



Guide to your Total Knee or Hip Replacement

Same Day Surgery

405-515-1250

NormOrtho Spine Unit

405-515-3700

Physical Therapy Department

405-515-1712

Orthopedic Nurse Navigator

405-307-3058



**NORMAN
REGIONAL**
Health System

NormanRegional.com



Norman Regional HealthPlex and its surgeons are committed to providing you with the highest quality of care throughout your joint replacement process. We consider you an important member of our team and your commitment to help us prepare you for a successful surgery. Part of your role is to complete all of the preparation activities before you arrive for your pre-admission assessment prior to your surgery. Your preparation activities are detailed in the packet that you should have received from your surgeon's office.

If you did need not receive a packet from your surgeon's office—please call our nurse navigator, Raychell Henry-Ricketts, RN 405-307-3058 and she will send you a packet.



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You can find the following information in our **Patient Guide you receive during registration:**

- Television Instructions
- Spiritual Needs
- Visitor Information
- Mail Services
- Translation Services
- Telephone
- Flower and Gift Delivery

Welcome to the Joint Replacement Program at the Norman Regional HealthPlex Hospital

Thank you for choosing the Joint Replacement Program at the Norman Regional HealthPlex Hospital. We have been certified by the Joint Commission as a Center of Excellence in Total Knee and Total Hip Replacement since 2010.

Our team of physicians, nurses, physical therapists, occupational therapists, and support staff will work with you to provide an informed and positive experience. Our ultimate goal is to provide you the best health care possible as well as the best outcomes.

Our focus is on YOU, our patient.



Our Mission

Norman Regional Health System Orthopedic Center Joint Replacement Program will serve our community as the leader in joint replacement care.

Our Vision

Norman Regional Health System Orthopedic Center's Joint Replacement Program will improve the quality of life in our regional community.

This Patient Guide will provide you with valuable information regarding joint replacement surgery. Please read and discuss the information in this guide with your family before and after surgery. We request that you bring it with you to all of your appointments and especially to the hospital at the time of your surgery.

Important Disclaimer: While we have made every attempt to provide you with the latest information on our practices, there may be instances where the information provided here is not the same as that provided by your surgeon. If that occurs, always follow the instructions of your surgeon.

If you have questions, please contact your surgeon or our nurse navigator, Raychell Henry-Ricketts, RN
405-307-3058.

6 Vital Factors for a Successful Surgery

1. COACH. Choose a family member or friend to serve as your coach throughout this process. You will be more successful if you have someone there to encourage, support and assist you.

2. HOME. Prepare your home for when you are discharged. Remove all throw rugs, place frequently used items at counter-top height, install nightlights in bathrooms and your bedroom, prepare and freeze meals and arrange for any help around the house such as cleaning, getting mail or lawn care.

3. EQUIPMENT. Locate all equipment that you may already own that can be useful after surgery, such as: walker, shower chair, or a toilet riser. If you don't have any equipment, don't worry, our staff will assist you with obtaining the necessary equipment.

4. Guide. Please take the time to read through this pre-operative guide--it has lots of useful information and helpful tips to guide you in a successful hospital stay and recovery. We also strongly encourage you to have your "coach" review this guide as well so that they can assist you in your recovery.

5. EXERCISES. Please begin the exercises shown in your pre-operative notebook. This will give you a head start on your recovery.

6. ICE PACKS. Ice is useful to decrease your pain after recovery and can help you not require as much pain medication. Make and freeze your homemade ice packs according to the instructions in your pre-operative notebook.

Your Healthcare Team Members



While you are in the hospital there will be a team of health care workers providing your care. Each team member has a specific function in helping you return to as maximum a level of health and independence as possible. All team members communicate with each other regularly to ensure that your own goals are being met. Your health care team members will include:

Nurse Navigator: The nurse navigator is your resource to help you navigate your preparation for your surgery as well as your recovery once you are home.

Floor nurse: The floor nurses are the people you will see more than any other team member. They provide for your most basic needs, administer medicines, and answer questions about your surgery or diagnosis and communicate with other health care team members about your progress and special needs. They will conduct bedside shift reports to keep you better informed about your plan of care. This involves your nurses performing bedside report in your presence at each shift change.

Physical Therapy: The therapists will assist you in progressing physically towards independence and ensuring that you are as safe as possible upon discharge. These team members help you regain mobility, endurance and confidence through progressive walking and exercise.

Occupational Therapy: These team members will help ensure a safe and independent return home. They specialize in making sure you are independent with dressing, bathing, toileting, and all other activities of daily living.

Respiratory Therapy: The respiratory therapists will provide screening, monitoring and education to help you avoid respiratory complications. This includes providing treatment for sleep apnea, COPD, asthma and other respiratory diseases. They monitor respiratory status with capnography and pulse oximetry as well as provide teaching and follow up on Incentive Spirometry to assure good lung expansion.

Case Management: The case manager and social worker are the team members who coordinate your post discharge needs and discharge process. They are available to answer your questions about continuing care after discharge or the availability of benefits for home care or outpatient care. They will also assist you with obtaining any necessary equipment for discharge.

Patient: You are the most important team member as you are the one who is ultimately responsible for collaborating with the team in setting and achieving your goals.

Coach: This person will be a friend or family member you have chosen to assist you and encourage you throughout this process and your recovery. You will be more successful if you have someone to guide and assist you.

Prepare for Surgery

Section A

FLU AND PNEUMONIA VACCINES

Check with your primary care physician a few weeks before your surgery date about flu and pneumonia vaccines. Should you need a vaccine, get it one to two weeks before your surgery. Flu and Covid vaccines are recommended per PCP's guidance.

DENTAL WORK

Although infections after a total joint replacement are not common, an infection can occur if bacteria enter your bloodstream. Because bacteria can enter the bloodstream during dental procedures, you should consider getting treatment for significant dental diseases (including tooth extractions and periodontal work) before your joint replacement surgery. Routine cleaning of your teeth should be delayed for several weeks after surgery.

SMOKING CESSATION & SURGERY

Individuals who smoke also require special care when undergoing anesthesia for surgery and are at higher risk of cardiopulmonary and wound-related postoperative complications than nonsmokers. We recommend that you become smoke free as early as possible before surgery. Within 12 hours of quitting, your heart and lungs work better. The nicotine and carbon monoxide levels in your body get lower, improving blood flow and reducing the chance of problems. Quitting smoking speeds healing and helps prevent potential surgical incision infections.

If you are unable to stop smoking prior to surgery, remember that our facility is a smoke free environment. If you have difficulty not using tobacco products during your admission, notify

your physician. Options are available in dealing with feelings and cravings. For more information regarding smoking cessation, please contact the Oklahoma Tobacco Helpline.



PRE-ADMISSION, LAB WORK, X-RAYS & FORMS

Your lab work and x-rays must be completed at least 10-14 days before your surgery, unless other arrangements have been made with your surgeon's office or the pre-admission nurse.

You will complete your pre-admission work at our patient registration located on the first floor just inside of the main entrance (entrance with the flag poles). Call (405) 515-1250 to schedule your lab work and x-rays.

- You may have your lab work and x-rays done on Monday through Friday between 9 am and 5 pm.
- You do not have to fast for your lab work unless otherwise instructed by your physician.
- If you have any lab results pertaining to your surgery from any locations other than NRHS (Norman Regional Health Systems), bring them with you.
- Complete all forms sent or given to you and bring them with you to your appointment.
- If you already have executed Advanced

Directives (Living Will) or any other forms of health care directives, make certain you provide a copy to the pre-admissions nurse when you come for your appointment, even if you have already provided a copy during previous hospitalizations or to your physicians.

- You will complete your lab work, x-rays, visit with the nurse and schedule a pre-operative class. The preadmission process usually takes 2-3 hours.
- It is very important to sign up for the pre-operative education class during your pre-admission session.

Studies have shown that patients have less anxiety and stress and enjoy their stay more when they attend the pre-operative education class. Classes are offered 2 times a week in order to provide you with a time that works favorably for your schedule.

Norman Healthplex Pre-Operative Total Hip and Knee Replacement Education Classes

**Due to Covid precautions we are
not currently holding classes.
Please reference the
“Keeping you safe” insert.**

Planning for Going Home After Surgery

PLACEMENT

It is always best to go home if you are able to go home. If you feel you need to go to a skilled rehab upon discharge, please be aware that there are certain criteria which must be met per insurance regulations. If this applies to you, please work with our case management/discharge coordinators.

If you live alone, you should arrange to have a friend or family member stay with you for the first 4-7 days following your return home. Studies show that having a support system present at home (as opposed to having people just stopping by occasionally) is crucial to your well-being. Patients report less stress and anxiety if you plan ahead (even if it is Plan B).

HOME PREPARATION

There are a number of tips that you and your family can implement to help make your home safer and more comfortable.

