



JOINT REPLACEMENT EDUCATION BOOK

Patient Guide to Surgery and Recovery



DOING WHAT'S BEST.®



IF YOU HAVE CONCERNS, PLEASE CALL YOUR SURGEON.

The surgeon is the expert in answering your questions and referring you to the appropriate level of care. **Please DO NOT rush to the emergency room unless there is a serious issue.** We ask that you call your surgeon at the numbers provided prior to making the decision to go to the emergency room.



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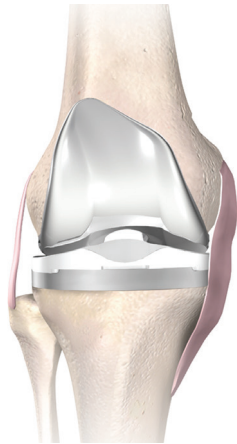
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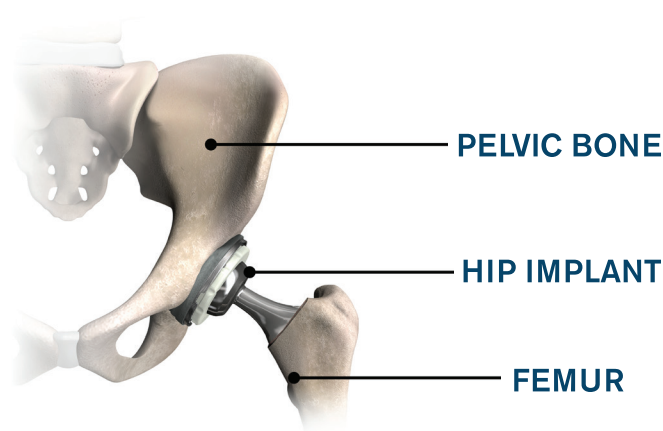
WHAT IS TOTAL KNEE REPLACEMENT?

A knee replacement is a surgical procedure to remove a worn or damaged knee joint and replace it with an artificial one. Cartilage wears away from the knee due to inflammation, trauma and usage. The worn cartilage no longer allows the joint to glide freely, causing stiffness and pain.



WHAT IS TOTAL HIP REPLACEMENT?

A total hip replacement is a surgical procedure to remove a worn or damaged hip joint and replace it with an artificial one. Surgery is usually done when the smooth, soft tissue that covers the ball of the thigh bone and lines the socket cartilage cracks or wears away. Damage to the cartilage is caused by normal wear (osteoarthritis), inflammation (rheumatoid arthritis) or an injury (bad fall causing fracture).



MAKO ROBOTIC-ARM ASSISTED SURGERY

The Mako System can be used to assist your surgeon in performing partial knee, total knee and total hip joint replacement surgeries, which are procedures designed to relieve the pain caused by joint degeneration due to osteoarthritis (OA). By selectively targeting the part of your knee or hip damaged by OA, your surgeon can replace the diseased part of your joint while sparing the healthy bone and ligaments surrounding it.

Robotic technology provides your surgeon with a patient-specific 3D model to pre-plan your joint replacement. During surgery, your surgeon guides the robotic technology based on your patient-specific plan. This allows the surgeon to remove only the diseased bone, preserving healthy bone and soft tissue, and assists your surgeon in positioning the implant based on your anatomy.

PRE-SURGICAL JOINT REPLACEMENT EDUCATION CLASS

Thank you for attending the pre-surgical joint replacement education class.

- Studies show people who attend a pre-surgical joint replacement education class experience less anxiety and have improved surgical outcomes
- During class, you met with members of the healthcare team that will be assisting you during your hospital stay. You learned exercises and techniques to help you with your recovery. You became familiar with some of the equipment that may be used while you are recovering from surgery. A case manager also provided you with information on planning for your care after discharge.
- Please read the valuable information contained in this book, practice the exercises, and prepare for your recovery at home prior to your surgery.



GETTING YOUR HOME READY

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

- 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 inside and outside of 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
- Remove throw rugs and secure extension cords out of pathways
- Make sure lighting is good to prevent falls. Install night lights
- Place emergency numbers on or near the phone. Use a portable phone for safety
- Have a comfortable chair with arms and a firm seat. Don't sit in a soft chair, rocking chair or sofa
- 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. You may need to place a board under the mattress. The bed may need to be raised with an extra mattress or blocks under the legs. 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
- Have a walker bag to assist with carrying objects
- Place the clothing you will wear the most in waist height drawers
- Consider having friends or family care for your pets during your recovery so you do not trip over them



- Set up a “recovery center” where you will spend most of your time. Things like the phone, TV remote, radio, facial tissues, wastebasket, water pitcher and cup, reading materials and medications should all be within reach
- Thoroughly clean your home. Pay special attention to pet areas, upholstery, knobs, handles and remote controls
- 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 outpatient physical therapy. Local patients who choose the Center for Rehab, located on McLaren Bay Region’s West Campus, may have transportation arranged with the courtesy van if needed. Be sure to inform the Center for Rehab if you need this service when you call to make your first appointment

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 the most on upper shelves of the refrigerator

BATHROOM:

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

EQUIPMENT:

- Special equipment will be necessary to help maintain safety and independence. There will be many options available to you. Recommendations will be made at your pre-admission education class

PREPARING FOR SURGERY

- Do not shave the surgical area and do not wear any makeup, jewelry, lipstick, nail polish or fake fingernails.
- Do not eat or drink anything after midnight. You will be informed about whether or not to take your medication during your pre-admission testing.
- Follow all skin preparation instructions given by your surgeon. If you were instructed to shower the morning of your surgery before coming to the hospital, make sure you rinse your skin thoroughly at the end of your shower

BRING A HOSPITAL BAG. ITEMS YOU SHOULD BRING FROM HOME INCLUDE:

- Good non-skid walking shoes. (Preferably shoes with a back and that can loosen or tighten throughout your stay)
- A loose-fitting sweat suit, jogging suit or shorts
- Personal care items such as a hair brush, dentures, eyeglasses, contact lenses, hearing aids and their storage cases
- A walker – if you do not own a walker, one will be ordered for you during your hospital stay when you are being discharged home

Please leave your cash, credit cards and jewelry at home.

