Joint Replacement Surgery
PATIENT GUIDE

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THE Joint Replacement PROGRAM
AT THE COTTAGE CENTER FOR ORTHOPEDICS
Welcome to the Joint Replacement Program at the Cottage Center for Orthopedics!

Thank you for choosing the Joint Replacement Program at the Cottage Center for Orthopedics. Our affiliated orthopedic surgeons are highly trained and experienced in Joint Replacement surgery, performing more joint replacement surgeries than any other program on the Central Coast of California.

Our team of nurses, physical therapists, occupational therapists, and support staff will work with you to provide an informed and positive experience. Our ultimate goal is to provide you the best health care possible as outlined by our core values of excellence, integrity and compassion.

Our focus is on YOU, our patient.

This Patient Guide will provide you with valuable information regarding joint replacement surgery, beginning with a visit in your doctor’s office all the way to your recovery period at home.

Please read and discuss the information in this guide with your family before and after surgery. We recommend that you bring it with you to all of your appointments, including your stay in the hospital at the time of surgery.

If you have questions at any time during the process, please do not hesitate to ask any member of our total joint team – we are here for you!

Once again, thank you for choosing the Joint Replacement Program at the Cottage Center for Orthopedics.

IMPORTANT DISCLAIMER:
While every attempt is made to provide you with the latest information on best clinical practices, there may be instances where the information presented here is not the same as that provided by your surgeon. If that occurs, always follow the directions of your surgeon. If you have questions, please contact your surgeon or a member of our joint replacement team.
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Our Mission, Our Vision, Our Core Values

Mission Statement
To provide superior health care through a commitment to our communities and to our core values of excellence, integrity, and compassion.

Vision Statement
A leading healthcare system in California in quality, patient, employee, and physician satisfaction with cost-effective delivery.

Core Values
Excellence — What we do
Integrity — How we do it
Compassion — Why we do it

The not-for-profit Cottage Health System is the parent organization of the Goleta Valley Cottage Hospital, the Santa Barbara Cottage Hospital, and the Santa Ynez Cottage Hospital.
HIP PATIENTS
Arthritis of the Hip Joint

In order to better understand your Hip Replacement surgery, it is important to first understand the normal and healthy anatomy of a hip.

Your hip joint is located where the thigh bone (femur) meets the pelvic bone. The hip joint is referred to as a ball and socket joint where the femur forms into a round ball that fits in the socket of your pelvic bone. In the healthy normal joint, there is a strong lubricated layer of cartilage that covers the ball and allows for easy pain free movement.

Arthritis is a common cause of chronic pain. Osteoarthritis (loss of cartilage, irregularities of the bone, rubbing together), rheumatoid arthritis (disease that leads to inflammation of the synovial membrane) and post-traumatic arthritis (resulting from an injury or fracture) are among the various forms that can cause you pain.

To hear more on the topic of joint pain and the loss of mobility, please attend one of our free seminars on “Healthy Joint Living”. If you are having or considering having Joint Replacement surgery, we strongly urge you to consider attending one of the free Pre-Operative Joint Replacement classes at the Cottage Center for Orthopedics.

A complete class schedule can be found on our website at www.sbch.org/OrthopedicClasses.aspx or by calling the Cottage Center for Orthopedics Education Hotline at 805-366-7246 (855-3-NO-PAIN).

Your physicians office should also have a complete list of classes, times, and dates that you can attend. Please ask them to help schedule a class for you.

What is a Total Hip Joint Replacement?

A Total Hip Joint Replacement is a surgery that involves removing the damaged hip joint and replacing it with an artificial implant (“prosthesis”). The artificial implant is made up of a shell or cup, liner, ball or head and stem. The goal of hip replacement is to restore function and alleviate pain. Your doctor will discuss with you the amount of function that you will regain and how long a recovery period it will require after hip replacement.
KNEE PATIENTS
In order to better understand your Knee Replacement surgery, it is important to first understand the normal and healthy anatomy of a knee.

The knee is the largest joint in the body. Normal knee function is required to perform most everyday activities. Your knee is made up of three bones: the femur (thigh bone), the tibia (lower leg bone), and the patella (knee cap). Your knee joint connects the femur to the tibia, and on top of this rests the patella. The patella protects the knee joint and slides in a groove found in your femur when you bend your knee. The muscles around the knee are responsible for supporting and moving your knee.

Surgery involves replacing the diseased or damaged joint surfaces (or ends of the bones) of the knee with metal and plastic components shaped to allow continued motion of the knee.

Arthritis of the Knee Joint

After years of working the knee joint, arthritis can occur which makes the knee become less functional and painful. The articular cartilage which covers the ends of the bone and provides for smooth motion with minimal friction and cushions the effect of impact can wear away which causes pain. The irritated or inflamed joint can be treated with non-steroidal anti-inflammatory medication. However, anti-inflammatory medications are not always effective. When daily activities become limited and the pain is not relieved, a total joint may be considered.

Types of arthritis that can lead to less functioning and increased pain in the knee are:
- Rheumatoid Arthritis: auto-immune disease causing inflammation of the joint
- Osteoarthritis: caused by wear and tear on the joint
- Trauma/Traumatic Arthritis: resulting from an injury to the joint
Preparing for Surgery

FOUR ESSENTIAL STEPS BEFORE SURGERY

Your Surgery Date
Your Pre-operative Joint Replacement Class
Your Medical Clearance
Your Pre-operative Screening

Success

Now that you have made the decision to have your joint replaced, preparing for your surgery begins with the following:

- **SURGERY DATE**: A date for your surgery is selected in consultation with you, your surgeon, and his/her office staff.

