



## Joint Replacement Surgery

ORLANDO  
HEALTH<sup>®</sup>



## Appointments/Checklist

### Orthopedic Office

- ☐ Preoperative Appointment: Date \_\_\_\_\_ Time \_\_\_\_\_
- ☐ Prescriptions
- ☐ Durable Medical Equipment (walker, commode)
- ☐ Discharge Plan
- ☐ Postoperative Appointment: Date \_\_\_\_\_ Time \_\_\_\_\_

### Medical Clearance

- ☐ Primary Care Physician Appointment: Date \_\_\_\_\_ Time \_\_\_\_\_
- ☐ Cardiology/Pulmonology Appointment (if needed): Date \_\_\_\_\_ Time \_\_\_\_\_

### Hospital

- ☐ Pre-Admission Testing: Date \_\_\_\_\_ Time \_\_\_\_\_
- ☐ "A Joint Effort" Preoperative Education Class: Date \_\_\_\_\_ Time \_\_\_\_\_
- ☐ Financial Responsibility/Insurance
- ☐ Transportation/Lodging Needs

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**Thank you for choosing Orlando Health for your healthcare needs.**

Our goals are to assure every patient receives the highest quality personalized care and achieves an excellent outcome. The objectives of joint replacement surgery are to reduce your pain, improve your mobility and restore greater independence.

Our team of interdisciplinary healthcare professionals understands preparing for surgery may be stressful. We want to make it as easy as possible for you and your loved ones. Preparation and education will help you achieve optimal results. We will involve you in the treatment plan every step of the way.

This book will help prepare you for your total joint replacement surgery by providing some of the necessary information, but remember that this is simply a book. The intent is not to replace any information your surgeon has given you about your procedure. Your surgeon, therapist or nurse may add to or change some of the recommendations based on your personal needs. If you have questions about your surgery, please contact your surgeon.

Bring this book with you to:

- Every office visit
- Preoperative joint education class
- Hospital Pre-Admission Testing appointment (PAT)
- Day of surgery
- All physical therapy/rehab appointments
- Physician and surgeon follow-up appointments

## Overview of the Joint Center

Your joint replacement team includes your surgeon, registered nurses, physical therapists and care coordination. Depending on your needs, additional team members may visit you from occupational therapy, respiratory therapy or other departments. All are committed to making your surgery a success. Each feature of our program is designed for the best results, leading to discharge from the hospital, usually within one to three days after surgery.

## Register for the Preoperative Joint Class

A special educational class is held for patients who are scheduled for joint replacement surgery. Schedule a class one to two weeks before your surgery. It is strongly recommended you bring a family member or friend with you to act as your “coach.” This free class covers what to expect during your hospital stay, important pre-op exercises, preparing your home, planning your discharge and avoiding post-op complications. You also will meet some of your healthcare team members and ask questions.

Please make reservations for a preoperative education class at the location most convenient for you (Orlando Health Orlando Regional Medical Center, Orlando Health Dr. P. Phillips Hospital, Orlando Health South Seminole Hospital or The Villages Belvedere Library) by calling 321-8HEALTH / (321) 843-2584 or online at [OrlandoHealth.com/JointReplacementClass](https://OrlandoHealth.com/JointReplacementClass).

## Physical Therapy/Joint Camp

Physical Therapy (PT) will begin working with you on the day of surgery or the first day after surgery. The day after your surgery, you may also begin “Joint Camp” with other patients who have had total knee or total hip replacement. Joint Camp is held twice a day in a separate room and enables you to meet other patients going through the same experience. Through group exercise, patients encourage and support one another and often feel a sense of camaraderie and friendship. Joint Camp will help you grow stronger, move about safely and reduce any anxiety you may be feeling, while helping you clearly understand how to perform the exercises you need to continue when you leave the hospital.

## Your Coach

As part of the program, a family member or friend is strongly encouraged to serve as your “coach.” This person should be physically capable, available and actively involved in all steps of your joint replacement recovery. Your coach is critical to your success once you return home. Please identify someone who can meet these qualifications.

It is recommended your coach:

- Go with you to doctor visits, the Pre-Admission Testing (PAT) appointment, pre-op joint education class and as many therapy sessions as possible (including Joint Camp) during your hospital stay
- Support and assist you with pre-op exercises
- Help you prepare your home for your return after your hospital stay (safety, groceries and supply needs)
- Be present for discharge instructions and help you follow those instructions
- Be available to help you at home
- Assist with therapy, dressing changes and normal daily activities



**Remember,  
you need to be an  
active participant in  
your therapy to achieve  
the best possible  
outcome.**

## **There are several things you and your loved ones can do in advance to prepare your home for your return after surgery:**

- Make plans for someone to stay with you after surgery until you are able to move around safely.
- Ask someone to help with housework, yard work, pet care and grocery shopping.
- Put often-used items on an easy-to-reach shelf or surface that is waist-height or above.
- Check hand railings, such as those on stairs or in the tub or shower, to ensure they are not loose.  
If you do not have grab bars or railings, consider installing them.
- Remove electrical cords, throw rugs and other trip hazards from walkways.
- Install nightlights in hallways, bathrooms and bedrooms.
- Arrange for someone to collect the mail and care for your pets.

## **Walker Safety**

- Clear any items, including throw rugs, from your walking paths. Ask your family or friends to move any furniture that would prevent you from comfortably moving around with your walker.
- Consider how you will be entering your home. Do you have to climb any steps? Is there a hand rail for you to use for support?

## **Food Preparation**

- You may want to make or buy meals in advance that may be frozen and easily reheated.
- Think about how you will carry plates of heated food to your table or another eating area.  
A rolling cart may be helpful for this purpose.
- Move commonly used items to counter level.

## **Sleeping/Resting Comfortably**

- If you live in a two-story house, you may want to move a bed and any essential items to the first floor.
- It is recommended you sleep on a regular mattress after surgery. Waterbeds are not recommended.
- Look at the height of the bed. A bed that is too high or too low will be hard to get in and out of after surgery.
- Choose a chair, preferably with armrests, which is comfortable and easy to get in and out of. Recliners are often the most preferred type of chair. Put a small table next to it so you can easily reach the items you may need, such as the phone and remote control.

## Medication Instructions

Tell your surgeon about **all medications** you take, including herbal, over-the-counter, vitamins and other supplements.

- Review all pain medications you currently are taking with your surgeon, and let him or her know if you are seeing a pain management physician. This will help your surgeon appropriately manage your pain after surgery.
- If you are taking a beta-blocker (e.g., atenolol (Tenormin®), bisoprolol (Zebeta®), carvedilol (Coreg®), labetalol (Trandate®), metoprolol (Toprol®, Lopressor®), nebivolol (Bystolic®) or sotalol (Betapace®), you need to take this medicine on the morning of your surgery with small sips of water.
- Tell your surgeon if you are taking medications for blood clotting (e.g., Aggrenox®, apixaban (Eliquis®), clopidogrel (Plavix®), dabigatran (Pradaxa®), edoxaban (Savaysa®), prasugrel (Effient®), rivaroxaban (Xarelto®), ticagrelor (Brilinta®), warfarin (Coumadin®), aspirin, or any other anti-inflammatory medication such as ibuprofen (Advil®, Motrin®) or naproxen (Aleve®). Your surgeon will instruct you about when these medications should be stopped prior to surgery.
- Tell your surgeon if you take any medicines that affect your immune system, such as corticosteroids, adalimumab (Humira®), etanercept (Enbrel®), infliximab (Remicade®) and methotrexate.
- If you are taking any medications for weight loss, please be sure to discuss these with your surgeon, as they may need to be stopped 14 days prior to your surgery.
- **Diabetics:** If you are currently taking medication(s) that contains metformin (e.g., Glucophage, Glucophage XR, Metaglip, Glucovance, Avandamet, Glumetza, Janumet, Janumet XR, Jentadueto, ActosPlus Met, Fortamet, Riomet, Kombiglyze XR, Kanzano, Invokamet, Xigduo XR, PrandiMet), you must stop taking them 48 hours before your surgery. Talk with the physician who prescribed this medicine and/or your surgeon about how you will manage your blood sugar and glucose levels during this time.

