



# BATON ROUGE ORTHOPAEDIC CLINIC

## Preparing for Your *Joint Replacement Surgery*



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(225)658-1808





Dear Patient:

Thank you for choosing Lane Regional Medical Center for your joint replacement surgery.

This booklet is designed to help you prepare for your surgery and recovery. Please read it to learn about your procedure and so you will know what to expect during your hospital stay as well as when you get home.

You are now part of the Lane team of caring professionals dedicated to your recovery that includes:

- Your Orthopaedic Surgeon
- Anesthesiologists
- Registered Nurses
- Physical and Occupational Therapists
- Case Managers

If you have questions or concerns not covered in this booklet, please ask a member of your Lane Team or call the office of Dr. Rabalais or Dr. Whatley directly at (225)658-1808.

Sincerely,

Your Lane Joint Replacement Team



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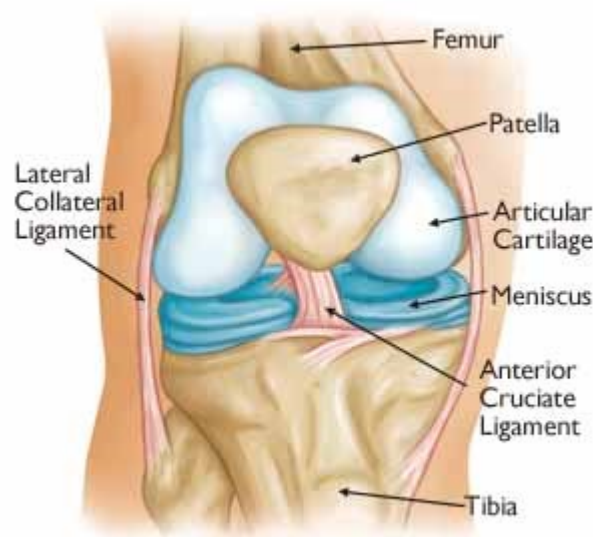


