

PATIENT EDUCATION

Advanced Orthopedic Surgery Center

Information for Patients Undergoing
Hip or Knee Joint Replacement Surgery



OSF[®]
HEALTHCARE

CONTACT INFORMATION

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OSF HealthCare Billing Questions. . . .	(800) 421-5700
OSF Financial Clearance Center	(833) 673-4322
Orthopedic Unit.	(815) 395-5179
Call Directly into Patients Room.	(815) 227-2030 Then enter room #
Orthopedic Nurse Manager	(815) 395-5459
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Case Manager	(815) 395-5075
OSF Rehabilitation Center for Health . .	(815) 395-4505
OSF Rehabilitation Rock Cut Crossing .	(815) 921-8820
OSF Home Health Care.	(309) 683-7700
OSF Home Medical Equipment	(309) 655-3440
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Dear Patient,

OSF HealthCare Saint Anthony Medical Center would like to thank you for choosing to have your surgery here. On behalf of the entire joint replacement team, we have created this booklet as a guide for you to help with a safe and successful outcome after your joint replacement.

OSF HealthCare Saint Anthony Medical Center Hip and Knee Replacement Program has received the Joint Commission's Gold Seal of Approval for Core Total Hip and Knee Replacement. This certification by Joint Commission demonstrates our commitment to providing care that not only meets quality and safety standards but is delivered with the greatest care and love.



UNDERSTANDING JOINT REPLACEMENT SURGERY

TOTAL KNEE REPLACEMENT

During total knee replacement surgery, we replace the damaged knee joint with an artificial joint. This may also be called a prosthesis or prosthetic joint. The surgery almost always lessens joint pain and improves the ability to move. It can also improve the quality of your life.



**Prosthesis
in place**

**The parts of the
prosthesis are secured
to the bones of the knee.
Together they form the
new joint.**

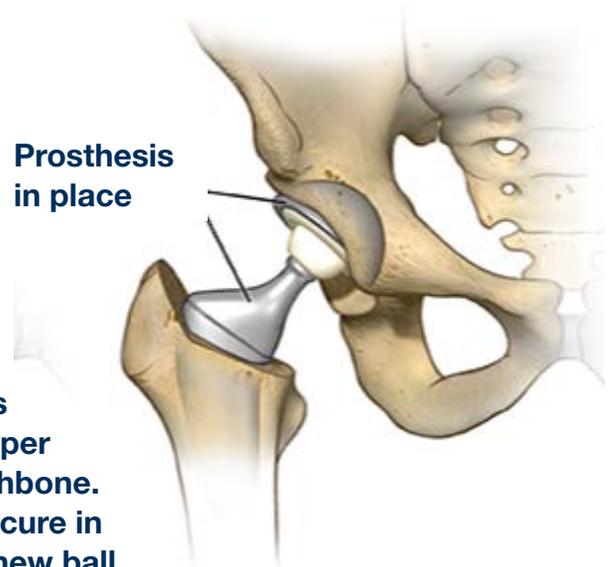
**Scan QR codes below for
Total Knee Replacement Video**



TOTAL HIP REPLACEMENT

Total hip replacement surgery almost always reduces joint pain. During this surgery, your problem hip joint is replaced with an artificial joint. This is a prosthesis.

**Scan QR codes below for
Total Hip Replacement Video**



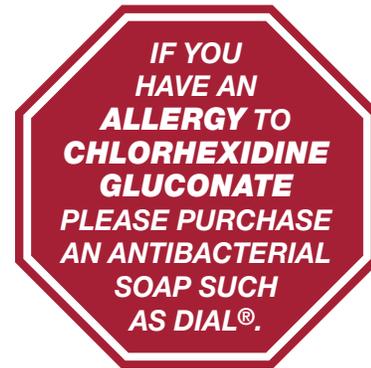
**Prosthesis
in place**

**The new hip stem is
inserted into the upper
portion of your thighbone.
After the stem is secure in
the thighbone, the new ball
and socket are joined.**

BEFORE SURGERY REFERENCES

BATHING INSTRUCTIONS:

The **night before surgery** and **the morning of surgery** you will need to shower with a preoperative skin cleanser called **Chlorhexidine Gluconate**. If you do not have this skin cleanser, go to your local pharmacy and pick up the skin cleanser. A common brand name of the soap is Hibiclens®. If you are unable to find Hibiclens®, another brand name is acceptable.



- 1) Remove all jewelry and piercings.
- 2) Remove all artificial nails and nail polish.
- 3) Speak with your doctor if you have any open areas on the skin before showering with chlorhexidine gluconate.
- 4) Wash your hair, face and genitals with your regular soap before using chlorhexidine gluconate.
- 5) Thoroughly rinse your body with water from your neck down.
- 6) Step away from the water before applying chlorhexidine gluconate to avoid rinsing it off too quickly.
- 7) Apply chlorhexidine gluconate to your entire body from your neck down to your toes, using your hands or a clean washcloth. **Leave on for two minutes.**
- 8) Do NOT apply on or near eyes, ears, nose, throat, mouth, or genitals.
- 9) Rinse thoroughly with water.
- 10) Pat yourself dry with a clean towel.
- 11) **Do NOT apply anything to the skin following the shower.** This includes but not limited to: hair spray, lotions, powders, creams, aftershave, make up, deodorant, etc.
- 12) Put on newly laundered clothing and bed linens.
- 13) No pets in the bed



MY SURGERY CHECK LIST

Please **check** [✓] **box** as you complete the tasks.

If you see the comment **pg.** in parenthesis, please refer to that page in the booklet for more detailed information.

