

FORT WALTON BEACH MEDICAL CENTER

JOINT REPLACEMENT PATIENT EDUCATION GUIDE



Exceptional People. Exceptional Care.



Table of Contents

About Fort Walton Beach Medical Center	1
Advance Directives	3
Preadmission and testing.....	4
Medication safety	6
Frequently asked questions	7
Preoperative exercises	9
Class Outline	13
Preoperative.....	13
Postoperative.....	15
Pharmacy	21
Physical Therapy	23
Home Safety.....	25
Discharge Planning	27

Certified Joint Replacement Program

What is Joint Commission Disease-Specific Care?

Because Joint Commission standards are regarded as the most rigorous in the industry, Joint Commission-certified disease management programs have demonstrated their commitment to providing quality care to their patients. Joint Commission's Gold Seal of Approval™ is a clear sign that certified programs have demonstrated compliance with the most stringent standards of performance.



About Fort Walton Beach Medical Center

Fort Walton Beach Center, with 257 licensed beds, is the only full service acute care hospital in the Tri-County area including Okaloosa, Walton, and Santa Rosa Counties. Conveniently located in Fort Walton Beach, the Medical Center is staffed by more than 200 physicians representing more than 30 specialties. In addition to having the area's only Comprehensive Cardiac and Cancer Care Program, the Medical Center offers a full range of medical and surgical services including: cardiology, neurology, oncology, pulmonology, urology, neurosurgery, orthopedics, vascular and general surgery, obstetrics and women's services, psychiatric and rehabilitation medicine.

The Medical Center's full range of diagnostic imaging includes the area's highest field strength MRI and the Tri-County's only fixed PET/CT, for diagnosing cancer staging and Alzheimer's disease, and 64-slice CT, the most technologically advanced diagnostic imaging system for cardiovascular disease, cancer, and other medical conditions. Other outpatient services include a same-day surgery center, two cardiac catheterization labs, an electrophysiology lab and outpatient cardiac, pulmonary, occupational, speech, and physical therapies.

The Total Joint Replacement Guide is designed to acquaint you with Fort Walton Beach Medical Center and the clinical progression planned as you prepare for your joint replacement.

You can be assured that your care is developed and provided by a professional and highly competent team dedicated to your recovery. We expect you to be encouraged by the staff you will meet and those involved in your care.

We hope this information guide will assist you in your preparation for admission and throughout your hospital stay. If there is anything we can do during your stay to increase your comfort and satisfaction, or if there is anything we can do to make this program better....

In addition to its 22-bed emergency room open 24 hours a day, Fort Walton Beach Medical Center operates **Express Care** for minor emergencies from 10:00 a.m. to 10:00 p.m.

Fort Walton Beach Medical Center also operates the **Destin Emergency Care Center** in Destin. Staffed by board certified physicians, Destin Emergency Care Center is open 24 hours a day.

- Fort Walton Beach Medical Center, 1000 Mar-Walt Drive, Fort Walton Beach, FL 32547
- Main Hospital Line (850) 862-1000
- Preadmission Patient Access (850) 863-7513
- Destin Emergency Care Center, 996 Airport Road, Destin, FL 32541
- Main Line (850) 837-9194

Fort Walton Beach Medical Center now has additional services to assist the community with their health related questions.

Consult-A-Nurse provides consultation and prompt answers to health-related questions by a Florida License Registered Nurse.

While these nurses provide information in an effort to assist callers find an answer to their health questions, the nurses do not diagnose conditions (always consult with a physician regarding any information provided).

Consult-A-Nurse can also assist callers with finding a physician that has the right medical skills and experience for their medical need, location and office hours that fit their schedule.

Our **Consult-A-Nurse** service is a free community service provided by Fort Walton Beach Medical Center available 24 hours a day by calling **850-864-0213** or toll free at **1-888-616-6291**.

The Decision is Yours

At Fort Walton Beach Medical Center, we recognize the importance of patient participation in all aspects of your care. Executing an Advance Directive, such as a Living Will and/or Durable Power of Attorney for Healthcare, is one method that you may choose to express your healthcare choices. Advance Directives are documents written in advance of serious illness which state your choices about medical treatment or name someone to make those choices for you if you are unable to do so. The Patient Self Determination Act, effective December 1991, mandates that all healthcare institutions provide adult patients with written information about his/her rights to make decisions concerning their medical care.

During the admission process, you will be asked to provide information regarding Advance Directives. An Admissions Representative will ask if you have executed an Advance Directive. If you have an Advance Directive, you will need to provide a copy to the Hospital upon admission for your medical record. Fort Walton Beach Medical Center's Patient Bill of Rights, Patient Responsibilities, Living Will, and Durable Power of Attorney for Health Care forms are included in a Patient Care Information Packet that you will receive during admission. This in no way indicates that our facility requires or requests you to execute Advance Directive documents but does recognize the patient's right to have such documents. The execution and possession of an Advance Directive is completely a personal choice. The decision is yours. In accordance with Florida law, hospital employees cannot witness Advance Directive documents, so these documents should be completed, if at all possible, before the time of admission. Your Patient Care team can answer any questions you may have.