- Check your home for tripping hazards like throw rugs and cords. Roll these up and tuck them away.
- Determine what items from dressers, cabinets and shelves you'll need immediately after returning home. Any items that are currently stored either high or low and require excessive bending or reaching should be moved to counter height.
- Place your clothes at waist level—either on a

- counter or a higher drawer. Plan on wearing loose, comfortable clothing after your surgery.
- Make sure you have a cordless phone or cell phone while at home. These phones can be tucked away inside a pocket and carried with you easily or set close by.
- In order to minimize cooking, prepare meals in advance and freeze them. Alternatively, you can purchase individual serving sized meals for times you are alone.
- If friends, family members or church members are looking for ways to help, ask them to bring over meals.
- Make sure any stairs have at least one sturdy handrail that is fastened to a wall.
- If your bedroom is on an upper level, you should consider arranging temporary sleeping quarters on a lower level. You should plan to use this sleeping area for approximately 1 to 2 weeks after surgery.
- You should designate a chair where you'll spend most of your time when you return home. Ideally, the chair should have a firm back, arm rests and a seat height of over 20 inches high. A chair or recliner with a foot rest so you can elevate your feet would be best. Chairs with wheels should not be used under any circumstances.
- Purchase nightlights and install them in bathrooms, bedrooms and hallways.
- Attend to any outdoor work, like gardening or cutting the grass, which may be necessary prior to surgery.
- If possible arrange for a family member, friend or church member to take care of household cleaning and outdoor work the first few weeks you are at home.
- Also arrange for a family member, friend or church member to take care of collecting your mail for the first few weeks you are at home.
- Put clean linens on your bed.

EXERCISE

The better the condition your muscles are in prior to the surgery, the easier and faster your recuperation is expected to be. It is important to learn the exercises and be comfortable with them prior to the surgery so that you can continue them once you return home. Starting the exercises prior to surgery will build muscle tone and pave the way for a quick recovery. If time allows, begin the exercise program located at the back of this notebook at least a few weeks prior to surgery. This exercise program will be reviewed during the pre-operative education class and is the same program you will perform following your surgery. Prior to surgery, attempt to perform each exercise twenty times, one time a day (note that you will perform the exercises 40 times each twice a day after surgery). If you experience increased pain or soreness with 20 repetitions, only perform as many repetitions as you are able to tolerate. If you experience increased pain with a specific exercise(s), then do NOT perform those exercises. Perform this exercise program in bed in order to provide the proper support for your back.

NUTRITION

Prior to your surgery, your diet should include:

- Proteins 2-3 servings a day (meat, poultry, fish, dry beans, eggs, nuts, and nut butter)
- Breads, rice, pasta, and cereal- 3 or more of whole grains—aim to make at least ½ your grains whole.
- Fruits 2-4 servings a day- Choose a variety of fruits.
- Vegetables 3-5 servings a day- Choose a variety of vegetables and/or low sodium vegetable juices.
- Dairy/Milk 2-3 servings per day- Low fat or fat free milk, cheese, and yogurt.
- Use fats sparingly
- Some fat is a necessary part of our daily diets but less is better. Avoid saturated fats and trans fats when possible.

THE DRIVE HOME

You will need to arrange for your family member or friend to drive you home. Riding in a compact car, sports car or truck is not recommended. You need to be able to recline your seat slightly. If your ride is long, we recommend you stop and stretch every 30-45 minutes or so.

Items to Bring to the Hospital

PATIENT GUIDE

Please bring this patient guide with you to the hospital as you may wish to refer to it during your stay.

CLOTHING

Bring loose, comfortable clothing (shorts, sweats, or other loose pants) that have an elastic waistband. You do not want to bring anything with zippers or buttons. Bring shoes that provide good support and have a non-skid sole. No slip on shoes are allowed, all shoes worn while in the hospital must have a back.

PERSONAL CARE ITEMS

Bring personal items such as a toothbrush, toothpaste, comb, brush, shampoo, razor, shaving cream and any other grooming items you might need. Please leave your jewelry, wallet, etc at home.

SLEEP AIDS

If you use a CPAP or a Dental appliance, it is very important that you bring them to the hospital to be used after your surgery. If you know your CPAP measurements (prescription), bring that information as well.

ELECTRICAL POWERED APPLIANCES

Any electrical items must be approved for use in the hospital and checked for electrical safety. After you have been admitted, tell your nurse and he/she will have them checked and approved for use. Battery powered appliances do not need to be checked.

ORTHOPEDIC AIDS

If you use a walker, please bring it to the hospital on the day of surgery. If you use crutches or a cane, you may leave those at home as you will be using a walker upon discharge for safety reasons.

INSURANCE AUTHORIZATION AND INFORMATION

Your physician's office will be contacting your insurance company to secure authorization for your surgery and admission. Please notify your physician's office immediately if there have been any changes regarding your insurance since your last visit. Pre Access Services will contact you to provide an estimate of your out of pocket costs including any deductible, coinsurance, or co-pay amounts due at the time of service.

If your policy is an HMO, you may need referral from your primary care physician for services. Please contact the customer service number on the back of your insurance card for clarification. If you are going to be admitted to the hospital and have questions regarding your insurance, please call the Patient Access Advisors at 405-307-2730.

MEDICINES

An accurate current medication list is extremely important when you go to any health care provider. To that end, we ask that you make a list of your medications and all of the vitamins and/or herbal supplements that you take. Many herbal supplements interact with anesthesia and other medicines so they should be stopped at least 2 weeks before your surgery. Your list needs to be a typed list which includes: the drug name, dosage amount, and the frequency that you take the medication. Or you may take photos of each medicine bottle and ensure that the photos clearly show the drug name, dosage and frequency of the medication. Don't forget to either list or take photos of any supplements you take as well. Your doctor or his assistant will review the list with you and write orders for medicines you will need while you are here.

In the interest of patient safety, the hospital does not permit medicines to be kept at the bedside. All medicines are dispensed by the Pharmacy, given by a nurse and recorded in your medical record.

If we don't keep your specific medication, we may substitute a similar medication with the same action.

ARRIVAL TIME

Surgery will contact you the business day before your surgery, generally between the hours of one and 5 pm. They will give you a time that you need to be at the hospital on your day of surgery. Keep in mind this will be at least 2 hours prior to your actual surgery time due to all of the preparation that must take place prior to your surgery.

SURGERY INSTRUCTIONS

Read and follow these instructions prior to your surgery:

1. Do not eat after midnight. You may have clear liquids (water, fruit juices without pulp, carbonated beverages, clear tea, and black coffee) up until 2 hours before surgery.
2. Do not use any alcohol or recreational drugs within 48 hours of surgery.
3. You need to quit smoking before surgery.
4. **If you experience any changes in your physical condition, such as fever, chest congestions or skin problems at the operative site, call your surgeon as well as your primary physician.**
5. Take a shower using an antimicrobial soap (packet should be provided to you during your preadmission session) the night before, as well as the morning of surgery. Use a clean towel to dry off with.
6. Sleep on clean sheets the night before surgery.
7. Nail polish and skin lotions are discouraged on the operative leg. No makeup.
8. Contact lenses and glasses cannot be worn during surgery. Be sure to bring your container or eyeglass case to protect your lenses while you are in surgery.
9. Wear loose, comfortable clothing with low heeled shoes.

10. You may brush your teeth the morning of surgery.
11. Deodorant can be worn unless you are having shoulder surgery.
12. Leave all jewelry, valuables, purses, wallets, money and watches at home or with a family member.
13. All body piercing must be removed prior to surgery.

CANCELLATION

**If you must cancel your surgery for any reason
(i.e. bad weather, illness, family emergency, etc.)
Call your surgeon's office as well as Same Day Surgery at
(405) 515-1250. If it is after hours, leave a message.**

Hospital Stay Section B

The Day of Surgery:

Pre-operative room—this is where you will be prepared for surgery.

You will change into a gown.

If you have not already done so, you will be asked to remove any jewelry, dentures and hearing aids. Your nurse will have you complete a pre-operative well-being and activity ability survey (this is the same survey that will be mailed out to you at 9 months following your surgery in order to assess your improvement following surgery).

When the operating room is ready, you will:

Have an opportunity to ask your surgeon any last minute questions.

The surgeon will mark the joint that will be operated on with a pen to ensure everyone in your surgical room is in agreement with you about which joint is to be replaced.

Meet your surgical nurse who will ask you about your medical history and confirm the details of your surgery (procedure, surgeon, correct side of the body). Many of the questions that are asked are repeats of those that have already been asked. This is for safety to ensure full communication between all team members.

Meet your anesthesiologist who will review your medical history and ask you questions regarding your health status as it relates to anesthesia. You and your anesthesiologist will discuss the type of anesthetic that is best suited for you.

Your pre-operative visit with anesthesia

The pre-operative anesthesia interview is a good time for you to get answers to all of your questions. Patients and families are best prepared for surgery and anesthesia if they know what to expect. Selection of anesthesia is a major decision that deserves careful consideration and discussion.

