

Your Guide to Joint Surgery

PATIENT NAME

SURGEON NAME

DATE OF SURGERY

Welcome to Milford Regional Medical Center

Preparing for surgery can be overwhelming. You may be receiving a lot of information. Know that our orthopedic surgery team is here to help you from beginning to end.

This booklet includes details about:

1. Getting ready for your surgery
2. What to expect on the day of surgery and while you are recovering in the hospital
3. Planning for recovery and going home after surgery
4. What to expect once you are home

It is important to remember that every patient is different. Your care team will tailor your recovery program to your needs.



Please try to read this booklet as soon as you can and **bring it with you to all of your appointments and hospitalizations**. Keep track of your questions and be sure to ask your surgical team when you see them or call your surgeon's office. It is important for you, your family, and your friends to understand what to anticipate so that everyone can fully participate in your recovery.

The MILFORD REGIONAL MEDICAL CENTER Orthopedic Joint team

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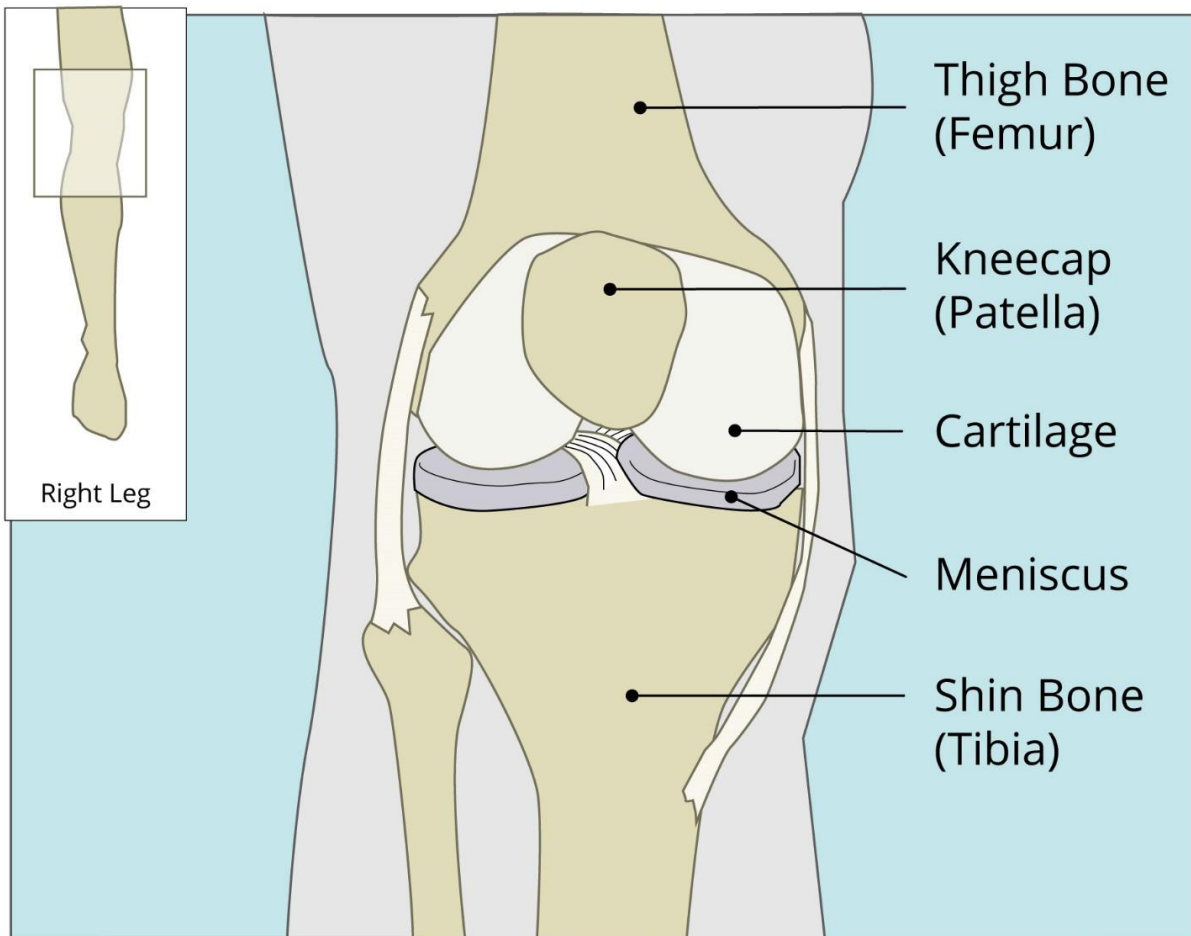
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Your Knee Joint

Your knee is made up of 3 bones.

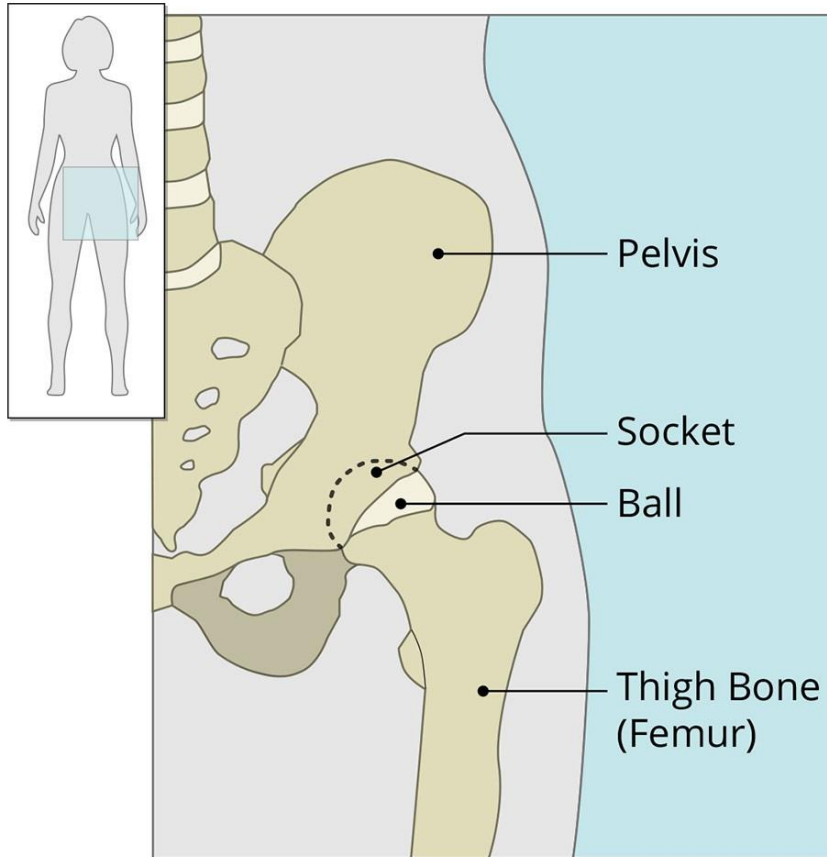
- On top is the **thigh bone (the femur)**.
- On the bottom is your **shin bone (the tibia)**.
- In the middle, is your **kneecap (the patella)**.

