



PATIENT EDUCATION

Enhanced Recovery Program (ERP)

A Guide for Patients

Undergoing Total Knee or Hip Replacement



OSF[®]
HEALTHCARE



WELCOME TO OSF HEALTHCARE SAINT ANTHONY MEDICAL CENTER

*Thank you for choosing OSF HealthCare for your surgery.
Your care is important to us. We are committed to providing
you with a safe environment to receive the care you need.*

The information within this guide should help you through your recovery and answer questions that you may have. Please let us know what would make your experience with us even better.

Patient Name:	
Surgery Date:	Arrival Time:
Surgeon:	

HELPFUL HINTS

Please bring this guide with you to:

- Every office visit
- Your admission to the hospital
- Follow up visits

CONTACT INFORMATION

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Rockford Illinois 61108

Contact	Phone Number
OSF HealthCare St. Anthony Medical Center Main Hospital	815-226-2000
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OSF HealthCare Billing Questions.	815-395-4576
OPI Language Line	877-746-4674
Orthopedic Unit.	815-395-5179
Orthopedic Program Coordinator	815-484-7237
Orthopedic Nurse Manager	815-395-5459
Rehab Services Manager	815-395-5165
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TABLE OF CONTENTS

Section 1:

- What is the Enhanced Recovery Program (ERP)? 2
- Understanding the Main Focus Areas 2-3
- Illustrations 4
- Before your Surgery 5
- Medications To Stop Before Surgery 6
- Preparing for Your Surgery 7-8

Section 2:

- Day of your Surgery 9
- After your Surgery 10

Section 3:

- After you are discharged from the Hospital 11
- Exercises 12-14
- How To Prevent Complications 15-19
- Frequently Asked Questions 20
- Helpful Tips 21
- Tips for Knees 22-23
- Tips for Hips 24-25

Section 4:

- Post Discharge Week 1 Checklist 28
- Post Discharge Week 2 Checklist 29
- Medication List 31
- Allergy List 32

WHAT IS THE ENHANCED RECOVERY PROGRAM (ERP)?

Enhanced recovery improves the experience of patients who need major surgery. ERP speeds up the patient's recovery. They can return to normal faster. The ERP makes sure that patients are actively involved in their recovery.

THERE ARE FOUR MAIN STAGES

- 1. Scheduling and preparing before your surgery**—making sure that you have all the information you need and are ready for your surgery.
- 2. Reducing the physical stress of the surgery**—letting you drink 3 hours before surgery.
- 3. A pain management plan**—the plan gives you the right medicine you need to keep you comfortable during and after surgery.
- 4. Early feeding and moving around after your surgery**—lets you eat, drink, and walk as soon as you can.

You need to know what to expect before, during and after your surgery. Your care team will work closely with you to plan your care and treatment. You are the most important part of the care team.

You need to take part in your recovery and follow our advice. By working together, we hope to keep your hospital stay as short as we can.

THE MAIN FOCUS AREAS

There are five main areas of concern with the risks of your surgery. For the best outcomes you and your surgical team will focus on the following:

1. Preventing Surgical Site Infection (SSI)

A surgical site infection is one that occurs after surgery in the part of the body where the surgery took place. Most patients do not develop an infection.

To prevent SSIs, physicians, nurses and other healthcare providers:

- Clean their hands. They will use an alcohol-based hand rub or soap and water. They will clean their hands before they care for each patient.
- May remove some of your hair just before surgery. They will use electric clippers.
- Give you antibiotics before your surgery starts.
- Keep you warm before, during and after your surgery.
- Use a special cleanser to clean your skin at the site of your surgery and in your nose. This will kill germs.

What you can do to prevent SSI?

- Discuss any health problems such as allergies, diabetes, cold/flu symptoms, and obesity with your doctors. These can affect your surgery and treatment.
- If you smoke, talk to your doctor about how you can quit or cut back. Patients that smoke get more infections.
- **Do NOT** apply lotions, powders, hair spray or make-up.
- **Do NOT** shave or wax within 2 weeks near where you will have surgery. You may irritate the skin. This makes it easier to develop an infection.
- **Take off** nail polish, make-up, jewelry and all piercings.
- Tell the doctor's office if you have a skin infection, sores or a rash before your surgery.

2. Preventing Pneumonia and Respiratory Complications

After major surgery with general anesthesia, pain can make it harder to get up and walk. It may be hard to take deep breaths. This can cause post-operative lung complications like pneumonia.

- ◆ Your care team will work with you after your surgery to control your pain.
- ◆ Good pain control will help you walk sooner. This leads to fewer lung and heart complications.
 - Breathing exercises with an Incentive Spirometry.
 - Coughing and Deep Breathing—helps expand your lungs and bring mucus out of them.
 - Early Walking After Surgery—reduces the risk of pneumonia.
 - Good Oral Hygiene—brush your teeth at least twice a day. This decreases the bad bacteria in your mouth that could be inhaled and lead to lung infections.
 - Elevating the Head of Your Bed—helps prevent the chance of inhaling anything into your lungs.

3. Preventing Urinary Retention

Some medications can cause urinary retention. Urinary retention is when it is hard to pass urine, or you can't do so, even when your bladder is full. This can damage your bladder or cause an infection in your bladder. Getting out of bed and walking can help prevent urinary retention. If this does not work a tube (catheter) may be put into the bladder. This will drain the urine. The catheter may need to stay in for a few days until your bladder works like it should.

4. Preventing Blood Clots in the Legs

Some of the common treatments used to prevent blood clots are:

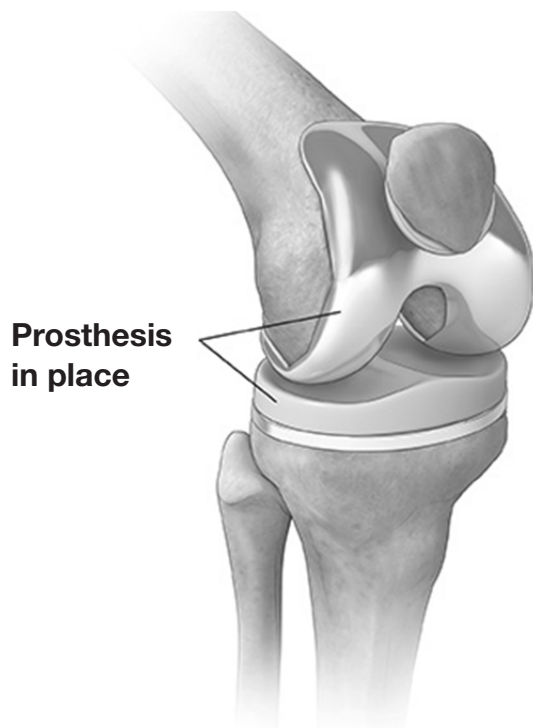
- Early Ambulation—You will be asked to get out of bed and begin to walk the day of your surgery.
- Your doctor will recommend a blood thinning medication—this makes blood less likely to clot.
- Sequential Compression Device (SCD)—You will have SCDs on both legs after your surgery. You may also get TED hose. They will increase blood flow in your calves by squeezing the calf and foot.