ONE MONTH BEFORE SURGERY

You will receive a phone call from OSF Surgery Pre-Admission Center

This phone call will schedule you for the following (if applicable):

- Labs, urine sample, EKG (a test for your heart), or X-ray
- Pre-operative education class
- Hospitalist appointment (if needed for medical clearance)
- **You will be responsible for scheduling your specialty appointments**

3 WEEKS BEFORE SURGERY

PRE-ANESTHESIA INTERVIEW

Receive a phone call from a Nurse Navigator to complete your pre-anesthesia interview

- The Nurse Navigator may order additional testing such as lab work, urine sample, EKG (a test for your heart), or X-ray. The additional testing is determined by your health history.

Medication Review:

- The Nurse Navigator may ask you to stop certain medications before surgery because some medications can increase the risk of bleeding.
- Herbal supplements (including tea), vitamins, and over the counter Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), such as Motrin and Aleve should be stopped 14 days before surgery.
- Do NOT take diet pills or erectile dysfunction medication for 7 days before surgery.
- Do NOT use Illegal Drugs.
- Inform the Nurse Navigator if you use nicotine, marijuana, or CBD Oil.
- The Nurse Navigator will review your home medications with you (chart on pg. 6).

Please contact the ordering physician on when to stop and restart any medications that were prescribed to you for blood thinning or autoimmune diseases.

MEDICATION LIST

3 WEEKS BEFORE SURGERY (continued)

PRE-ANESTHESIA INTERVIEW

Use this form to record your daily medications and bring it with you the day of surgery.

Medication Name	How Much You Take	How Often You Take	Check Box If You Need to Stop This Medication Before Surgery	Check Box For The Medications I Can Take Day of Surgery With Electrolyte Drink	When Did You Last Take This Medication Date and Time
			<input type="checkbox"/> STOP DATE: _____ Refer to ordering provider <input type="checkbox"/> RESTART DATE: _____	<input type="checkbox"/>	
			<input type="checkbox"/> STOP DATE: _____ Refer to ordering provider <input type="checkbox"/> RESTART DATE: _____	<input type="checkbox"/>	
			<input type="checkbox"/> STOP DATE: _____ Refer to ordering provider <input type="checkbox"/> RESTART DATE: _____	<input type="checkbox"/>	
			<input type="checkbox"/> STOP DATE: _____ Refer to ordering provider <input type="checkbox"/> RESTART DATE: _____	<input type="checkbox"/>	
			<input type="checkbox"/> STOP DATE: _____ Refer to ordering provider <input type="checkbox"/> RESTART DATE: _____	<input type="checkbox"/>	
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			<input type="checkbox"/> STOP DATE: _____ Refer to ordering provider <input type="checkbox"/> RESTART DATE: _____	<input type="checkbox"/>	
			<input type="checkbox"/> STOP DATE: _____ Refer to ordering provider <input type="checkbox"/> RESTART DATE: _____	<input type="checkbox"/>	
			<input type="checkbox"/> STOP DATE: _____ Refer to ordering provider <input type="checkbox"/> RESTART DATE: _____	<input type="checkbox"/>	

2 WEEKS BEFORE SURGERY

Arrive to OSF Healthcare Saint Anthony Medical Center

- Check in at front registration desk
 - Labs (if applicable)
 - Education class (if applicable)
 - Receive pre-operative cleanser
 - Receive education booklet
 - Hospitalist appointment (if applicable)

Review your medication list to know what medications need to be stopped.

Do you take blood pressure medication?

- Yes: check to see if you have a blood pressure cuff at home, if not purchase before surgery.
- No: NA

Proper oral hygiene

- Brush your teeth twice a day to prevent pneumonia.
- Avoid seeing the dentist at least 2 weeks prior to surgery.
- Wait at least 3 months after surgery before seeing the dentist. Notify them of your joint replacement and the office can help you find out if you need antibiotics before your appointment.

Perform daily skin checks to your surgery leg

- Call your surgeons office if you have any type of blemishes such as: cuts, scrapes, sunburn, bug bites, ingrown hair, pimples, scabs, or rashes.
 - Try to avoid yard work prior to surgery. Wear closed toe shoes and pants if you must complete lawn care. This will help prevent a cut or scrape from developing.
- No shaving surgery extremity or near site.

Complete Advanced Directives (Living Wills, Power of Attorney in Healthcare, Guardianship documents)

Avoid getting a manicure, pedicure, or tattoo's

- The tools or needles used could have bacteria on them. This could lead to an infection.

If you are working, ask your surgeon to complete leave of absence forms

Do you need handicap parking?

- Ask your surgeons office about documentation to bring to the DMV.

2 WEEKS BEFORE SURGERY (continued)

Nicotine users:

- Stop using all nicotine products such as: cigarettes, e-cigarettes, vaping products, nicotine gum or patches, chewing tobacco, dip or snuff.

Diabetic Patients:

- Get your A1C checked before surgery. What was your Hemoglobin A1C: _____
- Follow your Providers orders on how to control your diabetes such as medication regimens, checking blood sugars, diet and exercise.
- Blood sugars too high can increase your risk for infection and prevent your incision from healing.

Identify a support person to help you through your joint replacement surgery

- This person can be a family member or friend.
- The support person will attend your preoperative education class, help you with doctor and physical therapy appointments, bring you to surgery, listen to your discharge instructions, care for you and your home after surgery.

Do you have a support person? Yes, (name): _____
 No, (Discharge planning pg. 24)

Do you take care of anyone such as children, spouse or older parent? Will you need help caring for them?

