Patient and Family Education

Understanding Total Joint Replacement Surgery
Joint Replacement Surgery at Jefferson: What to Expect?

Welcome

We are glad you chose The Rothman Institute at Jefferson for your joint replacement surgery. We want you to know what to expect and will try to answer your questions ahead of time, to make your Jefferson experience the very best it can be.

This book will discuss how to prepare for your surgery; what to expect during your stay at Jefferson; what will happen after the surgery; how discharge planning works; and how your case manager and social worker can help. We will give you general information about your recovery and the ways that Physical Therapists and Occupational Therapists can help you get back on your feet as quickly as possible.

Location

Thomas Jefferson University Hospital is located at 111 S. 11th Street, Philadelphia, PA 19107. Jefferson is easily accessible by mass transit, including train, subway and bus. Amtrak’s 30th Street Station is just 10 minutes away by taxi; Philadelphia International Airport, 20 minutes. Discounted parking is available at the self-park Jefferson garage at 10th and Chestnut streets — you can use the pedestrian bridge to enter the Gibbon Building from the parking lot. Valet parking is also available at the hospital entrance on 11th Street, between Sansom and Chestnut streets.

Look for the markers below for information pertaining to either knee or hip replacement only.

HIP
KNEE
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Total Joint (Hip or Knee) Replacement

**What is a Total Hip Replacement?**

To best understand your total hip replacement surgery, it is important to know how your hip works.

Your hip is a ball and socket joint that allows you to move your leg in many different directions. The ball (femoral head) is the upper end of the thigh bone that fits into the socket of your pelvis (acetabulum). In a healthy hip, a thick layer of smooth cartilage covers the ends of the bones. When it is in good working order, your hip helps you walk and move your leg easily and without pain.

When the cartilage wears away, the bones rub together, causing the pain, stiffness, and inflammation of arthritis. "Arthritis" is an inflammation of a joint causing pain, swelling, stiffness, a sense of instability and often deformity. Severe arthritis interferes with a person’s activities and limits his or her lifestyle. When your hip joint can no longer work as it should, a Total Hip Replacement can relieve your pain and stiffness and improve your mobility. An artificial ball and metal stem replaces the worn head of the thighbone, and a metal cup and artificial liner replaces the worn socket of your pelvis. Although the idea of getting an artificial hip joint may be intimidating, it is one of the safest and most effective surgical procedures.

Most patients receive a cementless hip replacement. Cementless total hip replacements have rough surfaces, which allow your own bone to grow into them. Occasionally, a cemented hip replacement will be used. Your doctor will explain to you if this is necessary.

Your hip replacement joint also has smooth surfaces, like cartilage, that allow you to move easily and with less pain. Your hip replacement can relieve your pain and stiffness, improve your mobility and restore your quality of life. For a short period after surgery, the healing of the soft tissues around your hip may limit your ability to perform various activities. Therefore, you may need walking aids, such as a walker, crutches or a cane. Most patients will not need restrictions in weight-bearing or movement after their total hip replacement. However, certain restrictions in your activity may be needed in some specific cases. If restrictions are necessary, your surgeon will discuss these restrictions with you.
**Which Patients Should Have a Total Hip Replacement?**

Total hip replacement is recommended for patients with arthritis who have severe pain and limited function, which significantly affects quality of life. Everyone’s pain is different, and the degree of pain sufficient to justify surgery should be decided by the patient and the doctor together. While most arthritic hips are the result of degenerative arthritis or osteoarthritis, other conditions such as rheumatoid arthritis, avascular necrosis (osteonecrosis), trauma, prior surgeries and tumors can also be treated with total hip replacement.

**What is a Total Knee Replacement?**

To best understand your total knee replacement surgery, it is important to know how your knee works.

Your knee joint works like a hinge at the junction of two bones, the thigh bone (femur) and the shin bone (tibia). The ends of the bones are covered with a thick cushion of soft, white cartilage. If this cartilage is damaged or worn away, the underlying bones rub together, causing the pain, stiffness, and inflammation of arthritis.

“Arthritis” is an inflammation of a joint causing pain, swelling, stiffness, a sense of instability and often deformity. Severe arthritis interferes with a person’s activities and limits his or her lifestyle.