  Your Joint Surgery Operation Day: Date: ________ Time: ________ Location: __________

- **PRE-OPERATIVE JOINT REPLACEMENT CLASS**: If not already scheduled, please refer to the class schedule located on a separate piece of paper in the front flap of this guide.

  Your Pre-operative Joint Replacement class: Date: ________ Time: ________ Location: __________

- **MEDICAL CLEARANCE**: Obtaining medical clearance from your primary care physician is an important part in preparing for surgery and will help to ensure a safe and optimal outcome. It is necessary to review your overall health and identify any medical conditions that have the potential to interfere with your surgical procedure and/or recovery.

  **NOTE**: The appointment and visit with your primary care physician must be made well in advance of your surgery date.

  Medical Clearance Appointment with Primary Care Doctor: Date ________ Time: ________

- **PRE-OPERATIVE SCREENING**: A Hospital Pre-Operative Screening is comprised of six important “stops”. All stops are designed to educate, assess, and better prepare you for your surgery and recovery period.

  Pre-operative Screening: Date ________ Time: ________
1. **Health Questionnaire**: You will meet with a pre-operative Registered Nurse (RN) to complete and review a health questionnaire. This is a great opportunity for you to have any questions answered.

2. **Case Management**: A case manager is an individual who helps you navigate through your hospital stay, reviewing and discussing your plans for discharge. In most cases, patients will either go home or to a specialized rehabilitation facility after being discharged from the hospital. Talk with your doctor and case manager to decide the best choice for you. At this visit the case manager will also discuss your potential needs for home equipment such as walkers and portable toilets with you.

3. **Physical Therapy**: You will meet with a Physical Therapist (PT), who will conduct an assessment of your current functional mobility level and will then discuss your role in recovery and goals for therapy. They will teach you joint replacement precautions, correct ways to move as well as teach you pre-operative and post-operative exercises that will be important to your recovery. The exercises will be tailored specifically to your needs and goals.

4. **Respiratory Therapy**: You will meet with a Respiratory Therapist (RT) who will evaluate your respiratory (breathing) status. The RT will provide pre-operative teaching and discuss a post-operative plan of care that will be tailored to your specific respiratory needs.

5. **Financial Counseling**: You will meet with a Patient Financial Counselor in our admitting office. They will review your insurance coverage and benefits so that you are well informed of the paperwork and costs directly related to your hospital stay.

**Note**: The Cottage Center for Orthopedics bills for hospital services ONLY. You will receive separate bills from your surgeon and anesthesiologist for their services and are responsible for making appropriate arrangements with those services. For questions regarding the bill from your surgeon, please contact his/her billing personnel.
6. JOINT REPLACEMENT CLASS: Attending a pre-operative seminar (class) will provide you with the information you need to better prepare you for surgery. The one and a half hour class will review basic joint anatomy, discuss both pre-operative and post-operative plans, as well as allow you ample time to ask questions of our staff.

An added benefit of the class is that it allows for the camaraderie associated with meeting other individuals who are also preparing for their joint replacement surgeries. The classes are interactive, relaxed and informative. Feel free to bring your support team with you.

If not already scheduled, please call the Cottage Center for Orthopedics Education Hotline at 855-366-7246 (855-3-NO-PAIN).

You can also find a complete listing of these classes on the Cottage Health System website at www.CottageHealthSystem.org under Cottage Center for Orthopedics classes. These classes are free of charge and available to all who are interested. Remember to bring your support team with you for this important class.

**Medications**

Your primary care doctor and/or anesthesiologist will advise you of which medications to stop taking before your surgery. Be certain that everyone knows all of the medications that you are taking, including over the counter medications (herbal products fish oil/flax seed oil, etc.).

**Anticoagulation (blood thinners) medications:** You will need anticoagulation medications which are used to prevent blood clots after your surgery. If they are needed, check with your insurance company in advance to understand any personal costs that you may incur. If the associated costs are not within your budget, consult with our Case Manager regarding resources that may be available to assist you in the purchase of these medications.

**Personal medications:** Please bring your medications in their original containers or complete a list of your current medications during your pre-operative visit. Do not bring your medications to the hospital when you come for your actual surgery. The hospital will provide you the medications you need while you are in the hospital.

**Anesthesia**

Anesthesia is done either through general or regional techniques, or a combination of both.

- General anesthetic provides a controlled state of unconsciousness. With a general anesthetic, you will be completely asleep.
- Regional/Epidural/Spinal Anesthetic: i.e.: continuous lumbar epidural (CLE) or single shot spinal anesthetics involve an injection near the spinal canal resulting in numbness in the lower half of the body. If you receive a regional block, you will also receive sedation to help you relax.
On the day of your surgery, you and your anesthesiologist will discuss the type of anesthetic that is best suited for you. Whichever technique is chosen, be assured that your surgical experience will be safe and comfortable.