## Personal Medication List

Name of Medicine	Dosage/ Times Taken	Reason	Prescribing Doctor



## Planning for Your Discharge

Please check with your insurance company to determine if you are eligible for a:

- Rolling walker
- Shower/toilet chair (also called a “3-in-1 bedside commode”)

If you are not covered for these items, arrange to borrow them from a friend or shop around for the best price from local and online medical supply stores. Low-cost or free equipment may be available from Stepping Stone Equipment Bank at (407) 649-4100. Please bring your walker to the hospital with you. All other equipment should remain at home for your use after discharge.

Most people go directly home after their hospital stay and receive help from a family member or friend. You may receive nursing care and physical therapy in your home, or you may go to an outpatient rehab center for ongoing therapy. Rarely, patients need inpatient rehabilitation or a skilled nursing facility (SNF) upon discharge. Each patient is individually assessed by their surgeon and the physical therapy team to determine their needs.

## Obtain Medical and Anesthesia Clearance

If you have other medical conditions, your surgeon’s office will provide a medical clearance letter. You may need to see your primary care physician and/or any specialty physicians, such as your cardiologist or pulmonary doctor, for approval. Call your surgeon’s office if you have questions.

## Put Your Healthcare Decisions in Writing

Advance directives communicate your wishes if you can no longer make medical decisions. Advance directives are not required for hospital admission; however, you will receive information about these documents at your Pre-Admission Testing (PAT) appointment and upon admission to the hospital. If you already have a living will, medical power of attorney or other medical directives, bring copies of these documents to your PAT appointment.

There are different types of advanced directives:

- Living wills are written communications detailing your desires regarding prolonged medical treatment if you are no longer able to express your wishes.
- Medical power of attorney/healthcare surrogate is a document enabling you to designate a person to make healthcare decisions for you if you become unable to do so.
- Healthcare instructions specify your choices regarding life-sustaining equipment, nutrition, hydration and the use of pain medication.

## Stop Smoking/Smoking Cessation

It is very important to stop smoking before surgery. Smoking impedes oxygen circulation and delays healing. It also may increase the risk for a blood clot and increase blood pressure and/or heart rate. If you quit smoking, your ability to heal increases. Also, be aware all Orlando Health campuses are smoke-free. If you need help quitting, speak to one of your healthcare team members.



## Pre-Admission Testing (PAT)

Seven to 10 days before surgery, you will have blood work and other tests. These help your surgeon identify any health problems needing to be addressed before surgery. The surgeon's office will schedule this appointment for you. Pre-Admission Testing usually takes two to three hours.

Bring the following information to your appointment:

- Picture identification, such as a driver's license
- Insurance card
- All your medications in their original containers
- Copies of any recent medical tests
- Clearance for surgery from primary care or specialist physicians
- Copy of your living will or power of attorney (if applicable)
- Any paperwork you have been given by your surgeon
- This patient guidebook

## What to Bring to the Hospital

Pack these items for your hospital stay:

- Glasses, dentures, hearing aids (if needed)
- CPAP/BiPAP machine for sleep apnea (if used)
- Hygiene items, such as toothbrush, toothpaste and deodorant
- Comfortable, non-skid shoes
- Enough comfortable, loose-fitting clothes and underwear to wear to Joint Camp and at discharge
- A complete list of all medications (see page 4 of this guidebook)
- A copy of your living will and advanced directives (if you have them)
- Your insurance card(s) and photo ID, such as a driver's license
- Telephone numbers of people you may want to call while you are in the hospital and/or rehab facility
- This patient guidebook

**Do not bring any jewelry or other valuables to the hospital. You may need cash or credit card if you plan to purchase medications at discharge.**

**Note: Patient family or friends who wish to order in-room meals must pay with cash. The cost for meals is \$4 for breakfast and \$5 for lunch and dinner at Orlando Health Dr. P. Phillips, and \$5 for breakfast, lunch and dinner at Orlando Health ORMC and Orlando Health South Seminole.**

## Lodging Options

There are several options available for patients/families who are coming from out of the area and are in need of local accommodations.

### Orlando Health ORMC

- Hampton Inn - 43 Columbia St., (407) 270-6460. When making reservations, mention that patient is coming in for surgery to receive special ORMC rate.
- Hubbard House - On-campus hospitality house. Requires a referral from the hospital unit and is based on need. Cost is \$40 per night or \$60 per night for a suite. Breakfast, lunch and dinner are included.

### Orlando Health Dr. P. Phillips

- Perry Pavilion - On-site hospitality house, (321) 842-8844. Cost is \$40 per night. If full, the Perry Pavilion staff can assist with local hotels that may offer discounts.

## Section 2: Start Your Pre-Op Exercises



**Exercising before surgery has many benefits.** Studies show that patients who have exercised prior to surgery have more successful outcomes than those who don't exercise and are less likely to require additional recovery time in a rehabilitation facility. Additionally, those who exercise before surgery find it easier to use a walker or crutches post-surgery.

## Upper Body Strengthening Exercises

It is important to be as strong and flexible as possible before joint replacement surgery. You need to strengthen the entire body, not just the leg having surgery. It is important to strengthen the arms because you will be relying on them for support when you walk with the walker, get in and out of bed and on and off the toilet. The following five basic upper body exercises should be performed every day until surgery.

- Perform these exercises 10 times, two to three times per day.
- You may use soup cans or hand weights to add two to three pounds of weight and resistance while performing the exercises.

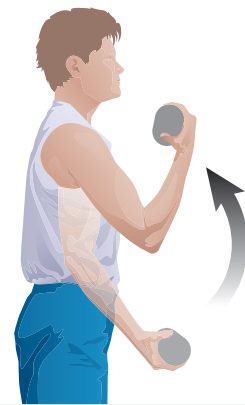
### Tricep Extension:

- Start with your elbow bent and pointed toward the ceiling.
- Support the arm with your other hand.
- Extend your elbow while raising your hand to the ceiling.
- Then, slowly lower your hand again.
- Repeat on the other side.



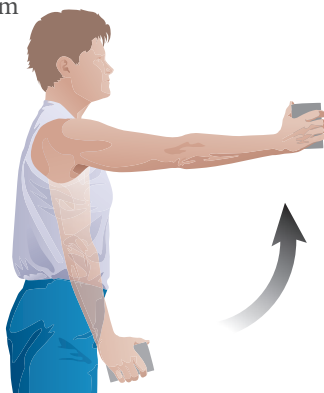
### Bicep Curl:

- Place both arms straight down at your sides.
- While keeping your arms close to your sides, bend your elbows while bringing your hands to your shoulders.
- Then, slowly straighten your arms again back down to your sides.