- Yes, I will need help caring for them. (Discharge planning pg. 24)
- No

Discharge Planning

- Discharge same day of surgery **OR** Stay 1 over night in the hospital
- What are your physical therapy plans after leaving the hospital? _____
- When is your start date for physical therapy? _____
 - Start exercises you were taught in class (pg. 28-29)
 - Learn your hip precautions (if applicable pg. 31)

2 WEEKS BEFORE SURGERY (continued)

HOME SAFETY CHECK LIST

Outside Activities

- Clear walkway of clutter, sticks and leaves.
- Appoint someone to take care of your yard, shovel driveway/sidewalk during winter, and get your mail.
- How many steps do you have to get into your home? _____
- Steps are in good repair.
- Practice getting in and out of your car following hip precautions (if applicable).

Living Areas

- Walkways and floors clear of clutter.
- Remove throw rugs.
- Wash and put away laundry.
- Keep your cell phone with you at all times.
- If your bedroom and bathroom are not on the same floor, you may want to set up a bedroom near your bathroom.

Kitchen

- Place commonly used items between waist and shoulder height.
- Consider ready to eat meals for easy meal planning.
- Antibacterial soap for hand washing.
- Plan for a basket on your walker to help carry items such as your cell phone.

Bathroom

- Antibacterial soap for hand washing after toileting.
- It can be helpful to have grab bars in the shower or near toilet.
- Remove throw rugs and add a non skid mat in shower.
- Install night light
- A raised toilet seat can be helpful after surgery. Items can be purchased at Walmart®, Walgreens®, Amazon®, local donation stores, or a community church.



2 WEEKS BEFORE SURGERY (continued)

Apparel

- Pants with elastic waist band
- Comfortable loose-fitting tops

Bedroom

- Wash your bedsheets the night before surgery.
 - If you sleep in a recliner or on a sofa, place a freshly laundered sheet over the area.
 - Continue to wash bed sheets every 2-3 days after surgery for two weeks to help minimize the risk for infection.
- Do not sleep with your pets the night before surgery or while your wound is healing after surgery.
 - This can increase your chance of developing an infection.
- Clear pathway from bedroom to bathroom.
- Practice getting in and out of bed before surgery following your hip precautions (if applicable).

TIP

Do you have any trouble getting into or out of bed due to the height of the bed?
If yes, measure height of bed: _____
Tell your physical therapist this concern when you are at the hospital.

1 WEEK BEFORE SURGERY

Pre-operative appointment with your Orthopedic Surgeon (the last visit with surgeon before surgery may vary)

- We highly suggest utilizing OSF Pharmacy for any prescriptions prescribed before or after surgery. (pg. 25)
- Ask OSF Pharmacy about coupons for your medications and our bedside delivery program!

Perform daily skin checks to your surgery leg

- Report any skin blemishes on surgery leg to surgeons office.
- Avoid shaving surgery leg.

Review your medication list to know what medications need to be stopped

Purchase a 20 oz. sports electrolyte drink

- Electrolyte Drink examples: Gatorade®, Powerade® or Pedialyte®

—AVOID ALL RED AND PURPLE PRODUCTS—

Ensure you have your pre-operative cleanser

1 DAY BEFORE SURGERY

Review your medication list on what medications needed to be stopped within 24 hours of surgery

Do **NOT** drink any alcohol 24 hours before surgery

Between 3 p.m. and 4:30 p.m. a Nurse Navigator will provide you with an update on your surgery time

SURGERY TIME: _____

Pack your Hospital Bag

Loose fitting clothes:

- Pants with elastic waist band.
- Comfortable loose-fitting tops.

Personal care items:

- Bring your glasses, contacts, hearing aids and dentures with containers (if applicable).
- Hospital will have toiletry items.

Closed toe shoes such as tennis shoes for therapy and going home.

- Please avoid sandals, sliders or clogs. Choose footwear that is not too tight.
- Swelling is common in the surgical leg.

Perform your pre-operative cleansing (pg. 4)

Sleep on freshly laundered sheets on bed

Diet Instructions

- Stop eating any solid food at 11 pm the night before surgery.
This includes gum, hard candy, or mints.

SURGERY DAY

BEFORE YOU LEAVE HOME

Diet Instructions

- You may continue to have the following liquids up **UNTIL 3 HOURS BEFORE** your surgery which includes: 7-UP, Sprite, Water, Tea (No Herbal Tea), Ginger Ale, Apple Juice (No Pulp), or Coffee (No Cream or Milk).
- Drink 20 oz. of an electrolyte drink (Gatorade®, Powerade® or Pedialyte®),
NO RED OR PURPLE DRINKS.
 - **COMPLETE** drinking your electrolyte drink within 30 minutes. You will need to **FINISH** the electrolyte drink 3 hours before your scheduled surgery time.
- If an OSF HealthCare Nurse Navigator told you to take any of your medications the morning of surgery, take the medication with your electrolyte drink. Refer to pg. 6 in this booklet or to the OSF HealthCare Nurse Navigator instructions sent to you.

Perform your pre-operative cleansing

Brush your teeth

- Maintaining good oral hygiene will help prevent pneumonia.

STOP and call your surgeons office if you are experiencing:

- Any flu-like symptoms (fever higher than 100 degrees, runny nose, coughing, sneezing, headache, body aches, chills, fatigue, or sore throat) do not come to the hospital.

