



McLaren Joint and Spine Center

PATIENT GUIDE TO SURGERY AND RECOVERY



DOING WHAT'S BEST.



FLINT

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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.



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Additional Discharge Options

Personal Care Packages

Family and Personal Care Packages are tailored to fit all your discharge needs. These packages are perfect for the individuals who are recommended to go home but have limited caregiver/family support. Our McLaren's Joint and Spine Center Team will assist you with the arrangements at discharge and ensure you are well taken care of.

Personal Care Package Perks:

Companionship	Transportation Services
Prescription Pick Up	Doctor Visits
Medication Reminders	Laundry and Linen Services
Light Housekeeping	Errands
Grocery Shopping	Meal Preparation
Personal Care and Bathing	Home Safety Evaluation
Pet Care	Meaningful Activities

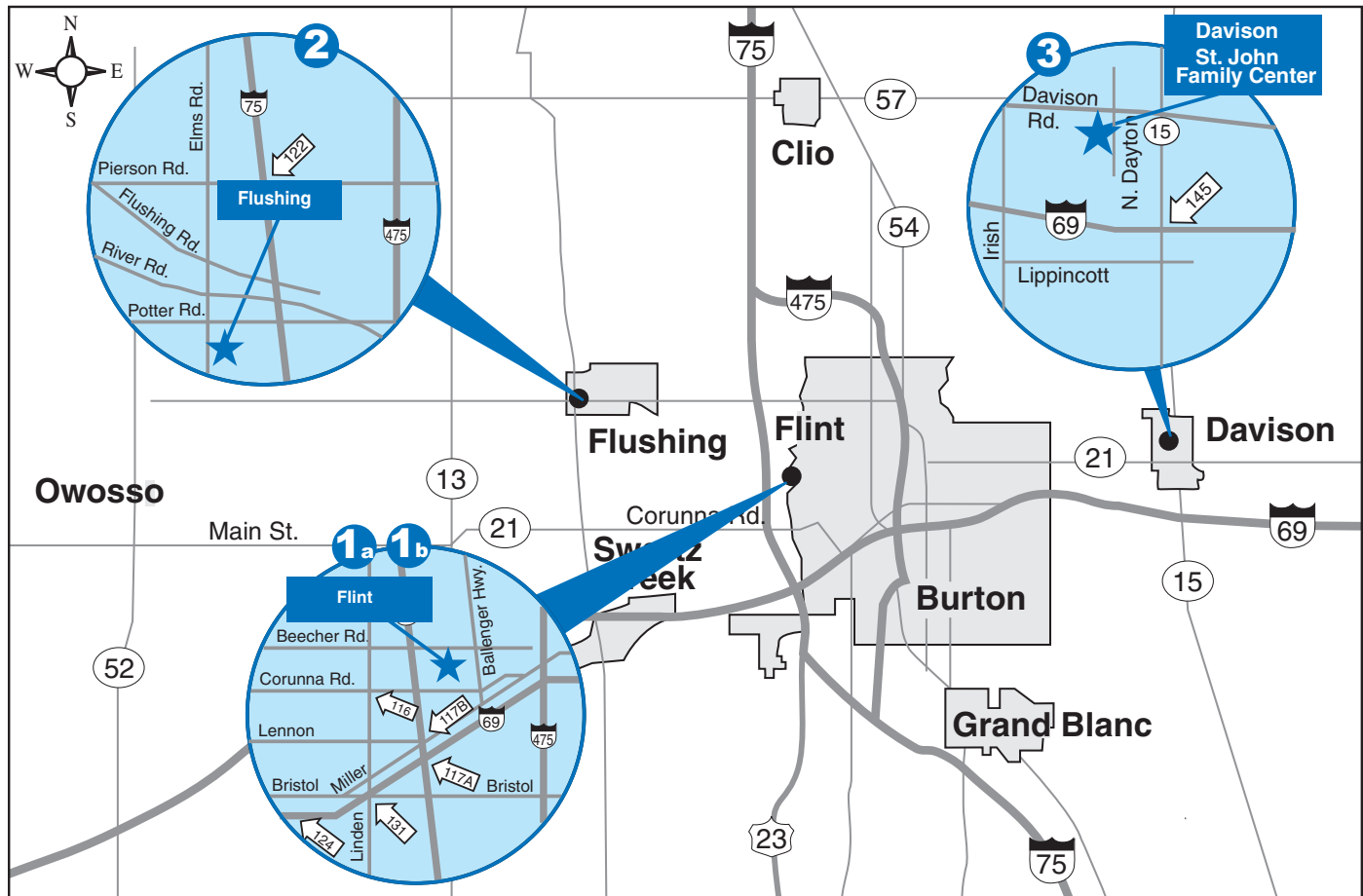
If you would be interested in learning more about these personal care packages, please ask someone from the team.

