



McLAREN JOINT AND SPINE CENTER
A PATIENT GUIDE TO JOINT
REPLACEMENT



FLINT

DOING WHAT'S BEST.®

401 S. Ballenger Highway | Flint, Michigan 48532 | (810) 342-2000 | mclaren.org



JOINT AND SPINE CENTER

DISCHARGE PREPARATION AND PLANNING

What You Need to Know Before Your Surgery

Joint replacement is a surgical procedure to remove a worn or damaged hip or knee joint and replace it with an artificial one. In years past, patients would stay in the hospital for an extended period of time to recover from having a joint replaced. Today, patients are routinely discharged the following day. Due to the advances in healthcare, recovery after a joint replacement has become much easier on our patients, and although it can still be something you are nervous about, most patients do much better than they anticipate. To help put your mind at ease, McLaren Flint would like to provide you with the information on how discharge recommendations are made, and additional resources that are available should you need them.

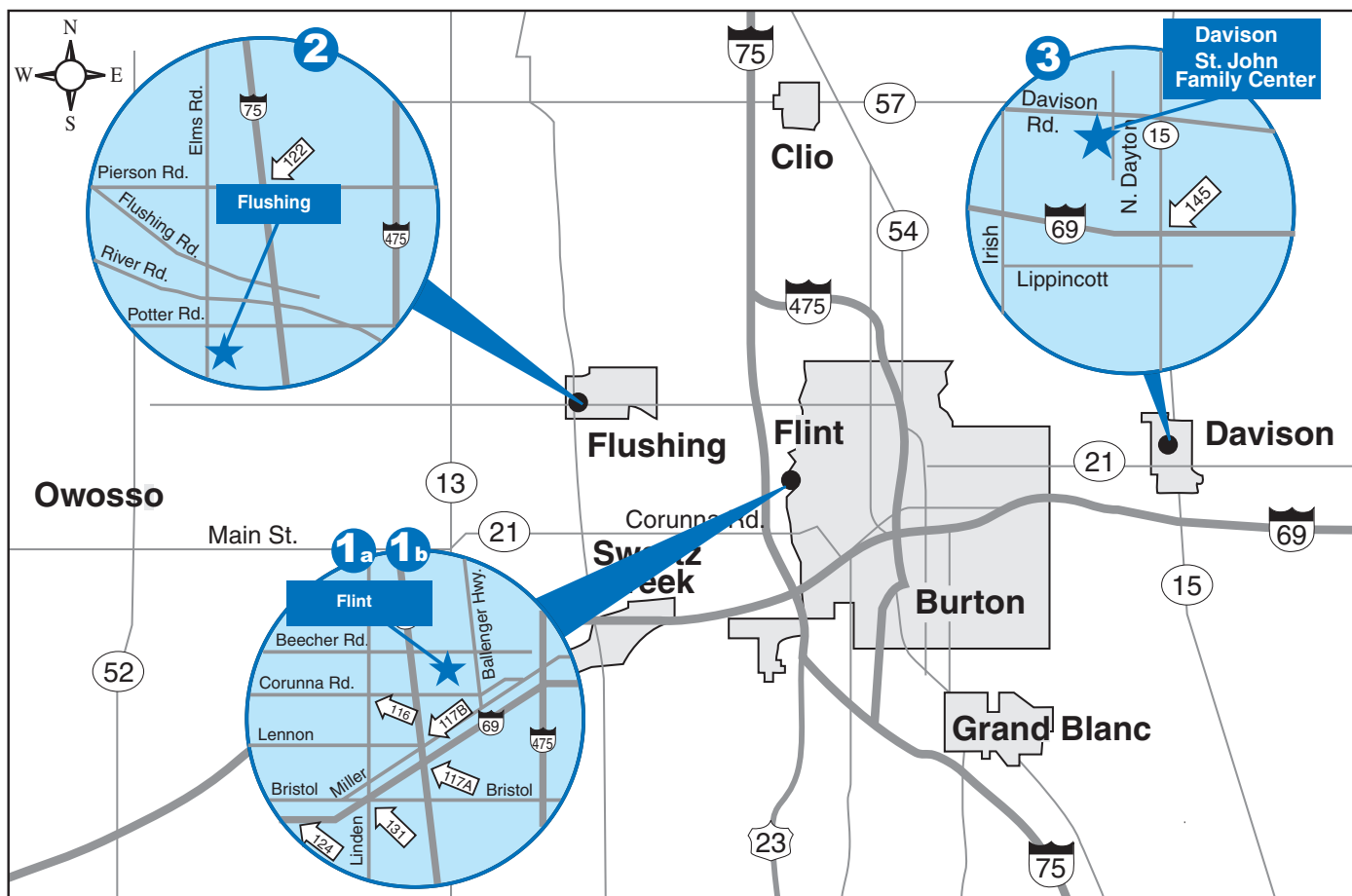
Patients who are safe to go home, and are able to care for themselves both physically and mentally, will be recommended to go home the day after surgery. If you have the ability to get to and from therapy, we will recommend outpatient physical and occupational therapy. If caregiver support is needed and not available, home care or private duty services will be arranged based on your specific needs.

A skilled care facility is recommended if you require medical monitoring, daily nursing and skilled therapy services. We also look at how much help you need getting in and out of bed or standing up and walking and how much you can do on your own. Don't worry, we will follow your care in the skilled facility even after you leave the hospital. You will not have to stay long and before you know it, you too will be home.

Patients wishing to go to a skilled nursing facility (SNF) should always have an alternative recovery plan. All insurances require that admissions to a skilled facility be reasonable and medically necessary. If an admission occurs that is not deemed reasonable and medically necessary, patients could be responsible for part of the cost. We encourage patients to communicate with family and/or a caregiver to develop an alternative plan should a skilled nursing facility not be recommended at discharge. Please know that living alone is NOT a qualifying factor all by itself.

The staff here at McLaren Flint's Joint and Spine Center want you to know that you are not alone. We will assist you in your decision making process, provide you with information on available resources and services, and help facilitate all your discharge needs. Allow us the opportunity to provide you with the best discharge recommendation and recovery plan to ensure a safe, and healthy recovery.

