

HIP

Total Hip Replacement
Guide for Patients




CENTER FOR TOTAL
JOINT AND SPINE CARE
at Sky Lakes Medical Center

TotalJointandSpineCare.com

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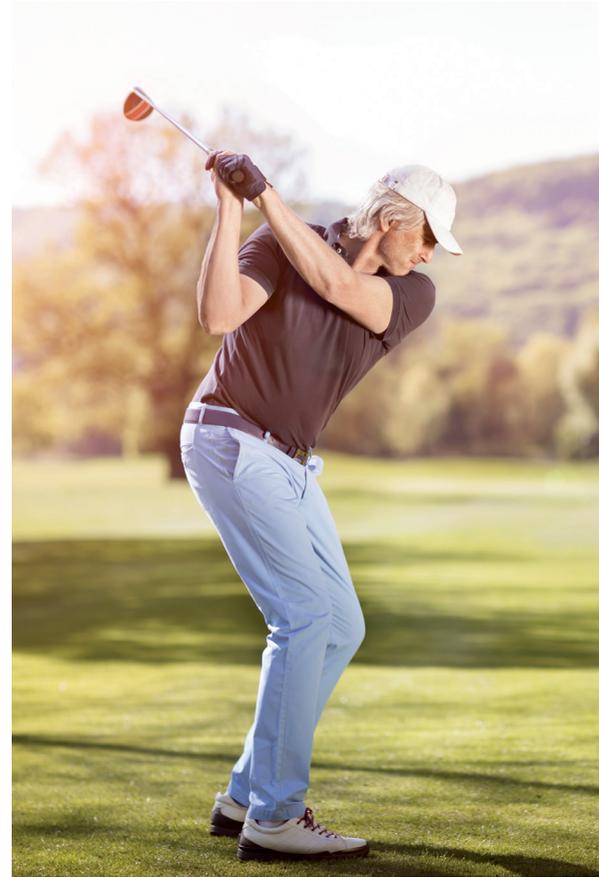
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A Message from Your Surgeons

Welcome from your surgeons, Sky Lakes Medical Center, and your health care team. We will all be working with you in partnership to prepare you for your joint replacement surgery. You are our most important team member. Together, we will accomplish our team goals of: effective preparation, successful surgical procedure, smooth recovery, and finally, a safe discharge.

Your care will be coordinated by your surgeon and a team of Sky Lakes Medical Center nurses. Other members of the health care team will also be available to assist you, as necessary. They include: physician assistants, physical therapists, occupational therapists, social workers, and dietitians.

Our goal is to return you to your maximum functional ability. You play a vital role in reaching that goal. Recovery is a process that starts before you enter the hospital with education and participation. When you complete your hospital stay, recovery carries on at home and throughout your life. We could not achieve the expected outcomes without your hard work and effort.

We hope this information will assist you in preparing for your surgical procedure and will help to facilitate your recovery. Please, read it carefully and feel free to ask questions of any team member.



MICHAEL J. CASEY, M.D.

is a fellowship-trained, board-certified orthopedic surgeon who specializes in hand surgeries. He is a member of the American Academy of Orthopedic Surgeons, the American Medical Association, and the American Society for Surgery of the Hand.



KARL C. WENNER, M.D.

is a board-certified orthopedic surgeon. He received his medical degree from the University of Florida and performed his internship there in the Department of Internal Medicine. He is a member of the Alpha Omega Alpha Medical Honor Society, the American Medical Association, and American Academy of Orthopedic Surgeons.



KEVIN T. HEATON, D.O.

is a board-certified orthopedic surgeon, and native to the Klamath Falls area. He received his fellowship training in Adult Reconstruction and Joint Replacement from the Arthritis Institute at Good Samaritan Hospital in Los Angeles, California. He is on the American Osteopathic Board of Orthopedic Surgeons.



EDWARD L. VAN TASSEL, D.O.

is an Oregon native with more than 25 years of experience in General Orthopedics. He is a Board Certified Member of the American Osteopathic Association and the American Osteopathic Academy of Orthopedics.



KARL R. KNUDSEN, M.D.

is a board-certified orthopedic surgeon and member of the American Board of Orthopedic Surgery. He is also a Fellow at the American Academy of Orthopedic Surgeons. He completed his internships at Stanford University Hospital. He also has a fellowship in Sports Medicine/Arthroscopy and Shoulder Reconstruction.



JASON M. CONAUGHTY, M.D.

is a board-certified orthopedic surgeon. He completed both his medical degree and residency at the University of Miami/Jackson Memorial Hospital. He has a fellowship in spine surgery from the Vanderbilt University Medical Center in Nashville, Tennessee. He is a member of the American Academy of Orthopedic Surgeons.



GILLIAN A. BAYLEY, M.D.

is an orthopedic surgeon fully trained in the treatment of all foot and ankle problems. She obtained her medical degree and residency at the University of Ottawa in Ontario, Canada. Her foot and ankle reconstruction fellowship training was completed at the University of Calgary. She is a member of multiple orthopedic and medical associations.

On the Move





I WASN'T GOING TO LET PAIN BE MY DANCE PARTNER

Manuela Pascuela's life passion is teaching ballroom dancing. And to do it right - you've really got to put your hips into it! After a fall in 2015, pain was keeping her from what she loves.

"My hip pain limited the range of motion during classes and made me cut the times short," Manuela says.

Continuing to teach her classes was no longer an option so something had to be done. She had appointments with other doctors and tried relieving her pain with physical therapy. When none of these other options were getting her any closer to teaching, Manuela visited Dr. Wenner at Klamath Orthopedic and Sports Medicine Clinic.

"Like everyone else, I don't enjoy hospital stays, but I love the staff at Sky Lakes Medical Center," she said. They helped her be comfortable during her stay and gave her the tools she needed to quickly recover. She was even back to teaching classes 4 weeks after her surgery!

"It's worth it to take advantage of the local technology at Sky Lakes Medical Center," says Manuela. "If you don't want to live with the pain, talk to our local orthopedic surgeons."



State of the Art Technology



Your surgeon uses Stryker Hip Replacement Systems. This system offers a versatile product and instrumentation portfolio that gives orthopaedic surgeons flexibility to choose from many implant options and select what may be best for the patient. The portfolio can meet the needs of almost any patient. Stryker's Hip Systems are built and continue to advance on a platform of more than 30 years of clinical experience.

Q.

What can I do, if anything, for the best possible outcome of my joint replacement surgery?

A.

Be prepared and ask questions. Research your surgery and the rehabilitation process ahead of time, know what the surgery can do and what it cannot do, line up sufficient help, stay active or get as active as you can ahead of time. If you need help improving your fitness, you may want to perform physical therapy “prehab.” If you’re overweight, losing weight will reduce stress on your joints. Once you decide to have surgery, follow the recommendations of your care team.



REALISTIC EXPECTATIONS OF **HIP REPLACEMENT SURGERY**

An important factor in deciding whether to have hip replacement surgery is understanding what the procedure can and cannot do. Most people who undergo hip replacement surgery experience a dramatic reduction of hip pain and a significant improvement in their ability to perform the common activities of daily living.

With normal use and activity, the material between the head and the socket of every hip replacement implant begins to wear. Excessive activity or being overweight may speed up this normal wear and cause

the hip replacement to loosen and become painful. Therefore, most surgeons advise against high-impact activities such as running, jogging, jumping, or other high-impact sports.

Realistic activities following total hip replacement include unlimited walking, swimming, golf, driving, hiking, biking, dancing, and other low-impact sports.

With appropriate activity modification, hip replacements can last for many years.



about

Your Surgery

In a total hip replacement (also called total hip arthroplasty), the damaged bone and cartilage is removed and replaced with prosthetic components.