**Pain Management**

Many patients are concerned about their pain and discomfort after surgery. This is a top priority for your care team as well. It is normal to have pain and discomfort after surgery, to better prepare yourself, talk to your doctor prior to your surgery about your pain concerns. This is especially important if you have been on pain medications at home prior to surgery.

Our goal is to help manage your pain so that it is tolerable for you. Your nurse will discuss with you the pain management and control options your doctor has ordered. Together, you and your nurse will make decisions about your pain medications and timing.

If your pain control needs are not met, please talk to your nurse immediately. We want to manage your pain effectively so you will be involved in your care and recovery.

After your surgery and throughout your hospital stay, you will often be asked to rate your pain level. Using the scale below, we will ask you to rate your pain on a scale from 0-10; 0 being no pain and 10 being the worst pain imaginable. This pain scale will help both you and your nurse better understand how well your pain is being managed.

![Pain Rating Scale](image)

**Blood Transfusions**

If you need a transfusion, you will either receive the blood that you have donated for yourself ("autologous" blood) or receive blood donated by others in the community. If donating your own blood, it should be done 4-6 weeks prior to your surgery date. This is an important issue to discuss with your surgeon prior to your surgery so he/she can explain the risks and benefits of the transfusion.
Pre-operative Exercises
It is important to be in the best possible physical shape for your surgery. This will reduce your recovery time. Even a slight weight reduction or newly started exercise program can have positive effects on your recovery process. Please consult your physician on the appropriateness of these programs. Exercises that strengthen your legs will help reduce your recovery time. Please refer to Appendix A for pre- and post-operative exercises.

Day & Night Before Surgery
A nurse from the Joint Replacement Program at The Cottage Center for Orthopedics will call you to discuss your arrival time for the day of surgery. It is very important that you arrive on time so that the nursing staff has time to prepare you for surgery and answer any questions you may have. Extra time is provided as your surgery may start earlier than anticipated or later than scheduled.

Do not eat or drink anything after midnight the night before your surgery date unless instructed by your anesthesiologist. Eating or drinking will interfere with your anesthesia. Heart and blood pressure medications may be allowed and taken with a small sip of water. Do this only if the nurse and doctor say it is all right; if you are unsure, please contact your primary care doctor prior to taking the medication.

You should shower/shampoo the night before or the morning of your surgery, prior to coming to the hospital.

What to Bring to the Hospital
- Your Patient Guide (this book)
- Medication list (name/dose and frequency). Do not bring your actual medications
- Insurance card and Photo ID
- Copy of your Advance Directive. Please contact our staff if you do not have one.
- Personal care items: such as hair brush, eye glass case, toothbrush, etc.
- Pair of comfortable walking shoes/tennis shoes
- Loose fitting pajama pants, sweats, shorts or knee length robe
- Do NOT bring valuables (jewelry, cell phone, cash, etc)
The Day of Surgery

What to do before arriving at the hospital
• You should shower/shampoo prior to coming to the hospital for your surgery.
• You should brush your teeth and rinse your mouth – without swallowing any water.
• You should wear comfortable clothing as well as walking/tennis shoes.
• Remove nail polish and/or make up.

Parking
Valet parking is available at both facilities, complimentary at the Goleta location, or if you prefer, there is ample self parking.

You have the option to park your car at the following locations:
Goleta Valley Cottage Hospital: in the parking lot across from the hospital.
Santa Barbara Cottage Hospital: in the parking structure located on Pueblo & Castillo street.

• Upon arrival to the main lobby, you will be greeted by hospital personnel who will direct you to admitting (if needed), then to the pre-operative area.
Pre-operative Room: Where You Will Be Prepared for Surgery
- You will need to change into a patient gown (note that the opening goes in the back).
- If you had not already done so, you should remove any jewelry, such as earrings, watches, rings and hearing aids. A safe is available for your valuables, however we prefer that you not bring these items to the hospital, or that you consider giving them to a family member for safekeeping.
- A nurse will review the operative consent form with you. After it is explained and the nurse has answered all your questions, you will be asked to sign it and also complete any remaining paperwork.
- A pre-operative nurse will then start your IV (intravenous: method for delivering fluids and medications into the bloodstream).
- The pre-operative nurse will then answer any additional questions you may have.

Operating Room
When the operating room is ready for you, you will:
- See your surgeon and have the opportunity to ask him/her any additional questions that you may have.
- Meet your surgical nurse who will ask you about your medical history and confirm the details of your surgery (procedure, surgeon, correct side of the body). Many of the questions that are asked are repeats of questions that have already been asked earlier in the day. This is done to ensure full communication, to verify your identity and the correct procedure to be performed.
- Meet your anesthesiologist who will review your medical history and ask you a few more questions regarding your health status. You and your anesthesiologist will then discuss pain management during and after the surgery. Again, please feel free to ask questions, the better informed you are, the better your experience will be.

During Surgery:
During surgery, your family may wait for you in the surgery waiting room at the hospital. Hip replacement surgeries last about 1-2 hours.

