



Mary Washington Hospital

Joint Care Plus

Joint Replacement



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jointinfo.mwhc.com

Notes:



Orthopedic Joint Care Plus Joint Replacement Patient Packet

Welcome

Thank you for choosing the Joint Care Plus program at Mary Washington Healthcare to help restore you to a higher quality of living. The program is a complete, planned course of treatment created specifically for the joint replacement patient. We believe that you play a key role in promoting a successful recovery and our goal is to include you every step of the way. This guide will give you the necessary information to promote a more successful surgical outcome.

Your care team includes:

- Physicians
- Advanced Practice Providers
- Care management
- Nurses and Physical/Occupational Therapists specializing in total joint care.

Every detail, from pre-operative teaching to post-operative care and exercising, is considered and reviewed with you.

Please take time to review the information contained in this booklet. We wish you well and many years of enjoyment with your new joint.

**Please remember to review this booklet with
your family member and caregivers.**



Mary Washington Healthcare

Here for You.

Visit link to exercise videos.

Joints.mwhc.com

If you have any questions prior to your surgery for your surgeon, please call 540.373.4602. The office is open Monday to Friday, 8:00 a.m.–5:00 p.m.

If you have any questions prior to your upcoming procedure at Mary Washington Hospital, please call our PreAdmission Testing Office at 540.741.4669. The office is open Monday – Friday, 7:30 a.m.–4:00 p.m.

If you have any questions prior to your upcoming procedure at Stafford Hospital, please call our PreAdmission Testing Office at 540.741.9003. The office is open Monday - Friday, 8:00 a.m.–5:30 p.m.

If you have any questions after you are discharged or need referrals to any other Mary Washington Healthcare service, please call our Health Link Nurse Line at 540.741.1404.

Our operators are available Monday - Friday, 8:00 a.m.–5:00 p.m.

Our FREE nurse advice line is available 7 days a week, 7:00 a.m.–midnight, 540.741.1000.

Mary Washington Healthcare exists to improve the health of the people in the communities we serve.

Orthopedic Joint Care Plus Joint Replacement Patient Packet

At Mary Washington Healthcare, we apply an integrated approach to provide an individual plan of care just for you. It is our practice to exhaust every treatment option before considering surgery. If surgery is your best option, we continuously monitor and manage your pre- and post-surgical performance and progress. Our total care approach, which integrates your primary care physician, surgeon and support staff, is designed to return you to normal activity quickly and safely.

Treatment Specialties and Services

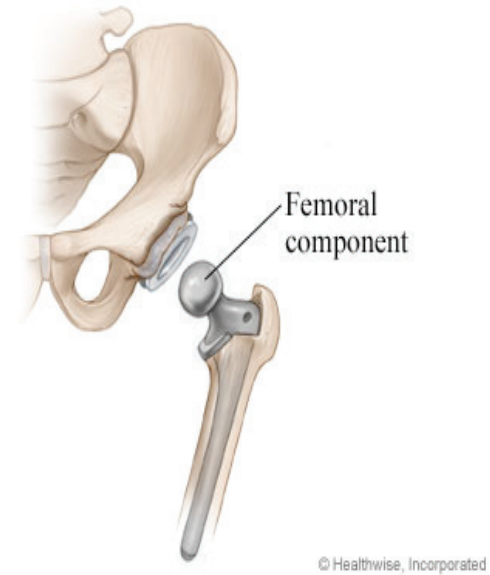
The medical professionals at Mary Washington Healthcare enlist a comprehensive, leading edge approach to the prevention, assessment, treatment and rehabilitation of musculoskeletal injuries.

By combining extensive clinical expertise with a compassionate, caring treatment philosophy, we have created a program known for its quality of care.

We thank you for selecting Mary Washington Healthcare for your joint replacement and reconstruction.



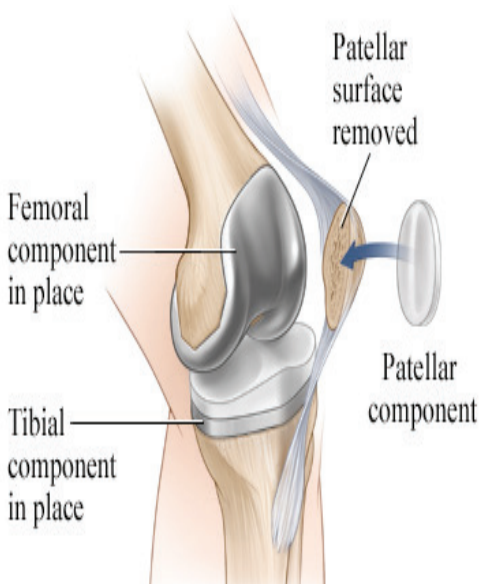
Anatomy of a Total Hip Replacement



During a Total Hip replacement procedure, your surgeon removes damaged bone and cartilage and replaces it with prosthetic components. Typical steps include:

- Remove damaged cartilage from the bone surface
- Shape the bone surfaces to receive the prosthetic components
- Place the prosthetic components
- Insert a spacer between the new ball and socket to allow for a smooth gliding surface.