Prior to Admission

The Patient Access Department obtains as much information as possible from your physician's office and will verify your insurance and eligible benefits. Your insurance benefit information and estimated charges for your hospitalization stay will enable us to calculate the approximate patient responsibility. After the compilation of this information, we will be able to discuss your insurance benefits and any required deposit on your procedure.

In order to receive full benefits, most insurances require pre-certification prior to your admission. Please check with your physician's office to ensure that a pre-certification number has been furnished to the hospital, should it be required. Many insurers now require that the surgical patients be admitted the same day as their surgery. Your physician's office will provide you with information regarding admission date and time for arrival. If your stay is longer than anticipated, our Utilization Review Department will obtain recertification.

Hospital bills and insurance claims can be quite confusing and sometimes stressful. Our management of your financial account from admission until your account is paid in full is designed to reduce your stress. We are committed to servicing your account and making this process as simple as possible.

Please remember to bring your insurance cards and a picture ID with you, and also DO NOT EAT anything after midnight prior to your surgery. Lights sips of water or other clear liquids are ok up to 2-4 hours prior to your procedure.

Day of Admission

Please report to the hospital at the designated time at the outpatient entrance. If you have visited our outpatient pre-admissions testing area, and completed the pre-admission paperwork previously, additional paperwork may not be required. Please be aware that many insurance carrier's require a separate billing account should you be admitted to our Inpatient Rehabilitation Center.

Please be aware that you will have separate billings from your surgeon, radiologist, anesthesiologist and pathologist. **Should you have any questions, please do not hesitate to call the Business Office at (850) 863-7500 or toll free at (800) 610-3519.**

Preadmission Testing is a vital part of ensuring that you are thoroughly prepared for your admission to Fort Walton Beach Medical Center.

Medical and diagnostic testing prior to your admission allows your physician to plan correctly for your care. The preadmission testing department is open from 7:30 a.m. to 4:30 p.m. Monday through Friday. If laboratory tests, x-rays, EKG's, diagnostic tests or physician clearance have been conducted in the last 30 days, please bring copies of these results with you. Your surgeon's office will be glad to help you collect this information. This may prevent the same tests from being performed again.

You will find that you are informed and educated at every point of service. During preadmission testing, the following will be addressed:

- Diagnostic test ordered prior to your admission
- Your preoperative and postoperative care
- Your diet prior to and following your procedure
- Your current medications and any allergies
- The condition of your skin at the incision site may be inspected

We hope you will find the pre-admission process to be informative and convenient. It is important that this process is completed in order to avoid delays or cancellation of your procedure.

Please be sure to bring all current medications or a list of medications you are taking, including over-the-counter and herbal medicines. Remember to list the dosages and timing for your medications. This is vitally important.

You should consult your primary care physician, cardiologist, and/or surgeon to discuss how to transition off any blood thinning medications, such as aspirin, Coumadin, Xarelto, etc.

If you have any questions, please call the Preadmission Nurse at (850) 864-0274 or at (850) 862-1111 ext. 1368.

Scanning, Bar Coding, and the Electronic Medical Administration Record

Our goal is to create an environment of patient safety by reducing medication errors. To achieve this, we have implemented a “bar coding” system for bedside medication delivery. This process involves an eMAR (Electronic Medication Administration Record). The eMAR is a computerized list of any medications you are to receive. The staff will scan all medications you receive and then will scan your wristband. This assures accuracy of medication administration and adds another layer of safety for our patients.

Through this technology, you can be assured that you are receiving the medications that your physician has ordered.

The nurse will scan each medication then scan your ID wristband. This ensures that the 5 R's of medication administration are met:

- The Right Patient
- The Right Medication
- The Right Dose
- The Right Route
- The Right Time

If you have any questions regarding this system, please feel free to ask your nursing staff.



Frequently Asked Questions

What is the success rate for total joint replacements?

Approximately 90-95% of patients report good to excellent pain relief results. Most people are able to return to activities they participated in prior to the arthritic damage of the joint and report a significant increase in mobility and activity.

How long will my new hip last?

Current studies report an average 15-20 year usable life span of the artificial joint. There are no guarantees on how long your individual joint will last. Various factors that affect the life of the joint include weight, activity level, and activity type.

Will I need to have my hip replaced again in the future?

It depends on your individual case. Some patients' joint replacements will last the rest of their lives; other patients will need to undergo a revision in the future. On occasion, the bones do not bond properly to the prosthesis, the prosthesis becomes unstable and needs to be replaced.

Will my new hip set off security sensors when traveling?

It is possible that your new joint may set off metal detectors when traveling. The prosthesis is made of a metal alloy. You can be given an identification card that indicates that you have a prosthetic joint. However, airport regulations do not typically accept this card as proof, and you may be required to undergo further security evaluations.

Are there major risks associated with this surgery, and what are they?