PREPARE THE BONE

The damaged femoral head is removed and replaced with a metal stem that is placed into the hollow center of the femur. The femoral stem may be either cemented or “press fit” into the bone.

RESURFACE THE ACETABULUM

The damaged cartilage surface of the socket (acetabulum) is removed and replaced with a metal socket. Screws or cement are sometimes used to hold the socket in place.

POSITION THE IMPLANTS

A metal or ceramic ball is placed on the upper part of the stem. This ball replaces the damaged femoral head that was removed.

INSERT A SPACER

A plastic, ceramic, or metal spacer is inserted between the new ball and the socket to allow for a smooth gliding surface.

ANESTHESIA

Anesthesiology is the practice of medicine dedicated to the relief of pain and care of patients before, during and after surgery. Most joint replacements are performed under regional anesthesia.

REGIONAL ANESTHESIA

Your anesthesiologist makes an injection near a cluster of nerves to numb the area of your body that requires surgery. You will be given a sedative and you will not feel the surgery taking place. The two most common types are spinal anesthesia and epidural anesthesia.

LOCAL ANESTHESIA

The anesthetic drug is usually injected into the tissue to numb just the location of your body requiring minor surgery or a procedure.



*Dr. Herr, Chief of Anesthesia at
Sky Lakes Medical Center*



Q: What kind of information should I give to the anesthesiologist prior to surgery?

A: You can increase the accuracy of your anesthesia plan by providing a complete medical history, including all current medical problems, medications, allergies, and any other prior experiences that are of concern.

Getting Ready



Exercises

Performing these basic exercises will help prevent blood clots, increase your strength, and improve your overall comfort. Begin them a month or two prior to your surgery, if possible. Continue to perform exercises, as able, during your hospital stay and advance them, as able, after returning home.

3 sets a day, 10-15 repetitions, each focusing on the muscles involved in each exercise.

Ankle Pumps: Point your toes toward you and then away, moving your ankle through your full range of motion. This exercise is good for your circulation.



Glute Sets: Tighten the muscles of your buttocks together, hold for 5 seconds while breathing slow and deep, then release.



Sit-to-Stands: To stand, scoot to the edge of the seat with your surgical leg straightened out in front of you and your unoperated leg against the chair. Place at least one hand on the sitting surface or armrest and position your “nose over your toes” for balance. Straighten your unoperated leg and push up in a controlled manner.

To sit, touch the back of your legs against the chair. When using a walker, it should also be touching your chair. Straighten your surgical leg out in front of you, reach back to the armrest or sitting surface, and slowly sit while keeping your surgical leg out in front of you.



Quad Sets: Tighten the muscles in the front of your thigh by pushing the back of your knee down into the surface while pointing your toes up toward your nose, hold for 5 seconds then release.



Range of Motion



Straightening/Extension:

While seated at the edge of the seat, use your leg muscles to slide the foot of your surgical leg far in front of you; your unoperated leg can assist, if needed. With your heel in contact with the ground, point your toes toward your face and tighten your thigh muscles to further straighten your knee. Hold for 30 seconds, focusing on your breathing, slowly release.



Bending/Flexion:

While seated at the edge of your seat, use your leg muscles to slide the foot of your surgical leg back towards you; your unoperated leg can assist, if needed. Slowly bend your knee to reach the goals your surgeon has set for you. Hold 30 seconds, focusing on your breathing, slowly release.

Heel Slides:

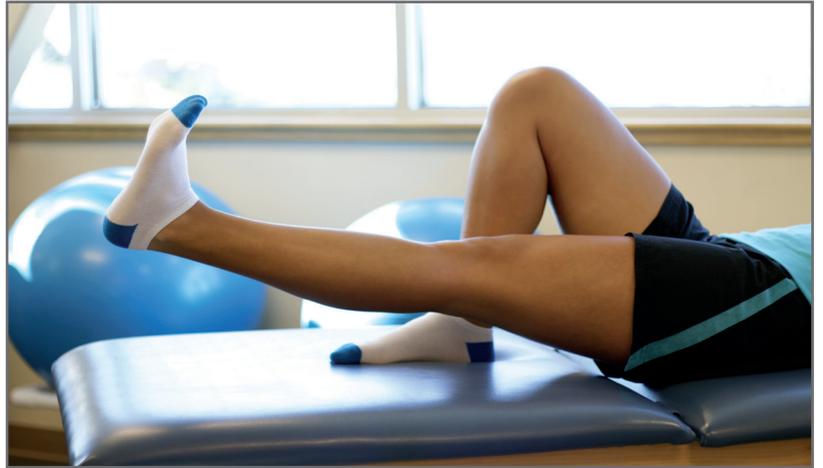
Reclined or lying on your back. Bend your unoperated leg for support. Slide the heel of your surgical leg up towards your buttocks until you feel a stretch, keeping your heel in contact with the surface. Hold for 3 seconds, then slowly and fully straighten your leg. Build up to 10 second holds.



Supine Hip Abduction:

Reclined or lying on your back. Bend your unoperated leg for support. With your surgical leg as straight as possible, slowly slide your leg out to the side with your toes pointed up, then slowly slide your foot back in.

Straight Leg Raise: Reclined or lying on your back. Bend your unoperated leg for support. With your surgical leg as straight as possible, raise your foot 6-12 inches off the surface. Hold for 3 seconds, then slowly lower.



Short-Arc Quads: Reclined or lying on your back with a rolled towel under your surgical knee. Bend your unoperated leg for support, if needed. Keeping your surgical leg on the towel, lift your foot several inches to fully straighten you knee. Hold for 3 seconds, then slowly lower. This is the only time anything should be placed under your knee

Passive Knee Extension:

Reclined or lying on your back with a rolled towel under the ankle of your surgical leg. Relax your leg muscles to allow gentle stretching of the muscles of the back of your leg. Start with 5-10 minutes and work up to 30 minutes at a time.

*Perform 3 times a day to start and increase as able.

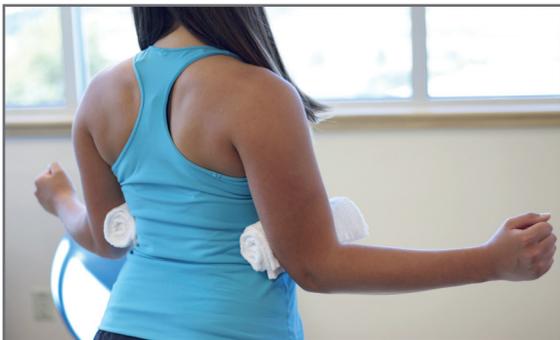


Upper Body Exercises



Seated Press Ups: While seated in a chair with hands on armrests, push up from the chair by straightening your arms. Hold 2 seconds, then slowly lower yourself. Use your legs to assist as needed. Try and keep your shoulders from shrugging.

Rows: With your elbows bent at 90° and at your side, pinch your shoulder blades together. Hold 2 seconds, then relax.



External Rotation: With your elbows bent at 90°, a small towel roll between your elbows and your side, and forearms forward, pinch your shoulder blades together and rotate your forearms out. Hold 2 seconds, then relax.

Shoulder Rolls: While standing or sitting upright and shoulders relaxed, roll shoulders forward, up, back, and down in a complete circle. Perform in both directions.



PLANNING AHEAD

The road to recovery is not often smooth and straight forward. With foresight and preparation, you can experience a smoother transition, not just in the hospital but also returning home, to work, and to a more active lifestyle. Before your surgery, plan and practice how you and your coach can safely progress your activities that have an inherent fall risk. Your occupational therapist or physical therapist can help address questions or concerns on this topic.