Between the bones you have a shock absorber, called **the meniscus**. The ends of the bones are covered in a smooth material called **cartilage**.



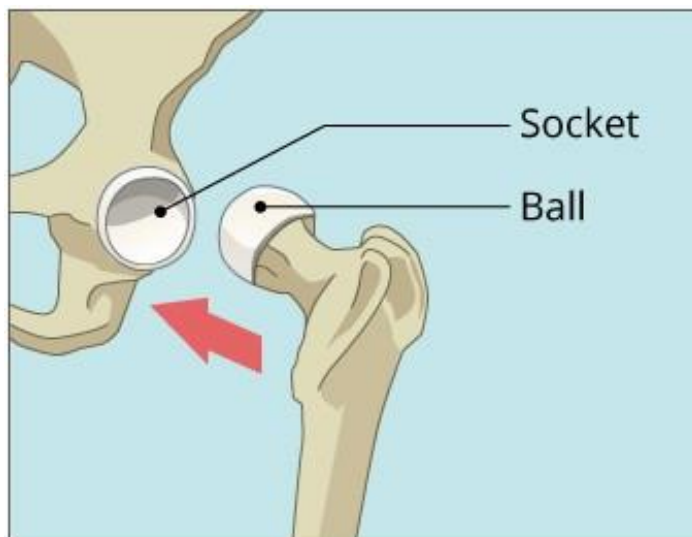
Your Hip Joint

The hip joint is where 2 bones meet. On top is a large bone called the **pelvis**.

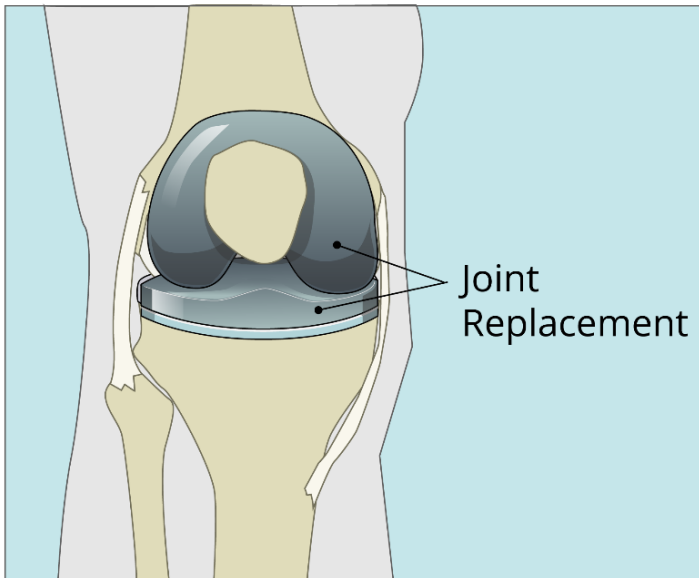


On the bottom is your **thigh bone (the femur)**. The top of the thigh bone looks like a **ball**. This ball fits into a round, cup-shaped area (**the socket**) in part of the pelvis called the **acetabulum**.

The ends of these bones are covered with smooth material called **cartilage**. This ball-and-socket joint allows your hip to move and bend.



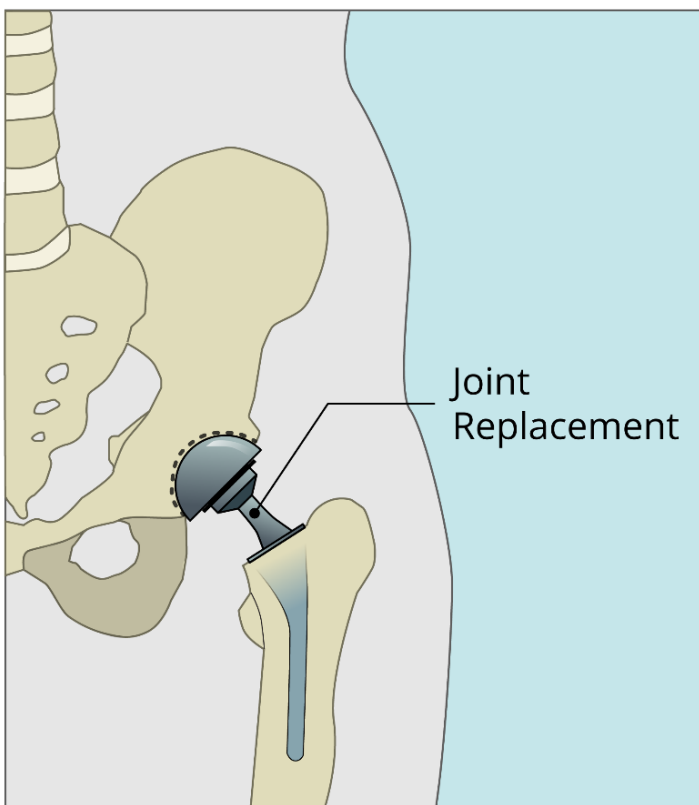
When is a Hip or Knee Joint replaced?



Over time, aging, high-impact activities and sports, and extra weight can put stress on the knee or hip.

The smooth cartilage on the ends of the bones can become thin and worn out. And one bone can rub on another bone. In the knee, that shock absorber can also tear. All these things cause pain and stiffness.

You may be told you have **osteoarthritis (OA)** – also called “wear-and-tear arthritis.”



Your bones also need blood to stay healthy. And taking a lot of steroids, drinking a lot of alcohol, or other diseases can also affect blood flow to the bones.

Your Checklist

Use this summary checklist as a guide to what you need to do to prepare for your surgery and recovery.

Within One Month Before Surgery

Healthy Eating

- Eat healthy. Protein can help your body heal. Eat things like chicken, eggs, or use protein powder in your smoothie. If you are overweight, losing **any** weight (even a few pounds) will help you recover better.
- If told, begin iron supplements.

Preparing for Surgery

- Tobacco:** Stop using tobacco or nicotine at least 4-6 weeks before surgery. Smoking, vaping (e-cigarettes), or chewing tobacco can cause serious problems with healing. Talk to your doctor about ways to stop using nicotine.
- Alcohol:** Avoid drinking alcohol 4 weeks before surgery.
- Physical Therapy:** Start physical therapy. It can help you get strong and improve blood flow, which helps you heal better and faster. If available, have a physical therapist show you exercises to do before and after surgery. Please see home exercises on page 15.
- It is highly recommended that you attend the joint replacement class offered. Patients who attend preoperative education classes have reported less post-operative pain, less anxiety, and better coping.** Please see the schedule provided. You can register by calling 508-422-2206 or emailing dboynton@milreg.org
- If you have an Advance Directive “living will,” bring a copy to the hospital. If you don’t have an Advance Directive, ask the hospital to help you create one.

