



Riverside Orthopedic Joint Program



RIVERSIDE

Welcome

This guide provides the details you need to know about your upcoming total joint replacement. Whether you have already scheduled your surgery or are currently considering it as a treatment option, this information will help you prepare for surgery, the surgical replacement process and recovery afterwards.

The knee and hip joints can be damaged through arthritis or injury. Once damaged, even simple tasks like climbing stairs, walking or rising from a chair can become difficult or painful. If you have tried other treatments without improvement, total joint replacement may be an option. Joint replacement is a safe and effective procedure that allows most patients to resume normal activities and get back to their lives with less pain.

Total knee and hip replacements are two of the most successful procedures in all of medicine. According to the Agency for Healthcare Research and Quality, more than 600,000 knee and 285,000 hip replacements are performed each year in the United States.

We hope you find this guide full of valuable information regarding this beneficial procedure.

On behalf of the staff of Riverside's Orthopedic Joint Program, we want to thank you for entrusting us with your care.

Sincerely,
Your Riverside Orthopedic Team



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What You and Your Family Can Count On

Every member of our team commits to the Riverside Care Difference when they join Riverside. Our Riverside Care Difference is the way in which we deliver care and services, as a team, by putting our patients and customers at the heart of all we do. The Riverside Care Difference represents our ongoing commitment to provide you with the best care possible:

- To keep you safe
- To help you heal
- To treat you with kindness
- To respect your wishes

One of the ways we provide care that is focused on you is by providing patient education. Research shows that patients have better health and fewer complications when they understand their health conditions and know what they can do to be healthier. Informed patients participate more fully in decisions about their health and in self-care.

Our sincere goal is to help you become healthier and stay as well as possible throughout your life. If you have any questions about the information presented here or would like more explanation, please let the Orthopedic Navigator know by calling **757-594-4210**.

Our Riverside Mission: To care for others as we would care for those we love, to enhance their well-being and improve their health.

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The Riverside Orthopedic Joint Program includes:

- Joint University
- The preoperative appointment
- The day of your surgery
- Your hospital stay
- Your discharge
- Your continued recovery
- Durable medical equipment to make your home safer
- Home health services, including physical therapy

Joint University is a classroom-style educational program to help you understand the various aspects of your joint replacement procedure. We suggest attending approximately one month prior to your joint replacement surgery.

Joint University is offered in multiple locations; to schedule your session call 757-989-8830 (option 2).

More information

- riversideonline.com/ortho
- orthoinfo.org
- arthritis.org
- aahks.org
- bonesmart.org



Total Knee Replacement

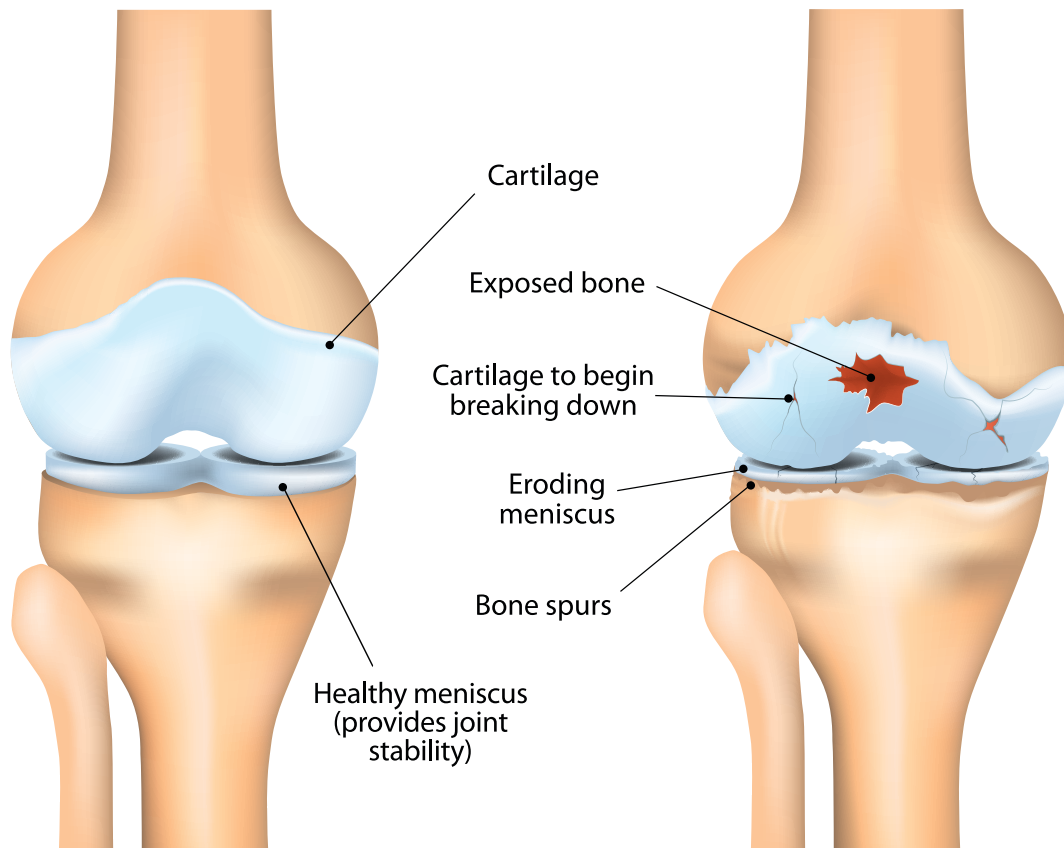
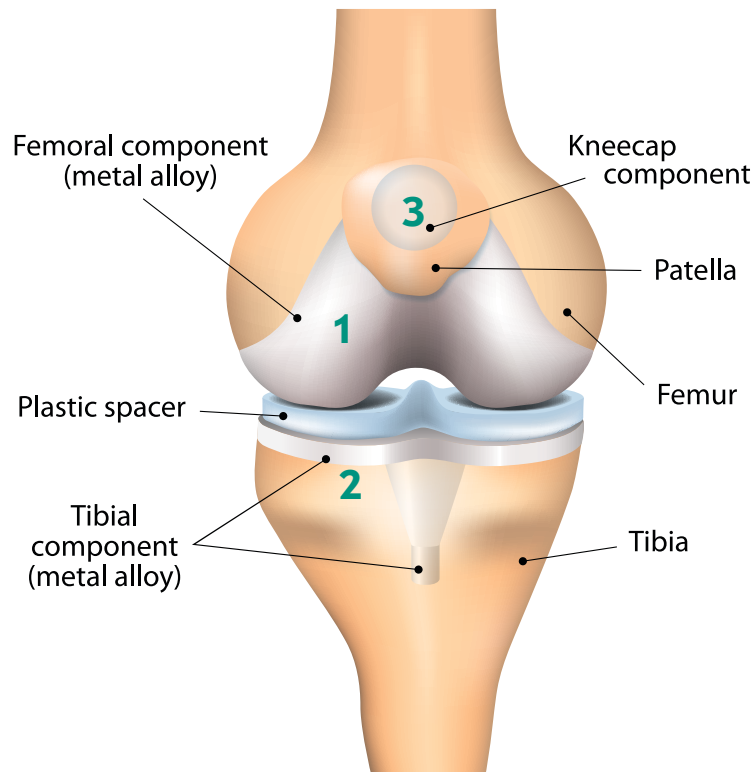


FIGURE 1 — HEALTHY KNEE

FIGURE 2 — DISEASED KNEE

In a total knee replacement (or arthroplasty), the damaged or diseased surfaces of the bones are replaced with implants.

