



Lane Regional Medical Center

Care You Can Count On

Dear Patient:

Thank you for choosing Lane Regional Medical Center and Baton Rouge Orthopedics as your joint replacement team.

This guide is designed to provide you with education and references as we help you prepare for your upcoming surgery and recovery. Please read it to learn about your procedure and what to expect during your hospital stay as well as your recovery.

You are now part of the Lane team of caring professionals dedicated to providing you with a quality healthcare experience. Your team includes:

- Orthopedic Surgeons
- Anesthesia Providers
- Nursing Services
- Physical & Occupational Therapists
- Case Management & Social Services

If you have questions or concerns not covered in this book, please ask a member of your Lane Team or call the Baton Rouge Orthopedics office at (225)658-1808.

Sincerely,

Your Lane Joint Replacement Team

Table of Contents

Getting Ready for Surgery	3
The Night Before Surgery	4
The Day of Surgery	5
Anesthesia Care	6
 Understanding Your Knee Replacement	 7
A Healthy Knee	7
A Problem Knee	8
A Knee Prosthesis	8
 Understanding Your Hip Replacement	 9
A Healthy Hip	9
A Problem Hip	10
A Hip Prosthesis	10
 Getting Ready for Joint Replacement	 11
Preparing for Recovery	11
Home Safety Checklist	12-13
Special Equipment	14
 Exercises for Before and After Surgery	 15-18
Exercises for Upper Body	19
Hospital Room Equipment and Devices	20-23
Pain Management	24
Physical and Occupational Therapy	25
Specific to Total Knee Replacement	26
Specific to Total Hip Replacement	27-28
Accessories and Mobility at Home	29-30
Avoiding Problems After Surgery/Infection Prevention	31-33
Patient Safety	34-35
Family and Visitors	36
Discharge Planning	37
Your Comments	38
Medication List	39
Medication Allergies	40

Getting Ready for Surgery

As hospital stays after surgery become shorter, it is more important than ever for you to be prepared for surgery and take an active part in your care. As you read the provided information, write down any questions you may want to ask your healthcare team.

Please make sure that your healthcare team is aware of your medical history and your current home medications. These may include: diabetes, asthma, thyroid problems, heart issues, etc.

MEETING WITH THE PREADMIT NURSE

All surgery patients must meet with the Pre-Admit Nurse before surgery. If you have not been scheduled for an appointment with the pre-admit nurse, please call (225)658-6685.

MAKE ARRANGEMENTS AT HOME

Before the day of surgery, make arrangements at home for someone to care for your children, family, pets or other dependents while you are at the hospital.

Children under the age of 12 are not allowed in the Day Surgery unit.

CHANGE IN CONDITION

Notify your surgeon prior to surgery if you experience a change in your physical condition such as a cold, flu, bladder infections, rash, and fever or for any injury to the extremity where surgery is to be done.

Night Before Surgery

What to pack:

- ALL current home medications in their ORIGINAL bottles
- Loose pajamas or short nightgown and robe, if desired
- Shoes with a back and rubberized soles. May be slipper type shoes if they have a back.
- Underwear
- Personal toiletries
- Eyeglasses
- Hearing aid and batteries
- Dentures
- CPAP machine & supplies
- Driver's license or photo ID, insurance card, Medicare card
- Copy of your advanced directive/living will (if applicable)

Do Shower:

- Take a shower the night before **AND** the morning of surgery with antibacterial soap. After each shower, use the antibacterial wipes that were provided to you.
- Put on clean, freshly washed clothes to come to the hospital (comfortable & loose fitting).

Day of Surgery

CHECK-IN

Upon arrival at the hospital, report to Admissions, on the first floor, to be registered. You will then be directed to the Day Surgery suite on the 2nd floor. All family members will be asked to wait in the surgery waiting room until your surgery preparations are complete. **NOTE: Only 2 family members/visitors over the age of 12 will be allowed in the Day Surgery area.**

THESE INSTRUCTIONS ARE VERY IMPORTANT

There are several things that you should know to assure that your surgical experience is safe and without delay:

1. **DO NOT** eat or drink anything after 12 midnight the night before your surgery/procedure, unless otherwise instructed by your physician or anesthesia provider. This includes water, coffee, gum, mints, or candy. You may brush your teeth without swallowing water. **Failure to follow this instruction may result in a delay or cancellation of your surgery.**
2. **DO NOT** wear makeup, nail polish, or hair pins.
3. Remove jewelry including all body piercings.
4. If you have been instructed by your physician or anesthesia provider to take medication by mouth the morning of surgery, please swallow it with the smallest amount of water possible.
5. You could be asked to remove dentures, partial plates, contact lenses or any other prosthetic devices prior to surgery. This may also include eyeglasses and hearing aids. This is to prevent injury to you or accidental loss of the items. Bring appropriate storage devices.
6. Wear casual, loose fitting clothes and take into consideration the possibility of returning home with bulky dressings, a cast or splint.
7. To prevent loss, leave all valuables at home.
8. Bring a list of your current medications along with the date and time of the last dose taken. If you are staying overnight, please bring medications in original bottles.
9. Patients under the age of 18 **MUST** have a parent or legal guardian sign the surgical consent and remain throughout the surgery (and during the stay if the patient is staying overnight).
10. If you are going home the day of surgery, you **MUST** have a responsible, licensed adult drive you home. You may not drive for 24 hours following sedation of any kind.

Anesthesia Care

Anesthesia services are needed so that your physician can perform the surgery or procedure. Prior to surgery, a member of the anesthesia care team will visit you, explain the anesthesia plan, and answer any questions you may have about the anesthesia process.

You will be instructed to remain NPO for surgery. NPO means nothing by mouth, so **DO NOT** eat or drink anything after midnight before your surgery. This means NO food or liquid items. This includes: no water, juice, soft drinks, coffee, candy, mints, gum, chewing tobacco or smoking of any kind.