Home Health Services

- Smooth transition from acute hospitalization to homecare services
- Patient Education Material
- Home Exercise Program
- Home Safety Assessment
- Coordinated Transition to Outpatient therapy following homecare services

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McLaren Outpatient Physical Therapy Sites and Locations



1a. Flint -

Physical Therapy, Sports Medicine and
Balance Center
G-3239 Beecher Rd., 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



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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.
- Skin Cleaning Steps: To reduce the risk for infections after surgery, we recommend the following skin cleaning procedure. Good skin cleaning helps to decrease the number of germs living on your skin.
 1. You will be given a bottle or packet of chlorhexidine gluconate (CHG) soap, if allergic you can use antibacterial soap.
 2. Shower or bathe 3 consecutive days prior to surgery and again the morning of surgery using the special skin cleaner. Use your regular shampoo to clean your hair, and then follow the instructions below for cleaning your body.
 3. Put a quarter size amount of the cleaner on a clean washcloth and begin to wash. Repeat until the whole body has been washed from the neck down. **DO NOT USE THE CLEANER ANYWHERE ON YOUR HEAD, ON AN OPEN SORE OR IN THE GENITAL AREA.** If the cleaner gets in your eyes or ears, rinse them right away with a large amount of cool water for many minutes.
 4. Rinse well.
 5. Dry with a clean, dry towel and dress with clean, dry clothing.
 6. Call Pre-Admission Testing at 810-342-2193 if you have any questions or concerns.
- At discharge, you will have the option to have your new medication prescriptions filled at the hospital. If you'd like to have your prescriptions filled at the hospital, and you normally have a co-pay, you will want to bring necessary funds to cover the cost of the co-pay. In addition, we have a gift shop here at the hospital and on occasion, a few of our volunteers will bring around a cart filled with all kinds of sweet treats and/or materials for purchase. ***If you do bring cash or credit cards, you will want to keep them in a secure location, or on your person, while in the hospital.***
- Do not eat or drink anything after midnight unless you have been instructed to take certain medications on the morning of your surgery. If you are instructed to take certain medications on the day of your surgery, you will take them with the smallest sip of water. The list of medications will be included on the instructions provided to you by pre-admission testing.

The morning of your surgery:

When you arrive on the day of your surgery, go directly to Patient Registration. Patient Registration is located on the first floor, across from the central elevators behind and to the right of the main lobby. Once you are all checked in, the patient registration staff will instruct you where to go for surgery.

Once you arrive to the surgery area, your family will be asked to check in with the waiting area while we get you ready for surgery. Prior to going back to the operating room (OR), you will have the opportunity to see your family again. At this time we will ask you to remove dentures/partials, any glasses/contacts and give your belongings 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.

Recovery after Surgery:

You will be taken to the recovery room for approximately 1 hour for observation. Don't worry if you are in the recovery area longer than 1 hour, everyone is given as much time as they need in this area.