THE MORNING OF YOUR SURGERY:

Before leaving home, take any medications you have been instructed to take with a small sip of water. When you arrive the day of your surgery, go directly to the South Tower second floor. Once you are checked in, the staff will instruct you where to go for surgery.

*Your family will be asked to check in with the waiting area while you get ready for surgery.

- You will be asked to put on a hospital gown and remove all jewelry or valuables and give them to your family

- 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 medications needed during surgery
- Only two visitors at a time will be allowed in the pre-op holding area
- An Anesthesiologist 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 performed will be done to ensure your health is optimal
- When everyone is satisfied and the operating room (OR) is ready, someone from the OR will come 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. Please give these items to your coach or loved one

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.



BAY REGION

DOING WHAT'S BEST.®

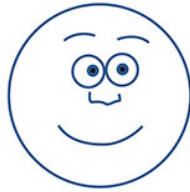
RECOVERY AFTER SURGERY

- You will be taken to the recovery room for approximately one hour for observation. Don't worry if you are in the recovery area longer than one hour, as everyone is given as much time as they need in this area
- 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

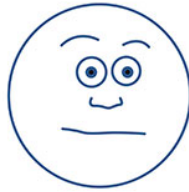
PLEASE RATE YOUR PAIN:



0
NO PAIN



1-2
MILD PAIN



3-4
DISCOMFORT



5-6
DISTRESSING



7-8
INTENSE



9-10
EXCRUCIATING

Rating your pain will help your nurse provide you with appropriate pain management.

PAIN CONTROL DURING YOUR STAY

While you are here to recover from your procedure, we want to provide you with the best pain control options available to you. Here are some key terms we want you to know to help improve your pain control.

- A **pain goal** will be a number on a scale of 1-10 that we will work on getting your pain down to for comfort, therapy and discharge
- A **pain scale** will be used to measure what your pain level is prior to any intervention we do, including giving pain medication
- The **pain scale** is 0 (no pain at all) to 10 (worst pain possible)
- **Comfort measures** available to you are ice packs, elevation, repositioning, deep breathing, relaxation, and pain medication. Pain medication is prescribed in IV form and pill form with the goal of your pain being controlled with oral pills and comfort measures.
- The **most common side effects** of pain medications are respiratory depression, drowsiness, constipation and nausea. If you develop any of these side effects, we can help control them or get your medication changed.

We will also provide you with information on the specific prescribed pain medications the doctor plans for you to

be discharged with. This helps ensure you have proper medication education when you return home

PAIN MANAGEMENT

- Ice packs, elevation, repositioning, deep breathing, and relaxation are measures that help in reducing pain. During your hospital stay, CARE TV on channel 70 can assist you with relaxation.
- You will be encouraged to take pain pills beginning on your surgery day. In general, pain pills are prescribed to be given every four hours as needed. Please ask your nurse for pain medication as soon as you feel discomfort. Please do not wait until pain is severe.
- Sometimes pain medicine can make you feel sick to your stomach. If this happens, let us know and your doctor may order something to make you feel better.

SURGICAL DRESSING

You will have a dressing applied to your surgical area. Your doctor will instruct the nurse when to change the dressing. If you have a drain, it may be removed prior to discharge.

- Ice may be applied to your surgical area for 24-48 hours post operatively



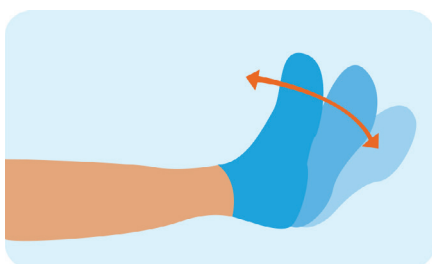
BREATHING EXERCISES

When you wake up, you will be asked to breathe deeply and cough. You may be given a device called an incentive spirometer, which will assist you in breathing exercises that need to be completed 10 times an hour. These simple but important breathing exercises are to prevent problems with your lungs. You may have oxygen for 24 hours after surgery to help you breathe better.

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 every hour
- **Ankle Pump:** 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 have fully recovered



- Wear compression devices that are applied to each foot to increase circulation while in bed
- Take the medication ordered by your doctor to prevent clot formation
- If ordered by your surgeon, wear your T.E.D. (Thrombo-Embolic-Deterrant) hose as directed. These will help with swelling while being active

NUTRITION & HEALING

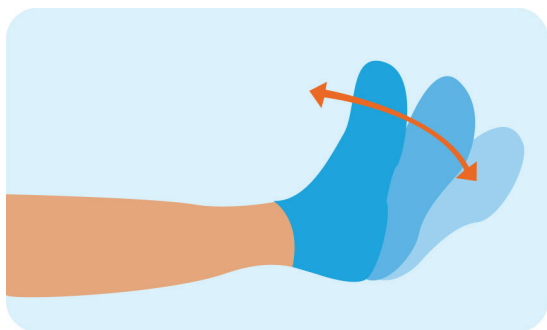
While you are in the hospital, meals are selected from a restaurant-style menu. In the morning you will select lunch. In the afternoon you will select dinner and breakfast for the next day. Simply tell the host what you would like from the selections printed. If you prefer to see the menu, you can ask to circle the items you want. Remember, the anesthesia may affect your taste buds for a few days after surgery. If you are on a special diet and would like more information, tell the nurse you would like to see the dietitian for an inpatient nutrition consultation (this consultation is free!).

WHAT TO EXPECT POST-OP:

You may still be feeling sleepy and not have much of an appetite - this is normal. Continue to drink lots of fluids. Discomfort is normal – you have a new joint! Your doctor has prescribed special pain medication – be sure to let your nurse know how it is working.