5. Extended Recovery Time After Surgery

The longer you are in the hospital, the greater chance there is for complications. Our goal is to help you to be able to leave the hospital as soon as you can. You can continue your recovery at home.

TOTAL KNEE REPLACEMENT

During total knee replacement surgery, we replace the damaged knee joint with an artificial joint. This is a prosthesis. This surgery almost always lessens joint pain. It also improves quality of life.



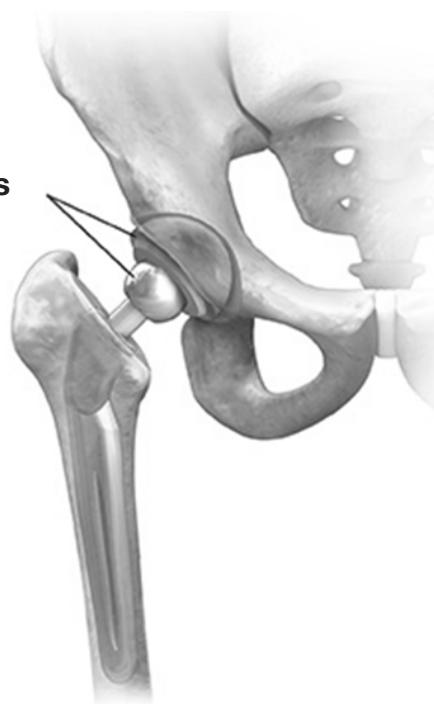
The parts of the prosthesis are secured to the bones of the knee. Together they form the new joint.

TOTAL HIP REPLACEMENT

Total hip replacement surgery almost always reduces joint pain. During this surgery, your problem hip joint is replaced with an artificial joint. This is a prosthesis.

The new hip stem is inserted into the upper portion of your thighbone. After the stem is secure in the thighbone, the new ball and socket are joined.

Prosthesis in place



BEFORE YOUR SURGERY

DOCTOR’S OFFICE

During your doctor office visit, we will talk with you about your surgery. You will work with the surgeons and their team who will help you prepare for surgery:

During your office visit, you may:

- Have a physical exam
- Answer questions about your medical history

You will also get:

- Instructions on preparing for your surgery
- Special instruction for what to do before surgery if you are on any blood thinners

<p>Helpful Hints/Other Instructions:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

PRE-SURGICAL INTERVIEW AND TESTING

Once you are scheduled for surgery, expect a phone call from the Nurse Navigator at OSF HealthCare Saint Anthony Medical Center. You may need tests done before your surgery.

This call should last about 30 minutes to 1 hour.

During this phone call:

- Review your medical history, medications, etc.
- See if labs, blood draw or urine sample are needed.
- See if an EKG (A test for your heart) is needed.
- Check if you have snoring and sleep problems like obstructive sleep apnea (OSA). You may do a sleep study.
- You will get special antibacterial soap to use the night before surgery at the Hip and Knee class.

Sometimes your exam or tests show some problems. If this happens, we may ask that you see a specialist, like a cardiologist (heart doctor). They will evaluate you more.

You may need to stop some of your regular medications, vitamins, and supplements before surgery. The Nurse Navigator will tell you which medications to stop taking.

MEDICATIONS TO STOP BEFORE SURGERY

You need to stop all medications that thin or anticoagulate the blood. Medications such as Vitamin E, Ibuprofen (Advil, Motrin), Naproxen (Aleve), Nabumetone (Relafen) and all other anti-inflammatory medications can affect blood clotting. Do not take these 14 days before surgery.

Medications like Aspirin, Warfarin (Coumadin), Clopidogrel (Plavix), Pentoxifylline (Trental), Rivaroxaban (Xarelto), etc. must be stopped. Please talk to the prescribing doctor to learn how to stop these medications.

If you have questions you can call the Nurse Navigator that you spoke with from the hospital. (The number is listed on the inside front cover of the booklet.)

- Herbal/supplements (including tea) and vitamins should also be stopped 14 days before surgery. Some of these contain natural blood thinners.
- Do not take diet pills 7 days before surgery.
- Do not take erectile dysfunction medications 7 days before the procedure.
- For headaches and other aches and pains, you **MAY** take Tylenol, according to package directions.

My Medications to STOP:

PREPARING YOURSELF FOR SURGERY

You should plan to be in the hospital for about 1-2 days. You will need a family member or friend to help you after you go home. They can help with meals, give you medication, and help you move safely.

- You should not have dental work done for two weeks before and three months after surgery. Please check with your surgeon.
- Take good care of your skin. Stop shaving your legs two weeks before surgery. Any cuts, bumps or open areas on your skin could cause your surgery to be cancelled.
- If you are a diabetic, you will need to watch your blood sugars both before and after surgery. Blood sugars that are too high can make healing harder.
- Stop or cut back on smoking. Ask your doctor for help. Smoking can slow healing or can lead to hardware failure and extra surgeries. It can also cause breathing problems after surgery.
- Eat a healthy diet and drink plenty of fluids.
- Start doing the exercises that the physical therapist will show you in this class. The exercises will help you build up the muscles you will use after surgery.
- Do not sleep with your pets the night before surgery or while your wound is healing afterwards. This can cause an infection in your incision.
- Call your doctor's office if you develop a sore throat, cold, flu, fever or upper respiratory infection prior to surgery. We may have to postpone your surgery.

PREPARING YOUR HOME

You can do a few things before you come into the hospital. This makes things easier for you when you get home:

- Put items you use often between waist and shoulder height. Then you won't have to bend down or stretch to reach them.
- If your bedroom and bathroom are not on the same floor, you may want to set up a bedroom near your bathroom.
- Wash and put away laundry.
- Clean bedding.
- Shop for groceries. Buy the foods and things you will need. Shopping may be hard after your surgery.
- Make sure you have help with yard work, housework, getting the mail, and pet and child care.
- Keep your walk ways clutter free. You should remove any electrical cords, throw rugs and furniture that you could trip over. Watch out for small pets and children.
- Make sure that you have good lighting in your home. Use night lights in your hallways and bathrooms.
- You will want a comfortable chair with arms that make it is easy to sit down and get up.
- Repair loose steps or railings.
- Install grab bars by the toilet and in the shower. Get a hand-held shower, bath bench, and non-slip mat, commode or toilet riser.