For your safety, your stomach **MUST** be empty prior to receiving anesthesia. Food, liquids, even gum and mints stimulate juices that settle in your stomach. The medication you are given during surgery relaxes your swallowing muscles and this increases the chance of food and liquid getting caught in your lungs if vomiting occurs.

The type of anesthesia will be determined by many factors including physical condition, type of surgery/procedure, and physician's preference. Please make your anesthesia provider aware of any questions or concerns about previous anesthesia experiences and make sure they know your complete medical history.

General Anesthesia- you are completely unaware of your surroundings and will not respond to stimulation.

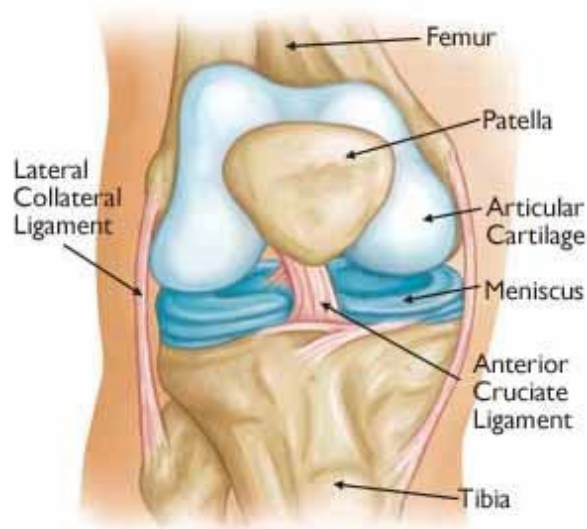
Regional Anesthesia- a technique that will anesthetize a particular area region of the body.

Understanding Your Knee Replacement

The knee is a hinge-like joint, formed where the thighbone, shinbone & kneecap meet. It is supported by muscles and ligaments and lined with cushioning cartilage. Over time, cartilage can wear away. As it does, the knee becomes stiff and painful. A knee prosthesis (artificial joint) can replace the painful joint and restore movement.

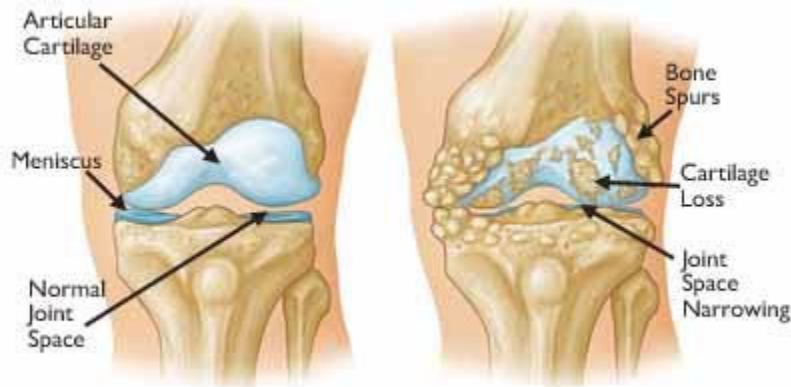
A Healthy Knee

A healthy knee joint bends easily. Cartilage, a smooth tissue, covers the ends of the thighbone and shinbone and the underside of the kneecap. Healthy cartilage absorbs stress and allows the bones to glide freely over each other. Joint fluid lubricates the cartilage surfaces, making movement easier.



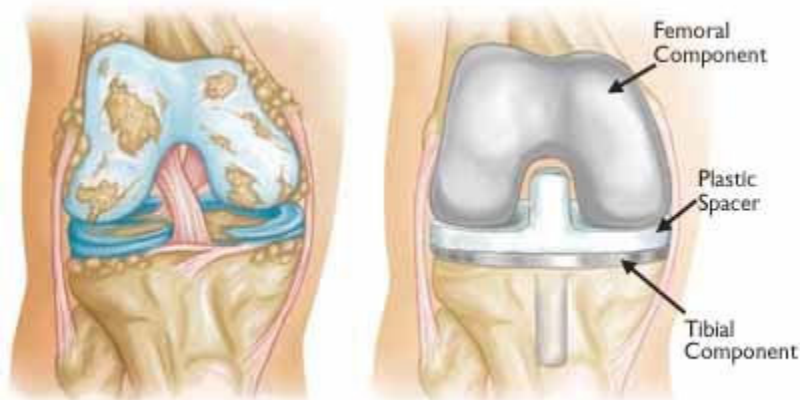
A Problem Knee

A problem knee is stiff or painful. Cartilage cracks or wears away due to usage, inflammation, or injury. Worn, roughened cartilage no longer allows the joint to glide freely, so it feels stiff. As more cartilage wears away, exposed bones rub together when the knee bends, causing pain.



A Knee Prosthesis

A knee prosthesis lets your knee bend easily again. The roughened ends of the thighbone and shinbone and the underside of the kneecap are replaced with metal and strong plastic components. With new smooth surfaces, the bones can once again glide freely.

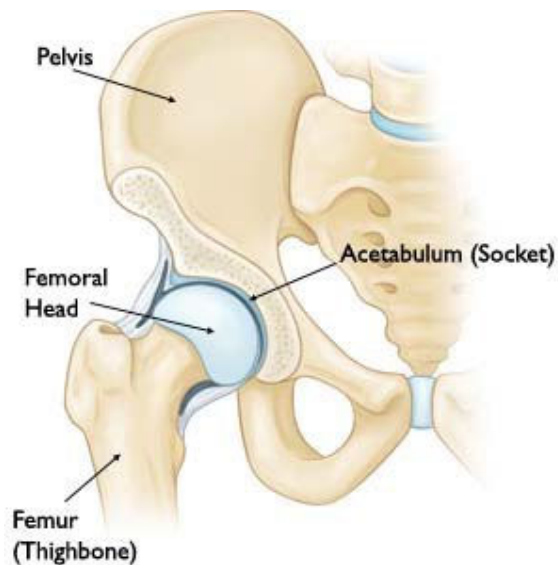


Understanding Your Hip Replacement

The hip joint is one of the body's largest weight bearing joints. It is a ball-and-socket joint. This helps the hip remain stable even during twisting and extreme ranges of motion. A healthy hip joint allows you to walk, squat, and turn without pain. But when a hip joint is damaged, it is likely to hurt when you move.

