGE

### AFTER SURGERY - RECOVERY

After your surgery has been completed and while your surgeon is talking with your family, you will be taken to the Post Anesthesia Care Unit (PACU) or "Recovery Room". The length of time you spend in the PACU can be affected by a number of things, but on average is about 1-1/2 to 2 hours. As you continue to wake up and become more alert, the PACU nurses will be reminding you that you are in the hospital and that your surgery is over. They will ask you to follow commands. The purpose of this is to determine how alert you are. Your vital signs will be monitored frequently as will your level of pain and, if you have had a block, how much of that block is remaining.

As you become even more alert you may notice that you have a dry mouth, sore throat, blurry vision and/or chills. These are all side effects that can occur from anesthesia or the medications used during surgery. The nurses in the PACU are specially trained to deal with these and many other issues that may arise.

Depending on the type of anesthesia you have, your hip or knee may be painful when you wake up. The nurses will ask you to rate your pain on a scale of 1-10 (see the section on post-operative pain control) and have medication that can be given through your IV to help control that pain. Nausea can also occur after anesthesia and there are medications that will help control that as well. It is important that you communicate these symptoms to your nurse, as you are able.

#### Wong-Baker FACES® Pain Rating Scale



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## YOUR ROOM ON THE ORTHOPEADIC FLOOR

Welcome to the 6th floor of the Keck Medical Center of USC. Our mission is to provide high quality, patient-centered and efficient care during your hospital stay. We are always seeking ways to improve our patients' hospital experience, so please let us know what we are doing well and where we can improve. Your feedback is important to us.

### Call Button

Each bed has a call button to notify your care team of your need for assistance. When you press your button a light alerts the staff members. Our goal is to answer your call light and assist you promptly, but occasionally there may be an unavoidable, short delay in the response to your request for assistance. As a result, if your request is routine in nature, it is best to ask for assistance when your nurse or patient care technician (PCT) rounds each hour rather than wait until the last minute to ask for help. We realize this is not always possible and will make every attempt to meet your needs appropriately.

### Meals

The dietary department has a variety of meal choices available on the menu daily. Room service is available daily from 7:00 am to 7:00 pm. You will order, from the menu, by phone to a diet technician. Orders are generally delivered within 45 minutes. The diet technician will be aware of any dietary restrictions placed by your physician, for example, diabetic, low sodium, etc. If you require any other dietary considerations for religious or ethnic reasons please make sure to notify the staff on the floor as well as the diet technician with whom you place your order. Remember, you'll be having 2 physical therapy sessions per day, which may interfere with your normal or preferred mealtime. Communication with your nurse and therapists will help you plan your meals around therapy sessions and more reliably prevent your meal from being interrupted.

### Physical Therapy

Your physical (and occupational, if appropriate) therapy sessions will take place on the 6th floor. No need to wait for transportation to and from the therapy department! The therapists will come to your room. Your practice getting into/out of bed and chairs occurs right where you are. Family or friends that will be helping you at home will benefit from observing your session and hearing the instructions.

### Visiting Hours

Having family and friends visit is often a pleasant way to pass the time while you are in the hospital. Visiting hours are generally from 9 am to 10 pm.

It is helpful to the staff to limit the number of visitors in your room at one time. If you have more than 3 visitors at one time, and are able to be out of bed, please ask for assistance to go to the lounge/family waiting area. Also, if you would like to have food or beverages brought in by a visitor please check with your nurse prior to their visit.

Keep in mind you will be having 2 Physical Therapy sessions per day while you are in the hospital. These are very important for your recovery and as a result your visits with family and friends may be interrupted. Visitors are welcome to wait in the lounge while you complete your therapy session and resume visiting after its completion. A visitor who will assist you at home is welcome and encouraged to participate in the therapy session.

Many people undergoing total joint replacement surgery have young children that want to visit as well. We ask that you check with your nurse before having children under the age of 12 visit. Spending the night at the hospital with your family member, while allowable, is not always possible to arrange. Please discuss the possibility with your nurse. There are circumstances that affect our ability to allow family members to stay. Please understand that your safety, as well as the safety of other patients, may prevent accommodation of overnight stays.



## DURING YOUR HOSPITAL STAY

**DIET** You may have a regular diet when your stomach is able to tolerate it. If you experience any nausea, ask your nurse for some medicine.

**TOILETING** You may have a bowel movement by the time you are being discharged. Ask your nurse for a laxative if you are feeling constipated. After surgery, some people do not move their bowels for 2-3 days. This is normal as anesthesia and other medications can slow down your intestinal activity. Decreased activity and decreased appetite can also slow the bowel.

**BREATHING EXERCISES** You are encouraged to use your *incentive spirometer* during your hospitalization. An incentive spirometer is a device you use to inhale that will help you to expand your lungs. Many of the lines and tubes will be removed on 1 day. This will depend on your hydration, pain control, and control of nausea.

**GETTING OUT OF BED** Please do not get out of the bed by yourself until cleared by the therapist. There are many lines, tubes, and obstacles in the room that may interfere with your safety. You will then be able to sit up in the chair, walk to the bathroom, and negotiate the room more often and more safely.

**PHYSICAL THERAPY** In most cases, the physical therapist will initiate your evaluation on the day of surgery. A physical therapist will see you twice a day (once in the morning and once in the afternoon). The goal for physical therapy is to have you be as independent as possible by the time of discharge.

