WHAT YOU NEED TO KNOW ABOUT

Total Hip Replacement
Total Hip Replacement GuideBook

Sequoia Surgical Pavilion
(925) 935-6700
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SECTION ONE

General Information
WELCOME TO SEQUOIA SURGICAL PAVILION

Thank you for choosing Sequoia Surgical Pavilion to help restore you to a higher quality of living with your new hip.

We believe that you play an essential role during your surgical experience and recovery. There are many benefits of having your surgery at Sequoia Surgical Pavilion such as:

- Low infection rate
- Personalized education programs with our nurses
- Customized care plans with the Joint Team
- Dedicated nursing care throughout your entire stay
- Recovery and rehabilitation in your own home

This guide will help you understand the best way to prepare for your procedure.

ABOUT US

Sequoia Surgical Pavilion was born from the idea that ambulatory surgery could provide high-quality & affordable services in a caring, comfortable and nurturing environment. Our primary concern is our patients. Our professional, supportive staff strives to offer a high level of personal attention to each patient. We believe that health teaching and the prevention of disease are important factors in patient care. Sequoia Surgical Pavilion is licensed by the state of California, certified by Medicare as an Ambulatory Surgery Center, and accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). Our professional nursing Care Team is experienced and trained in patient care for outpatient procedures.
INTRODUCTION TO THE JOINT REPLACEMENT PROGRAM

Sequoia Surgical Pavilion has implemented a comprehensive, planned course of treatment, which we call a outpatient joint replacement program. Our program provides the opportunity for patients to get up and walk on their new joint the same day as surgery. This allows patients to recover in the comfort of their own home with the assistance of their support coach.

Our program is team oriented and revolves around you and your personal recovery needs. We are glad you have chosen Sequoia Surgical Pavilion to care for your hip.
MEET YOUR TOTAL JOINT TEAM!

Your team includes physicians, physician assistants, nurses, surgical technicians and physical and occupational therapists, specializing in total joint care.

We advise that all patients going home designate a "support coach" for a minimum of 72 hours after the procedure. This person is commonly a family member, friend, or loved one who is capable and willing to care for you while you are in the acute period of your recovery (Typically the first 2 weeks after a total hip replacement is the most challenging). If you do not have someone who is willing or able to do this at your time of surgery, we strongly advise that you let your surgeon know so that the appropriate recovery arrangements can be made for you.

Participation in our joint replacement program includes:

- Contact with a nurse, preoperatively, day of surgery and postoperatively
- Referral assistance with hotel accommodations/home care services should you need extended care
- Identifying your home recovery plan and support coach

Details about your experience from preoperative teaching to postoperative management should be considered and reviewed.

If you have not yet met with your surgical center total joint coordinator, please call Sequoia Surgical Pavilion at 925.935.6700 to schedule an interview and education program.
THE PURPOSE OF THE GUIDEBOOK

Preparation, education, continuity of care and a pre-planned discharge are essential for optimal results in joint replacement surgery. Communication is essential to this process. This GuideBook is a communication and education tool for patients, physicians, physical therapists and nurses. It is designed to educate you, so that you know:

• What to expect before and after surgery
• How you should prepare your home before and after your operation
• The support and therapies you will need after your operation
• How to care for your new joint during your recovery

However, this is just a guide. Your physician, physician assistant, nurses or physical therapist may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information.

USING THE GUIDEBOOK

Instructions for Patients

• Review “General Information” with your support coach, a family member or friend who will be with you during your recovery.
• Review “Before Surgery Checklist” and mark each line as you complete the item.
• Review “Surgical and Postoperative Information.”
• Bring your GuideBook with you to the surgery center, rehab, outpatient therapy and all physician visits for notes and references.
FREQUENTLY ASKED QUESTIONS ABOUT TOTAL HIP SURGERY

An average of 500,000 people undergo total joint replacement surgery every year. Candidates for hip replacement are individuals with chronic hip pain, typically from arthritis. When preventive and nonoperative treatment for arthritis fails, and the pain interferes with daily activities such as walking, exercise, and work, it may be an appropriate time for a joint replacement.

The surgery aims to relieve pain, restore your independence and help you return to work and other daily activities (For example, patients should be able to return to driving in 1–2 weeks and recreational activities 6–12 weeks).

Below is a list of the most frequently asked questions about hip replacements. If you have any other questions please ask your surgeon or physician assistant.