Please bring (if applicable):

- | | |
|--|---|
| <input type="checkbox"/> Photo ID | <input type="checkbox"/> Dentures (with containers) |
| <input type="checkbox"/> Co-payment | <input type="checkbox"/> Eye glasses (with containers) |
| <input type="checkbox"/> Insurance Card | <input type="checkbox"/> Hearing aids (with containers) |
| <input type="checkbox"/> CPAP/BIPAP | <input type="checkbox"/> This education booklet |
| <input type="checkbox"/> Inhalers or eye drops to the hospital | |

DAY OF SURGERY YOUR HOSPITAL EXPERIENCE

ARRIVE TO HOSPITAL

- Arrive to OSF HealthCare Saint Anthony Medical Center at the time you were requested to be here.

VISITOR PARKING

- Valet parking available from 6:30 a.m. – 6:00 p.m. Monday through Friday.
- If your arrival time for surgery is prior to 4:30 am you will need to enter through the Emergency Department entrance.
- Visitor parking available in front of the hospital.

CHECK IN AT THE FRONT REGISTRATION DESK



- Use the elevators next to the registration desk to take to the second floor where Ambulatory Surgery Unit is.

AMBULATORY SURGERY UNIT (ASU) REGISTRATION DESK



DESIGNATED DESK PHONE

- Upon arriving to the Ambulatory Surgery Unit, you will check in and receive your patient identification band.
- A staff member will come out to greet you.
- Visitor waiting rooms are not monitored 24/7. Please feel free to use the designated desk phone to call the number displayed if your family has questions.

GUIDELINES

- **2** support persons allowed in waiting room.
- **ONLY 1** support person in preoperative room with patient.
- Support person(s) can rotate from the waiting room to your preoperative room before you go to surgery.
- ***We highly encourage a responsible adult support person to stay during your surgery and take you home.***
- At OSF HealthCare Saint Anthony Medical Center we are still requiring masks and social distancing while inside the hospital.

AMBULATORY SURGERY UNIT (ASU)

In the ambulatory surgery unit the staff will:

- Measure your height and weight.
- Be assessed by a nurse.
- Use preoperative cleansing wipes.
- Swab your nose with iodine.
- Review and sign your consent.
- Start IV.
- Review why you are a fall risk.
- Meet with your surgeon.
- Meet with anesthesia team.
 - If you are anxious or nervous please tell the anesthesia team at this time.
- Place Sequential Compression Device's (SCD's) and a type of socks that are tight (compression stockings).
- The nurse will ask for your support persons phone number to provide updates after the surgery. When it is time for your surgery, a nurse will take you to the operating room. Your support person will be given a tracking number. This will allow your support person to track your progress from the large monitor displays in the surgical family waiting area.

ANESTHESIA INFORMATION

General Anesthesia

General anesthesia puts you into a state like deep sleep. Anesthesia goes into the into the lungs (gas anesthetics), bloodstream (IV anesthetics), or both. You will not feel anything during the procedure. During surgery, the anesthesia provider checks your heart rate and rhythm, blood pressure, breathing, and blood oxygen continuously.

Regional Anesthesia

Regional anesthesia is a method used to temporarily block feeling in one area of the body. There are three types of Regional Anesthesia: Spinal, Epidural, and Peripheral Nerve Block. Regional anesthesia can be used alone or in addition to other types of anesthesia.



**Scan the QR code for
Introduction to Anesthesia Care**

AFTER YOUR SURGERY

RECOVERY ROOM (PACU)

After surgery, you will be taken to the recovery room also known as the Post Anesthesia Care Unit (PACU). In this department the nurses will focus on your vital signs such as heart rate, blood pressure, temperature and breathing patterns. You may have oxygen being given to you. As you start to wake up from the anesthetic, your nurse will address your pain and nausea concerns if needed.

Once you are awake enough, your nurse will encourage you to deep breath and cough. You will be offered ice chips. Your stay in the recovery room can vary anywhere from 20 minutes up to 2 hours. Your recovery room nurse will update your family by either calling or sending them a text message. Once you are ready to leave the recovery room, you will be transferred to a room in our ambulatory surgery center or assigned a bed in an inpatient unit.



After surgery you will:

- You will have your vital signs taken frequently.
- You will have an IV in your arm to give you fluid, antibiotics, and pain medication if needed.
- You will be put on a clear liquid diet to start. You will move to a regular diet if you can tolerate liquids with minimal to no nausea.
- A physical therapist **OR** the nursing staff will get you up within 1-2 hours after surgery.
- If your surgeon orders occupational therapy, you will be taught how to use assistive devices for activities of daily living.
- You may experience side effects from Anesthesia such as: nausea/vomiting, lightheadedness/dizziness, urinary retention, or increased sleepiness.**
- Ice your incision.
- Position you for comfort.
- If you stay 1 night in the hospital, Physical Therapy will see you in the morning before you discharge to home.



MY DISCHARGE CHECK LIST

Please **check** [✓] **box** as you complete the tasks.

If you see the comment **pg.** in parenthesis, please refer to that page in the booklet for more detailed information.

YOU MAY BE READY TO GO HOME IF (continued)

Nursing Goals

- Vital signs:
 - Heart rate, blood pressure, temperature, respirations, and oxygen levels are within range.
- Minimal to no nausea:
 - Tolerating your liquids and foods with minimal to no nausea.
- Emptying your bladder (urinating):
 - If you are unable to urinate within 6-8 hours after surgery, the nurse will scan your bladder. The device used to scan your bladder is called a bladder scanner. If there is a large amount of urine in your bladder, a urinary catheter may have to be placed to drain the urine from your bladder, then the catheter would be removed once your bladder has drained. Some patients may have to discharge to home with a foley catheter in place. If this happens to you, we will teach you how to take care of the foley catheter and what the next steps are.
- Pain Control:
 - Pain is expected after a joint replacement. It is important to know how to manage your pain. Managing your pain can be done with medications in addition to rest, ice, compression, and elevation. Know when your next dose of pain medication is available.
- Know when your first physical therapy appointment is after leaving the hospital.
- Received your discharge paperwork
 - Know how to take care of your surgical site.
- Received medications/prescriptions if you did not get them before surgery.