- The worn surfaces at the end of the femoral (thigh) bone are removed using special instruments. The bone is then shaped to prepare it for the new covering.
- The top of the tibial (shin) bone is prepared the same way. The worn surface is removed and a new metal tray is placed on top of the remaining bone. This tray holds a hard plastic spacer that will become the new shock absorber between the new metal coverings.
- Your surgeon may also replace the back of the patella (kneecap) with a new plastic surface.

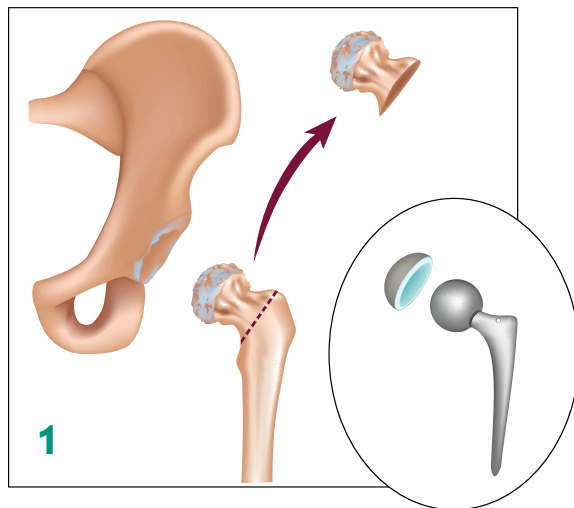
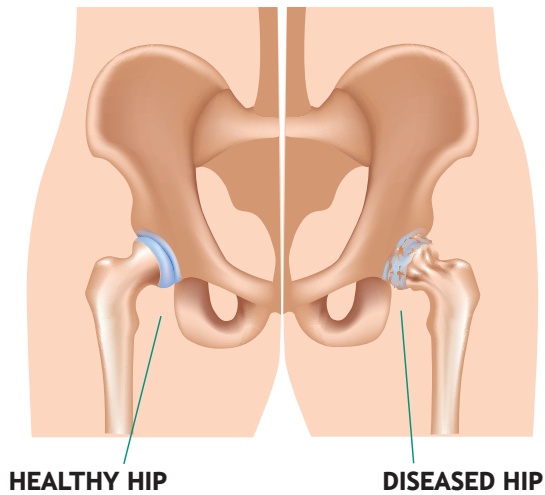


ANATOMY OF KNEE IMPLANT

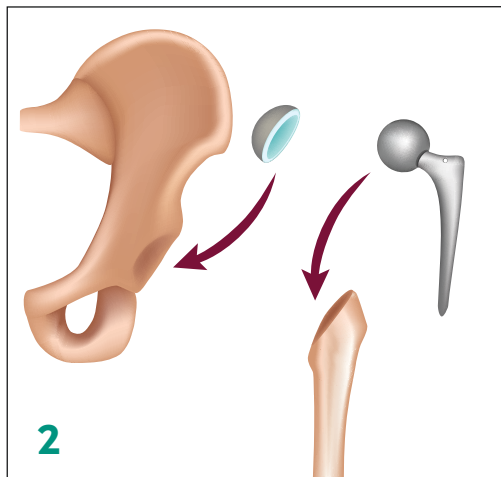
1. The femoral (thigh) component is made of metal and covers the end of the thigh bone.
2. The tibial (shin) component is made up of both metal and medical-grade plastic (polyethylene) parts that cover the top end of the tibia. The metal forms the base of this component, while the polyethylene is attached to the top of the metal. That polyethylene “insert” serves as a cushion — a smooth gliding surface between the two metal components.

The components may be cemented to the bone or, in some cases, inserted without cement to allow bone tissues to grow into the three-dimensional porous coating of the device. The total knee replacement is inserted through an incision and the new components are stabilized by your ligaments and muscles, just as they are in your natural knee.

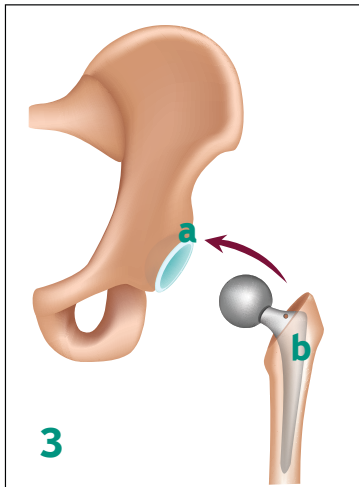
Total Hip Replacement



1. In total hip replacement (or arthroplasty), the damaged or diseased surfaces of the ball-and-socket hip joint are replaced with implants.

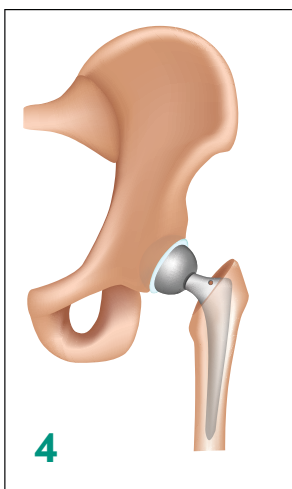


2. The implant consists of two components, which could be made up of a number of materials, including metal, ceramic and/or medical-grade plastic (polyethylene).



3. The components may be cemented to the bone or, in some cases, inserted without cement to allow bone tissues to grow into the three-dimensional porous coating of the device.

- a. The damaged cartilage is removed from the hip socket and replaced with the acetabular (socket) cup and liner.
- b. The upper end or head of the femoral (thigh) bone is removed and shaped to receive the implant. A femoral stem is inserted into the bone and the femoral head is attached to the stem.



4. The new components are stabilized by your ligaments and muscles, just as they are in your natural hip.

Preparing for Surgery

What to expect

You may need to contact your other health providers before your surgery:

- Dentist
- Urologist
- Cardiologist
- Primary care provider
- Care managers

Pre-surgical appointments help determine if you are healthy enough and ready for surgery. Be sure to discuss any concerns or questions related to your health or procedure with your providers.



Preparation for surgery includes both mind and body. By properly preparing for your procedure, you will increase the likelihood of a positive outcome and decrease your overall recovery period.

We encourage you to identify a “coach” who can be a relative or friend of your choosing, to accompany you to your preoperative education class and to assist you throughout your journey from surgery through recovery at home.