Doctor – Pre-Admission Testing Visits

- If told, call your primary physician and set up a pre-op medical clearance appointment.
- Get a dental checkup. Cavities or gum problems can lead to an infection in your new hip or knee. So, get any dental procedures done **before** surgery.



Your Checklist

Within One Month Before Surgery

You will receive a call from pre-admission testing approximately 3 weeks before your surgery to schedule a telephone interview with a nurse. During that call you will pre-register for surgery

Prepare for Discharge Home

- Find out how long you will stay in the hospital. It may be 0-2 nights. Some patients may be discharged the day of surgery if doing well. Ask your surgeon what to expect.
- Complete home safety check list (page 12). Prepare your home for discharge (page 13).
- Purchase over the counter stool softener, such as Colace, to prevent constipation after your surgery.
- Choose one friend or family member who can be part of your team. They can help you make decisions and coordinate your care before, during, and after your surgery. **For the first 3 days at home**, it is a good idea to have someone stay with you to help with things like meals and to make sure you don't fall.

Within One Week Before Surgery

- You will receive a phone call from your orthopedic surgeon's office to remind you of your surgery arrival time. Your arrival time will be approximately 2 hours before your scheduled surgery time.
- Let us know if you have sleep apnea. If you use a CPAP machine (continuous positive airway pressure) at night, bring it with you to use while you are in the hospital.
- If your nasal culture was positive for bacteria, you will receive a call from your surgeon's office. If told, follow Mupirocin (Bactroban) nasal ointment instructions (page 11) and shower with a special liquid soap that contains CHG (Chlorhexidine Gluconate) for 5 days prior to surgery in addition to night and morning of surgery (page 18).
- Stop** using Aspirin, Advil, Ibuprofen, and Aleve products **7 days before surgery** unless told by your doctor otherwise. You can take Tylenol.
- If you are on a blood thinner such as Plavix, Coumadin, Eliquis, or Xarelto, please consult with your surgeon to get instructions about when to stop before surgery.**
- If you are on medications that suppress your immune system, please talk to your surgeon or the doctor who prescribed them about whether you will need to stop them temporarily.
- Call your surgeon if you get a cold, fever, productive cough, or develop open wounds, rashes, or lesions before your surgery. These conditions may increase the risk of surgery and require your surgery to be postponed.

checklist
continues

Your Checklist

- Do not shave your operative leg.

1 Day Before Surgery

- The night before your surgery, shower with CHG (Chlorhexidine Gluconate) liquid soap provided. You and your partner should use clean pajamas and sheets. Refer to page 18 for showering instructions.
- Do not eat any food after midnight including candy, mints, or gum. You may have clear liquids from midnight the night before surgery until 4 hours before your surgery. Clear liquids include water, black coffee, or tea (without milk or cream), apple juice, cranberry juice, 7 Up, Sprite, ginger ale, and clear sports drinks (i.e., Gatorade).

Morning of Surgery

- Take medications as instructed.
- Shower with the CHG liquid soap provided. Refer to page 18 for specific instructions.
- If told, drink provided **Ensure Pre- Surgery 10 oz** before you leave to come to the hospital at least 2-3 hours before your surgery. **If you have diabetes, your doctor will not want you to drink this.**

Night of Surgery

- Mobility:** After you get to your room, you may have a visit from a physical therapist who will assess your ability to get out of bed and assist you to walk.
- Diet:** You will receive juice or water and your diet will be advanced as you tolerate.
- Pain Management:** Medications will be given to you to manage your pain. If you are concerned about any of the medications or are still experiencing pain, talk to your nurses.
- Nerve Block Precaution:** **You may receive a nerve block to help with managing your pain. For safety, you may be required to wear a knee immobilizer when walking until sensation returns.**

checklist
continues

Your Checklist

First Day After Surgery

- Mobility:** You will receive a visit twice a day from a physical therapist and daily from an occupational therapist to reach your mobility goals. Please refer to your activity and mobility daily goal on the white board in your room.
- Diet:** You will advance your diet as you tolerate.
- IV Tube:** The intravenous fluids may be stopped. Ask your nurse if the intravenous tubes attached to your arm or hand can be removed.
- Pain Management:** Medications will be given to you to manage your pain. If you are concerned about any of the medications or are still experiencing pain, talk to your nurses.
- Discharge Planning:** Work with your care manager and rehabilitation team to create a safe discharge plan.

Second Day After Surgery

- Mobility:** You will receive a visit twice a day from a physical therapist and daily from an occupational therapist to reach your mobility goals.
- Diet:** You will advance your diet as you tolerate.
- Pain Management:** Your pain should be well controlled on pain medication. Talk to your care team about how to manage your pain at home.
- Discharge Planning:** Continue to work with your care manager and rehabilitation team to create a safe discharge plan. You may be ready to be discharged per your team's assessment.
- Discharge Instructions:** Talk to your nurse about signs and symptoms of infection and what to do if you think you have an infection. Refer to pages 26-33 for further discharge instructions.

Getting Ready for Surgery

Pre-Operative Nurse Telephone Interview

You will receive a call from pre-admission testing approximately 3 weeks before your surgery to schedule a telephone interview with a nurse.

Have This Information Ready for This Meeting:

- A list of all your medicines along with the medicine bottles, including prescription drugs; over-the-counter medicines (i.e., Tylenol, ibuprofen, aspirin, etc.); vitamins; supplements (fish oil, etc.) and herbals. This list should include what you take, the dose, how often you take it, the time of day, and why you take it.
- A list of any allergies to food, medicines, or the environment (like latex).
- The name and address of your preferred pharmacy.
- A copy of your Advance Directive (if you have one).

During the Testing:

- A nurse will review your medicines, medical history, what to expect on the day of surgery, and instruct you on your plan of care after surgery.
- You will be given a scheduled date to come to the hospital for blood work, nasal swab screening to test for staph bacteria, X-rays or EKG if indicated.
- You will be told which medicines to take the morning of surgery.

Getting Ready for Surgery

Nasal Screening Test

If your surgeon prescribed Mupirocin (Bactroban) before your surgery, it is because your nasal screening test done in Pre-Admission Testing has shown that you are one of the many, many people who harbor the bacteria staph.

About Nasal Mupirocin (Bactroban)

Mupirocin (Bactroban) is used to kill certain bacteria, known as staph (staphylococcus aureus).

This is not usually a problem, but when having surgery, it can put you at higher risk for infection.

Therefore, to minimize infection risk, we ask that you apply the Mupirocin (Bactroban) ointment in both nostrils for the *5 days* before your surgery.