What is arthritis and why does my hip hurt?

There are many different types of arthritis, but the most common is osteoarthritis, the disease of wear and tear of the joint.

Arthritis is a wearing away of the smooth cartilage that serves as a cushion and allows for smooth motion of the hip. Eventually, cartilage wears down to the bone. Rubbing of bone against bone causes pain, swelling and stiffness.
What is a total hip replacement?

A total hip replacement replaces the cartilage of your natural anatomy with an artificial surface. The damaged parts are removed and capped with a prosthesis on the end of the connecting bones. The prosthesis typically is composed of metal & plastic. This creates a new, smooth cushion and a functioning joint that should not hurt.

When should I have this type of surgery?

Your orthopedic surgeon will decide if you are a candidate for the surgery. This will be based on your medical history, examinations, X-rays and response to conservative treatment. Once you are informed that you are a candidate, the decision will then be yours to move forward with the operation.

If you are in reasonable health, a candidate for joint replacement surgery, and your insurance allows you to have the procedure, then this could be a good solution for your hip pain. You will be asked to see your primary care physician for their opinion about your general health and readiness for surgery.

What should I expect after surgery?

Many patients go home the same day or within 24 hours after surgery. With the assistance of pain management and physical therapy techniques, most patients can recover at home with the assistance of friends and family. The first 2 weeks is typically the most challenging. Give yourself at least 6 weeks, following surgery, to heal and recover from muscle stiffness, swelling and other discomforts. Recovery time varies amongst patients.

What can I do to be sure I am ready for my procedure and recovery?

During the preoperative period, you should have discussions with your joint coordinator to determine the best environment for you to rehabilitate and recover after you leave the center. Typically, patients recover best in the comfort of their home with help from their support coach(es). Before you are discharged, please be sure that you have your take-home medications (pain, bowel regimen and blood thinners) available, and that you understand your medication schedule and the purpose of each treatment.
Should I exercise before the surgery?

Typically, the healthier and more active you are before surgery, the more positive the outcome will be. Consult with your surgeon or physical therapist about the exercises appropriate for you.

How do I plan for surgery?

After your surgeon has confirmed that you are ready for joint replacement surgery, the scheduling team will contact you to confirm your surgery date, time and location. You should complete all examinations and clearances ordered by your surgeon and primary care physician. Well in advance of your surgery date if possible. You should also designate your support coach and get him/her involved in your plans.

Do I need to be put to sleep for this surgery?

You may have either general anesthetic, (which most people call “being put to sleep”), and/or a spinal anesthetic (which numbs your legs only and does not require you to be asleep). The choice is between you, your surgeon and the anesthesiologist. For more information, read “Anesthesia and You” in this GuideBook appendix.

What kind of help will I need after my surgery?

Our goal is that you go home the same day of surgery. We would like you to recover with the help of a designated family member or friend. We call this person a support coach, and it is their job to help you with your immediate recovery needs. One may choose to have more than one support coaches if needed. Your recovery needs should include assistance with medication, walking, physical therapy, eating, grocery shopping, transportation, etc. If you do not have someone to appoint for this role, options are available. Please be sure to let your surgeon know the kind of help you will have in the immediate recovery period (about 2 weeks), so they can plan for the appropriate support.
How long will I need a support coach?

Our suggestion is that you have someone available to help you for the first 72 hours after the surgery. After that, it is helpful to have assistance at least once a day to help with food, bathing, walking and chores for the next 2 weeks.

How long does the surgery take?

Typically, the surgical center will reserve approximately 2–4 hours for this type of surgery. Some of this time is taken by the operating room staff to prepare for the surgery, then to wake you up and transfer you to the recovery room, which is also known as the Post Anesthesia Care Unit (PACU).

Will surgery be painful?

Mild to moderate pain and swelling is expected during recovery from a joint replacement, but it should not exceed your comfort limitations. A variety of different methods help control your pain, including cold therapy, and a variety of multimodal pain management techniques. Alternative therapies such as guided imagery, aromatherapy, relaxation and massages can also be considered as tools to help manage your pain.

It is essential to stay on a medication regimen for the first few days following surgery to efficiently control your pain. Generally, we find that patients can wean off the strong narcotic medication within 1–3 days. During your recovery, if your pain is unmanageable, please seek assistance from your surgeon or physician assistant.

Will I need a walker, crutches, or a cane?