Flu shots

If you are planning to have a flu shot, please get it at least 14 days prior to your surgery and avoid a flu shot six weeks after surgery.

Other Substances

You must be 30-days free of nicotine in order to proceed with surgery. If you are having trouble stopping, you should discuss effective methods for quitting with your care provider. We also encourage you to stop alcohol and illicit drug use prior to surgery. These activities have been shown to increase your risk of complications, such as delayed wound healing, infection, heart attack, stroke and blood clots.

Pre-surgical appointments typically include:

- Review of medical history
- Review of current medications
- Review of known allergies
- Nasal swab for MRSA/MSSA testing
- Additional screenings
- Surgical CHG wash
- “Prehab” (see next page)

“Prehab” with Riverside Home Health

Prior to having your joint replacement surgery at a Riverside facility, an appointment may be deemed necessary for a preoperative (prehab) home visit within our service area.

The prehab visit to your home is offered through our Home Health Joint Program.

During this visit a member of our home-health team will:

- Evaluate your level of mobility and your home environment
- Address safety concerns (such as removal of throw rugs and any needed equipment)
- Review joint replacement rehabilitation exercises
- Answer any additional questions



Expect to Go Home

Riverside Therapy

Most people are discharged the day after surgery and most rehabilitation is completed in the outpatient setting within one to three weeks, depending on your severity and prognosis. Riverside offers facility-based and home-health therapy options focused on returning you to your normal routine following surgery. Our knowledgeable and caring outpatient clinic staff will develop an individualized rehabilitation program designed to safely return you to your highest functional level and your daily routine.

Riverside outpatient clinic staff will also develop a program to assist you in maximizing your function while you live at home and travel to the clinic for your therapy. See page 38 for a list of Riverside Therapy locations.

Considerations Prior to Surgery

Advance directive

If you have an advance directive, please bring a copy with you to the hospital. An advance directive is a document that informs your care team of your wishes about your medical care if you are unable to speak for yourself. If you do not have an advance directive, this may be a good time to consider completing one. For more on advance directives, contact a member of our health care team or see page 31 of this booklet.

Assistance

Recovery from total joint replacement surgery is often easier and less stressful with assistance from family, friends, neighbors, churches or others. Contact individuals or groups to see if they can help you for a few weeks after returning home from your surgery.

Nutrition

Eat as healthy as possible prior to surgery. A proper, well-balanced diet will help you prepare for surgery and assist in your recovery process. For more details about healthy eating, ask your orthopedic surgeon or primary care provider.

Exercise

Building strength prior to total joint surgery can help you have a successful outcome after surgery. We encourage you to discuss an exercise program with your physician.

Supplies

It is usually a good idea to purchase food items and needed supplies that can be used after your return home, prior to surgery.

Bills

If you are able, pay bills ahead of time, so they are up to date through a few weeks after your return home.

Mail

Arrange for someone to collect your newspapers and mail or place them on hold.

Transportation

Confirm how you will get to and from the hospital. You are not allowed to drive immediately following your surgery or while taking pain medication. Ensure that the passenger seat reclines and can fully move backward in the vehicle that will be taking you home. Arrange for any transportation needs following your return home.

Pets

Consider how your pets may impact your recovery. A pet running around your legs could cause you to fall, and should never be near the surgical site. Take necessary precautions with any pets or arrange for temporary placement while you recover.

Medication Instructions

Medications to Stop Prior to Surgery & Appropriate Timelines

(These are recommendations; please consult your provider for further guidance.)

SEVEN DAYS PRIOR TO SURGERY		
Stop all aspirin-containing products such as:		
Alka-Seltzer	Disalcid (salsalate)	Excedrin
Norgesic	BC Powder	Dolobid (diflunisal)
Aspirin (any strength)	Pepto-Bismol	Bufferin
Ecotrin	Goody's Powder	Percodan
Stop all nonsteroidal anti-inflammatory drugs (NSAIDs) such as:		
Ibuprofen	Naproxen	Excedrin
Orudis (ketoprofen)	Diclofenac (voltaren)	Advil
Aleve	Oruvail (ketoprofen)	Ansaid (flurbiprofen)
Nuprin	Anaprox	Lodine (etolodac)
Feldene (piroxicam)	Mediprin	Naprelan
Clinoril (sulindac)	Relafen (nabumetone)	Motrin
Naprosyn	Daypro (oxaprozin)	Tolectin (tolmetin)
Stop antiplatelet medications such as:		
Aggrenox (aspirin and dipyridamole)	Trental (pentoxil)	Effient (prasugrel)
Stop all vitamins, herbs and joint supplements such as:		
Vitamins	Herbs	Joint supplements
Vitamin A	Echinacea	Glucosamine
Vitamin C	Ephedra	Chondroitin
Vitamin E	Garlic	MSM
Vitamin K	Ginkgo	
Multivitamins	Ginseng	
Fish oil	Kava	
Omega 3, 6, 9	St. John's Wort	
CoQ10	Valerian	
Juice Plus	Saw Palmetto	

Medication Instructions

FIVE DAYS PRIOR TO SURGERY

Anticoagulant:

Coumadin (Discuss the use of Lovenox with your surgeon — you will receive special instructions and a prescription if you are placed on this medication.)

Stop antiplatelet medications, such as:

Plavix (clopidogrel)	Pletal (cilostazol)	Brilinta (ticagrelor)
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If you have heart stents and take Plavix and aspirin, check with your cardiologist about stopping prior to surgery.

DISCUSS WITH YOUR HEALTH CARE PROVIDER WHEN TO DISCONTINUE:

Xarelto (rivaroxaban)	Eliquis (apixaban)	Savaysa (edoxaban)
Pradaxa (dabigatran)		

CONTACT YOUR PHYSICIAN FOR INSTRUCTIONS IF YOU TAKE ANY OF THE FOLLOWING MEDICATIONS:

Topical patches and creams	Cytosan (cyclophosphamide)	Estrace
Librax or Librium (chlordiazepoxide)	Enbrel (etanercept)	Estradiol
Imuran (azathioprine)	Hormone replacement therapy	Estrogens
Ritalin/Concerta (methylphenidate)	Remicade (infliximab)	Ogen Premarin
Chemotherapy agents	Emcyt	Testosterone
Adderall (dextroamphetamine)	Estraderm	Any Steroids
Methotrexate	Estratest	



MEDICATIONS YOU MAY CONTINUE TO USE PRIOR TO SURGERY		
Tylenol (acetaminophen)	Lortab	Ultram
Codeine	Vicodin	Norco
Percocet	Oxycodone	Certain medications specifically for pain

Notify your surgeon if you are taking medications for depression or anxiety such as:		
Celexa (citalopram)	Cymbalta (duloxetine)	Lexapro (escitalopram)
Paxil (paroxetine)	Prozac (fluoxetine)	Zoloft (sertraline)

Preventing Blood Clots

To prevent blood clots your doctor may prescribe a blood thinner such as Coumadin, Aspirin, Lovenox, Plavix or Xeralto after surgery. An anticoagulant helps reduce the risk of clots forming in the blood.