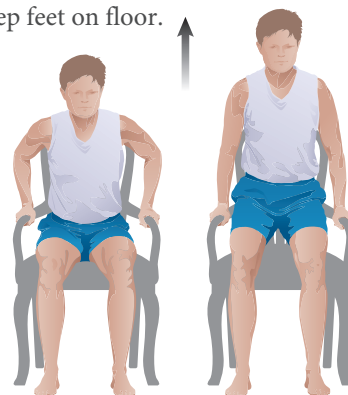
### Shoulder Flexion:

- Start with your arm straight by your side.
- While keeping your arm straight, raise it up until it is parallel with the floor.
- Then lower your arm back down to your side and repeat on the other side.



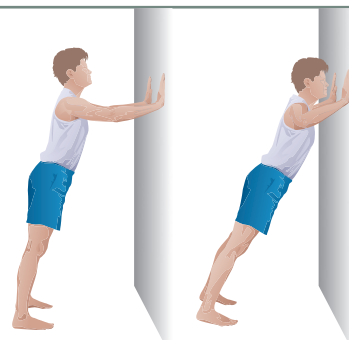
### Armchair Push-up:

- Place hands on arm rests.
- Straighten arms and raise bottom off of the chair and then lower yourself down.
- Keep feet on floor.



### Wall Push-up:

- Stand an arm's length from wall with feet shoulder width apart.
- Place palms on wall.
- Lean your body toward the wall and then slowly push away from the wall until your arms are straight again.





## Lower Body Strengthening Exercises

It also is important to strengthen the lower extremities. These exercises focus on flexibility and range of motion and help you recover more quickly. The following six basic lower body exercises should be performed each day from now until surgery.

- Perform these exercises 10 times, two to three times per day.

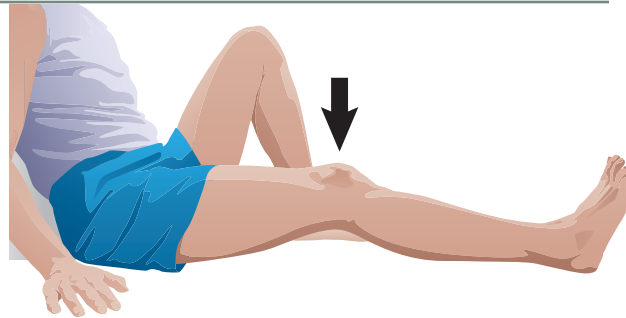
### Ankle Pumps:

- Keep knee straight.
- Move foot up, then down.



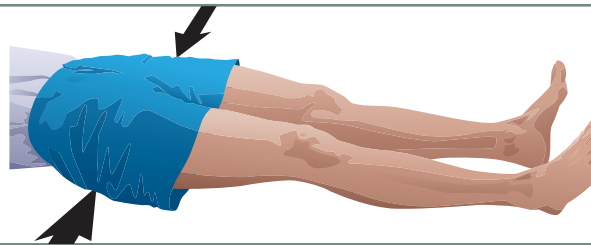
### Thigh Muscles – Quad Set:

- Sit up against the headboard of your bed. Press knee flat and tighten muscles on the front of the thigh. Do not hold your breath.
- Keep muscle tight for a count of five.



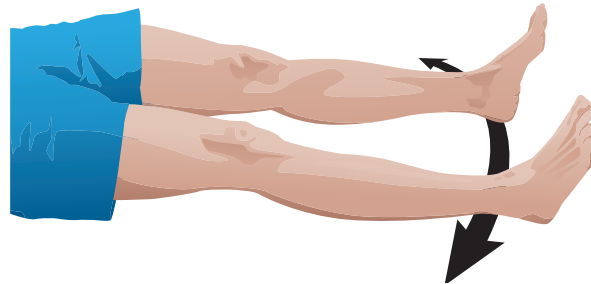
### Buttock Muscles – Gluteal Set:

- Squeeze your bottom together tightly. Do not hold your breath.
- Hold for a count of five.



### Leg to Side:

- Lie on your back with your feet slightly apart.
- Keeping your toes pointed up and knee straight, slowly slide your leg out to the side.
- Slide your leg back together.
- DO NOT cross legs.



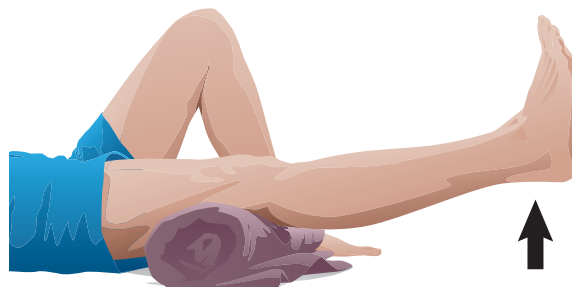
### Heel Slides:

- Lie on your back.
- Slide your heel toward your buttocks as far as possible.
- Hold for a few seconds, then slide back.



### Heel Lift – Knee Extension:

- Lie on your back with a rolled towel under your knee.
- Straighten your knee and hold five seconds, then slowly lower.





## Breathing and Coughing Exercises

To prevent potential respiratory problems, such as pneumonia, it is important to practice deep breathing and coughing exercises. After surgery, you also will have a device called an incentive spirometer to help with lung exercises. Deep breathing uses the muscles of the chest and abdomen to keep the lungs well-inflated and healthy while you heal.

### How to Breathe Deeply

- Sit upright.
- Take a few normal breaths, then a slow, deep breath.
- Hold your breath for two to five seconds.
- Gently and slowly breathe out through your mouth, making an “O” shape with your lips as you blow out — like you are blowing out birthday candles.
- Repeat 10 times.

### How to Cough Effectively

- Take a deep breath, hold it and make an effort to cough hard enough to completely empty your lungs of air. Coughing helps clear mucus and other substances from your airways.