A total knee replacement produces an artificial joint that functions like your natural knee. A total knee replacement also helps individuals return to their lifestyle, with much less pain. Although the idea of getting an artificial knee joint may be intimidating, it is one of the safest and most effective surgical procedures.

The primary reason for a total knee replacement is to reduce pain and to improve your quality of life. It may also help to restore motion, straighten the leg, improve stability, and improve the function of the joint.

In total knee replacement, the surface of the joint is replaced with metal and plastic surfaces, which can function similar to a normal joint. This is accomplished by surgically trimming off the arthritic ends of the bones and replacing them with new metal and plastic surfaces. In reality, a total knee replacement is a “resurfacing” of the joint. Most of the supporting ligaments, tendons and muscles around the knee joint are retained.
Which Patients Should Have a Knee Replacement?

Total knee replacement is recommended for patients with arthritis who have severe pain and limited function, which significantly affects quality of life. The most common reason to have a total knee replacement is to relieve arthritic pain. The pain may not be excruciating at any particular time, but it is often chronic and disabling. Everyone’s pain is different, and the degree of pain sufficient to justify surgery should be decided by the patient and the doctor together. Painful and arthritic knees can become unstable, causing falls and other injuries. Climbing stairs, getting up from chairs and extended walking can all be difficult. While most arthritic knees are the result of degenerative arthritis or osteoarthritis, other conditions such as rheumatoid arthritis, avascular necrosis (osteonecrosis), trauma, prior surgeries, instability and tumors can also be treated by total knee replacement.

What is the Long-Term Prognosis for Joint Replacement?

It is impossible to predict how long a joint replacement will last. With newer materials and techniques, the lifespan of the joint replacements may continue to increase. Over time, a certain percentage of patients having a total joint replacement will require revision surgery. Although uncommon, implants can develop mechanical problems such as loosening or wear. Other problems (i.e. infection or instability) can also develop and lead to the need for revision surgery.

Is Revision Total Joint Replacement Surgery Different?

Yes and no. The technical aspects of revision surgery can be more complicated than the original total joint replacement surgery. However, the preparation for surgery and in hospital care is similar. We have extensive experience with revision joint replacement surgery and our state-of-the-art equipment and team of professionals will provide you with the best possible care.

Potential Medical and Surgical Complications of Joint Replacement Surgery

While we attempt to fully explain the nature and purpose of joint replacement, its benefits, possible alternative nonsurgical methods of treatment, the risks involved, and the possible complications, we cannot guarantee or assure that complete restoration of function and pain relief will be achieved with your joint replacement. The risks and potential medical and surgical complications include but are not limited to the following:

- Infection
- Blood clot formation in the leg
- Pulmonary embolism (blood clot formation in the lungs)
- Dislocation
- Persistent pain
- Stiffness
- Instability
- Limp
- Weakness
- Breakage of bone or replacement parts
- Leg length difference
- Uncontrolled bleeding
- Nerve injury
- Blood vessel injury
- Delayed wound healing
- Wear
- Loosening
- Pressure sores
- Death

Anesthetic risks (from anesthesia) are also present as well as the risk of needing a blood transfusion. A more detailed list of potential complications is in your surgical consent form.
Preparing For Surgery

Pre-admission Testing and Evaluation
Your surgery scheduler will arrange an appointment for you to have a pre-admission evaluation. Your pre-admission evaluation may include some or all of the following:

- Medical history and physical examination by a nurse practitioner
- Anesthesia interview
- Blood tests
- Electrocardiogram (EKG)
- X-rays
- Patient teaching
- A separate dental clearance may be required (You are responsible for scheduling this pre-surgery dental exam). Fax the completed dental clearance paperwork to the number listed on the form

Please be prepared to spend a portion of your day here and bring something to occupy your time. We make every effort to get you through this process quickly, but at times there are delays. On the day of testing be sure to bring:

- Your medications in their original vials
- Your insurance card(s)
- Recent medical records, x-rays, scans, ultrasounds, stress tests, etc

Medical Doctor
You will need to visit a Jefferson medical doctor to evaluate health problems that could interfere with your surgery. The surgery scheduler will arrange this appointment for you. This medical doctor may confer with your family physician or internist as to any specific medical problems you may have. Special tests may be required to be certain that your medical status is optimized prior to your surgery. This medical doctor will also follow your medical status after your surgery and check in on you while you are in the hospital.