Please use the instructions below to help you apply the Mupirocin (Bactroban) ointment correctly.

In addition, please shower with CHG (Chlorhexidine) liquid soap for the 5 days prior to surgery in addition to the night before and morning of surgery (page 18).

The prescription for Mupirocin (Bactroban) ointment and additional liquid CHG soap will be called in to your pharmacy for you.

Following these instructions will help reduce the possibility of infection.

Thank you for your cooperation.

How to Apply Mupirocin (Bactroban)

1. Wash your hands.
2. Place ointment (about the size of a pea) on a cotton swab. Swirl the cotton tip in a gentle circular motion a few times around the inside of the nostril.
3. With the clean end of the cotton swab, place another pea-sized amount of ointment and apply to the other nostril the same way.
4. To help spread the ointment in the nose, gently squeeze your nostrils together and release. Do this several times for about one minute.
5. Be careful not to touch your eyes.
6. Wash your hands immediately after using the ointment.
7. Do this *twice a day*, every morning and evening, faithfully for the *5 days before your surgery*.

Getting Ready for Surgery

Home Safety Assessment

General household areas:

Are light switches easily accessible upon entering a room? Yes No

Are throw rugs tacked down or is non-skid backing applied? Yes No

Are halls free from clutter? Yes No

Are raised door thresholds clearly marked? Yes No

Stairways:

Are stair treads in good condition? Yes No

Are sturdy handrails installed? Yes No

Are stairs brightly lit? Yes No

Bedroom:

Is there a lighted pathway from bedroom to bathroom? Yes No

Do you keep a working flashlight next to your bed? Yes No

Do you place commonly used items in the 1st and 2nd bureau drawers? Yes No

Bathroom:

Do you have safety rails or grab bars? Yes No

Do you have skid resistant strips on the tub floor? Yes No

Kitchen:

Do you avoid using high-gloss floor wax? Yes No

Are frequently used items stored within reach? Yes No

Outside:

Do you have someone to shovel/plow, pick up your mail, and care for your pets? Yes No

Getting Ready for Surgery

Home Safety Recommendations

- Keep portable/cell phones within reach
- Have a flashlight at bedside
- Place nightlights in bedroom, bathroom, and hallways
- Check outside and inside handrails to ensure they are safely secured
- Remove small scatter rugs and mats
- Secure large area rugs with either non-skid backing or carpet tape
- Clear pathways, enough to pass a walker or wheelchair
- Rearrange furniture to accommodate walker or wheelchair
- Keep electrical cords/telephone cords off the floor
- Install a hand-held shower
- Remove shower doors and replace with a shower curtain
- Obtain a shower chair/shower bench and a commode (check your local senior center)
- Install a shower transfer bar if you do not have a secure grab bar (towel racks are not a replacement for a grab bars)
- Place non-skid strips on tub floor and have a non-skid mat outside the tub
- Organize refrigerator and kitchen cabinets so items can easily be reached
- Organize dresser drawers so that commonly used items are within reach
- Keep pet bowls/toys against the wall or placed in a container
- Arrange for someone to help care for your pets, get your mail and keep outside pathways/driveway clear during inclement weather
- Have appropriate footwear

Getting Ready for Surgery

Discharge Planning

The day after your surgery, you will be seen by a Nurse Case Manager to discuss your discharge plan. You will also discuss any needed durable medical equipment.

Your plan will be either:

1. Discharge home with visiting nurse services which will include a physical therapist and, if indicated, a nurse.



If your team recommends "home health," every few days a physical therapist will visit you at home to help you move your new joint and build up your strength. He or she will also let your doctor know how you are doing.

2. Transfer to a short-term rehabilitation facility (rehab)

If you are going home:

1. We will discuss the Visiting Nurse Agencies (VNAs) available in your area and provide you with a list of agencies that you may choose from. Please keep in mind, the agency must be contracted with your insurance in order for you to receive services from them.
2. Any medical equipment that you need will be ordered prior to discharge and will be delivered either to your hospital room or to your home.

If you are planning to go to short-term rehab:

1. Before your surgery, list the rehab facilities you are interested in order of preference and let us know upon admission what your choices are. A Nurse Case Manager will work with you to place you where you choose.
2. Before admission, it will be helpful to check with your insurance company to see if it will cover a stay at the rehab facility you choose.

"We look forward to working with you to make your transition from Milford Regional Medical Center to home or rehab a positive one!"

Getting Ready for Surgery

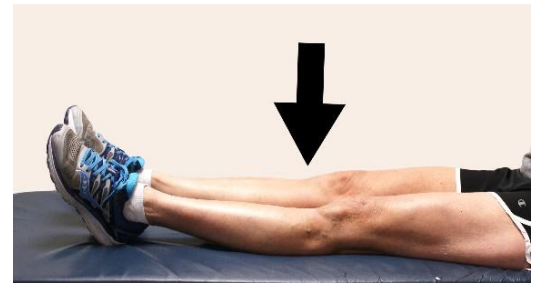
Total Hip and Total Knee Surgery Pre-Operative Exercises

This exercise program was designed to help you prepare for your surgery and recovery. If an exercise is painful or you are unable to perform it, just move on to the next exercise. Start with 5 repetitions of each, increase up to 15 times. Perform these exercises 1-2 times daily. While performing these exercises, do not hold your breath.

Supine Exercises (lying flat on a bed)

Quad Set: Strengthens your quadriceps muscles (muscles in front of legs)

Tighten your thigh muscles, pressing the back of your knee down onto the bed. Hold for a count of 5.



Straight Leg Raise: Strengthens the quads and the hip flexor muscles

Bend your opposite knee for stabilization. Hold your knee as straight as you can. Raise your leg up 12 inches, hold for a count of 3.



Getting Ready for Surgery

Bridging: Strengthens back, glutes, and hamstrings

With both knees bent, raise your buttocks off of the bed. Don't arch your back. Keep your stomach tight. Hold for a count of 3.



Short Arc Quad: Strengthens quadriceps muscles

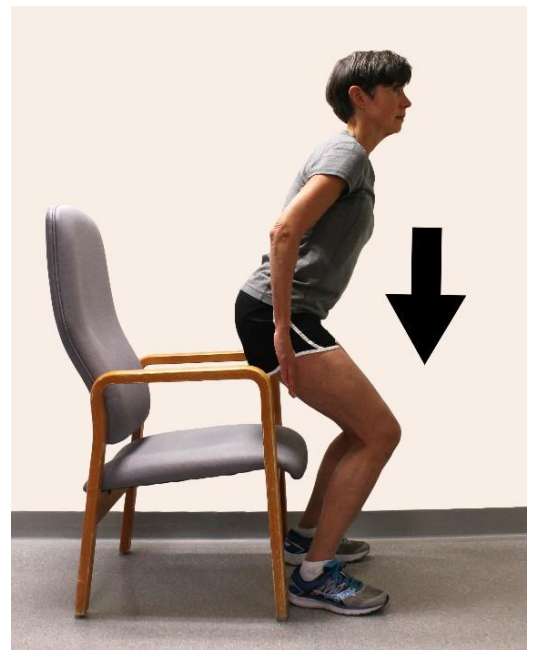
Place a large towel/blanket roll under your knee. Straighten knee as best as you can. Hold for a count of 5.