McLAREN OUTPATIENT PHYSICAL THERAPY SITES AND LOCATIONS



1a. Flint

Physical Therapy, Sports Medicine and Balance Center
 G-3239 Beecher Road
 Flint, MI 48532
 Monday - Friday
 Phone: (810) 342-5350
 Fax: (810) 342-5362

1b. Neurologic Rehabilitation Institute

G-3239 Beecher Road
 Flint, MI 48532
 Monday - Friday
 Phone: (810) 342-4220
 Fax: (810) 342-4436

2. Flushing

Physical Therapy and Sports Medicine
 2500 N. Elms Rd., Flushing, MI 48433
 Monday - Friday
 Phone: (810) 342-5550
 Fax: (810) 342-5589

3. Davison

Located at St. John Family Center
 Physical Therapy and Sports Medicine
 505 N. Dayton, Davison, MI 48423
 Monday - Friday
 Phone: (810) 658-5631
 Fax: (810) 658-7732

PREPARING FOR SURGERY

- Please pack a hospital bag and bring these items with you to the hospital: Non-skid walking shoes, a comfortable sweat suit or shorts and any toiletries (hair brush, denture case, eyeglass case, etc.) that you may need. You may also want to pack reading material or an activity book to work on while you stay with us. If you have a walker, please bring it with you. If you do not, one will be provided for you.
- Do not shave the surgical area. Shaving can leave tiny open areas on your skin for bacteria to enter which can increase your risk of infection. We ask that you only clean the area as instructed below.
- A personalized medical history will be taken and your preoperative testing results will be reviewed. The nurses will instruct you regarding your medications. Any additional lab work required by your surgeon will be obtained.
- Please bring a copy of your Advanced Directives or Durable Power of Attorney on the morning of surgery. It will be placed in your medical record.
- A current list allergies.
- A list of medications you regularly take with doses and frequency. This includes over-the-counter medications. If you use an inhaler or CPAP, please bring it along with you on the day of surgery.
- Also bring copies of your insurance cards and medical history.

Medications

- Let your doctor and nurses know **all** of the medications you are taking. This includes herbals, respiratory inhalers and recreational drugs. Also inform them if you use a CPAP machine to help you breathe at night. Most arthritis medicines and aspirin must be stopped one week before surgery. Be sure to ask your doctor if you are unsure about taking any medication. Writing down a list of your medications and how much you take every day will be very helpful to your doctor and nurses.
- If you use any other types of controlled substances, tell your doctor. Narcotics and other drugs can have an impact on your surgery.

Oral Hygiene

- A dental exam is a good idea prior to surgery. Dental work should be completed (cleaning or other work) at least 30 days prior to surgery if not longer, depending on surgeon's recommendations. If you suspect you may have an infection in your mouth, see your dentist and please inform your surgeon.
- Brush your teeth at least twice a day, being sure not to irritate the gum lines and cause bleeding. Watch for sores or infected areas in the mouth, this will increase your risk for an infection prior to surgery. Use an alcohol free mouthwash twice a day starting at least 3 days prior to surgery.

Body Hygiene

- Bathe daily with a liquid antibacterial soap beginning 3 days prior to surgery. You will receive instructions from your Pre Admission Testing Nurse.
- Use a nail brush and pick to make sure your finger nails and hands are clean.
- Wear clean clothes to the hospital and bring clean clothes to go home in.
- Be sure to have clean laundered sheets on your bed at home.

DIET

Eat well-balanced meals for good nutrition. Drink at least eight (8) glasses of water per day. Have a light meal the night before surgery. Stop eating and drinking at 12:00 midnight.

SMOKING

It is important for you to cut back as much as you can on your smoking. Smoking can delay and/or impair the healing process.

ALCOHOL

If you drink, don't have any alcohol for at least 48 hours prior to your surgery. If you drink alcohol everyday, you may experience withdrawal after surgery. Please let your doctor know if you consume alcohol regularly.

THE MORNING OF YOUR SURGERY

Before leaving home, take any medications you have been instructed to take with a drink of water, and be sure and leave all of your jewelry at home including rings.

When you arrive on the day of your surgery, go to Patient Services to check-in and someone will direct you to the Central Elevators (Surgery).

- You will be asked to put on a hospital gown, and remove all jewelry or valuables and give them to your family. It is best not to wear these to the hospital.
- You will be asked to mark your surgical site, and several different staff members will verify this with you.
- An IV (intravenous) line will be started to provide fluids and medication needed during surgery.
- Only two visitors at a time will be allowed prior to surgery, in pre-op area.
- Anesthesia will come and talk to you about your anesthesia and answer any questions about that part of the procedure. You will be asked to sign consents at this time.
- Any repeat tests that may need to be preformed will be done to insure your health is optimal.
- When **everyone** is satisfied and the OR (Operating Room) is ready, someone from the OR will come to get you.
- Before you go back to the OR, you will have the opportunity to see your family again. At this time we will ask you to remove dentures/partials, and glasses/contacts.

SURGERY TIME

A procedure time has been assigned to each patient depending on their anticipated needs. At times, situations arise beyond our control and the expected surgery time may be adjusted. We may call and move the time of your surgery up, or there may be some delay. Every effort will be made to respect you and your families' time.

RECOVERY AFTER SURGERY

You will be taken to the recovery room for approximately 2-3 hours for observation. Don't worry if you are in the recovery area longer than the average of 2 hours. Everyone is given as much time as they need in this area.