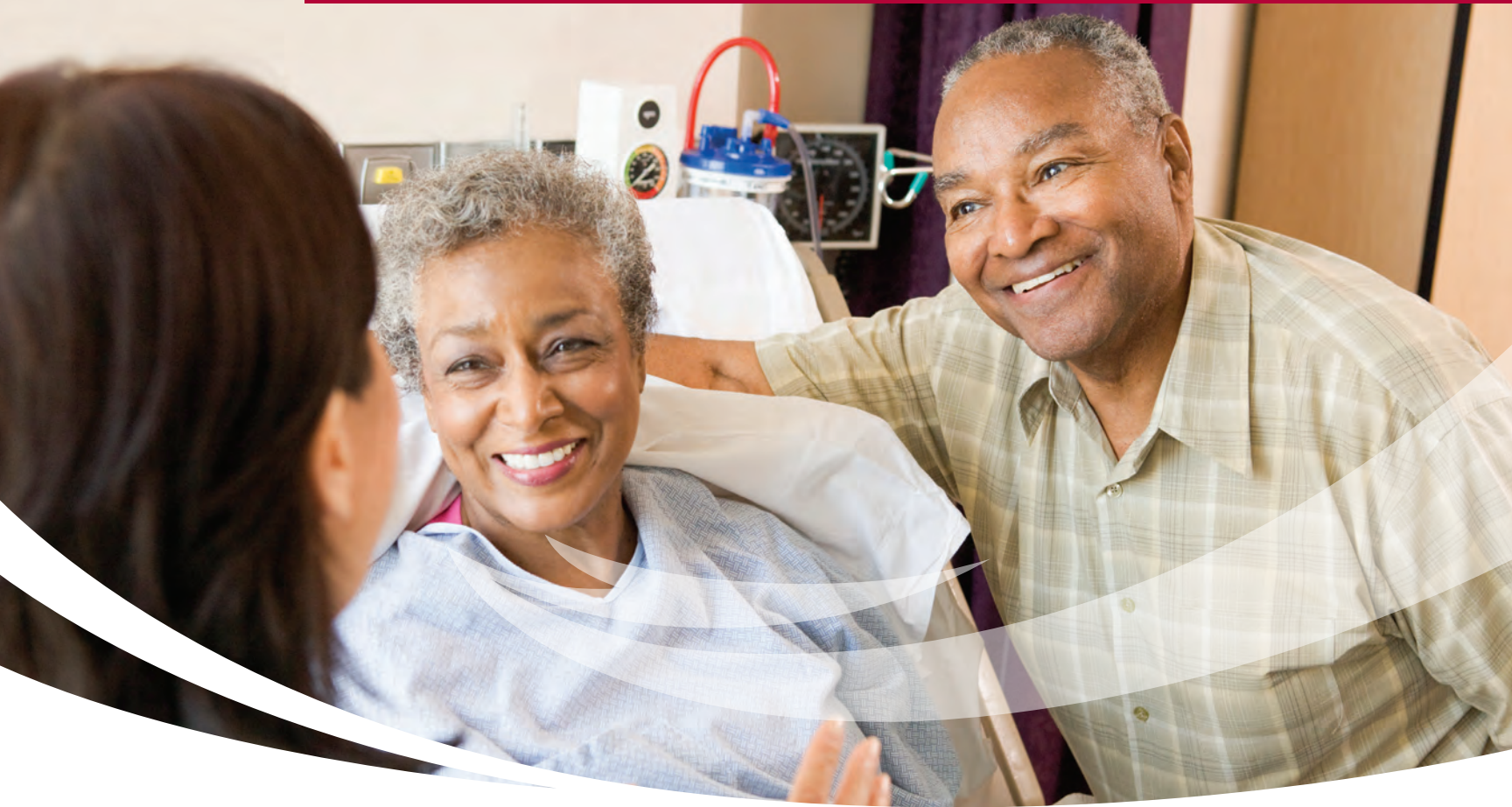


### Endurance Exercise

You should exercise your heart and lungs by performing an endurance exercise, such as walking, for 10-15 minutes every day if you are able to do so safely. Always consult your doctor before starting any kind of exercise regime, and **do not attempt any of these exercises if they are too painful or you are unable to perform them.**

**Building your endurance before surgery will help your recovery.**

## Section 3: Your Surgery and Hospitalization



### **Before surgery, you can play an important role in your own health.**

Please follow these instructions carefully.

#### **Day Before Surgery**

- Have a light dinner the night before surgery.
- Do not have anything to eat or drink after midnight, even water — no chewing gum, mints, lozenges or ice chips.
- If you are currently taking a beta-blocker, your surgeon will ask you take this medication in the morning before coming to the hospital. Only take this medication with sips of water. If you are unsure if you are taking a beta-blocker, call your physician's office to ask.
- If you are taking any long-acting pain medications, such as the Duragesic patch, Oxycontin, MS Contin or methadone, ask your surgeon about how to take this medicine before surgery.
- Remove all nail polish or artificial fingernails.
- DO NOT shave the operative leg.
- Use your skin wash as instructed at your Pre-Admission Testing appointment.
- Change bed linens so you will be sleeping on clean sheets after your evening pre-op bath or shower.
- Notify your surgeon if you have any signs of illness, such as fever, or a skin rash, cut or bug bite.

#### **Day of Surgery**

Check in at the admitting area of the hospital. It is important you arrive on time. If you have difficulty walking, request a wheelchair at the lobby desk and someone will assist you. After check-in, you will be taken to the pre-op area and be seen by an anesthesiologist. You will have an IV (intravenous line) started at this time and receive medication to relax you. Then you will be taken into the operating room where you will receive antibiotics to reduce your chance of infection, and the surgeon will perform surgery. Your loved ones will be taken to the waiting room. When surgery is finished, the surgeon will visit the waiting room and tell them how you are.

## Recovery Room

You will wake up in the recovery room. You may feel cold, your mouth may feel dry and your throat might be sore. A nurse will give you warm blankets and ice chips for your mouth to comfort you. Usually patients stay in the recovery room for an hour or two. If the hospital is very full, the stay may be longer. Everything will be done to keep delays to a minimum.

When you awaken, you may have:

- A small tube delivering oxygen into the nose
- A “pulse ox,” which is a clip or tape attached to your finger with a red light and records your oxygen level and pulse
- Snug white hose on your legs called TED hose
- “Sequential compression devices,” which are sleeves wrapped around your legs that fill with air, gently squeezing the legs from ankles to thighs to prevent blood clots and swelling
- A catheter coming from the bladder that drains urine into a bag
- A bulky dressing of gauze and ace bandages on the operative leg
- A small drainage tube for blood and fluid coming from the operative site
- A bag of IV fluids
- If you have knee surgery, an X-ray may be taken

## Your Room on the Orthopedic Unit

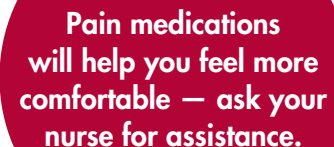
When ready, you will be taken from the recovery room to a hospital room. A nurse will greet you and make sure that your needs are met. He or she will demonstrate how to use the phone, TV remote and nurse call button.

Your nurse will ask about your pain and ensure you are as comfortable as possible. It is very important to tell him or her if you are having pain or other problems, such as nausea or itching.

**You will need help when getting out of bed. Be sure to ask for help before getting out of bed, so you are safe and do not fall. Never try to get up without help from the nursing staff or a physical therapist.**

Your nurse will show you how to use the incentive spirometer, which helps with breathing. Try to use this 10 times each hour when you are awake.

After surgery, patients often have discomfort. It is normal to feel like your new joint is stiff and difficult to move. Ask the nurse for pain medications to stay comfortable. The nursing staff also will try to coordinate your pain medication so you receive it about 30 minutes before physical therapy.



**Pain medications  
will help you feel more  
comfortable — ask your  
nurse for assistance.**





## Postoperative Plan of Care

### Day of Surgery:

The nursing staff will orient you to your room and personalized treatment plan once you arrive on the unit. Physical Therapy may see you on the same day as surgery and start teaching you exercises. **The physical therapist or nursing staff will get you out of bed the afternoon or evening of your surgery.** Since this is the first time moving after surgery, take pain medications to remain comfortable.

### After Surgery: Day 1

If Physical Therapy did not see you on the day of surgery, a therapist will come to your room the first day after the procedure. He or she will demonstrate exercises, how to get out of bed and help you with a walker. Take pain medications to remain comfortable, especially as you become more active. If you have a urine catheter, it will be removed today. The drain in your leg also may be taken out. A member of the care management team (either a social worker or home health coordinator) will visit and help plan everything you need upon discharge, which usually happens on post-op days one through three. **Your surgeon will discuss with you the anticipated length of stay and ultimately make the decision about when you will go home.**

### After Surgery: Day 2

If you are still in the hospital, Physical Therapy will continue to see you. **Increasing your activity level is the number one thing you can do to ensure a successful recovery.** Pain medication now will be received orally, making it easier for you to move when you are out of bed. If you still have a drain, it will be removed today and the dressing changed.