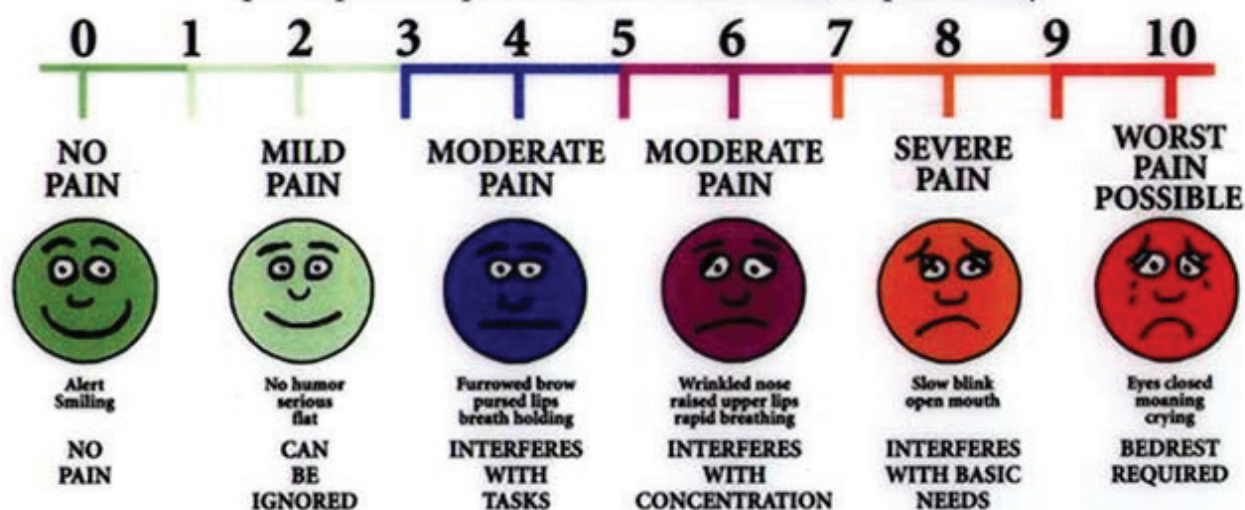
Pain Control

It is normal to have some pain after surgery; however we strive to make sure your pain is controlled and you are comfortable. You will be asked frequently to rate your pain level, so please make sure you let us know so we can better take care of you and your needs.

Help Us, Help You!!!

UNIVERSAL PAIN ASSESSMENT TOOL

This pain assessment tool is intended to help patient care providers assess pain according to individual patient needs. Explain and use 0-10 Scale for patient self-assessment. Use the faces or behavioral observations to interpret expressed pain when patient cannot communicate his/her pain intensity.



Surgical Dressing:

You will have a dressing applied to your surgical area. Your doctor will instruct the nurse when to change the dressing. The dressing will be removed and your incision may be left open to air when the drainage is gone. If you have a drain, it will be removed prior to discharge.

Breathing exercises

When you wake up you will be asked to breathe deeply and cough. You will 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 are fully recovered

Wear compression devices that are applied to each calf to increase circulation, which are worn while in bed.

- ~ Take the medication that will be ordered by your doctor to prevent clot formation

Once your surgical dressing is removed, wear your

T.E.D. (Thrombo-Emboic-Deterrant) hose. These will help with swelling while being active.



Ankle Pump Demonstration

Quote of the Day:

“Take one step
at a time”

What to Expect Post Op Day 0 [The day of your surgery]

Good Morning....

You may still be feeling sleepy and not have much of an appetite- that’s 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.

Today’s Goal

- Your Physical Therapist and or nurse will work with you to walk and increase your comfort in moving your new joint.
- You may join the other Joint and Spine Center 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.
- Don’t forget to use your incentive spirometer and take three deep breaths 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. (Exercise on page 26 or 30)
- Have your coach bring you comfortable street clothes (i.e. t-shirts, sweatshirt and gym shorts/ sweatpants).
- Have you checked to make sure Lovenox is a covered benefit? Please inform your nurse.



Day Zero

■ 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 compression devices (IPCs)/or foot pumps to reduce the risk of blood clot formation. IPCs will be on when you are in bed.

Quote of the Day:

“Never look back,
since you are not
going that way.”

FOR HIP Patients:

You will work with your occupational therapist today to help increase independence in self-care.

Inform your nurse if you are having:

- Pain that is not controlled.
- Nausea/vomiting
- dizziness

If you pass physical therapy and are medically cleared, you will be discharged today!!!!

What to Expect Postoperative Day 1

It's time to get your new joints moving!!
Today will be a busy day for you.

- Your nurse will assist you in getting dressed if needed.
- Your orthopedic surgeon and/or residents will be in to see you.
- Your medical doctor will be contacted.
- Team therapy is scheduled in the a.m. and again in the p.m., your appointment should be written on your dry erase board today. Don't forget to invite your loved one or friend to come help learn with you.
- If you pass physical therapy AND your team of doctors feel you are medically stable to discharge, you may be discharged today.
- To pass physical therapy, you must be able to go up and down steps, walk, get in and out of bed and get to the bathroom safely.
- Has your appointment to begin outpatient physical therapy been made?

Day One

■ COLD THERAPY

You may continue with ice bags.

■ BOWELS

Your doctor has ordered medication to assist with bowel function. Constipation is a common problem.