Preparing Your Home

Small adjustments and updates can make a big difference in your safety and comfort following a joint replacement surgery. We recommend setting up a central base on the entry level of your home and to consider the following:

- **Sit Taller:** Taller and firmer recliners, couches, or chairs with armrests allow for easier standing and sitting. Pair them with an ottoman or coffee table for elevation and straightening of legs. Fold up a firm blanket to add temporary height.
- **Clear the Way:** Remove throw rugs, cords, clutter, and sharp or fragile objects from your way. Widen pathways for clear passage of a walker. Larger open areas are preferred for rehabilitation exercises and walking.
- **Avoiding Toilet Troubles:** Keep bathrooms close initially. You will not be moving as fast as you are used to and may need assistance at times. Early recognition of the need to use the restroom and ready assistance will improve your safety and comfort, especially for those with urgency issues.
- **Entertain Yourself:** Positive distraction can be a powerful form of pain management and a mood booster.



HEAD



PREPARING FOR SUCCESS

REDUCE YOUR

Fall Risk

Remove Hazards: Perform home repairs ahead of time and arrange assistance for yard work or snow removal.

If you have pets, create a plan to keep pets away from your incision and to prevent them from becoming a tripping risk.

Use Safety Equipment: If needed: Repair or add railing to stairs. Install grab bars, a non-slip mat, a handheld shower head, and a tub transfer bench in the bathroom. For toilet needs, you may want to obtain a bedside commode or toilet riser.

Add Lighting: Replace bulbs and add nightlights where light switches are not immediately within reach. Visit your eye care center before your surgery to update your glasses prescription, if needed.

Get Organized: Arrange frequently used items within easy reach and readily available. Plan to have your coach assist you with more difficult tasks such as stairs and bathing the first few times.

Ride in Comfort: Medium height vehicles are more comfortable getting in and out of. Slide the front passenger seat backwards and recline the seat back for comfort. Pillows can help support and elevate your surgical leg when returning home. Ask your physical therapist if you have any questions about car transfers.

Discharge Planning

Individuals who are active, well prepared, have adequate support at home and have arranged transportation should plan on returning home after a one or two night stay in the hospital.

Those who are not ready to discharge after a two night stay due to significant mobility limitations, needing a longer time to heal, or lack of adequate support at home may require a stay at a transitional care unit (TCU) for further rehabilitation prior to returning home.

1

Home with Your Coach

- Coach to provide live-in assistance with near 24/7 availability for the first 5-7 days.
- Transportation arranged for 4-6 weeks.

2

Transitional Care Unit (TCU)

- No coach or coach unable to provide adequate assistance.
- Require more time to heal and more therapy.
- Patients with more complicated surgeries or other significant medical conditions.
- Usually about a 2 week stay.

Your Coach



While joint replacement surgery is common and proven to be effective in achieving good outcomes, it is still a significant surgery that requires preparation, persistence, and help from others. We strongly recommend patients have a family member or close friend to attend pre-operation appointments, be present during key times leading up to surgery and during the hospital stay, and provide live-in assistance for the first 5-7 days. We call this individual your coach.

A good coach is someone whom you are comfortable with and able to receive direction from. This person should be: trustworthy,

dependable, organized, aware of your general health, familiar with your home and habits, physically and mentally capable of assisting you, someone who is comfortable with you.

Some ways your coach could assist you include: assist with medical forms, learn surgical process, provide constructive reminders and feedback, aide you in performing exercises and adhering to surgical precautions, manage and administer medications, assist with bathing and toileting, meal prep, care for pets and property, keep you on top of your schedule, and drive you to appointments.

Planning Your Medications



The onsite outpatient pharmacy offers bedside delivery of your prescriptions at no extra charge or your coach can pick them up before you leave the hospital.

Medication plays a significant role in pain management, anti-coagulation, infection prevention, and bowel regularity. Interactions between medications as well as appropriate dosages are important areas of concern following surgery.

To best manage your care, it is important for us to not only know all medications and supplements you are using, but also to administer them at appropriate levels and schedules. The schedules and dosage may often differ from your normal routine.



Bedside Medication Delivery for Discharge Medications...

If you choose bedside delivery for your discharge medication, you will need to complete authorization paperwork and pay your insurance co-pay, as you would at any outpatient pharmacy. The SLMC retail pharmacy is not connected to our inpatient services so any fees cannot be added to your hospital bill. Please, have a form of payment available and your supplemental pharmacy card, if applicable.



Shelly, Certified Pharmacy Tech

Q: What are some common medication concerns that patients can face when returning home, following a total joint surgery?

A: Medication orders when returning home can be confusing. We recommend both you and your coach taking time with your care team while you are in the hospital to clearly understand what you are taking, why you are taking it, the frequency and duration, and what to avoid that may interact with your medication.

KNOW YOUR PRECAUTIONS

1. Do not bend your hip more than 90°, including leaning forward and reaching down.
2. Do not turn or twist your leg inward.
3. Do not cross your legs

Weight-bearing as tolerated: You are encouraged to stand with full weight through your surgical leg the day of surgery, unless instructed otherwise.

The individuals with the best surgery and rehabilitation experiences are those who are best prepared. The pre-operative clinic provides education prior to your surgery and lasts about two hours. You will learn what to expect before, during, and after your surgery.

Your pre-op nurse will review your medical history and current medications, inform you which medications you should stop prior to surgery, and address any questions or concerns you or your coach may have. Additionally, your insurance information will be

verified for authorization for services. Additional tests such as lab work, EKG, or X-ray may also be performed.

During this time you and your coach will also meet with rehabilitation services. An occupational therapist and/or a physical therapist will provide education and answer questions regarding surgery expectations and precautions, exercises, adaptive equipment, mobility, and your roles as part of the care team in the hospital and during the whole recovery process.

Pre-op Clinic: 541.274.4706



What to Bring to Pre-Op:

- Current photo ID
- All insurance information
- Your coach
- Complete medication & supplement list
- This book



What You Leave with:

- Wristband identification
- List of medications to bring the day of surgery, if needed

Checklist Before Your Surgery



Obtain Recommended Adaptive Equipment such as

- Front-wheeled Walker (FWW)
Provides support and safety, for best rehabilitation results while walking. A basket or bag for the walker helps carry small, lightweight items.
- Transfer Bench
Increases safety and comfort during transfers and bathing for individuals who have tub in combination with a handheld shower head.

* Check with your insurance provider for coverage of equipment prior to purchase on your own.

Make Arrangements Ahead of Time

- Meals that are quick to make and simple (e.g. frozen, pre-made meals).
- Hold mail and newspapers, if you will not be home.
- Care of pets and animals.
- Yard work, garbage removal, and other necessary chores.
- Transportation to and from the hospital and follow-up appointments (You may want to obtain a temporary disabled person permit from the DMV).

Night Before

Do not eat or drink anything after midnight, including chewing gum, candy, and water. You may brush your teeth or rinse your mouth as often as you wish, but do not swallow.

Follow your doctor's orders about your medication. Your doctor may have you take certain medications with a sip of water the morning of your surgery, but always check first.

Try to get a good night's sleep. Being well-rested before surgery is helpful.

Morning Of

Take medications, as instructed during your pre-operative appointment, with a sip of water.

Call your doctor right away if you get a cold or infection before your surgery.

Transportation

You will not be allowed to drive for 4 - 6 weeks following your surgery and should arrange transportation for this time. Medium height vehicles with spacious leg room typically allow for easier transfers.

Smoking

If you are a smoker or tobacco user, it is important to stop smoking for at least a few days before surgery. Quitting will help with healing and decrease your risk of infection and pneumonia. Talk with your doctor before surgery about quitting, or call the Oregon Tobacco Line at 800-QUITNOW.

Sky Lakes Medical Center is tobacco- and smoke-free. The use of any tobacco products, including e-cigarettes, is not allowed inside or outside of our hospital.