Helpful Hints/Other Instructions:

- Eat healthy foods before your surgery, including protein. Drink lots of water. This will help you recover sooner.
 - Get enough exercise. Go for walks. You should be in good shape before surgery.
 - Stop or cut back your smoking before surgery. Ask your primary care doctor for help.
-

THE NIGHT BEFORE SURGERY

- Eat a good dinner, no food after 11 p.m. You may drink liquids up until 3 hours before your surgery. Liquids include: water, 7-Up, ginger ale, pulp-free apple juice, and coffee or tea without creamer
 - Shower and take your CHG bath as directed on the handouts.
 - Get a good night's sleep. Do not sleep with pets. Sleep in clean pajamas and on clean linens.
-

PRE-SURGERY CHECKLIST**Items you SHOULD bring with you to the hospital:**

- A list of the medications you take. Write them down on a page in the back of this book.
- Any paperwork that was given to you by your surgeon.
- A copy of your Advance Directive or POA (Power Of Attorney for Healthcare) forms if you have them.
- Any personal items that you may need, like toiletries. Also bring glasses, hearing aids, dentures or partials.
- A change of clothes for discharge from the hospital. Loose clothing like shorts or knee length pajamas are best.
- Your CPAP or BiPAP if you use one.
- Gum, mints, or hard candy to help with dry mouth after surgery.
- ***Please keep your things in your car until you are given a room number after surgery.***

Items you SHOULD NOT bring to the hospital:

- Money, jewelry, medications or valuable non-medical equipment.

Other items that you will need to have prepared:

- You need to appoint a caregiver or coach to help you with the recovery process. This could be a family member, friend, or neighbor.
- Have the primary caregiver with you to hear discharge instructions. They should also drive you home. They can help address concerns and can make sure that you have what you need during the hospital stay.

Helpful Hints/Other Instructions:

DAY OF SURGERY

BEFORE YOU LEAVE HOME

- Take off nail polish, make-up, jewelry and all piercings. Do not use any creams, lotions, powders, deodorant or make-up.
- Be sure to have a 20 oz. sports electrolyte drink ready for the morning of surgery. Drink this **3 hours before** your surgery start time. **Must be completed 3 hours prior to surgery.**

- **After this drink, no more fluids before surgery.**

IMPORTANT:
Avoid all red and purple products.

HOSPITAL

- Get to the hospital on the morning of surgery at the right time.
- Check in at the main hospital desk of OSF HealthCare Saint Anthony Medical Center.

Ambulatory Surgery Unit (ASU)

In the ASU you will:

- Be identified for surgery. You will get an identification band for your wrist.
- Be assessed by a nurse. They will ask about your pain level.
- Wash with special antibacterial soap.
- Nose swabbed with iodine.
- Review and sign your consent.
- Get an IV and be weighed by the nurse.
- Meet with anesthesia team.
- Receive Sequential Compression Devices (SCD's) for your legs. You may also get TED hose.

Two of your family members may be with you at this time.

When it is time for your surgery, a nurse will take you to the operating room. Your primary care giver will be given a tracking number. This will let them track your progress. They will be directed to the Surgical Family Waiting area. A cell phone is needed for updates after the surgery.

Once in the OR:

- You will lie down on the operating room bed. We will hook you up to monitors.
- Leg wraps (SCD's) will be put on your legs. The wraps help circulate blood in your veins during surgery.
- The anesthesiologist will put you to sleep with a medicine that works in 30 seconds.
- Just before starting your surgery, we will do a "Time-Out." This is done to check your identity and confirm the location of your surgery.

Once you are asleep, your surgeon will perform your surgery.

- The surgery will last anywhere from 30 minutes to 3 hours.

Recovery Room (PACU)

After surgery, you will be taken to the recovery room. Most patients stay in the recovery room for 30 minutes to 2 hours. If you are not going home on the day of surgery you will be assigned a room.

AFTER YOUR SURGERY

HOSPITAL INPATIENT UNIT

From the recovery room, you will be sent to the Orthopedics Unit. If the hospital is full, patients will need to be discharged to make room for new patients. If this happens you may have to wait for a room. The volunteers in the Surgical Family Waiting Room will tell your family your room number so they can join you.

Once in the Surgical Unit

- You will have your temperature, pulse, and blood pressure checked and given oxygen (if needed) after you arrive.
- You will have an IV in your arm to give you fluid.
- You will be put on a clear liquid diet to start. You will move to a regular diet as we see how you tolerate what you eat.

While in the hospital you:

- Will get a blood thinner. Begin your leg exercises to help prevent blood clots. Do them every day.
- Will be given an incentive spirometer. This is a device to help see how deeply you are breathing. We will ask you to use it 10 times an hour while you are awake. This will help keep your lungs open.
- Will be placed on your home medications. Some diabetes and blood pressure medications will not be used.
- May get a medicine that helps get your bowels moving after surgery.
- You will be given antibiotics to help prevent infection in your new joint.
- All joint replacement patients get up the day of surgery. A physical therapist or



the nursing staff will get you up within a couple of hours after you get to the post-op unit. Your caregiver/coach should be present during physical therapy sessions. This is so they can see how to help you move once you get home.

- If you have a hip replacement, you may have a wedge-shaped foam pillow between your legs. This is an abductor pillow. The pillow helps keep your hip in position while you are in bed.
- We may also ice your incision and position you for comfort.
- You may have a drain called a hemovac. This will drain extra fluid from the surgical site.

FOR YOUR SAFETY – you should always ask for help before getting up for any reason. Our staff is trained to help you. If you get up without help, you may hear an alarm go off.

PAIN CONTROL AFTER YOUR SURGERY

Managing your pain is an important part of your recovery. We will ask you regularly about your level of comfort. You need to have a tolerable pain level at rest and with movement.

We want to prevent and treat your pain early. It is easier than trying to treat pain after it starts. That is why we create a specific plan to stay ahead of your pain.

- You will get several pain medicines around the clock to keep you comfortable.
- You may have narcotic pain medication as needed for pain.

This plan will decrease the amount of narcotics we give you after surgery.

Narcotics can really slow your recovery. They can also cause constipation.

AFTER DISCHARGE

- Keep all doctor appointments. You need to see your surgeon and your regular doctor to be as healthy as possible.
- Your discharge instructions that you get from the hospital will tell you how to care for your incision, how to take your medicines, and when to contact your doctor.
- Information on how to prevent complications at home such as constipation, pneumonia, blood clots, and infections are given in this book. Be sure to contact your surgeon as directed.
- Keep doing the exercises that you were taught during your class and stay at the hospital.
- Elevation and ice will help with pain control and swelling. Do this several times a day. Lay flat on a couch or bed and elevate your legs above your heart with pillows. Place ice on your incision but not directly on your skin. Use a towel or your clothing as a barrier to your skin.
- Follow the directions on your discharge paperwork for your dressing and showering.
- Do not soak in a tub/hot tub or swim until cleared by your surgeon.
- Remember, it can take up to 2-3 months to fully recover. It is not unusual to be tired and need to take an afternoon nap 6-8 weeks following your surgery. Your body is using its energy to heal your wounds.