Follow your surgeon's instructions regarding postoperative exercises.

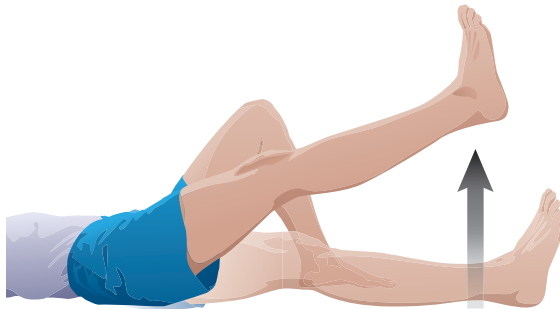
## Postoperative Exercises at Home

These six lower body exercises shown below should be performed every day after surgery. Discuss any additional exercises you should be doing with your therapist.

- Perform these exercises 10-15 times, two to three times per day.

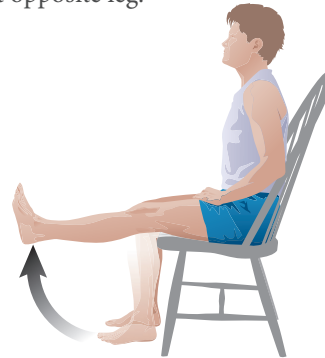
### Straight Leg:

- Lie on your back with the knee of the non-surgical leg bent and foot flat.
- Lift opposite leg, keeping the leg straight and toes pointed up.



### Knee Extension or Lift:

- Sit in a chair with your feet flat on the floor.
- Straighten your leg and hold to a count of five.
- Repeat opposite leg.



### Hip Flexion:

- While standing, hold onto a stable surface and slowly lift your knee two to three inches off the floor.
- Alternate legs.
- Keep your back straight.



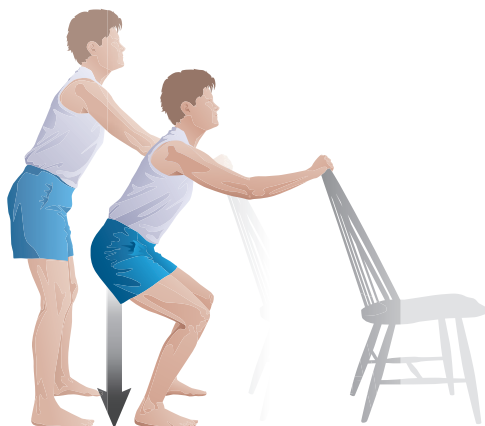
### Leg to Back:

- Stand and hold onto a firm surface.
- Keeping your upper leg straight, bend your knee to raise your foot off the floor four to six inches.
- Repeat opposite leg.



### Mini Squats:

- While standing, hold onto a stable surface with your feet shoulder width apart.
- Keep your back straight and slowly squat down three to four inches.



### Toe/Heel Raises:

- While standing, hold on to a stable surface and point your toes up and then down, raising your heels.
- Keep your back straight.



## After Surgery: Other Considerations

### Diet

When you are asleep during surgery, your bowels go to sleep, too. After surgery, sometimes it takes a day or two for them to begin moving properly again. A nurse will listen to your abdomen with a stethoscope in order to hear the gurgling sounds of the bowels. The sounds will let your nurse know when it is safe to offer more to drink or eat.

It is important to not overeat or drink too much too soon. After surgery, you will be given some ice chips to wet your mouth. Later, you may have some sips of water. If your bowels are waking up, you may have some liquids, such as juice, gelatin or broth. When ready, you may have light, soft foods, such as pudding and soup. By the next day, most patients are able to resume a normal diet.

Eat a variety of healthy foods to give you more energy and help your wound heal faster. Eat a well-balanced diet before and after surgery that includes whole grains, fruit, vegetables and high-quality, lean proteins.

Constipation is common after surgery, so add high fiber foods such as whole grain breads and cereals, fresh fruits and vegetables to your diet.

Stay well hydrated, drinking at least 8-10 cups of non-caffeinated fluid daily before and after surgery (unless you have a medical condition that limits fluid intake).

If you have diabetes, monitor your carbohydrate intake and glucose levels. Keep your blood sugar well controlled.

### Bowels

Constipation is very common after surgery. This is a side effect of anesthesia, pain medication, inactivity and changes in eating. Your nurse may provide laxatives and other medications to help with bowel function. Mobility and walking more also may help with constipation.

### Bladder

To make it easier for you to urinate, you may have a catheter placed in your bladder while you are asleep in surgery. This tube is usually removed the first or second day after surgery or as early as possible to reduce the possibility of infection.

### Lung Health

It is important to get out of bed and use the breathing exerciser, called an incentive spirometer, after surgery to avoid having respiratory problems. The nurse will show you how to use the incentive spirometer correctly. You should use it 10 times an hour while you are awake.

### Smoking

Research shows smoking interferes with your body's ability to heal the bone and incisions after surgery. Now is the time to stop smoking and give your body the best chance to heal. Your nurse is happy to provide resources to help in your effort to stop smoking.

### Activity

Being active after surgery is the most important thing you can do to prevent complications. You will be helped out of bed on the night of surgery and again the following morning. A physical therapist and your nurse will review your exercises with you and help you to get out of bed into a chair and walking several times a day. Most patients find themselves able to do more and more each day.

### For Hip Replacement Patients Only:

#### Abduction Pillow

Sometimes a large foam pillow, called an abduction pillow, will be placed between your legs to help decrease the risk of suffering a dislocation. You must keep this pillow between your legs at all times, except while standing, sitting, or doing exercises.



### Pain Management

Many patients have experienced pain for some time prior to surgery and may have concerns regarding how their pain will be managed in the hospital. Talk to your surgeon and nurses about your medications so the pain may be controlled. Be sure to let your surgeon and nurses know what kind of pain medication you were taking at home before surgery. This information will help us adjust the pain medication to make you as comfortable as possible.

Orlando Health uses a 0-10 rating scale to measure pain. No pain is “0” and “10” means you are in the worst possible pain. Your nurse will ask for your pain goal. This number represents the pain level at which you will be able to comfortably get out of bed and receive physical therapy.

Some patients have side effects from pain medicine, including nausea, itching, confusion or a sense of not feeling “right.” Talk to the surgeon or nurse if you have these side effects. Additional medications or adjustments to your current dosage may help ease these side effects.

### Preventing Infection

Handwashing is critical for preventing infection. Make sure your healthcare provider uses proper hand hygiene. You have the right to ask your healthcare providers whether they washed their hands before coming into your room.

Be careful with your surgical site in order to prevent infection. **It is especially important for you or your loved one to wash hands or use alcohol-based sanitizer before and after changing the dressing.** Do not get the site wet until approved by your surgeon. Also, do not allow pets near the incision area.

Another way to prevent infection is to have the catheter removed as soon as possible to prevent a urinary tract infection (UTI). Talk with your surgeon and nurse about having it removed as early as possible. Some surgeons prefer to remove the catheter the day after surgery, and this is an ideal way to minimize the chance of infection.

### Coping with Stress

Many patients undergoing surgery experience some stress and anxiety. Having realistic goals for recovery and keeping a positive outlook will help. Some patients use deep breathing and relaxation techniques. Orlando Health has a team of patient and family counselors and spiritual care representatives to help you cope with your feelings. Please let your nurse or surgeon know if you are feeling anxious or stressed so we can help.