Anatomy of a Total Knee Replacement



During a Total Knee Replacement procedure, your surgeon resurfaces the bones involved in the knee - the tibia, femur and patella. Typical steps include:

- Remove damaged cartilage from the bone surface
- Shape the bone surfaces to receive the prosthetic components
- Place the prosthetic components
- Insert a spacer between the femur and tibia to help the parts glide smoothly.

Range of Motion and Strengthening Exercises

Start these exercises two weeks before your surgery.

1) Ankle Pumps

Move ankle up and down (flex and point). Repeat 20 times.



2) Quad Sets (Knee Push-Downs)

Lie on back, press knee into mat or chair, tightening muscles on front of thigh. Do NOT hold breath. Repeat 20 times.



3) Gluteal Sets (Bottom Squeezes)

Squeeze bottom together and then release. Do NOT hold breath. Repeat 20 times.



4) Hip Abduction and Adduction (Slide Leg Out and In)

Lie on back or sit back in reclining chair. Lift leg up off mat or chair and slide leg out to side. Keep toes pointed up and knees straight. Bring legs back to starting point. Repeat 20 times.



5) Heel Slides

(Slide Heels Forward and Back)

Lie on back or sit in reclining chair. Slide heel toward your bottom and return to starting position. Repeat 20 times.



Range of Motion and Strengthening Exercises

6) Straight Leg Raise

Lie on back or sit in reclining chair. Squeeze thigh muscles tightly, then raise leg from surface 6-12 inches. Then lower your leg slowly. Repeat 20 times.



7) Knee Extension Long Arc Quads

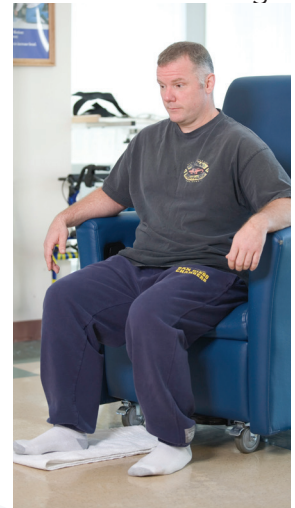
Sit with back against chair. Straighten knee with your toe pointing up. Repeat 20 times.



8) Seated Heel Slides

Sit on edge of chair with knee extended. Pull heel in, bending your knee. Return to starting position.

Repeat 20 times.



Pre-Surgery Instructions

Inform your surgeon of:

- Cuts or sores to surgical extremity
- Cold, fever, cough, runny nose, sore throat, or other infection.

Eating and Drinking:

Do not EAT anything after midnight the day before your surgery. You may follow instructions from your surgeon and PreAdmission Testing Department in reference to drinking. You may have clear liquids up to two hours prior to your arrival time unless instructed otherwise by your surgeon or staff. Clear liquids are limited to water, black coffee (no cream or sugar), black tea, apple juice, and white grape juice. Please avoid any other liquids, gum, mints, candy, or any other beverage not listed above.

What to bring to the hospital:

- Closed back shoes and comfortable clothes for therapy (you are welcome to wear shorts and tee shirts).
- Bring your eyeglasses and case if you wear them; leave your contact lenses at home.
- CPAP or BiPAP, if you have sleep apnea.
- Bring your hearing aids and case if you wear them.

LEAVE ALL VALUABLES, CASH, AND JEWELRY AT HOME.

DO NOT WEAR MAKE-UP, PERFUME/ COLOGNE, OR FINGER NAIL/TOE NAIL POLISH.

Preoperative Hibiclens Bathing Instructions

The evening before your surgery, we ask you to take an active part in preventing surgical site infection by preparing your skin with this important cleansing.

First – Do not use Hibiclens on your head, face, ears, mouth, or genital area.

Second – The night before surgery:

1. Put clean sheets on your bed.
2. Put Hibiclens on a clean washcloth as you would any other liquid soap. Use one-half the bottle of Hibiclens (save the other half for the morning of surgery) and apply it from the neck down as instructed. Leave the soap on your skin for 5 minutes.
3. Rinse your skin thoroughly with warm water.
4. Pat yourself dry with a clean towel.
5. Do not apply lotion, powder, or perfume to the areas cleaned with Hibiclens.
6. Put on clean clothes, and sleep on clean sheets.

Third – The morning of surgery:

1. Using the remaining half bottle of Hibiclens, follow step 2 above, then wash your hair, face, and genital area with regular shampoo and soap. Do not apply your soap over the Hibiclens or on the surgical area...rinse thoroughly, then follow steps 4 and 5. Dress in clean clothes and come in for your surgery.