■ DEEP BREATHING

Continue to use your incentive spirometer, and take deep breaths every hour while awake.

■ MEDICATION

Continue taking your pain pills as prescribed. The nursing staff will encourage you to take them at least every 4-6 hours. Please ask your nurse for pain medication as soon as you feel discomfort. Please do not wait until the pain is severe.

■ BLOOD CLOT PREVENTION

Your blood-thinning medication will continue. Continue to wear compression devices while in bed, and do ankle pumps.

- Members from our team will finalize your equipment needs, transfer plans and all other final details for going home.

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.

Nutrition & 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 buy a commercial supplement such as Boost, Ensure or Carnation Instant Breakfast or make a smoothie with either whey protein powder, milk powder or greek yogurt and milk, fruit and ice cream or frozen yogurt.

Vitamin C is another important nutrient found only in fruits and vegetables. For a healthy diet, the goal is 2 ½ 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 for two weeks after surgery.

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 some breakfast cereals. 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.

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.



Constipation Remedies

Pain medications can cause constipation if you have issues with constipation, please contact your physician if your routine regiment does not work.

Tips From The Nurse on Constipation

1 cup prune juice

2 Tablespoons of Milk of Magnesia (M.O.M.) Stir

Warm in microwave

Drink slowly while warm.

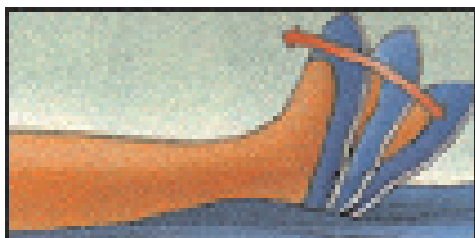
This can be repeated once with the M.O.M., within 2 hours, but the prune juice is good for you - so help yourself



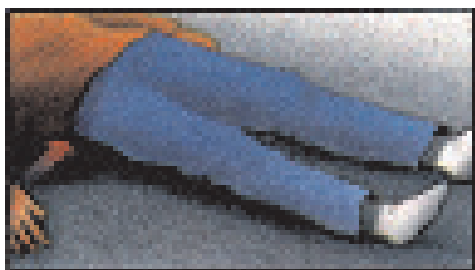
Therapy & Exercise:

- 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 the back of this book. Ask a Physical Therapist for details.

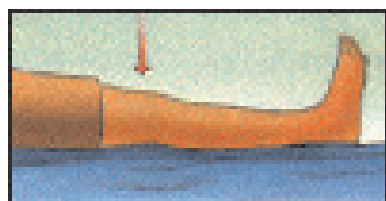
Hip Replacement Exercises:



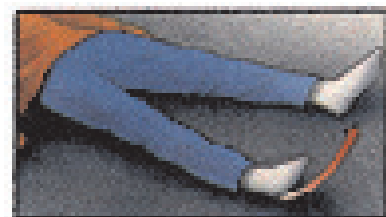
Ankle Pumps: Slowly move your foot up and down. Do this exercise several times, as often as every 5 or 10 minutes. This exercise can begin immediately after surgery and continue until you fully recover.



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

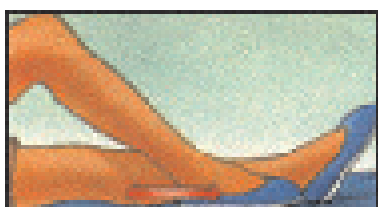


Quad Sets: Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds. Do 3 sets of 10, at least 3 times per day.



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:

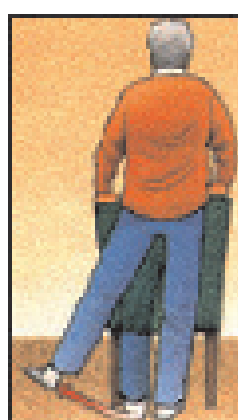


Bed-Supported Knee Bends: Slide your heel toward your buttocks, bending your knee and keeping your foot on the bed. Do not let your knee roll inward or outward. Do 3 sets of 10, at least 3 times per day.