It is recommended for safety that you use a walker, cane or crutches. Walkers provide the most support for your immediate recovery; then you should transition to a cane or crutches. Tell your surgeon about the equipment that has been arranged for you through insurance, or ask if you should purchase items from a medical supply store.
What are the major risks?

Infection, excessive bleeding, blood clots and falling after surgery are serious risks to be aware of. You can help reduce your risk for complications by following the instructions in this GuideBook and making sure you understand what is expected of you before your procedure.

These instructions may include:

• Monitoring your wound for signs of infection and excessive bleeding.
• Taking medication to reduce your chances of developing a blood clot.
• Following instructions for out-of-bed activity and lower extremity elevation, compression, and ankle pumps.
• Using equipment to help reduce your risk of falling and injuring yourself at home.
• Choosing a support coach to help prepare your home for recovery, ensuring you have the appropriate equipment, assisting with your medication instructions and understanding physical therapy guidelines for recovery.

How long until I can drive?

You could be restricted from driving as long as 6 weeks or until physical therapy clears you. The ability to drive depends on when you stop taking narcotic medications, the affected surgical side and if you drive an automatic or manual transmission car. Patients who are taking narcotic medication should not operate a vehicle.
When will I be able to get back to work?

We advise that most people take at least one month off from work. If your job requires strenuous activities, you may need more time off. Speak with your surgeon or physical therapist to learn about recommendations.

When can I have sexual intercourse?

The time to resume sexual intercourse should be discussed with your surgeon. The rule of thumb is to take it easy, and only do what you are comfortable with and doesn’t cause you pain or injury.

When will I see my doctor following the surgery?

You should schedule a postoperative visit typically 2-3 weeks after your procedure. Please speak with your surgeon’s office if they have not given you a post-visit date.

The frequency of visits after your initial post-op visit will depend on your progress. Many patients are seen at 6 weeks, 3 months, occasionally at 6 months and then annually.

Will I have restrictions following this surgery?

Injury-prone and extreme sports are dangerous for the new joint. High-impact activities such as running, tennis and basketball are not recommended. After you have recovered from your surgery, it is good to continue with low-impact activities such as walking, hiking, swimming and cycling. Please speak to your surgeon about returning to specific activities.
Will I notice anything different about my hip?

Some patients notice some clicking when they move their hip, which is the result of contact between the artificial surfaces. You may have a small area of numbness to the outside of the scar, which may improve over time.

How long will my new hip last and can a second replacement be done?

Most hip replacement implants have a limited life expectancy, depending on an individual’s age, weight, activity level and medical condition(s). The implant’s longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon’s recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time. If needed, a second replacement (revision) can be done. This will be determined by your surgeon.

Why might I require a revision?

Just as your original joint wears out, a joint replacement may wear out over time as well. The most common reason for revision is loosening of the artificial surface from the bone. Wearing out of the plastic spacer may also result in the need for a new spacer. Your surgeon should discuss with you the possible complications associated with total hip replacement.
SECTION TWO

Pre-Op Checklist
SIX WEEKS BEFORE SURGERY

Contact Your Insurance Company

Before surgery, you and your surgeon’s surgical coordinator will contact your insurance company to find out if a preauthorization, a precertification, a second opinion or a referral form is required. It is important to make this call. Failure to clarify these questions may result in a reduction of benefits or delay of surgery.

If you do not have insurance, please notify the registration staff when they call you for preregistration. You will need help in making payment arrangements.

Laboratory Tests

Your surgeon may ask you to get routine lab tests after your preoperative visit. You may also be asked to receive clearance from your primary care doctor.

Billing for Services

After your procedure, you may receive separate bills from the surgeon, anesthesiologist and the surgery center. To know if your insurance carrier has any specific requirements regarding participation status, please contact your carrier. If you have billing questions, you can also call (925) 935-6700 and ask for the billing department.

Vitamins

While vitamins can play an important role in your health, many herbal supplements can interfere with anesthesia, cause increased bleeding and therefore interfere with the healing process. You should provide your physician with a list of all medications (prescription, over the counter, herbal) that you are taking.
Pre-Op Checklist

Smoking

Smoking is a well known risk factor for complications after joint replacement. Nicotine interferes with the transfer of oxygen to a patient’s tissues which will delay healing. We recommend all patients be smoke-free 6 weeks prior to surgery, and 6 weeks after surgery.