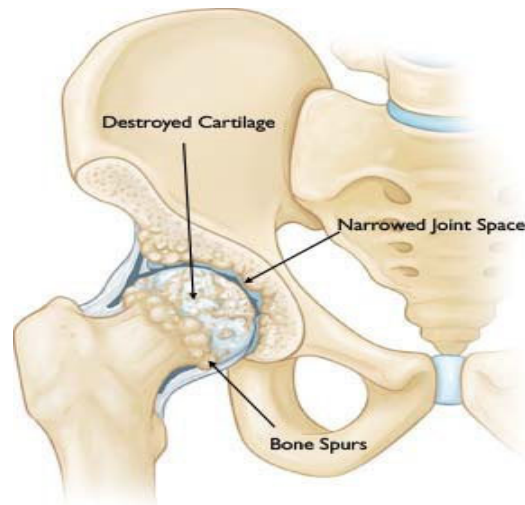
A Healthy Hip

In a healthy hip, smooth cartilage covers the ends of the thighbone, as well as the pelvis where it joins the thighbone. This allows the ball to glide easily inside the socket. When the surrounding muscles support your weight and the joint moves smoothly, you can walk painlessly.



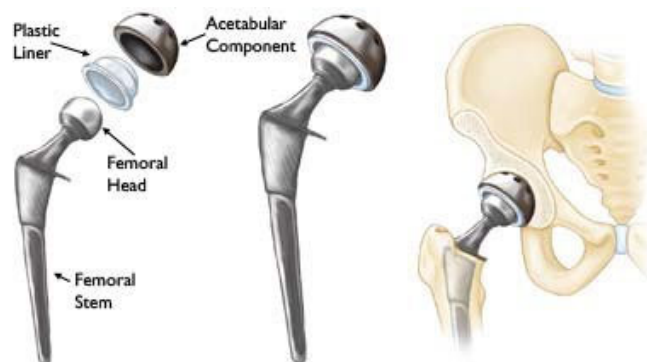
A Problem Hip

In a problem hip, the worn cartilage no longer serves as a cushion. As the roughened bones rub together, they become irregular, with a surface like sandpaper. The ball grinds in the socket when you move your leg, causing pain and stiffness.



A Hip Prosthesis

An artificial ball replaces the head of the thighbone, and an artificial cup replaces the worn socket. A stem is inserted into the bone for stability. These parts connect to create your new artificial hip. All parts have smooth surfaces for comfortable movement once you have healed.



GETTING READY FOR JOINT REPLACEMENT

PREPARING FOR YOUR RECOVERY

Why Preparing for Recovery Helps

- **Strengthening and stretching your leg muscles.** This helps to support the joint (knee or hip) as it heals. It also gives you a head start on rehab. A good understanding of exercises before surgery will make your recovery easier.
- **Preparing to use a walker.** Learn to use walking aids before surgery. This will help you get up and around sooner. Strengthening your upper body can also make it easier to use walking aids. Typically, you will use a rolling walker for a few weeks after surgery.
- **Preparing your home** for your return before you have surgery will help keep you safe, make your transition home easier, and aid in your recovery.

Traffic Pattern: Move obstacles such as throw rugs, extension cords, excess furniture, out of your way. Create a wide, clear path from your bedroom to your bathroom and kitchen so you can move easily with your walker or crutches.

Bathroom: Check the space to find a safe way to move about your bathroom. You may need an elevated toilet seat, a portable commode and/or a shower bench/chair for assistance.

Sitting: You should have a chair that keeps your knees lower than your hips. Choose a firm, straight back chair with armrests. A dining chair may work if you do not have other chairs. You can add a firm foam cushion or folded blanket if you need to raise yourself up, but avoid sitting on a soft pillow. Avoid sitting on rolling chairs or in recliners.

Home Safety Checklist

ENTRANCE			
Potential Hazard	Yes	No	Recommendations
Are your steps non-slip?			Add adhesive-backed sandpaper strips
Are there handrails on the stairs or ramp?			Add handrails at the appropriate height.
Is there adequate outdoor lighting?			Add lighting as appropriate
BATHROOM			
Is there a clear path to the bathroom?			Remove items that could be obstacles or trip hazards
Is it difficult to get on or off the toilet?			It may be helpful to raise the seat and/or install handrails.
Is it necessary to reach far or turn around to bath items (towels, soap, shampoo, etc.)?			Keep supplies in an easy to reach area or in a storage unit by the tub or shower.
Is it difficult to enter the tub or shower because you have to step over the side?			An extended tub seat may be helpful so you can sit down and swing your legs over the edge to enter the tub.
BEDROOM			
Is it necessary to get out of bed to reach the light, phone, or your glasses?			Place a lamp, telephone and your glasses within reach of the bed. Consider attaching a light to your headboard.
Is there clutter (clothes, shoes, books, etc.) on the floor?			Remove clutter to ensure an obstacle-free paths within and between rooms.
Do you get up during the night to use the bathroom?			Place a portable commode near your bed to eliminate nighttime trips to the bathroom.
LIVING ROOM			
Do carpets, rugs and floor coverings have frayed corners or rolled-up edges?			Remove damaged floor coverings or secure them with non-skid backing.
Are there throw rugs in walkways?			It is best to remove throw rugs or put non-skid backing on them.
Are chairs and sofas low to the ground?			Use furniture with higher, firm seats and armrests to safely ease into sitting or rise from chairs or sofa.
Do you need to walk around furniture to get through the living area?			Rearrange furniture to have a straight path free of obstacles.
Do you have to reach up to pull cords to lights and/or ceiling fans?			Install longer cords or link ceiling lights/fans to switch on the wall. This