This includes:

- Bed mobility. Getting in and out of bed.
- Transfers. Standing up from the bed, chair, and toilet/commode.
- Walking. Initially with a walker and then progressing as tolerated to crutches/cane.
- Negotiating stairs.
- Understanding and being able to complete your home exercise program.

Family members who may be assisting you upon discharge are recommended to observe the physical therapy session. There are times when some of these activities may be difficult. Therefore, training can reduce any anxiety or discomfort of the patient/family member. Post-operative instructions regarding a walking program and exercise progression will be discussed. The physical therapist or case manager will order any necessary medical equipment that you may need at home.

**OCCUPATIONAL THERAPY** You will be evaluated by an occupational therapist. The goal for occupational therapy is to have you be as independent as possible in the areas of activities of daily living (ADL).

These activities include

- Bathing. Standing at the sink to shower.
- Dressing. Being able to put on your pants, shoes, and socks with or without the use of adaptive equipment.
- Negotiating the areas of your bathroom (toilet/commode and in/out of tube/shower).

If your family member will be assisting with the bathing or dressing activities, please notify the therapist. The occupational therapist or case manager will order any necessary medical equipment that you may need at home.

**BATHING** A bed bath will be set up for you. The nurse or nurse's assistant will encourage you to wash as much as you safely can. This movement and activity helps your circulation and deep breathing. The nurse or nurse's assistant will help you with areas that are hard to reach.

**ICE TO REDUCE SWELLING** It is encouraged to have ice on your operative hip or knee to reduce swelling and help alleviate the pain 3-4 times daily for 30 minutes at a time. Please continue this at home for the first week to 10 days.

**PAIN MEDICATION** Pain pills may be used to assist pain control. It is encouraged to have the pain medicines in your system before getting up with therapy. Prescriptions for these pain pills will be given to you on the day of discharge or electronically prescribed and sent to your pharmacy of choice.

**DISCHARGE PLANNING** Discharge plans are continuously being assessed. This can include any home health services. The case manager can contact the insurance company to see if you have these benefits included in your plan. A typical hospital stay is anywhere from 24-72 hours depending on the surgical procedure and your progress in therapy.

## Managing Your Pain After Surgery

### Assessment and Communication:

Frequently, you will be asked to rate your pain on a scale of 1-10. Zero means you have no pain and 10 means you are having the worst pain you can ever imagine having. You are asked to do this often for 2 reasons. First, it helps your nurse know how much and what kind of pain medication to give you. Second, it enables your nurse to know how effective the pain medication is at controlling your pain.



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### Expectations:

While we have made significant progress in understanding pain and have developed improved methods of dealing with surgical pain after total joint replacement surgery, the amount of pain one experiences varies from person to person. It is important to have reasonable expectations for pain control after surgery. "Control" is the operative word here. "No pain" after total joint surgery is not a reasonable expectation.

Our goal is to keep your pain level under control. This enables you to participate in your therapy and get adequate rest. Communication with the nursing staff is a very important part of achieving that goal. While some pain medication will be given to you on a regular schedule, the majority of it is on an as needed basis. Since everyone perceives pain differently, only you can communicate your level of pain.

Taking pain medication 30 minutes prior to physical therapy sessions is a good way to help control your pain and be able to participate in your rehab. Another way is to take pain medications on a regular basis. It is much more difficult to get your pain back under control than to keep it under control by having a steady level of pain medication in your system. Work with the nursing staff to find a plan that works for you. If you feel that your level of pain prevents you from participating in your rehab, please talk to your doctor. Following your rehab protocol is vital to achieving a satisfactory outcome after surgery.

### Alternative Pain Control Options:

Inflammation and swelling occur as a result of surgery. Applying ice to the incision and elevating your leg helps diminish both of these and as a result decreases pain. Communication with your nurse and asking for assistance with icing and elevating is very important. Participating in activities you enjoy, such as visiting with friends, watching TV, and reading, can help distract your mind from focusing on the pain. Changing positions and moving around can also help in decreasing your pain.

## Planning for Discharge

Many people wonder whether they should go home or to a rehab facility after Total Joint Replacement surgery. You will no doubt receive well-intended advice from many different people all of whom have had a variety of experiences. While neither answer is always correct for everyone we generally recommend that you return home after discharge from the hospital. Your surgeon will discuss this issue with you. There are a number of reasons why we recommend this...

1. People tend to recover better in familiar surroundings, sleeping in their own beds, eating their normal foods.
2. You are able to set your own schedule for your rehab program, i.e., when you do your exercises.
3. You have control and are able to keep track of your pain medication schedule.
4. It is generally more convenient for friends and family to visit you at your home.
5. No unusual germs/bacteria in your home that could increase your risk for infection.

Unfortunately, insurance companies do not recognize "living by yourself" as an approved reason for a rehab stay. If it is medically unsafe for you to go home, we recommend a stay at a rehab facility until you are safe and we will help make those arrangements for you. Again, unfortunately most of the time, this cannot be determined until after surgery. Most often insurance companies will not give a determination of approval for a rehab stay until you have begun physical therapy after surgery. It is a good idea, however, to have a place in mind if a rehab stay is appropriate for you.

Coverage of rehab services, both inpatient and outpatient, are determined by your insurance company. We recommend you contact your insurance company before surgery to find out what rehab benefits you have; what, if any, co-pay is required; and what the criteria are for qualifying for those benefits.