YOU MAY BE READY TO GO HOME IF

Therapy Goals

- Able to safely walk with your walker and support person (if needed).
- Stair training (if applicable)
 - When going up and down steps, always go up with your stronger leg first. When going down steps, lead with your operated leg.
- Reviewed exercises.
- Reviewed how to get in and out of bed.
- Reviewed how to get in and out of car.
- Reviewed hip precautions (if applicable).
- Received your walker from physical therapy (if applicable).
- Cleared you to go home.



AFTER DISCHARGE CHECK LIST

Please **check** [✓] **box** as you complete the tasks.

If you see the comment **pg.** in parenthesis, please refer to that page in the booklet for more detailed information.

AFTER DISCHARGE CHECK LIST

Incision Care

- Check your incision AREA every day for signs of infection.

After the procedure, it is common to have:

- Redness, pain, and swelling at the incision area
- Stiffness
- Discomfort
- Small amount of blood or clear fluid coming from your incision

Check for:

- More redness, swelling, or pain
- Increased drainage (fluid or blood)
- Warmth
- Pus or a bad smell
- Fever higher than 101.4°F
- If any of these signs are present, call your orthopedic surgeon.

- Follow discharge instructions on surgical dressing care.
- Follow discharge instructions on showering or sponge bathing after surgery.
- No baths, pools, hot tubes, outdoor ponds/rivers/lakes/oceans until your health care provider approves.
- Hand hygiene:
 - Wash your hands with soap and water for at least 20 seconds before and after you change your dressing. Use hand sanitizer if soap and water are not available.
- Freshly laundered sheets every 2-3 days until surgical site has healed.
- No pets in bed.

If you discharged with an incisional wound vac, scan the QR code for more information about this device!



AFTER DISCHARGE CHECK LIST (continued)

Controlling Discomfort

- Review your pain regimen.

Non-Medication

RICE

Rest

Ice: 3-4 times a day or more often as needed for pain control.

Compress: by using compression stockings (a type of sock that are tight) or Ace wrap, (if ordered by your surgeon).

Elevate: surgery leg while lying on the bed or sofa.



Medication

There are different medications to take after surgery to help control your discomfort. Each medication acts differently.

Some of these medications are the following:

- Acetaminophen (Tylenol)
- Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)
- Opioid or Narcotic
 - Follow the directions on how to take your opioid pain medications.
 - You will need to gradually wean yourself off this medication.
 - Take the medication with food to avoid nausea and vomiting.
 - Take a pain pill an hour before physical therapy to minimize pain during your therapy (if needed).

AFTER DISCHARGE CHECK LIST (continued)

MEDICATION INFORMATION

Medication Name: Generic name (Brand name)	Purpose Of Medication “This medication is used...”	Possible Side Effects: Watch for these
COMMON PAIN MEDICATIONS AFTER SURGERY		
<input type="checkbox"/> Acetaminophen (Tylenol) <i>(max dose is 4,000 mg in 24 hours)</i> <input type="checkbox"/> Tramadol (Ultram) <input type="checkbox"/> Celebrex (Celecoxib) <input type="checkbox"/> Mobic (Meloxicam)	To treat mild to moderate pain 	<ul style="list-style-type: none"> • Nausea • Constipation • Drowsiness • Increased risk of bleeding or bruising (ibuprofen, ketorolac)
<input type="checkbox"/> Hydrocodone-acetaminophen (Norco) <input type="checkbox"/> Oxycodone (Oxycontin, Roxicodone) <input type="checkbox"/> _____ <input type="checkbox"/> _____	To treat moderate to severe pain 	<ul style="list-style-type: none"> • Nausea • Vomiting • Constipation • Itching • Drowsiness • Shortness of breath
<input type="checkbox"/> Cyclobenzaprine (Flexeril)	To relax muscles and treat pain	<ul style="list-style-type: none"> • Dizziness • Headache • Drowsiness • Fatigue
<input type="checkbox"/> Gabapentin (Neurontin) <input type="checkbox"/> Pregabalin (Lyrica)	To treat nerve pain	<ul style="list-style-type: none"> • Dizziness • Drowsiness • Nausea
<input type="checkbox"/> Lidocaine 5% Patch (Lidoderm)	To treat pain in site-specific locations	<ul style="list-style-type: none"> • Irritation at site of use • Mouth tingling (lozenge)

TIP If you have received a polar care after your knee replacement here are some tips on how to use it! If you did not receive a polar care, ice packs will work just as well!

Scan QR code for more information on Polar Care



TIP Try to watch a movie, read a book, play a game, listen to music or talk to a friend on the phone to help take your mind off the pain.

AFTER DISCHARGE CHECK LIST (continued)

Preventing Blood Clots (deep vein thrombosis)

- Do interventions to promote blood flow back to your heart
 - Ankle pumps exercises
 - Walk every 1-2 hours
- Wear a type of sock that is tight (compression stockings)
 - If your surgeon ordered anti-embolic stockings (TED hose, or white compression stocks) follow their instructions.