			eliminates the need to look up and reach.
KITCHEN			
Potential Hazard	Yes	No	Recommendations
Is it necessary to reach far, bend over, or climb on a stool to get commonly used items and foods?			Arrange cupboards and drawers so that frequently used items are stored waist high. Use a sturdy step stool with a grab bar (never a chair) to reach overhead items.
Is there liquid, food, grease, or clutter on the floor?			Sweep often and wipe up spills immediately.
OUTDOOR AREAS			
Are walks and driveways on your property free of cracks and breaks?			Patch unsafe areas or place a visible marker to avoid tripping.
Are lawns and gardens free of holes?			Patch unsafe areas, place a visible marker to avoid tripping or avoid those areas.
OTHER			
Do you have light switches near every doorway?			Add lighting to improve visibility at thresholds and flooring changes.
Do you have secure handrails on both sides of any stairs?			It is important to make sure handrails are the full length of the stairs to avoid over reaching.
If you have pets, are you able to make sure they are not in your path or getting under your feet?			Keep pets out of very small spaces and make sure pet food dishes are in an easy to access area.
Do you take time to get your balance when you change position from lying down to sitting or from sitting to standing?			If you feel dizzy upon changing positions, wait one full minute after the dizziness passes before you stand.
If you live alone, do you have contact with family, a friend or neighbor who can assist you if needed?			Establish daily communication with someone so they are aware of how things are going and if you have any needs.

Special Equipment

- **Special equipment may help you have a safer and easier recovery.** If you do not already own this equipment, ask friends or family to see if you can borrow. If not, durable medical equipment (DME) can be ordered upon discharge from LRMC (if applicable), pending insurance approval.
 - Rolling walker
 - Bedside commode
 - Shower stool/bench (typically NOT covered through insurance)
 - Hip kit (reacher, sock aid, and other assistive devices used for total hip replacements ; typically NOT covered through insurance)



Rolling Walker

This is the preferred walker. We do not recommend the walker with the seat.



Bedside Commode

This can be used next to your bed at night, or remove the bucket and use the frame over the toilet in the bathroom for assistance.



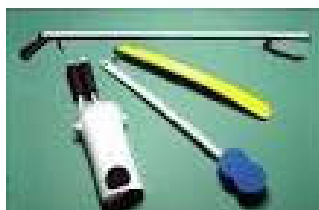
Shower Stool/ Chair

This is to be used inside a shower or will sit inside a tub. Insurance does NOT cover this.



Transfer Tub Bench

Utilized for those who have difficulty stepping over the tub ledge. 2 legs are outside the tub, 2 legs are inside the tub. Allows you to sit on the outside and slide over into the tub. Insurance does NOT cover this.



Hip Kit

Useful aides to assist with dressing and bathroom tasks; especially useful with a total hip replacement. Insurance does NOT cover this.

Exercises for Before and After Surgery

To assist you with your post-operative recovery, try to do these exercises at least **10 times each, 2 times per day**. Doing these exercises **BEFORE** your joint replacement can help speed up your recovery. You may also do these exercises on both legs.

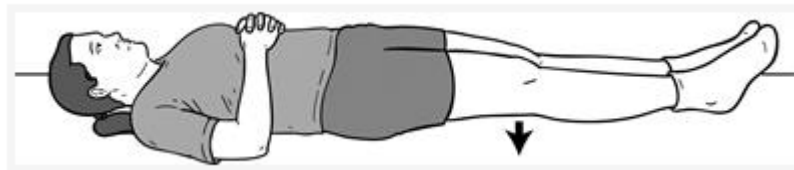
Ankle Pumps

1. Lie on your back with legs straight.
2. Pump your ankles up and down.



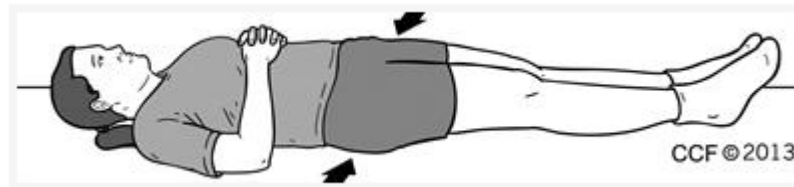
Thigh Squeeze (Quad Sets)

1. Lie on your back with legs straight.
2. Tighten your top thigh muscle by pushing the back of your knee down to the bed.
3. Hold 3-5 seconds, relax.



Butt Squeeze (Glut Sets)

1. Lie on your back with legs straight.
2. Squeeze your buttocks together.
3. Hold 3-5 seconds, relax.



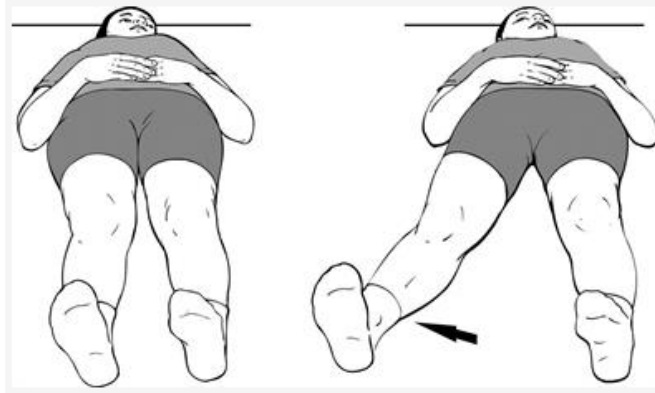
Heel Slides

1. Slide the heel of your operated leg on the bed towards your buttocks by bending your knee.
2. Keeping your heel on the bed, slide your heel back down to return to starting position.
3. You can use a sheet around your foot to assist.