Day of Surgery



What to Bring

- Loose fitting shorts and comfortable t-shirts.
- Glasses/contact lenses with case.
- Form of payment for outpatient prescriptions.
- If instructed, bring medications to nurse in the original container
- Hearing aids, dentures, CPAP, and prostheses, if applicable.
- Identification and insurance cards, and supplemental pharmacy card, if applicable.

What to Leave at Home

- Jewelry
- Keys
- Unnecessary Valuables



Safety



Fall prevention...

All individuals are considered a “High fall risk” following a joint replacement surgery. Until you have consistently demonstrated safe mobility, you are required to have a staff member with you at all times you are not in bed or seated in a chair; this includes the restroom. Once you have demonstrated adequate muscle strength and consistent adherence to safety precautions, we ask that you have your coach or another capable family member or friend assist you.

Fall Risk While at the Hospital



- High:** Require assistance for all mobility and toileting
- Medium:** Require assistance for all mobility
- Low:** Able to walk in halls with coach or staff supervision

RISKS OF SURGERY

Hip surgery is a major surgery.

As with any major surgery, there are risks.

The complication rate following hip replacement surgery is low. Serious complications, such as joint infection, occur in less than 2% of patients. Major medical complications, such as heart attack or stroke, occur even less frequently. However, chronic illnesses may increase the potential for complications. Although uncommon, when these complications occur they can prolong or limit full recovery.

INFECTION

Infection may occur superficially in the wound or deep around the prosthesis. It may happen while in the hospital or after you go home. It may even occur years later. Minor infections of the wound are generally treated with antibiotics. Major or deep infections may require more surgery and removal of the prosthesis. Any infection in your body can spread to your joint replacement.

This occurs when the ball comes out of the socket. The risk for dislocation is greatest in the first few months after surgery while the tissues are healing. Dislocation is uncommon. If the ball does come out of the socket, a closed reduction usually can put it back into place without the need for more surgery. In situations in which the hip continues to dislocate, further surgery may be necessary.

DISLOCATION

LOOSENING AND IMPLANT WEAR

Over years, the hip prosthesis may wear out or loosen. This is most often due to everyday activity. It can also result from a biologic thinning of the bone called osteolysis. If loosening is painful, a second surgery called a revision may be necessary.

LEG-LENGTH INEQUALITY

Sometimes after a hip replacement, one leg may feel longer or shorter than the other. Your orthopaedic surgeon will make every effort to make your leg lengths even, but may lengthen or shorten your leg slightly in order to maximize the stability and biomechanics of the hip. Some patients may feel more comfortable with a shoe lift after surgery.

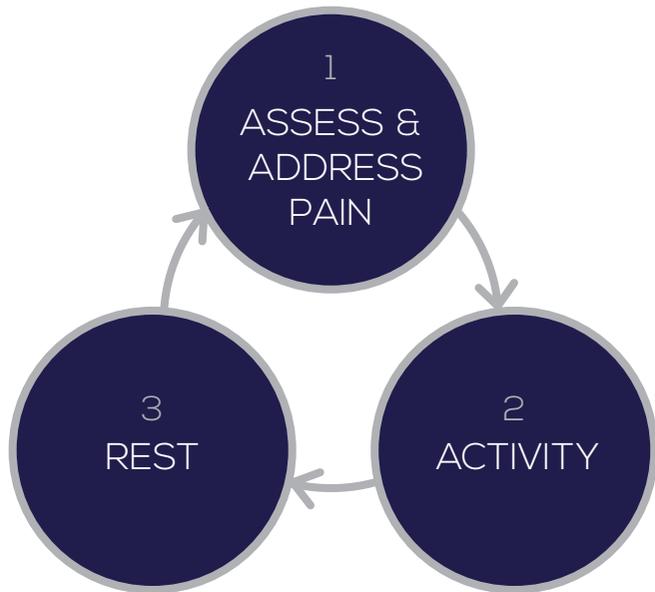
BLOOD CLOTS

Blood clots in the leg veins or pelvis are the most common complication of hip replacement surgery. These clots can be life-threatening if they break free and travel to your lungs. Your orthopaedic surgeon will outline a prevention program which may include blood thinning medications, support hose, inflatable leg coverings, ankle pump exercises, and early mobilization.

OTHER COMPLICATIONS

Nerve and blood vessel injury, bleeding, fracture, and stiffness can occur. In a small number of patients, some pain can continue or new pain can occur after surgery.

Rehabilitation Cycle of Joint Replacement



1. Assess & Address Pain

Is your pain tolerable while you perform activity? Are you able to rest? Are you reaching all of your rehab goals? If you answered yes to these questions, you are in a good spot to reduce your pain medication further. Remember to plan your therapy or activity for an hour after taking your pain medication for greater effectiveness.

2. Activity

Frequent short walks or bouts of exercises are recommended early on. Try to increase your activity level every couple of days while improving your consistency of walking and exercises each day. Start slow, focus on your leg muscles and on proper movements.

3. Rest

Rest should always follow activity during the rehabilitation of your joint replacement. If you have been resting for 15-20 minutes and your pain level is not down to a level you are comfortable with, you probably overdid your activity. Healing takes time. Ice and elevation of your leg are encouraged to reduce swelling.



Your **Team** Starts With **You!**

As the patient, you are the most important team member in your care. In the past, your joint has been painful and unstable to the point that you are seeking correction and you are motivated to regain the quality of life you once had. Now that the cause of your pain and instability has been removed, your job is to prove to yourself that you can trust your new joint through successful active use.

Preparation leading up to your surgery, consistent and appropriate activity,

frequent rest, and honest and open communication will assist you and your care team to address your challenges together. Everyone in your care team has the same goal of your successful rehabilitation. The best rehabilitation environment for you will be one in which you are knowledgeable of the healing process and act accordingly, have support and use it, and are patient with the setbacks that will happen. With time and practice, you will find that your mind will learn that your replaced joint is no longer injured, but new.

“ Whether you think you can or you think you can't, you're right. **”**
—Henry Ford

Your Nursing Team

Trained Just for You

Your nursing team has received specialized orthopedic training in addition to experience with patients of total joint replacement. They will assess your recovery, coordinate and provide care, administer medications, and assist with mobility and self-care. Nursing will check on you on an hourly basis to provide you an opportunity to ask questions and address needs. Your nurses work with you and your coach to provide personalized care and discharge education throughout your stay to set you up for success at home.



Suzie, Orthopedic-trained Nurse

Q: What are some of the most common challenges you see patients and their families face during their hospital stay?

A: Difficulty sleeping, overdoing activity, and pain management are common challenges. Slowly progressing your activity, taking time to listen to your body, and following care team recommendations will help.

Q: How much pain is “normal” after my surgery and when returning home?

A: While everyone is different, expect a significant amount of pain during the first week following surgery, with the first couple of days home being more challenging as you learn your routine. Assess and address your pain often, and remember recovery is a full-time job for the first month or so.

Your Team Therapy



Physical Therapy

Our goal is to prepare you for a safe return to your home, work, activities, and life. We will prepare you by providing learning opportunities to safely increase your strength, your coordination and motion, challenge your balance, reduce your pain level, and boost your confidence in your new joint. We want you to not only be confident in your movement and abilities but to also be performing them in a manner that is the most beneficial and safe.

Bed Transfers

With your surgical leg straight, bend your unoperated leg up, pushing through this leg and your arms to scoot your hips close to the edge of the bed, and to walk your legs over to turn and pivot out of bed.

Once seated, scoot your hips forward until both feet are resting on the floor with your surgical leg straight in front of you. To stand: position the foot of your unoperated leg against the bed, your surgical leg extended in front of you, and push to stand with at least one hand on the bed. Reverse the process to get into bed.



Mobility and Positioning Goals

Your goal is to be able to consistently transfer and ambulate within your precaution restrictions as well as maintain positions at rest that will be beneficial to your recovery.