Rest assured; once the appropriate discharge plan has been determined between you and your doctor, with input from your nurses and therapists, our case manager or social worker will make the arrangements with the Home Health Care agency or Rehab facility you've selected. Approval for these services will be obtained before your discharge.

## DAY OF DISCHARGE

**Discharge time is:** 11:00 a.m.

The nurse will provide you with discharge instructions (including incision care and progression of activities/exercises) and a prescription for any medications.

You will receive a pair of TED hose (surgical stockings). It is important to wear the stockings to help prevent blood clots.

- Wear the TED hose for 4 weeks after surgery.
- Wear them on both legs all day.
- You may remove them at night.
- You may purchase additional pairs from a medical supply house or pharmacy.

# AFTER DISCHARGE

## WHAT TO LOOK FOR

Call the Nurse Navigator at **323-229-6950 / 213-259-7641** or Support Coordinator at **323-442-6968** if you experience any of the following:

1. Fever of 101 degrees or higher
2. Drainage from the wound
3. Pain in the calf or behind the knee
4. Swelling in the legs that does not go down with elevation (ankles higher than heart level)
5. Shortness of breath or chest pain

Please remember to call the nurse navigator before going to a local emergency unless it is a medical emergency.

### After surgery, your leg may feel/show:

- **HEAVY.** The muscles are weak after surgery. It will become easier to move as you continue to do your exercises.
- **LONGER.** Do not be alarmed. This happens to a few patients who have had a total hip replacement. The sensation will resolve usually by the 5th or 6th week. Continue to walk and weight bear through the operative leg.
- **TIGHT.** Your leg will be swollen for 1-2 months. Total hip replacement patients may experience swelling around the hip and possibly into the groin area and down to the knee. Patients will often feel stiff, especially with prolonged sitting. Total knee replacement patients may experience swelling around the knee and possibly down towards the foot and ankle. Performing the range of motion exercises can be difficult because of this tightness/swelling.
- **WARM.** Some warmth is normal, especially after walking or exercising.
- **NUMB.** Total knee replacement patients may experience numbness on the outside of the kneecap (usually the size of a 50 cent piece). Total hip replacement patients may experience numbness on the outside of the leg. Total knee/hip replacement patients may also experience numbness along the incision line.
- **“BAND AROUND THE KNEE”** for knee replacement patients. The “band-like” sensation usually subsides by 6 weeks.
- **BRUISING.** You may notice increased bruising along the back of your leg/knee for hip patients and down the calf/shin and into your foot/ankle for knee patients. This is accumulation of blood from the surgery. Often times, it cannot be seen until 1-2 weeks from surgery, and may last 6 to 8 weeks.

## INCISION CARE

### Total Hip and Knee Arthroplasty Patients

Your wound may be closed with subcutaneous sutures and surgical glue, visible sutures or staples.

If your wound is closed with sutures, at the ends of your incision you will have paper tape strips (steri-strips) that cover the ends of the absorbable sutures. Allow these to fall off on their own. If you notice the clear suture (like fishing line) you can:

1. Tape it down to the skin and have the Physician Assistant remove it during your office visit.
  2. You can cut it as close to the skin as possible – DO NOT PULL ON IT
  3. Leave it alone and it will fall off on its own.
- No hot tubs, Jacuzzis or swimming pools for 6 weeks.

## ICE AND ELEVATION

2 hour program for the first 2 days – 2 hours of activity balanced by 2 hours of rest. Ice 4 times a day minimum for the first week. Ice should be applied for 30 minutes at a time. Always have a towel between the ice bag and your skin. Increase your activity as you feel stronger/balanced by pain and swelling.

## PAIN MANAGEMENT ANESTHESIA

The anesthesiologist and the nursing staff work very hard to keep your pain under control. Spinal anesthesia with an intravenous sedation is typically used in order to make the patient completely unaware of the activities during surgery. In total knee replacement patients, a sensory nerve block may be also used. You will receive oral pain medications the evening of the surgery if needed. Pain is subjective. Therefore, the staff will listen attentively and treat every patient accordingly. The goal is to keep you as comfortable as possible.

## HOME HEALTH

Your surgeon will determine if home health services are indicated. If ordered, the case manager will set up the services according to your insurance and your discharge location. Here are some important reminders:

- Contact the office at **323-442-6950** or **323-442-5860** if you have any questions.
- Home health services are for patients who are housebound. As you recover and become more active, your home therapist may recommend outpatient physical therapy. The home therapist should fax a report of your status and recommendations to the physician at 323-865-9503 or 323-865-5577.

## ACTIVITY PROGRESSION/WALKING PROGRAM

1. Take the pain medication (as needed) prior to your exercise session or your daily walk.
2. Continue your home exercise program and your walking program.
3. Increase the walking distance as tolerated. Gradually increase activity level in order to keep the soreness out of the hip or knee.
4. Ice and elevate your operative leg after exercising and walking.
5. Remember the heel-toe walking pattern as instructed by the doctor and physical therapist.
6. Pace yourself in order to avoid an increase in soreness, pain or swelling.

### DO NOT -

- DO NOT OVER DO IT! “More is better” does not always apply. This may result in an increase in pain and swelling which can make walking, sleeping and exercising more difficult. If you over do it, decrease your activity for the next 1-2 days and elevate and ice your operative leg.
- Do not sit up for more than an hour at a time without getting up and moving around. If you sit for prolonged periods, gravity may pull the swelling from your hip/knee into the lower part of your leg. If you notice an increase in swelling in the lower part of your leg, you must lie down with your operative leg above your heart more frequently.