GOALS:

- Your Physical Therapist and/or nurse will work with you to walk and increase comfort in moving your new joint
- You may join the other joint patients for physical therapy in the joint activity room. Please invite your loved one or friend to attend the therapy sessions. Try to be up in your chair as much as possible for the next few days
- Have your coach/loved one bring you comfortable street clothes (t-shirts, sweatshirt and gym shorts/sweatpants). You will need these for your occupational therapy evaluation
- Don't forget to use your incentive spirometer and take three deep breaths and cough 10 times every hour
- Remember to move those feet and ankles to keep the blood circulating. Try doing ankle pumps – we do not want any blood clots



- » **BATHING:** Be sure to shower and wash your hair at home before surgery
- » **DIET:** Liquids and diet as tolerated after surgery
- » **HEMOVAC:** You may have a drain present called a Hemovac
- » **DRESSING:** You will have a dressing covering your incision

- » **COLD THERAPY:** Your doctor may order ice bags, which will keep your surgical area cool and help reduce swelling and discomfort
- » **IV MEDICINES & PAIN MANAGEMENT:** You will have an IV antibiotic to help prevent infection. You will be started on pain pills. It is important for you to let your nurse know when you feel discomfort. Tell your nurse if you are sick to your stomach. Medication may be given to decrease nausea
- » **BLOOD CLOT PREVENTION:** Blood-thinning medicine is given to reduce the risk of blood clots. Your doctor will order foot pumps to reduce the risk of blood clot formations, and they will be on when you are in bed.

INFORM YOUR NURSE IF YOU ARE HAVING:

- Pain that is not controlled
- Nausea/vomiting
- Dizziness

READY FOR DISCHARGE

Congratulations, you have reached your goal!

- Your nurse will assist you in getting dressed if needed
- If you pass physical and occupational therapy AND your team of doctors feel you are medically stable to be discharged, you will be discharged
- To pass therapy, you must be able to walk up and down steps, walk, get in and out of bed and get to the bathroom safely
- Has your appointment to begin outpatient therapy been made?
- Has your follow-up appointment with your surgeon been scheduled?
- Has your follow-up appointment with your primary care provider been scheduled?

MEDICATIONS

Remember: Always tell your **dentist** or any **doctor** who cares for you in the future that you have a joint replacement. You may need to take antibiotic medication before any dental procedure or surgery to prevent infection.

- A prescription for pain medication and a blood thinner will be given to you. Take your medications as directed. Call your doctor if pain is not controlled. Avoid taking over the counter pain medication along with any prescribed pain medication unless directed by your doctor.
- Your doctor will tell you which of your regular medications need to be continued when you are discharged home.

DRIVING

- **PAIN MEDICATION CAUSES SLEEPINESS! DO NOT DRIVE OR OPERATE MACHINERY**
- Do not drive after your surgery until approved by your orthopedic surgeon

WORK/ACTIVITIES

- You may return to work as instructed by your orthopedic surgeon
- Instructions for safely resuming sexual activities are available from the Occupational Therapist upon request

NUTRITION TIPS

- Please visit www.choosemyplate.gov for nutritional tips to promote healing or to print a guide to healthy eating
- You may resume your normal diet unless otherwise instructed by your physician

CONSTIPATION

- Pain medications can cause constipation. If you have issues with constipation, please contact your physician if your routine regimen doesn't work.

SOME TIPS TO HELP WHEN YOU ARE AT HOME:

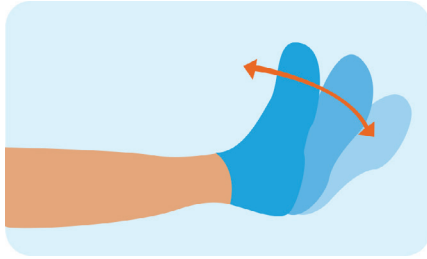
- Use your walker or cane to assist with walking
- Continue your normal walking activities at home
- Continue your therapy exercises
- Take your medication as directed
- Keep your return appointment with your orthopedic surgeon
- DO NOT overdo your activities
- DO NOT sit in the bathtub and Do take showers or sponge baths
- DO NOT drive until approved by your orthopedic surgeon
- DO NOT use a pillow under your knee
- Please read the discharge instructions you receive from your nurse
- Continue with your cold therapy

THERAPY & EXERCISE:

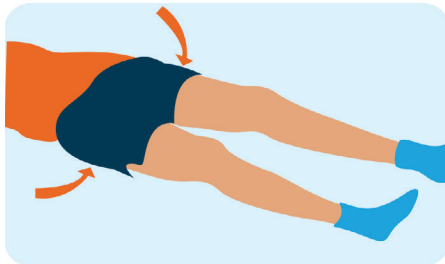
- Exercise before and after surgery will strengthen your muscles and increase flexibility in your joints.
- Practicing the exercises on the following pages before surgery will make your recovery after surgery easier and quicker.
- Your therapy program while in the medical center will consist of walking 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 may be referred to outpatient physical therapy. McLaren Bay Region has several convenient therapy locations to serve your needs. Please see map at the back of this book. Ask a physical or occupational therapist for details.

HIP REPLACEMENT EXERCISES:

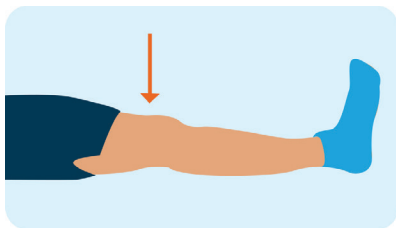
- **ANKLE PUMPS:** Slowly move your foot up and down. Do this exercise several times, as often as every 5-10 minutes. This exercise can begin immediately after surgery and continue until you fully recover.



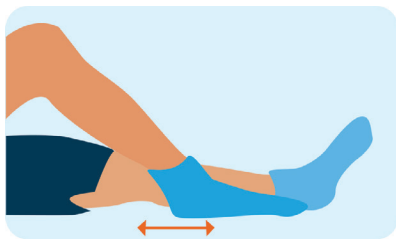
- **BUTTOCK CONTRACTIONS:** Tighten buttock muscles and hold to a count of five. Do three sets of 10, at least three times per day.



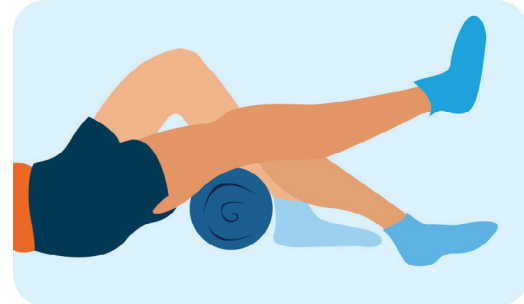
- **QUAD SETS:** Tighten your thigh muscle. Try to straighten your knee. Hold for 5-10 seconds. Do three sets of 10, at least three times per day.