Preoperative Exercises

Many patients with arthritis favor their joints, and thus the joints become weaker, which interferes with their recovery. It is important that you begin an exercise program before surgery. If you have any questions about exercises you can do at home before surgery, please ask your surgeon or physical therapist.

What can I do to prepare for my surgery?

Preparing for your surgery can minimize the amount of help needed post-op. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals prepared will help reduce the need for extra help from your support coach.

Once you have been determined to be a candidate for outpatient joint replacement, you will need to meet with the total joint coordinator for a one-on-one pre-operative educational class (or schedule a one-on-one educational session), which you should attend with your support coach.

Preoperative Educational Class

A preoperative educational class held for total joint replacement will be hosted at the surgical facility. The surgery center may schedule this class for you 2-3 weeks before your surgery. Members of the surgical team will be there to answer questions. It is strongly suggested that you bring a family member or friend to act as your support coach.
FOUR WEEKS BEFORE SURGERY

Obtain Medical Clearance

You will need to see your primary care doctor for preoperative medical clearance (this is in addition to seeing your surgeon, preoperatively). You may also be asked to see a specialist (cardiologist or vascular surgeon, pulmonologist, endocrinologist) depending on any pre-existing medical conditions you may have.

Read “Anesthesia and You” (Appendix)

Joint replacement surgery does require the use of either general anesthesia and/or regional anesthesia. Please review “Anesthesia and You” (see appendix) provided by our anesthesia department.
TWO WEEKS BEFORE SURGERY

Preoperative Visit to Surgeon
You should have an appointment in your surgeon’s office 7–14 days prior to your surgery. This will serve as a final checkup and a time to ask any questions you might have.

Medications to Review with Your Surgeon Before Surgery
If you are on any of the following medications, please speak with your surgeon or physician assistant about when you should stop or resume taking them.
- Blood thinning medications such as: Ticlid (Ticlopidine), Plavix, Coumadin, Aspirin, Lovenox, Xarelto, or any other blood thinner.
- Any NSAID’s such as: Motrin, Naproxen, Ibuprofen, Acetaminophen
- Any supplements or herbal medications such as: Vitamin E, Iron, Multivitamins
- Insulin or any medications for diabetes
Please be sure you understand what is expected of you so you can help optimize your recovery.

Prepare Your Home for Recovery

Things you can do to prepare a safe recovery location include:
- Clean your home; do the laundry and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them in single serving containers.
- Cut the grass, tend to the garden and finish up any other yard work so you don’t need to during your recovery.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Install nightlights in bathrooms, bedrooms and hallways.
- Arrange to have someone collect your mail and take care of pets or loved ones, if necessary.
- If you have prescriptions, fill them well in advance of surgery.
DAY BEFORE SURGERY

Find Out Your Arrival Time at the Surgery Center

The Surgery Center will call you the day before the surgery (or on Friday if your surgery is on Monday) to tell you what time your procedure is scheduled. You will be asked to come to the surgery center typically 2 hours before the scheduled surgery to give the nursing staff sufficient time to start IVs, prep and answer questions.

It is important that you arrive on time to the surgery center. If you are late, it may create a significant problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a later date or time.

NIGHT BEFORE SURGERY

Do Not Eat or Drink

Typically, the surgery center will ask you to not eat or drink anything after midnight, EVEN WATER, GUM or CANDY. Failure to follow these instructions unless otherwise instructed to do so, will result in cancellation.

Complete Preoperative Bathing Program

Follow these instructions for bathing one day before your scheduled surgery:

- The night before the surgery, and the morning of surgery, thoroughly wash head to toe with an antibacterial soap (such as Dial Gold Bar), and then rinse.
- Wash with the designated Skin Cleanser provided by the surgeon office or facility.
- Ensure that your entire planned surgical site is covered with the solution and also use the product on your underarms, groin area and buttock area.

*Sleep in freshly laundered sheets and clothing.*

- On the morning of your surgery, use the remaining Skin Cleanser on a sponge to wipe your planned surgical site area with a layer of solution. Do not rinse. Wear clean clothes.
If you have any questions, please call one of our pre-op nurses or your surgeon's office. It is unlikely, but possible to have an allergic reaction to this product. If you experience an allergic reaction, call your surgeon's office immediately or call 911.