## Understanding Your Knee Replacement

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

### A Healthy Knee

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



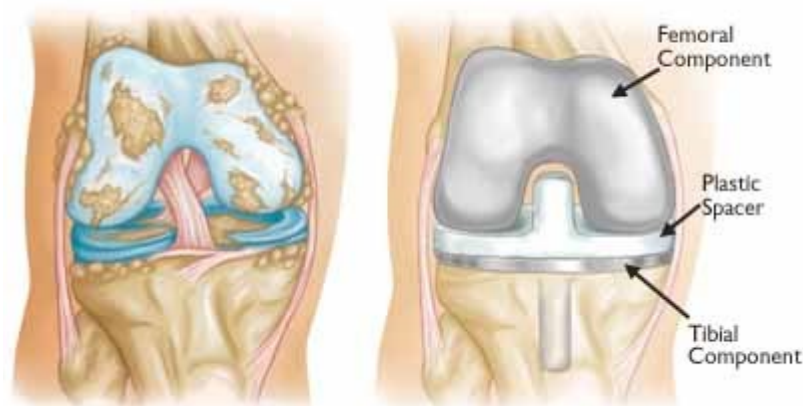
## A Problem Knee

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



## A Knee Prosthesis

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

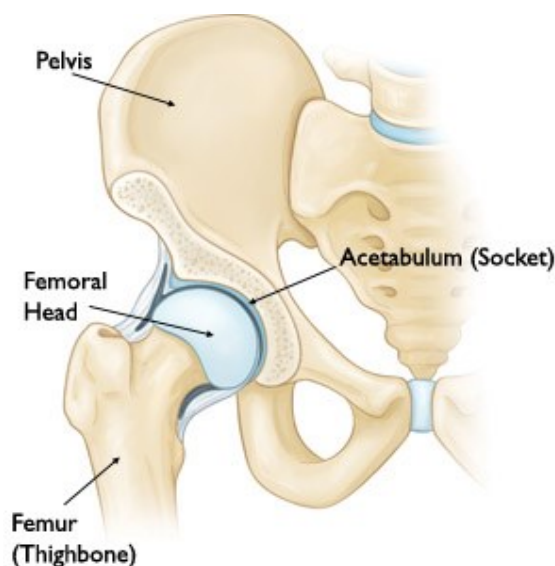


## Understanding Your Hip Replacement

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

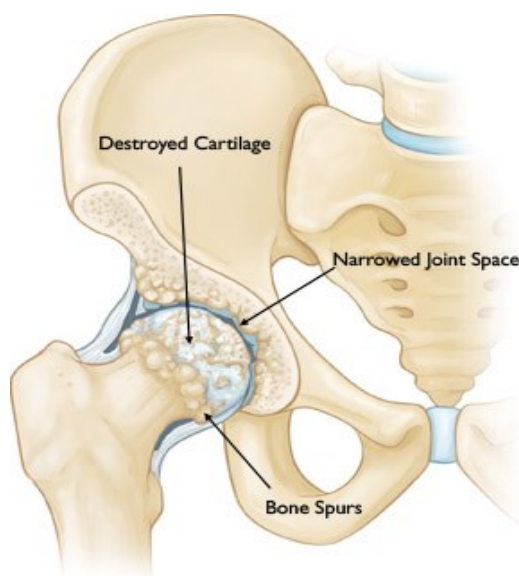
### A Healthy Hip

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



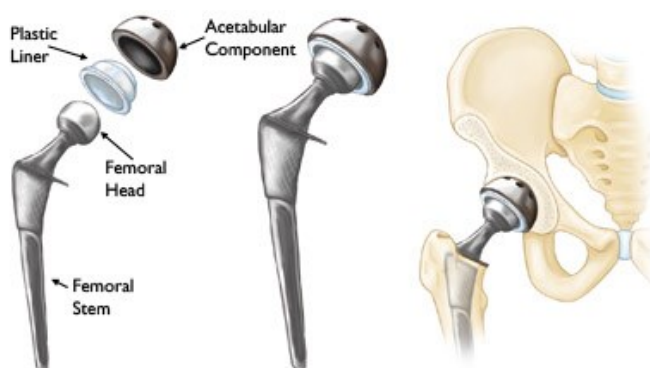
## A Problem Hip

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



## A Hip Prosthesis

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

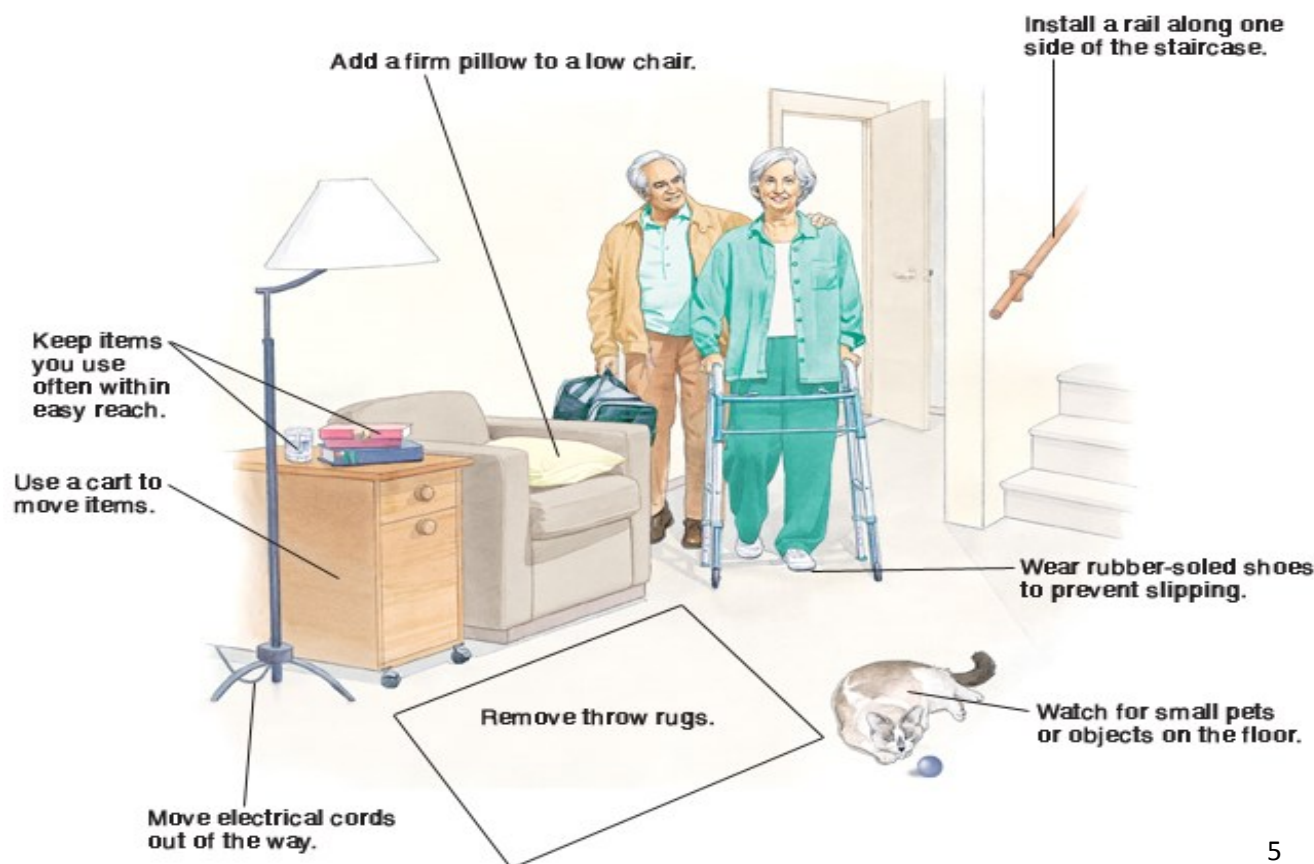




# GETTING READY FOR JOINT REPLACEMENT: PREPARING FOR YOUR RECOVERY

## Why Preparing for Recovery Helps

- **Strengthening and stretching your leg muscles.** This helps to support the joint (knee or hip) as it heals. It also gives you a head start on rehab. A good understanding of exercises before surgery will make your recovery easier.