**You're headed home.** Here are some important things to remember as you enter the next phase of your recovery.

### Incision Care and Hygiene

- Check the incision every day, watching for redness, swelling and drainage from the incision or a fever higher than 100.5 degrees. Follow your surgeon's instructions about how and when to change the dressing.
- If you have steri-strips (small surgical tapes), they will begin to fall off on their own. You do not need to replace them.
- If you have stitches or staples, the surgeon will tell you when to have them taken out. You either will have them removed by the surgeon or a home healthcare nurse, usually 14 days after surgery.
- Do not get the surgery site wet. When your surgeon allows you to shower, cover the incision area with plastic wrap or a plastic bag to keep it dry. Then change the dressing when you get out of the shower.
- For your safety, use a walker and a hand-held showerhead in the shower. A shower chair also is helpful. Many elevated toilet seats may be used as a shower chair.
- Do not take a bath, swim or sit in a hot tub until approved by your surgeon.

### Preventing Blood Clots

Having joint replacement surgery increases the risk of developing blood clots in the veins of either leg. The best way to prevent a blood clot is to be active and move as soon as possible after surgery. Patients with a blood clot may have no symptoms or may develop:

- Increased pain or redness in the calf or thigh
- Increased swelling in the calf, ankle or foot

Your surgeon will prescribe a medication to help prevent blood clots. Be sure to take this medication exactly as prescribed. Call the physician immediately if you experience symptoms.

Sometimes a blood clot in the leg may travel and become lodged in the lung. This is called a pulmonary embolus (PE). Symptoms of a PE are sudden shortness of breath, chest pain and coughing. **CALL 911 immediately if you have any of these signs.**



## Activity

Be as active as you can. It is acceptable to walk and go out as much as you wish. The more active you are, the quicker you will recover normal function. Talk to your surgeon or physical therapist if you have any questions about suitable activity.

Walking will help your recovery, so try to walk every day. Start with short distances and slowly increase the amount of time and distance that you walk.

Try to sleep eight hours each night and have several rest periods throughout the day. Do not nap so much you cannot sleep at night, and try to be more active each day until you are able to resume a normal routine.

You should not drive. You may ride in the car for short trips. Ask your physician when it is safe to discontinue joint replacement precautions and return to sports and sexual activity.

Use the rolling walker (a walker with wheels) until you are stronger and steady on your feet. After the walker, some patients use a cane for a period of time.

Most toilets at home are too low and do not have handles. An elevated toilet seat (also known as 3-in-1 commodes) may help when you go home.

When sitting, choose a comfortable chair with a firm seat and arm rests. Stretch your knee once every two hours and avoid sitting for long periods of time. Keep your leg elevated when sitting to decrease swelling.

DO NOT use pillows under your operative leg when lying in bed. For knee replacement patients, this will cause your knee to rest in a bent position.

## Medications and Side Effects

Do not resume any anti-inflammatory medications (e.g., Celebrex®, ibuprofen [Advil®/Motrin®], naproxen [Aleve®]) until approved by your surgeon.

You will receive information about your pain medications. Side effects are common. Many patients feel sleepy and may become constipated from the medicine. Some patients also have mild itching with no visible rash as a side effect. Also, you should not drink alcohol while taking pain medication.

To prevent constipation, try to drink plenty of fluids and eat a diet high in fiber. Use an over-the-counter laxative (e.g., Senokot-S®, Miralax®, Milk of Magnesia®) to help prevent or treat constipation. These are helpful to take while you are taking pain medication. Refer to the package for dosing instructions. The goal is to have a bowel movement every day or every other day. Call your surgeon if you do not reach this goal.

If you have itching due to the pain medicine, you may take over-the-counter diphenhydramine (Benadryl®) as directed by the package. If you develop a rash due to any medicine, stop taking the medicine and call your surgeon immediately.

If you are nauseated or sick to your stomach while taking pain or other medications prescribed by your surgeon, it may be helpful to take them with food.

## Comfort

Take your pain medicine at least 30 minutes before physical therapy.

Gradually wean yourself off opioid (narcotic) pain medicine when able and as directed by your surgeon.

Change your position at least every 30-45 minutes while awake. Continue to do ankle pumps as often as you think about it, but at least hourly.

Use ice on the operated joint to decrease discomfort, no more than 20 minutes each hour.

To reduce pain, you may also want to ice your knee or hip for 15-20 minutes after each exercise period.

## When to Call the Doctor

- If you notice any new or increased redness, swelling, drainage or odor from your incision
- If you have a fever (temperature more than 100.5°F) or other signs of an infection (bladder, tooth abscess, respiratory, ear, etc.)
- If you cannot have a bowel movement after taking laxatives
- If you have increased swelling or pain in your legs or the calf muscle is tender (this could indicate a blood clot or infection)
- Numbness or tingling of your leg or foot
- Increased coolness or loss of color of the foot or leg
- If you have a higher level of pain than you can tolerate
- If you experience any sudden difficulty breathing or chest pain, CALL 911 immediately



## Protecting Your New Joint for a Lifetime

Notify the surgeon if your joint ever becomes red or painful, even months or years after your surgery. Although the risk is low, an artificial joint may attract bacteria from an infection in a different part of your body. This may be serious.

If any infection occurs, consult your family physician or surgeon for evaluation and possible treatment to prevent the spread of bacteria to your joint. This precaution will apply throughout your lifetime.

Tell your dentist and physician you have had joint replacement before undergoing dental procedures such as teeth cleaning, or invasive procedures such as cystoscopy, colonoscopy or minor surgery. The physician may want to prescribe antibiotics prior to the procedure.

See your surgeon every year unless otherwise recommended, anytime you have mild pain in the joint for more than a week and anytime you have moderate to severe joint pain.



**For a minimum of six to eight weeks after surgery, follow these precautions to avoid injury to your new joint.** These precautions may vary depending on the surgical approach your surgeon used. Ask your surgeon about any specific precautions.

### **Total Knee Replacement Precautions**

#### **Do Not:**

- Do not force your knee to bend to beyond 120 degrees
- Do not sit in low chairs
- Do not kneel or squat
- Do not pivot on the operated leg
- Do not twist your knee – take small steps when turning
- Do not place a pillow directly under your knee  
(When lying in bed, you should keep your knee as straight as possible)

#### **Physical Activities Should:**

- Not cause pain, either during activity or later
- Not jar the joint, such as when running or jumping
- Not place the joint in extreme ranges of motion
- Be pleasurable

### **Long-term Knee Replacement Rehabilitation**

You may need to adjust your activity choices to avoid putting too much strain on the joint. You also may need to consider alternate work activities to avoid the heavy demands of lifting, crawling and climbing.

More extreme sports, which require running, jumping, quick stopping or starting and cutting, are discouraged. Lower impact exercises such as cycling, swimming, golfing, bowling and level walking are often encouraged.

## Total Hip Replacement Precautions

Applies only to patients with posterior or lateral approach hip surgery. The surgeon and physical therapist will work with you to ensure you understand the precautions specific to your surgery.

### Do Not:

- Do not cross your legs whether sitting, standing, or lying down. Keep your legs apart at all times. Use a pillow to keep legs apart while in bed.
- Do not bend from the waist more than 60-90 degrees (depends on the surgical approach used by your surgeon).
- Do not lift your knee higher than your hip.
- Do not lean forward while sitting. Avoid low or soft chairs and low toilets. Only sit on firm surfaces that are higher than your knees.
- Do not let your foot turn inward (posterior surgical approach) or outward (lateral anterior surgical approach) — keep your foot on your operated leg pointing forward.
- Do not bend over to pick anything off the floor. Purchase or borrow a reacher and use it.
- Do not twist over the operated leg. Pick up your feet and take small steps to perform a turn.
- Do not twist while sitting. You need to have everything within your reach before you sit down (telephone, remote control, etc.).