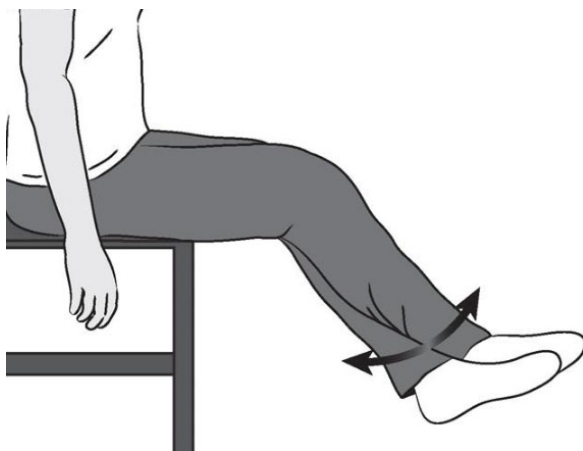
Hip Abduction/Adduction (windshield wiper)

1. Lie on your back with legs straight.
2. Keeping your knee and toes pointing towards the ceiling. Slowly slide your operated leg out to the side.
3. Slide your leg back to the starting position without crossing the midline of your body.



Assisted Knee Flexion (knee)

1. Cross your non-operated ankle over your other leg.
2. Gently bend your knee, pulling the surgical leg backward into flexion (bending).
3. Hold for 10 seconds, then slowly return to starting position.



Passive Knee Extension (knee)

1. Place your operated leg on a footstool or bench.
2. Rest in this position for 10 minutes or as long as you can tolerate.

Exercises for Upper Body: To help with Walker Use

Bicep Curl *

1. Sit straight in a chair. Keep your elbow close to your body and your wrist straight.
2. Bend your arm, moving your hand up to your shoulder. Then slowly lower your arm.

*You can use a can of soup or 1-2 pound hand weight.



Tricep Extension *

1. Sit, leaning forward from the waist.
2. Bend your elbow so that your forearm is parallel to the floor.
3. Straighten your elbow as you extend your arm behind you. Return to starting position.

*You can use a can of soup or 1-2 pound hand weight.



Seated Press Ups

1. Sit in sturdy chair with armrests.
2. With palms flat on the armrests, press down to lift your buttocks from the chair until elbows are straight. Hold for a few seconds.
3. Bend your elbows to slowly ease back down.



Hospital Room Equipment and Devices

The following equipment **may** be provided for your safety & comfort (depending on type of surgery & surgeon preference):

Knee immobilizer/ brace may be applied to keep your new joint in proper alignment.



Hip abduction pillow may be used to keep your new joint in proper alignment.



Trapeze bar hangs over the bed and is used to help lift your body when you change positions.



Polar ice or ice packs are used to reduce swelling & assist in pain management. The polar ice machine is yours to take home after surgery.



The following are typical devices you **may** have on your leg after surgery:

SCD's are sequential compression devices that inflate and deflate to promote blood flow and prevent blood clots.



Compression stockings are applied to reduce the risk of blood clots. They are usually worn for 1 month after surgery. You can remove them for 1-2 hours a day to hand wash and air dry.



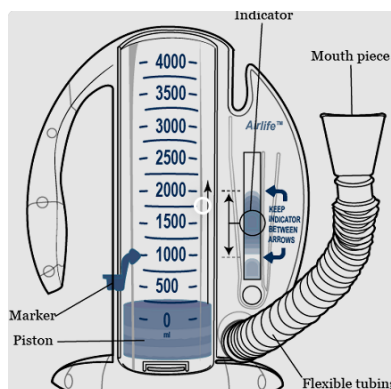
Dressings

Negative pressure dressings are a wound therapy that draws out excess fluid from the incision. The dressing will be left in place for 7 days. You can shower with the dressing, just do not submerge the pump or dressing in water.



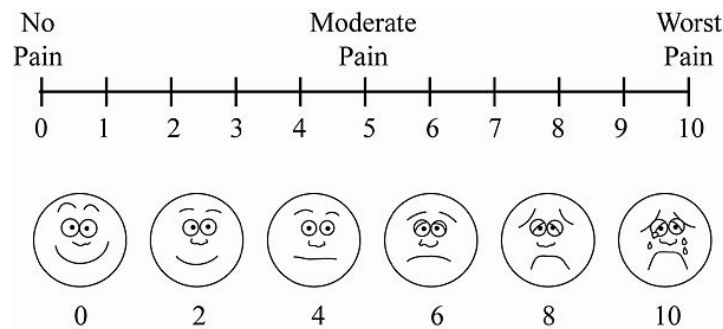
Incentive Spirometer

An incentive spirometer is a device that measures how deeply you can inhale (breathe in). It helps you take a slow, deep breath to expand and fill your lungs with air. This helps prevent lung problems, such as pneumonia.



Pain Management

During your surgical experience we want to develop a pain management plan to ensure you get adequate relief from any pain you may have. Our goals for pain management include developing a plan of care for relief of pain, decreasing your pain to a tolerable level, determining the appropriate medication for you, and working to transition you to a comfort level that is manageable at home.



To help minimize your pain after surgery you will be asked to rate the intensity through the use of a pain scale. 0 is no pain, 10 is excruciating pain. Know that after surgery 0 is not realistic. A score of 4-5 is more attainable and acceptable. It is best if you ask for medication when your pain begins. Do not allow pain to get severe. If you maintain pain control it takes less medication and less time to manage.