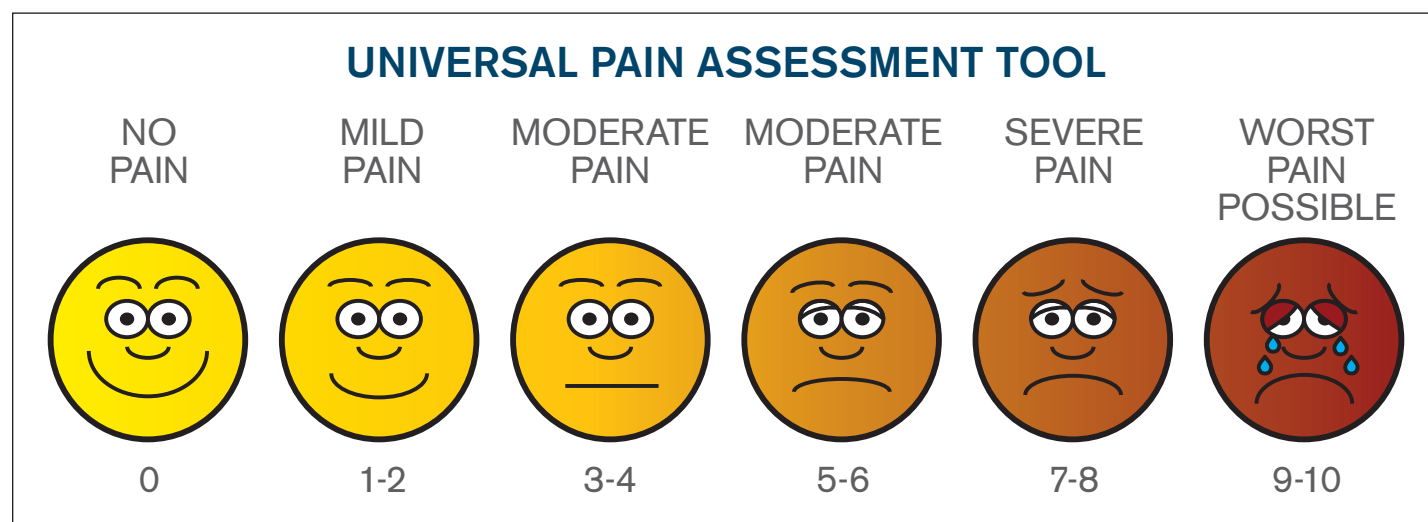
While you are in the recovery room, you may have oxygen tubing in your nose. This will help keep your oxygen level up as you recover from anesthesia. You may also have a urinary catheter in place for a short time after surgery and/or a drain near your surgical site to help reduce the chance of excess fluid collecting under the skin. When you wake up from surgery you may have a dry mouth and a sore throat. Most patients will not remember, but anesthesia places a breathing tube down your throat during surgery and it is removed as you are waking up. The irritation can cause a sore throat for a couple of days.

PAIN MANAGEMENT

Your follow-up care will include assessment of pain. In an individualized way a variety of approaches to reduce your pain may include muscle relaxants and combination medications such as narcotics and anti-inflammatory agents. Every patient is encouraged to be an active participant in their pain management to aid in the best approach possible during the recovery period.

- It is normal to have pain after surgery; however, we strive to make sure it is not severe. You will be asked frequently to rate your pain level, using the following Pain Scale.
- Your pain medications will be ordered “PRN” or as needed. This means that they are not scheduled to be given at a certain time, so please ask for pain medication if you are needing it. It is important to stay ahead of the pain. Don't let your pain get too bad before asking for medication.

Rating your pain will assist nursing in providing you with appropriate pain medication.



Please tell your nurse if you have pain. (Por favor, digale a su enfeermera si tiene dolor.)

Do not be afraid to ask for something for pain. (No tenga miedo de pedir algo para el dolor.)

One side effect of pain medication is constipation.

Tips From the Nurse on Constipation

Combine: 1 cup prune juice and 2 tablespoons of Milk of Magnesia.

Stir well and warm in microwave. Drink slowly while warm.

This can be repeated once with the Milk of Magnesia, within 2 hours, but the prune juice is good for you - so help yourself!

HOSPITAL EXPECTATIONS

You can expect to stay at the hospital for 0-3 days. Before going home, we expect you to be able to:

- Eat and drink
- Void (urinate) without use of a catheter
- Walk safely, stairs – Pass Physical Therapy
- Surgical pain adequately controlled with oral medications
- We also look at your labs, blood pressure, heart rate, drainage from incision, etc. to determine if you are okay to go home.

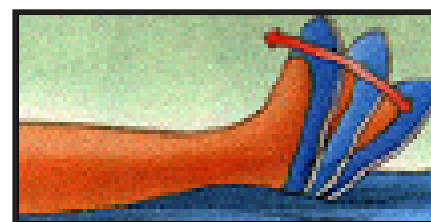
DURING YOUR HOSPITAL STAY

- Ask family and visitors to wash their hands when they visit
- Do not allow visitors to touch your incision/dressing, sit on your bed or use your bathroom
- Brush your teeth and wash your body daily using special bathing cloths provided
- Ask that your bed and gown be changed daily or more often if soiled

PREVENTING BLOOD CLOTS

To improve circulation in your legs and reduce the risk of blood clots, you will be asked to:

- Wiggle your toes and flex your ankles 10 times every hour
- **Ankle Pumps:** Slowly push your foot up and down. Do this exercise several times a day. This exercise can begin immediately after surgery and continue until you are fully recovered
- Use pulsating leg wraps, which are to be worn while in bed.



BREATHING EXERCISES

When you wake up you will be asked to breathe deeply and cough. These simple but important breathing exercises should be done 10 times every hour while you are awake to prevent problems with your lungs. You will have a device called an incentive spirometer to help you.

- You may have oxygen for 24 hours after surgery to help you breathe better.

DIET

You may resume your normal diet unless otherwise instructed by your physician.
Dietary phone number is (810) 342-2185.

NUTRITION AND HEALING

Eat well-balanced meals for good nutrition. Drink at least eight (8) glasses of water per day. Have a light meal the night before surgery.

If you are on a special diet – especially diabetic tell the nurse you would like to see the dietitian for an inpatient nutrition consultation. This consultation is free.

HEALING

Protein is the most important nutrient in healing. Eat about twice as many protein foods as usual for 2-3 weeks after surgery. If you are not hungry, especially if you are not eating meat, fish, poultry, legumes, cheese, milk and yogurt a week after surgery, do one of two things: buy a commercial supplement such as Boost, Ensure or Instant Breakfast or make a smoothie of milk, or whey protein powder, frozen yogurt and fruit.

Vitamin C is another important nutrient found only in fruits and vegetables. For a healthy diet, the goal is 2 1/2 cups of vegetables and 2 cups of fruit per day. It would be appropriate to take an additional 500 milligrams of Vitamin C each day.