Standing Exercises

Squats: Strengthens Legs and Back Muscles

Perform on a stationary chair (not on wheels or rocker). Stand with feet shoulder width apart with the chair behind you. Keeping your back straight and feet flat on the floor, bend down, then stand back up. Only go as low as you feel comfortable. (Try not to use your arms, but they are ok to use for safety).



Getting Ready for Surgery

Heel Raises: Strengthens your calf muscles and helps with balance

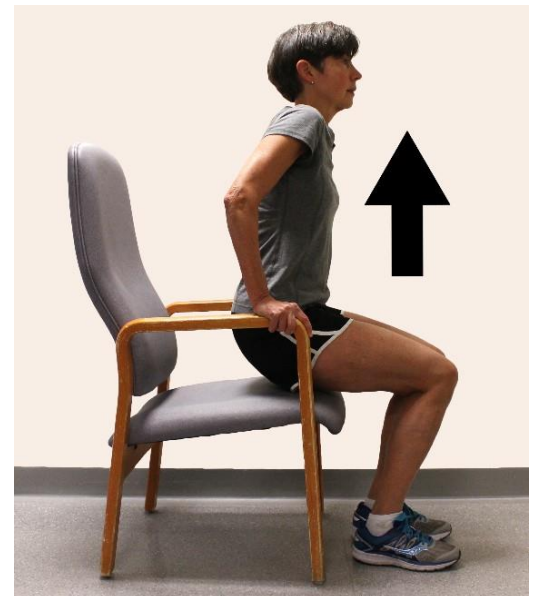
Hold onto your kitchen counter for support. Rise up on the balls of your feet and hold for a count of 3. Try to minimize how much you lean on the counter with your hands.



Sitting Exercise

Chair Push-Ups: Strengthens your arm muscles

Use a stationary chair with arms. Sit at the front of the chair. Using mostly your arms, raise our up to extend your elbows, then slowly lower back down again. (Avoid this exercise if it causes arm or shoulder pain).



One Day before Surgery

Pre-operative Showering



You need to shower the evening before and the morning of your surgery. You will get special soap that contains CHG (Chlorhexidine Gluconate) to help get rid of bacteria on your skin. If your nasal screening test was positive for bacteria you need to shower for an additional 5 days before surgery with CHG soap.

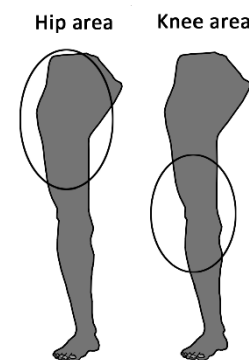


Important

- CHG should **NOT** be used by people with an allergy to Chlorhexidine. If you are allergic to CHG or have had a prior adverse skin reaction, please substitute with a new bar of regular soap.
- Remove all jewelry, piercings, and nail polish before you shower.

How to Shower

1. Start each shower by washing your hair with your regular shampoo. Rinse the shampoo out of your hair.
2. Make sure your whole body is wet. Then turn the water OFF.
3. Use the special soap and a clean washcloth to wipe each part of your body, paying special attention to the hip or knee area where your surgery will be performed. Wash this area gently for three (3) minutes. Do not scrub your skin too hard. Wash all sides (front and back of knees and hips). Do not wash with regular soap after using CHG.
 - Do NOT use the special soap on your face or genital area.
 - Do NOT get the special soap in your eyes, ears, mouth, or nose.
4. Turn the water back on and rinse the soap off.
5. Use a clean towel to gently pat your skin dry.



If you feel itchy or if your skin turns red when you use the special soap, stop using it and rinse your skin off with water right away.



Do NOT shave your legs or any of the hair by your groin (bikini area).

Shaving can cause infections because it creates tiny cuts in the skin. If any hair needs to be removed on or near your hip or knee, hospital staff will remove it with an electric clipper on the day of surgery.

After you shower



Do NOT put anything on your body like lotion, oils, creams, deodorant, or makeup. This can add new germs to your skin.

- Both you and your partner should put on clean clothes or pajamas. Use freshly laundered linen/bedsheets.
- Do not allow pets in the bed. They can increase risk of infection.

The Day of Your Surgery

At Home

You may continue to drink **CLEAR LIQUIDS** up until 4 hours before surgery. You may **also be told to** drink **Ensure Pre-Surgery, 10 oz.** This should be 2-3 hours before your surgery and this should be done before you leave to come to the hospital. **If you have diabetes, your doctor will not want you to drink this.**



Do's!



Do shower with CHG (Chlorhexidine Gluconate) liquid the soap provided as instructed the morning of surgery

- Do bring your glasses and a case for storing them. If you must wear contact lenses, bring a case and solution for your lenses.
- Do bring your dentures, hearing aids, and cases for storing them.
- Do bring this education booklet.
- The morning of surgery, if told to take any medicine, please take with 4 oz (1/2 cup) of water before leaving to come to the hospital.
- Do bring your CPAP machine if you use one.

Don'ts!

- Do not eat any solid food or drink any thicker liquids like milk or pulped juices or add cream to any clear liquid drink.
- Do not eat mints or candy or chew gum after midnight the night before your surgery.
- Do not have liquids within 2-3 hours of your surgery.
- Do not smoke.
- Do not wear makeup, lotions, powders, or perfumes.
- Do not wear any jewelry including wedding rings, earrings, or any other body piercing.
- There are risks of having surgery with body jewelry (metal or plastic) on your body. Please leave all jewelry at home.

The Day of Your Surgery

At the Hospital

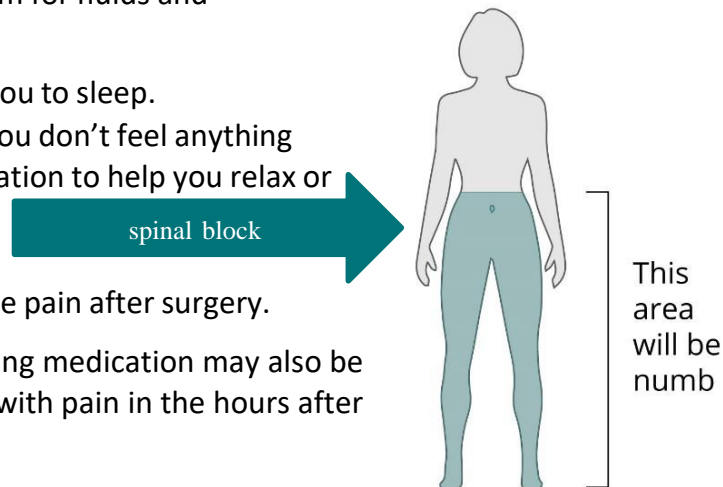
- Identify Yourself! You will be asked to tell us your full name and date of birth often.
- Once your team is ready, you and a member of your family or your care team, if desired, will be brought to the pre-surgery area.
- Here, the nurses and anesthesia providers will check you in and make sure everything is set for your surgery.
- Compression devices will be placed on your legs to prevent blood clots.