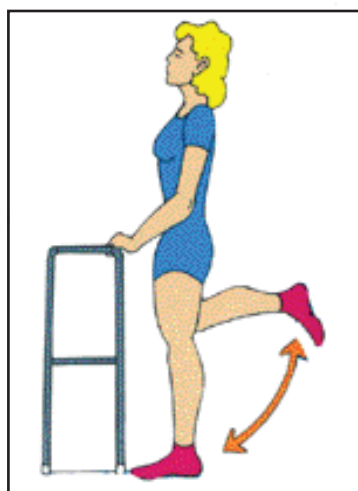
Short Arc Quads: You may also do knee extensions while lying down. Place a rolled towel or blanket under your knee. Lift your heel off the bed while straightening your knee. Hold 5 to 10 seconds. Slowly lower. Do 3 sets of 10, at least 3 times per day.

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 if 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.

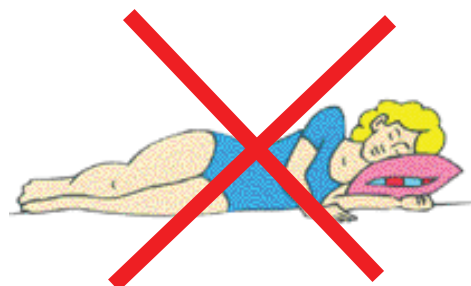


Standing Hip Extensions: Lift your operated leg backward slowly. Keep your back and knee straight. Hold 2 or 3 counts. Return your foot to the floor. Do 3 sets of 10, at least 3 times per day. Only perform this exercise if instructed by your physical therapist.

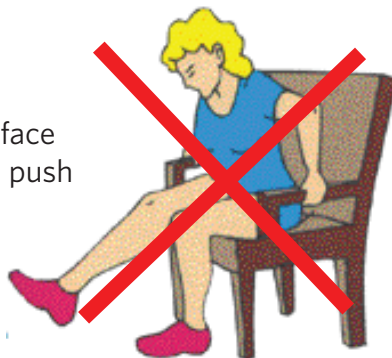


FOR HIP PATIENTS**Remember Your Hip Precautions!!**

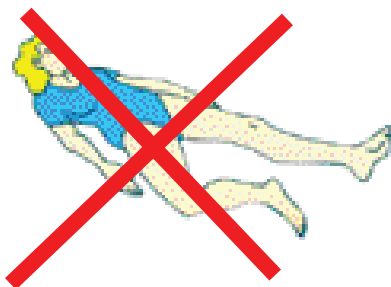
- **DO NOT** sit or lie with legs crossed.



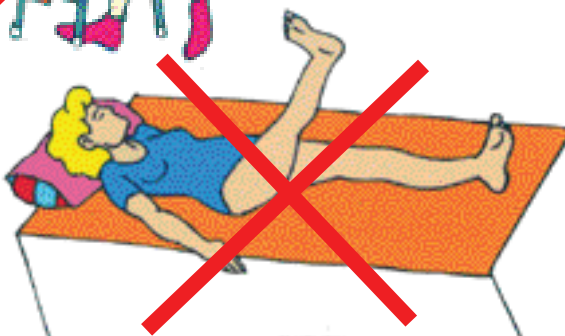
- **DO NOT** bend/sit on low surface and **DO NOT** lean forward to push yourself up.



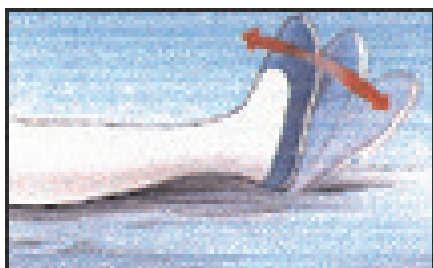
- **DO NOT** let toes roll outward or inward when walking or lying in bed.



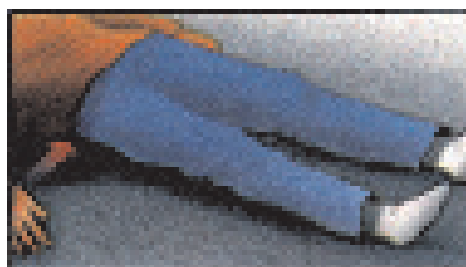
- **DO NOT** straight leg raise or lift leg from the hip with knee straight.



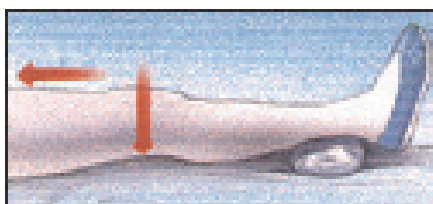
Knee Replacement Exercises:



Ankle Pump: Slowly move your foot up and down. Do this exercise several times, as often as every 5 to 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.