We recommend the use of a front-wheeled walker for ambulation following your joint replacement for safety, active strengthening, and coordination of your new joint.



Walking Up Stairs

- Position your feet next to the step, holding the rail(s), if available. Your coach should be behind you when going up stairs.
- With your surgical leg supporting you, step up with your unoperated leg while pushing down through the railing.
- Push with your unoperated leg to advance to the next step, bringing your surgical leg to the same level. Repeat for each step.



Walking Down Stairs

- With your feet to the edge of the step, hold the rail(s), if available. Your coach should be in front of you when going down stairs.
- Step down with your surgical leg, using your unoperated leg to gently lower you while pushing down through the railing.
- With your surgical leg supporting you, step your unoperated leg down while pushing down on the railing or walker. Repeat for each step.



ACTIVITY



Joshua, Inpatient Physical Therapist

Q:

How long should I use a walker?

A:

Plan on using a front wheeled walker for roughly one month. Some individuals will transition away earlier, others later. When used appropriately, the walker will help you get rid of your limp. If needed, your outpatient physical therapist will help guide your transition away from the walker to a cane or no device.

Q:

How much can I increase my walking when I get home?

A:

Everyone is different, but we strongly encourage you to increase the frequency of short, daily walks with built-in breaks before you increase distance.

ACTIVITIES OF DAILY LIVING

Occupational Therapy

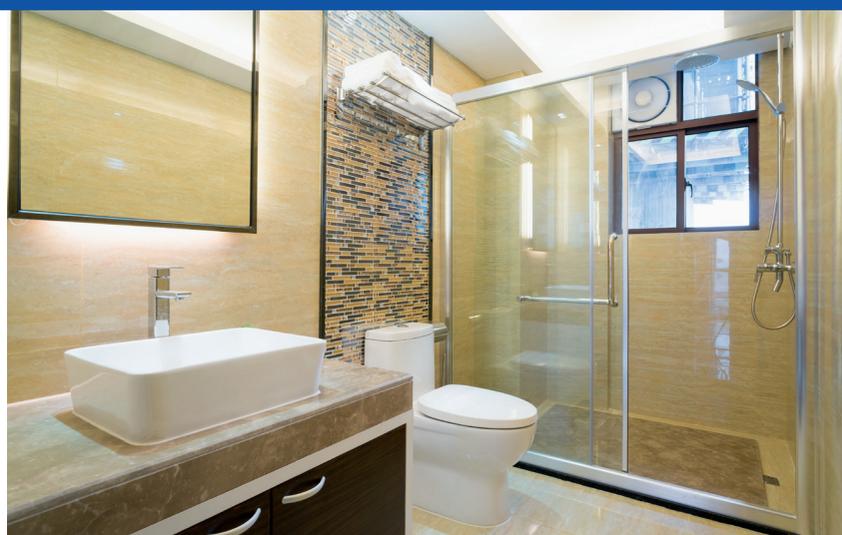
Occupational Therapy is provided by a trained professional who will assist you in learning how to perform Activities of Daily Living with precautions and temporary limitations you may encounter while rehabilitating from a total joint replacement. Retraining will follow depending on individual goals and needs identified during the evaluation.

Tub Transfers

If you have a tub, a tub transfer bench may be recommended after your surgery to increase your safety and ease of showering. Installing safety rails and grab bars will further increase your safety.

- Back up against the bench so you are facing away from the tub, using a walker as needed. Slide your surgical foot forward, then reach one hand back for the bench to help slowly lower yourself to the edge of the bench.
- Scoot your hips back and onto the bench before walking your legs to turn, then lift your legs over the side of the tub, turn fully to face the faucet. Wash and dry yourself while sitting.
- To transfer out of the tub, walk your legs to turn in the chair. Lifting your legs over the side of the tub, scoot out to the edge. With your surgical leg straight out in front, push to stand with one hand on the bench.





Lower Body Dressing

Seated at the edge of bed or a chair, use a reacher or dressing stick to help keep your surgery safe and keep you more comfortable. Lower your clothing with your adaptive equipment and dress your surgical leg first, followed by your other leg. Pull pants up over your knees before standing and pulling them up fully. Remove clothing from your unoperated leg first.

Toilet Transfers

Lower surfaces and tighter spaces can make sitting and standing more difficult. If you have a lower toilet height, a riser or bed side commode can be placed over your toilet for added height and greater ease. If you do not have a solid surface nearby, walking your walker over the toilet may be a good option.



Leighton, Inpatient Occupational Therapist

Q:

Can't I just rely on pain to tell me what my limits are?

A:

No, everyone experiences pain in a different way and pain is not always an indicator of damage occurring or potential injury to your new joint.

Our goals as occupational therapists are to ensure that the patient's concerns regarding participation after joint replacement in all meaningful activities are addressed.

Adaptive Equipment (AE) such as a long handled bath brush, shoe horn, or reacher and Durable Medical Equipment (DME) such as a toilet riser or tub transfer bench, may be introduced to allow necessary tasks to be performed safely. DME is not covered by most insurances, even with a doctor's prescription. These items can be purchased at a number of providers locally and on-line, or loaned by many community organizations.

Communication Is Key



Your days in the hospital will be busy with plenty of information and activity; these resources help you keep up with your schedule and reach your goals.



Knee News: Postoperative - Day 1

You Have a New Knee

You'll begin to feel better as the day progresses. Our specially trained staff will assist you with your activities and check on you frequently. Rest assured that they will skillfully meet your needs. Try to drink plenty of fluids today. Your appetite might be in hiding for a day or two, but don't worry, it will return slowly. Your drain and IV fluids will be removed today. Remember to stay ahead of the pain and let nursing know if you are having pain.

Tomorrow

The day will begin around 4:00 a.m. Your blood work will be drawn in the morning and your vital signs will be taken. You may also see an occupational therapist who helps you with activities of daily living (e.g., putting socks on, picking things up off the floor, etc.).

Today

Your physical therapist will work with you today to walk and increase your comfort in moving your knee. The exercises actually help to reduce swelling, which makes your knee feel better. You will be seen at your bedside in the morning and have group physical therapy in the afternoon, at 3 p.m. You will progress your walking and advance your marker on the ambulation board.

Knee Precautions

Try to bend and straighten your knee throughout your stay in the hospital and when you get home. The more you move your knee, the better it will feel and it shouldn't get right. Do NOT put a pillow under your knee when you are in bed in the hospital or once you're home. We know it may be more comfortable, but a pillow under your knee will make it harder to straighten out completely.

If you have any questions or concerns, ask your nurse.

Sky Lakes Medical Center 2802 Daguerre Ave. Klamath Falls, OR 97603-8312

Newsletters

Daily handout of information and helpful hints for both the patient and the coach. On the back, you will find important discharge information that you will want to review with your nurses when your coach is present.

TOTAL JOINT CARE **Room 211**

	Day 1	Day 2	Day 3
Pain Level:			
0-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up for meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Precautions review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Coach: _____ Today is: _____

Discharge Day: _____ RN: _____

Check-out by: 11:00 a.m. CNA: _____

Equipment Needed: _____ Pain Med Time: _____ a.m. / p.m.

Staff will return by: _____ a.m. / p.m.

White Board

Communication board in your room that highlights your consistency and progress in important rehabilitation activities and pain management. Patient and coaches are encouraged to fill in the information as they progress through the stay.

TOTAL JOINT CARE **The Sky's the Limit** **SKY LAKES**



Room: 210D | 210W | 211 | 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222

Ambulation Board

The Sky's the Limit. While everyone's new joint is different, the need for frequent weight-bearing activity and short walks is not. Your walking distance goal is 1,000 feet total prior to your discharge. Choose a magnet and move it forward to track your overall progress.