### Do:

- Step forward with your operated leg first. Extend your operated leg forward before sitting down.
- A high toilet seat such as the one on your 3-in-1 commode should be used for the first six weeks or longer after your surgery.
- Sleeping on your back is recommended. Use the foam abduction pillow between your legs for the first four to six weeks. When you lie on your side, use at least one or two pillows between the legs for proper alignment.
- Have someone assist you when putting on or taking off shoes and socks to prevent hip dislocation. You may want to purchase or borrow a long shoe horn and sock aid to assist you.

### Physical Activities Should:

- Not cause pain, either during activity or later
- Not jar the joint, such as when running or jumping
- Not place the joint in extreme ranges of motion
- Be pleasurable

## Long-term Hip Replacement Rehabilitation

You may need to adjust your activity choices to avoid putting too much strain on the joint. You also may need to consider alternate work activities to avoid the heavy demands of lifting, crawling and climbing.

Extreme sports, which require running, jumping, quick stopping or starting and cutting, are discouraged. Lower-impact exercises such as cycling, swimming, golfing, bowling and level walking are encouraged.





## What to Expect When You're Fully Recovered

After joint replacement, a good rule of thumb is acceptable physical activities should:

- Not cause pain, including pain felt later
- Not place the joint in the extremes of its range of motion
- Be comfortable to perform

The success of the joint replacement will strongly depend on how well you follow your orthopedic surgeon's instructions. As time passes, you should experience a dramatic reduction in joint pain and a significant improvement in your ability to participate in daily activities. Remember, however, that joint replacement surgery will not enable you to do more than you could before you developed your joint problems.

# Orlando Health Downtown Campus

- **Emergency Department and Level One Trauma Center** 29 W. Sturtevant St.
- **Children's Emergency Department and Trauma Center** 92 W. Miller St.
- **Orlando Regional Medical Center (ORMC)** 52 W. Underwood St.
- **Arnold Palmer Hospital for Children** 92 W. Miller St.
- **Winnie Palmer Hospital for Women & Babies** 83 W. Miller St.
- **Orlando Health UF Health Cancer Center** 1400 S. Orange Ave.
- **Orlando Health Heart Institute** 1222 S. Orange Ave.
- **Ambulatory Care Center** 22 W. Underwood St.

- |  |   |  |
|--|---|--|
| ① Arnold Palmer Hospital Specialty Practices<br>83 W. Columbia St.                       | ⑦ Medical Education Administration<br>86 W. Underwood St.   | ⑪ Pediatric Rehabilitation<br>925 S. Orange Ave.   |
| ② Clifford E. Graese Library<br>1414 Kuhl Ave.   | ⑧ Medical Education Outpatient Clinic<br>Orlando Health Physicians Bariatric and Laparoscopy Center | ⑫ Ronald McDonald House<br>1630 Kuhl Ave.  |
| ③ Occupational Health<br>Orlando Health Physicians Surgical Group<br>77 W. Underwood St. | ⑨ Orlando Health Physicians Neurosurgery Group<br>89 W. Copeland Dr<br>Access from Underwood St.    | ⑬ Thorsen Building<br>65 W. Sturtevant St.   |
| ④ Hubbard House<br>29 W. Miller St.  | ⑩ Center for Obstetrics and Gynecology<br>21 W. Columbia St.  | ⑭ Orlando Health Physicians Surgical Group<br>14 W. Gore St.   |
| ⑤ Human Resources<br>85 W. Gore St.  |   | ⑮ Outpatient Center I<br>50 W. Sturtevant St.<br>• Hearing Center (Pediatric and Adult)<br>• NICU Development Clinic<br>• Radiation Oncology Tomotherapy |
| ⑥ Winnie Palmer Hospital Surgical Pre-Testing<br>1301 Sligh Blvd.                        |   |  |

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Visit [OrlandoHealth.com](http://OrlandoHealth.com) to learn more or contact our Orthopedic Clinical Coordinator at (321) 841-7051.



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- ① Main Lobby
- ② Outpatient Pick-up
- ③ Perry Pavilion
- ④ Emergency Department
- ⑤ Orlando Health Physicians Surgical Group
- ⑥ Physician Building — 9430 Turkey Lake Rd.

**Lake View Medical Park**

*Docs Grove Circle*

- 7400 Southwest Orlando Family Medicine
- 7412 Vascular Surgery & Vein Care Center
- 7424 Dentistry for Adolescents and Children
- 7436 Southwest Cancer Center
- 7448 Advanced Gastroenterology Associates, Inc.  
Moon Family Practice
- 7460 Spine & Brain Neurosurgery Center
- 7472 Orlando Health Physician Associates:
  - Family Medicine
  - Women's Health
  - Pediatrics
  - Podiatry
- 7484 Cardiology  
Nephrology Associates of Central Florida