WHEN TO CALL THE OFFICE

Complications do not happen often. Still, you need to know what to look for if you start to feel bad. Call your surgeons office if:

- You have a fever greater than 101.4°F.
- Your wound opens up, is draining pus, or is very red or swollen
- You have calf tenderness and pain with movement
- You have severe pain not relieved with medications

WORK

You may return to work when cleared by your doctor. If you need a “Return To Work” slip for your employer or disability papers, please bring these with you to your follow-up visit. You can also fax them to your surgeon’s office.

DRIVING

- You may drive when your Orthopedic team clears you, OR when your outpatient Physical Therapist says that you are safe to drive. This is based on the Range of Motion and Strength of your new Hip or Knee.
- Ask your PT about this! Make sure they know that it is your goal to drive again as soon as you can!
- **DO NOT** drive if you are still taking any narcotic pain medications.

ANY QUESTIONS?

If you have any questions or concerns about your surgery, you should call your surgeon’s office. Our staff are also happy to help you with any general questions you may have about your joint replacement. Please see the contact list on the inside front cover of the booklet.

EXERCISES

- Do these exercises both BEFORE and AFTER your surgery
- Make sure you are on a safe surface!
 - When you need to lie down, do them only on a bed or sofa.
 - When you need to stand, be next to a chair or counter you can hold onto.
 - When you need to sit, sit in a chair with arms and NO wheels.
- Do each of these exercises 1 to 2 times a day before surgery.
- Do each one 10-15 times. You can do them for both legs, but concentrate on the leg to be operated on.
- DO NOT overdo your exercise. Let your body be your guide.
- Before your discharge, your Physical Therapist at the hospital will tell you how many of each exercise and how often each day you should do them.

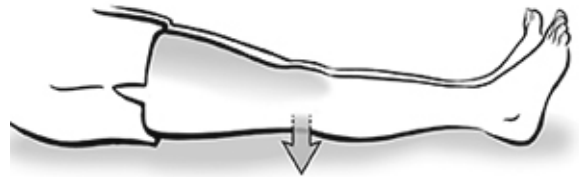
ANKLE PUMPS

- Ankle pumps can help prevent circulation problems, such as blood clots.
- Do ankle pumps by pointing and flexing your feet.



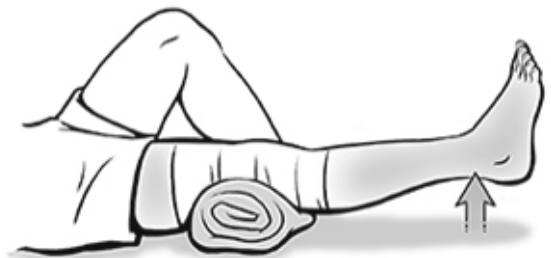
QUADRICEPS SETS

- Lie on your back in bed, legs straight.
- Tighten the muscle at the front of the thigh as you press the back of your knee down toward the bed.
- Hold for a few seconds. Then relax the leg.



SHORT-ARC KNEE EXTENSIONS

- Lie on your back. Place a rolled towel under your new knee. Bend the other knee.
- Keeping your new knee on the towel, lift your foot several inches to straighten the knee.
- Hold for 3 seconds. Slowly lower the foot.



EXERCISES

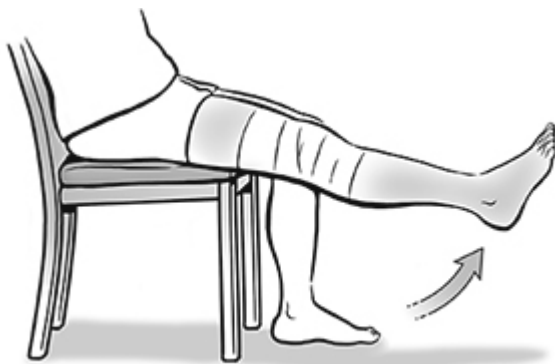
GLUTEAL SETS

- Squeeze your buttocks together tightly. Your hips will rise slightly off the bed.
- Hold for 5 seconds, then release



HEEL SLIDES

- Keep the heel of your operated leg on the bed. Then slide the heel toward your buttocks as far as you comfortably can.
- Hold for 5 seconds. Then slide your heel back.

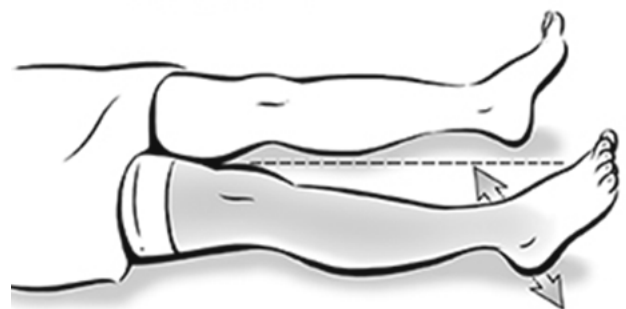


LONG-ARC KNEE EXTENSIONS

- Sit in a chair with both feet flat on the floor.
- Straighten the operated knee as much as you can.
- Hold for 3 seconds. Slowly lower the leg.

ABDUCTION/ADDUCTION

- Start with your feet slightly apart. Keeping your knee and foot pointing toward the ceiling, slowly slide your operated leg out to the side.
- Slide your leg back to its starting position without crossing the midline of your body.



EXERCISES

STRAIGHT LEG RAISES

- Lie down on your bed. Bend your good leg keeping your foot flat on the bed.
- With your operated leg as straight as possible, lift it about 1 foot off the bed. (At first, you may only be able to lift the leg a few inches.)
- Hold for 3 seconds. Slowly lower the leg.



STANDING HIP ABDUCTION

- Holding on to a firm surface, slowly bring your operated leg 6 inches out to the side. Keep your hip, knee, and foot pointing forward.
- Hold for 3 seconds.
- Keeping the same posture, slowly return your leg to its original position.

HOW TO PREVENT COMPLICATIONS

PREVENTING SURGICAL SITE INFECTIONS

One risk of having surgery is an infection at the surgical site. The surgical site is any cut the surgeon makes in the skin to do the operation. Surgical site infections can range from minor to severe or even fatal. This sheet tells you more about surgical site infections, what hospitals are doing to prevent them, and how they are treated if they do occur. It also tells you what you can do to prevent these infections.

What causes surgical site infections?

Germs are everywhere. They're on your skin, in the air, and on things you touch. Many germs are good. Some are harmful. Surgical site infections occur when harmful germs enter your body through the incision in your skin. Some infections are caused by germs that are in the air or on objects. But most are caused by germs found on and in your own body.

Who is at risk for surgical site infections?