## FOLLOW-UP APPOINTMENTS

Call the office when you get home from the hospital to make your follow-up appointment at **323-442-5860**.

You will receive a call to see how you are doing. This call should occur 1 week from your discharge.

Your first return visit to the office will usually be around 2 weeks unless otherwise indicated. Your second office visit will be at 6 weeks after the surgery and x-rays will be taken at that visit.

Your next appointment will be at 4 months (from the date of surgery). The surgeon will guide you thereafter on when you should return for check-ups. These usually occur at 1 year, 5 years, etc.

## Removing Stitches or Staples

Most often your stitches or staples will be removed somewhere between 10-14 days after surgery. This will usually occur at your first post-op office visit in your doctor's office or by our local physician.

There should be no drainage from the incision for 24 hours prior to staple/suture removal or unless specifically instructed otherwise by your doctor. If there is any drainage on your dressing and your stitches/staples are being removed somewhere other than your doctor's office; please check with your doctor's office prior to having them removed.



# RETURNING TO NORMAL ACTIVITIES

## Exercise

Continue your exercise program at home. If you were given restrictions on the amount of weight you are allowed to place on the operated leg continue to follow them until instructed otherwise by your doctor. If you are allowed to put all of your weight on your operated leg, then we want you to work on returning to a normal gait and progress from the walker/crutches to a cane and then off as you are able. The key is to be safe! It may be helpful to have a therapist help you with this process.

## Metal Detectors

As you recover and begin to go "out and about", be aware that you may activate metal detectors at airports, government buildings, etc.

## Dental Work

It is important that you avoid any dental work, including routine cleanings, and some other procedures for 3 months after surgery. Antibiotics must be taken before you have any dental work done. You can obtain an antibiotic prescription for routine dental work at the 6-week or 3-month follow-up. Please see the Appendix for information about Antibiotic Prophylaxis.

## Driving

This is determined on an individual basis. General rule is:

**Left leg operation** - Must be off pain medicine (liability purposes) and you must be able to get the operative leg in the vehicle comfortably.

**Right leg operation** - Must be off pain medicine (liability purposes) and you must be able to get the operative leg in the vehicle comfortably. You must have sufficient control of your leg to step on the gas pedal and push down on the brake.

### Recommendation:

Sit in your car and practice moving your right leg to and from the gas pedal to the brake. Then practice driving in an area where there is minimal congestion and pedestrians, (i.e., open parking lot).

## Minimizing Post-Surgery Sleep Disorders

After surgery, one of the most frequent complaints from a patient is, “I have trouble sleeping.” There are several things that you can do to minimize this problem.

After surgery when the body has undergone trauma, endured anesthesia and tolerated pain medications, the normal activity/rest pattern becomes disturbed. Your body may not recognize when it is tired. In the days after surgery you may notice that there are frequent interruptions day and night from nurses taking vital signs, giving medications, noises from foot compression pumps that produce a constant mild hum/whoosh sound, IV alarms beeping, monitors beeping, etc. The sleep pattern becomes a series of frequent naps with a short stretch of nighttime sleep.

After going home there is a certain amount of anxiety present. Now you are on your own with your new implant. As night unfolds you find yourself suddenly wide awake and wondering, “Will I be okay? Am I in the right position? Is my wound healing?” All is quiet around you. Too quiet! You close your eyes to sleep and you find that no matter how hard you try to fall asleep, you cannot. If you are lucky enough to fall asleep you may find yourself wide awake two hours later. What do you do? The mistake that most people make is lying there for hours trying to get back to sleep. You must do something to make your body and mind feel tired.

Do not make the bed your body’s enemy. The bed should be a comfortable place that you associate with sleep. If you cannot fall back to sleep after 30 minutes, then you should get out of bed. Here are some suggestions that may help you sleep:

1. Get up and have a glass of warm milk or a banana. These foods are high in the amino acid tryptophan, which may help you to sleep.
2. Relaxing activities such as reading, playing solitaire, sewing, watching TV, or working on a jigsaw or crossword puzzle may help relieve anxiety and reduce muscle tension.
3. During the day be careful about taking naps. Naps should be taken in the later morning or early afternoon for no more than 2 hours. If you nap later in the day or early evening, you will be tired at your normal bedtime. You should try to plan your activities as near normal as possible. Get back on your pre-surgery clock.
4. Do not sleep in the morning. If you stay in bed longer in the morning you will create a new pattern of activity/rest. If you are used to getting up at 7 am, get up at 7 am, even if you just fell asleep at 5 am. Eventually, you will get yourself back on a more normal cycle.
5. Regular exercise, particularly in the afternoon, can help deepen sleep. However, strenuous exercise right before sleep may prevent you from falling asleep by creating over-stimulation.
6. Watch your other personal habits. For several hours before bedtime avoid alcoholic beverages, caffeine, chocolate, heavy/spicy/sugary or sugar-filled foods. Avoid smoking before bedtime. They can affect your ability to fall asleep.
7. Restrict fluids right before bed. If you are frequently awakened to use the bathroom, it will disturb your sleep cycle.
8. Make sure your bedding is comfortable. The bedroom should neither be too hot nor too cold as this can keep you awake. Find a comfortable temperature for sleeping and keep the room well ventilated.
9. Block out distracting noise and eliminate as much light as possible.