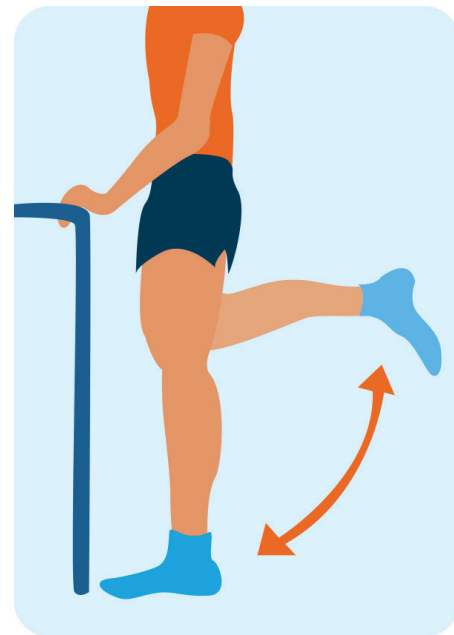
- **BED-SUPPORTED KNEE BENDS:** Slide your heel toward your buttocks, bending your knee and keeping your foot on the bed. Do not let your knee roll inward or outward. Do three sets of 10, at least three times per day.



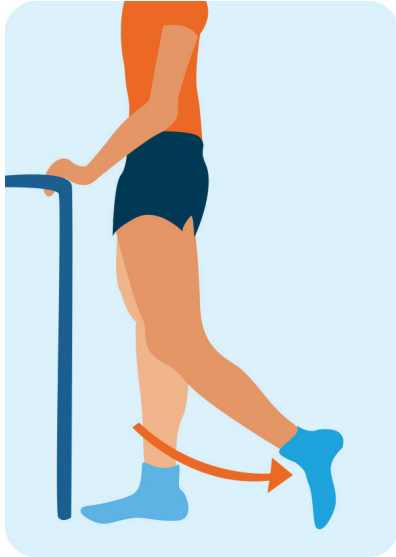
- **SHORT ARC QUADS:** You may also do knee extensions while lying down. Place a rolled towel or blanket under your knee. Lift your heel off the bed while straightening your knee. Hold 5-10 seconds. Slowly lower. Do three sets of 10, at least three times per day.



- **KNEE FLEXION:** Stand straight, holding the back of a walker. Bend knee up towards buttocks. Keep your hips straight! Lower your leg straight! Lower leg to standing. Complete 30 times.



- **STANDING HIP EXTENSIONS:** Lift your operated leg backward slowly. Keep your back and knee straight. Hold for 2-3 counts. Return your foot to the floor. Do three sets of 10, at least three times per day. Only perform this exercise if instructed by your physical therapist.



- **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.



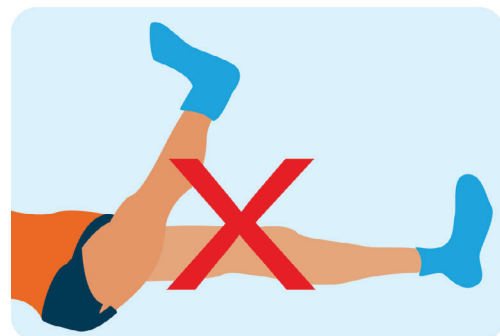
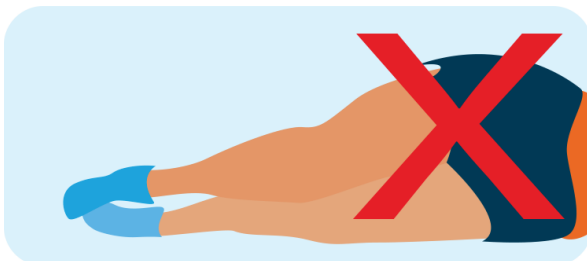
FOR HIP PATIENTS

REMEMBER YOUR HIP PRECAUTIONS!

- **DO NOT** sit or lie with cross legs.

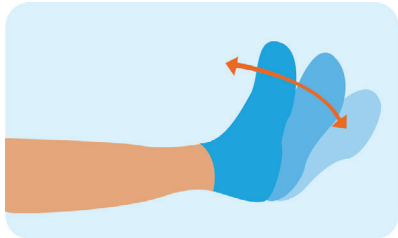


- **DO NOT** straight leg raise or lift leg from the hip with knee straight.

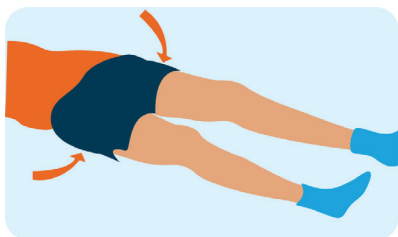


KNEE REPLACEMENT EXERCISES:

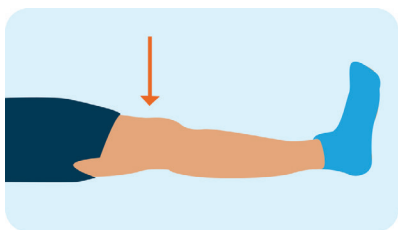
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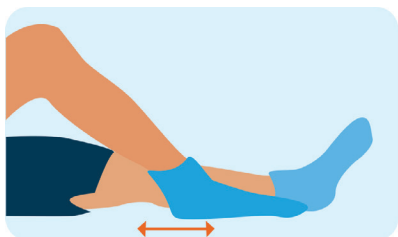
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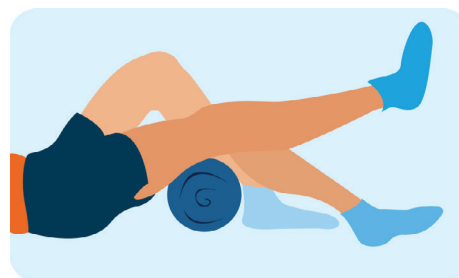
- **BED-SUPPORTED KNEE BENDS:** Slide your heel toward your buttocks, bending your knee and keeping your foot on the bed. Hold your knee in a maximally bent position for 5-10 seconds and then straighten. Do three sets of 10, at least three times per day.