Anyone can have a surgical site infection. Your risk is greater if you:

- Are an older adult
- Have a weak immune system or other health conditions or illnesses like diabetes
- Take certain medicines such as steroids
- Are a smoker
- Have certain types of operations, like abdominal surgery
- Have poor nutrition
- Are very overweight
- If the operation lasts longer than 2 hours

What are the symptoms of a surgical site infection?

- The infection often starts with increased skin redness, pain, and swelling around the incision. Later there may be a cloudy or greenish-yellow discharge from the incision. There may be a foul odor. The incision may separate or open up. You are also likely to have a fever and may feel very ill.
- Symptoms can appear any time from hours to weeks after surgery. Implants such as an artificial knee or hip can become infected at any time after the operation.

How are surgical site infections treated?

- We treat surgical site infections with antibiotics. The type of medicine you get will depend on the germ thought to cause the infection. Most serious wound infections need local wound care. Some cases need further surgery.
- An infected skin wound may be reopened and cleaned. Sometimes, deep wounds need to be packed with gauze. The gauze is changed often until the wound starts to heal from the inside out. Your healthcare provider will decide on the best care needed to treat your surgical site infection.
- If an infection occurs where an implant is placed, the implant may be removed.
- If you have an infection deeper in your body, you may need another operation to treat it.

**Hand washing
reduces the
risk of infection.**



What hospitals do to prevent surgical site infections

Many hospitals take these steps to help prevent surgical site infections:

- **Hand washing.** Your surgeon and all operating room staff scrub their hands and arms with an antiseptic soap.
- **Clean.** The site where your incision is made is carefully cleaned with an antiseptic solution.
- **Sterile clothing and drapes.** Members of your surgical team wear medical uniforms (scrub suits), long-sleeved surgical gowns, masks, caps, shoe covers, and sterile gloves. Your body is fully covered with a large sterile sheet (sterile drape) except for the spot where the incision is made.
- **Clean air** rooms have special air filters and positive pressure airflow to prevent unfiltered air from entering the room.
- **Careful use of antibiotics.** Antibiotics are given no more than 60 minutes before the incision is made. They are stopped 24 hours after surgery. This helps kill germs but avoids problems that can occur when antibiotics are taken longer.
- **Controlled blood sugar levels.** Your blood sugar level may rise because of the stress of the surgery. Your blood sugar level is watched closely to make sure it stays within a normal range. High blood sugar delays wound healing. It also increases the chances for infection.
- **Controlled body temperature.** A lower-than-normal temperature during or after surgery prevents oxygen from reaching the wound. This makes it harder for your body to fight infection. Hospitals may warm IV fluids, increase the temperature in the operating room, and provide warm-air blankets.
- **Proper hair removal.** Any hair that must be removed is clipped right before the incision. It will not be shaved with a razor. This prevents tiny nicks and cuts through which germs can enter.

- **Wound care.** After surgery, a closed wound is covered with a sterile dressing. Open wounds are packed with sterile gauze and covered with a sterile dressing.

What you can do to prevent surgical site infections

- Ask questions. Learn what your hospital is doing to prevent infection.
- If your doctor tells you to, shower or bathe with plain soap the night before and the day of your operation. Follow the instructions you are given. You may be asked to use a special soap that you don't rinse off.
- If you smoke stop or cut back for the longest time you can before and after the operation. Ask your doctor for help.
- Take antibiotics only when your healthcare provider tells you to. Using antibiotics when they're not needed can create germs that are harder to kill. Also, finish all your antibiotics, even if you feel better.
- Be sure healthcare workers clean their hands with plain soap and water or with an alcohol-based hand cleaner before and after caring for you. Don't be afraid to remind them.

WHEN TO SEEK MEDICAL CARE

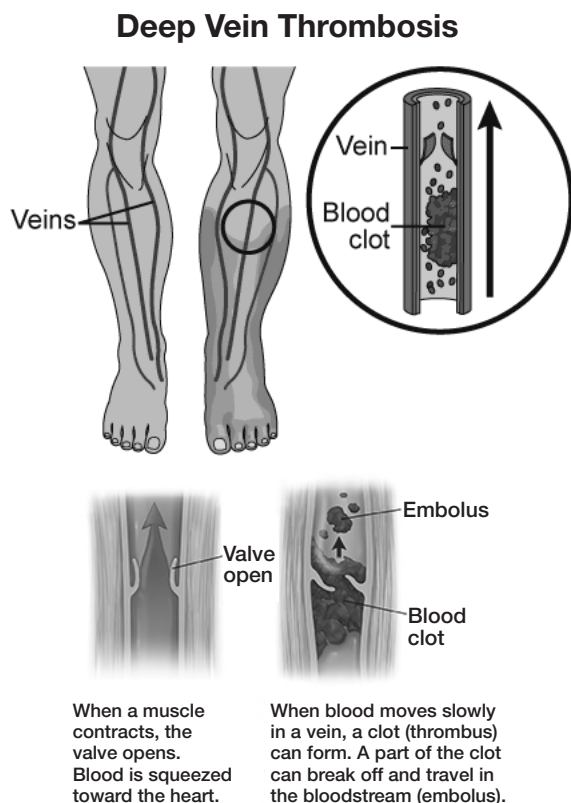
Call your healthcare provider if you have any of the following:

- Increased soreness, pain, or tenderness at the surgical site
- A red streak, increased redness, or puffiness near the incision
- Yellowish, cloudy, bad-smelling discharge from the incision
- Stitches that dissolve before the wound heals
- Fever of 101.4°F (38°C) or higher
- A tired feeling that doesn't go away

PREVENTING DEEP VEIN THROMBOSIS

Venous Thromboembolism (VTE) describes two conditions: deep vein thrombosis (DVT) and pulmonary embolism (PE). We use the term VTE because the two conditions are very closely related, and because their prevention and treatment are related.

- **DVT** is a blood clot in a deep vein. Often these clots develop in the leg or thigh, but they may form in a vein in the arm, or other part of the body.
- Part of the blood clot may separate from the vein. This is called an **embolus**. It may travel to the lungs and form a **pulmonary embolus**. This can cut off the blood to a portion of or to the entire lung. A blood clot in the lungs is a medical emergency and may cause death.
- Over time, clots can also form in veins. They must be treated right away to prevent problems.



RISK FACTORS

Anyone can develop a blood clot. Some things make a blood clot more likely to happen:

- **Being inactive for a long period**, as when you are in the hospital, or traveling by plane or car
- **Injury to a vein** an accident, a broken bone, or surgery
- Having clots in the past or a family history of blood clots
- Blood clotting disorder
- **Recent Surgery**
- Cancer and certain cancer treatments
- **Smoking**

Other things can also put you at higher risk for a blood clot.

They include:

- Age over 60 years
- Pregnancy
- Taking birth control pills or hormone replacement
- Having vein problems, such as varicose veins
- Being overweight
- Having a pacemaker or a central venous catheter. They increase the chance of a blood clot forming in an arm.
- Injection drug use. This also increases the chance of a blood clot forming in an arm.