Hospital Recovery

Day 1



Your expected length of stay is 1-2 nights if discharging home, 3 nights if discharging to a temporary care unit (TCU) at a care facility.

Arrival & Check-In

Arrive at the hospital with your coach. After checking in, you will meet with your surgeon, physician assistant, and with your anesthesiologist.

Surgery & Recovery

Surgery typically takes 1-2 hours for initial replacements, 2-4 hours for revision surgeries.

Patients will spend 1-2 hours in the recovery room until stable.

Your Room

When ready, patients are transported to their room in the orthopedic unit. Coaches are encouraged to let patients rest as needed and to slowly increase interaction as the patient wakes. Your nurse will begin to address your pain and help educate you on the recovery process.

Assess and Address Pain

Nursing will monitor your pain level and develop your personal pain management approach. Your prior experience with pain and pain medication will help us determine the best path.

Getting Around

Physical therapy or nursing will assist you up, usually multiple times the first day starting 2-3 hours after being in your room. You are required to have assistance from staff for all mobility at bedside or out of bed as your risk for falls is high. Please, communicate your needs to us with enough time before hand to allow for safe care of you and other patients. Staff will teach you any precautions you may have and will teach you the safest, most beneficial, and most comfortable methods of mobility. When you are ready, you will begin using a front-wheeled walker (FWW) for walking. Correct use and practice with a FWW will increase the

strength of the muscles supporting your joint and improve the coordination of those muscles.

Breathing Exercises

Your lungs will require increased effort and attention following anesthesia. You may require oxygen for a short period of time until you are fully recovered. Performing your breathing exercises with your incentive spirometer will speed up your respiratory recovery. We encourage you to continue your incentive spirometer use at home while using narcotic pain medication.



Hospital Recovery

Day 2



Frequent daily short walks with staff will help manage your pain and help prepare you for home.

Applying the principles of the rehabilitation cycle will allow for a smoother recovery process. First, assess and address your pain often. Be proactive in your care and take advantage of the knowledge and experience of the staff. Open and honest communication now will mean a smoother transition home. Second, perform an activity once your pain is addressed. Short walks with staff or performing some of your exercises will increase your strength and decrease your pain over time. Third, rest after you have performed an activity to allow for healing and to assess how your surgery responded to your pain approach and activity. This is a good time to elevate your leg and apply ice to reduce swelling. The next step is to restart the cycle

Meals in Chair

Starting the morning after your surgery, you are strongly encouraged to have all your meals in a chair. It is better for your digestive system and will reduce your overall pain level as part of your recommended frequent daily activity.

Line Removal

To increase your freedom to move around and reduce the risk of infections your IV line will be temporarily disconnected and your urinary catheter will be removed. Continue to drink fluids and measure your output to ensure correct functioning of your kidneys. IV fluids will continue until you urinate a sufficient amount. Your IV access will remain in place until just prior to your discharge from the hospital.

Getting Dressed

Once you are free of lines, the staff will assist you in dressing for the day. Loose athletic shorts and a comfortable top work best for activity and to allow room for bulky dressings and visual inspection of your incision.

Pain Management

You may experience an increase in your pain today as your leg responds to surgery and medications used in surgery wear off (generally takes 18-30 hours after surgery). Be proactive in your approach to pain medication, use ice packs, take breaks more frequently, and perform regular activity and exercises within a tolerable pain range.

Therapy

Physical therapy (PT) will work with you twice a day, including group therapy, to improve your ability to walk, increase active use of your new joint, teach pain management strategies, and increase your strength and safety. You are encouraged to practice walking and exercises with nursing staff and your coach as recommended by your physical therapist.

Occupational therapy (OT) will meet with you to discuss safe movement and increase your independence through hands on training with adaptive equipment (AE) and practice of safe mobility.



Group Therapy

Group therapy at 1 p.m. in the Rehab gym.

Patients with joint replacements and coaches are expected to attend the combined therapy from 1 p.m. to 2 p.m on weekdays – as long as multiple patients had joint replacements the day before.

Often the most memorable activity during a patient's stay, group therapy is a time allotted for thorough review of exercises, functional mobility, and education for both the patient and the patient's coach. It is also a time for asking questions from therapists, other patients, and other coaches. Socialization is also an important component of group therapy and helps to increase confidence in the rehabilitation process for both the patient and the coach.

Group therapy lasts about one hour

and is located in the Rehabilitation gym, across the hall from the Center for Total Joint and Spine Care sign on the second floor of the hospital.

Discharge

Most individuals will discharge home after a 1 or 2 night hospital stay: If discharging after 1 night, you will discharge around 3-4pm, after completing group therapy.

If discharging after 2 nights, plan to discharge around 11:00 a.m., unless you have scheduled an earlier morning discharge with your surgeon the day before.

Many factors are considered when planning for your discharge. Planning ahead will help for a timely and more accurate discharge. Only after your doctor has written orders for discharge can nursing begin completing certain necessary documentation which can take a couple of hours to perform.

Due to this, the time leading up to discharge can appear rushed and patience is appreciated. Your nurse will review the discharge instructions with you one last time prior to leaving and your coach should have your pain medication prescription in hand, if they have not already had it filled.

Car Transfers

Medium height vehicles with a good amount of leg room tend to be a more comfortable option for most individuals. The front passenger seat usually works best with a recent surgery. Recline the seat and slide it back to protect your surgery and for easier movement. By practicing correct transfers in and out of bed, you will find car transfers easier and safer. Your physical therapist can help address concerns or questions you may have regarding car transfers.

Car transfers are performed similarly to bed transfers. Back up to the vehicle seat with your walker until you feel the seat against the back of your legs. Slide your surgical foot forward and reach back with one hand for the seat. Slowly lower yourself to the edge of the seat then scoot back. Walk your legs into the vehicle while keeping your surgical precautions. Walk your legs into the vehicle while following your surgical precautions.



Hospital Recovery

Day 3



Many patients are discharged on the second day, but because recovery is different for everyone, a third day may be necessary.

The morning routine continues with you going for a walk, and being up in a chair for breakfast. You will meet with your surgeon who will write your discharge orders for those returning home. Nursing will be performing a lot of background work (see discharge in previous section for details) during this time. Your coach should be present for education and instructions in addition to picking up your pain medication prior to your planned discharge around 11:00 a.m.

If you require further care at this point, TCU will be your next step.



Transitional Care Unit (TCU)*

If you do not have enough assistance at home or if you simply need more time to heal, transitional care units (TCUs) provide short-term services in the process of healing and improving functional mobility. While there, you will receive up to two hours of therapy a day. Their goal is to help patients return home safely as soon as possible at the highest level possible. Medicare and most other insurances require a qualifying stay of 3 nights prior to discharge to TCU for further therapy.

*Patients should contact their insurance about TCU coverage beforehand.

Pain Management

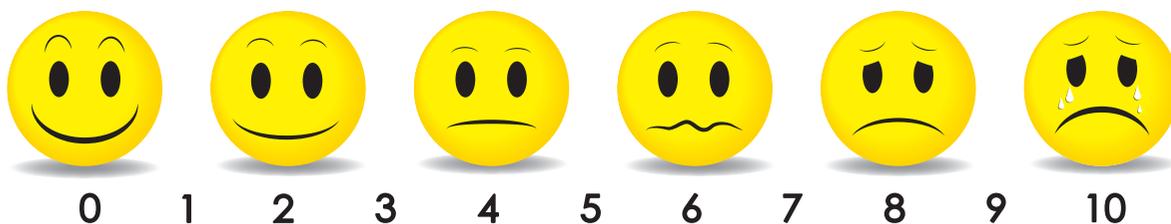


Pain management after total joint replacement varies greatly from person to person.