Zinc is a mineral needed for healing found in very small quantities in most foods. Foods rich in zinc are beef and pork, oysters, wheat germ and Total cereal. Having too much zinc in the diet also impairs healing. The recommendation is to take a multi vitamin daily. Do not buy a bottle of zinc, as this would be too much for your relatively small incision and could lower your immune system.

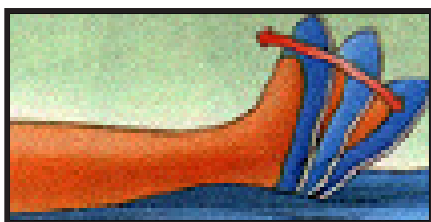
To print your own guide to eating healthy go to www.ChooseMyPlate.gov.



THERAPY AND EXERCISE

- Exercise **before** and **after** surgery will strengthen your muscles and increase the flexibility in your joints.
- Practicing the exercises described below before surgery will make your recovery after surgery easier and quicker.
- Your therapy program while in the medical center will consist of walking with a walker, practicing transfer techniques, continued education and exercises. You will begin your therapy program the day of surgery and in some cases, the day after surgery. This will depend on the time you arrive to the nursing unit and the amount of strength/sensation you have in your lower extremities.
- Bring your “coach” to your therapy sessions so they can cheer you on and learn how to help you at home.
- You will be referred to outpatient physical therapy three times per week for four to six weeks. McLaren-Flint has several convenient therapy locations to serve your needs. Please see map at front of this book. Ask a Physical Therapist for details.

HIP REPLACEMENT EXERCISES



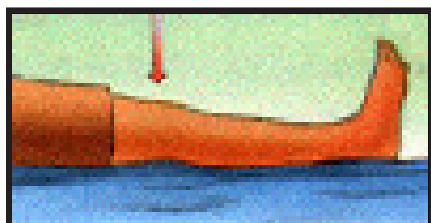
Ankle Pumps

Slowly move your foot up and down. Do this exercise several times, as often as every 5 or 10 minutes. This exercise can begin immediately after surgery and continue until you fully recover.



Buttock Contractions

Tighten buttock muscles and hold to a count of 5. Do 3 sets of 10, at least 3 times per day.



Quad Sets

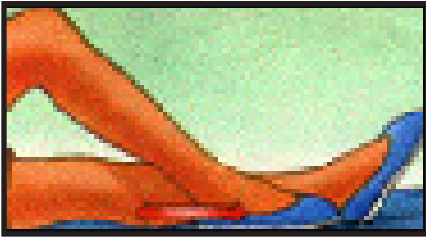
Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds. Do 3 sets of 10, at least 3 times per day.



Abduction Exercise

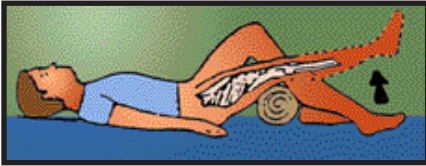
Slide your leg out to the side as far as you can and then back to the center. **DO NOT** cross the midline of your body. Do 3 sets of 10, at least 3 times per day. Only perform this exercise if instructed by your physical therapist.

HIP REPLACEMENT EXERCISES continued



Bed-Supported Knee Bends

Slide your heel toward your buttocks, bending your knee and keeping your foot on the bed. Do not let your knee roll inward or outward. Do 3 sets of 10, at least 3 times per day.

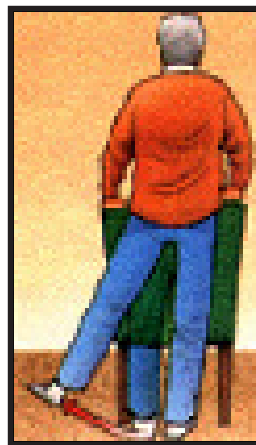


Short Arc Quads

You may also do knee extensions while lying down. Place a rolled towel or blanket under your knee. Lift your heel off the bed while straightening your knee. Hold 5 to 10 seconds. Slowly lower. Do 3 sets of 10, at least 3 times per day.

Standing Knee Raises

Lift your operated leg toward your chest. Do not lift your knee higher than your waist. Hold for 2 or 3 counts before lowering down. Do 3 sets of 10, at least 3 times per day.



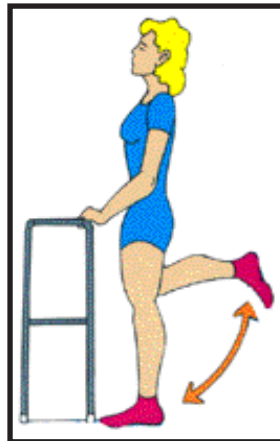
Standing Hip Abduction

Be sure your hip, knee and foot are pointing straight forward. Keep your body straight. With your knee straight, lift your leg out to the side. Slowly lower your leg so your foot is back on the floor. Do 3 sets of 10, at least 3

times per day. Only perform this exercise of instructed by your physical therapist.

Knee Flexion

Stand straight, holding onto the back of a walker. Bend knee up towards buttocks. Keep hip straight!! Lower leg straight!! Lower leg to standing. Do 30 times.



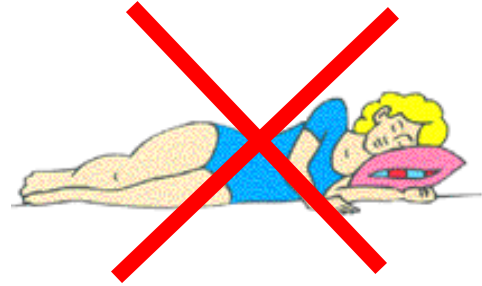
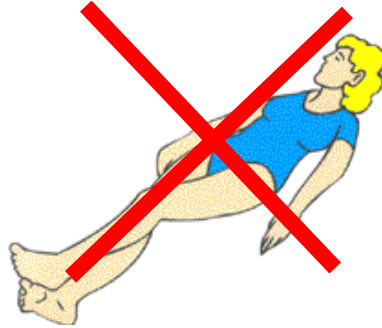
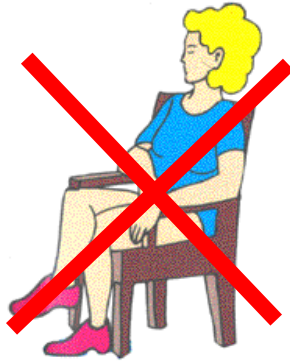
Standing Hip Extensions