Medications

- Certain medications may need to be stopped prior to surgery. You will receive instructions from the doctor about this. Of course, do not stop taking any prescribed medication without talking to your doctor first.
- If you currently are taking aspirin, Advil®, Motrin® or Alleve® please continue to take this medication unless your doctor tells you otherwise.
- If you are taking Plavix®, Coumadin® or other blood thinners, please consult with the medical physician that you see for pre-admission testing about whether or not to stop these medications.
- Please discuss with the medical physician that you see for pre-admission testing what medications to take on the morning of surgery.
- If you are taking medication for pain, please discuss this with your surgeon so it can be decided if this is the best medication to take or if an alternative medicine would be better prior to your surgery. Taking medication for pain before surgery can result in greater pain after surgery, since pain may be harder to control.
- Please bring your medications (in their original containers) with you to the hospital on the day of surgery. This will help us be certain that we are giving you the right medication during your stay. Your family can then bring them back home.

Joint Replacement Education
We strongly encourage you to be an active participant in your care. You can begin this by becoming informed about your surgery. We recommend that you review the information online at Jefferson.edu/JointReplacement.
**Dentist**
Your surgeon may require you to have a thorough dental exam before your joint replacement surgery. The only reason to cancel your surgery is if there is an ACTIVE infection around your teeth. Cavities without infection are not a reason to cancel the joint replacement surgery. Tell the dentist that you are planning to have joint replacement surgery. Please schedule an appointment with your dentist as soon as possible after scheduling your surgery, in order to avoid last minute cancellation of your surgery because of unrecognized dental infection. The dentist needs to fax a report to the Rothman Institute (215-503-0535 or 215-503-0545) stating that you have had a dental exam and do not have an active dental infection, if required by your surgeon.

**Cleansing Showers**
Based on your surgeon’s preference, you will be given instructions to clean the surgery site before your surgery with a surgical cleansing scrub. This will reduce your chance of getting an infection. Clean your body, from your belly button to your toes and pay particular attention to cleaning the surgical (hip or knee) area. If you develop a rash or skin irritation, please notify your doctor’s office. Drying of the skin is a normal effect of these cleansing products. Please do not shave the area with a razor.

**Disability Papers**
Many employers have specific paperwork that needs to be filled out. Please contact your employer and allow the surgeon’s office adequate time (7-10 business days) to complete the paperwork and return it to you. After surgery, Return to Work notes will be completed upon request. There is an additional charge for processing disability papers.

**Equipment Needs**
Your therapists and doctor may also prescribe several types of medical equipment to help you function safely and comfortably at home. Insurance coverage for equipment can vary from one company to another and may change over time. You should check with your insurance company to find out if you have coverage for durable medical equipment (DME), such as a walker, cane, crutches, and commode, so you can prepare for any co-pay or equipment that may not be covered.

Medical equipment may include:
- Walker, crutches or cane
- 3-in-1 portable commode or raised toilet seat
- Tub seat or tub bench that can be used in the bathtub or shower.

Hospital beds and special chairs are not routinely required.

**Transportation**
You must arrange for transportation home at discharge from the hospital by family or friends. Transportation home or to a rehabilitation facility by ambulance is not typically covered by insurance. Research has confirmed that it is safe to ride as a passenger in a car after surgery if you follow proper body mechanics. The physical therapists will instruct you on getting in and out of a car safely. You should also make arrangements for a ride to any outpatient therapy sessions you will attend.

**Preparing Your Home**
Before coming to the hospital, you can do some things to prepare your home so that your daily activities will be easier and more comfortable after your surgery. These suggestions may help you.