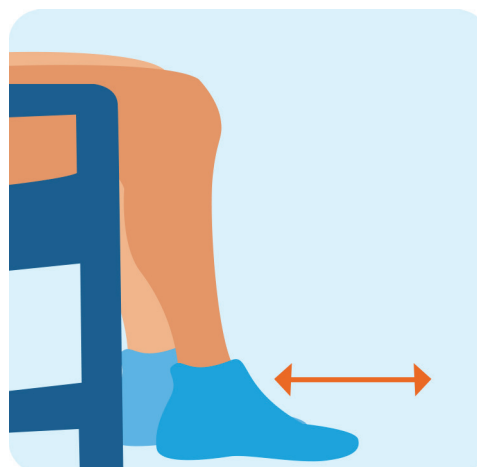
- **STRAIGHT LEG RAISES:** Bend your NON-operative knee and put your foot flat on the bed. Lift up your operated leg with your knee straight. Slowly lower. Do three sets of 10, at least three times per day.



- **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 5-10 seconds. Slowly lower. Do three sets of 10, at least three 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 5-10 seconds, then straighten your knee fully. Do three sets of 10, at least three 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.



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 to the right. Use the method which works best for you.

1. FRONT SEAT METHOD

- Move the seat as far back as possible to allow maximum use of the door opening.
- Using your walker, back up to the seat and gently sit on the edge.
- Scoot back on the seat to get well into the car.
- Gently lift your legs into the car.
- Fasten your seat belt.



2. REAR SEAT METHOD

- Move the front seat as far forward as allowable to increase rear seat leg room.
- Using your walker, back up to the seat and gently sit on the edge.
- Scoot back on the seat to get well into the car.
- Gently lift your legs into the car.
- Fasten your seat belt.



TOILET TRANSFERS

There are several pieces of adaptive equipment available for the toilet. You may need to purchase some type of toilet equipment depending on your height. The specific recommendations will be made by your Occupational Therapist on the day of your class.

1. Back yourself up until you feel your legs touching the toilet.
2. Keep one hand in the center of the walker and reach for the back edge of the raised toilet seat with the other hand.
3. Gently lower yourself to the toilet seat.
4. To get off the toilet, reverse the above procedure. Make sure you have your balance before taking hold of the walker with the other hand.



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 determined the day of your evaluation with occupational therapy.

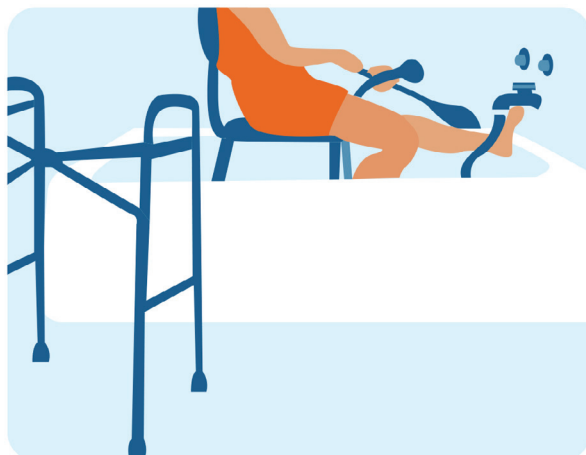


TUB TRANSFERS

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.

TUB TRANSFERS



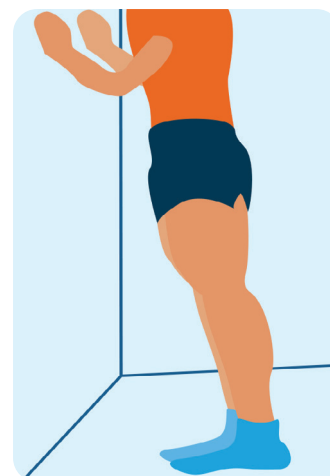
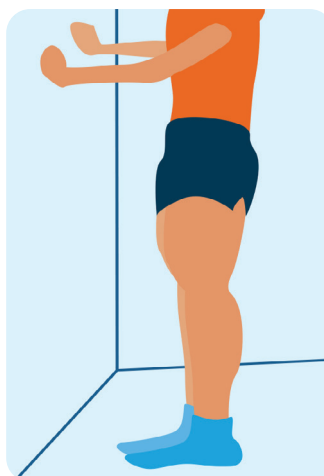
STRENGTHEN YOUR ARMS!

Begin these exercises before your joint surgery. They will help strengthen your arms and prepare you for using a walker or crutches. Do these exercises 1-2 times per day. Do each exercise 10-30 times.

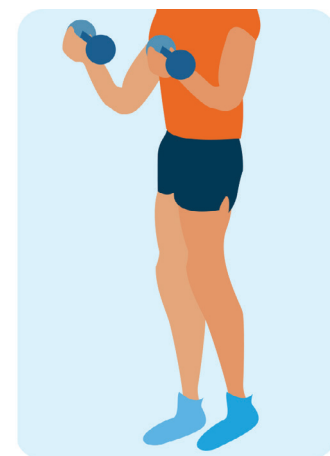
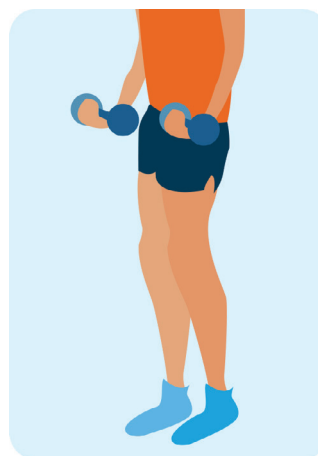
CHAIR PUSH-UPS: Push yourself up from the chair, using your arms. Try not to use your legs.



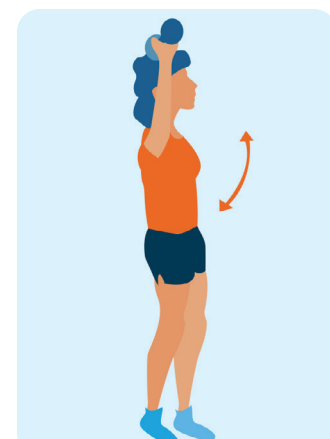
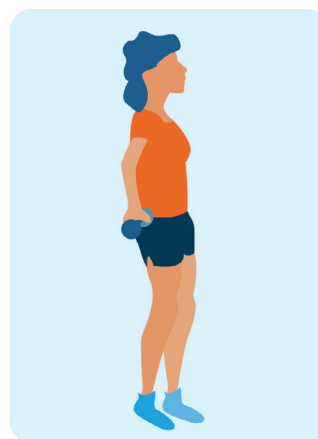
WALL PUSH-UPS: Place your hands on wall. Slowly lean. Then push your body into the wall. Push body away from wall to return to the starting position.