Lift your operated leg backward slowly. Keep your back and knee straight. Hold 2 or 3 counts. Return your foot to the floor. Do 3 sets of 10, at least 3 times per day. Only perform this exercise of instructed by

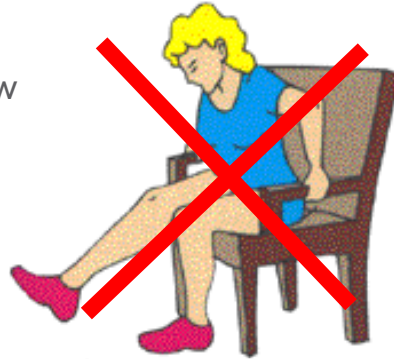
your physical therapist.

FOR HIP PATIENTS
REMEMBER YOUR HIP PRECAUTIONS!!

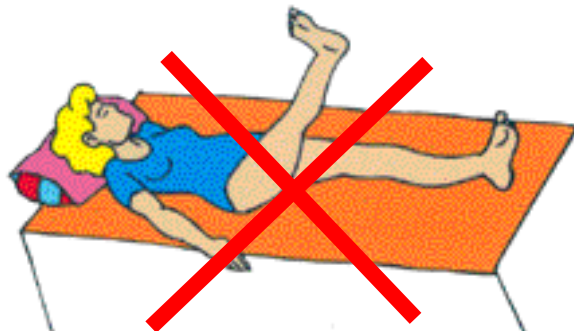
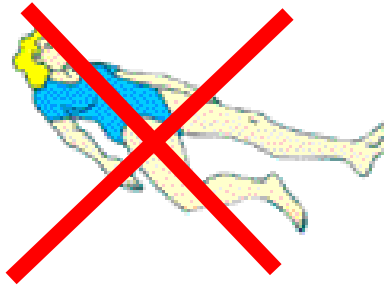
DO NOT sit or lie with legs crossed.



DO NOT bend/sit on low surface and **DO NOT** lean forward to push yourself up.

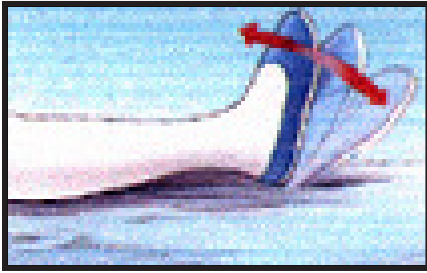


DO NOT let toes roll outward or inward when walking or lying in bed.



DO NOT straight leg raise or lift leg from the hip with knee straight.

KNEE REPLACEMENT EXERCISES



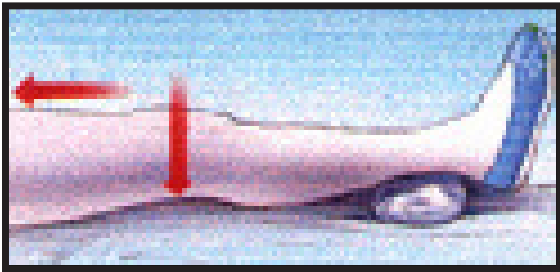
Ankle Pumps

Slowly move your foot up and down. Do this exercise several times, as often as every 5 or 10 minutes. This exercise can begin immediately after surgery and continue until you fully recover.



Buttock Contractions

Tighten buttock muscles and hold to a count of 5. Do 3 sets of 10, at least 3 times per day.



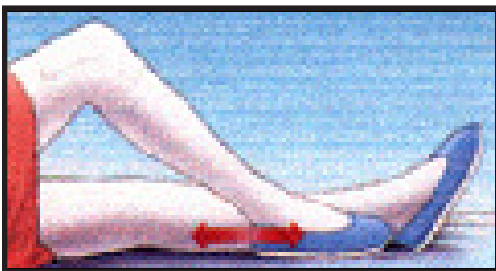
Quad Sets

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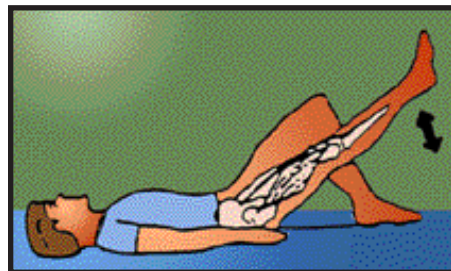
Abduction Exercise

Slide your leg out to the side as far as you can and then back to the center. DO NOT cross the midline of your body. Do 3 sets of 10, at least 3 times per day.



Bed-Supported Knee Bends

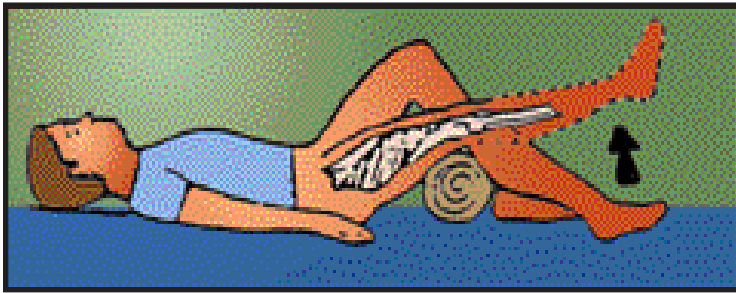
Bend your knee up as much as possible while sliding your foot on the bed. Hold your knee in a maximally bent position for 5 to 10 seconds and then straighten. Do 3 sets of 10, at least 3 times per day.



Straight Leg Raises

Bend your NON-operative knee and put your foot flat on the bed. Lift up your operated leg with your knee straight. Slowly lower. Do 3 sets of 10, at least 3 times per day.

KNEE REPLACEMENT EXERCISES continued



Short Arc Quads

You may also do knee extensions while lying down. Place a rolled towel or blanket under your knee. Lift your heel off the bed while straightening your knee. Hold 5 to 10 seconds. Slowly lower. Do 3 sets of 10, at least 3 times per day.