- Place the telephone in a convenient area, such as near the bed or chair.
- Prepare food or purchase easy-to-prepare foods before you are admitted to the hospital.
- Rearrange or move food, pots, pans and other cooking utensils to easy-to-reach shelves or counter tops.
- Place shoes, clothing and toiletries at a height where you can reach them without bending.
- Remove or secure any throw rugs or extension cords so you won’t trip over them.
- Use a non-slip bath mat

Making home safety preparations in advance is very important!
What You Need to Bring to the Hospital

You need to bring the following items with you when you come to the hospital:

• Insurance card
• Medicines you are taking, including over-the-counter medicines, in their original containers or bottles, in case we have any questions. (Once confirmed your family should bring them back home.)
• A small overnight bag with personal items
• A couple of loose fitting outfits (clothes)
• Sneakers that are easy to put on and take off

Please do not bring any valuables to the hospital. We have the equipment you will need during your stay. If you do bring your own equipment to the hospital, please label the items with your name.

The Evening Before Your Surgery

• Do not eat any solid food after 10 p.m. or drink any liquids after midnight unless instructed otherwise by your surgeon
• Do not drink alcohol
• Remove your rings, including wedding bands, as your fingers may be swollen in the morning
• If you do not receive a call by 5 p.m., call 215-955-6464 to confirm your arrival time.

If you do not follow instructions about not eating and drinking, your surgery may be cancelled.

The afternoon before your procedure, you will receive a phone call between 2 p.m. and 5 p.m. from our admissions staff telling you what time to arrive at the hospital. If your surgery is scheduled for a Monday, you will receive the call on Friday.

Morning of Your Surgery

• You may brush your teeth, but do not swallow any water.
• Do not apply make-up
• Take any medications that you were instructed to take on the morning of surgery with a small sip of water.
What to Expect in the Hospital

You may be asked to stop in the Admissions office on the first floor of the Gibbon Building, on the 10th Street side (off Chestnut Street), or you may be asked to report directly to the Same-Day Surgery area in Room 9410 of the Gibbon Building. You will wait here before being taken back to the preoperative holding area. Once in the holding area, your nurse will answer any questions you may have and keep you updated as to when you will be going into surgery. While we want to get you to surgery as quickly and efficiently as possible, please be assured that during this wait time, we are making preparations to optimize your safety and well-being while in our care. Also, please realize that the planned time of your surgery is not exact and that a number of factors may result in your surgery starting earlier or later than planned. Please make sure that anyone accompanying you is aware of this fact as well, in order to avoid unnecessary worry.

Visitors may come with you the morning of your surgery (try to limit the number to one or two people). A nurse will direct them to the Surgical Family Waiting Area (8210 Gibbon Building) where they can wait during your surgery. The doctor will call there after surgery to speak with them. The person(s) accompanying you can take your personal belongings with them to the Surgical Family Waiting Area and then bring them to you in your assigned room.

To prepare you for surgery, the nurse will ask you to remove your clothing (including underwear and socks) and to put on a hospital gown. In addition, you should remove any contact lenses, dentures, wigs, hairpins, jewelry (including wedding bands), artificial limbs or eyes. You should give these to your family members. When it’s time you’ll be prepped for the actual procedure. The hair will be removed by clippers from an area around your hip or knee and then scrubbed. (Do not shave this area with a razor at home!) You will have ID bands placed for identification, allergies (if needed), limb alerts (if one of your arms cannot be used for blood draws/bp cuffs) and falls precautions (for safety).

You may be asked to empty your bladder before you leave for the Operating Room. A patient escort will transport you to the Operating Room Holding Area on a stretcher about an hour before your surgery is scheduled. Once you are there, you will meet many people, including nurses, anesthesiology personnel, physician assistants and your surgeon. Hospital staff will confirm your identity and the surgical procedure. This may occur more than once, so please do not be alarmed. An intravenous line will be placed in your arm. Anesthesia personnel will review the details of your anesthesia. Your surgical team will welcome you as well. A member of the operative team will mark your surgical site.

After Your Surgery

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) or “recovery room” to recover from the anesthesia. While in the recovery room, the nurse will frequently monitor your vital signs (heart rate, blood pressure, temperature and respiratory rate). The nurse will also check your dressing and the circulation and movement in your toes and leg. While you are here, you will get an X-ray of your new joint that you can take home with you.