NOTE: If you misplace your Hibiclens, you may buy it at any pharmacy in the Fredericksburg area.

Day of Surgery

On the day of your surgery, you will enter through the main hospital entrance and stop by the patient registration area to verify I.D. and insurance information. You will then be escorted to the surgical waiting room where a staff member will take you and your visitor back to the pre-op area. Once in the pre-op bay, a nurse will verify surgical consents, review medications and medical history, and prepare you for surgery by starting an IV. You will speak with your surgeon and meet your anesthesiologist during this time. The pre-op process takes approximately two hours. When it is time for your surgery to start, the operating room nurse and nurse anesthetist will transport you from the pre-op area to the operating room on a stretcher.

After your surgery is complete, you will be taken to the recovery room while your anesthesia is wearing off. In recovery, we will treat any pain or nausea that you may encounter. If you are being discharged on the same day, you will transfer to the phase 2 recovery area and be reunited with your visitor. Once you have met the criteria for ambulating, a Physical Therapist will do an evaluation. If all discharge criteria is met, your post-op nurse will review discharge instructions provided by your surgeon prior to your discharge.

If you are going to be late for your scheduled arrival time, please notify Same Day Surgery at 540.741.4150 for Mary Washington Hospital or 540.741.9246 for Stafford Hospital.

Your care team will review your planned procedure and medical history to determine if day of surgery discharge or extended recovery is right for you.

Extended Recovery

If you are an extended stay recovery, you will transfer from the recovery room to a hospital room on the fifth floor. Your recovery nurse will update your visitor with room number to meet you there. Your care team will ambulate you once criteria is met. Finally, a member of your surgical team will round and clear you for discharge when criteria is met.

Activity:

- **Do not attempt to get out of bed or walk to the bathroom/chair without assistance.**
- Anticipate the initiation of your physical therapy evaluation when you arrive on the unit.

Pain Management:

- Nursing staff will give you all your medications.
- Notify the nurse when experiencing pain—**do not wait.**
- Your comfort and pain management are important to us. For your safety, pain medication and other interventions will be made available based on your level of pain and the physician's orders.

Discharge Planning

Many patients are able to go home the day of surgery, while others may need additional services before going home. Your options will be reviewed by your surgeon and Advanced Practice Provider prior to surgery. Any changes to your anticipated needs will be addressed prior to discharge.

After Leaving the Hospital

Please see your discharge summary for surgeon office contact information.

Call your Surgeon if you have:

- If you develop a persistent fever of greater than 100 degrees
- If you experience increased pain or swelling of the surgical area
- If you experience increased bleeding or drainage from surgical area
- If you have any other concerns following discharge from hospital please call your surgeon's office at the number on discharge instructions

Incision care:

- Wash your hands often with mild soap and warm water.
- Your incision should remain dry.
- Do not put any creams, ointments, or lotions on your incision unless otherwise directed by your physician.
- Keep pets and pet hair away from your incision.
- Notify your physician if you experience an increase in redness at the incision site or if the redness extends past the incision line.
- Avoid touching your incision.

Showering:

- Please refer to your surgeon's instructions to see if you are permitted to shower.
- Do not take a tub bath or immerse your incision in water until directed.

Medication:

Take your medication as prescribed by your physician.

Activity:

Increase your activity level daily, as recommended by your physician and/or physical therapist. This is important to your recovery.

Other reminders:

Let your dentist and other physicians know that you have had joint replacement surgery because you may need antibiotics prior to dental work or other surgical procedures.

Constipation is a common side effect of pain medication and surgery. Call your physician if you have any problems with constipation after leaving the hospital.

If you have any questions, please call our Health Link nurses at 540.741.1000. They are available from 6:00 a.m.–12:00 a.m. daily.

Frequently Asked Questions

How much pain will I have after the surgery?

Your comfort is very important to our staff. So the staff can better serve your needs, we will be asking you questions regarding your pain. This will give the staff an idea of how you feel and how to treat your discomfort.

How can I succeed after total joint replacement?

The key to optimizing your joint replacement results is your commitment to performing the exercises that build your strength and range of motion.

During the first few days following surgery, you can speed your recovery in the following ways:

- Drink plenty of fluids.
- Follow exercises as instructed by the physical therapist.
- Perform deep breathing exercises.
- Actively participate in your rehabilitation program.

How long until I can return to my normal activities following surgery?

Your physician or physical therapist can answer specific questions concerning your plan. It is important to remember that you must commit to following your care plan after you leave the hospital to realize the optimum recovery and return to normal activities.

Will I need special equipment at home following surgery?

You need to have a front-wheeled walker prior to surgery.