We will do our best to keep things on schedule. Sometimes there are delays and you may have to wait. Bring a book or something to do just in case.

Controlling Your Pain

- A small tube (an IV) will be placed in your arm for fluids and medications.
- **You may get general anesthesia.** This puts you to sleep.
- **Or you may get a “spinal block.”** With this you don’t feel anything from your waist down. You’ll also get medication to help you relax or put you in a light sleep.
- You may also receive a **nerve block** to reduce pain after surgery.
- **Medication to numb the area.** Some numbing medication may also be placed around the joint area. This can help with pain in the hours after the surgery.
- With any kind of anesthesia, you probably **won’t** remember anything about surgery.
- You will be given medications to help manage your pain and nausea during and after surgery.



IMPORTANT

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

The Day of Your Surgery

For Your Safety



Speak Up! If anything, you hear or see doesn't seem right to you, say something! Don't be afraid to ask questions.

Call Don't Fall!



While in the hospital you may be unsteady on your feet. Please call for help before trying to get out of bed.

Operating Room

- Many patients do not recall being in the operating room because the medications you are given during surgery cause amnesia.
- You will be connected to monitors.
- You will be given antibiotics to prevent a wound infection.
- Once you are asleep, your surgeon will begin your surgery. You will be in the operating room for 2-3 hours. Ask your surgeon what to expect.

The Day of Your Surgery

Recovery Room

- After surgery, you will be taken to the recovery room, where you will wake up from anesthesia.
- You will be given oxygen.
- If you had a posterior hip replacement you may have a triangular-shaped foam wedge (abductor splint) between your legs. Its purpose is to keep the new hip joint in place while healing takes place.
- Compression devices will be around your lower legs to improve circulation in your legs and lessen the risk of clots forming.
- If you had a knee replacement, you may have a knee immobilizer applied to your leg along with ice to provide comfort and lessen swelling.
- If you had a hip replacement, an ice pack will be applied to your hip to provide comfort and lessen swelling.
- Your pain will be assessed and managed.
- Once you are awake and stable, you may be given ice chips or water to drink.
- The surgeon will talk with your family or care team member immediately following surgery and let them know about the operation. After 1 hour, your family or care team member is welcome to check with the secretarial staff for a status update. Most patients remain in the recovery room for about 1 hour.

The Day of Your Surgery

In the Hospital Room

- From the recovery room, you will be sent to one of the surgical units, which for most patients is located on the Consigli Unit.
- You will be reunited with your family once you are on the unit.
- This is a good time for your family to bring your belongings you packed at home.



Only close friends or family should visit the day of surgery. You will still be tired and need rest.

- You will have a drip in your arm giving you fluid into your vein.
- You will be allowed to drink immediately. It is not unusual to have a decreased appetite at first. At mealtime try to eat a little, even if you are not hungry.
- You will be placed on your regular medications, with the exception of some diabetes, blood pressure, and blood thinner medications.
- To help prevent blood clots, you'll get a blood thinner medication which will be continued 4-6 weeks after discharge.
- The staff will check your temperature, pulse, and blood pressure regularly when you first come up to the unit.
- You will be instructed to use an Incentive Spirometer. This encourages you to breathe in deeply and slowly. As you do this, a ball will rise so that you see your results. The goal is to make the ball rise higher each day. You will be instructed to use this 20X an hour while awake during your hospitalization.



Incentive Spirometer



Many people start physical therapy the day of surgery. We will help you get up and walk. We will help you use the bathroom or bedside commode.

Your Recovery in the Hospital

Team Caring for You after Surgery

In addition to the nursing staff on the unit, the orthopedic joint surgery team will care for you. This team is led by your surgeon and includes a physician assistant. There will be a physician in the hospital 24 hours a day to tend to your needs. If you have preexisting medical conditions, a medicine hospitalist may also be caring for you. The physician assistants report directly to your surgeon, who is the one overseeing all of your care.

Pain Relief after Surgery

Your pain will be assessed regularly on a scale from 0 to 10. Pain assessment is necessary to guide your pain relief. It is essential that you are able to take deep breaths, cough, and move. Prevention or early treatment of pain is far more effective than trying to treat severe pain.

It is normal to have pain after surgery. Controlling your pain is an important step in your recovery. Your caregivers will work closely with you to control your pain.

You will be asked your level of pain often.



Pain Scale

You may be given both opioid and non-opioid medicines to control pain. Using both together can help reduce your pain. Less pain allows you to do things that will speed your recovery like deep breathing, coughing, walking, resting, etc.

TIP

Surgery is stressful. Stress can affect your ability to manage pain. Use relaxation techniques, like deep breathing, positive thinking, or visualization to lower your stress. Other ways to decrease pain are: ice packs or positioning.

You will be prescribed an opioid as part of your pain treatment. All patients taking opioids are at risk for unintentional overdose, addiction, or death. For more information, please see Mass.gov Opioid Patient Fact Sheet (page 35).

Your Recovery in the Hospital

One Day after Surgery

Focus on Increasing Mobility and Managing Pain

- The intravenous fluids may be stopped.
- Your recovery plan will be to get out of bed with the nurses, physical therapists, or assistants' help, sit in a chair for meals, and begin walking with assist.
- You will have visits from physical and occupational therapists who will review exercises, transferring to a commode or chair, using adaptive equipment, and walking a bit further
- You will also meet with a case manager to discuss your discharge plan and any needed durable medical equipment.



Two Days after Surgery

Focus on Improving Independence

- You are increasing your independence performing your daily personal care, positioning for comfort, doing exercises, using adaptive equipment, getting out of bed, and ambulating with a walker.
- You continue to work with your therapists and nurses, learning how to move safely.
- Your therapists will determine if you have enough strength and balance to be discharged home. If it is felt you need a bit more time and assistance with recovery, they will suggest a short-term rehabilitation facility.

Plan for Your Recovery at Home

Urinating

After surgery, sometimes people feel like they still have to urinate (pee). And it may feel like some urine is still in their bladder. This usually goes away in a few days. If it doesn't go away or if you have any pain or burning when you urinate, please call your surgeon. Pain or burning can be signs of infection in your body.