**Sand Lake Medical Park**

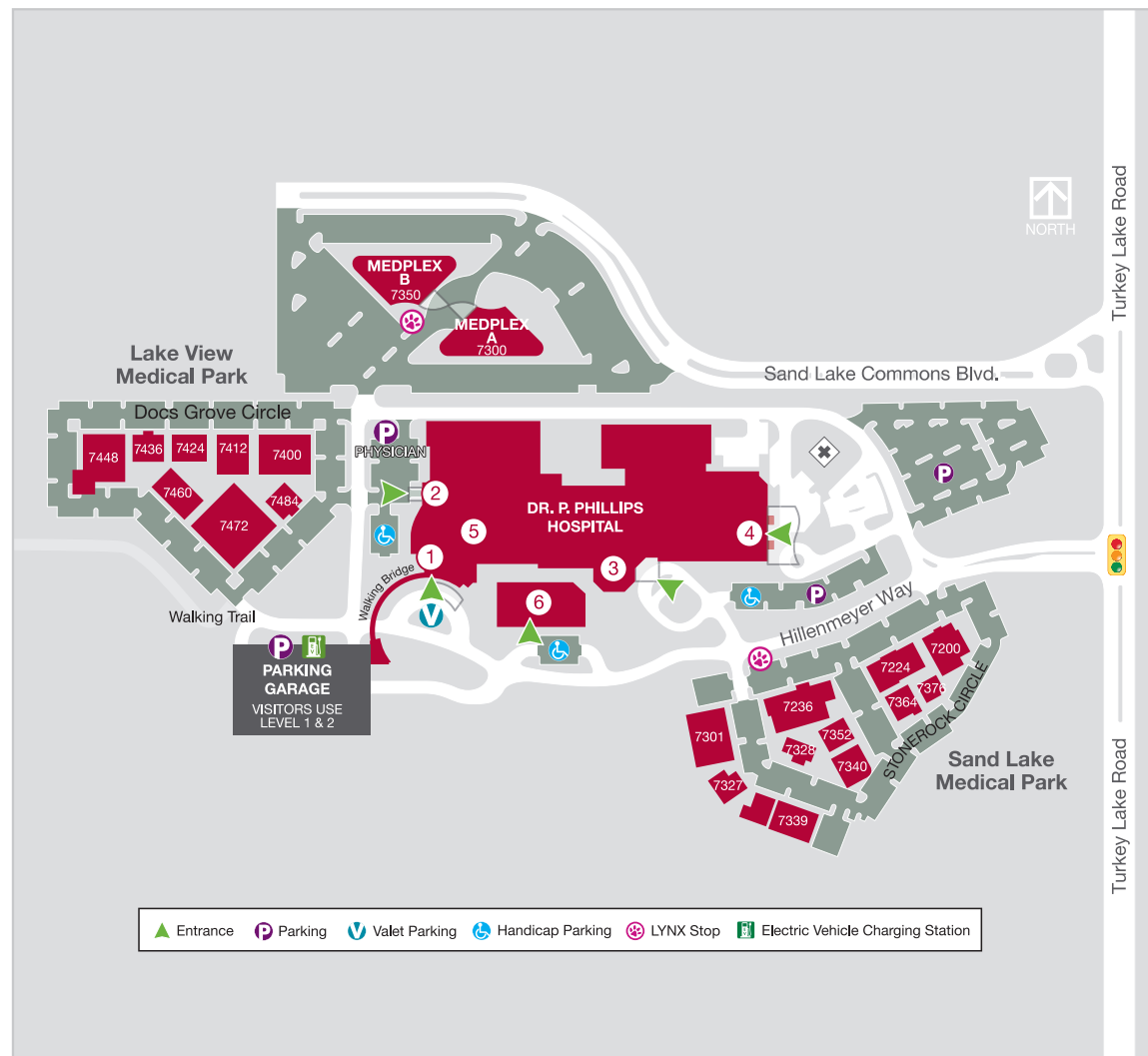
*Stonerock Circle*

- 7200 OB & GYN Specialists
- 7224 Gowani Medical Associates
- 7236 Orlando Health Heart Institute  
Cardiovascular Group
- 7301 Orlando Health Physicians Urology Group
- 7327 Sinus & Facial Plastics Institute
- 7328 Gastroenterology
- 7339 Orlando Health Outpatient Wound Care Center
- 7340 Greater Orlando Neurosurgery & Spine
- 7352 Orofacial & Dental Implant Surgery Associates
- 7364 Sand Lake Family Care
- 7376 S.A. Neurology, LLC

**Medplex B**

*Sand Lake Commons Blvd.*

- 7350 Orlando Health Physician Associates
  - Orthopedics
  - Pediatric Gastroenterology
- Orlando Health Outpatient Rehabilitation Center





## Campus Map

Visit [OrlandoHealth.com](http://OrlandoHealth.com) to learn more or contact our  
 Orthopedic Clinical Coordinator at **(321) 842-2976**.

555 W. State Road 434, Longwood, FL 32750

(407) 767-1200 • [OrlandoHealth.com](http://OrlandoHealth.com)

- ① Main Lobby
- ② Emergency Department
- ③ Behavioral Health

### Medical Office Building

521 W. State Road 434

- Women's Imaging Center, Suite 100
- Classroom, Suite 103
- Human Resources, Suite 104
- Medical Records, Suite 105
- Orlando Health Physicians Surgical Group and Breast Care Center, Suite 301

### Medical Office Building

515 W. State Road 434

- Wound Care and Hyperbaric Medicine Center, Suite 101
- Rehabilitation Services, Suite 206
- Sports Medicine and Orthopedics, Suite 310

### Behavioral Specialists

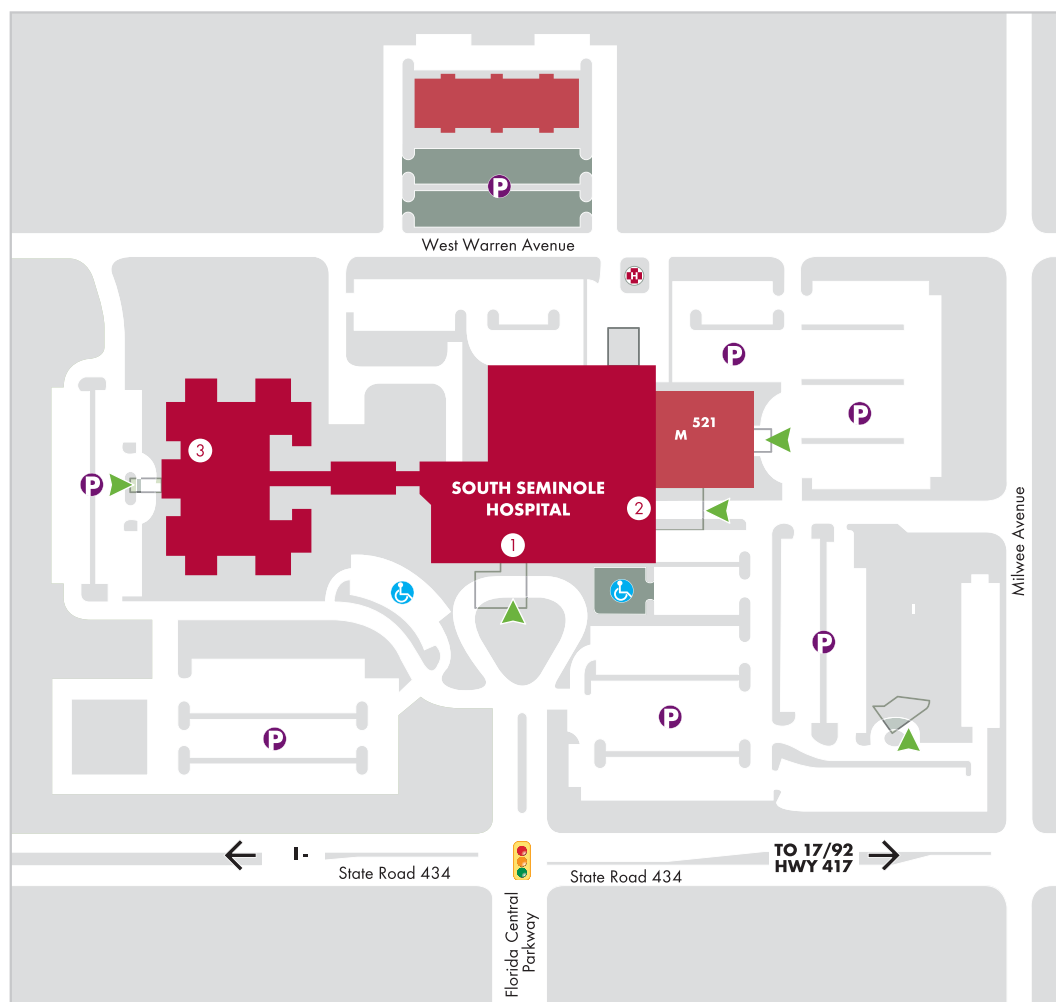
455 W. Warren Ave., Suite 200

- UF Health Florida Recovery Center at Orlando Health

▲ Entrance

P Parking

♿ Disabled Parking





Orlando Health Orlando Regional Medical Center

Orthopedic Clinical Coordinator: (321) 841-7051  
52 W. Underwood St., Orlando, FL 32806

Orlando Health Dr. P. Phillips Hospital

Orthopedic Clinical Coordinator: (321) 842-7206  
9400 Turkey Lake Rd., Orlando, FL 32819

Orlando Health South Seminole Hospital

Orthopedic Clinical Coordinator: (321) 842-2976  
555 W. State Road 434, Longwood, FL 32750

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