Do not take the following while on your blood thinner:

- Alcohol
- Over-the-counter medications unless cleared through a pharmacist or physician

Please contact us if you experience any unusual signs of bleeding such as:

- Bleeding that does not stop
- Nosebleeds
- Dark brown urine
- Red or black streaks in stools
- Unusual pain or swelling
- Throwing up blood or traces of blood in vomit
- Unexplained headache, dizziness or weakness
- Bleeding from shaving or minor cut that does not stop
- Unusual bleeding of the gums when brushing your teeth
- More bleeding than usual during your menstrual period
- Unexpected bleeding

Aspirin

Aspirin has been found to be very effective in preventing blood clots. A low-dose strength (81 mg) coated tablet would be taken two times per day for four to six weeks. This medicine is taken with food, and does not require lab monitoring. Your surgeon will determine if aspirin is right for you, or if you need a stronger medicine (for instance, if you have had a blood clot in the past, etc). Don't take aspirin in addition to other blood thinners (such as Coumadin).

Coumadin (warfarin)

Coumadin and warfarin are the same medication and should NOT be taken together. Patients prescribed Coumadin must take this medication as directed. Coumadin should be taken at the same time every day, usually in the evening.

Your doctor will order a blood test (PT/INR) to determine if you are taking the proper dose. A home health nurse may complete this test in your home. The results of this test are often called your PT/INR.

If you miss a dose, take the missed dose as soon as you remember. However, DO NOT take a double dose the next day to make up for the missed dose.

Certain foods may make Coumadin/warfarin less effective in preventing blood clots. Remember to eat a normal, balanced diet maintaining a consistent amount of vitamin K.

Avoid major changes to your diet and large amounts of foods containing vitamin K: green leafy vegetables, such as broccoli, Brussels sprouts, cabbage, collard greens, lettuce, parsley and spinach. Other foods high in vitamin K are liver, cooking oils, green tea, chick peas and fried or boiled onions.

Coumadin with other medications

Coumadin/warfarin interacts with many other drugs including prescription medication, over-the-counter medications, herbal supplements and vitamin products. For this reason, it is important to check with your health care provider prior to starting, changing or stopping any medication. Some of the nonprescription drugs that may interact with Coumadin/warfarin include: aspirin, aspirin-containing medications, aspirin-containing ointments and skin creams, ibuprofen products like Advil, Motrin, Nuprin, etc., and naproxen products like Aleve, Orudis KT, etc.



Tylenol (acetaminophen)

Occasional intake of Tylenol is okay, but patients taking more than seven tablets of regular strength (325 mg) acetaminophen per week should be monitored for rise in PT/INR levels. This is assessed during the time you are taking Coumadin.

Lovenox (enoxaparin)

Lovenox is a medication that is also used to prevent deep vein thrombosis (DVT), or blood clots, after a total joint surgery. It is an alternative to Coumadin. Patients are placed on Lovenox for 14 days postoperatively. It is given in the form of an injection into the abdomen. The risks of bleeding are the same as with Coumadin. Age, activity level and the physician's preference are the considerations for being placed on Lovenox. Your physician will determine whether or not you will need blood work while on Lovenox.

Antibiotic Guidelines

Antibiotics before and after your joint surgery

You will receive an antibiotic through your vein before your surgery starts. You will also receive another two to three doses after the end of your surgery through your vein. This will reduce the risk of developing an infection related to your surgery. Be sure to let your surgery team know about any history of drug allergies. This will allow them to select the best antibiotic for your surgery.

Antibiotics for infection prevention before other medical or dental procedures

If you have had a joint replacement surgery in the past, you may have been told you would now need antibiotics before any other surgery, or even before dental cleanings. Surgeries and dental cleanings can introduce bacteria into the body, which could travel to the new joint and cause infection. This includes routine procedures like colonoscopies and biopsies. It is important that all of your health care providers know that you have had a joint surgery, in case you have other medical conditions that would create a higher risk for infection.

Bacterial infections

If you think you have some type of bacterial infection, such as a sinus infection, urinary tract infection, pneumonia, etc., you will need to be on an antibiotic. Consult with your primary care provider. This is for the rest of your life whenever there is an active infection occurring in your body. The success of your new joint depends on it.



Preoperative Instructions

Eating/drinking

- Do NOT eat or drink anything after midnight — NO ice chips, hard candy, gum, mints or tobacco after midnight
- You may have sips of water with necessary medications

Night-before preparations

- Brush your teeth
- Remove nail polish

Bathing instructions

Before surgery, you can play an important role in your health by following these bathing instructions to reduce the number of germs on your skin. You will need to shower with a special soap called chlorhexidine gluconate (CHG). A common brand name for this soap is Hibiclens, but any brand is acceptable. The soap comes in a liquid form and has been provided to you. You will only need a small bottle, about 4 to 6 ounces.

Take three CHG showers total. The first shower should be taken three days before surgery, the second shower two days before surgery and the third shower the night before surgery. During each shower, if you wash your hair, wash as usual with your normal shampoo. Then rinse your hair and body thoroughly afterward to remove the shampoo residue.

Do not shave the area of your body where your surgery will be performed. Any new cut, abrasion or rash in that area will need to be evaluated and may cause a delay in your procedure.

Turn water off before applying the CHG soap to prevent rinsing it off too soon. Apply the soap to your entire body from the jaw down, using a clean washcloth or your hands. Do not use CHG near your eyes, ears, nose or mouth. Wash thoroughly for five minutes, paying special attention to the area where your surgery will be performed. Do not scrub your skin too hard. Do not wash with your regular soap after using the CHG. Turn the water back on and rinse your body well.

Pat yourself dry with a fresh, clean, soft towel after each shower. Put on clean clothes or pajamas. Use freshly laundered bed linens for the first night of the three-night shower sequence.

Preoperative Packing Checklist

ESSENTIALS

- ☐ Your most current LIST of medications and supplements, noting which have been stopped and when
- ☐ Loose pajamas, comfortable nightgown or short robe, if desired
- ☐ Underwear
- ☐ Loose shorts
- ☐ Slippers with backs and rubberized soles or walking sneakers/shoes with easy closure
- ☐ Socks
- ☐ Personal toiletries (toothbrush, toothpaste, denture cleanser, deodorant, razor [electric], comb, etc.)
- ☐ Eyeglasses
- ☐ Hearing aid and batteries (if you use them)
- ☐ CPAP machine, tubing and mask (if you use this)
- ☐ Cell phone and charger
- ☐ Driver's license or photo identification, and insurance card
- ☐ Copy of your advance directive
- ☐ Important telephone numbers (including person driving you home)
- ☐ Any hand-carried equipment you may use on a regular basis — “reacher,” sock aid, walker, shoe horn
- ☐ This educational material so that you can review items with your health-care team

NON-ESSENTIALS

- ☐ Hard candy or gum
- ☐ Books, magazines or hobby (such as knitting, cards, etc.)
- ☐ Makeup

Your Hospital Stay

The morning of surgery

Before you leave home, take one last look around the house and remove small rugs, cords and other items that may pose difficulties upon your return. Make sure you have a firm chair with arms and place frequently used items within easy reach of the chair. Be sure to bring your personal “checklist” items with you to the hospital.