Your plan of care for pain control may include:

- **Exparel** is a single injection that is given at the end of your procedure to assist with post-operative pain control. It works by numbing the area of your body where your surgery is performed. Exparel targets pain directly at the surgical site so the rest of the body is not affected.
- **lovera** therapy is performed approximately two weeks prior to your surgical procedure (knee replacement) to help reduce pain after surgery. The lovera system works by applying freezing cold to the selected site for blocking pain.
- **IV Acetaminophen** may be used post operatively as another form of pain control. You will receive the medication through your IV for pain relief without all the side effects of opioids.

Physical and Occupational Therapy- Mobility is Medicine

Physical & Occupational Therapy may begin as early as the same day of surgery depending on several factors.

The role of therapy after a Total Joint Replacement is to assist you back to independent functioning by strengthening the muscles of your legs and arms & regaining your range of motion. You will have a therapy program developed for your specific needs. Therapy will not always be easy, but necessary for the success of your surgery.

Your therapy is never done FOR you, but along **WITH** you. You will be given exercises to perform throughout the day, even when not in therapy.

During your first treatment, you will be assisted in sitting on the side of the bed. If you are able to sit comfortably without dizziness or nausea, you will be taught how to stand with a walker. A walker is always used to provide more support. As soon as you can stand, you will be allowed to take your first steps. The physical therapist will tell you how much weight you can put on your leg depending on the type of surgery performed.

The exercises that will be taught after surgery are the same exercises that you practiced before your surgery (located in this booklet). Exercise helps you stretch & strengthen your muscles, and also help you become confident in your ability to use your new joint. You should perform the exercises told to you by the therapist at least 2 times each day. The therapist will notify you if there are certain exercises that are no longer appropriate (due to the type of surgery performed).

By the second day after surgery, you will probably be able to sit, stand & walk with assistance. Your sitting time will be increased on a daily basis. You will be encouraged to sit up for meals and at other times during the day. The nursing staff will be able to assist you with transferring out of the bed in order to sit in the chair or use the bathroom.

Your therapy will continue to progress and you should be gaining a bit more independence each day. **ALWAYS** have a staff member standing next to you when attempting to stand, transfer or walk for your safety!!

Information Specific to Total Knee Replacement

When you are lying in the bed, your operated leg should be straight and a pillow (folded in half) should be placed under the **CALF ONLY!**

This is to promote full extension (straightening) of your new knee. Do NOT place this pillow directly behind your knee or under your heel!!



In some instances, the surgeon will restrict certain movements with your knee. The doctor and therapist will notify you if you have those restrictions & educate you on movements that are allowed or not allowed. Otherwise, we encourage you to move your foot, knee & hip of the operated leg as soon and as often as possible.

Information Specific to Total Hip Replacement

Depending on the technique and/or approach used by your surgeon, you may have certain weight bearing restrictions and/or movement precautions after surgery. These precautions will be fully explained to you by the doctor and therapist.

Weight Bearing Restrictions

- Typically, you will be allowed to bear full weight on your operated leg immediately after surgery.
- Note: Each situation is individualized, and weight bearing status will be determined by your physician.

Movement Precautions- follow until cleared by the orthopedic surgeon (approximately 12 weeks). Your new hip has a limited safe range of motion. This means it can't bend and turn as much as a natural hip. You will need to move differently now than you did before surgery. This will prevent your new hip from popping out of place (dislocating).

- **Anterior approach:**
 - **Do Not** point the toes of your operated leg in or out (keep your toes pointed toward the ceiling.)
 - **Do Not** cross your legs.
 - **Do Not** move your leg behind you.
- **Posterior approach:**
 - **Do Not** bend your hip greater than 90 degrees (by either bringing knee up towards your chest, or bending your body forward towards your feet).
 - **Do Not** point your toes in.
 - **Do Not** cross your legs.
 - You may have a knee immobilizer and/or abduction pillow



- To protect your new hip, you must sit with your knees lower than or level with your hips. To do this, sit in chairs with high seats. Placing a firm pillow on the seat of the chair can also help.
- Always keep a pillow in between your legs when you lie on your side. This will keep your hip in a safe position and prevent the hip from turning in & dislocating.
- **DO NOT** squat, bend or kneel until cleared by your doctor.



Accessories and Mobility at Home

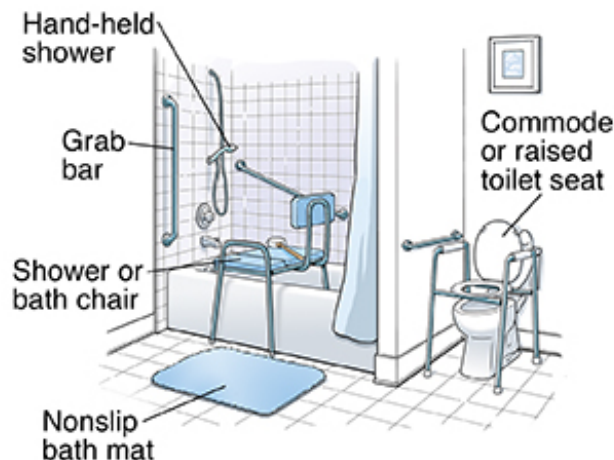
Tub Seat or Shower Chair: all four legs of this seat fit in the tub. You must be able to step over the side of the tub.

Transfer Bench: (recommended for posterior hip replacement and patients with any weight bearing restrictions).

1. 2 legs are in the tub, 2 legs are outside the tub.
2. The tub transfer bench eliminates the need to step over the side of the tub.
3. Lift your legs into the tub, one at a time.
4. The bench features a large seat area.
5. The bench's legs adjust to fit any standard tub.
6. The bench may be available with extra-long extension legs for older style tubs.