HOW TO PREVENT DVT

You can prevent a blood clot by improving blood flow back to your heart.

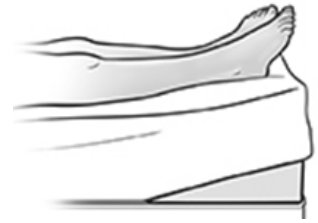
To do this:

- Talk to your healthcare provider about a program of regular exercise.
- If your legs feel swollen or heavy, take a break and sit comfortably or lie down with your feet up.
- Keep a healthy weight.
- Quit smoking, if you smoke.
- Don't sit, stand, or lie down for long periods without moving your legs and feet.
- When you travel by car, stop often to get out and move around.
- On long airplane, train, or bus rides, get up and move around when you can.
- If you can't get up, wiggle your toes and tighten your calves to keep your blood moving, as pictured on this page.

If you are in the hospital, your risk for blood clots increases. Your healthcare provider may prescribe blood-thinner medicine (anticoagulant) to help prevent blood clots. They may prescribe a compression device (SCD) or intermittent pneumatic compression (IPC) device. These are sleeves that fit around your legs. It puts a gentle pressure on your legs to help prevent clots. You can take the sleeves off so that you do not trip or fall when you are walking, like when you use the bathroom or shower. If you need help removing the sleeves, ask the nurse or aid.

You may also want to try the following:

- Raise your mattress 5 to 6 inches using a foam wedge.



- Wiggle your toes and move your ankles in circles.



- Wear support or elastic stockings as instructed.



WHEN TO CALL YOUR HEALTHCARE PROVIDER

If you have symptoms of a blood clot, call your healthcare provider.

The symptoms are:

- Pain
- Swelling
- Redness or discoloration in a leg

CALL 911

If you have symptoms of a blood clot in your lungs, call 911.

The symptoms are:

- Chest pain
- Trouble breathing
- Fast heartbeat
- Coughing (may cough up blood)
- Sweating
- Fainting

TREATING CONSTIPATION

Constipation is a common problem. Constipation means you have bowel movements less than 3 times per week, or you strain to pass hard, dry stool. It can last a short time. It can also be a problem that never seems to go away. You can treat and control it.

EAT MORE FIBER

One of the best ways to help treat constipation is to increase your fiber intake. You can do this through diet. You can also use fiber supplements. Fiber (in whole grains, fruits, and vegetables) adds bulk and absorbs water to soften the stool. This helps the stool pass through the colon more easily. When you increase your fiber intake, do it slowly. Then you won't have side effects like bloating. Also increase the amount of water that you drink. You can add fiber to your diet by eating these foods:

- High-fiber cereals
- Whole grains, bran, and brown rice
- Vegetables such as carrots, broccoli, and greens
- Fresh fruits (especially apples, pears, and dried fruits like raisins and apricots)
- Nuts and legumes (especially beans such as lentils, kidney beans, and lima beans)

GET PHYSICALLY ACTIVE

Exercise helps improve the working of your colon. This helps ease constipation. Try to get some physical activity every day. If you haven't been active for a while, talk to your doctor before you start again.

STOOL SOFTENERS/LAXATIVES

Your doctor may say an over-the-counter product will help you. These may be bulk-forming agents or laxatives. Laxatives are safe if used as directed. See your doctor for new-onset constipation, or long-term constipation. They can help rule out other causes such as medicines or thyroid disease.

USING AN INCENTIVE SPIROMETER

An incentive spirometer is a device that helps you do deep breathing exercises. These exercises expand your lungs and help circulation. They also help prevent pneumonia. They help you breathe better and improve the function of your lungs by:

- Keeping your lungs clear
- Strengthening your breathing muscles
- Helping prevent respiratory complications or problems

The incentive spirometer lets you take an active part in your recovery. A nurse or therapist will teach you breathing exercises. The incentive spirometer only works correctly if you breathe in through your mouth, not your nose.

STEPS TO CLEAR LUNGS

- **Step 1** – Exhale normally. Then, inhale normally. Relax and breathe out.
- **Step 2** – Place your lips tightly around the mouthpiece. Make sure the device is upright and not tilted.
- **Step 3** – Inhale as much air as you can through the mouthpiece. Don't breathe through your nose.
 - Inhale slowly and deeply.
 - Hold your breath long enough to keep the balls or disk raised for at least 35 seconds, or as you were taught.
 - Some spirometers have an indicator to let you know that you are breathing in too fast. If the indicator goes off, breathe in more slowly.
- **Step 4** – Repeat the exercise regularly.

Do this exercise ten times every hour while you're awake. If you were taught deep breathing and coughing exercises, do them regularly as you were taught to.

FREQUENTLY ASKED QUESTIONS

How long do I have to wear the TED hose?

You should wear the compression stockings for the first 2 weeks after surgery. You may put them on in the morning and take them off before bed. They should be washed often with gentle soap and water and hung to dry. After 2 weeks, you may be asked to still wear them if you have a lot of swelling. You may be able to remove them for periods of time. Your doctor will advise you at your postoperative appointment.

What can I do to prevent swelling in the lower extremity?

The best way to prevent swelling in the affected extremity is to elevate your legs several times a day. You should lie flat on a bed or sofa with your legs supported under the ankles with 2 pillows. Your legs should be higher than your heart level. Mild swelling is normal. It may be noticeable for a few months after surgery. You will be amazed how much better your outcome will be if you take the time to properly elevate.

When can I sleep on my operative side?

You can sleep on your operative side when you feel comfortable doing so. If you are having hip surgery remember to keep your hip precautions. You will want to place a pillow between your legs to remind you of your hip restrictions.

Can I use a heating pad or an ice pack after surgery?

We prefer ice packs. In the first 6 weeks after surgery, do not use heat. Both ice and heat can be harmful if placed in direct contact with the skin, so use a barrier. In general, apply ice for 20 minutes every hour as needed. Never sleep with a heating pad.

How much exercise can I do and when have I done too much?

Your Physical Therapist in the hospital will tell you what you need to do at home. Do them regularly. **AVOID OVER-ACTIVITY!** Mild activity and exercise is good. Too much exercise will result in pain and swelling in the leg.

Will I need antibiotics before having a dental procedure and other invasive procedure done?

You should have all needed dental work done **before** you have surgery. After surgery, you should wait three months for any routine procedures. You need to take a pre-procedure antibiotic for any dental or other invasive procedure. Please talk with your surgeon about this. They will give you a note for your dentist.

Can I use a recliner?

It is okay to sit in a recliner as long as you can easily get up from the sitting down position and you are not breaking hip precautions, if having hip surgery. You should lie flat on a bed or sofa to properly elevate your leg to decrease swelling.