Sitting Knee Bends

While sitting at bedside or in a chair, bend your knee back as far as you can. To increase the bend in your knee, plant your foot on the floor and slide your upper body forward. Hold 5 to 10 seconds, then straighten your knee fully. Do 3 sets of 10, at least 3 times per day.

Pain or Swelling after Exercise

You may experience knee pain or swelling after exercise or activity. You can relieve this by elevating your leg and applying ice wrapped in a towel. Exercise and activity should consistently improve your strength and mobility. If you have any questions or problems, contact your orthopedic surgeon or physical therapist.



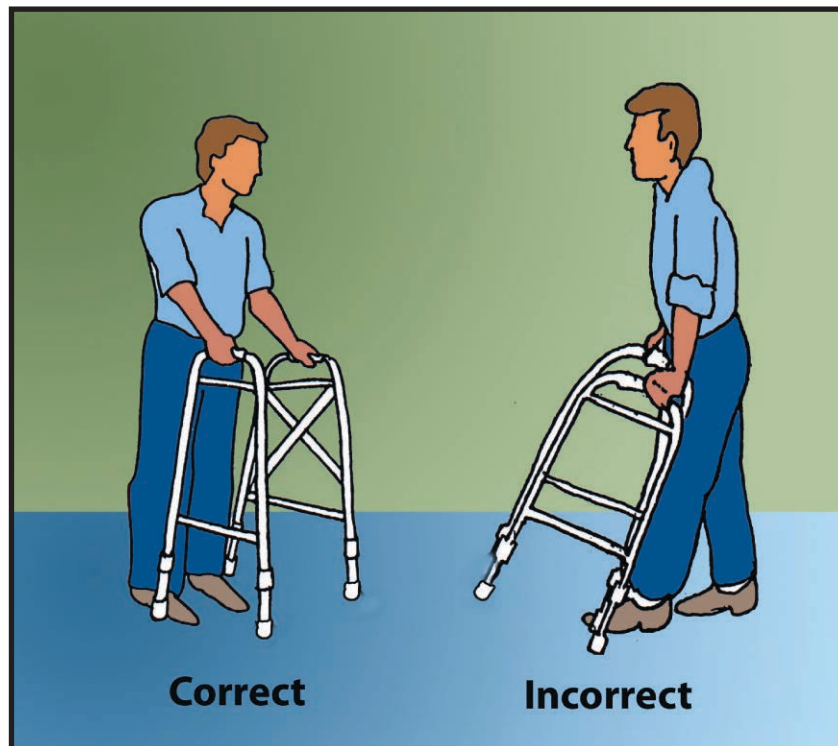
To Get Maximum Knee Motion:

(Full extension - 0 degrees)

Do NOT leave your knee bent in bed.

Do NOT put a pillow under your knee.

USING A WALKER



When using a walker you, place your walker forward first followed by your operated leg and then your “good” leg. All four legs of the walker should be flat on the floor before moving your feet.

You should also have your feet facing forward rather than turned outward or inward.

When turning around, **DO NOT TWIST OR PIVOT on your operated leg.** Instead, take several small turning steps.

When getting up from a chair, do not pull up on the walker. Use the arms of the chair to push yourself up before reaching for the walker. Reach back for the armrest before sitting down.

TRANSFER TECHNIQUES

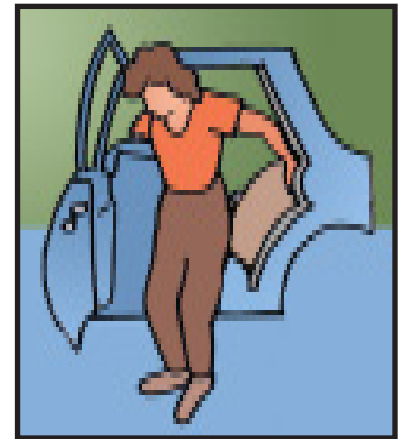
CAR TRANSFERS

Keep in mind, it is usually easier to sit in the front seat than the back seat (more leg room) and two-door cars are usually easier than four-door cars (wider door opening).

Two different methods for car transfers are detailed below. Use the method which works best for you.

1. Front Seat Method

- a. Move the seat as far back as possible to allow maximum use of the door opening.
- b. Back up to the seat and gently sit on the edge.
- c. Scoot back on the seat to get well into the car.
- d. Gently lift your legs into the car.
- e. Fasten your seat belt.



2. Rear Seat Method

- a. Move the front seat as far forward as allowable to increase rear seat leg room.
- b. Back up to the seat and gently sit on the edge.
- c. Scoot back on the seat to get well into the car.
- d. Gently lift your legs into the car.

TOILET TRANSFERS

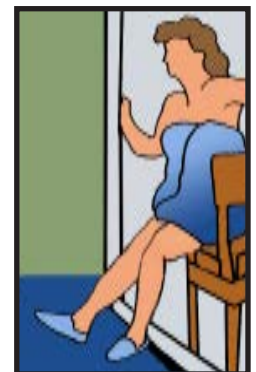
There are several pieces of adaptive equipment available for the toilet.

1. Back yourself up until you feel your legs touching the toilet.
2. Reach for the back edge of the raised toilet seat with your hand.
3. Gently lower yourself to the toilet seat.
4. To get off the toilet, reverse the above procedure.



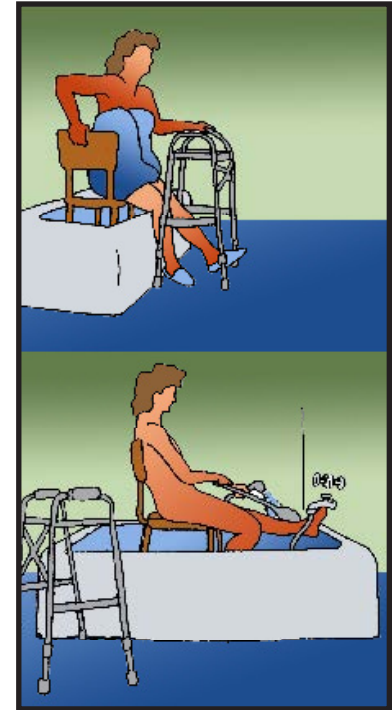
SHOWER TRANSFERS

For your safety, you will need a seat to sit on. Several types of seats are available. The most appropriate type for you will be discussed the day of your class.



