

We would like to thank you for choosing Hennepin Healthcare for your care.

We are pleased to present this guide with the goal to educate you, your family and friends, on what to expect throughout the entire joint replacement surgery process. We believe that providing you education and information will help you while you prepare for surgery and during your recovery. You, as well as your family and friends, are an important part of this plan along with the doctors, nurses and other health care providers.

If you have any questions about your surgery, please contact:

Hennepin Healthcare Orthopedic Clinic at 612- 873-4334

Contents

Goals of joint replacement surgery	4
Your treatment team	5
Preparing for surgery	6-7
Your hospital stay	8-10
Pain control Pain control	11
Gait training	12
Leaving the hospital	13



Goals of joint replacement surgery

- Reduce your arthritic pain
- Increase strength
- Improve your mobility so you are able to
 - Perform your normal activities of daily living
 - Return to walking with minimal or no pain
 - Return to light activities that you may have previously enjoyed such as walking, tennis, light cross country skiing, etc.

Joint replacement means removing part or all of a damaged joint and installing hardware to allow the limb to move without pain or limitations. Joint replacements are also referred to as arthroplasty.



Your treatment team



Your treatment team during your joint replacement will consist of many members who are invested in the best outcome.

Your team will consist of:

- Your surgeon
- A physician assistant

Other important team members will be:

- Physical therapists
- Occupational therapists
- Resident physicians
- Surgical Fellows
- Orthopedic hospitalist
- Hospitalists (if needed)
- Nurses
- Clinical Coordinator
- Social Worker
- Healthcare assistants
- And of course YOU and your family



Months before surgery

- Begin your required exercises
- Check with your insurance that they will pay for the surgery and if you will have any fees
- See your dentist 6 weeks to 6 months before surgery
- Make an action plan for after you leave the hospital such as time off work, installing equipment you may need including bath room equipment, pick up clutter and remove throw rugs
- ☐ Control A1C<8
- Stop smoking
- Eliminate or reduce narcotic use



Joint replacement class

Attend a joint replacement class



One week before surgery

- Do not shave the limb you will have surgery on
- Arrange for help with errands or grocery shopping
- If you live alone, make sure you have someone who will stay with you overnight the first night back at home
- Schedule and go to a pre-operative visit - can be with your primary care provider



Prepare your home for your return

- Single level living (bed, bath and kitchen)
- 24 hour care from a friend or family member
- Pick up throw rugs
- Make sure you have groceries and you can prepare meals and freeze for later
- Install railings and have other equipment ready such as grab bars beside the toilet seat, elevated toilet seat, a hand held shower head and a tub bench
- Create a safe path for walking with your walker

The day before surgery

- Pack your overnight hospital bag
- ☐ Take a shower or bath
 ☐ Apply the wipes you are
 given to your skin the night
- before surgery

 Do not apply lotions
- or perfumes
 Relax and rest and get a good night's sleep
- Do not eat or drink after midnight
- Sleep in clean clothes and clean sheets
- Notify the surgical team if you have a sore throat, a fever over 100.3°, a dental problem, a rash, cut or wound around the surgical site or problems urinating or symptoms of a urinary tract infection (UTI).

The morning of surgery

- Apply wipes to your skin the morning of surgery, no shower or bath
- ☐ Take medicine with a sip of water
- Nothing to eat or drinkArrive at surgicaladmissions at least two
 - admissions at least two hours prior to your surgery time.

Skin cleaning wipes







Surgical admissions

- Check in with the surgical admissions nurse
- Change into hospital gown
- IV line will be placed
- Medication for nostrils
- Blood may be drawn
- Surgeon will initial body part for operation
- Meet anesthesia doctor

Anesthesia

You will have one or a combination of the following:

- Nerve block
- Spinal
- Numbing medication injection into the joint area
- Sedation

Surgery

- Surgery will last 2-3 hours
- Family and/or friends can wait in the waiting area
- Surgeon will talk to family after surgery
- Patient will wake up in the recovery area (Post-Anesthesia Care Unit (PACU))
 - In the PACU you will come out of anesthesia
 - You may wake up with a hip pillow or knee brace, depending on your surgery
 - Your vitals will be watched for about an hour
 - Any immediate pain will get under control
 - You will begin having small sips of water
- You will be transferred to your hospital room
 - Nursing staff will settle you in
 - You will begin eating and drinking







Your hospital stay

- You will be in the hospital one or two days
- Physical therapy will start the day of or the day after surgery with two sessions each day
- Expect to walk with therapy the same day as your surgery, especially if you are having knee surgery
- Please check visiting hours and rules ahead of surgery

- You may resume your important home medicines
- Steps may be taken to prevent blood clots
- Steps may be taken to prevent constipation
- You will be taught how to perform exercises specific to your surgery.
- Occupational therapy will help you practice dressing, using the bathroom and hygiene