Arriving at the hospital

- Arrive at the specified entrance to your Riverside hospital
- Park in visitor parking
- Arrive at least two hours prior to your surgery time
- Family members, friends or your coach will be directed to the surgical waiting area following your registration
- You will be prepared for surgery
- Your family, friend or coach may accompany you in the pre-op area
We request you limit that to no more than two people
- Your doctor will update your family, friends and visitors in the waiting room when your surgery is finished
- You will be admitted to the medical/surgical unit of the hospital once discharged from the recovery room



What to expect at the hospital

After your surgery

- The nursing team and/or a physical therapist will help you get out of bed, to the bathroom and moving as soon as possible. You will likely have your first physical therapy session on your day of surgery.
- To minimize your risk of falling, we require that you have a TEAM MEMBER assist you when getting in and out of bed. It is very important that you call us for assistance. There is a call button at your bedside to request assistance from the nursing staff on your floor.
- Lung exercises should be done hourly using an incentive spirometer — 10 deep breaths followed by coughing to clear your lungs.

- Do bed exercises frequently (wiggle toes, ankle pumps, etc.).
- Pain medications will be administered as needed to minimize any discomfort. Some pain after surgery is expected. Our goal is to minimize your discomfort so that you can participate in your physical therapy regimen to help you recover quickly.

You may have the following equipment to help with your recovery:

- Foot pumps/compression sleeves to prevent blood clots
- **Urinary catheter to drain your bladder**
- A drain in your incision
- A pulse oximeter on your finger to monitor oxygen levels
- Oxygen to help you breathe
- IVs placed in your arm
- Dressing and ice packs on your incision area

Post-op day one

- Oxygen, catheter and pulse oximeter may be discontinued
- Physical therapy will continue and the therapist will assess your progress
- Bed and lung exercises (using the incentive spirometer) continue
- An IV and/or compression device may still be used
- Blood thinners may be ordered to prevent blood clots
- Pain monitoring and necessary medication will continue to manage your comfort
- Our health care team (care management, nursing, PT, etc.) will make frequent visits
- Discharge is typical

Understanding Your Pain

We anticipate that you will have increased pain during your early postoperative period, but your level of pain will decrease as you heal.

After surgery, we will manage your pain with a combination of medication through your IV or by mouth as directed by your physician. You should expect some pain, but it will be controlled so that you can participate in physical therapy and get up and moving on your new joint. Some of these medications will be given to you automatically, but there may be some that you must ask for. It is your job to tell your nurse when the medications we are giving you are not being effective.



At discharge, prescriptions may be written to allow you to take your pain medication more frequently on an “as needed for pain” basis. This does not mean you have to take medication around the clock every three or four hours — only as needed for pain. As your level of pain reduces, you will be able to increase the number of hours between doses.

We include specific directions for each medication that include how many tablets you may take within 24 hours and how many days each prescription must last. This protects you from taking too much acetaminophen/APAP, for example Tylenol, or too much of a narcotic. Some prescription medications do not contain acetaminophen/APAP — we may include directions indicating that you may add this to the medication per over-the-counter directions listed on the label.

There are other techniques for managing pain which include (but are not limited to) using ice, repositioning yourself, doing your exercises and working on mobility. If you have questions about managing your pain, speak to a member of your care team.

Remember to take your prescription medication as directed. Should you have any questions or need refills, please call the contact listed on your postoperative instruction sheet.

Total Joint Replacement Exercise Guide

Regular exercise to restore your mobility and strength and a gradual return to everyday activities is important for your full recovery. Your orthopedic surgeon and physical therapist will recommend specific exercises for you to perform. The following exercises are common suggestions:

Early postoperative exercises

Start the following exercises as soon as you are able. You can begin these in the recovery room shortly after surgery. You may feel uncomfortable at first, but these exercises will speed your recovery and actually diminish your postoperative pain.

Quad sets

Sit or lie on your back with your leg straight. Press the back of your knee downward to tighten the muscle on top of your thigh. Hold two to three seconds. Repeat 10 times on each side.



Straight leg raises

Lie on your back with your knee straight. Keep the leg completely straight and raise it slowly. Hold two to three seconds, then slowly lower. Repeat 10 times on each side.



Ankle pumps

Lie on your back with your knee straight. Move your foot back and forth at the ankle, pointing and flexing your toes. Repeat 10 times on each side.



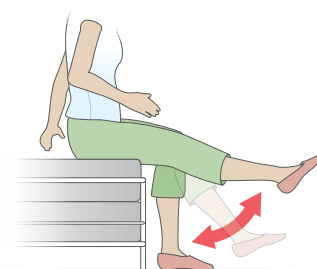
Knee bends (also known as heel slides)

Lie flat on your back. Slide heel towards your buttocks, bending your knee. Hold two to three seconds, then slowly straighten. Repeat 10 times on each side.



Seated knee straightening (aka long arc quad)

While sitting at bedside or in a chair, kick leg out to straighten knee fully. Hold for two to three seconds, then slowly lower. Repeat 10 times on each side.



Early activity

The day of your surgery, you will begin to walk short distances in the hospital and perform everyday activities. This early activity aids your recovery and helps your knee regain its strength and movement.

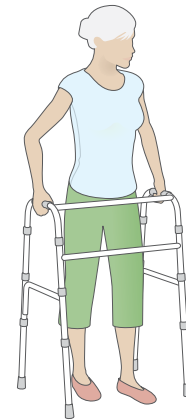
Transfers

Getting in and out of bed and into standing can be difficult at first. Your therapist will instruct you on the proper technique.

Walking

Proper walking is the best way to help your knee recover.

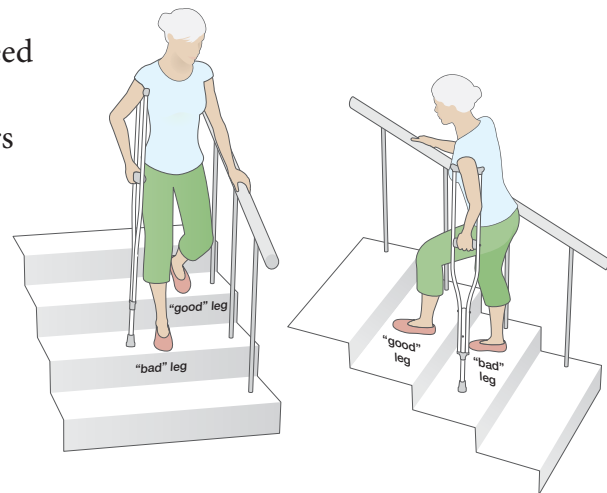
At first, you will walk with assistance using a walker. Your therapist will instruct you on the proper technique for walking.