10. Sleeplessness can be a side effect from the medication. Ask your doctor or pharmacist about this possibility. To help overall improvement in sleep patterns, your physician may prescribe sleep medications (for short-term relief). Disorientation can be a side effect from sleeping medications. Following joint replacement surgery, we do not routinely order sleeping medications as it can increase the risk of falling.
11. Always follow the advice of your physician and other health care professionals. The goal is to rediscover how to sleep naturally.
12. Enlist the support of family members. If you share a bed, you or your partner may want to move if the other's sleep is being disturbed. Getting sleep patterns back to normal after surgery can greatly help to speed your recovery by leaving you feeling well rested.

## Avoiding Constipation

Constipation can become a problem if you are taking iron tablets or pain medications before your operation.

After surgery, medications and immobility can cause constipation. Here are some tips to help with this common problem:

1. Drink 6-8 glasses of water daily.
2. Eat plenty of fruits and vegetables.
3. Be aware of your bowel pattern. If you notice changes, take action. If you miss 2 or 3 of your usual movements, or you begin to feel uncomfortable, you may need a gentle oral laxative.
4. Eat light meals 2 days prior to surgery.
5. Increase activity (gradually) while reducing the pain medications.

## Iron Rich Foods

<b>Meats:</b>	Lean beef, veal, pork, lamb, poultry, kidney, hearts, all kinds of liver (except fish liver). Liver should not be eaten more than once a week.
<b>Seafood:</b>	Shellfish, fish fillets, clams, shrimps, oysters, sardines and crab
<b>Vegetables:</b>	Any kind of dark green leafy vegetables, broccoli, spinach, Brussels sprouts, green beans, lima beans, tomato juice, beets, sauerkraut, tofu, kale, sweet potatoes, peas, bean sprouts, potatoes, legumes, dried peas, dried beans, and lentils
<b>Whole grains:</b>	Whole grain breads, whole grain cereals, brown rice, wheat germ, bran, enriched pasta, tortillas, soy bean, flour, iron-fortified cereals (Frosted Mini-Wheat, Wheat Chex, and Kellogg's Just Right)
<b>Fruits:</b>	All berries, grapes, raisins, dried apricots, grapefruit, oranges, plums, prunes, watermelon, dried fruits
<b>Miscellaneous:</b>	Unrefined sugars, molasses, Brewer's yeast

Cooking with cast iron pots can add up to 80% more iron. Eat foods that are high in Vitamin C when eating the above mentioned. Vitamin C helps the body to absorb the iron. Do not take your iron tablets with anything that contains caffeine as it can cut the absorption rate.

# MEDICATIONS

## Anticoagulation - Coumadin, Lovenox or Aspirin

Research has shown that undergoing total joint replacement surgery increases the risk of developing a blood clot. There are a number of events that naturally occur as a result of surgery and account for this increased risk.

First, venous stasis, or poor blood flow, occurs as a result of swelling and decreased mobility. Greater than normal blood clotting, hypercoagulability, also occurs after surgery. A third event that increases the potential for blood clot formation is injury to the surrounding blood vessels. Finally, some medical conditions, such as peripheral vascular disease, congestive heart failure, previous blood clots and obesity, also increase the potential for blood clot formation. Most often the formation of a blood clot resolves without any complications. Occasionally; however, the serious complication of a pulmonary embolism, also known as a blood clot in the lung, can result. For this reason we do a number of things while you're in the hospital and after you go home to help decrease the possibility of blood clot formation.

While in the hospital you will be wearing knee high support hose (tight white stockings) and wraps on your legs or feet connected to a machine. In addition, you should flex and extend your ankles 10 times per hour while you are awake. Combined, these provide pressure to improve the blood flow in your legs, which decreases venous stasis. Ask your doctor if you should continue to wear the stockings after you are home.

You will also be started on an **anticoagulation medication**. These medications are commonly known as "blood thinners". There are a variety of medications that thin your blood. Examples include Coumadin® (Warfarin), Lovenox®, Rivaroxaban® and aspirin. Your doctor will let you know which medication you will be on, how long you'll need to take it and what will be required during the course of treatment. Some of these medications are taken by mouth and some are injections. Some require blood tests to monitor your level of "blood thinning" others do not. Please do not hesitate to ask your doctor, the nursing and/or pharmacy staff, any questions you may have regarding the medication selected for you. Instructions on when to take the medication, how to take the medication, other medications to avoid while taking the "blood thinner", symptoms to watch for and when to stop taking the medication should be given to you at the time of your discharge from the hospital.

**The most important thing that you can do to help prevent blood clots is walking and doing the leg exercises (pumping your feet up and down) that you were shown in the hospital!!!** Getting up and walking for a few minutes every hour, during the day, helps improve the blood flow in your legs after surgery better than any stockings or machines. It is one of the best things you can do to help yourself during your recovery.

## Coumadin® (Warfarin)

If your doctor has decided that Coumadin® is best for you, you will be taking Coumadin for 2-3 weeks from your date of surgery unless you are specifically instructed otherwise.