All surgeries involve a certain amount of risk. Please speak with your surgeon regarding these risks and any concerns you have. We follow evidence based guidelines that are aimed to offset the risks of major surgery.

You will be given antibiotics both before and after surgery to safeguard you from infections. Our surgical processes are streamlined to minimize the amount of time your surgical wound is open.

Blood clots can also be a problem after surgery. To help prevent blood clots, you may be given an anticoagulant to help 'thin' the blood. In addition, you will also have SCDs (sequential compression devices) on your legs to help promote circulation in the legs. Another important method to prevent blood clots is to get you up and walking as soon as possible after surgery. You should remain as mobile as possible during your hospital recovery and while at home.

How long will I be in the hospital?

Our joint replacement patients usually stay in the hospital two to three days following surgery. Our goal is to get you back to walking as soon as possible. Occasionally, some patients need a short stay in a rehabilitative facility. The majority of patients go home with a home health agency for nursing care and physical therapy.

Will I need a walker or cane?

Normally, our joint replacement patients use a walker or cane for about four to six weeks. Your surgeon will direct you as to how long to use any assistive device based upon your personal progress.

What will I need at home?

Even though you are on your way to recovery when you leave the hospital, it is a very good idea to have some extra help at home with meals, laundry, dressing, etc. for the first week. It is also helpful to plan ahead. Before surgery, try to get as many errands done as possible; things like filling prescriptions, yard work, laundry, cleaning house, grocery shopping will enable you to focus on your recovery instead on household duties. If you do not have a walker or cane, arrangements will be made in the hospital for you to get one. You do not need to purchase one ahead of time.

What about returning to work?

You can plan on going back to work approximately 2-6 weeks after surgery, depending on the required activity level of your job. It is important to remember that you cannot drive a vehicle while taking narcotics.



Pre-Operative Exercises

Exercise #1	Ankle Pumps	20 repetitions
Exercise #2	Quad Sets (Knee Pushdowns)	20 repetitions
Exercise #3	Gluteal Sets (Buttock Squeezes)	20 repetitions
Exercise #4	Abduction and Adduction	20 repetitions
Exercise #5	Straight leg raises	20 repetitions
Exercise #6	Heel Slides	20 repetitions
Exercise #7	Short Arc Quads	20 repetitions
Exercise #8	Long Arc Quads	20 repetitions
Exercise #9	Armchair Pushups	20 repetitions
Exercise #10	Seated Hamstring Stretch	20 repetitions
Exercise #11	Mini Squats	20 repetitions

Preoperative Exercise #1 Ankle Pumps

1. Extend your foot as far as you can with the toes pointing forward.
2. Then, bring your foot back in the opposite direction towards your leg, like your trying to point your toes towards your head. You should feel your calf muscles working.
3. Repeat this exercise 20 times.



Preoperative Exercise #2 Quad Sets (Knee pushdowns)

1. Lie on your back, extend your leg and press the knee downward into the bed or couch. This is more effective on a hard surface or with your heel propped up and knee suspended (if you can tolerate it).
2. You should feel the muscles on front of the thigh (the quads) tighten as you press down.
3. Remember to breathe while performing exercises.
4. Repeat this exercise 20 times.



Preoperative Exercise #3 Gluteal Sets (Buttock squeezes)

1. Lie or sit down.
2. Squeeze the buttock muscles together. Hold and release.
3. Repeat this exercise 20 times.



Preoperative Exercise #4 Abduction and Adduction

1. Lie on your back with your legs together.
2. Slide the left leg out the side, keeping toes pointed up and the knee straight. Return the left leg to the starting position.
3. Slide the right leg out to the side, keep toes pointed up and the knee straight. Return the right leg to the starting position.
4. *This exercise can be performed on your side to improve the strength of the muscles that stabilize your hip replacement after surgery.
5. Repeat these exercises 20 times



Preoperative Exercise #5 Straight Leg Raises

1. Lie on your back with your legs out in front of you.
2. Keep the surgical knee bent and raise it up 12 inches, keeping your toes pointed up.
3. Hold this position and then release.
4. Repeat these exercises 20 times.



Preoperative Exercise #6 Heel Slides

1. Lie on your back with your legs together.
2. Slide the heel of your foot up the bed toward your buttocks.
3. Slide your heel back to its starting position.
4. Repeat this exercise 20 times.



Preoperative Exercise #7 Short Arc Quads

1. Lie on your back with a small towel rolled under your knee.
2. Lift your foot upward, straightening your leg.
3. DO NOT raise your knee off of the towel roll.
4. Return your foot to its starting position.
5. Repeat this exercise 20 times.