Stairs

The ability to go up and down stairs requires both flexibility and strength. At first, you will need a handrail for support and you will only be able to go one step at a time. Always lead up the stairs with your good leg and down the stairs with your operated leg.

You may want to have someone help you until you have regained most of your strength and mobility. **Remember:** Lead up with your “good” leg and down with the “bad.”



Before You Go Home

Communicate any fears or concerns you may have before you leave the hospital. Confidence and practice are the keys to an easier transition:

- Practice steps and therapy exercises
- Practice getting in and out of bed, the bathroom and a chair
- Show good progress bending and straightening your knee
- A family member or coach is encouraged to attend at least one therapy session before you leave the hospital

Returning Home After Surgery

Preparing to leave the hospital

A care manager works with you and your physician to safely transition you to home or in rare cases, a rehab facility. This includes ordering home health services or any medical equipment needed to keep you safe in your home. Arrangements will be made before you are discharged. Care management will contact you within 24 to 48 hours after you leave the hospital to follow up.

Following your discharge

Once you are home, a physical therapist or registered nurse will see you within 24 to 48 hours. The physical therapist will assess your balance and range of motion as well as your ability to get up and down from sitting or lying positions and move on all surfaces. The primary goal is independence with full mobility. You will be given a home exercise program which will be updated at each visit as you progress in your rehabilitation.

For information about outpatient therapy locations, see page 38 of this booklet. If you have additional questions, please call 757-594-5600.

At home, call your orthopedic office immediately if:

- **The wound area looks red or feels hot**
- There is foul-smelling or yellow/green drainage from the incision site
- Pain increases in the joint area
- You develop a temperature over 101° F
- You experience calf or groin pain, tenderness or swelling
- You experience shortness of breath or chest pain
- You experience bleeding
- You have difficulty urinating



The Importance of Hand Washing

Getting sick is no fun for anyone. But when you have a chronic health condition, avoiding infection takes on even more importance because viruses, bacteria and germs make you more susceptible to infections which can worsen your condition. Hand washing is a crucial step to stop the spread of infection.

Why wash your hands?

- Thousands of people around the world die every day from infections.
- Hands are the main pathways of germ transmission.

When should you wash your hands?

- Before, during and after preparing food and before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing or sneezing
- After touching an animal or animal waste and after handling pet food or treats
- After touching garbage

What if I don't have soap and clean, running water?

Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do not eliminate all types of germs. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60 percent alcohol. And remember, hand sanitizers are not as effective in reducing the number of germs when hands are visibly dirty. Apply the product to the palm of one hand and rub your hands together, covering all surfaces of your hands and fingers until your hands are dry.

What is the best way to wash your hands?

- Wet your hands with clean, running water (warm or cold) while applying soap.
- Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers and under your nails.
- Continue rubbing your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- Rinse your hands well under running water.

Riverside Home Health & Home Rehabilitation

Home is where most feel at ease and prefer to be when recovering from surgery. Riverside Home Health combines years of experience with the latest technology to provide you with the highest quality of care in your home. We offer skilled nursing, physical therapy and health aide services for your postoperative rehabilitation.

Skilled nursing care may include:

- Physical assessments including vital signs and pain management
- Obtaining and monitoring lab work for patients who are taking a blood thinner
- Educating about new or changed medications.
- Assessing incisions, changing dressing and teaching caregivers about how to change dressings
- Removing staples if needed



Physical therapy may include:

- Evaluating patient and home for safety and equipment
- Instructing and aiding with prescribed exercises
- Developing a home exercise program to follow on the days the therapist is not visiting



Riverside Rehabilitation Centers

Riverside offers a range of facilities and programs for patients recovering from illness, injury or a hospital stay. Some individuals may benefit from a short-term, inpatient rehabilitation center; others may be more suited for a program at an outpatient clinic. All of these options focus on returning you to your normal routine.

Our knowledgeable, caring staff will develop an individualized rehabilitation program designed to safely return you to your community. While you are a guest at one of our rehabilitation centers, skilled nursing and therapy providers will direct your care. Most rehabilitation is completed in seven to 20 days, depending on severity and prognosis. Riverside outpatient clinic staff will also develop a program to assist you in maximizing your function while you live at home and travel to the clinic for your therapy.

Helpful Information

Constipation

Constipation occurs when a person has three or fewer bowel movements in a week. It may be difficult or painful to pass stool. The stool may be hard and dry, and you may feel “full” or uncomfortable. Not everyone has a bowel movement every day. Elimination patterns vary from person to person. The number of bowel movements you have may depend on what types of food you eat, any medication you are taking, how much exercise you get and other factors.

What can I do to prevent constipation?

Eat more fiber

Fiber helps form soft, bulky stool. You should add fiber slowly to your diet to allow your body to get used to it.

Exercise

Walking, as well as other forms of exercise, will help promote a regular bowel movement.

Drink plenty of water and/or fruit and vegetable juice

Water and fruit/vegetable juices will help keep the stool soft and easier to pass. Caffeine and alcohol can dry out your digestive system.

Stool softeners

Stool softeners will be prescribed and can be very helpful while taking pain medications postoperatively, as pain medications may cause constipation. We encourage you to start taking an over-the-counter stool softener two days prior to your surgery.

Laxatives

Laxatives can be useful for a limited time. They can be addictive, meaning your body will not be able to eliminate stool without them, so use sparingly for a limited time only. Should a laxative be necessary, be sure to take as directed.

DO NOT take a laxative within two days prior to surgery.

Notify your physician if your bowel habits change (such as diarrhea), or if you are unable to pass stool.

Home routine to prevent constipation:

- Stool softener every day while on pain pills
- If by day two no bowel movement, take Milk of Magnesia
- If by day three no bowel movement, take Fleet enema

Sex After Joint Replacement

Becoming intimate again

A total joint replacement is major surgery. Healing takes time. At first, you may be afraid that any activity, including sex, could cause pain or injury. Your partner may also be afraid of hurting you. These fears are normal. Having concerns about the way your body looks is also normal. Discuss such issues with your partner. Share this information. Read it together or separately. It's up to you two. What matters most is that you talk with each other about your needs — emotional as well as sexual ones.

As you heal

Before surgery, hip or knee pain may have greatly limited your movement. But now that the problem joint has been replaced, your pain should be lessened.

And with time, your range of motion (how much you can move your hip or knee in each direction) should improve. As you heal, you may feel ready to be more active again. You may also find a renewed desire for sex. When you and your partner are ready, learn which positions are best for you. You should not begin intimacy after surgery until after your sutures/staples are removed (generally two weeks). Ask your health-care provider so you do not compromise your healing.