Several factors will be considered when selecting anesthesia, including:

- **Your past experiences and preferences.**
Have you had anesthesia before?
What kind? Did you have any reaction to anesthesia? What happened? How did other members of your family react to anesthesia?
- **Your current weight and health conditions**
Do you smoke? Are you overweight? Do you drink or use recreational drugs? Are you being treated for any other condition other than joint replacement?
Do you have any neurological, stomach, heart disease, breathing problems? Do you have any dental issues?
- **Your reaction to medications**
Do you have any allergies? Have you experienced base side effects from any type of drug? What medications, nutritional supplements, vitamins or herbal remedies are you currently taking?
- **The risks involved**
Risks vary, depending upon your health and selection of anesthesia and may include breathing difficulties, blood loss and allergic reactions. The surgeon and the anesthesiologist will discuss specific risks with you.
- The preferences of your surgeon and surgical team

Also discuss during your pre-operative visit:

- Tell the anesthesiologist about any loose teeth. You may need to remove partial plates from your mouth depending upon the number of teeth involved
- Tell the anesthesiologist about any upper or lower dentures you have—these may be left in your mouth
- Write down any specific questions you think of prior to your pre-operative visit

TYPES OF ANESTHESIA

There are 2 broad categories of anesthesia typically used for joint replacement: general and regional

In **regional anesthesia**, your anesthesiologist makes an injection near a cluster of nerves to numb the area of your body that requires surgery. You may remain awake, or you may be given a sedative. You do not see or feel the actual surgery take place. There are several kinds of regional anesthesia. Two of the most frequently used are spinal anesthesia and epidural anesthesia, which are produced by injections made with great exactness in the appropriate areas.

In **general anesthesia**, you are unconscious and have no awareness of other sensation. There are a number of general anesthetic drugs. Some are gases or vapors inhaled through a breathing tube and others are medications introduced through a vein. During anesthesia, you are carefully monitored, controlled and treated by your anesthesiologist, who uses sophisticated equipment to track all of your major bodily functions. A breathing tube may be inserted through your mouth and into the windpipe to maintain proper breathing during this period. The lengths and level of anesthesia

is calculated and constantly adjusted with great precision. At the conclusion your surgery, your anesthesiologist will reverse the process and you will regain awareness in the recovery room.

You may also have a **Nerve Block**. To help with post-operative pain control the anesthesiologist places a small catheter in the area of a large nerve in your operative leg. Numbing medicine is infused either once or as a continuous infusion for about 2 days after surgery. This method will not provide complete pain relief but it can reduce knee pain in many cases. Your surgeon and anesthesiologist will decide if this is recommended for you and will then discuss it with you.

RISK OF ANESTHESIA IN OLDER ADULTS

Older adults have a great risk for some side effects following anesthesia or sedation. There are 2 related side effects that are more common in the older population.

POST-OPERATIVE DELIRIUM

Some patients become more confused and have problems with focusing and their memory following surgery. These symptoms are temporary and usually disappear after a week.

POST-OPERATIVE COGNITIVE DYSFUNCTION

This is a more severe condition that can cause long term memory loss as well as a decreased ability to learn, concentrate and think. Factors that increase your risk include: heart disease (especially congestive heart failure), lung disease, Alzheimer and Parkinson's disease or having a previous stroke.

TIPS FOR REDUCING CONFUSION AFTER ANESTHESIA

- Have a family member stay to reduce disorientation and help you feel more comfortable
- Have your glasses and hearing aids
- Pack familiar items-such as a family photo, clock or calendar to have in your room.

Research has provided guidance on decreasing the risk of developing these conditions making anesthesia much safer than ever before. Norman Regional Health System is committed to following the latest research guidelines in order to provide our patients with the best possible care.

SURGERY

Joint replacement surgeries last about 1-3 hours. The actual surgery time itself is approximately 45 minutes but the total time includes preparation and recovery time. Your family may wait for you in the surgery waiting area or may choose to leave the hospital to get food or relax outside. If they leave the waiting area, we request that they leave their names and phone number with the volunteer so the surgeon or staff can contact them once surgery is complete. There may still be several hours of recovery and settling in time before you can receive visitors in your room.

Post Anesthesia Care Unit (PACU)/Recovery room: When your surgery is completed, you will be brought to the PACU. You will be cared for by nurses specifically trained to care for patients coming out of anesthesia. It is the role of the PACU nurse to ensure you are kept safe and appropriately cared for while the immediate effects of the anesthesia wear off.

You will stay in the PACU for approximately 1-2 hours, or as long as is needed for you to safely move to your regular room on the orthopedic floor. Your vital signs (temperature, pulse, respiration, and blood pressure) and circulation will be monitored continuously. You will receive oxygen through a small cannula (plastic tube) that rests just under your nostrils.

You will be asked to rate your pain on a scale of 0-10. Zero is no pain and 10 is the worst pain imaginable. Please be aware that it is likely you will not be "pain free". Pain medication is available in the PACU to ensure that you are comfortable.

Please understand that visitors are not allowed in the PACU. There are privacy laws that deter visiting and having few distractions for the nurse allows the PACU team to focus 100% of the attention on you during this important immediate post-operative time. Your family and personal support team can wait in the surgery waiting room and/or lobby until you leave the PACU and are moved to your room on the orthopedic floor (third floor). The surgeon will speak to your family and/or significant others immediately after the surgery to inform them of your status.

After leaving the PACU, you will be transported to your room on the orthopedic floor. Once settled into your room, your family and support team may visit you. Please note that your nurse may ask your family members to step outside when you first arrive to your room in order to get you settled and focus 100% of their attention on you.

Hospital Room

[3rd floor orthopedics]:

Our average length of stay for Total Knee replacement surgery is 1-2 days. This is what you can expect:

Your care team:

Your care team will be comprised of a Registered Nurse (RN) and a Certified Nursing Assistant (CNA). Each shift typically lasts 12 hours, so you should get to know them very well.

Vital Signs:

Your team will check your vital signs (blood pressure, heart rate, breathing rate, oxygen levels and temperature) as well as assess the blood flow (circulation) motion and sensation of your legs quite frequently in the first 24 hours after surgery. These checks will become less frequent as you recover and become more active.

Oxygen:

You may receive oxygen through a small cannula that is placed just under your nostrils. The oxygen supports your breathing and is often used for patients receiving pain medications and during the period of time that the effects of anesthesia are wearing off.

IV Line:

The IV line placed before surgery will remain in your arm until you go home. When you are drinking enough fluids the nurse will disconnect the tubing and just leave the small access port for any medications that may be needed.

Bandage/Dressing:

Your dressing will be checked frequently for drainage and swelling. Your initial surgical dressing will stay on for at least 24 hours in order to diminish the chances of infection. Some bleeding on the dressing is normal and the nurses will monitor this. If you have increased drainage, your nurse will reinforce your dressing with additional bandages and pads.

Urinary Catheter:

If you have spinal anesthesia, your legs may remain numb the night after surgery which can make getting up difficult. For these reasons, a urinary catheter is often placed during anesthesia. It will be removed on the first day after surgery. The catheter is removed as soon as possible because urinary infections can develop. Your physician will discuss the use of a urinary catheter after surgery with you if one is going to be used.

Blood Draws:

You will have your blood drawn by the lab early in the morning to monitor levels.

Blood Transfusions:

Our surgeons routinely use tranexamic acid during surgery to reduce blood loss during surgery. However, due to low blood counts, you may require a blood transfusion during your stay.

Medications:

Within the first 12 hours, you will be started on a blood thinner to help reduce the chances of formation of a blood clot. Your surgeon will also order medication to assist with normal post-operative symptoms such as: nausea, pain, constipation and inflammation.

Meals:

You will generally start your first intake with clear liquids. Once clear liquids are tolerated, you will then progress to solid foods. Because you underwent a procedure and are not “sick”, your surgeon and care team strongly encourage you to eat all of your meals sitting up in a chair as you normally would.

You may select a variety of food options from our room service menu that are specific to the diet your surgeon has ordered for you (such as a low sodium diet or diabetic diet). Our hospital does not have standard meal times, so you may choose the time you would like to receive your meal when you call to place your order (please allow 45 minutes). If you have any concerns about your diet, please discuss them with your surgeon or care team.

Please let us know if you need a special diet (kosher, vegetarian, etc.). We are happy to accommodate special requests.

Nutrition:

Some loss of appetite is common for several weeks after joint replacement surgery. Registered dietitians are available to answer any questions you may have regarding your nutritional concerns both in the hospital and after you are at home. Just ask your nurse to arrange a consultation.

You also need to drink plenty of water in order to stay hydrated and maintain your kidney function after surgery. It is recommended to drink 2 Liters of water a day unless you have heart failure and then it should be 1 Liter a day.

Constipation:

Constipation is common when taking medication to treat your pain. A high fiber diet can help prevent and treat the constipation.

Consider these high fiber items to add to your diet both in the hospital and after discharge

- Whole grain breads
- Whole grain cereals
- Grains
- Fruits
- Vegetables

You will be given a stool softener as well as a laxative daily while you are in the hospital. You will likely need to continue this at home as long as you are taking prescription pain medication.

Regular Positioning:

Your care team will encourage you and assist you in repositioning and turning onto your non-surgical side while you are in bed, even on the night of your surgery. Regular repositioning will help to maintain skin integrity and encourages deep breathing which will help to prevent pneumonia. Please do not try to get out of bed without assistance. Always call for a nurse, even if you think you feel strong enough to get up on your own.