In general, most patients have the most intense pain during the first week. At certain times of the day, your discomfort can be more intense, specifically after exercises and therapy. Although post-surgical pain is a normal part of the healing process, severe pain is not.

When discharged from the hospital, your doctor will prescribe the medication that has been most successful in managing your pain during your hospitalization. Pain is best managed if you follow these guidelines:

- In general, the first few days at home can be the most painful. **"Assess and Address"** your pain level frequently as you learn to manage and balance your swelling, activity and pain cycle.
- Do not allow your pain to become severe before taking pain medication. Pain medication generally starts working in **30 min** and peaks at **60 min**.
- It is recommended to plan your pain medication around increased activity, ideally around **1 hour** prior to exercise or therapy.
- Your pain medication will be prescribed every 4-6 hours **as needed**. Please evaluate sedation level and side effects before taking medication to prevent overmedicating.



Side Effects of Narcotic Pain Medication

Constipation is a treatable side effect (see constipation insert). It is advised to take some form of stool softener while taking narcotics. Ensure adequate fluids intake along with fruits and vegetables. Please avoid bulk forming products such as Metamucil while taking narcotic pain medication as they can make constipation worse.

Drowsiness is a common side effect. Be cautious with activities and avoid driving while taking pain medications. You would receive a DUI if found driving while under the influence of narcotics.

Nausea is common with narcotics. Always take medication with food. It may be necessary to reduce dose and/or increase time between pills. If progresses to vomiting, you need to stop taking narcotics.

If you experience any of the following, call Klamath Orthopedic Clinic 541.884.7746:

Vomiting if nausea progresses to vomiting and you are unable to keep fluids down for 24 hours.

Itching can be a common side effect, if it progresses or you develop a Rash or Hives you need to stop taking the pain medication.

Dizziness/Confusion can be side effects that require you to reduce the dose. If confusion develops, stop taking the pain medication.

Pain Cycle Strategies

- Stand up and take a short walk, then reposition every hour.
- Perform a few of the exercises, especially ankle pumps.
- Ice to surgical area and other locations that are swollen or painful (see instructions below).
- Use an ace type wrap to provide some compression to the surgical area.
- Use distraction such as TV, music, games, crafts, conversation and reading.
- Lie down and elevate your leg above the level of your heart if you are experiencing painful swelling.
- Relaxation techniques such as visualization, progressive muscle relaxation and deep breathing exercises can reduce stress and enhance comfort.

Delayed Pain Response

You will have an increase in pain between 18–30 hours after surgery as your leg responds to surgery and the medication begins to wear off. Being proactive with taking your pain medications as directed and following the Pain Cycle Strategies will help you get back on track with your pain management.

Therapeutic Use of Ice

- Apply ice to incision or painful area; especially after activity or therapy.
- Apply ice for 15–20 minutes on and off frequently for the first 2–3 days and as needed for swelling through recovery.
- Always place a thin sheet around the ice pack to protect skin and prevent frost bite.
- Avoid heat to incision area unless instructed by physician.

Homemade Ice Pack:

Mix 1 part rubbing alcohol with 2 parts water in zip-lock bag and freeze. You can also place raw rice in Zip lock bag and freeze.

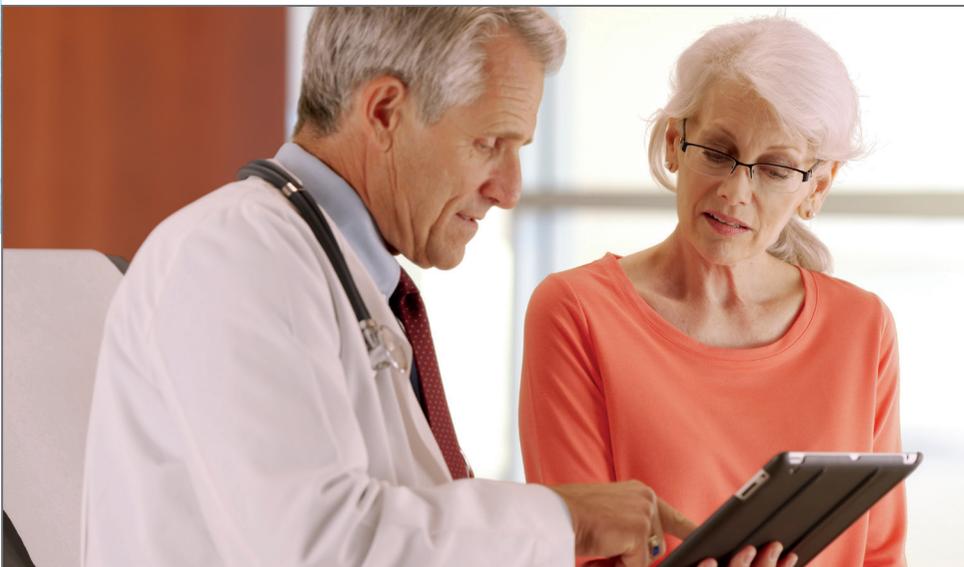
Weaning off Pain Medication

As you begin to heal, you will gradually require less pain medication and should begin to taper off the narcotics. Your Surgeon will reduce the strength of your pain medication over the next few weeks with the goal of weaning off completely by **4-6 weeks post-operatively**. Tapering off pain medication at a faster rate is acceptable as long as you are meeting your rehabilitation goals.

- ▶ Extend the time between pill(s) from 4 hours to 5 or 6 hours.
- ▶ Take 1 pill instead of 2 and then a ½ pill instead of 1 until you have weaned off completely.
- ▶ Substitute plain Tylenol for narcotic pain medication.
***Do not exceed 4000 mg of Tylenol in a 24 hour period.**
- ▶ Check with physician for permission to substitute NSAIDs (Naproxen or Ibuprofen) for narcotics.
- ▶ Remember to take pain medication before Physical Therapy to get the most out of your session.
- ▶ It is ideal to taper slowly if you have been taking pain medications regularly for weeks. If you experience: sweating, shaking, anxiety, nausea/vomiting or agitation, call Klamath Orthopedic Clinic 541.884.7746 or your PCP to discuss a different approach for tapering from your pain medication.

Refills

Call Klamath Orthopedic and Sports Medicine clinic (KOSM) 541.884.7746 directly for pain prescription refills. They require two days' notice to write your prescription, so monitor your medication as you near the weekend.



Swelling and Bruising Management

A few days after your surgery, swelling and bruising will begin to increase and can be significant, especially for individuals with fragile skin and who take anti-coagulant medication. This is the normal response of the body and expected. Swelling should be addressed multiple times throughout the day for both comfort and function.

Rest

Build frequent breaks into your activities and take time to listen to your body.

Ice

Remember the 20/20 rule. Apply an ice pack for a maximum of 20 minutes at one time followed by at least a 20 minute break before reapplying. You should always have a barrier, like a pillow case, between your skin and the ice pack.

Compression

Light compression from an ace wrap or compression stockings may assist in decreasing swelling. Do not let the compression material roll or bunch up to create a tourniquet effect.

Elevation

Raise your leg above the level of your heart by lying down flat on your back with pillows under your calf and ankle.

Precautions

Continue to follow your precautions for the duration your surgeon has prescribed. Practicing correct movements will best protect your new joint. Remember, pain or lack of pain should not be used as an indicator of what action is or is not safe to perform.



During the first month of your rehabilitation, frequent short walks with rest breaks between are recommended

Rest

In the first month following your surgery, rest should always follow activity. Allow your body to heal and recover by building frequent breaks into your recommended daily activities, even if you do not feel pain is a limiting factor.

Q:

What situations do you see that cause individuals the most frustration?

A:

Pain, swelling, and sleeping are common areas of frustration. Know that you will have pain and that it will generally increase the first few days at home. Being consistent with your management of pain and swelling will help your sleep. Stay active without overdoing it and remember that everyone heals at a different rate.