HELPFUL TIPS

For sleeping:

- Get into bed on the side you did not have surgery on and get out of bed on the side you did have surgery on.
- If you sleep on your side, have your operated leg on the bottom.
- Use a pillow between legs when rolling or when sleeping on your side.
- If you lie on your side when sleeping, be sure to put a pillow between your legs to keep them from crossing. If you lie on your back, put a pillow or rolled towel on either side of your operated leg. This may help keep it from rolling inward or outward.

For walking and moving about:

- If you step backwards, lead with the leg you did not have surgery on and take small steps.
- When going up and down steps, always go up with your stronger leg first. When going down steps, lead with your operated leg.
- Do not turn (pivot) using your operated leg.
- Put a small fanny pack around your waist with items such as phone numbers, phone, and notepad.

In the bathroom:

- A raised toilet seat in the bathroom can help you to get up and down easier.
- For bathing, a grab bar and tub bench may be helpful.
- Grab bars near the toilet may be helpful.

Around the house:

- Avoid sitting in low chairs. Higher chairs with firm cushions will be easier to get out of.
- When getting up from any surface, push up on the chair, bed, or toilet seat. Then, grab the walker once you are standing. Pulling up on the walker may cause it to tip and you to fall.

- Make sure all hand rails are secure in your home.
- Using special tools, like a reacher, long-handled sponge, sock aid, or long-handled shoe horn, may make your daily activities easier.

Returning to Regular Exercise:

You may have done an exercise program before your surgery. This may have been at a gym or in a group. If you did, please check with your orthopedic surgeon or your outpatient PT to see if it is safe to restart. Before you restart:

- Finish your Outpatient Physical Therapy program before you restart your old program.
- Your incision must be fully healed. You should not have a scab, swelling or other injury. Do not go to a public gym, spa, or studio for any exercise class or activity if you do.
- Public pools and outdoor ponds/rivers/lakes/oceans are sources of bacteria and germs. Make sure your incision is fully healed before you go in any of these. Ask your Orthopedic surgeon about using your own pool at home.
- Rigorous exercise are things like running, bicycling, tennis, weight lifting. Before you do these or anything that involves strength and movement of your new hip or knee, should be cleared with your Physical Therapist or Orthopedic Surgeon.
- Talk to your P.T. or doctor if you want to start a new exercise program after surgery.

TIPS FOR KNEES

After a total knee replacement surgery, getting in and out of a car can be difficult until you have good range of motion in your knee. Have someone help you to make it a little easier. It is important to follow these tips to make getting in/out of the car easier for you:

- ◆ Be sure that you will be able to comfortably bend your knee when sitting in the car.
 - ◆ If bending your knee is not possible, then it will be easier to get in and out of a back seat to keep your leg straight.
 - ◆ Be sure to have someone who can help you swing your leg in and out of the car, just in case.
-

CHOOSING THE RIGHT CAR

- It is most often easier to get in and out of a medium-sized 4-door car.
- Vehicles that are too high, such as minivans, or too low may be harder to enter and exit.

GETTING THE SEAT READY

- If you are getting into the front seat, make sure the seat is moved all the way back. Also, lean the backrest back a little before you get in. This will give you more room for your legs.
- If you are getting into the back seat of the car, it is often easier to get in on the side closest to your non-operated leg. If the doctor operated on your left leg, it is easier to get in on the driver's side. If the doctor operated on your right side, it is easier to get in on the passenger's side.
- Place a plastic bag on the seat to help you slide if you are having trouble scooting.

TIPS FOR KNEES (continued)

GETTING IN A CAR

- Have your helper open the car door all the way.
- **If you are in a wheelchair:**
 - Take off the leg rests or move them out of the way. Move the wheelchair close to the car sideways so you are facing the open door. Be sure to leave enough room for your walker if you need it to help you stand.
 - Lock the wheelchair brakes. Have your helper get your walker and place it in front of you.
 - Push off from the arms of the wheelchair and stand up. Then, grab onto your walker. Have your helper move the wheelchair out of the way.
- **If you are using a walker:**
 - Take small steps and slowly turn around so your back is toward the seat. Be sure to keep your toes pointed straight ahead. Be careful not to turn your hip in or out.
 - Back up to the seat using your walker. Keep going until you feel the back of your legs touch the seat.
- Reach back for the car seat or dashboard with both hands. Do NOT hold on to the door. It could move and cause a fall or injury. If you have a walker, do NOT keep hold of it when lowering yourself to sit down. It may tip and cause a fall.
- Keep your sore leg out in front of you with your knee bent as much as you are comfortable. Slowly lower yourself to the seat of the car. Be careful not to hit your head on the door frame. You can bend your hip naturally.
- Slowly, bring your legs into the car one at a time. Someone may need to help your operated leg into the car. If you are in the back seat, you can scoot to the other side of the car leaving your leg supported on the seat.
- Your helper should shut the door of the car.

GETTING OUT OF A CAR

- Have your helper open the door, whether in front or back seat of car. Make sure your helper gets your walker ready for you.
- Slowly, bring your legs out of the car one at a time. Someone may need to help you with your operated leg. Place your feet flat on the ground outside the car, with your operated knee bent comfortably.
- Use both hands to push off of the seat or the dashboard as you slowly stand up. Be careful not to hit your head on the door frame. Do not use the door or your walker to pull yourself up to stand as they can move.
- Once standing, hold onto the walker with both hands.
- If needed, then slowly turn around to sit into your wheelchair.

TIPS FOR HIPS

After a total hip replacement surgery, getting in and out of a car can be difficult. Have someone help you to make it a little easier. It is important to follow your hip precautions while you are doing this.

Hip precautions include:

- ◆ Do not bend your hip past 90 degrees. Take care so you don't lean forward while sitting or lying down. Don't bring your knee up higher than your hip.
- ◆ Keep your legs from turning in or out.
- ◆ Avoid crossing your legs or ankles.
- ◆ Do not reach your upper arm across your affected leg.
- ◆ Only put as much weight on your operated leg as you are allowed to do.

CHOOSING THE RIGHT CAR

- It is most often easier to get in and out of a medium-sized 4-door car.
- Vehicles that are too high, such as minivans, or too low may be harder to enter and exit.