Taking care of your surgical wound

Different types of bandages are used, so find out how and when to change your bandage (also called a "dressing"). The bandage should absorb the blood and fluid draining from the surgical wound. If you have any surgical staples, these will be removed in 10-14 days. This is usually done by a visiting nurse.

Ask your surgical team for instruction about bathing.



Do NOT soak in the bathtub, swim, or sit in a hot tub until your surgeon says it is OK.

When to call your doctor:

- If the bandage looks soaked with blood
- If any blood or fluid starts to leak from your bandage
- If the bandage moves and part of the wound is **NOT** covered
- If the skin around it has become red and the red area is getting larger
- If any fluid coming from it smells bad



If you are worried or have a question, please call. Also let us know if any medications don't make you feel good or cause any side effects. If we know, we can help.

Call your doctor RIGHT AWAY:

- If you have a fever higher than 101.5 F degrees
- If your wound is red or more painful
- If fluid or pus is coming from your wound
- If you feel sick to your stomach or you're throwing up
- If your pain is worse and the pain medication doesn't control it enough
- If you have pain or swelling in your foot, ankle, thigh, or calf (back of your lower leg)
- If it is painful or difficult to urinate (pee)
- If you have the chills and you're shivering
- If you have pain in your belly (may be constipation)

Plan for Your Recovery at Home

While you take blood thinners, if you get a cut or if you fall, you could bleed or bruise too much.

Call if you get a cut or something like a nosebleed that doesn't stop bleeding after you put pressure on it. Call if a bruise keeps getting bigger. This can be a sign of bleeding under the skin.

Call early. If you think something is wrong, don't wait!

Call 911 or go to the Emergency Room:

- If you have chest pain
- If you become short of breath or have trouble breathing
- If your hip comes out of the joint and dislocates

Have the emergency team call us when you are stable.

Sleeping

Good sleep will help you heal and gives you the energy you need for physical therapy. Sometimes pain can make it hard to sleep well. And while opioid pain medications can help with pain, they can also cause problems with sleep.

What CAN help you sleep?



Avoid alcohol!

Do NOT drink alcohol while you're still taking pain medication. It's not safe. Even though alcohol can make you feel sleepy, you are more likely to wake up and not stay asleep.



Avoid caffeine, it will keep you up.

Only drink a little coffee, tea, or soda during the day. Do not drink coffee, tea, or soda at night.



Ask how to use cold packs and to learn about other things you can do to get good rest.

Plan for Your Recovery at Home

Knee Replacement

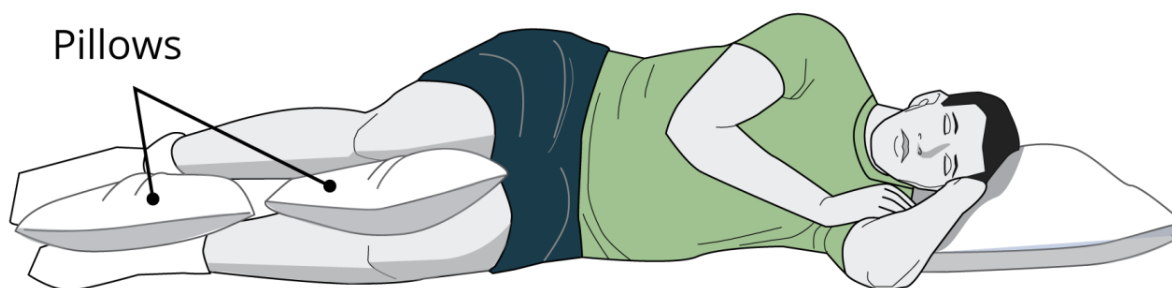
How to Sleep in the Weeks after Surgery

It's best to sleep on your back with your whole leg up on 2 or 3 pillows.

Try **NOT** to sleep with a pillow only under your knee. It's best if your whole leg is supported with pillows. While just one pillow under the knee feels comfortable, it can make it harder to straighten your leg and heal well.



You can sleep on the side you did **NOT** have surgery on. It helps to put 2 pillows between your knees, ankles, and feet.



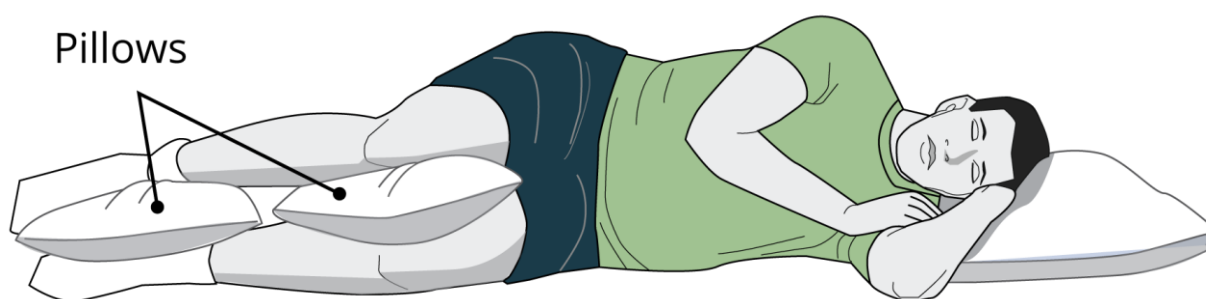
Plan for Your Recovery at Home

Hip Replacement

How to Sleep in the Weeks after Surgery

It's best to sleep on your back with pillows between your knees.

You can sleep on the side you DID have surgery on. It helps to put 2 pillows between your knees, ankles, and feet.



Do NOT sleep on your stomach.

This could make it more likely for your new hip to move out of place and dislocate. Ask when it's okay for you to sleep on your stomach again.

Eat Healthy



Your body will heal better and faster if you eat healthy.

Sometimes people don't feel like eating after surgery.

In the days after surgery some foods may taste different and certain smells may make you feel sick to your stomach. If this happens, eat a lot of small meals throughout the day. Over time, you'll be able to eat more and more.

No Smoking or Vaping



Do not smoke, vape (use e-cigarettes), or chew tobacco for at least 4 weeks after surgery. These affect blood flow and make it hard for your body to heal well. They also make it hard to sleep well.

Plan for Your Recovery at Home

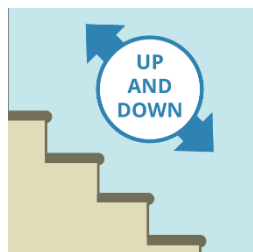
Walking and Sitting

Walk when you can. You'll be able to walk and do a little more each day as you get stronger. For the first 3 months, sit for short periods of time and walk for short periods of time. Sitting for too long can also make you feel stiff.



For the first 3 months, it is best to sit in chairs that have arms, so you can lift yourself out of the chair.