Post Anesthesia Care Unit (PACU)/Recovery Room:
- When your surgery is completed, you will be brought to the PACU. The PACU is staffed by highly trained and educated nurses who specifically care for patients coming out of anesthesia. It is the role of the PACU nurse to ensure you are kept safe and appropriately cared for while the effects of the anesthesia wear off.
- You will stay in the PACU for approximately 1-2 hours. Your vital signs (temperature, pulse, respiration and blood pressure) and circulation will be monitored continuously. You will receive oxygen through a small cannula (plastic tube) that rests just under your nostrils.
- You will be asked to rate your pain on a scale from 0-10. 0 is no pain and 10 is the worst pain imaginable. Please be aware that you will not be “pain-free.” Pain medication is available in the PACU and we will ensure that you are comfortable.
• We are sorry to tell you that visitors are not allowed in the PACU. There are privacy laws that deter visiting and having fewer distractions for the nurse allows the PACU team to focus 100% of their attention on you during this important immediate post-operative time.

Your family and personal support team can wait in the surgery waiting room and/or lobby until you leave the PACU and are moved to your room. The surgeon may speak to your family and/or significant others immediately after the surgery is complete to inform them of your status.

• After leaving the PACU, you will be transported to your post-operative room. Once settled into your room, your family and support team may visit you. Please note that there will be a delay of at least 30 minutes before visitors are allowed in your room. Again, this is so we can focus 100% of our attention on you, the patient during this phase of your care.

**Moving to Your Hospital Room:**
After your stay in the PACU, you will spend the next one to three days in a hospital room. Here is what you can expect:

- **Your Team**
  You will be cared for by a Joint Replacement Team, comprised of a Registered Nurse (RN) and a Patient Care Technician (PCT). Each shift typically lasts 12 hours, so you should get to know your team very well.

- **Vital Signs**
  Your team will check your vital signs (blood pressure, heart rate, breathing rate, and temperature) as well as assess the blood flow (circulation), motion and sensation of your legs. These items will be checked quite frequently in the first twenty-four hours after surgery and then less often as you recover and become more active.

- **Oxygen**
  Patients receive oxygen through a small cannula that is placed just under your nostrils. The oxygen supports your breathing and is frequently used for patients receiving pain medications and during the period of time that the effects of anesthesia are wearing off.

- **Intravenous Line (IV)**
  An IV line placed before surgery will remain in your arm until you go home. When you are taking an adequate amount of fluids by mouth the nurse will disconnect the tubing and leave a small access port for medications as needed.
• **Stitches or Staples**
  You may have stitches or staples along the outside of your surgical incision as well as stitches beneath your skin. The stitches or staples on the outside of your incision will usually be removed within two weeks after surgery. After several weeks, the stitches under the skin will dissolve on their own.

• **Bandages**
  The bandage over your incision will be checked carefully and changed as needed. We will watch your incision very closely for drainage, redness and/or excessive swelling. Some bleeding on the bandage is normal; the nurses will monitor this. Please feel free to ask questions. *This is a great opportunity for you to learn more about surgical site healing and the warning signs of infection. We encourage your involvement and questions.*

• **Blood Transfusion/Blood Thinner**
  At some point in your post operative care, your surgeon may decide you need a blood transfusion or blood thinner. If either of these treatments are ordered, your care team will closely review and discuss them with you.
  – Blood transfusion – helps to replace lost blood and improve circulation.
  – Blood thinners – helps reduce and prevent clots.

• **Blood Draws**
  You will have your blood drawn by the lab early in the morning to monitor levels.

• **Incentive Spirometer**
  A spirometer is used to help keep your lungs clear. You will be taught how to use this and encouraged to take 10 breaths every hour while you are awake. If you have one from a previous hospitalization, feel free to bring it with you to the hospital.

• **Catheter**
  A catheter will be inserted into your bladder during surgery to drain your urine. This will remain in place for the day of surgery so that your urine output can be closely monitored. The nursing staff will remove the catheter 1-2 days after your surgery. It is important that the catheter is removed as soon as possible to decrease the potential for a urinary tract infection.

• **Regular Repositioning**
  Your care team will encourage and assist you in turning onto your non-surgical side while you are in bed, even on the night of your surgery. Regular repositioning helps to decrease potential skin breakdown and encourages deep breathing and coughing help to prevent pneumonia. You can use your side rails and overhead trapeze to assist in turning and moving. We generally keep most of the side rails up while you are in bed. Please do not try to get out of bed without calling for a nurse unless Physical Therapy has approved your doing so.
· **Compression Stockings**  
During your hospital stay, your surgeon may have you wearing compression stockings that are tight support socks reaching up to your mid thigh. You may also have pneumatic compression devices that wrap around your calves or feet and are attached to a machine that pumps air into them every few minutes. Both of these devices are important in helping to prevent blood clots in your legs, by promoting blood circulation.

· **Noise**  
While every attempt is made to provide a quiet and relaxed atmosphere, you may experience background noise from the hallway and/or from other patients and visitors. We encourage you to keep your room door closed, as well as to take advantage of our ear plugs or listen to music if this becomes a problem. Please let your care team know if you are being disturbed by the noise so that they can assist you.

· **Visiting Hours**  
Your family may visit you once you are settled into your room. We ask that there only be two visitors at a time so that we can keep traffic and noise to a minimum.

Visiting hours are: 1:00pm – 8:00pm. This is done so that we can assure proper rest and mobility periods, we ask that your family and friends visit only during these times.

· **Meals**  
Initially, most patients will start their oral intake by drinking clear fluids. Once clear fluids are tolerated, you will then be able to progress to solid foods.