BICEPS CURL: Hold a weight or can of soup in each hand. Bend your elbows, bringing the weight or can of soup to your shoulder. Slowly lower back down.



ARM RAISES: Hold a can of soup in one hand. Raise arm up overhead as far as you can and slowly lower.



INFECTION PREVENTION

Preventing infection is extremely important for the rest of your life. Your new joint is artificial and does not have your body's natural protection against infection. Below are measures to help lower the risk of developing and infection.

INCISION CARE:

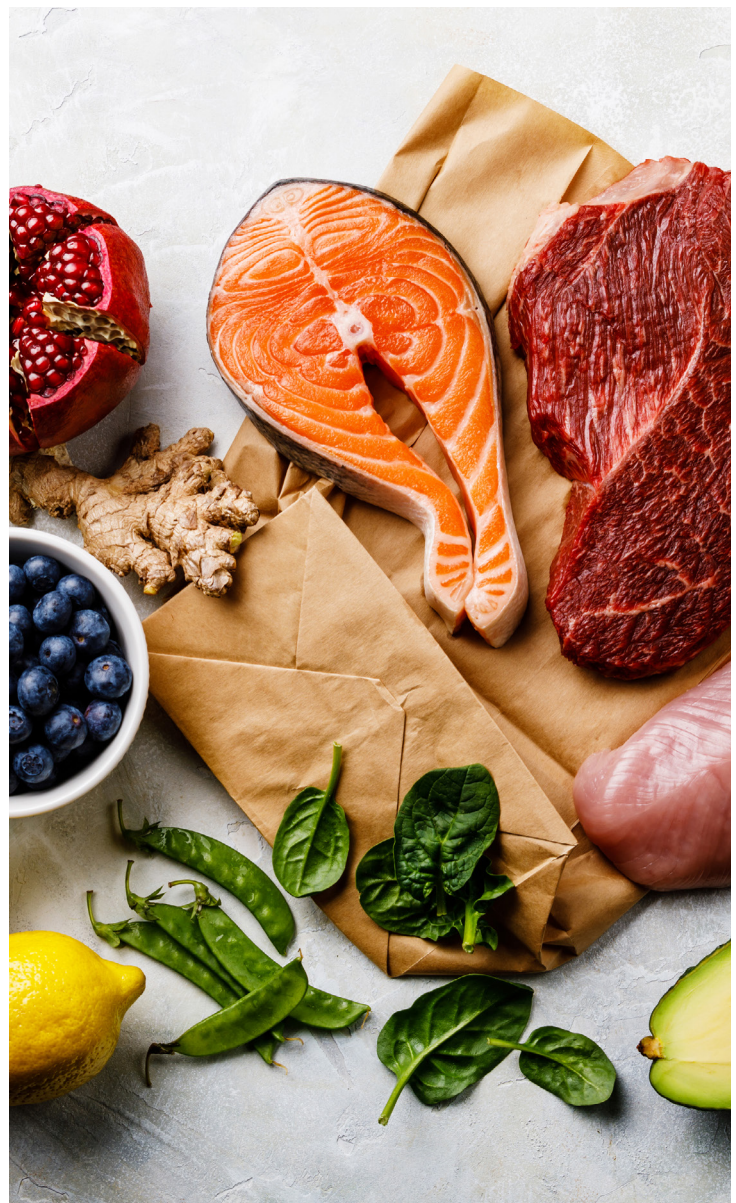
- Your orthopedic surgeon or nurse will explain how to take care of your incision and when to remove your dressing (bandage). Make sure you understand these instructions before you leave the hospital.
- Do not apply ointment or powders to your incision unless directed by your orthopedic surgeon.
- Do not touch your incision or dressing unless absolutely necessary or as directed by your orthopedic surgeon.
- Do not let anyone else touch your incision or dressing unless directed by your orthopedic surgeon.
- Keep pets away from your incision and dressing. Pets carry germs that can cause infection in a surgical incision.
- How to care for your incision is included in your hospital discharge instructions.

ALWAYS WASH YOUR HANDS:

- Before and after touching your incision.
- Before and after changing your dressing.
- Before and after food preparation.
- Before and after eating.
- After using the bathroom.
- After touching your face and brushing your teeth.
- After touching pets, pet supplies, and pet care items.
- After shaking or holding hands or touching the face of another person.
- Do not hesitate to ask others to wash their hands at any time.

DIET:

- Proper nutrition is needed for healing, which is an important factor in preventing infections.
- Resume your diet as directed and include vegetables, fruits, and proteins (such as meats, fish, chicken, eggs, and nuts) to promote healing.
- Protein is the most important nutrient in healing, eat about twice as many protein foods as usual for 2-3 weeks after surgery.
- Remember to have adequate fluid intake (at least 8 glasses a day).
- If you are not hungry or not eating well, contact your orthopedic surgeon about adding nutritional supplements.



ORAL HYGIENE:

- Taking care of your teeth and mouth is an important element in preventing infection. Your mouth naturally contains bacteria, which can increase the risk of infection if the bacteria gets into your incision area.
- Floss your teeth daily and brush your teeth twice a day to maintain good oral health and reduce the risk of infection.
- Remember to wash your hands after flossing and brushing your teeth.

MEDICAL AND DENTAL PROCEDURES:

- 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.
- Before having any procedures, let the physician or dentist doing the procedure know you have a hip or knee implant. He or she may choose to provide antibiotics. You may also contact your orthopedic surgeon if you have any questions about needing antibiotics before medical and dental procedures.

CALL YOUR ORTHOPEDIC SURGEON IMMEDIATELY IF YOU NOTICE ANY OF THE FOLLOWING:

- Increased drainage from your incision
- Any cloudy or smelly drainage from your incision
- Increase in redness or warmth around your incision
- If you have a temperature by mouth greater than 101 degrees Fahrenheit.