Once you have recovered from the anesthesia, you will be taken to your assigned hospital room, where your family will be waiting for you. Recovery time varies by patient and may take several hours. Please ask your family members to stay in the Surgical Family Waiting Area until they have spoken with the physician. If they leave the waiting room area, we ask that they leave a cell phone number that allows the surgical team to contact them.

When you arrive at your hospital room, a nurse will examine you, take your vital signs, check your dressing, assess your circulation and will orient you to your room’s features, such as the nurse call light and the TV controls.

Your television is connected to Jefferson’s GetWellNetwork. You can use the GetWellNetwork to learn more about what to expect after your surgery.
view the daily care guide video, access information about hospital services, provide feedback about your hospital stay, watch on-demand movies, access the Internet, and more!

**Diet**

After surgery, your diet will be pretty basic at first: ice chips, clear liquids, broth, tea, juice, and Jello. Please tell your nurse if you are feeling any nausea, as we have medications that can help. You may start eating solid foods when you are able to tolerate them. Please ask your nurse if you have any questions regarding your diet.

**Intravenous (IV) Therapy**

An intravenous line (IV) in your arm will give you fluid and nourishment. It will be stopped soon after surgery. You will also receive an antibiotic through your IV after your operation to reduce the risk of infection. The IV should not be painful. If it is, let your nurse know so that he or she can check it.

**Reducing the Risk of Breathing Problems**

Your nurse will also teach you how to use an incentive spirometer, a device that helps you to breathe deeply and keep your lungs clear. You should use the incentive spirometer 10 times every hour while you are awake.

**Dressings**

When you return from surgery, you will have a dressing covering your incision. Your physician or nurse will talk to you about the dressing and when it will be removed. You may have staples, sutures or surgical adhesive along your incision. Once the dressing has been removed, the incision is allowed to be open to the air. As soon as you feel capable, showering is allowed.

**Reducing Your Risk for Blood Clots**

It will help your recovery if you get out of bed as soon as possible. Getting out of bed early also reduces your risk for blood clots. A few hours after your surgery, a physical therapist or nurse will get you out of bed, walk with you, and have you sit up in a chair.

Wearing your compression boots is another way to reduce the risk of blood clots.

You will also receive a **blood-thinning** medicine that you will take in the hospital and when you get home. Your healthcare team will give you information about this medicine.

**Keeping You Comfortable (Pain Management)**

Some pain is to be expected after your surgery, but we want to do everything we can to make you as comfortable as possible. Pain medicine will be ordered for you by your doctor so be sure to ask the nurse for pain medicine when you need it, especially as the effect of your spinal anesthesia is wearing off. **Do not wait for the pain to get severe before asking for pain medicine.**

**Positioning (Hip Replacement)**

You may raise the head of your bed on your own to whatever level feels comfortable. You may lie on your back or your side as comfort allows. Most patients will not need to follow traditional “hip-precautions” or have restricted movements. Your surgeon will inform you if you need to take special precautions with your hip.

**Hospital Care**

Each patient’s experience can be different, but most patients will be discharged directly home in a day or two. A small number of patients may go to a rehabilitation facility before returning home, if recommended by the therapists and/or surgeon. Case managers and social workers will coordinate home care services or transfer to a rehabilitation facility, if needed.

The goal of your care after surgery is to help you become independent so you can return directly home. By the time of discharge to home, you should be able to walk with a walker or crutches, be independent with self-care and have minimum discomfort. To help you reach these goals, the staff will help you as needed, but they will also encourage you to actively participate and do as much for yourself as possible.

The therapists and nurses will assist you out of bed the day of your surgery and will begin your activity program in your room. The therapy activity program may include leg exercises, walking, stair climbing, and activities of daily living such as bathing and dressing, and home management. While a daily recovery schedule has been organized for your joint replacement surgery, we encourage you to progress forward at your own pace as quickly, comfortably and safely as possible.
Activity Following a Total Joint Replacement

Activity is the most important part of your recovery after total joint replacement. Walking is the best exercise after surgery. Physical therapists, occupational therapists, and nurses will help you achieve these goals.