GETTING THE SEAT READY

- If you are getting into the front seat, make sure the seat is moved all the way back. Also, lean the backrest back a little before you get in. This will give you more room for your legs.
- If you are getting into the back seat of the car, it is often easier to get in on the side closest to your non-operated leg. If the doctor operated on your left leg, it is easier to get in on the driver's side. If the doctor operated on your right side, it is easier to get in on the passenger's side.
- Place a plastic bag on the seat to help you slide if you are having trouble scooting

TIPS FOR HIPS (continued)

GETTING IN A CAR

- Have your helper open the car door all the way.
- **If you are in a wheelchair:**
 - Take off the leg rests or move them out of the way. Move the wheelchair close to the car sideways so you are facing the open door. Be sure to leave enough room for your walker if you need it to help you stand.
 - Lock the wheelchair brakes. Have your helper get your walker and place it in front of you.
 - Push off from the arms of the wheelchair and stand up. Then, grab onto your walker. Have your helper move the wheelchair out of the way.
- **If you are using a walker:**
 - Take small steps and slowly turn around so your back is toward the seat. Be sure to keep your toes pointed straight ahead. Be careful not to turn your hip in or out.
 - Back up to the seat using your walker. Keep going until you feel the back of your legs touch the seat.
- Reach back for the car seat or dashboard with both hands. Do NOT hold on to the door. It could move and cause a fall or injury. If you have a walker, do NOT keep hold of it when lowering yourself to sit down. It may tip and cause a fall.
- Keep your sore leg out in front of you with knee lower than hip. Slowly, lower yourself to the seat. Be careful not to hit your head on the door frame. Be careful not to bend your hip past 90 degrees or more than an “L” position.
- Slowly, bring your legs into the car one at a time. You may need someone to help you. If you are in the back seat, you can scoot to the other side of the car leaving your leg supported on the seat. Sit leaning back slightly. Use pillows between your legs so they do not come together.
- Do not reach to close the door. Have your helper shut the door.

GETTING OUT OF A CAR

- Have your helper open your door.
- Slowly, bring your legs out of the car, one at a time. You may need someone to help you. Be sure to keep your sore leg out in front of you with your knee lower than your hip. Remember not to bend your hip past 90 degrees or more than an “L” position.
- Use both hands to push off of the seat or dashboard as you slowly stand up. Be careful not to hit your head on the door frame. Do not use the door or your walker to pull you up to stand.
- Once you are standing, grab onto your walker.
- If needed, slowly turn around to sit into your wheelchair.

DISCHARGE PLANNING AFTER HIP OR KNEE SURGERY

Speak with your doctor about their recommendations for the discharge plan. If you have insurance other than Medicare, you are going to want to contact your insurance ahead of time. You need to see who is in-network for you and what your benefits are, whether it is home health care or going to a skilled nursing facility/home.

GOING HOME AFTER DISCHARGE

If you are thinking about going home upon discharge from the hospital you will want to consider:

- Whether someone is going to be home to help you out for the first few weeks.
- The layout of your home and how many stairs there are.
- What equipment you will need.

If you are going home, the doctor may order home health care for you, which may include physical therapy and nursing services. Typically home health care comes out to the home 2-3 times a week for about one hour maximum. If doctor ordered, social services will make a referral to whichever home health care agency you prefer.

GOING TO A SKILLED NURSING FACILITY/NURSING HOME AFTER DISCHARGE

If you are considering going to a skilled nursing facility for some short term rehab you should start visiting nursing facilities before your surgery and pre-register with them.

Always have a back-up facility. Sometimes, even if you pre-register at facilities, they may not have a bed for you at the time of discharge.

Once you are in the hospital, social services will be in to see you and will contact the facility you have selected and/or pre-registered at.

ACUTE REHAB

Van Matre is an acute rehab hospital. You cannot pre-register at Van Matre. It is up to the doctor to write an order for a Van Matre consult of they think it is appropriate. If the doctor writes an order, the doctor from Van Matre will come out to assess you to see if they feel you would benefit from acute rehab.

If you are appropriate, your placement to Van Matre depends on bed availability and insurance approval.

Medicare will not pay for a single knee replacement to go to acute rehab, such as Van Matre. Medicare also will not pay for a single Hip replacement to go to acute rehab unless there is another qualifying medical condition.

TRANSPORTATION

Social Services will assist in arranging transportation to the nursing facility or home if needed.

If medically necessary, an ambulance can be arranged. Typically the ambulance should be covered in part or totally by insurance if local, but there is not a guarantee of this.

The other option is arranging for a wheelchair van. Medicare will not pay for this and insurance usually does not cover transportation in a wheelchair van. You will be billed a set fee along with mileage.

OPERATION MEDICATION TAKE BACK



DOING OUR PART TO SOLVE THE OPIOID CRISIS

OSF HealthCare is leading the way to reduce the misuse of prescription medications. The Centers for Disease Control and Prevention (CDC) says the United States is seeing an epidemic of drug overdose deaths. Since 2000 the rate of deaths from drug overdoses has gone up 137%. This includes a 200% increase in the rate of overdose deaths with opioids. To help, OSF HealthCare has installed a safe and secure disposal box in the foyer of the main entrance. This is one way to make sure medications are not misused.

LEFTOVER MEDICATIONS AFTER SURGERY

Bring Them Back

- ◆ Anyone can drop off prescription or over the counter medications at anytime.
- ◆ The medications can be left in the prescription bottle.
- ◆ Please do not place these in the bin:
 - Needles/sharps
 - Liquids, lotions or ointments
 - Inhalers
 - Aerosol cans
 - IV bags or tubes
 - Thermometers

DID YOU KNOW

- ◆ 3 out of 4 heroin addicts started with prescription medications
- ◆ 70% of drug abusers get their pain pills from family or friends
- ◆ 70% of pain pills prescribed after surgery go unused
- ◆ More than 40 people die every day from pain pill overdose

POST DISCHARGE WEEK 1 CHECKLIST

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
PAIN On a scale of 0 to 10 0 being no pain and 10 being the worst pain.	At rest:	At rest:	At rest:	At rest:	At rest:	At rest:	At rest:
	With Activity:	With Activity:	With Activity:	With Activity:	With Activity:	With Activity:	With Activity:
MOBILIZE Short walks eight times per day; for example a walk to the bathroom or to the kitchen.							
EXERCISES Two or three times a day as instructed in class and at the hospital.							
ICE Apply ice for 20 minutes at a time.							
ELEVATION Lay flat on bed or sofa, elevate with pillows							
BREATHING Use the incentive Spirometer as told by the nurse. (Ten times per hour, while awake)							

POST DISCHARGE WEEK 2 CHECKLIST

	DAY1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
PAIN On a scale of 0 to 10 0 being no pain and 10 being the worst pain.	At rest:	At rest:	At rest:	At rest:	At rest:	At rest:	At rest:
	With Activity:	With Activity:	With Activity:	With Activity:	With Activity:	With Activity:	With Activity:
MOBILIZE Short walks eight times per day; for example a walk to the bathroom or to the kitchen.							
EXERCISES Two or three times a day as instructed in class and at the hospital.							
ICE Apply ice for 20 minutes at a time.							
ELEVATION Lay flat on bed or sofa, elevate with pillows							
BREATHING Use the incentive Spirometer as told by the nurse. (Ten times per hour, while awake)							

For more health education resources, visit Health & Wellness at osfhealthcare.org

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