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 1 gallon 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:

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 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).





MANAGING PAIN AFTER KNEE OR HIP JOINT REPLACEMENT SURGERY

PLANNING FOR SURGERY

You and your surgeon have decided to treat your hip or knee with joint replacement surgery. Together, you will develop a pain control plan.

PLANNING FOR SURGERY

- Your pain control plan will include both non-medication and medication options.
- **ICING and ELEVATION are important for you to use around the clock to manage your post-surgery pain**
- Other non-medication options may include:
 - Post-surgery ambulation
 - Physical therapy
 - Practicing mindfulness
- Medication options may include:
 - Acetaminophen (e.g. Tylenol)
 - NSAIDS (e.g. Ibuprofen, Toradol)
 - Opioids (e.g. Oxycodone, Norco)**

**Taking opioids for longer than 3 days increases your risk for dependence.

Opioids may also cause nausea, vomiting, and constipation. You may or may not need opioids to manage your pain.

Talk to your surgeon to find what is best for you.

Remember, pain after your hip or knee joint replacement surgery is normal.

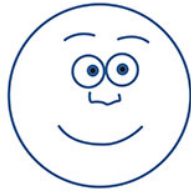
- To best manage your pain after surgery:
- Understand the pain control plan made by you and your surgeon
- Ask questions
- Communicate your symptoms and pain using the scale below
- Follow the pain control plan to help your recovery

Communicate your pain with a pain scale

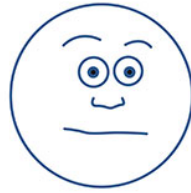


0

No pain



2



4

Interrupts
some
activities



6



8



10

Worst pain
in my life

WHEN TO CALL YOUR SURGEON

Following all parts of your pain control after surgery is important to your recovery. Your pain may be worst for the first 2-3 days after surgery. Your recovery will take time. Call your surgeon if:

- Pain medication does not relieve severe pain
- Chills, fevers higher than 101.5 °F
- Hard to or unable to urinate
- Nausea, vomiting, and/or unable to keep liquids down

OPIOID STORAGE AND DISPOSAL

If your pain control plan uses opioids, please store and dispose of the medication by following the guidelines below:

STORAGE

- Lock pills, if possible
- Safely store and dispose of unused pills
- Keep count of pills
- Do not store opioids in places that allow easy access to pills (e.g. bathroom, kitchen)

STORAGE

- Medication take back events
- Pharmacy & police station drop-boxes
- Mix drugs (do not crush) with use coffee grounds or kitty litter in a plastic bag, then throw away

For more disposal information, please visit: michigan-open.org.

FOR PAIN MANAGEMENT – REMEMBER

Instructions: review instructions before and after surgery to manage expectations

Communicate your pain and questions with your surgeon

Elevate around the clock

QUESTIONS AFTER DISCHARGE

Your surgeon realizes that there may be questions after you arrive home that did not come up during your hospital stay. If this occurs, we are here to assist you and answer any questions you may have.

Please remember, after a joint replacement it is normal to have swelling, redness and bruising around the surgical site, as well as from the thigh to the feet. Below you will find photos you can reference as to what your surgical leg may look like after the procedure.

We recommend that you continue to ice and elevate the leg to decrease swelling and assist with pain control. The more swelling that occurs, the more pain you may experience. It is important to make sure that you are elevating the leg above your heart to keep swelling minimal. If you are not sure how the joint is looking, or if your pain seems to be getting worse, please contact your surgeon.

The surgeon is the expert in answering your questions and referring you to the appropriate level of care. **Please DO NOT rush to the emergency room unless there is a serious issue.** We ask that you call your surgeon at the numbers provided prior to making the decision to go to the emergency room. For conditions that are urgent but do not require emergency care, consider visiting a Convenient or Urgent Care Clinic if you are unable visit your surgeon.



Knee Day 4



Knee 1 week



Hip from left: Day 3, 8, 27



Hip Day 3



Knee from left: 2 weeks, 4 weeks, 8 weeks, 12 weeks

CARE AT HOME:

CLOTHING:

- It is recommended that you wear comfortable loose clothing. Ideas include sweat suits, jogging suits, shorts and shirts. You will also need socks and shoes with non-skid soles.

GETTING DRESSED (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 shoe horn, 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 & UNDERWEAR (HIP PATIENTS ONLY):

- Sit in an armchair to get yourself dressed.
- 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).
- Pull the slacks up over your knees. Stand with the walker in front of you, and pull the slacks up.
- When undressing, take the slacks and underwear off your non-operative leg first.



SOCKS & STOCKINGS (HIP PATIENTS ONLY):

Knee-high or ankle socks are recommended for both men and women. Top of socks should not be tight.

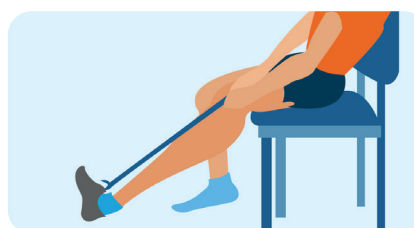
- Slide sock onto the sock aid. Make sure the heel is at the back of the plastic and the toe is tight against the end. The top of the sock should not come up past the knots on the plastic piece.
- Holding onto the cords, drop the aid in front of the operated foot. Slip your foot into the sock and pull it on. 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 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.





WEST BRANCH



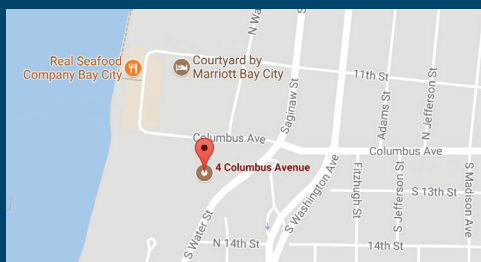
BAY CITY



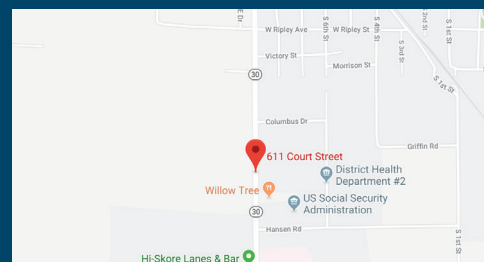
CONVENIENT CARE, CONVENIENT LOCATIONS.