3 in 1 Commode Transfer

1. Stand up pushing off from the handles of your chair.
2. Place one hand at a time on the walker.
3. Walk to the commode.
4. Turn in a circle so you are facing away from the commode. Do NOT pivot while turning.
5. Back up until your knees touch the back of the commode.
6. Reach back one hand at a time with both hands for the commode.
7. Lower yourself to the commode.
8. Remember to slide the affected leg out. You may need a stool to support the leg from hanging once seated to prevent increased pain.



Car Transfer

Front Seat:

1. Slide seat back as far as possible.
2. Recline as needed.
3. Follow hip precautions as necessary.
4. When exiting the car, don't pull from door or walker because they could move.

Back Seat- useful to elevate leg or for long distance riding:

1. Back up to the car with walker.
2. Enter the side that allows your operated leg to be supported by the car seat. For example, if your left leg is the operated leg, enter the car on the driver's side.
3. Lower yourself slowly to the seat.
4. Back onto the seat in a semi-reclining position.

If you have a truck or SUV and need help getting onto the seat:

1. The vehicle can be pulled up next to a curb.
2. Use a running board, placing your stronger foot up to help lift yourself up.
3. Use a step stool, placing your stronger foot up to help lift yourself up.



Avoiding Problems after Surgery

Infection Prevention

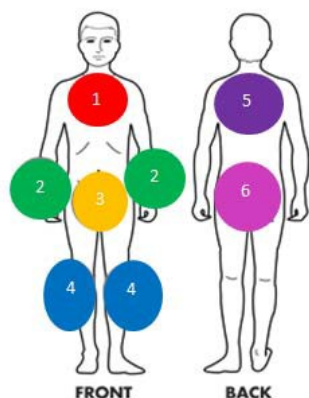
Healthcare associated infections may occur as a result from care received in hospitals or at other healthcare facilities. Surgical site infections occur after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. Infection prevention is a high priority for your healthcare team. We use many practices known to prevent and reduce the risk of infection and we encourage our patients to speak up and ask questions about the care they receive. There are steps you can take to be our partner and prevent the spread of infection.

To prevent surgical site infections, our nurses, doctors and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic just before surgery
- Wash their hands or use an alcohol based rub before and after contact with you
- Administer special antibiotics before or after your procedure for a limited duration
- Wear mask, cap, gown, and gloves during surgery
- Prep the surgical area with a special soap to kill germs

What YOU can do to prevent surgical site infections:

Take a shower the night before **AND** the morning of surgery with antibacterial soap. After each shower, use the antibacterial wipes provided to you.



Carefully follow the prepping process below.

Use **ALL** 6 wipes in the package.

- 1. Wipe your neck, shoulders & chest. Throw wipe in trash.**
- 2. Wipe both arms, armpits & hands. Throw wipe in trash.**
- 3. Wipe abdomen, hip and groin. Throw wipe in the trash.**
- 4. Wipe both legs, thighs to toes. Throw wipe in trash.**
- 5. Wipe upper back & neck to waist. Throw wipe in trash.**
- 6. Wipe buttocks. Throw wipe in trash.**

Bacteria is a normal part of the skin. Cleaning with the pre-op wipes is one way to help prevent surgical site infections. Please note: the wipes may make your skin tingle or feel sticky.

- The night before surgery you should sleep on fresh laundered sheets.
- Tell your physician about any medical problems you are being treated for or have had in the past. Health problems such as allergies, diabetes, and obesity can affect your surgery and the healing process.
- When you go home, your environment should be cleaned routinely. Disposable gloves should be worn if in contact with body fluid such as wound drainage. Hands should be washed before and after any contact with your surgical site, and after removing gloves.

Warning signs of possible joint replacement infection are:

- Persistent fever (higher than 100 degrees orally) several days after surgery
- Shaking chills
- Increasing redness, tenderness, or swelling around the incision
- Drainage from the incision
- Notify your doctor or nurse immediately if you develop any of these signs.

Blood clot Prevention

Follow your surgeon's instructions carefully to minimize the potential of blood clots that can occur during the first several weeks of your recovery. After surgery, you will be required to take medications to help prevent blood clots, such as Aspirin or Lovenox.

Warning signs of blood clots include:

- Increasing pain in your calf
- Tenderness or redness above or below your knee
- Increasing swelling in your calf, ankle, and foot

Warning signs that a blood clot may have traveled to your lung include:

- Sudden increased shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing

Notify your doctor or nurse immediately if you develop any of these warning signs!

Leg and ankle swelling

- You will have some swelling in your operative leg, but excessive swelling should be reported to your surgeon.
- You can expect leg and/or ankle swelling for up to 1 year after surgery and may change from better to worse.
- If activity makes the swelling worse, plan to elevate and ice your legs several times during the day.

Incisional care

You may expect to feel numbness, pain and discomfort in and around your incision for about 3 months. Inspect your incision daily (once the dressing is taken off) for any signs of infection.

Patient Safety

Speak Up: Speak up if you have any questions or concerns. If you don't understand, ask. It's your body and you have a right to know. Your health is important. Don't be afraid to ask about safety. If you're having surgery, ask the doctor to mark the area that is to be operated on. Don't be afraid to tell the nurse or physician if you think you are getting the wrong medicine or treatment.

Pay attention to the care you receive. Always make sure you get the right treatment and medicine by the right providers. Don't assume anything. Tell your nurse or doctor if something doesn't seem right. Health care workers should introduce themselves. Look for their identification badges. Notice whether your caregivers have washed their hands. Hand washing is the most important way to prevent infection. Don't be afraid to remind the healthcare team to perform hand hygiene.

Patient Identification: To help ensure correct patient identification, your arm band will be checked and you will be asked to verify your name, date of birth and the procedure that you are having performed. This information will be asked frequently by all care providers. Make sure your healthcare providers check your ID before giving you medications or doing any treatment. This is for your safety.