Preoperative Exercise #8 Long Arc Quads

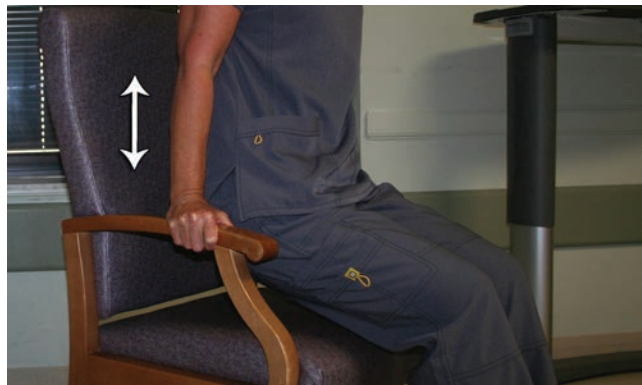
1. Sit with your back comfortably against chair and with your feet touching the floor.
2. Straighten your leg and knee until your foot is parallel to the floor.
3. Hold and release, return your foot to its starting position on the floor.
4. Repeat this exercise 20 times.



Preoperative Exercise #9

Armchair Pushups

1. Sit in a sturdy, comfortable chair, placing your hands on the armrests.
2. Using your muscles, straighten your arms, raising your buttocks off chair seat.
3. If your arms are weak, this may take practice. It is important to do this exercise as increased arm strength will be needed during your recovery.
4. Repeat this exercise 20 times.



Preoperative Exercise #10

Seated Hamstring Stretch

1. Sit on floor or bed in a comfortable position.
2. Extend your legs out in front of you, with your feet apart.
3. Keeping legs as straight as possible, lean forward and try to touch your toes. Do not overstretch the muscles, this is a gentle stretching exercise.
4. Hold the stretch for a few seconds and then release, returning to your upright seated position. Do not "bounce".
5. Repeat this exercise 20 times.



Preoperative Exercise #11

Mini Squats

1. Stand behind a sturdy chair, table top or counter top.
2. Bend your knees slightly, making sure to keep your heels on the floor.
3. Slowly return up to the starting position.
4. When you repeat the movement, try to bend a little further each time if possible.
5. Repeat this exercise 20 times.



We want to be there for you!

During your stay with us, we want to make it as pleasant as possible. Our staff strives for excellence. Please feel free to contact one of the following people if you have an issue come up OR to let us know if a staff member needs to be recognized for their outstanding service.

Amanda Liles, Director of Surgical Services: **850-502-3090**

Discussion Outline and Objectives

- Preparing for your upcoming surgery
- What to expect during your hospital stay
- Home safety checklist
- Members from the following teams will also be in to talk to you this morning
 - Pharmacy
 - Physical Therapy
 - Case Management (discharge planning)

Preparing for Surgery

Preparation for joint replacement surgery ideally begins weeks before surgery and includes:

- Maintaining good health
- Attending prehab joint class
- Undergoing all pre-surgical medical testing
- Performing exercise program twice daily
- Performing breathing exercises 3-4 times daily
- Reviewing your medications with your surgeon or primary care doctor
- Stop smoking! Smoking decreases wound healing and increases chances for infection because of decreased oxygen levels in the blood.

What to Pack

- Picture ID and insurance cards
- Complete list of medications (to include over the counter and herbal supplements) with dosages and frequency
- Rubber soled shoes
- Loose fitting clothing – shorts, pants for therapy
- Personal care items – toothbrush, hairbrush, etc.

- Cases for dentures/glasses/hearing aids labeled with your name
- Breathing devices – spirometer, C-PAP
- Remember to leave valuables at home
- A positive attitude

Pre-Admission Testing

- An **EKG** – a graph of the electrical activity of the heart.
- **Lab** tests – CBC, BMP, PT/PTT, and Type and Screen – simple blood tests that tell your physician your blood counts, electrolyte levels, bleeding times, and blood type.
- **Urinalysis** – urine test that shows renal function and rules out current urinary tract infection.
- **Chest x-ray** – provides visual picture of the lungs.
- **MRSA Screen** – a simple nasal swab screens patients for Methicillin-resistant Staphylococcus aureus, so we can administer appropriate antibiotics

The Day Before Surgery

- Follow medication use as instructed by your surgeon (blood thinners, cardiac meds, etc.).
- Take a shower, lathering the surgical leg for 3-5 minutes with the cleanser provided to you. Do this the night before AND the morning of surgery.
- Do not eat anything after midnight. You may have small sips of water up to two hours before your surgery. You may brush your teeth. Take any medication instructed by your physician with just a small sip of water.

The Day of Surgery

- Arrive when your surgeon tells you to do so.
- Wear loose clothes for easy removal. Please do not wear make-up, nail polish, jewelry or other valuables. You will change into a hospital gown in the pre-op area.
- Bring family or your coach. 1-2 people may stay with you in the pre-op area until you go to the operating room.
- A nurse will review your health history, home medications and assess your health status.
- Your surgeon will see you and, together, you will write the word “YES” on the leg appropriate for surgery.
- An anesthesiologist will see you to discuss anesthesia options and review your medical history. Please inform your anesthesiologist BEFORE SURGERY if you have had nausea and/or vomiting with prior surgeries/anesthesia.
- An IV line will be started. You may be given sedatives to make you sleepy.
- You will be transported into the operating room on a stretcher, anesthesia will be started, and the surgical site will be prepared.