The goal of physical therapy (PT) in the hospital is to help you walk with a walker or crutches, and climb stairs. A physical therapist will work with you twice daily after your initial evaluation to help you recover.

The goal of occupational therapy (OT) is to help you care for yourself (bathing and dressing) and to do simple household chores and leisure activities. You may need to modify these activities or learn how to use special equipment. OT will work with you prior to your discharge home.

Your therapists will evaluate how well you can perform important daily activities. Please share any concerns and questions with your therapists; they are there to help you begin using your new joint!

Getting Out of Bed

While we want to get you back on your feet as soon as possible, your safety is most important. After surgery you may be sleepy from the anesthesia and pain medicines so your doctor wants you to call for help when you need to get out of bed or out of a chair or the bathroom. This is very important! Trying to get out of bed without help can delay your recovery and your discharge from the hospital.

Remember: when getting out of bed or a chair or coming back from the bathroom, ALWAYS use your call bell and wait for someone to help you.

Bedside Exercises

In addition to walking, your physical therapist may give you exercises to perform. If so, you should do these exercises as frequently as possible (we recommend three times a day, three sets of ten each). You can practice these exercises before your surgery. Understand that returning to normal activities after surgery is perhaps the best form of physical therapy.

Listed are some of the exercises you may be doing post-operatively, but your therapist will tailor your program to meet your specific needs.

Ankle Pumps

Lying on your back or sitting, move your ankles up and down as far as possible without moving your legs. This helps increase circulation. You may also move your ankles in circles.

Quadriceps Setting Exercises

Lying on your back, tighten your thigh muscle by pushing the back of your knee down onto the bed. Hold for a count of five seconds and relax. Repeat.

Gluteal Setting Exercises

Lying on your back, squeeze your buttocks together. Hold to the count of five and relax. Repeat.

Heel Slide

Lying on your back with your unoperated leg flat on the bed, slide the heel of your operated leg halfway up towards your buttocks. Return your leg to a straight position. Repeat.

Short Arc Quads

Lying on your back, place a pillow under the thigh of your operated leg. Keep your thigh resting on the pillow and lift your heel from the bed a short distance to straighten your knee. Lower your leg to the bed. Repeat.
Knee Extension While Sitting
While sitting, straighten your knee completely. Hold for a count of five then lower it slowly.

Assisted Knee Flexion KNEE
Your therapist will help you to increase the bending and straightening of your knee.

Getting In and Out of Bed
Getting in and out of bed may be difficult at first. Do not get discouraged. Your therapists will teach you some techniques to make it as safe and easy as possible.
Standing
In most cases, you will be able to place as much weight as you can tolerate on your operative leg while standing or walking. This is called “weight-bearing as tolerated,” (WBAT). However, there may be a specific situation prescribed by your surgeon where you are not allowed WBAT — the physical therapist will instruct you in these special circumstances.

Walking
Your physical therapist will show you how to walk using a walker, crutches or cane. To walk, first move your walker or crutches forward, then step forward with your operated leg, followed by your nonoperated leg.

Sitting
Find a chair that is comfortable and use it. Higher chairs seem to provide the highest level of comfort. An elevated commode or raised toilet seat may be used for comfort if needed. The therapist will tell you how you can get these.

Stairs
Your physical therapist will teach you the safest and easiest way to go up and down stairs.

Going Up Stairs
Step up with your non-operated leg first, followed by your operated leg. If there is no railing, your therapist will teach you to use a cane or crutches for support.

Going Down Stairs
Reverse the sequence. Step down with your operated leg first, followed by the non-operated leg. If there is no railing, your therapist will teach you to use a cane or crutches for support.
Car/Travel
Your physical therapist will teach you how to get in and out of a car safely. While you may travel in a car, as a passenger, at any time post-operatively, do not drive until it is safe to do so. Most patients can start driving 3–4 weeks after surgery. You cannot drive while under the influence of narcotic pain medication.
Self Care
When bathing and dressing your lower body, you must learn and practice special care techniques that can reduce your discomfort after surgery. You may need to use assistive devices to get dressed, especially for putting on socks and shoes. Your occupational therapist will teach you how to use necessary equipment at home. These may include:

- Long handled sponge – to wash your operated foot and leg below the knee.
- Sock/stocking aid – to put on socks or stockings.
- Dressing stick – to push off socks/shoes and to pull on pants and underwear.
- Long handled shoe horn/elastic shoelaces – to put on shoes without excessive bending.
- Reacher - to retrieve objects from the floor and to put on pants and underwear.