Know the signs and symptoms of a blood clot:

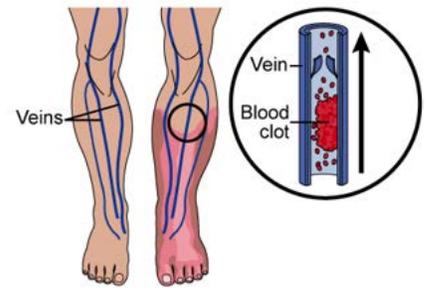
- Pain
- Swelling
- Redness or discoloration in a leg

Call 911 if you experience:

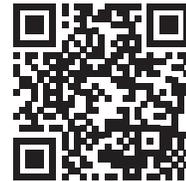
- Chest pain
- Trouble breathing
- Fast heartbeat
- Coughing (may cough up blood)
- Sweating
- Fainting

Know what medication you are taking to prevent blood clots and how long to take it after surgery.

If you were taking a blood thinner before surgery, find out when you can resume it.



**Scan QR code below for
Deep Vein Thrombosis Video**



Medication Name: Generic name (Brand name)	Purpose Of Medication "This medication is used..."	Possible Side Effects: Watch for these
HEART MEDICATIONS		
<input type="checkbox"/> Aspirin (Ecotrin) <input type="checkbox"/> Apixaban (Eliquis) <input type="checkbox"/> Rivaroxaban (Xarelto) <input type="checkbox"/> Warfarin (Coumadin) <input type="checkbox"/> Enoxaparin (Lovenox) <input type="checkbox"/> _____	To thin the blood and prevent blood clots 	<ul style="list-style-type: none"> Risk of Bleeding Increased bruising Injection site reaction (color change or swelling) Shortness of breath (ticagrelor)

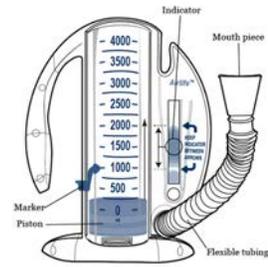
AFTER DISCHARGE CHECK LIST (continued)

Preventing Pneumonia

- Poor oral hygiene can increase risk for pneumonia.

Atelectasis is a common problem after surgery

- What causes atelectasis?
 - Taking medicines, such as sedatives, that decrease the rate of your breathing or how deeply you breathe.
 - Being in bed or lying flat for long periods of time.
- Treatment may involve:
 - Getting out of bed and walking around.
 - Coughing helps loosen mucus in the airway.
 - Deep breathing exercises.
Such as using an incentive spirometer.



Scan QR code below for How to Use an Incentive Spirometer Video



Preventing Constipation

Anesthetics and narcotic pain medications both can cause constipation. Our goal is to maintain your normal bowel schedule after surgery and to prevent constipation. *You can do this by:*

- Walking
- Drink 8-10 glasses of water a day
 - Avoid caffeinated and carbonated beverages
- Fiber Intake (*foods include*):
 - High-fiber cereals
 - Whole grains, bran, and brown rice
 - Vegetables such as carrots, broccoli, and greens
 - Fresh fruits (especially apples, pears, and dried fruits like raisins and apricots)
 - Nuts and legumes (especially beans such as lentils, kidney beans, and lima beans)
- Taking stool softeners

Medication Name: Generic name (Brand name)	Purpose Of Medication "This medication is used..."	Possible Side Effects: Watch for these
GASTROINTESTINAL AND URINARY MEDICATIONS		
<input type="checkbox"/> Bisacodyl (Dulcolax) <input type="checkbox"/> Docusate <input type="checkbox"/> Polyethylene glycol (Miralax) <input type="checkbox"/> Senna and docusate (Senokot) <input type="checkbox"/> Sennosides (Senna) <input type="checkbox"/> _____	To treat and prevent constipation 	 Nausea <ul style="list-style-type: none"> • Cramping • Gas • Diarrhea

DISCHARGE PLANNING AFTER ORTHOPEDIC SURGERY

It is very important that you have a clear discharge plan prior to your surgery.

Most patients that stay overnight in the hospital, are discharged to home the following day. Please be prepared to have someone available to take you home the following day. Patients who recover at home, recover faster and are at lower risks of infection.

Speak with your surgeon about their recommendations for your discharge plan, whether it is home with therapy services or going to a skilled nursing facility.

HOME WITH THERAPY SERVICES

Your surgeon may order you in home physical therapy/nursing, outpatient physical, or no therapy at discharge. Home healthcare physical therapy comes out to the home 2-3 times a week for about one hour maximum. If ordered, a case manager will make a referral to whichever home health care agency you prefer.

GOING TO A SKILLED NURSING FACILITY/NURSING HOME AFTER DISCHARGE

If you are considering going to a skilled nursing facility for some short term rehab you should start visiting nursing facilities before your surgery and pre-register with them.

If you have insurance or a Medicare replacement plan you will need to contact your insurance ahead of time to see which facilities are in your insurance network.

Always have a back-up facility. Sometimes, even if you pre-register at facilities, they may not have a bed for you at the time of discharge.

Insurances may not always cover care in a skilled nursing facility after joint replacement surgery.

If you have questions about care after discharge, we can arrange a case manager to call you.

Once you are in the hospital, case management will be in to see you and will contact the facility you have selected and/or pre-registered at.

Inpatient Rehabilitation Facilities (Van Matre) do not accept single hip and knee replacements.

TAKING CARE OF A LOVED ONE

If you take care of a loved one, you will need help caring for them after surgery.

Additional services can be provided for support at home but may require out of pocket costs. Please contact an OSF HealthCare case manager for assistance.

TRANSPORTATION

Case management will assist in arranging transportation to the nursing facility or home if needed.

If medically necessary, an ambulance can be arranged. Typically the ambulance should be covered in part or totally by insurance if local, but there is not a guarantee of this.