- Time frame – We try not to quote the amount of time a surgery will take. The surgeon will take as much time as necessary to perform the surgery, but this time also includes anesthesia, positioning, and preparation and draping of the surgical site. We will do our best to communicate updates to your family as they occur.
- Recovery Room (PACU) – Nurses will closely monitor your recovery and vital signs. You will stay in PACU until you are ready to transfer to your hospital room.
- Your surgeon will go to the surgical waiting area and meet with your family and update them on your condition.
- You will come up to the Surgical Care Unit after you leave the recovery room.

Acute Recovery Phase

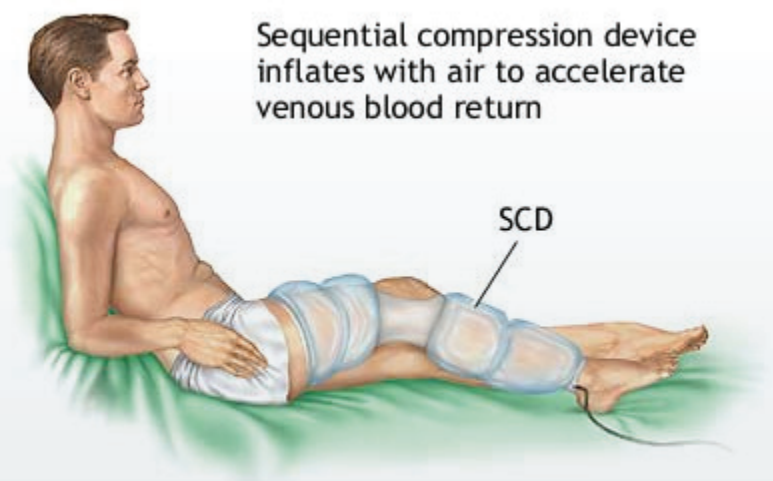
- **Nursing assessment** – your nurses will monitor your condition closely to check your vital signs, pain levels, surgical site status, and overall health.
- **Diet** – Begin with ice chips, then to liquids, and advance as tolerated. A lack of appetite is not unusual after surgery.
- **Lab tests** – will be done as ordered by your physician, usually daily for 3 days.
- **Dressing changes** – A dressing is kept on the surgical site and is changed according to the surgeon's orders.
- **Nausea and/or vomiting** – can be a side effect of surgery and medications. Please inform your nurse so anti-nausea medications can be given as ordered by your physician.
- **IV fluids and antibiotics** – You will receive these after surgery for infection prevention and to maintain hydration. Once you are tolerating food and drink in adequate amounts, the IV fluids will be discontinued. However, the IV access will remain in place in case it is needed.
- **Blood transfusions** – you may receive a blood transfusion if your surgeon recommends it. Please discuss any concerns/objections with your surgeon prior to surgery.
- **Home medications** – Your surgeon or primary care physician may have you start your home medications, except for those that promote bleeding.
- **Bowel protocol** – You may receive a stool softener to help prevent constipation. If by POD #2, you have not had a bowel movement, please discuss further with your nursing staff.
- **Hip replacements** – a wedge may be placed between legs for safety in order to maintain proper alignment for the hip.
- Both knee and hip replacement patients will have a **foley catheter**, a tube placed in the bladder to facilitate voiding the first day or two after surgery. It is removed POD #1 or 2 to prevent urinary tract infections.

Pain Management

- We measure pain on a 0-10 scale.
- You may receive a PCA pump based upon your surgeon's preference.
- PCA (Patient Controlled Analgesia) pump – allows you to safely self-administer pain medicine by pressing a button.
- Peripheral Nerve blocks
- On Post-Op Day #0-1, you will begin transitioning to oral pain medications.
- Pain management is VERY important. Take your pain medication on a regular basis, especially prior to physical therapy.
- Pain medications are ordered as needed, so you must request them. Please ask in advance for your medications, so our staff has adequate time to get them for you.
- Please let the surgeon and nursing staff know if the current pain medications are not managing your pain.

Blood Clot Prevention

- Blood clots are a risk for any surgery. There are several things that we do to help prevent blood clots.
- **Anticoagulant Protocol** – You will most likely receive a blood thinner after surgery. The exact medication will vary based upon physician preference. The dose will be adjusted by your physician to meet your individualized needs. It is important to take the medication as prescribed to prevent blood clots. Make sure you know how long your physician wants you to continue your blood thinners after discharge.
- **SCD** (Sequential Compression Device) – should be worn on both legs while in bed. The device intermittently compresses your legs to promote circulation.
- **Elastic Stockings** – compressive thigh hose that should be worn for 6 weeks after surgery as prescribed by your physician.
- **Movement** – walking, ankle pumps, bed exercises are very important in promoting circulation.
- Blood clots most commonly form in the calf muscle..
- Symptoms of a blood clot include swelling of the calf muscle, pain/tenderness in the calf, and/or increased warmth in the calf.
- Report any of these symptoms or any chest pain/shortness of breath to your nurse immediately.