TUB TRANSFERS

1. Using your walker, walk to the side of the tub. Stop next to the seat and turn so you are facing away from the tub seat.
2. Reach back with one hand for the seat. One hand should remain on the walker (see diagram)
3. Sit down on the seat keeping your operated leg straight out.
4. Lift legs over the side of the tub and turn to sit facing the faucet.
5. To transfer out of the tub, turn in your seat while lifting legs over the side of the tub. Stand up outside the tub pushing off from the seat. If you are having a hip replacement, you may need a belt to assist you with maintaining a 90 degree angle at your hip. (see diagram)

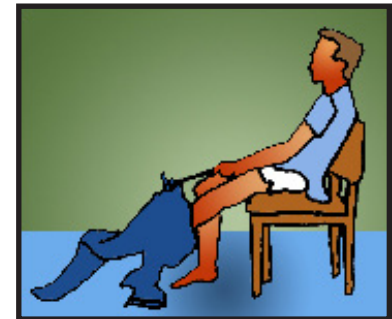


Hip Patients will need a long handled sponge to be independent in bathing. A hand held shower may also be helpful.

DRESSING TECHNIQUES FOR HIP PATIENTS

Dressing (Hip Patients Only)

- If you are having a hip replacement you will need to purchase an orthopedic joint kit or dressing tools. The kit includes a reacher, long handled shoehorn, long handled sponge, and a sock aid. Using the tools will allow you full independence with lower body dressing. If you are having a knee replacement you will not need this equipment.



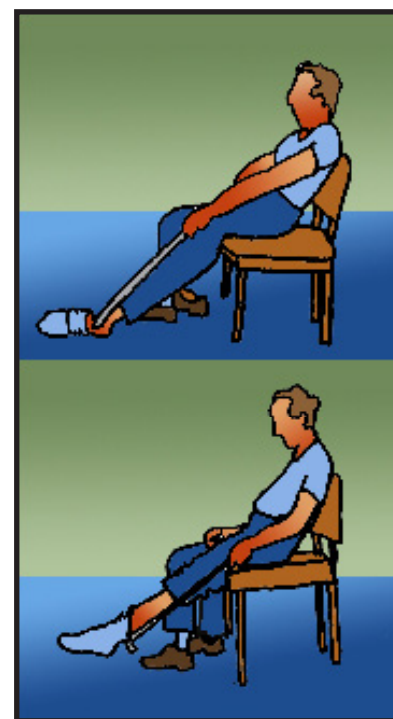
Pants and Underwear (Hip Patients Only)

1. Sit in an armchair to get yourself dressed.
2. Put on underwear and pants first. Using the reacher catch the waist of the underwear or slacks. Lower the reacher to the floor and pull on the operative leg first. Then do the same for the non-operative leg (see drawing)
3. Pull the slacks up over your knees. Stand with the walker in front of you, and pull the slacks up.
4. When undressing, take the slacks and underwear off your non-operative leg first, reversing step 2 above.



Socks and stockings (Hip Patients Only)

- Knee-high or ankle socks are recommended for both men and women. Top of socks should not be tight.
- Slide sock onto the sock aid. Make sure the heel is at the back of the plastic and the toe is tight against the end. The top of the sock should not come up past the knots on the plastic piece.
- Holding onto the cords, drop the aid in front of the operated foot. Slip your foot into the sock and pull it on (see diagram).
- You may put the sock on the non-operative leg as usual.
- Be sure that you do not bend more than 90 degrees at the hip.
- To take socks off, use the hook on the reacher to push the back of the sock down and over the heel. Now grasp the side of the sock and push it off your foot.



Shoes (Hip Patients Only)

- To put shoes on, you will again need to use the tools. Elastic shoelaces are required if you plan to wear lace-up shoes. The elastic shoelaces can be purchased at the department, drug, or the grocery store.
- Using the reacher, hold onto the tongue of the shoe and place it over your toes.
- Place the long handled shoehorn at the back of your heel, and push your foot down into the shoe the rest of the way.



ICING

Icing your joint replacement is an important part of your recovery process. It will help control swelling and provide some pain relief. You should make sure to apply ice or a cold pack to your new joint after every completed exercise routine or activity.

HOW TO MAKE YOUR OWN COLD PACK

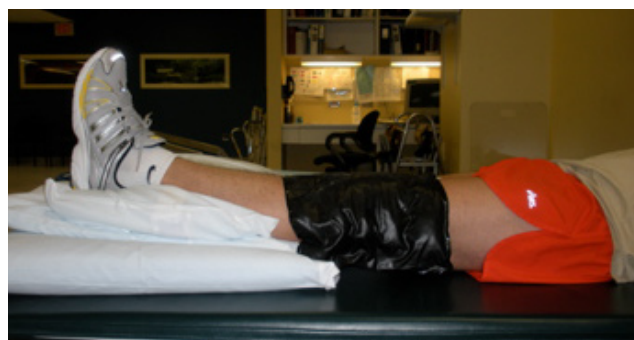
1. Pour 3 cups of water in a 1gallon zip lock bag.
2. Add 1 cup of isopropyl alcohol.
3. Close the bag making sure to let out as much air as possible.
4. Mix the contents.
5. Place the bag in another bag, closing securely to prevent leakage.
6. Place the bag in the freezer.

The contents should turn into a slushy mixture. If it is too solid, add more alcohol. If it is too watery, add more water. Another alternative is to use a bag of frozen peas or corn.

HOW TO APPLY YOUR COLD PACK

Whatever method you choose...