McLaren Bay Region Occupational & Convenient Care walk-in clinics provide a quick and easy solution for ailments that are urgent but do not require emergency care, including minor illnesses, sprains, strains and more. With hours into the evenings and weekends, the clinics provide high quality care when you need it most.

No appointment is required; simply walk in.



4 Columbus Ave., Bay City, MI 48708
(989) 393-2850
Monday - Friday, 8am - 8pm
Saturday - Sunday, 9am - 6pm



611 Court St., West Branch, MI 48661
(989) 345-7000
Monday - Friday, 8am-6pm
Saturday, 9am-2pm
Sunday, Closed

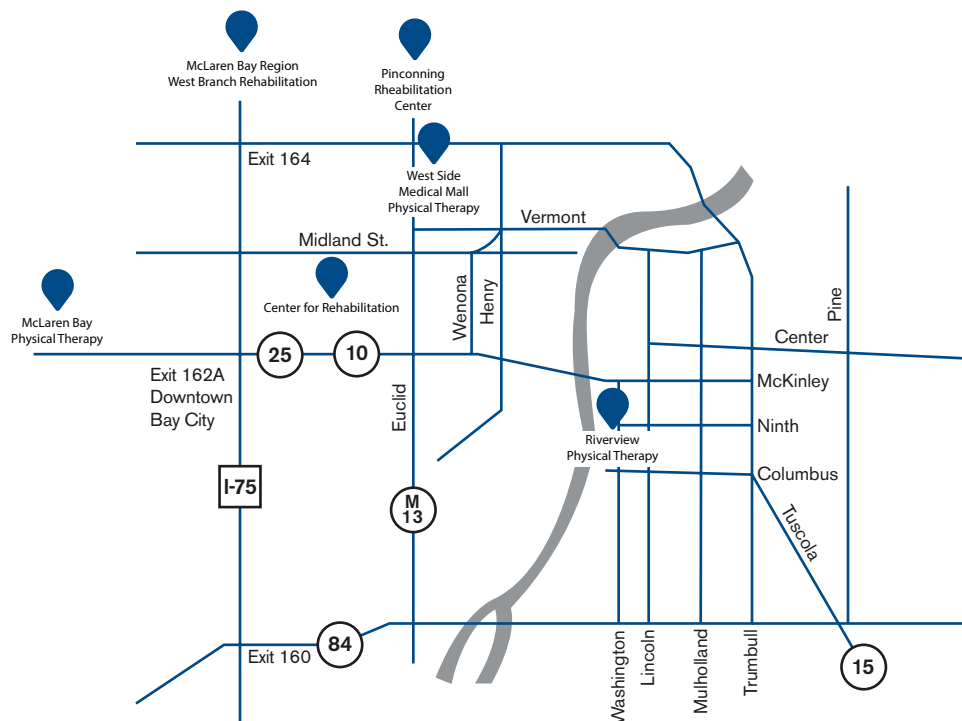


DOING WHAT'S BEST.®

REHABILITATION SERVICES

WE SPECIALIZE IN:

- Amputee Rehabilitation
- Aquatic Therapy
- Arthritis Management
- BIG™ & LOUD™ Parkinson's Disease Rehabilitation
- Cancer Rehabilitation
- Certified Hand Specialist
- Ergonomics/Return to Work
- Low Vision Rehabilitation
- Lymphedema Therapy
- Manual Therapy
- Neck and Back Pain
- NeuroCom™ Balance Program
- Neurological Rehab
- Orthopedics/Sports Medicine
- Pediatrics
- Pelvic Pain
- Stroke Rehabilitation
- Urinary Incontinence
- Wound Care



BAY CITY

Center for Rehabilitation
 McLaren Bay Region's West
 Campus
 3190 E. Midland Rd.
 (989) 667-6600

**Riverview Physical
 Therapy Center**
 Dow Bay Area Family Y
 225 Washington
 (989) 895-4340

**West Side Medical Mall
 Physical Therapy**
 4175 N. Euclid, Suite 6
 (989) 667-3646

MIDLAND

McLaren Bay Physical Therapy
 801 Joe Mann Blvd., Suite G
 Midland, MI
 (989) 794-4035

PINCONNING

**Pinconning Rehabilitation
 Center**
 4293 N. Huron Rd. (M-13)
 Suite 2
 (989) 879-5500

WEST BRANCH

**McLaren Bay - West
 Branch Rehabilitation**
 2110 S. M-76
 West Branch, MI
 (989) 516-5078

BAY COUNTY COMMUNITY RESOURCES

DISABILITY SERVICE RESOURCE CENTER

1820 N. Trumbull Dr.
Bay City, Michigan
(989) 895-5444

Hours:
9am-4pm
Monday - Thursday (excluding
holidays)

Medical equipment loan closet provides medical equipment at no charge to Bay County residents. Equipment is gently used, which includes hospital beds, bedside commodes, walkers, canes, wheelchairs, mechanical lifts, bath benches, and so much more. The equipment can be kept for as long as you need it; however, the Center does request you return the equipment when you no longer need it. To request equipment, you must have a prescription from your physician. A request form must also be completed, which can be obtained at the Center.

MOBILE MEALS

1900 Columbus Ave.
Bay City, Michigan
(989) 894-3438

Hours:
11am - 1pm
Monday - Friday (excluding
holidays)

Nutritious well balanced meals delivered to your home Monday through Friday, excluding holidays. One, two, or three meals may be ordered for any Bay City resident who is temporarily or permanently unable to prepare or obtain food on their own. Please call for pricing.

BAY COUNTY DIVISION ON AGING

515 Center Ave.
Bay City, Michigan
(989) 895-4100

Hours:
8am - 5pm
Monday - Friday

Provides a variety of service programs to Bay County residents age 60 or older, such as Senior Dining Centers, Case Coordination, Homemaking Service and home delivered meals.



GET BACK TO THE
LIFE YOU LOVE.

Thank you for choosing McLaren Bay Region
for your joint replacement. We look forward to
helping you get back to the life you love.



BAY REGION