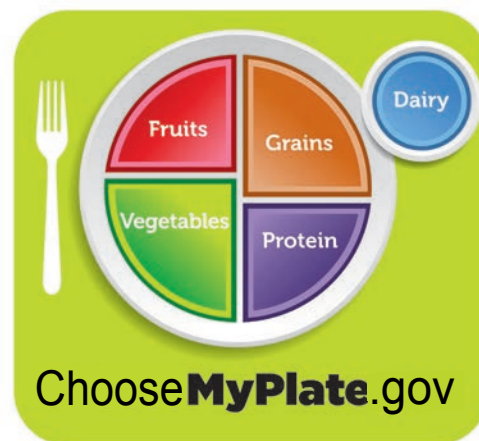
Incentive Spirometry

- An incentive spirometer is a device used to encourage deep breaths to prevent lung congestion, atelectasis, fever, and pneumonia.
- Inhale through the mouth piece at a slow, steady rate, keeping the blue bouncing ball between the two arrows.
- The large center column tells you how much air you are pulling into your lungs.
- Perform 10 deep breaths at least 3 times daily before surgery to strengthen your lungs.
- Use the spirometer 10 times an hour while you are awake after surgery to prevent respiratory complications.



Nutritional Information

- Good nutritional status is very important.
- Focus your diet on eating healthy, balanced meals.
- Eat a variety of foods of different colors, and try to choose more nutrient rich foods.
- If you are at nutritional risk, you may receive nutritional supplements to take prior to surgery.
- Remember to wash your hands before and after eating.
- Good nutrition improves wound healing and decreases chance for infection.
- *Diabetics – it is vital to control your blood sugar after surgery. It is important that you get up the day of surgery. Sitting up on the side of the bed improves your breathing. Early mobilization after surgery has been proven to be beneficial in the recovery process for joint replacement patients.
- You may be groggy from the medications administered in surgery.
- Use the incentive spirometer to encourage deep breathing.
- Advance your diet slowly.
- Ice therapy.
- Pain management.





What to Expect the Rest of the Day of Surgery

What to Expect POD #1

- Physical therapy will work with you twice today. Take your pain medications prior to therapy.
- You may walk with a walker and either physical therapy or nursing staff.
- Do the bed exercises that physical therapy showed you. Try to get 10 repetitions per hour. Active range of motion exercises are the best for you.
- Use the incentive spirometer.
- Nursing will assist you with positioning and comfort. Do not position the bed with the knee bent. NO pillows under the knee joint.
- Continue using ice packs or the cryocuff to help control swelling.
- Case Management will be in to see you today to start planning for your discharge needs.

What to Expect POD #2

- Transfers in and out of bed should be getting easier. We encourage you to do this often.
- Walk as much as tolerable with a walker and physical therapy or nursing staff. Increase your physical therapy exercises.
- Continue using ice/cryocuff to help with swelling.
- Pain management.
- Hip replacements - Occupational Therapy may come by to assess and train you on assistive devices for bathing/dressing.
- Some patients go home today.

What to Expect POD #3

- Continue physical therapy progress, advancing as tolerated.
- Continue deep breathing exercises with incentive spirometer.
- Case management will begin working towards planning your discharge.
- Most patients are discharged today, based upon their personal progress.

Discharge Options

There are three options for discharge after a joint replacement surgery:

- You may go home with self care, and seek follow up services and physical therapy on an outpatient basis
- You may go home with a home health agency service for dressing changes and physical therapy.
- You may go to a skilled nursing rehab facility for rehab and physical therapy.
- A case manager will be in later to discuss these options with you further.

Priority Medical Concerns

- **Incisional Care**
If the incision is draining, keep it covered at all times with a sterile dressing.
Your staples will usually be removed within 10-15 days by a home health nurse or by the physician in the office.
- You may shower as directed by your surgeon. Stand with your good leg towards the stream of water. Cleanse the incision lightly with antibacterial soap and pat dry gently.
- **Future Medical/Dental Care**
It is important to inform other physicians or dentists that you have had a joint replacement.
Dental and invasive medical procedures: take preventive antibiotics on the day of the procedure, about 30 45 minutes prior to the procedure. For a prescription, call your doctor, dentist, or surgeon.

Call your surgeon's office or home health agency IMMEDIATELY if you notice any of the following:

- Increased and prolonged pain
- Fever >101 degrees
- Persistent nausea or vomiting
- Pain that is not relieved by your medications
- Increased drainage, swelling, or redness around the incision
- An increase in the size or tenderness of your calf
- Black, tarry stool, vomiting blood or material that looks like coffee grounds, nose bleeds, uncontrolled bleeding, or bloody urine.