OUTPATIENT PHYSICAL THERAPY

Outpatient physical therapy is not required after a total hip replacement. Continue to perform the daily exercises and progress your daily activities as able for the first month. However, if you feel like you have hit a plateau in your physical abilities or plan on returning to more challenging activities such as moderate or difficult hiking, fishing on a boat, or cross country skiing; you may want to request outpatient physical therapy when cleared by your surgeon.

Areas that may be addressed: Pain management, swelling, strength, balance, walking, activities of daily living, and work activities.

Strength

Strength is vital for all safe mobility and balance. A main focus will be increasing the strength of your hip and thigh muscles.

Walking

Range of motion, balance, and strength work together to ensure a normal walking pattern. Your therapist will assist you in the transitioning from a walker to a cane or no assistive device at the appropriate time to avoid developing poor walking habits.

Swelling

Swelling is a normal part of healing and may take several months for a majority of the fluid to diminish. Your therapist can help to reduce scar tissue adhesions and ensure your surgical incision is healing well.

Balance

Prevent future falls by addressing areas in need of improvement in your balance today. Balance plays a key role in mobility and you can increase your level of confidence and safety.

Plan new or more strenuous activities about an hour after taking your pain medication to decrease discomfort.

Activity Goals & Milestones

Maintain your exercises and activity. Active use of your new joint is how you increase your strength and active range of motion. Lack of regular exercise and activity can lead to joint stiffness and weakness.

Walk with a goal to build a more normal and comfortable stride, not just increasing distance. Within a few months of your surgery, you'll hopefully be getting back to more normal routines at home and work. You may transition to a cane for ambulation or directly to no assistive device depending upon your abilities and your environment. Full recovery can take up to two years.



12 Weeks After Surgery You Should Be Able to:

- 1 Walk up and down stairs normally using rail
- 2 Independently transfer in and out of vehicles
- 3 Walk with equal weight-bearing of legs without a limp
- 4 Experience minimal pain with a full day's activities
- 5 Dress yourself independently

Activity Goals & Milestones



Showering

You are allowed to shower three days after your surgery, if no further drainage. Once your incision remains dry, you may shower but do not soak in a tub until approved by your physician.

Until your incision is completely healed and you are cleared by your surgeon:

Do not: Scrub, spray, scratch, apply anything to, remove steri-strips, or submerge your incision.

Do: Let the steri-strips fall off on their own, dab your incision dry after showering, let water run over and off your incision.

Driving

During a follow-up appointment after your surgery, ask your surgeon when it is appropriate to return to driving.

Sexual Activities

Continue to follow all surgical precautions until cleared by your surgeon.

Returning to Work

Your previous level of activity and the nature of your work will affect when you are released to return to work by your physician.

Sports and Physical Fitness

Your joint implant is designed for low impact activities such as walking, cycling, and light hiking. High level activities such as jogging, basketball, tennis, and skiing are not recommended. Speak with your surgeon or physical therapist prior to using any exercise equipment.

Dental Procedures

Avoid dental work for three months following your surgery. After that, inform your dentist about your joint replacement to determine need for antibiotics before any procedure is performed. Talk to your orthopedic surgeon about antibiotics before any dental or medical procedures to prevent an infection of your new artificial joint.



Sleeping & Rest



Sleep is important for healing, including proper bone growth. It provides energy for you to perform exercises, rehabilitation therapy, and daily activities.

Good rest is especially important when rehabilitating a new total joint but can be difficult.

When sleeping on your back, place a pillow or foam wedge, if you received one, between your legs to prevent twisting

or crossing of your legs. When sleeping on your side, keep your surgical side up as you do not want pressure on your incision, and place a couple of pillows between your legs to prevent twisting or crossing of your legs.

Bedroom Environment

Pillows help in positioning when used appropriately. Position items you may need (phone, tissues, ice pack, water, etc.) within reach to avoid straining or additional activity when needing to rest.

Sleep positions for hip replacement:



On your back...

Use pillows between legs to prevent twisting or crossing of your legs.



On your unoperated side...

With your surgical side up, use pillows between legs for support and to prevent twisting or crossing of your legs.

Benefits of changing sleeping positions:

- ✓ Facilitates optimal blood flow and healing of wounds
- ✓ Helps avoid pressure sores on buttocks and heels
- ✓ Promotes healthy lungs by encouraging deeper breathing by laying on your side

Discharge Instructions



Medications

Take all medications as directed by your physician. Call your doctor if you have any concerns about side-effects or if you think your medication is not helping. Do not quit taking your medications without first discussing it with your physician. Do not drive if drowsiness is a side effect of any of your medications.

Pain Medications

Do not let your pain get out of control. Avoid other medications containing Tylenol/acetaminophen and do not exceed 4,000 milligrams in a 24 hour period.

Constipation

If you are not returning to your usual bowel movement routine, use over-the-counter stool softeners and drink more water. One of the side effects of narcotics is constipation.

Showering

You may shower 3 days after your surgery, if no further drainage. Let water run down your leg/incision in the shower. Do not submerge or scrub your incision site.

Contact your doctor's office if you experience any of the following:

- **Fever over 102°**
- **Round the clock nausea/vomiting, not keeping fluids down for over 24 hours**
- **Excessive and/or discolored drainage from the incision**
- **Swelling or pain in the calf or leg**
- **Hot to the touch or red incision**

Call 911 if:

- **You have difficulty breathing**
- **You have chest pain**

Leg Bandage

The dressing over your incision should be changed on the 3rd day after surgery. You may re-bandage if your incision is still oozing, and then change daily. You do not need a dressing after day 3 if your incision is dry and you are able to keep it clean.

Infection

Infection can be a complication from having surgery, but education and good hygiene can help protect you. Additional information can be found at Centers for Disease Control and Prevention:

www.cdc.gov/drugresistance/protecting-yourself_family.html



Dan O'Brien Way

Daggett

Campus Drive

Uhrmann Rd

Dahlia Street

Crater Lake Parkway

Campus Drive

Shallock Ave

Dahlia Street

Daggett Avenue



Biehn Street

Crater Lake Parkway

Campus Drive



SKY LAKES
MEDICAL CENTER



Bryant Williams Drive



Klamath
ORTHOPEDIC CLINIC

Clairmont Drive

Clairmont Drive



Klamath
ORTHOPEDIC CLINIC

2200 Bryant Williams Drive, Suite 1
Klamath Falls, OR 97601
541.884.7746



SKY LAKES
MEDICAL CENTER

2865 Daggett Avenue
(Surgical Entrance on Bryant Williams Drive)
Klamath Falls, OR 97601
541.882.6311

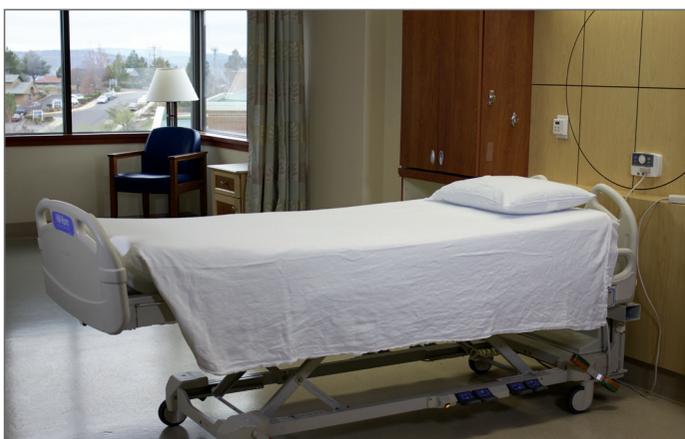
Day Surgery Check-In



Operating Room



Patient Room



Therapy Gym





TotalJointandSpineCare.com



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