Restrictions after knee replacement

There are generally no safety restrictions regarding sex after a knee replacement. You can probably have sex as soon as your pain allows. Comfort and range of motion may be your biggest issues.

Setting the scene

Having sex can be easier if you plan ahead. Here are a few tips:

- Take a mild pain medication about 20–30 minutes before sex. This can help prevent minor aches. Avoid taking medication so strong it masks warning pain.
- Relax. Do a few easy stretches within a safe range of motion prior to engaging in activity.

Positions for hip and knee

You may be wondering what positions are safe for sex. The following positions should be safe after either a hip or knee replacement. As with other topics, should you have any questions or concerns regarding your condition or fitness for any activity, please consult your health care provider.

Face-to-face

This position works after either a hip or knee replacement. Being on the bottom is safe for a man or a woman with a new joint. The partner on the bottom keeps his or her legs apart and turned out slightly. Use pillows to support the legs on the outside. Depending on comfort, the person on the bottom can recline propped up on pillows or lie flat. If the man has a new hip joint, place pillows between his knees. This keeps them from crossing his body's midpoint (belly button).

Sitting in a chair

This position works after a hip or knee replacement. It is a safe position for a man or a woman with a new joint. The man sits on a straight chair. His feet are supported or are flat on the floor. The woman sits on the man's lap.

Side-lying position

This position works for a man with a replaced knee joint. He should lie on his side, with the new joint on the bottom. A woman with a replaced hip or knee joint can also use this position. She lies on her side, with the new joint on the bottom. Use pillows for support.

Special notes for your partner

If your partner has had a hip or knee replacement:

- Make sure you have approval from the surgeon before having sex
- **Help your partner stay within a safe range of motion**
- Control the amount and speed of movement during sex
- Do not put all your weight on your partner's hips
- Ensure that your partner's surgical knee or hip does not bend greater than 90 degrees for the first four weeks

Getting Back to Life

Getting back to normal and beginning to do the things you enjoy may take longer for some than others. Keep in mind that every total joint patient responds to the surgery in his or her own way and on his or her own time frame. Drive when you feel safe, participate in other activities when you feel confident and after your doctor has been consulted. Resume sexual activities when you are ready. Artificial hips and knees are sturdy, but require long-term protection.



Notes

Advance Care Planning

What is advance care planning?

Advance care planning is talking with your family and your doctor about how you want to live with your illness, and what you want from your medical treatments.

What is an advance directive?

An advance directive is how most people write down their instructions for how they want to be treated if they cannot speak for themselves. The instructions can include a living will and a health care power of attorney.

What is a living will?

It describes what medical treatments you want at the end of life.

What is a health care power of attorney?

This allows you to choose a person to be your voice for your health care decisions if you cannot speak for yourself.

Why is advance care planning important?

Advance care planning allows you to have your wishes respected and can improve your care at the end of life. When you tell people how you want to live, they will be better prepared to make decisions the way you would for yourself, not just at the end of life but at any time if you cannot speak for yourself.

How can I learn more about advance care planning?

- Talk to your doctor.
- Visit: www.asyouwishvirginia.org or www.riversideonline.com/advancedirective
- Call 757-325-9400 (As You Wish Virginia)



Five Good Reasons to Complete an Advance Directive

- | | |
|--|---|
| ① Preparing an advance directive can promote conversation with your family members about important issues. | ② An advance directive can relieve the burden on your family during a stressful time. |
| ③ You are less likely to receive unwanted medical interventions. | ④ You are more likely to have your wishes respected. |
| ⑤ You are more likely to be comfortable at the end of your life. | |

Four Myths about Advance Directives

Myth:

Truth:

- | | |
|--|---|
| ① Once I create an advance directive, I cannot change my mind about my wishes. | You can update or change your advance directive at any time. |
| ② Only people who are dying should complete an advance directive. | An advance directive can be completed at any time and is ideally completed before you get sick. |
| ③ If I fill out an advance directive, providers are not going to do anything for me. | Your provider will order medical care that aligns with your wishes. |
| ④ I need a lawyer in order to complete an advance directive. | You do not need a lawyer but you may want to get help from your provider. |

Frequently Asked Questions

For your convenience, below is a list of common questions and answers regarding joint replacement surgery.

Why do most people choose to have total joint replacement?

The primary reason, for most individuals, is simply less pain and improved quality of life. There may be the desire to add exercise back into daily life or to make relatively common activities easier.

What are the major risks related to total joint replacement surgery?

Infection and blood clots are two risks that are often mentioned. The chances of an infection or blood clot are very low. Special measures are taken throughout the continuum of care to reduce these risks. Your surgeon will discuss the risks of your surgery with you.

Am I too old/young for this surgery?

Age is not an issue for total joint replacement surgery if you are in good health and want to continue living an active, less painful life. Your overall health and readiness for surgery will be evaluated prior to any procedures.

Will I be put to sleep for surgery?

General or regional anesthesia may be possible for your surgery. General anesthesia will allow you to sleep during surgery. Regional anesthesia provides numbness to a specific region of the body. Regional anesthesia is typically given in conjunction with a sedative to cause relaxation and/or sleepiness. Your anesthesiologist or certified nurse anesthetist will determine the most appropriate method for your surgery.

How long will my surgery last?

Usually, total joint replacement surgery takes one to three hours. The length of time often depends on the equipment, anesthesia and individual circumstances. For some the range is shorter, while for others it takes a little longer.

Will I experience pain after surgery?

Yes, you will have discomfort after your surgery, but the discomfort will lessen significantly after the first few days. Medication can be given to keep you comfortable.

When will I be able to get up?

You will get up on the day of surgery. Your health care team will evaluate your condition and determine when you are ready.

Will I need to use a walker?

Your physical therapist will determine what type of assistance you will use. Most individuals begin with a walker and over time will be transitioned to a cane or other assistive devices.

When can I shower or bathe?

Your surgeon will inform you when you can shower. Initially you will shower with assistance. You will receive specific instructions for protecting your incision(s) during showers. Your surgeon will determine when you will be able to sit down in a bathtub. Often, this will not be for three months or more (especially for total hip replacement).

How long will I stay in the hospital?

Many patients are discharged within one to three days. Some patients, however, may need to spend extra time in the hospital. Our health-care team will determine what is best for you and the most appropriate course of care.

Can I drive immediately after surgery?

No — you cannot drive immediately after surgery. You should not drive while taking pain medication. Generally, driving resumes four to six weeks after surgery. You can ride in a car after your surgery by following the precautions outlined by your healthcare team. Your surgeon or physical therapist will determine when it is safe for you to drive again.

Will I need physical therapy after I leave the hospital?

Patients continue therapy at home or at an outpatient setting for a certain length of time. Therapy options should be explored with your insurance company and your health-care team so that surprises are avoided. Your surgeon and physical therapist will determine the length of your therapy after discharge.