Mobility/Activity:

Moving and activity help you recover faster. We want you to be safe and comfortable enough to participate in early activity that will help prevent complications and speed your recovery process. Physical and Occupational therapy will make every effort to see you on the day of surgery and assist you with getting out of bed and walking a short distance in your room. All members of your care team, but especially physical and occupational therapy and nursing will encourage you to move as much as possible. You are expected to get up out of bed and eat all of your meals in your chair. Physical therapy will have you walk twice a day in the gym. Occupational therapy will assist you with walking to and from the bathroom in order

to perform your self-care skills. Nursing will also assist you with walking in the hallway one time a day, generally in the evening so you do not get too stiff later in the day.

Elevation:

Your nurses and therapists will show you how to properly elevate your leg at least twice a day for 30 minutes. This is especially beneficial if you elevate your leg after increased activity. Elevating your leg will help reduce the amount of swelling and stiffness in your knee and may help reduce your pain.

Ice:

Your care team will regularly refresh your reusable ice packs throughout the day during your hospital stay. You will be given a handout in the pre-operative class as well as in your discharge notebook showing you how to make a homemade ice pack to be used at home.

Incentive Spirometer:

Using an incentive spirometer helps prevent lung issues. You will be encouraged to use this tool to help gauge and encourage deep breathing. Here are the basics on how to use them:

- Sit up tall holding the incentive spirometer upright and seal your lips tightly around the mouthpiece.
- Breathe in slowly and deeply. Hold your breath as long as possible. Then exhale slowly and allow the piston to fall to the bottom of the column.
- As you inhale, notice the yellow indicator rise and reach the blue outlined area. Position the yellow indicator at the side of the spirometer to show your best effort. Use the indicator as a goal to work toward during each slow deep breath.

- Repeat the process 10 times every hour while awake.
- Continue using your incentive spirometer for about two weeks after you get home. Discard it in the trash when you are finished to prevent moisture build-up that can cause infections.

Respiratory Therapy:

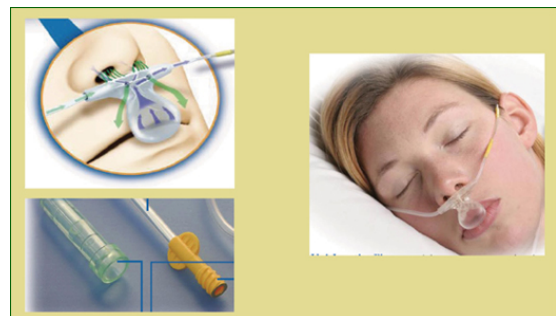
If you have respiratory issues or were unable to quit smoking prior to surgery, it is likely you will require more intensive respiratory therapy treatments during your hospital stay.

Pneumonia:

After surgery, patients are at increased risk for developing pneumonia or other respiratory issues. It is extremely vital that you move, take deep breaths and use your incentive spirometer. This will prevent the collection of mucus at the base of your lungs which can lead to pneumonia.

Capnography:

Breath monitoring can help save lives. Breath monitoring, or capnography, measures how much you're breathing. Some medications can slow down your breathing and heart rate. If that happens, an alarm will let your doctor or nurse know they should come and help.



What to Expect After Surgery

PAIN MANAGEMENT

No surgery is pain free. You will have pain following your total joint replacement. Our goal is to work with you to manage your pain enough so that you are able to participate in therapy and get adequate rest for healing.

You may have heard of drugs like morphine, oxycodone (OxyContin), Norco, Percocet, and Dilaudid. This kind of medication is used sparingly and only when necessary because:

- It can make people feel sick to their stomach
- It can slow down your recovery
- It can be addictive
- It can make it difficult or painful to have a bowel movement or poop (constipation).

Problems like constipation can be painful and serious. So, we'll use other pain medications when possible.

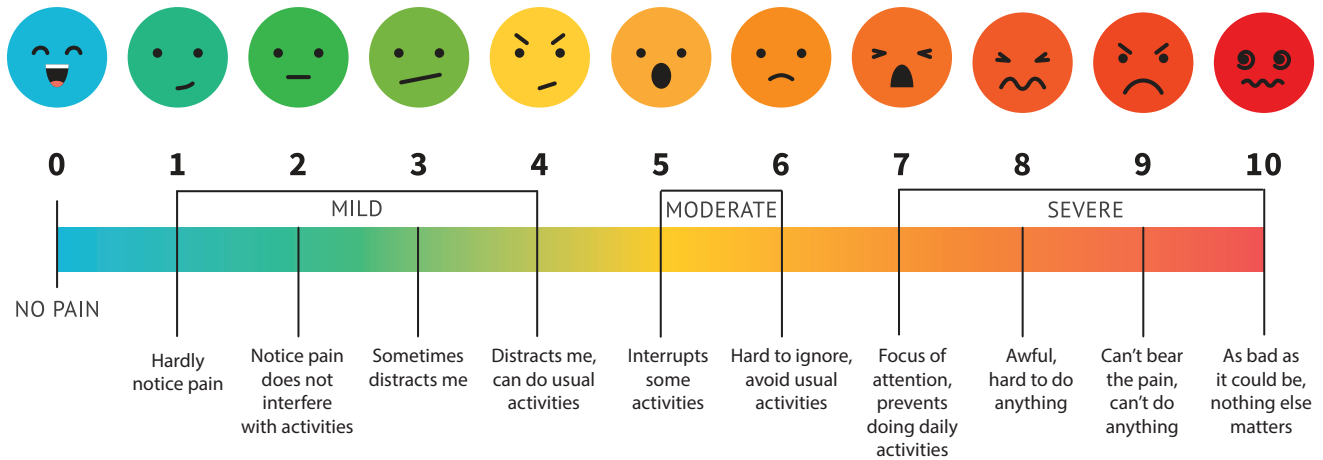
We want to manage your pain and prevent the problems that some pain medications can cause. Please tell us if you have any concerns about pain medications or pain control.

In order to manage your pain, your healthcare team needs to understand your pain. They will likely ask you questions, such as : "Where do you feel pain?", How does the pain feel: is it dull, tender, aching, cramping, shooting, burning, throbbing, tingly, gnawing or squeezing?" "What makes the pain worse?" "What makes the pain better?"

There are many non-medical ways to relieve pain and our staff will encourage you to utilize these options as well. Personal care items such as a warm blanket, extra pillow, ear plugs or sleep mask can be helpful. Relaxation items such as a white noise machine, breathing techniques or relaxation channels can be beneficial. Many people report decreased discomfort and pain when engaged in distraction activities such as coloring books, crossword puzzles, playing cards or completing Sudoku puzzles. Bringing a tablet or phone from home can also be useful. Our orthopedic unit utilizes a comfort cart which has many non-medical items that can assist you in managing your pain.

Activity can also help decrease your pain as it keeps your muscles and joints from becoming too stiff. Nursing and therapy staff will assist you with getting up out of bed early and often during your stay.

PAIN MEASUREMENT SCALE



PAIN SCALE

Pain can affect how well you eat and sleep, and can affect the healing process. When your pain is controlled you will be able to be up and active during the day as well as be able to rest at night. This means you will likely heal faster. In controlling your pain, your healthcare professionals will also closely monitor your level of sedation, as when your sedation level is too

high, you will have difficulty being active. Loss of activity lead to increased stiffness and in turn, increased pain. As the perception of pain is a very complex process which is often poorly described using only a numerical pain rating; we are now using a functional pain rating scale. This pain scale also takes into account how well you are able to participate or perform your daily activities.

ACCOMMODATIONS

Rooms

All of our rooms are private rooms. Each room has a bathroom, shower, television and telephone.

Each room also has a pull out sleeping chair/sofa for family that stays overnight.

Room temperature control

Each patient room has a heating and air conditioning unit. The airflow and thermostat settings can be adjusted to your comfort level.

Ask your nurse or any health care provider if you need assistance.

Nurse call system

The nurse call system is your line of communication from your bed to the nurse's station. When you press the red button on your call light, a light goes on over the door of your room and the call goes to your nurse's phone as well as the nursing station. Someone will either respond to you through the speaker or come to your room to see how they can assist you.

Patient Safety Section C

Patient Safety

COVID PRECAUTIONS

Due to Covid 19, all patients are required to wear a mask during their stay in the hospital unless there is a medical reason to not wear a mask. This will help protect you during your stay.

Visitation restrictions will vary depending up on state determined alert levels. Please check normanregional.com for more information.

PATIENT IDENTIFICATION

Staff will identify you before you receive any type of procedure or medications. The staff will identify you by checking your arm bracelet. If your arm bracelet comes off, you will not receive any medications or procedures until a new one is obtained for you. The staff will continually check your armband and ask your legal name. It isn't that we don't remember you, we just wanted to ensure we are doing the correct thing to the correct patient.

MARKING YOUR SURGICAL SITE

Before the surgery the surgical nurse will ask you to verify what procedure you are undergoing as well as the specific surgical site planned.

Your physician will mark "yes" and his/her name and/or initial over the correct surgical site before your procedure begins.

BEDSIDE REPORT

At change of shift your off going and on coming nurses will come to your bedside to give report on you. This allows for visual verification and provides time for your input and/or questions. If you are asleep you will not be awakened unless you request to be.