The other option is arranging for a wheelchair van. Medicare will not pay for this and insurance usually does not cover transportation in a wheelchair van. You will be billed a set fee along with mileage.

DISCHARGE MEDICATION DELIVERY SERVICE

PRESCRIPTIONS DELIVERED TO YOUR BEDSIDE

Filling prescriptions after a hospital stay can be hard. Let OSF HealthCare Pharmacy at OSF HealthCare Saint Anthony take the hassle out of getting your new prescriptions filled with the bedside delivery program. Ask your nurse about bedside delivery.

Payment

- Your co-payment will be collected at time of prescription delivery. Co-pay transactions will be completed at the time of delivery.
- Prescriptions filled upon discharge cannot be added to your bill.

Where is OSF HealthCare Pharmacy?

- The pharmacy is located on the main floor of the North Tower.

After hours

- The OSF HealthCare Pharmacy is open Monday-Friday 9 a.m.-7 p.m. and Saturday-Sunday, 9 a.m.-5 p.m. If you are being discharged after business hours, the nurse can print off your discharge prescriptions for you to take to the pharmacy of your choice.

Ask us about our hip kits!
(815) 395-6010



Some medications can be expensive.
Check with our retail pharmacy to see
if there are any coupons available.

DOING OUR PART TO SOLVE THE OPIOID CRISIS

OSF HealthCare is leading the way to reduce the misuse of prescription medications. The Centers for Disease Control and Prevention (CDC) says the United States is seeing an epidemic of drug overdose deaths. Since 2000 the rate of deaths from drug overdoses has gone up 137%. This includes a 200% increase in the rate of overdose deaths with opioids. To help, OSF HealthCare has installed a safe and secure disposal box in the foyer of the main entrance. This is one way to make sure medications are not misused.



LEFTOVER MEDICATIONS AFTER SURGERY

Bring Them Back

- ◆ Anyone can drop off prescription or over the counter medications at anytime.
- ◆ The medications can be left in the prescription bottle.
- ◆ Please do not place these in the bin:
 - Needles/sharps
 - Aerosol cans
 - Liquids, lotions or ointments
 - IV bags or tubes
 - Inhalers
 - Thermometers

FREQUENTLY ASKED QUESTIONS

How much exercise can I do and when have I done too much?

Your Physical Therapist in the hospital will tell you what you need to do at home.

AVOID OVER-ACTIVITY! Follow any precautions you were told about.

Returning to Regular Exercise

You may have done an exercise program before your surgery. This may have been at a gym or in a group. If you did, please check with your orthopedic surgeon or your outpatient PT to see if it is safe to restart.

Before you restart:

- Rigorous exercise such as running, bicycling, tennis, weight lifting require your surgeon's approval before restarting. Before you do these or anything that involves strength and movement of your new hip or knee, should be cleared with your Physical Therapist or Orthopedic Surgeon.
- Talk to your P.T. or surgeon if you want to start a new exercise program after surgery.

When can I have sex again?

Intimacy is important. The point of orthopedic surgery is to improve your quality of life.

If you have questions or concerns, ask your surgeon or physical therapist.

It is important to feel safe and get your questions answered.



Scan the QR code

Travel and Security

When going through security at the airport or at a building with a metal detector, let them know you have had hip or knee surgery.

When can I go back to work?

Ask your surgeon about this.

- If your job involves heavy, physical work, talk to your surgeon
- Ask your employer if there are any rules about when you can return to work
- If you need a return-to-work form or disability papers, bring them to your follow-up appointment or fax them to your surgeon's office

Driving

- Your orthopedic surgeon clears you
- You are not taking narcotic pain medication

FREQUENTLY ASKED QUESTIONS

When can I sleep on my operative side?

Knee Replacement:

DO NOT to sleep with a pillow only under your knee.

The pillow under your knee may feel comfortable but it can make it harder to straighten your leg and heal the best way possible.

- You may sleep on the side you did NOT have surgery on.
- It helps to put 2 pillows between your knees, ankles and feet.



Hip Replacement:

It is best to sleep on our back with pillows between our knees.

- You may sleep on the side you did NOT have surgery on.
- It can be helpful to put 2 pillows between your knees, ankles and feet.
- **DO NOT** sleep on your stomach.



HIP/KNEE EXERCISES

- Do these exercises both BEFORE and AFTER your surgery
- Make sure you are on a safe surface!
 - When you need to lie down, do them only on a bed or sofa.
 - When you need to stand, be next to a chair or counter you can hold on to.
 - When you need to sit, sit in a chair with arms and NO wheels.
- Do each of these exercises 1 to 2 times a day before surgery.
- Do each one 10-15 times. You can do them for both legs, but concentrate on the leg to be operated on.
- DO NOT overdo your exercise. Let your body be your guide.
- Before your discharge, your Physical Therapist at the hospital will tell you how many of each exercise and how often each day you should do them.

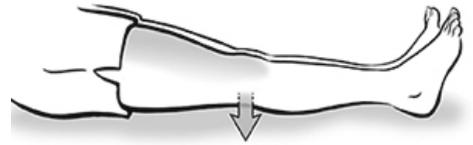
ANKLE PUMPS

- Ankle pumps can help prevent circulation problems, such as blood clots.
- Do ankle pumps by pointing and flexing your feet.



QUADRICEPS SETS

- Lie on your back in bed, legs straight.
- Tighten the muscle at the front of the thigh as you press the back of your knee down toward the bed.
- Hold for a few seconds. Then relax the leg.