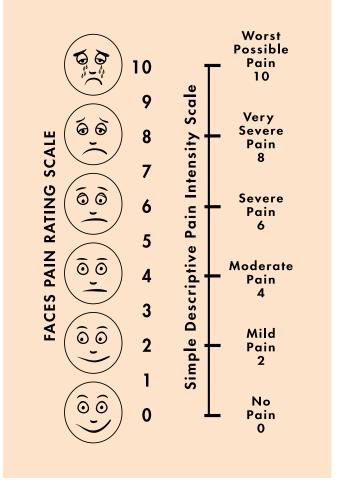


Day of surgery goals

Activity	Pain control	Breathing exercises	Leaving the hospital
Sit at the edge of the bed Move in bed with help Do exercises in bed Foley catheter	Use IV medication Use oral medication Use cold therapy Use distraction with TV or reading	Use incentive spirometer 10 times every hour while awake Deep breathing, coughing to clear lungs	Have a safe plan for leaving the hospital

After surgery goals

Activity	Pain control	Breathing exercises	Leaving the hospital
Physical therapy (PT) twice a day Make PT goals Sit up in a chair for all meals Perform exercises in bed Remove foley catheter Use bedside commode/urinal	Stop IV medication Use oral medication Use cold therapy Use distraction with TV or reading	Use incentive spirometer 10 times every hour while awake Deep breathing, coughing to clear lungs	Review plan for leaving hospital with social worker Place Equipment Transportaion



Pain control

We cannot fully get rid of the pain that comes after surgery. Our goal will be low, tolerable levels. Tylenol® (acetaminophen) is the main medication used to control pain along with ice, elevation and movement of the joint. Opioids, such as oxycodone, hydrocodone or dilaudid, may be used for extreme pain. IV meds may also be used for extreme pain.

Other methods used to help with pain are:

- Relaxation
 - Focus on breathing
 - Soothing music
 - Meditation
 - Essential oils
- Massaging painful areas
- · Ice
- Elevation
- Movement
- Positive thinking

Pain control after discharge

Tylenol® will be the main drug to control pain. If opioids are needed for extreme pain, you will be given a 2 week taper. The goal is to be done taking opioids by the 2 week visit. Ice, elevation and movement will be important to controlling pain.





Gait Training

You will be walking with the use of an assistive device such as a walker, crutches, or a cane. If needed, Physical Therapy will issue an assistive device prior to your discharge home. You will be instructed in how to walk with your new joint. In most cases, you will be weight-bearing as tolerated. In some cases, you may have a weight-bearing restriction. Your physical therapist will instruct you in proper walking technique.

Leaving the hospital

Requirements

- Must pass physical therapy and have the following physical requirements met:
 - Be able to get in and out of bed
 - Walk with a walker
 - Use the stairs (if needed/ applicable)
- Make sure you have your medications
- Make a follow up appointment in 2 weeks
- Must have a ride home
- Have access to help whether it be friends, family, or home aid
- Have your house set up before your surgery
 - Single level living (bed, bath and kitchen)
 - 24 hour care from a friend or family member
 - Pick up throw rugs
 - Install railings and have other equipment ready such as grab bars be side the toilet seat, elevated toilet seat, a hand held shower head and a tub bench
 - Create a safe path for walking with your walker
- Work on exercises daily on your own
- Can arrange for a visiting nurse and/or visiting physical therapist to come to your home 1-2 times a week
- Can arrange for outpatient physical therapy
- If necessary, you can go to a skilled nursing facility with 24 hour nursing care and physical therapy for 1-2 weeks

When to call your doctor

- Fever over 101°
- Pain not controlled with medication
- Wound redness, drainage
- Calf swelling and pain
- 612-873-4334 | MyChart

When to go to the emergency room

- Chest pain
- Shortness of breath
- Difficulty breathing
- Medical emergency

Living with an artificial joint

- It may ache, swell, and/or be stiff
- Follow an exercise program for strengthening and flexibility
- Follow up every 1-2 years with your surgeon
- Keep healthy and get infections treated immediately
- Practice good dental hygiene
- Antibiotics will be needed for dental cleaning
- Be aware of airport security screening

My Medical Contacts

If you have a medical emergency, call 911

Joint Replacement Surgeon/Orthopedic Surgeon

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Provider's Name:		
Nurse's Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
E-Mail:		
Regular Care/Family Doctor		
Provider's Name:		
Nurse Practitioner's Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	•
E-Mail:		

Hospital

Hospital Name: Hennepin Healthcare/HCMC

Address: 730 South 8th Street

City: Minneapolis State: MN Zip: 55415

Main Phone Number: 612-873-3000

*MyChart (access and passwords):

^{* &}quot;MyChart" is available for patients to help with your care* Please ask your health care provider, if you have a computer available and you are interested in using the computer for communication with your provider using "MyChart."