Marking the surgical site: Correct surgical site is very important. Before your surgery, the physician will mark your surgical site if it involves a certain side, area, etc. This is another step that we take to ensure your safety.

Time Out: Prior to incision, the entire operating room team including the surgeon, anesthesia, nurses, and surgical assistants will stop everything and re-verify the surgical site marking and surgical procedure.

FALL PREVENTION

There are many things that can affect your safety while in the hospital:

- Your **diagnosis** or current illness may cause symptoms that you are unfamiliar with.
- **Medications** such as muscle relaxants, sleeping pills, and pain relievers may make you feel dizzy or unsteady. Diuretics (water pills) can often cause frequent trips to the bathroom.
- A reduction in alcohol or nicotine can cause restlessness, anxiety, and difficulty walking.
- **Not eating** or a change in diet may leave you dizzy, sleepy and/or unsteady.
- **Procedures** and preparation for those procedures may also affect your safety. Preps such as enemas and laxatives can make you feel weak and cause frequent trips to the bathroom.
- **Sedation** and/or anesthetics may leave you dizzy and sleepy as well.

While in the hospital you may find it is difficult to do simple things such as:

- Get out of bed
- Get to the bathroom quickly
- Reach for objects while in bed
- Change clothes

Falls happen because of a combination of factors. You can help to reduce your risk of a fall by doing the following:

- **Use the call light for assistance.**
- Sit on the side of the bed for a few minutes before you stand.
- Wear non slip shoes or non-skid footwear. The hospital can provide those for you.
- Pull the emergency cord while in the bathroom if you need assistance.
- Please tell the nurse if you use a walker, wheelchair, etc. at home.
- Keep personal items such as phone, remote, call bell, etc. within reach.
- Use handrails for safety.

A fall during the first few weeks after surgery can damage your new joint and may result in a need for further surgery. You should continue to use your walking device until cleared by the doctor or therapist. Always wear non-skid socks, shoes or slippers (with a back). Perform a home assessment to reduce safety hazards around your home.

MEDICATION SAFETY

Know what medications you take and why you take them. Medicine errors are the most common health care mistakes. Ask why you should take the medicine and for information about what you are taking. Find out what the side effects are. If you do not recognize a medicine, make sure that it is for you. Always make sure to report your allergies. Tell them about any reactions you have had. Make sure you understand your medications and the directions for taking them.

Family and Visitors

While you are in surgery your family and visitors may wait in the Surgery Waiting Room. This waiting room is located on the 2nd floor.

Helpful reminders for family & visitors:

- Please use waiting areas to visit and/or make phone calls. **DO NOT** make calls while in the Day Surgery unit, other patients are trying to rest. Please use the silent/vibrate setting on your cell phone while you are in the hospital.
- Designated waiting areas are provided for visitors while patients are in surgery. Waiting in hallways of patient care areas is not permitted due to safety and privacy concerns.
- **DO NOT** bring food or drinks into the patient care areas. Food smells can make patients feel queasy.

Discharge Planning

Your discharge planner works with you and your family to arrange the appropriate discharge plan for when you are ready to leave the hospital. Whether you go home, to a relative's home, rehab facility or another healthcare setting, your discharge plan outlines the care that you will need.

Our team of social workers, therapists, doctors, and nurses will work with you and your family to formulate the appropriate discharge plan. Your situation at home, insurance coverage, and progress you have made with our care team are factors that help guide the discharge planning process. The team will work together with you to determine whether you are going home or to another health care setting.

NOTE: Do not rely on going to a Rehab or Skilled nursing facility. Your insurance company may tell you that you have coverage for these facilities, but it is not always covered after a single joint replacement.

You may need nursing, physical therapy, occupational therapy, and durable medical equipment when you leave the hospital. If you are not safe to go home with home health, you may need to go to another healthcare setting, such as a skilled nursing facility, a rehabilitation hospital or another appropriate facility. Our team is committed to honoring patient choice, so you will be given a list of options to help you make your selection if applicable. You will also be advised on agencies that are in-network with your insurance and preferred by your physician.

If you have any questions about your discharge plan, please contact our Social Services department at (225)658-4264.

What if I can't go home?

If you have to go to another health care setting when you leave the hospital, the Social Worker will provide you with a list of options. Most insurances typically cover physical, occupational, and speech therapy, but whether you receive those services in an inpatient rehab facility or skilled nursing facility depends on your insurance plan and your progress with therapy. Your health care team will guide you through this process.

What if you are going home?

Your health care team will assess your discharge planning needs. Home health or outpatient therapy may be arranged based on your progress with therapy. All appropriate durable medical equipment will be arranged prior to your discharge.

Your Comments

After discharge you may have the opportunity to participate in a patient satisfaction survey. Your comments are important to us. We strive to provide quality, safe care. Your input helps us identify our successes and opportunities for improvement in meeting the needs of our patients.

We appreciate any comments and suggestions, and encourage you to provide feedback during leadership rounds or as part of the patient satisfaction survey you may receive in the mail or by phone/text/email.



Thank You

Thank you for choosing Lane Regional Medical Center for your surgical care. Our team of dedicated healthcare providers will strive to provide you the highest quality of care in a safe pleasant environment. If there is anything we can do to make your stay more comfortable, please let us know.

Medications

Be sure to inform your healthcare team of ALL the medications you are taking, including:

- Vitamins
- Over the counter drugs (such as aspirin, antacids, pain relievers, etc.)
- Herbs and “natural” products

These can all have unwanted effects when combined with medications or anesthesia. You will receive instructions regarding managing your medications before surgery.

Medication List

Medication Name	Dosage (How much do you take?)	Frequency (How often do you take it?)	Reason for medication	Prescribing Doctor

Medication Allergies: ☐ No Allergies

Medication Name	Reaction

Pharmacy Information:

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy Phone Number: _____