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.



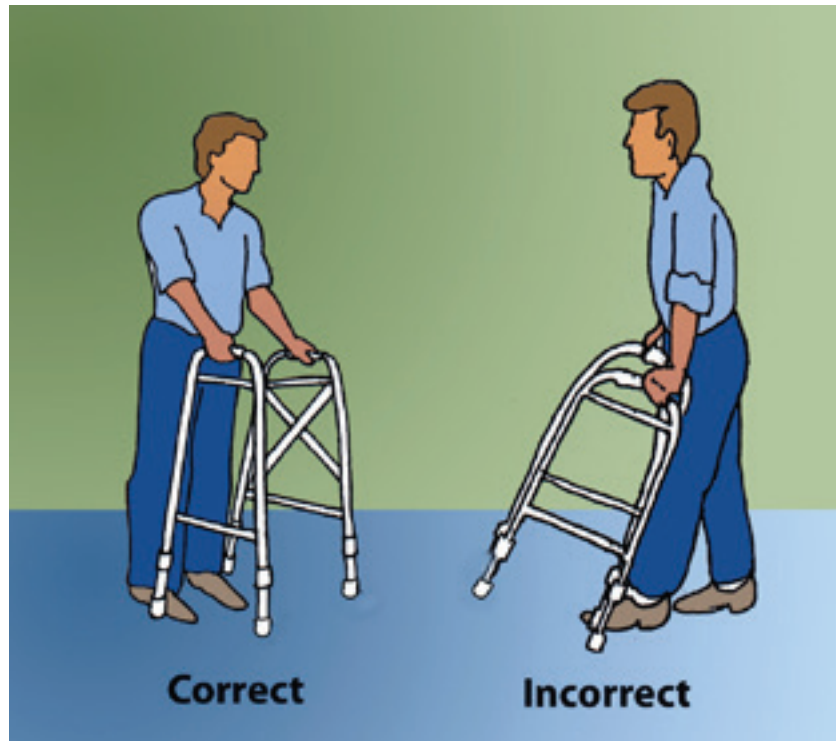
Sitting Knee Bends: While sitting at bedside or in a chair, bend your knee back as far as you can. To increase the bend in your knee, plant your foot on the floor and slide your upper body forward. Hold 5 to 10 seconds, then straighten your knee fully. Do 3 sets of 10, at least 3 times per day.

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.

Using a Walker continued

Walking on Stairs with a Walker

Always begin by adjusting the walker so that the front legs are two notches longer than the back legs. This will make the walker steady enough for short distance walking on level surfaces, while still allowing you to move up and down the stairs safely. Once you have negotiated your stair safely, find a safe place to sit down. Then adjust your walker to its original flat leg position.

1. Going Up the Stairs

- a. Back up to the stairs until you feel the back of your heel against the step.
- b. Move your walker so the back legs are on the first step.

- c. Move your hands backwards on the grip of the walker. This will help to balance yourself better.

- d. Push on the walker and raise your non-operated leg up to the first step. (Up with the "good".) Now bring up the operated leg, and then move the walker up on the next step.



- e. Repeat steps A through D.
- f. When you reach the top of the stairs, do not immediately bring your walker up to the top with you. Instead, step backwards two steps and then bring your walker up. This will assure good balance at the top of the stairs.

2. Going Down The Stairs

- a. Walk forward to the stairs.

- b. Move the front two legs of your walker down one step. Place the walker legs near the edge of the step to leave space for your legs.

- c. Place your operated leg down on the step first. (Down with the "bad".)

- d. Push on the walker and lower your non-operated leg down onto the step.

- e. Repeat steps A through D.



If you still feel nervous on the stairs, or if your Physical Therapist feels that you need assistance, have someone stand in front of you and hold your walker steady while you are walking up and down the stairs.

Transfer Techniques FLINT

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. Using your walker, 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. Using your walker, 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.