Stairs



You'll be able to go up and down a few stairs right away. And you'll be able to go up and down stairs between floors in about a week. When going up and down stairs:

- Have someone help you.
- If possible, use the handrail on the side you **DIDN'T** have surgery on.
- Go up or down one step at a time.



If you have pain slow down!

Pain is your body's way of telling you it's not ready to do something.

Your Mood

Joint replacement surgery usually gives people more movement and freedom. But keep in mind, your body has been through a lot. And it may take a while before you feel like yourself again. You may have good days and bad days.

- Call friends and family to talk.
- Invite people over to keep you company and help you out.



If you have a lot of bad days and you feel very sad, overwhelmed, helpless, or alone in the days or weeks after surgery, let your doctor know.

This usually goes away as you heal. But it's important for your healthcare team to know so they can make sure you feel better and recover well.

Plan for Your Recovery at Home

Sports, Hobbies, and Activities

It can take up to 2-3 months to fully recover. It is not unusual to be fatigued and require an afternoon nap for up to 6-8 weeks following surgery. Your body is using this energy to heal your wounds. Set small goals for yourself, and try to do a little more each day.



Walking is usually good along with any physical therapy exercises.



Find out when you can do other low-impact activities (like swimming, biking, or golfing) in the months after surgery.

Any high-impact sports or activities where you could fall or be hit are off limits for good.

- **Do NOT** run or jog.
- **Do NOT** play sports where you could get hit or fall, like football, basketball, hockey, or soccer.
- **Do NOT** take part in rodeos or martial arts, like karate.
- **Do NOT** ski.



Work

Many people go back to work 4 to 12 weeks after surgery.

- If your job involves heavy, physical work, like lifting, talk to your surgeon.
- Ask your employer if there are any rules about when you can return to work.
- If you need a return-to-work form or disability papers, bring them to your follow-up appointment or fax them to our office.

Travel and Security

When going through security at the airport or at a building with a metal detector, let them know you have a hip or knee replacement before you go through it. It's not a problem — and they may just use a wand to scan your hip or knee.

Driving

Do NOT drive until your surgeon says it's OK.

- Most people can drive an automatic car 4 to 8 weeks after surgery.
- It may take longer before you can drive a stick shift.



You can drive an automatic car WHEN:

Most of your pain is gone. You need to be able to react quickly with the foot you use to brake and stop. **AND** you no longer take ANY opioid pain medications (like Oxycodone, Percocet or Vicodin).

Plan for Your Recovery at Home

Sex



Intimacy is important.

And the point of joint replacement is to improve your quality of life.

If you had hip pain before surgery, it may have made it difficult or painful to have sex.

A hip replacement usually makes it possible to have less pain or no pain during sex.

It's OK to have sex once you feel up to it.

- About 4 weeks after a knee replacement.
- 6 to 12 weeks after a hip replacement. But you still need to be careful, so your new hip doesn't move out of place.

If you have questions or concerns ask your surgeon.

No Other Procedures or Dentist Visits in the Months AFTER Surgery



In the months after surgery, it's STILL important to prevent infections.

Ask your surgeon how many months you should wait before seeing your dentist again, even for a checkup or teeth cleaning. Most people need to wait 4 to 6 months.



Always remind any doctor, nurse, or dentist that you have a joint replacement before they do any kind of procedure, even before they clean your teeth. This way your dentist can make sure you start taking antibiotics right away if you ever have signs of an infection.

Before you go home, make sure you have:

- Prescriptions for any new medications.
- A plan to prevent constipation while taking pain medications.
- Directions for how and when to take any medications.
- Instructions about taking showers.
- Any home health care scheduled.
- An appointment to see your surgeon in about one month.

Plan for Your Recovery at Home

At Home

- Prevent constipation by taking over the counter stool softeners, drinking fluids, and eating a high fiber diet. Pain medicines and decreased mobility increase risk of constipation.
- Find out when to remove your bandage.
- Do NOT drink alcohol while you still take any pain medication.**
- Make sure you know when to call (page 26-27).
- Walk and do your physical therapy exercises.
- Do NOT smoke, vape, or chew tobacco for at least 4 weeks.**
- Do NOT sit for long periods of time.

Working together helps lead you to a safe, fast recovery!



Patient Fact Sheet

PRESCRIPTION OPIOID RISKS AND TREATMENT RESOURCES

You have been prescribed an opioid as part of your pain treatment, which may be used following injury, surgery, or arising from other health conditions. All patients taking opioids are at risk for unintentional **overdose, addiction, or death**. Therefore, you should discuss with your prescriber all treatment options available to you.

Common side effects of opioids include:

- Constipation
- Breathing problems
- Low sex drive, energy, and strength
- Sleepiness/drowsiness
- Confusion
- Nausea

Opioids are powerful painkillers, and if misused can have serious side effects including addiction.

Your risk increases if:

- You are also **taking other drugs** like antihistamines, barbiturates, or antidepressant/anxiety medications (e.g., Benzodiazepines)
- You **consume alcohol** while taking opioids
- You or a family member have a **history of substance use disorder** or overdose
- You have a **mental health condition**, such as depression or anxiety
- You have **sleep apnea**
- You take **more than** the recommended prescribed amount

Know Your Options

- Read all instructions for your medication, take your medication exactly as prescribed, do not adjust your doses, and keep track of when you take your medication.
- If you have any questions about your medication ask your prescriber or pharmacist, including information about possible side effects as well as options for seeking a partial fill of the prescription. If you decide to partially fill your prescription opioid, you will need to contact your prescriber if additional medication is needed.
- Talk to your prescriber about non-opioid treatment options or if you don't want to be treated with opioids.
- Ask your prescriber about having an antidote (e.g., Naloxone) in case of an accidental overdose.

Protecting Family, Friends, and Others

STORAGE: Medications should be kept in a **locked cabinet or box** when not in use. Medications should be placed in a location hard for children and pets to reach.

DISPOSAL: For the safety of others and the environment, patients are encouraged to take advantage of **drug take-back programs** and **safe drop sites**, which are available on the Massachusetts Prescription Dropbox Location website.* When these programs are not accessible, other secondary methods including flushing the medication down the toilet should be considered.

Addiction Resources

Be aware of the signs of addiction, which include uncontrollable cravings and inability to control opioid use even though it is having negative effects on personal relationships or finances. If you suspect or are concerned about addiction, the following resources may help:

FOR YOUTH, YOUNG ADULTS (UP TO AGE 24), AND PREGNANT WOMEN: Massachusetts Central Intake and Care Coordination: (866) 705-2807 or (617) 661-3991

FOR ALL MASSACHUSETTS RESIDENTS: Information and Referrals for Substance Abuse Services: (800) 327-5050, TTY: (800) 439-2370, or online at www.helpline-online.com

*www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/prevention/prescription-dropbox-locations.html

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The hearing impaired may call 508-473-5103



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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-508-422-2148.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-508-422-2148.