Pharmacy Concerns



Medications to Avoid

- STOP taking aspirin, all medications that contain aspirin, arthritis medications, anti-inflammatories, NSAIDs, and blood thinners 5 days before surgery.
- Check with your physician prior to stopping the anticoagulants. Some patients may require bridging with Lovenox or Heparin.
- This is NOT an all inclusive list. All medications in this category should be discussed with your surgeon. Extra-strength Tylenol may be taken as directed.
- Discuss with your primary physician if and when to resume any of these medications. Discuss what medications you can take for pain.
- DO NOT take any supplements or vitamins for at least 1 week prior to surgery unless otherwise instructed by your physician.
- Stop taking hormone replacements one week before surgery and for one month after surgery.
- If you are currently taking birth control pills, you will need to stop taking this medication 2 weeks before surgery and for 4 weeks after surgery to prevent blood clots.

Possible Anticoagulants

- Aspirin Arixtra Eliquis
- Coumadin Heparin Pradaxa
- Lovenox Xarelto

Precautions When Taking Blood Thinners

Blood thinners (anticoagulants) affect your blood's ability to clot. Follow these guidelines:

- **DO's**
 - Take your medicine at the same time daily. Change dosage **ONLY** as directed to do so by your physician.
 - Maintain pressure on all cuts for 10 minutes. If the cut is on an arm or leg, elevate it above the heart. If the bleeding does not stop, call for help, then call your doctor immediately.
 - Keep all scheduled lab appointments.
 - Use a soft-bristled toothbrush.
- **DON'Ts**
 - **Don't take** aspirin, drugs containing aspirin, NSAIDs, or any other drug without consulting with your physician first.
 - **Don't take an extra dose of your anticoagulant**
 - **If you forget a dose, take your next dose at the scheduled time. If you miss two doses, call your physician.**
 - **Don't** put toothpicks or sharp objects in your mouth.
 - **Don't** consume large amounts of alcohol.

Coumadin and Vitamin K

- Decreasing or increasing your Vitamin K intake can affect Coumadin's anticoagulant effectiveness.
- Keep your Vitamin K intake as consistent as possible.
- Foods high in Vitamin K include: kale, spinach, turnip greens, collards, mustard greens, brussel sprouts, green tea, and soy beans.
- Make sure your Coumadin/PT/INR levels are being followed. The dosage need to be adjusted until the levels are stabilized. So, make sure you go to the lab when you are supposed to!

Physical Therapy

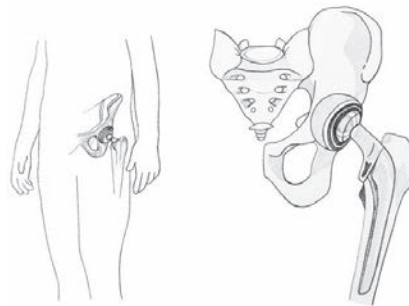


Ambulation

- **Weight bearing status** – the amount of weight you can put on the operative leg, which will be prescribed by your physician
- **WBAT** – weight bearing as tolerated. This allows you to put as much weight as comfortable, progressing to putting full weight on the operative leg. This is the most common weight bearing status after surgery.
- **Assistive devices** – you will begin ambulation using a standard or rolling walker
- **Ambulation sequence** – the proper sequence is: “walker forward move operative leg forward move non-operative leg forward”
- ****You are at an increased risk for falls** during the post-op recovery period until your strength returns. Please, always ask for assistance with ambulation!
- **Range of Motion** – The therapist will measure your range of motion daily and will chart this in your medical record. Total knee replacement patients are expected to achieve 0° extension and 90° flexion (at a minimum) by discharge.

Hip Replacements Patients

- POSTERIOR HIP PRECAUTIONS
- DO NOT bend your hip more than 90°
- DO NOT cross your legs
- DO NOT turn your toes inward



Post-Operative Activity Level

- Do not ride in a car for over an hour without stopping and moving your legs.
- Do not drive until your surgeon clears you to do so (usually 2-6 weeks). Do NOT drive while taking pain medications.
- Walk as much as possible. Take short frequent walks versus one long walk.
- Walk with your walker or crutches until your surgeon or therapist weans them away.
- Avoid sexual relations until cleared by your surgeon.
- Avoid the following activities for the first 6-8 weeks:

Walking in sand, on snow, ice, loose surfaces, or uneven terrain.

Lifting/carrying heavy objects.

Climbing on ladders.

Wearing high-heeled shoes.

Jumping, jerking, pulling, twisting, running.

Golfing and aquatic exercises.

Do not submerge your incision site in water for 3 weeks.

If you want to resume an activity before 6 weeks, consult your surgeon.

Note that narcotics will decrease your physical coordination and reaction time, so be careful and plan your activities accordingly.

Home Safety Concerns



Home Safety

The prevention of falls after surgery is a primary concern. Most falls occur in the home.