The following is information that you will find useful:

### What is Coumadin®/Warfarin and What It Does for You?

Coumadin®/warfarin is a medicine that will keep your blood from clotting. The drug is an anticoagulant. "Anti" means against and "coagulant" means to thicken into a gel or solid. Sometimes this drug is called a blood thinner. Think of syrup being poured - it is sticky and thick and flows slowly. Coumadin®/warfarin helps your blood flow easier and not clot.

### How to Take Coumadin®/Warfarin:

Always take your pills as directed. You must take the pills only on the days your doctor tells you to. The amount of Coumadin®/warfarin each person needs is different. The dose is based on a blood test called the INR (International Normalized Ratio). The amount of medication you take may change, based on the blood test result.

- You will be taking Coumadin for 2 weeks from your date of surgery unless you are specifically instructed otherwise.
- It should be taken at the same time of day, usually in the evening.
- Never skip a dose and never take a double dose.
- If you miss a dose, take it as soon as you remember. If you don't remember until the next day, please call your doctor for instructions.
- If this happens on a weekend or holiday, skip the missed dose and start again the next day.

### How much Coumadin® should I take?

When you leave the hospital you will be given a prescription for Coumadin®/warfarin. It is important you fill this prescription on the day you are discharged because you will need to take a dose that evening.

Please read the instructions carefully. You may need to take more than one pill or cut some of the pills in half in order to get the correct dose. Coumadin®/warfarin tablets come in many different doses. It is important that you know the milligrams (mg) of your tablets. You may need to take 5 mg of Coumadin®/warfarin and be given 2.5 mg tablets which would require you to take 2 tablets each evening. If you are unsure or have any questions, please call your doctor's office.

After each blood test someone from your doctor's office will call you if the dosage needs to be changed. For example, if you are taking 3 mg of Coumadin (3 tablets that are 1 mg each) and your blood test result is lower than your doctor would like you will be instructed over the phone to increase the number of tablets. You should continue on this new amount until your next blood test unless specifically instructed otherwise.

## Blood Tests

Your doctor will decide how much Coumadin®/warfarin you need by testing your blood. Your **blood tests will be done on Mondays and Thursdays** while you are taking Coumadin®. Because your dose is based on the INR blood test it is very important that you get your blood tested on the date and at the time that you are told.

The test measures how fast your blood is clotting and lets the doctor know if your dosage should change. If your test result is too high, you might be at risk for bleeding problems. If it is too low, you might be at risk for forming clots. Your doctor has decided on a range on the blood test that is right for you.

Illness can affect your INR blood test and your Coumadin®/warfarin dose. If you become sick with a fever, the flu, or an infection, call your doctor. Also call if you have diarrhea and vomiting lasting more than 1 day.

## Side-Effects

Slight bleeding - You may notice from time to time:

<ul style="list-style-type: none"><li>▪ Gum bleeding while brushing teeth</li><li>▪ Occasional nosebleed</li><li>▪ Easy bruising</li></ul>	<ul style="list-style-type: none"><li>▪ Bleeding after a minor cut that stops within a few minutes</li><li>▪ Menstrual bleeding that is a little heavier than normal</li></ul>
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Major bleeding - Call your doctor right away if you have any of the following:

<ul style="list-style-type: none"><li>▪ Red, dark or coffee colored urine</li><li>▪ Bleeding from the gums or nose that does not stop quickly</li><li>▪ Vomit that is coffee colored or bright red</li><li>▪ A cut that will not stop bleeding within 10 minutes</li></ul>	<ul style="list-style-type: none"><li>▪ Bowel movements that are red or look like tar</li><li>▪ Anything red that you cough up</li><li>▪ A serious fall or hit on the head</li><li>▪ Dizziness or weakness</li><li>▪ Severe headache or abdominal pain</li></ul>
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## Can I take my other medications?

Some medications can increase or decrease the effect of Coumadin®/warfarin. It is very important to talk with your doctor about all of the other medicines that you are taking, including over-the-counter medicines, antibiotics, vitamins, or herbal products. Following is a list of some common medications that should be approved by your doctor.

### Pain relievers:

Excedrin®  
Naproxen (Aleve®)  
Ibuprofen (Advil®, Motrin®, Nuprin®, Midol®)  
Celecoxib (Celebrex®)

### Stomach remedies:

Cimetidine (Tagamet HB®)  
Bismuth Subsalicylate (Pepto Bismol®)  
Laxatives and stool softeners  
Alka-Seltzer®

### Herbal products:

Garlic  
Green tea  
Ginkgo

### Antibiotics:

Fluoroquinolones (Cipro®, ciprofloxacin)

## Should I avoid certain foods?

You should continue to eat a healthy, well-balanced diet while taking Coumadin®/warfarin. Certain foods high in Vitamin K content can decrease the effectiveness of Coumadin if consumed in large quantities. The most important thing to remember is to eat what you normally eat and not make any major changes in your diet without calling your doctor. Do not go on a weight loss plan while taking Coumadin®/warfarin. It is important not to change your Vitamin K intake. Keep your diet the same. If you normally eat a salad for lunch, keep eating a salad for lunch.

Examples of foods high in Vitamin K are:

**Vegetables:**

Broccoli, Brussels sprouts,  
Cabbage, Green onions

**Leafy greens:**

Lettuce, Spinach, Kale,  
Parsley, Turnip, collard  
and mustard greens

**Meats:**

Beef liver  
Pork liver

**Other:**

Mayonnaise, Soybean Oil,  
Margarine, Canola Oil

**Limit alcohol.** Alcohol can affect your Coumadin®/warfarin dosage but it does not mean you must avoid all alcohol. Serious problems can occur with alcohol and Coumadin®/warfarin when you drink more than 2 drinks a day or when you change your usual pattern. Do not combine alcohol with narcotic pain medications.