You may select a variety of food options from our room service menu. Please note that there may be some dietary restrictions placed by your surgeon (like a low sodium or diabetic diet). If you have any concerns about this, please discuss this topic with your surgeon prior to surgery. You will be provided with a room service menu that is specific to the diet your doctor has ordered for you.

Please note that some loss of appetite is common for several weeks after joint replacement surgery. If you have concerns, please speak with your nurse. A registered dietitian can be asked to visit with you to discuss your concerns.

Please let us know if you need a special diet (kosher, vegetarian, etc.). We are happy to comply with special requests.
· **Nutrition**

Registered dietitians are available to answer any questions you may have regarding your nutrition needs. Just ask your nurse to arrange a consultation.

A high fiber diet can help prevent and treat the constipation that is common when taking medication to treat your pain. You should give careful consideration to altering your diet to accommodate these high fiber items when planning meals after discharge:

- Whole grain breads
- Whole grain cereals
- Grains
- Fruits
- Vegetables

Foods high in iron can help restore strength, prevent and treat anemia and should be considered for after discharge. Foods high in iron include:

- beef
- poultry
- eggs
- tuna
- whole grain breads/cereals
- tortillas
- oatmeal, cream of wheat
- beans, lentils
- potatoes
- leafy vegetables
- strawberries
- prune juice

Unless otherwise restricted, drinking plenty of water, at least 8 glasses every day, will ensure adequate hydration for your body.

**After Your Surgery**

**Your Next Steps**

Moving (mobility) and activity help you recover faster. Our goal is for you to regain your independence as soon as possible. We want you to be comfortable and safe and prevent any discomfort and/or injury. Early activity following surgery is essential; it helps prevent complications and helps to speed the recovery process.
Physical Therapy and Occupational Therapy
Physical Therapy (PT) may start the day of surgery or the first day after your surgery. PT will assist you in getting out of bed and advance to walking the halls. Your Physical Therapist will teach you how to move safely and properly, and help you regain your strength and mobility through the use of exercise. They will also teach you how to use a walker or crutches.

For Hip Patients:
Occupational Therapy, if ordered by your doctor, usually starts the day after surgery. The Occupational Therapist will help you work toward independence in your daily living skills (bathing, dressing, toileting, etc.) while following your new hip precautions.

Please refer Appendix A for Physical Therapy pre-operative and post-operative exercises.

Continuous Passive Motion (CPM) Machine (Knee patients only)
If a CPM machine is ordered by your surgeon, the following will be helpful:

- The CPM is a machine that is designed to keep your new knee moving while you are in bed.
- Continuous movement will help to relax the muscles and tissues and prevent the knee from becoming stiff.
- The CPM machine can help reduce some formation of unhealthy scar tissue. Scar tissue is a natural part of healing, but too much of it can lead to a stiff joint.

The surgeon will decide when to turn the machine on and how much it should bend and straighten your leg. The machine supports your leg and gently bends your knee up and down at the knee joint. The physical therapist and/or nursing staff will adjust the machine daily according to the surgeon’s orders so that your motion will gradually increase.

Controlling Pain After Surgery
- There are different methods to provide you pain relief; PCA (Patient Controlled Analgesia), Epidural, IV pain medications, medication by mouth or by an injection in to your muscle. Your doctor will order the medication he or she feels is best for you.
- Patient Controlled Analgesia (PCA) is medication that is self-administered by the patient and delivered through the IV within the dose and frequency ordered by your surgeon. It is important that ONLY YOU push the button to give yourself the medication; it should never be pushed by a family member or visitor on your behalf.
- If your pain is not controlled by the medications ordered, please notify your nurse or a member of our care team so they can discuss this with your surgeon.
- It is a good idea to take your pain medication one hour prior to physical therapy and occupational therapy. Your nurse and the physical therapists will help coordinate this practice.
- Important: Please tell the nurse if you are having pain. Do not wait until the pain is intense. The higher the pain level, the harder it is to get it under control.
Blood Clots in Legs: Signs & Symptoms

Blood clots are a potential side effect of surgery. A clot may prevent normal blood flow and oxygen from reaching the tissues in your body. Signs and symptoms include the following:

- Pain and/or tenderness in your calf
- Warmth and/or redness in your calf
- Swelling in your leg that is not relieved when elevated

Infection: Signs & Symptoms

The most common causes of infection following a total joint replacement surgery are from bacteria that enter the bloodstream during dental procedures, urinary tract infections or skin infections. The nurse will monitor you for signs and symptoms of an infection while you are in the hospital.

When you are at home, call your surgeon immediately if you experience any of these:

- Fever greater than 101 degrees
- Extreme swelling, redness of the incision site/wound
- Drainage from the incision site/wound

Pneumonia

After surgery, you will be in pain. Because of the pain, you may not want to take deep breaths. It is important that you move, take deep breaths and cough to prevent the collection of mucus at the base of your lungs that leads to pneumonia. You will be taught to use an incentive spirometer as a tool to help gauge and encourage deep breathing. It’s important that you use this by taking at least 10 breaths every hour while you are awake. You should do this even if the nursing staff does not remind you. Continue using your incentive spirometer for a week or so after you go home.

Other Complications

Major medical complications, such as heart attack or stroke, occur less often. Chronic illnesses may increase your chances for complications. If these complications occur they can prolong your recovery. Your care team will be monitoring you for signs and symptoms of any complications and will take immediate action when necessary.