GLUTEAL SETS

- Squeeze your buttocks together tightly. Your hips will rise slightly off the bed.
- Hold for 5 seconds, then release.



HEEL SLIDES

- Keep the heel of your operated leg on the bed. Then slide the heel toward your buttocks as far as you comfortably can.
- Hold for 5 seconds. Then slide your heel back.

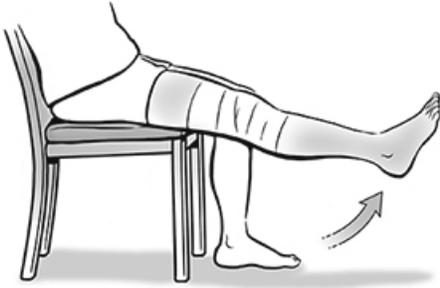


HIP/KNEE EXERCISES



SHORT-ARC KNEE EXTENSIONS

- Lie on your back. Place a rolled towel under your new knee. Bend the other knee.
 - Keeping your new knee on the towel, lift your foot several inches to straighten the knee.
 - Hold for 3 seconds. Slowly lower the foot.
-



LONG-ARC KNEE EXTENSIONS

- Sit in a chair with both feet flat on the floor.
 - Straighten the operated knee as much as you can.
 - Hold for 3 seconds. Slowly lower the leg.
-

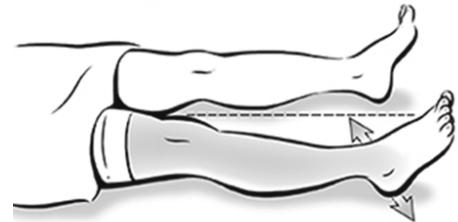
STRAIGHT LEG RAISES

- Lie down on your bed. Bend your good leg keeping your foot flat on the bed.
- With your operated leg as straight as possible, lift it about 1 foot off the bed. (At first, you may only be able to lift the leg a few inches.)
- Hold for 3 seconds. Slowly lower the leg.



ABDUCTION/ADDUCTION

- Start with your feet slightly apart. Keeping your knee and foot pointing toward the ceiling, slowly slide your operated leg out to the side.
- Slide your leg back to its starting position without crossing the midline of your body.



STANDING HIP ABDUCTION

- Holding on to a firm surface, slowly bring your operated leg 6 inches out to the side. Keep your hip, knee, and foot pointing forward.
 - Hold for 3 seconds.
 - Keeping the same posture, slowly return your leg to its original position.
-

TOTAL KNEE REPLACEMENT OCCUPATIONAL THERAPY

Scan QR codes below for:

Toilet Transfer Video



Car Transfer Video



TOTAL HIP REPLACEMENT OCCUPATIONAL THERAPY

Scan QR codes below for:

Car Transfer Video



Pants Video



Socks and Shoes Video



Tub Transfer Video



Toilet Transfer Video



POST SURGICAL PRECAUTIONS

FOLLOWING POSTERIOR HIP PRECAUTIONS

You must protect your new hip by following precautions such as avoiding certain positions and movements. This will let your hip heal and help keep it from dislocating. You will learn how to follow precautions when lying, sitting, and standing.

FLEXION PRECAUTION



Don't bend over at the waist. And don't sit with your hips lower than your knees.

ADDUCTION PRECAUTION



Don't cross your operated leg over your other leg. ALWAYS keep your thighs apart.

INTERNAL ROTATION PRECAUTION



Don't turn your operated leg inward (pigeon toe). Pick up your feet when stepping around or turning.

POST DISCHARGE CALENDAR CHECKLIST

	Day 1 /Date:	Day 2 /Date:	Day 3 /Date:	Day 4 /Date:	Day 5 /Date:	Day 6 /Date:	Day 7 /Date:
PAIN On a scale of 0 to 10 0 being no pain and 10 being the worst pain.	At rest:						
	With Activity:						
MOBILIZE Short walks ten times per day; for example a walk to the bathroom or to the kitchen. <i>Check box when completed.</i>							
EXERCISES Two or three times a day as instructed in class and at the hospital. <i>Check box when completed.</i>							
ICE <i>Check box when completed.</i>							
ELEVATION <i>Check box when completed.</i>							
BREATHING Use the incentive Spirometer as told by the nurse. (Ten times per hour, while awake) <i>Check box when completed.</i>							
Check blood pressure (if on BP medication)	BP: /						
Check blood sugars (if diabetic)	Blood Sugar:						
Follow up appointment with surgeon							
Physical Therapy sessions							

POST DISCHARGE CALENDAR CHECKLIST

	Day 8/Date:	Day 9/Date:	Day 10/Date:	Day 11/Date:	Day 12/Date:	Day 13/Date:	Day 14/Date:
PAIN On a scale of 0 to 10 0 being no pain and 10 being the worst pain.	At rest:						
	With Activity:						
MOBILIZE Short walks ten times per day; for example a walk to the bathroom or to the kitchen. <i>Check box when completed.</i>							
EXERCISES Two or three times a day as instructed in class and at the hospital. <i>Check box when completed.</i>							
ICE <i>Check box when completed.</i>							
ELEVATION <i>Check box when completed.</i>							
BREATHING Use the incentive Spirometer as told by the nurse. (Ten times per hour, while awake) <i>Check box when completed.</i>							
Check blood pressure (if on BP medication)	BP: /						
Check blood sugars (if diabetic)	Blood Sugar:						
Follow up appointment with surgeon							
Physical Therapy sessions							

For more health education resources, visit Health & Wellness at [osfhealthcare.org](https://www.osfhealthcare.org)

H0030-10000-18-2333 (1/23)