This information is based on a product developed by Carla Huber, A.R.N.P., M.S., Cedar Rapids Community Anticoagulation Clinic, Cedar Rapids, Iowa, under Agency for Healthcare Research and Quality (AHRQ) Grant No. 1U18 HS015830-01 to Kirkwood Community College. Used with permission.



## Lovenox®

If your doctor has determined that Lovenox® injections are best for you the following information will be helpful:

Lovenox® is another type of blood thinner or anti-coagulant medication that helps prevent the formation of blood clots after surgery. "Anti" means against and "coagulant" means to thicken into a gel or solid. Think of syrup being poured-it is sticky and thick and flows slowly.

You should use Lovenox® exactly as prescribed by your doctor for the entire length of time directed by your doctor. If you are unsure or unclear about how or when to use the Lovenox® please call your doctor's office for direction. Prior to discharge from the hospital you will be instructed on how, when, how much and for how long to give yourself Lovenox® injections. You will also be given a comprehensive information packet and video with instructions on self-injection, common side effects and situations in which you should notify a healthcare professional.

Lovenox® should not be used in patients with an allergy or sensitivity reaction to the active ingredient called *enoxaparin sodium*, *heparin*, or *pork products*, and in patients with active major bleeding.

Common **side effects** of Lovenox® injections include:

- Mild local reactions or irritation at the site of injection,
- Pain
- Bruising
- Redness of skin.

Situations in which you or a caregiver should **notify a healthcare professional** include:

- Bleeding or oozing from surgical wound
- Any other bleeding episodes that do not stop within 5-10 minutes (for example, bleeding at the site of the injection, nosebleeds)
- Coughing or vomiting blood and/or blood in your urine
- Spontaneous bruising (a bruise not caused by a blow or any apparent reason)
- Pain or swelling in any part of your leg, foot, or hip that is not decreased by elevation
- Dizziness, numbness, or tingling
- Rapid or unusual heartbeat
- Chest pain or shortness of breath
- Vomiting, nausea, or fever
- Confusion

# Antibiotic Prophylaxis

## Post-operatively, prior to any dental procedure

Antibiotics are occasionally necessary to prevent the spread of infection into your total joint replacement from other parts of your body. **Antibiotic prophylaxis** is the term used to describe use of antibiotics to prevent infection, rather than to treat an infection that already exists.

Please let all of your health care providers know that you have a total joint replacement in place.

As an additional precaution, please avoid all of the tests and procedures listed below for 3 months after your surgery!!

- Any dental work, including routine cleaning
- Any major and some minor operations
- Any colonoscopy or urinary manipulations

At the present time we ask that our patients use antibiotics for the above situations after joint replacement.

You should know that continued use of antibiotics for routine dental cleaning beyond 2 years after the procedures is controversial. However, we believe the potential risks of antibiotic use is limited. The evidence to stop using antibiotics is also limited and therefore, we are recommending the use of antibiotics for these situations. \* It is important to note that there is no controversy regarding the use of antibiotics if you have diabetes, rheumatoid arthritis or you are immune compromised. If you have one of these conditions, you should take antibiotics.

**Date of Total Joint Replacement Surgery:** \_\_\_\_\_

In general, you should obtain prescriptions for these antibiotics from your treating physician or dentist. Please call your doctor's office with questions regarding this routine.

The current medication recommendation is as follows:

Amoxicillin 2.0 gms (4-500 mg capsules) orally 1 hour before the procedure  
**AND** Amoxicillin 2 grams (4-500 mg cups) 4 hours after the procedure.

If you are unable to take Amoxicillin due to a Penicillin allergy:

Dental Procedures:

- Clindamycin 600 mg orally 1 hour before the procedure  
**AND** 600 mg orally 4 hours after the procedure

Genitourinary & Gastrointestinal Procedures:

- Ciprofloxacin 750mg orally 1 hour before procedure.

# LIFESTYLE CHANGES

## Exercise

Many people find it difficult to make healthy changes to their lifestyle while dealing with the pain of hip or knee arthritis. Exercising to improve heart and lung health or achieve weight loss for general health is an important part of maintaining an active, healthy lifestyle. An excellent time to begin making these changes is after total joint replacement surgery. It is important that you talk with your surgeon and your primary care practitioner and seek help in developing an exercise program that is safe for you. Low impact exercises, such as water aerobics, stationary bicycling, or elliptical machines, are an excellent aerobic exercise and are ideal for preserving the total joint implants. Weight lifting should be started slowly and after obtaining direction from your surgeon. A regimen of more repetitions with a lower amount of weight should be followed rather than that of fewer repetitions with more weight. Again, it is important that you seek the advice of your physicians at the beginning of your exercise program.

## Nutrition

A well-balanced diet is another important part of maintaining a healthy lifestyle. Registered dietitians can provide individualized nutrition counseling that will address diet recommendations for your overall health as well as accounting for special diet requirements that may be dictated by certain medical conditions. In addition to a well-balanced healthy diet after surgery, foods high in fiber and iron can help minimize some of the common side effects of surgery.