Special Instructions

• You should be instructed and informed by your physician, physician assistant, or total joint coordinator about medications to take the night before surgery.
• Do not shave or apply lotion or deodorant to your skin.
• Make sure you have a ride to and from the surgery center.
• Make sure you have your support coach, a family member or friend to help you at home for a minimum of 72 hours after surgery, preferably longer if possible
• Make sure you understand and have access to the medications you will need after your operation.
• Please leave jewelry, valuables and large amounts of money at home.
• Remove makeup before your procedure.
• Remove all nail polish before your procedure.
• Remove all piercings and body jewelry before your procedure.

Bring the Following to the Surgery Center

• Bring this GuideBook.
• Bring a copy of your Advance Directives (if applicable).
• Bring your insurance card, driver's license or photo ID, and payment method (if applicable).
SECTION THREE

Post-Op Care
POST-OP CARE

Your total joint coordinator will review the surgeon’s discharge instructions with you and your support coach prior to discharge.

If You Choose Home Health Care

Our surgical center strives to select patients who are qualified to go home on the day of surgery and recover with the support of their coach. If you want additional support at home during your recovery, speak with your physician about home health care.

If you have chosen home health care, the surgeon’s office will notify your total joint coordinator and the surgical facility staff. You will receive the contact information of the home health nurse who will assist you in recovery.

The home health nurse will contact you to go over the recovery protocol and answer any questions you may have. They may also recommend a visit to your home prior to surgery to ensure it is post-op ready.

Your total joint coordinator will contact the home health nurse on the day of surgery with notification of the approximate discharge time, so they can meet you at your home. The home health nurse will assist you in your home and will follow the protocol given by your surgeon.

Recovering at Home

When you go home, you need to know a variety of things for your safety, recovery and comfort. This section will provide you with information to customize your physical therapy plan, education on controlling your discomfort, body changes during recovery, areas of risk and identifying possible complications.
POST-OP EXERCISE JOURNAL

To be completed by you and your physical therapist to help map your progress and determine a plan to reach your goals after surgery.

During weeks 1–2 of your recovery, your exercise goals are:

_______________________________________________________________________________
_______________________________________________________________________________

During weeks 2–4 of your recovery, your exercise goals are:

_______________________________________________________________________________
_______________________________________________________________________________

During weeks 4–6 of your recovery, your exercise goals are:

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During weeks 6–12 of your recovery, your exercise goals are:

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Completed the following stretching exercises:

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Post-Op Care

MY MEDICATION CHART FOR POST-OP SURGERY

Postoperative medications to consider include: pain medication (scheduled and as needed), blood thinners and stool softeners. If you have any questions regarding postoperative medications or resuming your ‘normal’ medications, please contact your surgeon as soon as possible for clarification.

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Controlling Discomfort

- Take your pain medicine as prescribed on a regular and timely basis.
- Gradually wean yourself from prescribed narcotic medication to non-narcotic medications. Options for alternative non-narcotic medications should be discussed with your surgeon before your surgery.
- Elevate the operative lower extremity regularly and do ankle pumps.
- Get up and walk frequently with assistive devices and appropriate supervision.
- If lying in bed, change your position every 45 minutes throughout the day.
- Apply compression and cold therapy to the surgical site to help reduce postoperative swelling.
- Apply cold therapy/ice to your affected joint for no more than 20 minutes at a time each hour. Always place a barrier between the ice and your skin. A bag of frozen peas wrapped in a clean kitchen towel makes an ideal ice pack.
- Use ice and pain medication before and after your exercise programs as needed.

Body Changes During Recovery

- Your appetite may be poor for a few days after surgery. Your desire for solid food should return as the effects of anesthesia wear off.
- Narcotic pain medication may have side effect of constipation. Talk to your physician about taking softeners or laxatives, generally found over-the-counter, to reduce the risk of complications from constipation. This is another reason to slowly advance your diet after surgery.
- Stay hydrated by drinking plenty of fluids.
- Difficulty sleeping can be normal. Do not nap too much during the day. It is best that you are up and moving during the day and recovering overnight with sleep.
- Your energy level could be decreased during the first month of recovery.
- Remember to use your incentive spirometer as directed for the first 7 days after surgery.
Compression Stockings

You could be asked to wear special compression stockings after your surgery. These stockings are used to help compress the veins in your legs. This helps to keep swelling down and reduces the chance of blood clots.

- If swelling in the operated leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg above the heart level.
- Wear the stockings throughout the day, removing for 1–2 hours during the day. They may be removed for sleeping.
- Notify your physician if you notice increased pain or swelling in either leg.
- Ask your surgeon when you can discontinue stockings. Generally, this should be done approximately 3 weeks after surgery.
- If your stocking becomes soiled, please wash them as directed on the package.
- Doing ankle pumps (moving your foot up & down) can also help with swelling and should be done throughout the day.