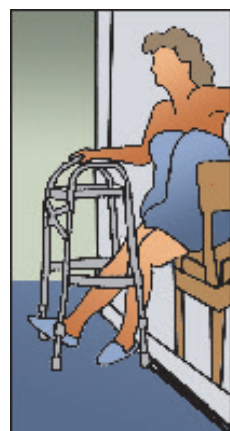
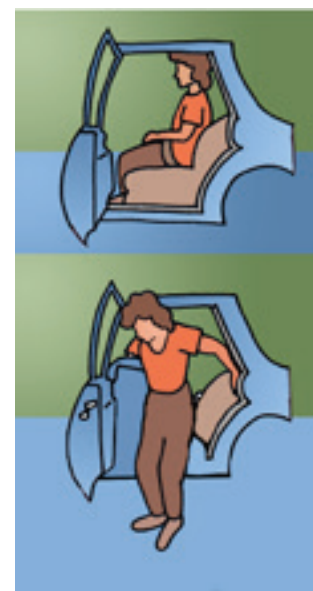
Toilet transfers

There are several pieces of adaptive equipment available for the toilet. You may need to purchase some type of toilet equipment if you are taller than 5 foot 3inches. 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

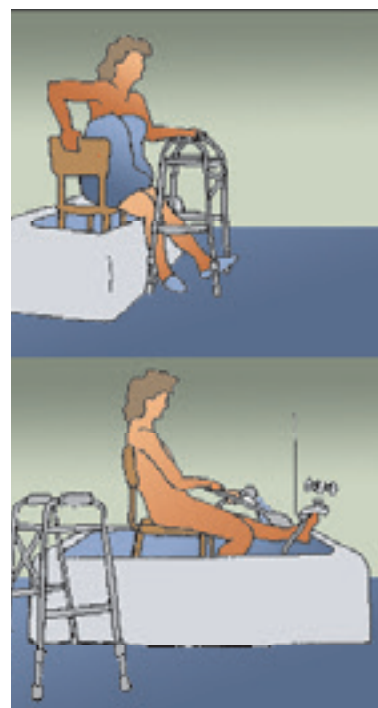
For your safety, you will need a seat to sit on. Several types of seats are available. The most appropriate type for you will be determined the day of your class.



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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)

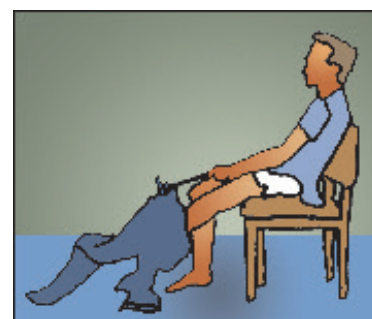


Hip Patients will need a long handled sponge to be independent in bathing. A hand held shower may also be helpful.

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.



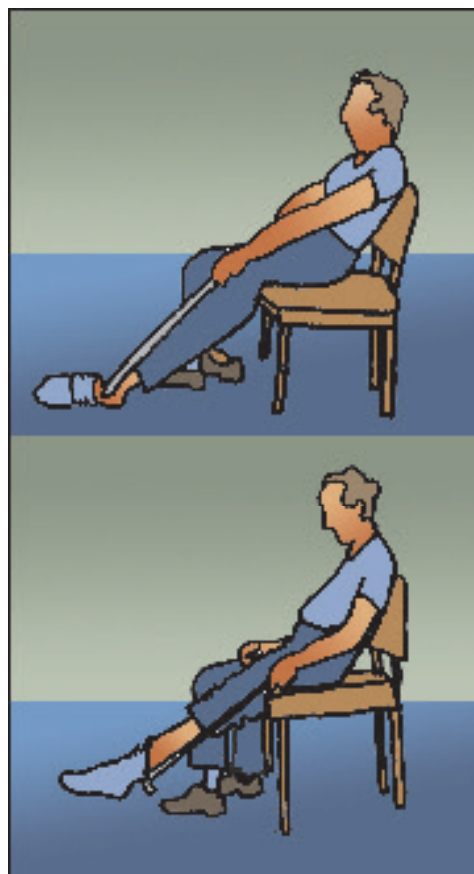
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Socks and stockings (Hip Patients Only) Knee- high or ankle socks are recommended for both men and women. Top of socks should not be tight.

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 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)





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Getting Your Home Ready:

- 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.

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 will be necessary to help maintain safety and independence. There are many options available to you. Specific recommendations will be made to you at your pre-admission education class. We encourage you to purchase items before surgery so you can practice with them at home.

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:



Common Concerns Patients have after they are Discharged: Are You Experiencing.....

- ✓ 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
We are the Experts and we are here to help!!!!