1. Always use a washcloth or towel between the cold pack and your skin. Placing the cold pack over thin clothing is also fine.
2. Apply for only 10-20 minutes at a time.
3. The cold pack may be reapplied as often as needed as long as you wait one hour between applications.
4. The best position for icing is with your leg straight and elevated above the level of the heart. A towel roll or pillows may be placed under the ankle for comfort. (see below)



GETTING YOUR HOME READY

Getting your home ready before surgery will make it easier for you to recover. Consider the following tips:

- If you do not already have a parking permit for a disabled person, apply for a temporary permit several weeks prior to your surgery. Contact the Department of Motor Vehicles, or your doctor's office may have an application form.
- You will need to have your own transportation arranged prior to discharge from the medical center. You also will have to have your own transportation to your outpatient physical therapy.
- You will need to have family/friends stay with you to help for the first week after going home.
- Get rid of uneven surfaces and remove obstacles from pathways both inside and outside your home.
- Make note of potential slippery/wet spots and take precautions as necessary.
- Be sure there are sturdy handrails for steps at the entrance to your home - if not, have someone help you.
- Remove throw rugs and secure extension cords out of pathways.
- Make sure lighting is good to prevent falls. Install nightlights.
- Place emergency numbers on or near the phone. Use a portable phone for safety.
- Have a comfortable chair with arms and a firm seat.
- Use containers of liquid soap to prevent difficulties with dropping the soap in the shower.
- Be sure your bed mattress can hold you without sagging while you sit at the edge; the bed must also allow your feet to touch the floor. A hospital bed is not needed.
- Make sure you have a non-skid surface in the bottom of your bathtub or shower.
- Choose footwear that is secure on your feet with non-skid soles.
- Set up a "recovery center" where you will spend most of your time. Things like the phone, television remote control, radio, facial tissues, wastebasket, water pitcher and cup, reading materials and medications should all be within reach.
- Have plenty of clean towels, wash cloths, clean clothes, and clean bed sheets/blankets.

Kitchen:

Arrange your kitchen so that you don't have to do heavy lifting, bending or reaching.

- Prepare meals ahead of time and stock up on food.
- Prepare simple meals using stove top or counter level appliances to avoid bending.
- Store items that are needed most on upper shelves of the refrigerator.
- Use a Lazy Susan for easier reach.

Bathroom

- Tubs and showers must have non-skid surfaces or safety mats both inside and outside. Watch for wet on the tile floors.
- A hand held showerhead allows greater independence with showering tasks.

Equipment

- Special equipment may be helpful to maintain your safety and independence. There are many options available to you, such as:
 - Toilet seat risers
 - Shower/tub seats
 - Elastic shoe laces

AFTER DISCHARGE

Driving

Do not drive after your surgery until approved by your orthopedic surgeon.

Work/Activities

You can return to work as instructed by your doctor.

Instructions for safely resuming sexual activities are available from the Physical Therapist.

Scheduling of Other Procedures and/or Surgeries

After a Joint Replacement, you will need time to allow your body to recover. Please DO NOT schedule any other type of procedure or surgery for at least 90 days following your Joint Replacement. If you have questions related to a procedure and/or surgery that may be unavoidable, please contact your orthopedic surgeon prior to scheduling.

WHEN TO CALL YOUR DOCTOR AFTER DISCHARGE

- Fever over 101 degrees
- Increased pain
- Redness, swelling, or drainage from your incision
- New numbness, tingling or weakness in your arms or legs
- Pain or swelling in the calf or thigh of your legs
- Questions about medication, amount of activity, or care
- Sudden onset of shortness of breath
- Changes in bowel or bladder function

Each point is equally important.

INFECTION PREVENTION

Diligent hand washing is the single best way to prevent infection. Have family and friends wash their hands when visiting or assisting with dressing changes or personal care.

Hand washing instructions

- Turn on warm water
- Wet hands and wrists
- Use liquid soap
- Scrub hands thoroughly for at least 30 seconds
- Dry hands using a clean paper towel (remove hand towels and replace with a roll of paper towels)
- Use a paper towel to turn off the faucet

It is important to wash your hands

- Before and after meals
- After a sneeze or cough
- After going to the bathroom
- Before and after touching the incision
- After touching pets

Also...

- Continue to brush your teeth or dentures daily.
- Put on clean underclothes and clothes daily.
- Do not “show off” your incision to people.
- Wash and change your sheets weekly or more often if they become soiled.

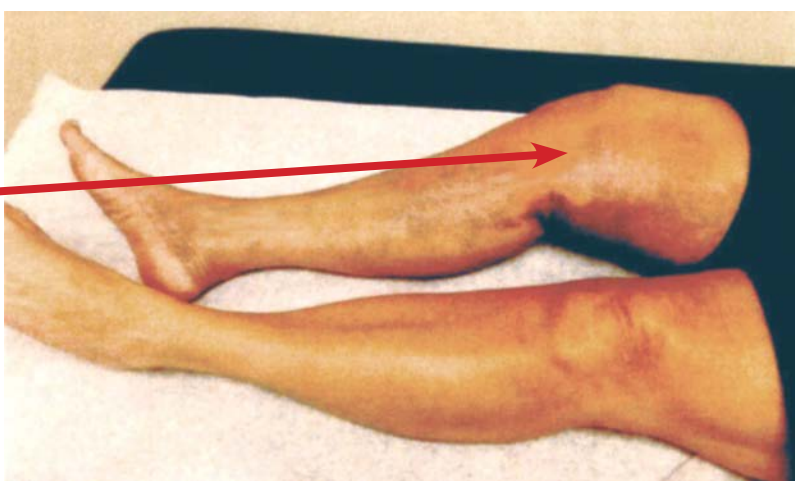
FOLLOW UP VISIT

You will return to your surgeon for your follow up visit 10-14 days after surgery. The orthopedic surgeon will check on your progress. If you have any questions about certain activities you would like to do, such as driving, swimming or playing golf, please ask your doctor. Make a list of these questions so you don't forget. Your staples will be removed at this visit to your surgeon.

QUESTIONS AFTER DISCHARGE



Normal
Incision and
Bruising



COMMON CONCERNS PATIENTS HAVE AFTER THEY ARE DISCHARGED

- Pain and/or Discomfort
- Swelling and/or Redness in my Joint
- Drainage
- Fever/Chills

After a joint replacement, it is normal to experience some pain and discomfort, swelling and redness, minimal drainage, bruising and /or a low grade fever. **BEFORE** you decide to contact your primary care provider **OR** go to the nearest emergency room, **please give us a call.**

OrthoMichigan

(810) 733-1200

Joint and Spine Center

(810) 342-5505



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M-2855 (07.20)