Caring for Your Incision

Do not remove the bandage unless instructed by your surgeon. Your surgeon or the surgery center nursing staff will review the instructions for changing your dressing. The general rule of thumb is to keep your incision clean and dry.

Shower Instructions

- Most patients will have waterproof dressings. Please check with your surgeon to be sure what type of dressing has been applied.
- The type of dressing you have will determine when you can first get in the shower.
- You may be asked to cover your dressing with plastic so you don’t get it wet, or you may be asked to take a sponge bath until your first post-op appointment.
Recognizing and Preventing Potential Complications

**Signs of Infection:**

- Increased swelling and redness at incision site
- Change in color, amount, odor of drainage
- Increased pain in hip
- Fever greater than 100.5° F

Take your temperature if you feel warm or sick.
Call your surgeon if it exceeds 100.5° F.

**Prevention of Infection:**

- Take proper care of your incision as explained.
- For at least 2 years after your surgery, take prophylactic antibiotics when having dental work or other potentially contaminating and/or invasive procedures. In some cases, your surgeon may require you to take antibiotics for longer than 2 years.
- Notify your physician and dentist that you have a total joint replacement.
- Avoid dental work for the first 6 months after surgery.

**Prevention of DVT and Pulmonary Embolus:**

- Remember to move often during your recovery period. Avoid sitting or lying down for prolonged periods during the day.
- Participate in physical therapy.
- Take blood thinning medications as prescribed by your physician.
- Signs and symptoms of a blood clot include redness, swelling, skin warm to touch and/or tenderness. If you recognize a blood clot in your leg, call your physician promptly.
SAFETY AT HOME

Instructions For Getting Into Bed After Your Operation

1. Back up to the bed until you feel the bed on the back of your legs.
2. Using your walker, reach back with one hand to help you sit down on the edge of the bed and then scoot back toward the center of the mattress, keeping the other hand on the walker.
3. Move your walker out of the way, but keep it within reach.
4. Scoot your hips around, so that you are facing the foot of the bed.
5. Lift your leg into the bed while scooting around. (If this is your operated leg, you may use a cane, a rolled bed sheet, a belt or resistance band to assist with lifting that leg into bed).
6. Keep scooting and lift your other leg into the bed.
7. Scoot your hips toward the center of the bed.

Instructions For Getting Out of Bed After Your Operation

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your unoperated leg to the floor.
3. If necessary, use a leg-lifter to lower your operated leg to the floor.
4. Scoot to the edge of the bed.
5. Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
6. Balance yourself before reaching for the walker.
Getting Into the Tub With a Bath Seat After Your Operation

1. Place the bath seat in the tub facing the faucets.
2. Back up to the tub until you can feel it at the back of your knees. Be sure you are in front of the bath seat.
3. Reach back with one hand for the bath seat. Keep the other hand in the center of the walker.
4. Slowly lower yourself onto the bath seat, keeping the operated leg out straight.
5. Move the walker out of the way but keep it within reach.
6. Lift your legs over the edge of the tub, using a leg-lifter for the operated leg, if necessary.
7. Hold on to the back of the shower seat.

NOTE: Although bath seats, grab bars, long-handled bath brushes and hand-held showers make bathing easier and safer, they are typically not covered by insurance.

NOTE: ALWAYS use a rubber mat or non-skid adhesive on the bottom of the tub or shower.

Getting Out of the Tub Using a Bath Seat After Your Operation

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat.
3. Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
4. Balance yourself before grabbing the walker.
Getting Into an Automobile After Your Operation

1. Push the car seat all the way back, recline it if possible, but return it to the upright position for traveling.
2. Place a plastic trash bag on the seat of the car to help you slide and turn frontward.
3. Back up to the car until you feel it touch the back of your legs.
4. Reach back for the car seat and lower yourself down. Keep your operated leg straight out in front of you and duck your head, so that you do not hit it on the door frame.
5. Turn frontward, leaning back as you lift the operated leg into the car.

Walking With a Walker

1. Move the walker forward.
2. With all four walker legs firmly on the ground, step forward with operated leg. Place your foot in the middle of the walker area. Do not move it past the front feet of the walker.
3. Step forward with the non-operated leg.