### Why a High Fiber Diet?

Constipation commonly occurs after surgery. A diet high in fiber can help prevent and treat constipation. For some people it can also help lower blood cholesterol and control blood sugar levels. Foods that contain the most fiber are whole-grain breads and cereals, fruits and vegetables. You should increase your fiber intake gradually. Increasing it quickly can cause gas, cramping, bloating or diarrhea. Adequate fluid intake, such as water or fruit juices, should accompany a high-fiber diet. Increasing your fiber intake without the appropriate amount of fluid (8-8oz. glasses a day is the general recommendation) can increase constipation instead of treating or preventing it.

### Why Foods High in Iron?

Some people become anemic (low red blood cell level) after surgery. Post-operative anemia can occur as a result of blood loss during surgery, and/or chronic anemia. Foods high in iron can stimulate red blood cell production. Examples of foods high in iron are beef, poultry, liver, pork, eggs, whole grain foods, potatoes, beans (pinto, lima, navy and kidney), strawberries and dark green, leafy vegetables. If you are taking an iron supplement you can increase their effectiveness by taking them with Vitamin C or citric juices containing Vitamin C. You should avoid taking these supplements with milk or cheese as this can decrease their effectiveness.

## Osteoporosis

Osteoporosis, in simple terms, is defined as a disease where the bones become weak and can break more easily than bone of normal strength. It occurs most commonly in the wrist, spine and hip, although any bone can be affected. It is referred to as a "silent disease" because the bone loss occurs without symptoms and a person may not know they have osteoporosis until a fracture occurs; often from something as simple as minor fall, bump or even a sneeze. Osteoporosis is a major health risk for 55% of the people who are aged 50 or older. There are 10 million people estimated to have osteoporosis in the U.S. and 34 million estimated to have low bone mass (osteopenia), which puts them at risk for developing osteoporosis. 80% of those 10 million people are women, 20% are men and all ethnic backgrounds have been identified as having significant risk for osteoporosis.

There are some things that you can do to help optimize your bone health and prevent the occurrence of osteoporosis ...

- Get the recommended daily amount of Calcium and Vitamin D in your diet and/or with supplements. The recommended Calcium intake is 1000-1500mg per day and 400-800 international units of Vitamin D. Talk to your doctor before starting either of these supplements.
- Participate in a regular weight-bearing, muscle-strengthening exercise program. Talk to your doctor before beginning this program.
- Avoid smoking and excessive alcohol intake.
- Talk to your doctor about regular bone density testing and taking medications if appropriate.

There are also a number of things you can do in your house and when you're out and about to help reduce the risk of falling. Things such as ...

- Removing all obstacles from the floors. Obstacles such as loose throw rugs, electrical cords and clutter.
- Install railings in the shower/tub and by the toilet.
- Don't wear backless shoes or slippers.
- Increase the wattage of light bulbs in areas with low level lighting
- Participate in activities that enhance your balance and strength. As always, obtain your doctor's approval before starting these activities.
- Review your medications with your doctor as some medications may cause dizziness.
- Use a cane for balance if you feel unsteady, are walking in a crowded area and/or walking on uneven ground.









# PREOP CLASS ATTENDED

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Instructor's Name

Date of surgery: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Your phone number \_\_\_\_\_

Please circle one:      HIP      or      KNEE

Have you had surgery on this joint before?    Yes    No

Height \_\_\_\_\_      Weight \_\_\_\_\_

List all medications, vitamins, and supplements you are currently taking or have taken in the last 30 days:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all known allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will drive you home after surgery/Contact #

\_\_\_\_\_

What are your post-op recovery plans?    Home    Family Members' Home    Rehab/extended care

(Where) \_\_\_\_\_



# THErapy PRE-OPERATIVE SHEET

Please fill out and give this sheet to the instructor of the pre-operative class. If you are not attending the pre-operative class, fax to 323-442 5301.

## General Information

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Date of Pre-operative class: \_\_\_\_\_

Doctor (circle):      Dr. Dorr      Dr. Gilbert      Dr. Lieberman      Dr. Longjohn      Dr. Oakes

Type of surgery (circle):              Left hip              Right hip              Left knee              Right knee

Date of Surgery: \_\_\_\_\_

## Home Situation

Who do you live with? \_\_\_\_\_

Do you live in a (check):  Home  Apartment  Condo  Townhome  Mobile home  Other

How many steps to enter the residence? \_\_\_\_ Are there rails?  Yes  No  1 side  2 sides

How many steps inside the residence? \_\_\_\_ Are there rails?  Yes  No  1 side  2 sides

How much help will you have at home?  None  During the day \_\_\_\_\_  At night \_\_\_\_\_

What best describes your bathroom? (check one)

- Tub shower combination with a curtain
- Tub/shower combination with a door
- Shower stall with a curtain
- Shower stall with a door

## Current Level of Function

How far can you walk? (check one)

- Only within the home
- Limited community distances
- Unlimited distances

Do you use any of these devices to ambulate? (check all that apply)

- Walker
- Crutches
- Cane
- Wheelchair
- No device used

Are you able to dress and bathe yourself? (check one)

- No problems
- Yes, but with difficulty
- Yes, but use equipment
- Unable and need help

## Equipment

Do you have any of the following? (check all that apply)

- Walker
- Crutches
- Cane
- Wheelchair
- Reacher
- Raised toilet seat
- Commode
- Tub bench
- Shower chair
- Long shoe horn
- Sock aid
- Detachable shower hose





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