- Thoughtful planning before surgery
- Identify problem areas around the home.
- Remove loose rugs and throw rugs.
- Be aware that thick carpets can cause the walker to drag or catch.
- Be sure there are no electrical cords where the bottom of the walker or crutch could get caught.
- Make clear, wide paths for ambulation with a walker.
- Have railing installed professionally to steps entering the home or steps within the home.
- Pets love to be around your feet. Keep them in another area if possible

Bathroom:

- Always use a non-skid bathmat and avoid use of additional rugs around the tub or commode.
- Be sure to use an elevated commode seat (if ordered) that is well anchored.
- Have safety grab bars installed near the tub/shower and commode.
- Use a hand-held shower sprayer with an on/off switch.
- Rearrange items in the kitchen cabinets, dresser drawers, etc., to move most commonly used items within easy reach.
- Keep grooming items within easy reach and a chair at the sink.

Nighttime Bedroom:

- Have a nightstand on the non-operated side of the bed.
- Use nightlights in the bedroom and path to the bathroom.
- Place a walker next to the bedside when sleeping. This is a safeguard and reminder in the middle of the night.
- Keep a telephone at bedside if you are home alone.
- When getting up to walk, get up slowly. Sit or stand for a minute to let your blood pressure adapt.

Chairs

Chairs should have a firm bottom and arm supports. It shouldn't be so deep that you have trouble getting out of it. Avoid overstuffed or low chairs that could cause the hip to bend more than 90°.

Assistive devices

- Check that all equipment is in good repair (crutch/walker tips, grips and connections).
- Check that hand rails and commode seat are well anchored and stable.
- A reacher, long-handled bath sponge, and shoe horn may be purchased to facilitate independence with activities of daily living.

Getting Dressed

- Always wear proper fitting footwear.
- Avoid stairs and waxed floors when in stockings.
- Sit while putting on socks and shoes. For hip replacements patients, use sock aides.
- Make sure nightgowns and robes are short enough to avoid tripping when standing, walking, or climbing stairs.
- Keep blankets tucked in versus hanging onto the floor.

Discharge Planning



Discharge Information

- If you are going home, you will be provided with discharge instructions that are both physician and procedure specific, to include:
 - Wound care, staple/suture removal
 - Physical therapy instructions
 - Follow up appointments 10-15 days post-op
 - Follow-up lab work
- A case manager will be assigned to you and assist you with the details of where you will be receiving your post-discharge care:
 - Home with outpatient therapy
 - Home with home healthcare
 - Skilled nursing facility/rehabilitation center

Extended Care Providers

- Please consult your insurance company regarding a provider list for home health care or skilled nursing facilities. Upon admission, you will be given a computer generated list of providers in the area with which your insurance company contracts. We do not promote one provider over another. It is beneficial to speak to your physician, family, or friends to get personal recommendations.

Criteria for Home Healthcare

- Physician's order
- Skilled need (nursing, physical therapy)
- Insurance
- Insurance companies require it be a taxing effort for you to get out (homebound)

What to look for in a home healthcare provider:

- Streamlined referral process initiated in the hospital.
- Nursing and physical therapy initiated within 24 hours of discharge.
- Daily therapy for one week if needed (Sat. and Sun. included). Occupational therapy if ordered.
- Individualized rehabilitation (per surgeon's protocol).
- Predictable outcome: high quality results.

Skilled Nursing Facility/Rehab

- Provides 24 hour inpatient services to include the following:

Physical therapy, occupational therapy

Registered nurses

Pharmacy and lab services

Wound care management

Nutritious meals and snacks

Discharge planning services

Possible Equipment Needs

- Rolling walker
- Bedside or elevated commodeseat
- Reacher
- Sock aide
- Tub bench
- Cryocuffs cannot be provided by the hospital, and are typically not covered by your insurance.



- CPM machines can be ordered for home use
- Family member or friend will need to obtain prescriptions and fill before 3pm on Saturdays.

Discharge Plans

- You can expect a 2-3 day stay in the hospital for most joint replacements.
- You will need transportation arrangements whether you discharge home with home health or if you discharge to a rehab facility.

Advance Directives

Living wills and designation of health care surrogates need to be documented in the medical record if they are available. Please bring a copy with you to registration. If you do not have a living will or designation of health care surrogate, we can provide additional information and forms upon your request.



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 - Pediatric ER
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- **Cancer Care Center**
- **Certified Orthopedic Joint Replacement Program**
- **Comprehensive Cardiovascular Program:**
 - Advanced Primary Stroke Center
 - Accredited Chest Pain Center
 - Open Heart Surgery
 - Cardiac Cath Lab
 - Cardiac Rehab
- **Health2You (H2U) Program**
- **Radiology/X-Ray**
 - First and Only 3D Mammography in area
 - MRI
 - Nuclear Medicine
 - PET/CT
 - Ultrasound
- **Rehabilitation Services**
 - Inpatient and Outpatient
- **The Rehabilitation Institute of NWF (in Destin)**
- **da Vinci Robotic Surgical Services**
- **Women and Children's Center - "Where Families are Born"**
 - Level II Neonatal Intensive Care Unit
 - Full-time Neonatologist and Pediatrician Care
- **Wound Care and Hyperbaric Oxygen Therapy Center**