Preventing Potential Complications

- Reposition yourself. Even a small shift, every 45 minutes to an hour throughout the day, will promote good blood circulation, prevent skin breakdown and promote comfort.
- The use of an ice pack can reduce pain and swelling.
Going Home

Case Management:
Case Managers specialize in helping patients and their families navigate and plan for discharge from the hospital. The case manager will provide you with information and available resources so that you can make the best decision for your discharge. Your case manager will assist you in making the appropriate arrangements.

There are different levels of care after discharge:
- Home (independent)
- Home with home health services (physical therapy &/or nursing supervision)
- Skilled nursing facilities (inpatient step down from acute care)
- Rehabilitation hospitals (acute multidisciplinary care).

Where you are discharged depends on a variety of factors, including the level of care you require. If you require care beyond going home independently, your physician will write an order and arrangements will be made by our staff. Acceptance to another inpatient facility is not only dependant on a physician order but also on bed availability and your insurance coverage. Our staff will work with you to facilitate this transition if it’s needed. Your Case Manager will also assist you in making arrangements for any equipment you may need if you are going immediately home after discharge from the hospital.

Mobility and Exercise
It takes most patients three to six months to fully regain strength and energy after joint replacement surgery. You should see steady improvement in strength and mobility during this time.

After joint replacement, the sooner you become active, the sooner you will recover. You are strongly encouraged to get around and use your new joint - a moving joint is a happy joint.

It is normal to have some post-exercise soreness or swelling; however, these symptoms should decrease substantially over the course of several weeks. Should you have any concerns or questions, please contact your surgeon.

You also need time for muscles and tissues around your new joint to heal. While activity is very important, you must schedule rest periods throughout the day. At first, it is normal for everyday activities such as dressing, cooking or shopping to take a little longer than usual. To minimize the risk of injury or overexertion, you should factor in extra time and rest periods for your daily activities.
Importance of your Follow-up Visits
Follow-up visits with your surgeon are an essential component of joint replacement surgery. Each surgeon will have his/her own timeline for follow up visits. Keeping these appointments as scheduled is a significant factor in staying on track for your recovery. The surgeon will evaluate your progress to ensure that you are healing well. If you are not certain of your follow-up appointment, call your surgeon's office.

How to Live with your New Joint
After joint replacement, acceptable physical activities should:
- Not cause pain; including pain felt after the activity
- Not jar the joint; running, and jumping should be avoided
- Not stress the joint; in extremes of range of motion
- Be pleasurable

Hip Precautions after a postero-lateral approach: (HIP PATIENTS ONLY)
- Avoid hip adduction: do not cross your knees or bring your knees together
- Avoid hip internal rotation: twisting your knee inwards
- Avoid hip flexion beyond 90 degrees: do not bend forward in sitting, do not squat, do not sit in a chair that is too low – the knee of the operated leg needs to remain lower than your hip

Hip Precautions after an anterior surgical approach: (HIP PATIENTS ONLY)
- Avoid hip hyper extension: when standing and walking, do not move too far forward without moving your leg
- Avoid external hip rotation: do not twist your knee outwards
- Risk of falling: use walker or crutches

Preparing Your Home
There are many things that can be done to make your home safer for your return:
- In the kitchen, place items that you use often at arm level so that you do not have to reach up or bend down.
- Rearrange furniture to accommodate use of a walker or crutches in your home.
- Remove loose carpets or area rugs to prevent tripping
- Consider preparing meals in advance of surgery and consider pre-measuring putting portion sized snacks that are high in fiber for when you return home.
- Find a stable chair for your early recovery.
- (HIP PATIENTS ONLY) If you had a postero-lateral or minimally invasive surgical approach, the chair should be high enough to allow your knees to remain lower than your hips. It should have a firm seat, so that you do not sink down into it.
- (HIP PATIENTS ONLY) If you had a postero-lateral or minimally invasive surgical approach, make sure to use a raised toilet seat (to keep your knees lower than your hips).
- Use a stable shower bench in a shower stall or tub bench for the bath tub. Your occupational therapist will help you determine the best type of shower seat.
Recovery Log

Place a check mark after each time a task is completed.
Remember to fill in the blanks with your activity goals section for each week.

<table>
<thead>
<tr>
<th>Post-operation day =&gt;</th>
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<th>2</th>
<th>3</th>
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<tr>
<td><strong>Water:</strong> Goal = 8 glasses per day</td>
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<tr>
<td><strong>Fruit:</strong> Goal = 2 - 4 servings per day</td>
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<tr>
<td><strong>Vegetables:</strong> Goal = 3- 5 servings per day</td>
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<tr>
<td><strong>Whole Grains:</strong> Goal = 6 -11 servings per day</td>
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<tr>
<td><strong>Protein:</strong> Goal = 2 - 3 servings per day</td>
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<tr>
<td><strong>Last Bowel Movement:</strong> Goal = every 1 - 2 days</td>
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<tr>
<td><strong>Walking:</strong> Goal = 2 – 3 times per day</td>
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<tr>
<td><strong>Exercises:</strong> Goal = /day</td>
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<tr>
<td><strong>Incentive Spirometer:</strong> Goal = 10 x every 1 - 2 hours while awake</td>
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<tr>
<td><strong>Blood Thinner taken if ordered by MD:</strong></td>
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**Pain Medication Tracking**