FALL SAFETY

You are at increased risk for falls after surgery. Always "CALL, DON'T FALL"

You are not allowed to get up on your own or with only family assistance while you are in the hospital. This is for your own safety. Before getting up, always call for the nurse

HAND HYGIENE/WIWO

Your health and safety is very important to us. We protect you from infections by cleaning our hands before and after contact with you. Your health care providers will wash their hands with soap and water or use alcohol foam to disinfect their hands when entering and exiting your room. Our hospitals program to improve hand hygiene is called WIWO (Wash In, Wash Out).

RESPIRATORY HYGIENE/COUGH ETIQUETTE IN THE HOSPITAL

To prevent the transmission of all respiratory infection at NRHS, the following measures have been implemented for you and your family's health.

- Visual alerts are placed throughout the facility instructing patients and family/friends to inform the healthcare personnel of symptoms of a respiratory infection. These alerts emphasize covering nose/mouth to prevent the spread of disease.
- Use tissue to contain secretions and dispose of them in the nearest waste receptacle after use.
- Perform hand hygiene (wash with alcohol-based hand rub, soap and water, etc.) after having contact with respiratory secretions and contaminated objects/materials.
- The hospital provides tissues and no-touch receptacles for used tissue disposal.

- Masks are available to persons who are coughing.
- If possible, have persons with cough sit 3 feet away from your and others.

SPEAK UP

Speak up if you have questions or concerns; and if you don't understand, ask again. It's your body and you have the right to know.

Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications by the right health care professional. Don't assume anything.

Educate yourself about your diagnosis, the medical tests you are undergoing and your treatment plan.

Ask a trusted family member or friend to be your advocate.

Know what medications you take and why you take them. Medication errors are the most common health care mistakes.

Use a hospital, clinic, surgery center or other type of health care organization that has undergone a rigorous on site evaluation against state of the art quality and safety standards, such as those provided by the Joint Commission.

Participate in all decisions about your treatment. You are the center of the health care team.

NORMAN REGIONAL HEALTH SYSTEM IS COMMITTED TO REDUCING HEALTH CARE ERRORS IN OUR ORGANIZATION.

IF YOU HAVE CONCERNS ABOUT OUR SAFETY, YOU ARE ENCOURAGED TO SHARE YOUR CONCERNS BY CALLING THE PATIENT CARE HOTLINE AT 405-307-7899.

M.I.T.

MEDICAL INTERVENTION TEAM

The 24/7 Medical Intervention Team is comprised of a Registered Nurse from the Intensive Care Unit and a Respiratory Therapist. The purpose of the M.I.T. is to clinically intervene when a patient (in the absence of a physician) develops a change in medical condition, either specific or non-specific and to prevent patients from progressing to a code arrest.

When should someone call for M.I.T.?

A patient, visitor, or family member presents with a life-threatening situation as defined as a system or multi-system failure that is evidenced by a change in level of consciousness, respiratory distress or cardiac changes or suspected stroke.

- When there are concerns about a change in the patient's condition or a perception of change by staff, the patient, and/or family.

Who should call for M.I.T.?

Any person witnessing the symptoms listed above.

How do I call for M.I.T.?

- Dial "88" for the operator. Ask for the MIT and state the room number of location.
- Inform the nurse caring for the patient.
- The nurse caring for the patient notifies the attending physician.

Leaving the Hospital/ Home Care Section D

Home Safety Tips

DO NOT bend over to pick up items on the floor.

DO NOT go for long periods of time without moving. To help prevent stiffness and swelling, it is important that you get up and move at least every 30-45 minutes or so.

DO NOT sit in chairs that are low to the ground, chairs with wheels or chairs without armrests.

DO NOT drive a car until cleared to do so by your physician.

DO use your walker until your physician or therapist tells you not to.

DO use your walker bag that was provided to you, in order to carry small items that you may need. This will allow you to keep your hands free to use the walker properly.

DO put hot liquids in containers with covers.

DO slide objects along the countertops, instead of carrying them.

DO arrange for pets to be outside or in another room when you first arrive home. Pets tend to get excited when they haven't seen you for a few days. Come inside and sit down before allowing the pets to greet you. Place a clean towel or sheet on the couch prior to sitting to help reduce the risk of infection in your new total joint.

DO arrange for someone to stay with you for a few days. You need to have someone available to assist you for the first week that you are home. They may not need to be present at all times, just available when needed.

SWELLING

Keep in mind that some swelling in your knee is normal and should not be a cause for concern.

There are several strategies to help keep normal swelling to a minimum:

- When you were in the hospital, nursing kept ice packs on your knee, continue to use ice packs several times a day (most patients use them after performing their exercise program) at home. The instructions to make a homemade icepack are located at this end of this notebook.
- Lie down for an hour each day with your leg elevated and ice on (ice for 20 minutes only), once in the morning and once in the afternoon.
- Do not sit with your feet on the floor for more than 30 minutes at a time.
- Continue doing your ankle pump exercises even when you are sitting still. These exercises are designed to help reduce swelling and boost circulation.
- Remember to change your position every 45 minutes to avoid stiffness. A good cue is to get up and move between TV shows or during commercial breaks.

ENERGY CONSERVATION

Energy conservation techniques will allow you to regain your independence while also allowing your body to heal. Remember the 4 P's of energy conservation to plan out your day and activities:

Planning, Pacing, Prioritizing, and Positioning.

These will be fully outlined in your discharge notebook.

PATIENT RECOVERY LOG

There will be a patient recovery log with your postoperative goals and activity guidelines in your discharge notebook. This needs to be completed throughout the day and discussed with your surgeon and physical therapist.

Homemade Ice Pack

1. Fill the plastic freezer bag with 1 cup of rubbing alcohol and 2 cups of water.
2. Try to get as much air out of the freezer bag before sealing it shut.
3. Place bag and its contents inside a second freezer bag to contain any leakage (zipper side in first).
4. Leave the bag in the freezer for at least an hour.



Nutrition After Surgery

Calorie and protein needs are higher after your surgical procedure. It is recommended that you aim for 3 meals a day and at least 2 snacks as tolerated.

Proteins: Aim to include 1-2 protein sources at each meal. Protein is a great source of amino acids that speed healing and help the body function at its optimal level.

The key to ingesting protein after surgery is to eat the right sources of protein. Avoid dense proteins such as red meat and try to take in proteins such as fish, chicken and almonds. These lighter proteins are not only a better source of amino acids, but are easier for the body to digest. This is especially important when your digestion is sluggish after surgery.

Protein sources

- Poultry
- Eggs
- Seafood and shellfish

Vegetarian protein sources

- Soy
- Beans
- Tofu
- Nuts
- Seeds
- Nut butters

Dairy protein sources

- Milk
- Yogurt
- Cheese

Grains and Fibers: Eating grains such as oatmeal and quinoa will help stimulate your digestive system and keep it operating normally. Anesthetics and pain medication can contribute to constipation in patients, so consuming good grains counters that effect and makes you feel full. Warm oatmeal not only provides essential fiber but also acts as a comfort food. Wheat bran and bran supplements have also been shown to reduce constipation following surgery.

Fruits: Fruits that are high in vitamin C also fight inflammation in the body. Pineapple is an especially effective food for healing as it contains bromelain, an enzyme shown to greatly help with inflammation and swelling. In addition, fruit has a high water content to assist with hydration, and antioxidants to speed healing.

Probiotics: Antibiotics are frequently prescribed following orthopedic surgery to prevent post-surgical infection. While this certainly improves the recovery outlook, it can cause an imbalance of the bacteria in the digestive system. Antibiotics kill both good and bad organisms in the body, so your intestinal flora can be effected along with the bacteria that cause infection. Probiotic foods such as yogurt with active cultures, pickles, sauerkraut, and miso soup can all aid in digestion.

IRON NEEDS

The smallest amount of blood loss during surgery can deplete your iron levels. Below is a list of high iron food that you can consume to improve your levels.

- Organ meat, like liver
- Oysters, clams, scallops and shrimp
- Lean beef, pork and lamb
- Chicken, turkey
- Dried apricots, dried peaches, prunes and raisins.
- Legumes, dried beans
- Whole grain and enriched breads
- Wheat germ
- Fortified breakfast cereals
- Prune juice
- Dark green leafy vegetables
- Egg (yolk)
- Dark molasses

Iron is needed to help carry oxygen throughout your body. If your iron is low you may feel tired, dizzy, get headaches, not be able to sleep and feel somewhat irritable.

Iron is best absorbed if you eat iron rich foods together with foods that are high in vitamin C like orange, grapefruit, cranberry or tomato juice.

FOLLOW UP APPOINTMENTS

You will be scheduled for a follow up visit with your physician in approximately 10-14 days. You will also likely be scheduled for outpatient physical therapy treatments which are generally 3 times a week. It is extremely important that you keep all of your follow up visits. These follow up appointments will be scheduled prior to your discharge home. Remember, you will not be allowed to drive initially and need to arrange for transportation from a family member, friend or church member.

FOLLOW UP SURVEY

Approximately 9 months after your discharge, you will receive a patient reported outcomes survey in the mail (either KOOS/HOOS and the PROMIS). This survey is the same one you completed at our hospital just before your surgery. It is a requirement of Medicare and some other insurance regulations in order to track functional outcomes and overall well being after total joint replacement surgeries. No personal tracking information is used in the collection of this information. By taking the time to complete and mail in this survey, you assist us in ensuring we provide the highest level of care possible.