NOTE: Take small steps. DO NOT take a step until all four walker legs are flat on the floor.

Stairclimbing After Your Operation

1. Ascend with your unoperated leg first (up with the good.)
2. Descend with your operated leg first (down with the bad.)
3. Hold on to railings and/or support coach.

Personal Care

Using a “reacher” or “dressing stick” can be helpful for putting on and removing pants and underwear while you are recovering.

1. Sit down.
2. Put your operated leg in first and then your unoperated leg. Use a reacher or dressing stick to guide the waist band over your foot.
3. Pull your pants up over your knees within easy reach.
4. Stand with the walker in front of you to pull your pants up the rest of the way.
Post-Op Care

Personal Care Continued

Taking off pants and underwear:

1. Back up to the chair or the bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor. Push your underwear down to your knees.
3. Lower yourself down, keeping your operated leg out straight.
4. Take your unoperated leg out first, and then take out the operated leg.

PROTECTING YOUR JOINT AROUND THE HOUSE

Kitchen

1. It may be damaging to your joint to scrub floors on your knees. For safety, use a mop and long-handled brushes.
2. Plan ahead! Gather all your cooking supplies at one time. Sit to prepare your meal.
3. Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
4. To provide a better working height, use a high stool or put cushions on your chair when preparing meals.

Bathroom

It may be damaging to your joint to scrub the bathtub on your knees. For safety, use a mop or other long-handled brushes.
Safety and Avoiding Falls

1. Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
2. Be aware of all floor hazards such as pets, small objects or uneven surfaces.
3. Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms and hallways.
4. Keep extension cords and telephone cords out of pathways. DO NOT run wires under rugs as this is a fire hazard.
5. You may be at risk for injury if you wear open toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
6. Sit in chairs with arms. It makes it easier to get up.
7. Rise slowly from either a sitting or lying position to prevent lightheadedness.
8. You may be at risk for injury if you lift heavy objects during the first 3 months. After that, speak with your surgeon about any restrictions you will have.

MANAGING YOUR JOINT REPLACEMENT FOR THE REST OF YOUR LIFE

Activity with Your New Joint

Joint replacement patients should have a regular exercise program to maintain fitness and the health of the muscles around their joints. With both your surgeon and physical therapist’s permission, you should be exercising regularly, 3–4 times per week lasting 20–30 minutes. High-impact activities such as running and tennis may put too much weight on the joint and may not be recommended. High-risk activities are discouraged because of the risk of fractures around the joint implant.

Low-Impact Activity:

- Recommended exercise classes
- Regular 1–3 mile walks
- Home treadmill (for walking)
- Hiking
- Stationary bike
- Regular exercise at a fitness center
- Low-impact sports such as golfing, bowling, walking, gardening, dancing, etc
- Swimming
Activity with Your New Joint *Continued*

**General Guidelines for Activities to Avoid After a Joint Replacement:**

- Running or other high-impact activities
- High-risk activities

**Reducing Risk of Postoperative Infections**

It is important to realize that the risk of infection remains after you have recovered from your procedure. A prosthetic joint could attract the bacteria from an infection located in another part of your body. If you should sustain an injury such as a deep cut or a puncture wound, you should clean it as best as you can, put a sterile dressing or bandage on it, and notify your doctor. The closer an injury is to your prosthesis, the bigger the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your surgeon if the area becomes painful or reddened.

**Traveling after Joint replacement**

When you are traveling through airport security, you may need to let TSA know that you have a prosthetic joint. Otherwise, you may set off the metal detector. Although joint replacements are common, please allow for extra time while going through security screening. When traveling, stop and change positions hourly to prevent your joint from tightening.
SECTION FOUR

Appendices
ANESTHESIA AND YOU

Who are the anesthesiologists?

Our surgery center is staffed by board-certified anesthesiologists. Each member of the center is an individual practitioner with privileges to practice at this surgery center, and a special interest in anesthesia care at an ambulatory center setting.

What types of anesthesia are available?

Decisions regarding your anesthesia are tailored to your personal needs. These types are available to you:

• REGIONAL ANESTHESIA involves the injection of a local anesthetic to provide numbness, pain control to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks and joint blocks.
• CONSCIOUS SEDATION medications can be given to make you drowsy and blur your memory.
• GENERAL ANESTHESIA provides loss of consciousness.
• MULTIMODAL MANAGEMENT offers us a chance to relieve pain by combining different analgesics and different modalities that work by independent mechanisms. This can include a regional block, general anesthesia, narcotic medication as well as other non-narcotic pain medication.