<table>
<thead>
<tr>
<th>List pain medication name</th>
<th>Write the time you take pain medicine in the box across from the medicine and under the day current day of the week</th>
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My Recovery Log Week 2

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</table>

**Water:**
Goal = 8 glasses per day

**Fruit:**
Goal = 2 - 4 servings per day

**Vegetables:**
Goal = 3-5 servings per day

**Whole Grains:**
Goal = 6-11 servings per day

**Protein:**
Goal = 2-3 servings per day

**Last Bowel Movement:**
Goal = every 1-2 days

**Walking:**
Goal = 2-3 times per day

**Exercises:**
Goal = /day

**Blood Thinner taken if ordered by MD:**

### Pain Medication Tracking

<table>
<thead>
<tr>
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Place a check mark after each time a task is completed.
Remember to fill in the blanks with your activity goals section for each week.

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<tr>
<td><strong>Walking:</strong></td>
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<tr>
<td><strong>Exercises:</strong></td>
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</table>
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<th>My Recovery Log Week 4</th>
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<td><strong>Water:</strong></td>
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<td>Goal = 8 glasses per day</td>
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<tr>
<td><strong>Walking:</strong></td>
</tr>
<tr>
<td>Goal = 2 - 3 times per day</td>
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<tr>
<td><strong>Exercises:</strong></td>
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<tr>
<td>Goal = /day</td>
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**Pain Medication Tracking**

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Answers to Frequently Asked Questions

1. What is arthritis and why does my hip hurt?
In the hip joint there is a layer of smooth cartilage on the ball of the upper end of the femur and another layer within your hip socket. The cartilage serves as a cushion for the hip to move smoothly. Arthritis is the wearing away of this cartilage, eventually wearing down to the bone. Discomfort, swelling and stiffness are results of the bone on bone rubbing together.

2. What is arthritis and why does my knee hurt?
Arthritis is the wearing away of this cartilage, eventually wearing down to the bone. Discomfort, swelling and stiffness are results of the bone on bone rubbing together.

3. When is the right time to have my joint replaced?
The “right” time varies from person to person due to your health, work, family and time needed for recovery. Many patients decide that it is time due to the pain they are experiencing and how it is affecting their lifestyle.

4. How long does the surgery take?
Hip surgery will be approximately 1-2 hours. Knee surgeries take 2-3 hours. Both surgeries include the proper time for preparation, patient positioning and surgical procedure time.

5. Who will be performing the surgery?
Your orthopedic surgeon will perform the surgery. An assistant is present to assist during the surgery.

6. What are the benefits of joint replacement?
Two primary benefits of joint replacement are pain relief and improved mobility. Both allow most people to become more active and lead a healthier lifestyle.

7. Will I be awake during surgery?
If you receive a regional block, you will also receive sedation to make you feel comfortable. With a general anesthetic, you will be completely asleep. Either way your anesthesiologist’s goal is to keep you comfortable.

8. What are some of the risks of surgery?
- Blood clots
- Infection of the joint
- Pneumonia
- Leg length discrepancy
- Fracture
- Dislocation
- Bleeding
- Injuries to nerves
- Failure of the prosthesis
9. Will I have pain?
- As with any surgery, especially one that involves a weight bearing joint, there will be pain following surgery and during your recovery.
- You will be asked frequently to rate your pain on a scale from 0-10;
- 0 is no pain and 10 is the worst pain imaginable.
- There are different methods to provide you with pain relief; PCA, Epidural, IV medications, medication by mouth or by an injection in to your muscle.
- If your pain is not controlled by the medications ordered by your doctor, please notify your nurse.
- We recommend that you ask for pain medication one hour prior to your session with physical therapy.

10. How long will I be in the hospital?
The average length of stay is 1-3 days for hip patients and 2-4 days for knee patients. It is important to note that the length will vary depending on your health and activity level after surgery.

11. How long will my replaced joint last?
The majority of joint replacements are still working at 20 years. Some patients tend to wear out their joints more quickly than others. Factors such as body weight control and the amount of impact activities performed can influence the longevity of a replaced joint.

12. When may I drive?
Your surgeon will assess your progress and recovery and let you know when you may start driving again. Do not drive while taking pain medications.

13. Will I need any equipment at home after my surgery?
Equipment needs are assessed by the physical therapist and the occupational therapist and ordered by your surgeon. The case manager will assist you in making arrangements for equipment. Some items you may need:
   a. Walker
   b. Crutches
   c. High rise toilet seat or commode
   d. Lower body dressing equipment

14. Other questions such as:
These are dependent on your individual health, your surgeons preferred regimen and/or recommendation. We strongly encourage you to discuss these with your surgeon.
- When may I take a shower?
- When may I return to work?
- When may I engage in sexual intercourse?
- How often will I need to see my surgeon after I am home?
Notes
Call your surgeon \textit{immediately} if any of the following occur:

\begin{itemize}
  \item Temperature of 101 degree or higher
  \item Bleeding or drainage from the incision site
  \item Redness or swelling from the incision site
  \item Experiencing calf (lower leg) pain, chest pain or shortness of breath
  \item If you fall down or injure yourself – specific to your new joint
  \item If you have an infection in any area of your body
  \item If you need dental work and need to see the dentist
\end{itemize}
Pre-Surgery Checklist

☐ Date of scheduled surgery
☐ Know arrival time/day of surgery
☐ Pre-operative paperwork completed
☐ Attend Pre-operative Joint Seminar

   Time: ________________ Location:______________________________

☐ Medication list
☐ Advance Directive
☐ Blood donation
☐ Pre-operative exercises

☐ Nothing to eat or drink (NPO) the night before your surgery!