Physical Therapy Videos

Please scan this QR code with your smartphone to view physical therapy videos that will instruct you to safely go up and down stairs, get in and out of a car, and to get dressed.



Taking Care of Yourself After Surgery

After your elective joint replacement there are some changes that you should make to your daily activities to stay safe in your recovery.

Getting In and Out of Bed

You may need assistance to move your surgical leg getting in/out of bed.

1. Use a sheet/towel/belt/Theraband hooked under your foot to help lift and move it.
 2. Use your other leg underneath your ankle to help lift and move.
 3. Ask your caregiver for assistance.
- For taller cars, park at a curb so that you have a little extra height to get in.



Knee Precautions for Your Total Knee Replacement

WHAT: certain movements and positions that you are NOT allowed to do with your new knee replacement

WHY: to permit soft tissue healing and to reduce joint swelling

HOW LONG: your doctor will tell you when your precautions are lifted

Precautions:

- **DO NOT** walk on uneven surfaces (gravel, grass)
- **DO NOT** twist or pivot with feet planted
- **DO NOT** place a pillow or blanket under operated knee

Post-Op Precautions – Knee

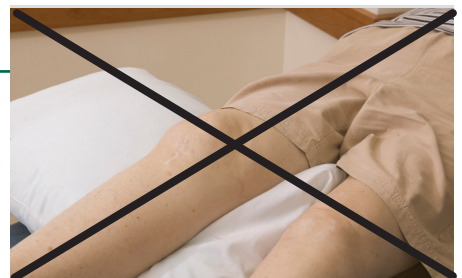
After total knee replacement:



1) Do not pivot while standing.



2) Do not dangle weights on leg.



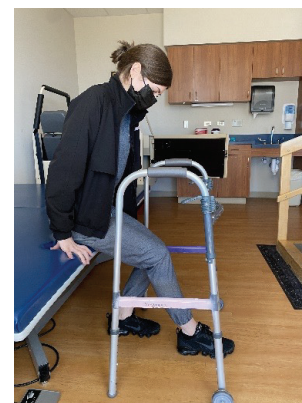
3) Do not place pillow under your knee.



4) Place pillow under heel.

Standing Up and Sitting Down

- Use your hands to push from the surface on which you are sitting.
- Bring your feet back underneath you to get a good push off. Lean and shift your weight forward to stand.
- Reach for equipment (rolling walker/cane) after you are standing. Be sure to have your balance before reaching for walker.
- When sitting, reach back for your seat and lower yourself gently. You may have to kick out the affected leg for reduced pain.



Getting Dressed

- Consider discussing adaptive equipment (ex: reacher, sock aid, shoehorn, etc.) with your providers if you have difficulty with dressing. You may also need assistance from a caregiver for a short time.
- Start dressing in a seated position and **dress the surgical side first**, even if you are using adaptive equipment. Do not attempt to stand and balance on one leg for dressing.
- Avoid extreme positions in the new joint such as pulling the leg up and over to reach the foot.
- Bring the garment up as high on the thighs as possible in sitting before you stand. Get your balance in standing and then continue pulling up garments and adjust.
- Using a sock aid: Put your sock on the sock aid with the heel of your sock on the curved side. Pull the sock so that there is no additional space at the toes, and it is flush against the sock aid. Make sure the sock does not cover the knots of the rope. Then place the sock aid on the floor with the rounded part against the floor, put your foot in the sock and pull. Continue pulling up your leg until the sock aid slides out and your sock is on.



Recommendations for getting in and out of the car

Preparation:

- Sit in the front passenger seat.
- Have your family member move the seat as far back as possible and lean it back to give you the most space possible.
- For cars low to the ground, have the car parked at a ramp (not a curb) to give you more space to stand.
- For taller cars, park at a curb so that you have a little extra height to get in.



Entry/Exit:

1. Back up to the seat until you feel it with your legs and then reach back with your hands to sit down in the seat.
2. Scoot yourself back in the seat as far as possible. (You can use the flattened car seat to give your legs more room for clearance if needed.)
3. Turn in the seat and bring your legs in. You may need to use your other leg, a strap, or your caregiver to help get the surgical leg into the car.
4. Follow the process in reverse to get out of the car.
 - a. Do not pull on the walker to get out; use the side of car or seat of the car for support if needed.

Notes:





Watch the Coaches' Class video at
coachvideo.mwhc.com



Caregivers and Patients: Be prepared for life after surgery

Studies show that most patients who are prepared for their recovery prior to surgery, return to normal activities faster. Coaches' Class gives you the knowledge you or your caregiver will need to help you learn how to build your strength while healing from surgery.

If you have any questions about your upcoming procedure, or need to speak to a nurse, please call Mary Washington Hospital's PreAdmission Testing at 540.741.4669 or Stafford Hospital's PreAdmission Testing at 540.741.9003.



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