This equipment can be purchased prior to surgery from any medical supply company, pharmacy, or on-line; otherwise the OT will provide this equipment to you for a small fee.

Sexual Activity
As with all your activities of daily living, you will need to follow activity modifications during sexual activity. Your occupational therapist, physical therapist, nurse and doctor will be able to answer your questions about sexual activity and positioning.

Home Management
Your occupational therapist will teach you how to move about safely in your home, especially in the bathroom, bedroom and kitchen. Place items that you use frequently — such as dishes, pots, clothing and shoes — on shelves or drawers that are within easy reach. That way, you can get them without bending or reaching and with much less discomfort.
Discharge Instructions

A hospital case manager will visit you during your hospital stay to help you make your discharge plans. Please discuss any concerns and questions with the case manager. They are there to help you!

Your specific discharge plan is tailored to match your requirements. It’s determined based on your doctor’s recommendation and your physical therapist’s evaluation.

Our goal after surgery is the same as yours: for you to become independent enough to go home safely as soon as possible. The most important part of your recovery is activity. And the goal of our therapy team is to help you become active and safely do the things you need to do when you go home.

What You Should Expect After Total Joint Replacement Surgery

Your joint may remain warm to the touch and appear swollen for several months after your surgery. This is normal. The swelling may vary as you increase your activity. The skin below or next to the incision may have some patchy numbness or very sensitive areas. Your joint may click from time to time. This may gradually go away as your leg becomes stronger. All of these signs are normal and should diminish over several months. If you have any doubts about what to expect, please ask your doctor or orthopedic staff.

Incision Care

The nurse will teach you how to care for your incision. You may have staples, sutures, or an adhesive on your incision at the time of discharge. You may have a special dressing on your incision that you will remove at home. Your nurse will provide you with special instructions on how and when to remove this dressing. Do not scrub, touch, or rub your incision or place any creams/ointments on it unless told to do so by your doctor. Please keep your incision away from pets. If you have staples or sutures in your incision, your surgeon may wish to remove the staples or sutures in their office or your surgeon may wish to have the case manager arrange for your staples or sutures to be removed by a visiting nurse. Once the staples or sutures are removed, about two weeks after surgery, small pieces of paper tape, called steri-strips, may be placed over your incision. These strips will fall off on their own so do not pull them off, since this could disrupt your incision. You may shower and wash your incision with a mild soap when you are comfortable getting into the shower.

Activity

Activity is a very important part of your recovery. Continue to use your walker, crutches or cane and put as much weight on your operated leg as you can tolerate unless otherwise indicated. Walk as much as you like. When you begin to tire, take it easy and rest. You can advance to a cane as soon as you and the therapist feel that you have the strength to do so, unless the physician tells you otherwise. Go up and down stairs at home the way the therapist taught you in the hospital.

Exercise is an important aspect of successful total joint replacement surgery. You should continue to do the leg exercises you were taught in the hospital. It may take several months to gain full confidence and trust with your new joint. The greater the level of your activity, the better you will feel.

Infection Precautions

Until your first office visit after your surgery you will be on a blood thinner, so do not plan any surgical procedures, foot work or dental work during this period. At the first visit to the doctor after surgery, you may be given a prescription for an antibiotic which you may need to take as directed prior to any procedures. Please ask your surgeon’s team if you have any questions.

Blood Thinners

Your doctor will want you to continue to take blood thinners to reduce the risk of blood clots from forming. Depending on the type of blood thinner you will be taking, the case manager may arrange for blood studies to be drawn, if necessary, after you go home. Your blood studies will then be monitored and your dose of medication adjusted.
Check with your doctor before taking any new medications. Even over-the-counter medications can affect how blood thinners work. Some examples are anti-inflammatory medications, vitamins, cold medications and alcohol.