DRIVING AND RIDING IN A CAR

If you are riding in a car, stop every 30 minutes and get out of the car to stretch. Do your ankle pumping exercises while you are riding in the car. Do not resume driving until approved by your physician.

AIR TRAVEL

For the first year after your joint replacement, use these precautions to protect your new joint and reduce your risk of problems.

- When booking your flight, tell them you have a total joint in place and request a bulkhead seat so you have more room to stretch out your leg.
- Be sure to tell the officers at the security check points that you have a total joint in place.
- Request assistance to travel through the airport.
- Stand frequently and do your ankle pumping exercises during the flight as you are able.

COMMUNITY RESOURCES

The following links will connect you to resources that you may find helpful after discharge.

Meals on Wheels

<https://www.mealsonwheelsnorman.com>

Heartline 2-1-1

2-1-1 is a referral and information helpline and website that connects people from all communities and of all ages to the essential health and human services they need, 24 hours a day, seven days a week. You'll be connected to a community resource specialist who can put you in touch with local organizations that provide critical services that can improve- and save -lives.

<https://www.unitedwaynorman.org/211>

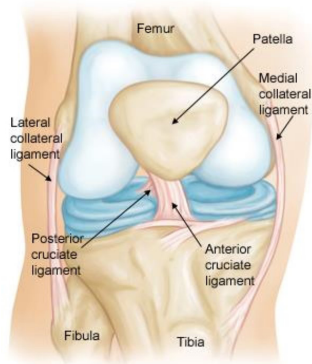
Medride

Non-emergency medical transportation.

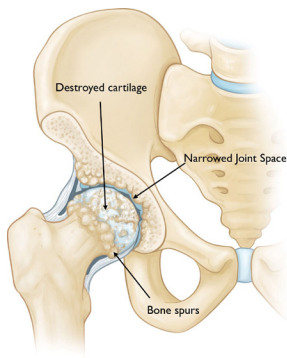
<https://www.medride.com/>

Understanding Your Knee Replacement Section E

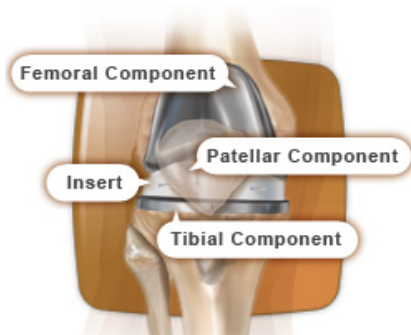
Understanding Your Surgery



Anatomical Normal Knee



Anatomical Arthritic Joint



Total Knee Replacement

In order to better understand your knee replacement surgery, it is important to understand the normal and healthy anatomy of a knee. The knee is the largest joint in the body. Normal knee function is required to perform most everyday activities. Your knee is made up of three bones: the femur (thighbone), the tibia (lower leg bone) and the patella (kneecap). Your knee joint connects the femur to the tibia, and on top of this rests the patella. The patella protects the knee joint and slides in a groove found in your femur when you bend your knee. The muscles around the knee are responsible for supporting and moving your knee.

After years of moving the knee joint, arthritis can occur which makes the knee become less functional and more painful. The cartilage that covers the ends of the bone and provides for smooth motion with minimal friction and cushions the effect of impact can wear away causing pain and stiffness. The irritated or inflamed joint can be treated with non-steroidal anti-inflammatory medication. However, anti-inflammatory medications are not always effective. When daily activities become limited and the pain is not relieved, a total joint replacement may be considered. Types of arthritis that can lead to less functioning and increased pain in the knee are: Osteoarthritis—caused by wear and tear on the joint.

- Rheumatoid arthritis—autoimmune disease causing inflammation of the joint.
- Trauma/traumatic arthritis—resulting from an injury to the joint.

A total knee replacement is a surgery that involves removing the damaged knee joint and replacing the diseased or damaged joint surfaces (or ends of the bones) of the knee with metal and plastic components shaped to allow continued motion of the knee. The goal of knee replacement is to restore function and alleviate pain.

The surgery takes approximately one hour.

Total Knee Replacement Exercise Guide

Regular exercise to restore your normal knee motion and strength and a gradual return to everyday activities are an important part in your full recovery. These exercises are important for increasing circulation to your legs and feet in order to prevent blood clots and decrease swelling. These exercises also are important to strengthen muscles and improve your knee movement.

You will begin these exercises the day after surgery. It may feel uncomfortable at first, but these exercises will speed your recovery and help reduce your post-operative pain. Your orthopedic surgeon and physical therapist recommend that you continue to perform this exercise program

1. Ankle Pumps

Gently “pump” both ankles up and down, so that your toes point first up and toward you, then down.



twice a day (once in the morning and once in afternoon/evening) at home during your early recovery.

It is important to keep legs elevated to continue to decrease swelling and improve circulation. Do not sit with feet on the floor for more than 30 minutes at a time.

Change positions frequently, do not sit still too long. It is better to get up more often for short periods then to wait and get up less, but for longer periods.

Do not forget to apply ice to your knee for no more than 15min following each exercise session.

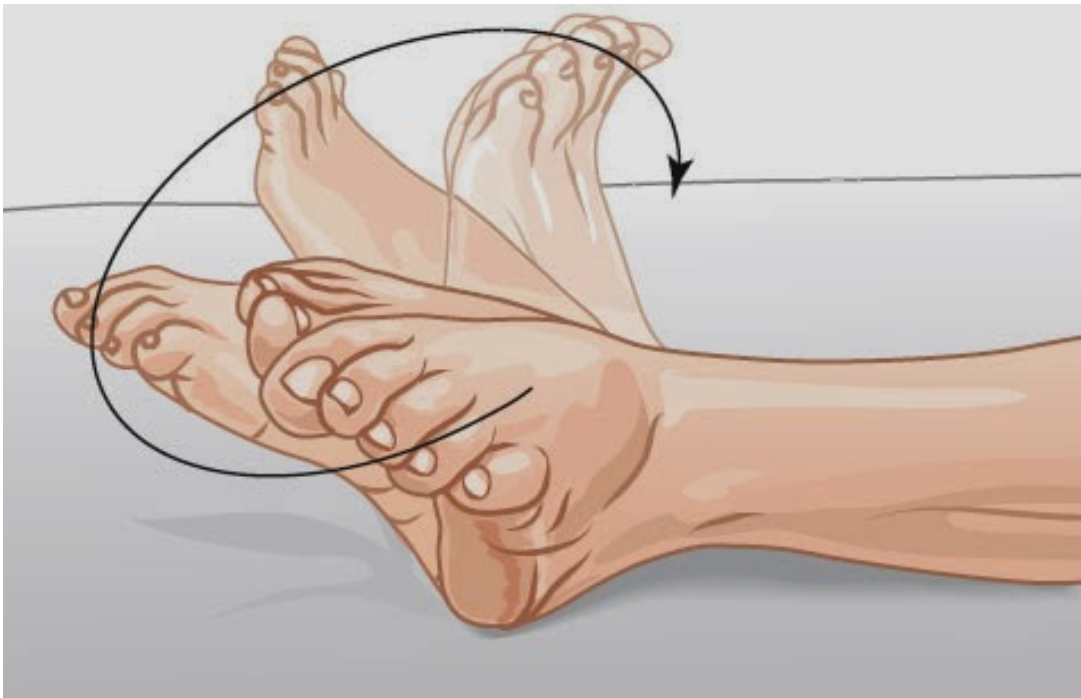
Please do these exercises 40 times each twice daily.

If you have any questions once you are home, please feel free to contact the Physical Therapy Department at 515-1712.

2. Ankle Circles

Circle foot clockwise.

Circle foot counter clockwise.



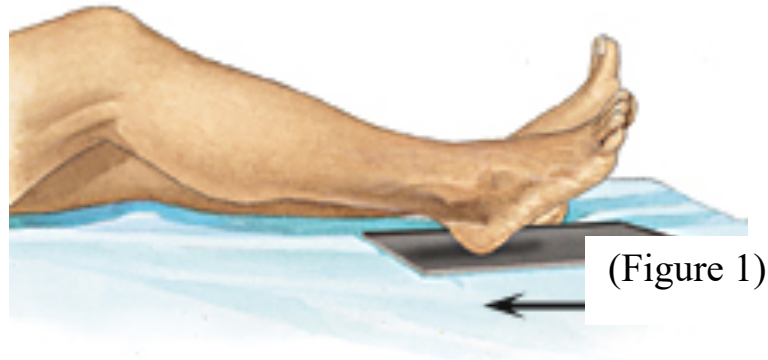
3. Terminal Knee Extension

With a towel rolled under your heel, push your knee into the bed with your legs straight hold for five seconds, relax and repeat.