Should I exercise before my total joint replacement?

Yes — exercise prior to total joint surgery assists in the recovery process. Discuss with your physician an exercise program to follow several months prior to surgery.

Will I need special equipment after surgery?

Most patients will use some type of equipment following joint surgery: a gait aid, shower bench, grab bars, an elevated toilet seat or other assistive equipment. Your condition and the type of joint surgery will greatly influence what equipment will be used.

When can I return to work?

Typically, four to six weeks of time off is needed. It depends on the type of work you do, your recovery and other factors. Your surgeon will discuss this aspect of recovery with you.

How often will I need to see my surgeon?

You will see your surgeon within two weeks of total joint replacement surgery. Additional visits will be scheduled. Your surgeon will discuss the frequency of follow-up visits with you prior to your surgery.

Notes

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Your Health-care Team

Anesthesiologist/Certified Registered Nurse Anesthetist (CRNA)

This is a physician or advance practice nurse who is responsible for your anesthesia (putting you to sleep or numbing your surgical site) during your total joint replacement surgery. The anesthesiologist or nurse anesthetist may also be involved in pain management before and after surgery.

Care Manager

Your care manager is a nurse or social worker who works closely with your surgeon and other team members to help you make decisions about care after leaving the hospital. This may include outpatient therapy, home equipment and/or any skilled nursing care if needed. The care manager can also answer your questions about insurance coverage for services and equipment.

Certified Nursing Assistant (CNA)

A certified nursing assistant, under the supervision of a registered nurse or licensed practical nurse, cares for a patient during illness or while recovering from surgery. They assist and care for patients in their activities of daily living.

Environmental Services Aide

Ensuring safety and cleanliness standards are met for each patient room, an environmental services aide follows specific procedures for maintaining infection control standards and regulatory requirements.

Licensed Practical Nurse (LPN)

A licensed practical nurse works under the supervision of registered nurses in the personal care of patients. They perform specified treatments in accordance with a patient's care plan.

Nurse Practitioner (NP)

A nurse practitioner is a registered nurse with advanced skills and education who works with your surgeon to manage your care. An NP can diagnose and treat health care problems, prescribe medications and order and interpret tests. NPs often see you before, during or after total joint replacement surgery.

Orthopedic Surgeon

An orthopedic surgeon is a physician who performs your total joint replacement surgery and directs your care. This doctor guides your rehabilitation and follows you through office visits.

Pharmacist

A pharmacist is a highly trained professional specializing in medications. In the hospital, your pharmacist will work with your care team to provide the safest and most effective medication therapies. Pharmacists are available to teach you about your medications before you go home.

Physical Therapist (PT)

A therapist plans your physical rehabilitation after your total joint replacement. The therapist will help you regain range of motion, muscle strength and balance. You will learn how to use assistive devices, such as a walker or cane, which will be needed temporarily after your surgery. Sometimes patients will attend physical therapy before surgery to build strength.

Physician Assistant (PA)

A PA is a health-care professional who works with your physician to prescribe, diagnose and treat health care problems. PAs often see you before, during or after your surgery.

Registered Dietitian/Dietary Staff

Dietitians are experts in food and nutrition. They advise people on what to eat in order to lead a healthy lifestyle or achieve a specific health-related goal. They may also advise on drug and nutrient interactions. You will see other members of the dietary staff throughout the day. They may discuss your meal preferences or nutritional needs as well as bring you your meals.

Registered Nurse (RN)

An RN is a professional nurse who is responsible for managing your bedside nursing care following your surgery. Nurses use the surgeon's instructions to guide your care. They also provide education to you and your family about your health and safety needs before and after surgery. Your nurse will help you plan for your discharge from the hospital.

Riverside Physical Therapy Locations

- ① **Riverside Physical Therapy –
Riverside Regional Medical Center**
12200 Warwick Blvd., Suite 170
Newport News, VA 23601
757-989-8830/option 2 –
Scheduling
- ② **Riverside Physical Therapy –
Denbigh**
Located inside the Riverside
Wellness & Fitness Center
12650 Jefferson Ave.
Newport News, VA 23602
757-989-8830/option 2 – Scheduling
- ③ **Riverside Physical Therapy –
Shoreview**
225 Chesapeake Ave.
Newport News, VA 23607
757-928-8050 – Scheduling
- ④ **Riverside Physical Therapy –
Hampton**
Riverside Healthcare Center
850 Enterprise Parkway, Suite 2100
Hampton, VA 23666
757-989-8830/option 2 – Scheduling
- ⑤ **Riverside Physical Therapy –
Williamsburg**
120 Monticello Ave., Suite 200
Williamsburg, VA 23185
757-989-8830/option 2 – Scheduling
- ⑥ **Riverside Physical Therapy –
Riverside Walter Reed Hospital**
7578 Hospital Drive, Suite 106
Gloucester, VA 23061
804-693-8867 – Scheduling
- ⑦ **Riverside Physical Therapy –
Hayes**
Tyndall Square
2656 George Washington Memorial
Highway
Hayes, VA 23072
804-642-5601 – Scheduling
- ⑧ **Riverside Physical Therapy –
Mt. Clement**
300 Mt. Clement Park
Tappahannock, VA 22560
757-989-8830/option 2 – Scheduling
800-675-6368/option 2 – Scheduling
- ⑨ **Riverside Physical Therapy –
Riverside Shore Memorial Hospital**
20480 Market Street
Onancock, VA 23417
757-302-2770 – Scheduling
- ⑩ **Riverside Rehabilitation Center –
The Orchard**
60 Delfae Drive, Suite 100
Warsaw, VA 22572
804-313-2400



Riverside Hospital Locations

Riverside Regional Medical Center

500 J. Clyde Morris Blvd.
Newport News, VA 23601
757-594-2000

Riverside Doctors' Hospital Williamsburg

1500 Commonwealth Ave.
Williamsburg, VA 23185
757-585-2200

Riverside Tappahannock Hospital

618 Hospital Road
Tappahannock, VA 22560
804-443-3311

Riverside Walter Reed Hospital

7519 Hospital Drive
Gloucester, VA 23061
804-693-8800

Riverside Shore Memorial Hospital

20480 Market Street
Onancock, VA 23417
757-302-2100

Notes

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We're here for you 24 hours a day.

Call **Riverside Nurse** to talk to an experienced, registered nurse skilled in assessing symptoms and advising callers on their healthiest course of action. You can also count on an easy referral to a Riverside physician.

757-595-6363 or toll free 800-675-6368

View Health Information under the Patients & Visitors tab on riversideonline.com

Riverside MyChart

A connected health care network

Manage your health online from any computer or mobile device (using the app) 24/7 using the features in MyChart

- **Communicate with your doctor**
- **Access your test results**
- **Request prescription refills**
- **Schedule your appointments online**
- **View bills and pay online**

Sign up today by visiting
mychart.riversideonline.com



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