Be sure to tell your dentist or any other healthcare professional who may be caring for you that you are on a blood thinner.

Report any of the following signs to your doctor:

- Red or brown urine
- Red or black bowel movements (stool)
- Unusual bleeding from any part of the body
- Cuts that will not stop bleeding
- Nosebleeds
- Bruises that increase in size
- Pregnancy
- An unusually heavy monthly period/menstruation
- Bleeding gums

When to Call Your Doctor
Please call your doctor if you notice any of the following symptoms or you are worried or have any questions.

- Sudden shortening of the length of your operated leg and difficulty moving your leg or walking. These may be signs that your hip has dislocated. **HIP ONLY**
- Increase in redness, swelling, warmth or tenderness of your operated joint
- Drainage from your incision
- Persistent fever
- Chest pain, cough or shortness of breath
- Signs and symptoms of bleeding

Maintaining Your Total Joint Replacement for Your Lifetime
The following information will be reviewed with you at your first doctor’s office visit and at all your follow-up visits.

Exercise Daily
Usual activities such as walking, housekeeping, gardening, driving and dancing are encouraged. Exercise is important on a regular basis. We recommend low impact activities such as walking, swimming and biking. Please discuss higher impact activities, such as jogging, with your surgeon.

Maintain Your Ideal Weight
Increased forces on your joint may lead to wear or loosening; your weight directly correlates with the amount of force on the joint. Making healthy dietary choices and exercising will help you to maintain your ideal weight.

Periodic Office Visits
Patients receiving total joint replacement should see their surgeons periodically after surgery. This varies depending on the individual. This follow-up helps diagnose any potential complications that may arise and allows us to monitor the success and failures of all total joint replacements. During these follow-up visits you will be seen by a health care professional. If you do not live in the Philadelphia area, keep in contact by telephone. Please inform your doctor’s office of any changes in your status or address.
Frequently Asked Questions About Joint Replacement Surgery

When should I return for my first visit after surgery?
Please call to make your first post-operative visit appointment as soon as you are home. The visit should be approximately two to six weeks from the date of your surgery.

If I have staples or sutures (stitches), when will they be removed?
Approximately two weeks from your surgical date, an office visit will need to be scheduled with your surgeon to have staples or sutures removed or a visiting nurse will remove the staples or sutures (stitches). You will be told your surgeon’s preference prior to discharge.

Is swelling of my hip, leg, ankle or foot normal?
Yes, it is normal for your leg to be swollen for several months. To decrease swelling, elevate your leg above heart level as often as possible (three to four times a day) and apply ice for 20 minutes at a time.

Why is my leg bruised?
It is common to see bruising on the skin. It is from the normal accumulation of blood after your surgery.

My leg feels long – is this normal? (Hip Replacement)
Yes. Muscle tightness and post-surgical swelling may cause this sensation.

Is it normal to feel numbness around the knee? (Knee Replacement)
Yes, especially on the outer aspect of the knee.

How long will I remain on a blood thinner?
You should continue a blood thinning medication for as long as your doctor suggests post-operatively.

What exercises should I perform at home?
Walking, isometrics, flexion and extension exercises. Please refer to specific recommendations contained in this booklet.

How long will my activities be restricted?
Most restrictions will be discontinued at your first follow-up visit.

Must I sleep on my back after surgery?
No. You may lie on your side, back, or stomach—whichever is most comfortable for you, unless otherwise instructed.

How long will I need to use assistive devices (crutches, walker or a cane)?
You may need some type of assistive device for several weeks to months after your surgery. You are allowed to put full weight on your operative leg, unless instructed otherwise by your surgeon. You will use crutches or a walker and advance to a cane as quickly as your strength and balance allow and as determined by your surgeon. You may progress off of a cane as quickly as your strength and balance allow and as determined by your surgeon.

May I go outdoors prior to my first follow-up appointment?
Yes, we encourage you to do so.

May I ride in or drive in a car prior to my first follow-up appointment?
You may ride in a car as your level of comfort allows. Most patients can start driving 3 to 4 weeks after surgery, unless otherwise directed by their surgeon. Do not drive if you are taking pain medications.
Patient Notes and Questions