What will prevent me from having regional anesthesia?

Your anesthesiologist may not be able to administer regional spinal anesthesia if you have spinal arthritis, severe spinal curvatures, prior spine surgery or suffer from severe obesity.

Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic.

Nausea or vomiting may be related to the anesthesia you received. This is less of a problem today because of improved anesthetic agents and techniques, but these side effects still occur in some patients. Medications to treat nausea and vomiting will be provided if needed.
Before your surgery, you will have a brief meeting with your anesthesiologist at the surgical center. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. The anesthesiologist will be available to answer any further questions you may have.

Intravenous (IV) fluids may be started and preoperative medications may be given, if needed. Once in the operating room, monitoring devices, such as a blood pressure cuff, EKG and other devices, will be attached to you for your safety. At this point, you will be ready for anesthesia.

During surgery, what does my anesthesiologist do?

Your anesthesiologist is responsible for your comfort and well-being before, during, and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary.

What can I expect after the operation?

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU), where specially trained nurses will monitor you closely. During this period, you may be given extra oxygen, and your breathing and heart functions will be observed closely. An anesthesiologist is available to provide care as needed for your safe recovery.
THE IMPORTANCE OF LIFETIME FOLLOW-UP VISITS

Over the past several years, orthopedic surgeons have discovered that many people are not following up with their surgeons on a regular basis. The reason for this may be that they do not realize they are supposed to or they do not understand why it is important.

When should you follow-up with your surgeon? Here are some general rules:

- Initially at 2 weeks, 6 weeks and in some cases 6 months
- Then at 1 year, 2 years, 5 years and 10 years
- Anytime you have pain for more than a week

Two good reasons for routine follow-up visits with your orthopedic surgeon:

**Reason #1**

If you have a cemented hip, your surgeon needs to evaluate the integrity of the cement. With time and stress, cement may crack. You probably would be unaware of this happening because it usually happens slowly over time. Seeing a crack in cement does not necessarily mean you need another surgery, but it does mean your surgeon needs to follow things more closely.

Why? Two things could happen. Your hip could become loose and this might lead to pain. Or, the cracked cement could cause a reaction in the bone called “osteolysis,” which may cause the bone to thin out and cause loosening. In both cases, you might not be aware of it for years. The sooner your surgeon knows about potential problems, the better chance of avoiding more serious problems.

**Reason #2**

The plastic liner in your hip may wear. Little wear particles combine with the white blood cells and may get in the bone and cause osteolysis, similar to what can happen with cement. Replacing a worn liner early can keep this from worsening. X-rays taken at your follow-up visits can detect these problems. Your new X-rays can be compared with previous films to make these determinations.
Appendices

We know you have a choice when deciding where to have your surgery, and we are very proud that you chose us. At Sequoia Surgical Pavilion, we have a commitment to providing our patients with the best quality care, in a friendly and comfortable environment.

Please do not hesitate to contact us with any comments, questions or concerns. We are here for you.

THANK YOU,

Your Sequoia Surgical Pavilion
Total Joint Replacement Team
The Total Joint Preoperative class prepares you and your caregivers for knee, hip or spine surgery and recovery. It outlines what to expect during your stay and more. Specialized training in orthopedics will provide you with the individualized care, education, and support you need throughout your surgical process. We offer the latest technology in a safe and comfortable environment. Patient care is individualized and our top priority.

**Total Joint Replacement FAQs**

Arrival time: 1 ½-2 hours prior to surgery time. Specific time is to be determined 1 days prior. A nurse will call to notify you once the time has been determined.

Discharge time: 6am (can be discharged earlier on individual basis).

What to bring: good walking shoes, loose comfortable clothing, assistive devices (walker, crutches), routine medications and toiletries. Please no jewelry or valuables.

Wifi available

Food: A limited menu is provided. You can bring food from home (fridge and microwave available).

Visiting hours: until 8pm (1-2 visitors)

Nurse will call 1-2 weeks ahead to go over your health history and current

Anesthesia may attempt to contact you the night before surgery. If you have special health concerns, every effort will be made to contact you sooner.

**Questions about your procedure or your stay?**

Contact the Total Joint Coordinator: 925-280-3823

**Billing/Financial questions?**

Christina, Insurance Verifications: 925-280-3809