☐ Additional questions for your surgeon, anesthesiologist, case manager, pre-op nurse, surgical nurse, recovery room nurse, medical/surgical nurse or physical therapist?
### Helpful Contact Numbers

**Goleta Valley Cottage Hospital**
- OPS Department: 805-681-6410
- Surgery Department: 805-681-6427
- Case Manager: 805-681-6466
- Physical Therapy: 805-681-6450
- Total Joint Seminar: 805-681-6445

**Santa Barbara Cottage Hospital**
- 2N/Short Stay: 805-569-7526
- Surgery Department: 805-569-7255
- Case Manager: 805-569-7244
- Physical Therapy: 805-569-7201
- Total Joint Seminar: 805-569-7404

**The Cottage Center for Orthopedics Education Hotline** 855-366-7246 (855-3-NO-PAIN)
Website Education can be found at [www.cottagehealthsystem.org](http://www.cottagehealthsystem.org)
Appendix A: Pre-operative & Post-operative Exercises for the Hip

TOTAL HIP - 4 Ankle Pump

Bend ankles to move feet up and down, alternating feet.
Repeat _____ times. Do _____ sessions per day.

TOTAL HIP - 2 Gluteal Squeeze

Squeeze buttocks muscles as tightly as possible while counting out loud to _____
Repeat _____ times. Do _____ sessions per day.

TOTAL HIP - 1 Quad Set

Slowly tighten muscles on thigh of straight leg while counting out loud to _____ Repeat with other leg.
Repeat _____ times. Do _____ sessions per day.

TOTAL HIP - 3 Short Arc Quad

Place a large can or rolled towel under leg. Straighten knee and leg. Hold _____ seconds. Repeat with other leg.
Repeat _____ times. Do _____ sessions per day.

TOTAL HIP - 5 Knee Bend

Gently bring one knee up as far as possible, keeping foot on floor. Return. Repeat with other knee.
Repeat _____ times. Do _____ sessions per day.

TOTAL HIP - 7 Abduction

Slide one leg out to side. Keep kneecap pointing up. Gently bring leg back to pillow. Repeat with other leg.
Repeat _____ times. Do _____ sessions per day.
Appendix B: Pre-operative & Post-operative Exercises for the Knee
Appendix C: Surgical Site Infections

Goal: This sheet will help answer often asked questions about surgical site infections.

What is a surgical site infection?
A surgical site infection is an infection that occurs after surgery, in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection.

Some of the common symptoms of a surgical site infection are:
- Redness and pain around the area where you had the surgery
- Drainage of cloudy fluid from the surgical wound
- Fever

Can surgical site infections be treated?
Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on what is causing the infection.

What or some other things that hospitals are doing to prevent surgical site infections? To prevent surgical site infections, doctors, nurses, and other healthcare providers:
- Clean hands and arms up to their elbows, with an antiseptic agent just before surgery.
- Clean hands with soap and water or an alcohol based rub before and after caring for each patient.
- May remove the hair around your surgery site just prior to surgery
- Wear special hair covers, masks, gowns and gloves during surgery to keep the surgery area clean
- Clean the skin at the site of your surgery with a special soap that kills germs.
- In most cases antibiotics will be given before and after surgery.

What can I do to help prevent surgical site infections?
Before your surgery:
- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near the area where you will have surgery. Shaving with a razor can irritate your skin, making it easier to develop an infection. If necessary, the healthcare provider will remove hair with special clippers.

At the time of your surgery:
- Speak up if you have questions or do not understand something.
- Ask if you will receive antibiotics before surgery.
After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol based hand rub.
- If you do not see the providers clean their hands, please ask them to do so.
- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol based hand rub before and after visiting you. If you do not see them clean their hands, ask them to do so.

What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.

Call your doctor immediately if you have any symptoms of an infection such as:

- Redness
- Pain at the surgery site
- Drainage
- Fever
Appendix D: Pressure Ulcer Prevention

A pressure ulcer, often referred as a “bed sore”, is an injury to the skin that is caused by pressure. Sitting or lying in one position without moving puts pressure on your skin and slows down the blood flow. When the blood flow slows down, your tissue and skin are compromised; your tissue or skin can die and result in a pressure ulcer.

An easy way to remember pressure ulcer prevention is:

S: Skin Care
   Take care of your skin. Keep your skin hydrated. As skin becomes dry, it can become damaged more easily.

K: Keep turning/repositioning and moving.
   When sitting, adjust your weight every 15 minutes.
   When lying, turn from your back to either side every 2 hours or less.

I: Incontinence Care
   If you are incontinent, it is important to keep your skin protected, clean and dry.

N: Nutrition
   Eat healthy foods/well balanced meals and drink plenty of water a day.

If you have a pressure ulcer or notice a break down in your skin, contact your surgeon immediately.
Resources