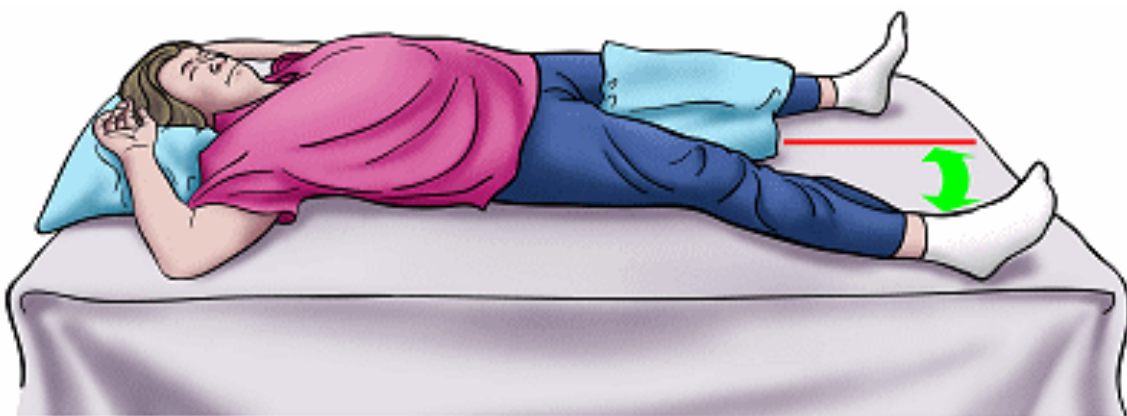
4. Heel Slides

Slide your heel up toward your body by bending your knee. Keep your heel in contact with the bed. You may place a plastic bag or cookie sheet under one foot to help it slide (Figure 1) and use a bed sheet or dog leash around your foot to aid in bending your knee. (Figure 2)



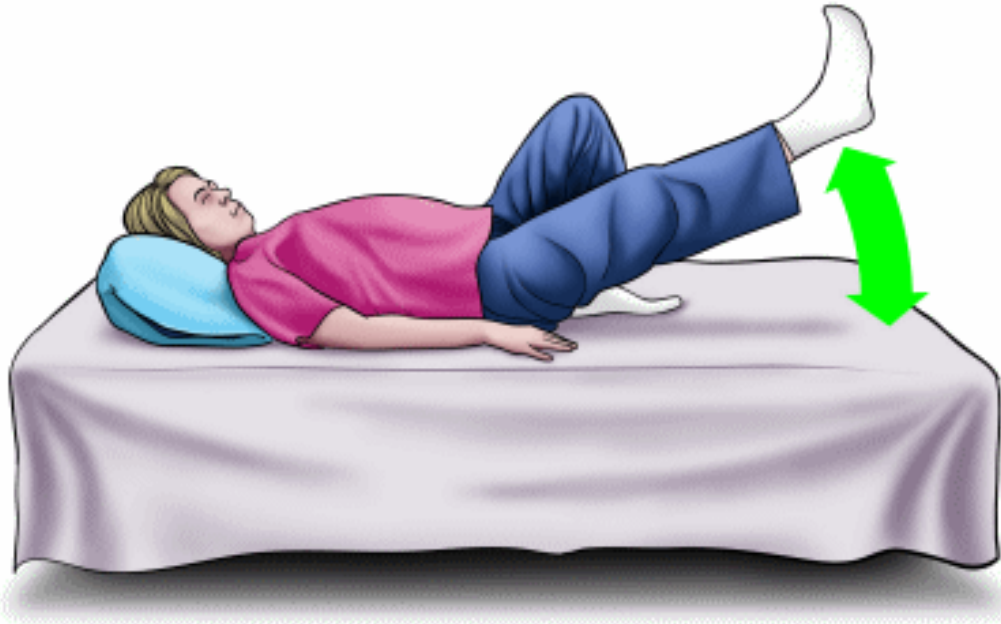
5. Hip Abduction

With your knee straight and keeping your toes pointed toward the ceiling. Slide your leg out to the side as far as possible then back in. Do not cross midline of the body.



6. Straight Leg Raises

Straighten leg as much as possible by tightening the muscles on top of your thigh, Raise your heel approximately 4 inches, relax and repeat. Remember to keep your leg straight during this exercise.



7. Short Arc Quads

Place a rolled towel or blanket roll under your knee. Raise the lower part of your leg until your knee is straight. Lower your foot, relax and repeat.



8. Long Arc Quads

While sitting, fully straighten your operative leg, relax and repeat.



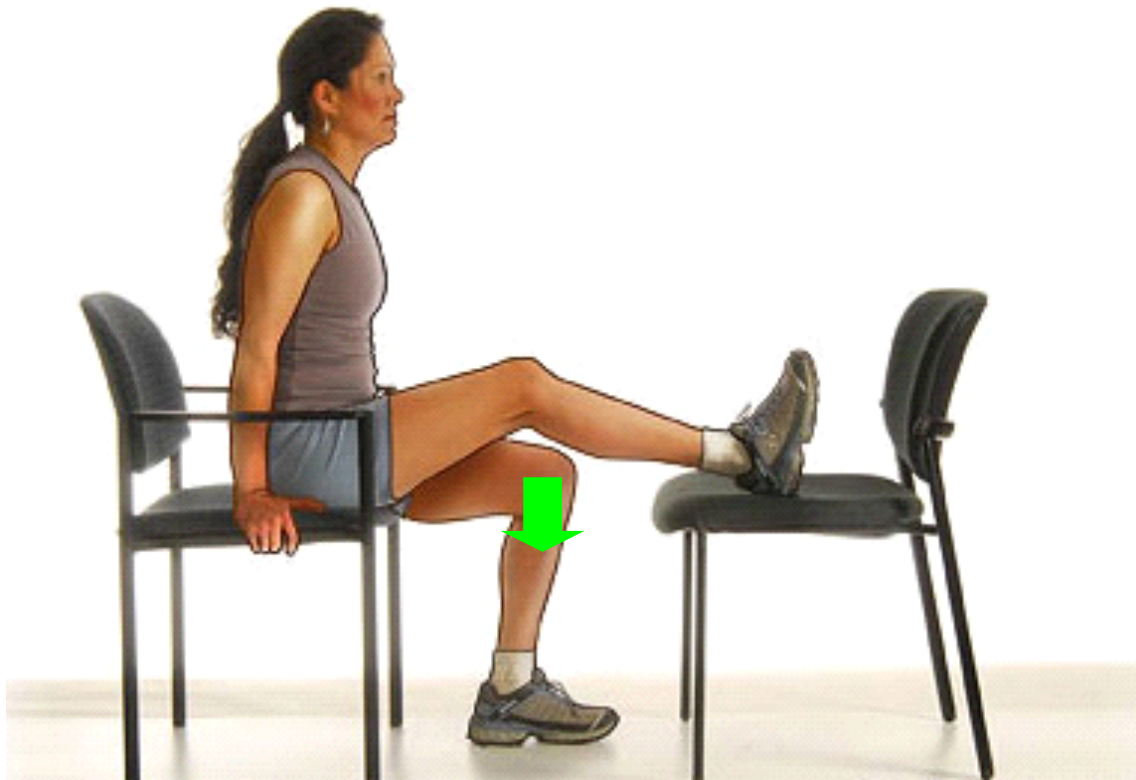
9. Ham Set – Sitting

While sitting with your legs bent, pull your operative leg back into the chair. Hold for a three to five seconds.



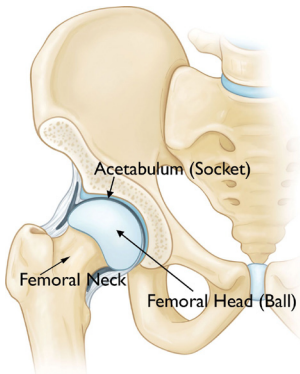
10. Terminal Knee Extension – Sitting

While sitting, lift operative leg up and place your heel in the chair in front of you. Push the back of the knee down toward the floor with your knee straight. Hold for a count of three, relax and repeat.

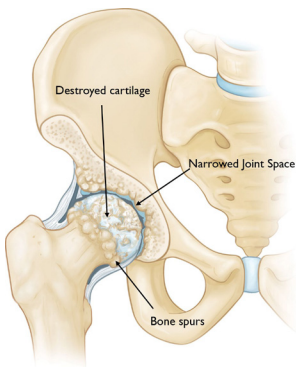


Understanding Your Hip Replacement Section F

Understanding Your Surgery



Anatomical Normal Hip



Anatomical Arthritic Joint



Total Hip Replacement

In order to better understand your hip replacement surgery, it is important to understand the normal and healthy anatomy of a hip. Your hip joint is located where the thighbone (femur) meets the pelvic bone. The hip joint is referred to as a ball and socket joint where the femur forms into a round ball that fits in the socket of your pelvic bone. In the normal healthy joint, there is a lubricated layer of cartilage that covers the ball and allows for pain free movement.

Arthritis is a common cause of chronic pain. Osteoarthritis (loss of cartilage, irregularities of the bone rubbing together), rheumatoid arthritis (disease that leads to inflammation of the synovial membrane) and post-traumatic arthritis (resulting from an injury or fracture) are among the various forms that can cause you pain.

A total hip replacement is a surgery that involves removing the damaged hip joint and replacing it with an artificial implant or "prosthesis". The artificial implant is made up of a shell or cup, liner, ball or head and stem. The goal of a hip replacement is to restore function and alleviate pain. Your surgeon will discuss with you the amount of function that you will regain and how long a recovery period it will require after hip replacement.

The surgery takes approximately one hour.

Total Hip Replacement Exercise Guide

Regular exercise to restore your normal hip motion and strength and a gradual return to everyday activities are an important part in your full recovery. These exercises are important for increasing circulation to your legs and feet in order to prevent blood clots and decrease swelling. These exercises also are important to strengthen muscles and improve your hip movement.

You will begin these exercises the day after surgery. It may feel uncomfortable at first, but these exercises will speed your recovery and help reduce your post-operative pain. Your orthopedic surgeon and physical therapist recommend that you continue to perform this exercise program

twice a day (once in the morning and once in afternoon/evening) at home during your early recovery.

It is important to keep legs elevated to continue to decrease swelling and improve circulation. Do not sit with feet on the floor for more than 30 minutes at a time.

Change positions frequently, do not sit still too long. It is better to get up more often for short periods then to wait and get up less, but for longer periods.

Do not forget to apply ice to your hip for no more than 15min following each exercise session.

Please do these exercises 40 Times each Twice daily.

If you have any questions once you are home, please feel free to contact the Physical Therapy Department at 515-1712

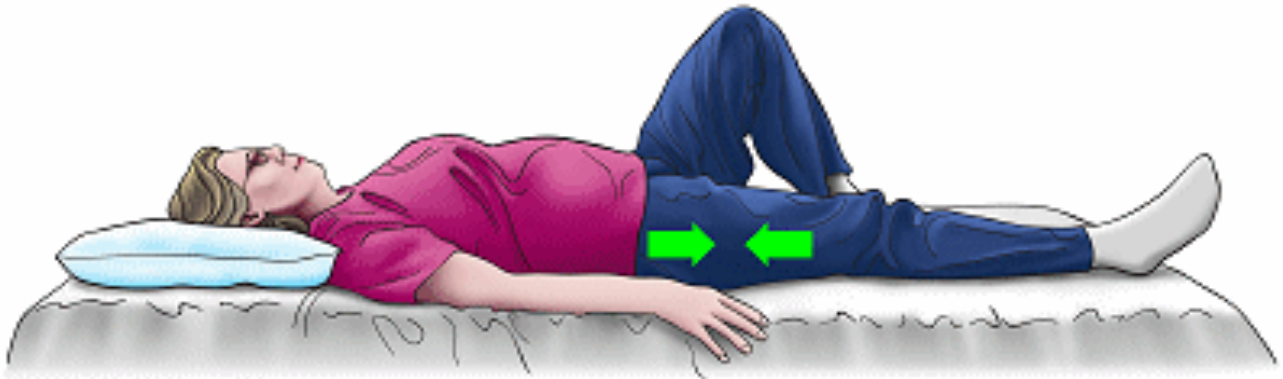
1. Ankle Pumps

Gently “pump” both ankles up and down, so that your toes point first up and in toward you, then forward and away from you.



2. Quad Sets

Slowly tighten muscles of the thigh pushing knee into the bed with your leg straight. Hold for a count of three to five seconds then relax the muscles.



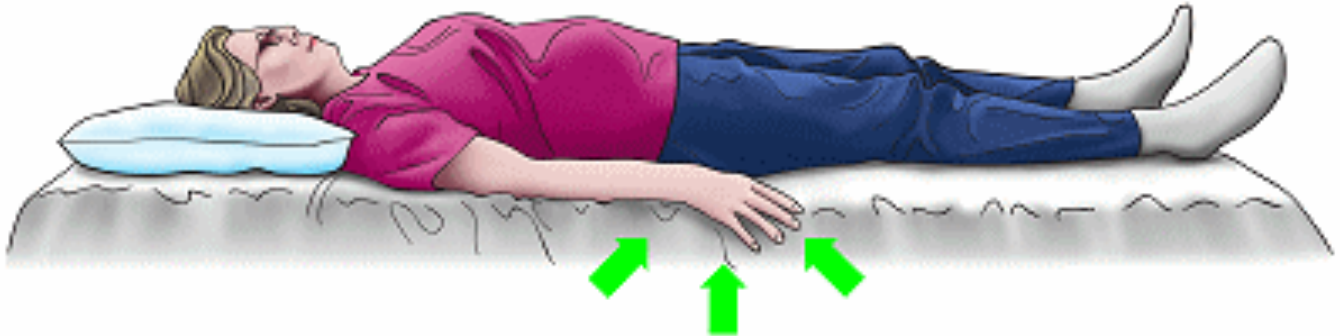
3. Ham Sets

Push your heel into the bed with your legs straight or knee slightly bent, hold for five seconds, relax and repeat.



4. Gluteal Sets

Squeeze your buttock muscles as tightly as possible. Hold for a count of three to five seconds then relax the muscles.



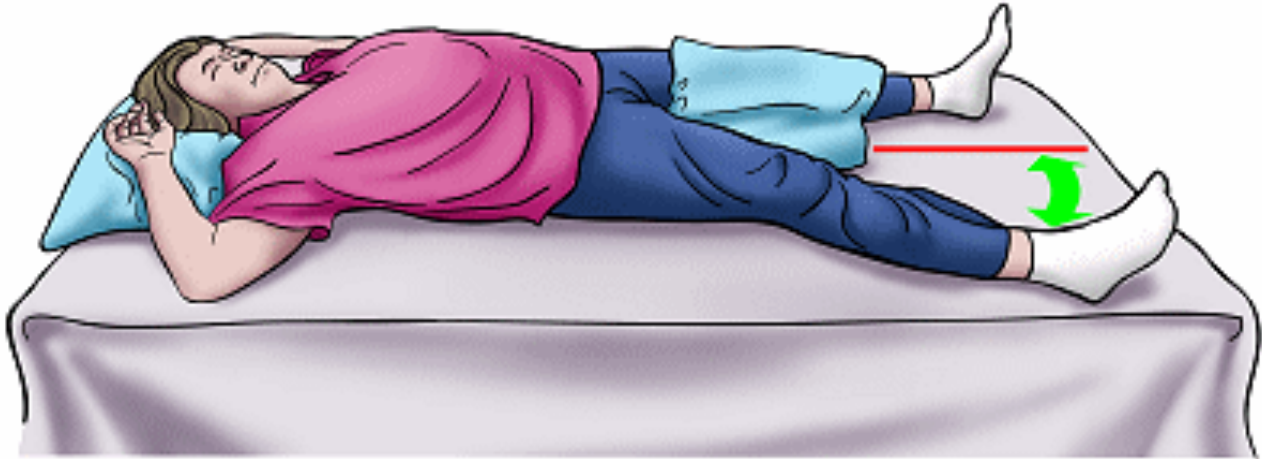
5. Heel Slides

Slide your heel up toward your body by bending your knee. Keep your heel in contact with the bed.



6. Hip Abduction

With your knee straight and keeping your toes pointed toward the ceiling. Slide your leg out to the side as far as possible then back in. Do not cross midline of the body.



7. Straight Leg Raises

Straighten leg as much as possible by tightening the muscles on top of your thigh, Raise your heel approximately 4 inches, relax and repeat. Remember to keep your leg straight during this exercise.



8. Hamstring-Glut Bridge

Place feet hip width apart and knees slightly bent.

(Figure A) Press down with the heels of the feet and lift the buttocks and lower back up. (Figure B). Keep abdominal and lower back tight so spine stays neutral.



Preventing Hip Dislocations Section G

Preventing Hip Dislocations

What is a “total hip dislocation”?

Total hip replacement dislocation is a painful condition in which the prosthetic femoral head, or the “ball” on the proximal end of the femur or thigh bone, no longer articulates, or “comes out of joint”, with the socket in the acetabular cup of the pelvis.

How often does it happen and when does it happen?

The incidence of dislocation can vary from less than 1% to as high as 4%. Up to one third of dislocations occur within 6 weeks after surgery and the rest happen after 6 weeks.

Why is it a problem?

Total hip dislocation is very painful and distressing to the patient, preventing ambulation and mobility.

How can I prevent it?

Proper positioning is the key factor in preventing dislocation. In the early post-operative period, learning total hip precautions, or positions of potential instability to avoid, are critical. As surgical incision pain decreases beyond the immediate post-operative period, it is important for the patient to remember the presence of the prosthetic joint and not to come too careless about their activities.



Precautions After Hip Replacement Surgery

Note: These precautions apply to traditional posterior hip replacement only.

Note: The anterior hip replacement typically does not have hip precautions.

A number of important precautions will help prevent your new hip joint from dislocation (or popping out of place) while it heals. Your doctors and physical therapist will give you specific instructions, but here are a few of the most common precautions:

Don't bend at the waist beyond 90 degrees.

This means don't bring your knee toward your chest or your chest toward your knee closer than a right angle.

To comply with the 90 degree rule, remember this:

- Don't sit in low chairs, low stools, reclining chairs or soft couches.
- Don't bring your knee up higher than your hip.
- Don't lean forward while sitting or as you sit down.
- Don't try to pick up something on the floor while you are sitting.
- Don't reach down to pull up blankets when lying in bed.

It is important not to cross your legs.

To follow this rule, remember:

- Don't cross your legs at the ankle or at the knee. Keep your knees apart.

It is also important not to turn your hip inward.

To follow this rule, remember:

- Don't turn your feet excessively inward or outward.
- Don't cross your legs at the knees for at least eight weeks.



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