- **Preparing to use a walker.** Learn to use walking aids before surgery. This will help you get up and around sooner. Strengthening your upper body can also make it easier to use walking aids. Typically, you will use a rolling walker for a few weeks after surgery.
- **Preparing your home.** Make some simple arrangements at home. These can prevent falls. They can also make daily tasks easier as you recover. This includes moving objects you'll need within reach and asking in advance for help with certain chores. Prepare a room on the 1<sup>st</sup> floor if you normally sleep upstairs.



## Special Equipment

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



## Exercises for Before and After Surgery

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

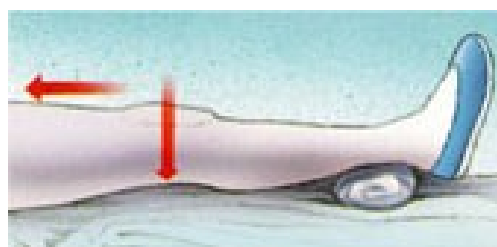
### Ankle Pumps (knee and hip)

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



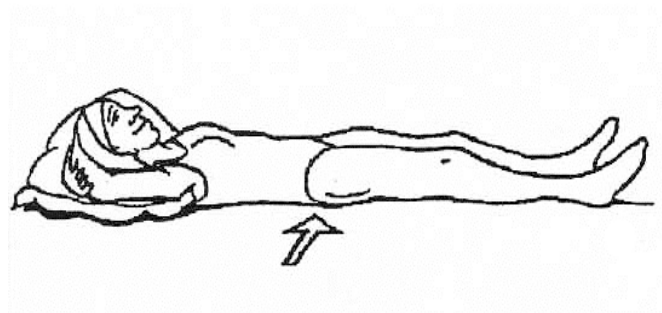
### Quad Sets (knee and hip)

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



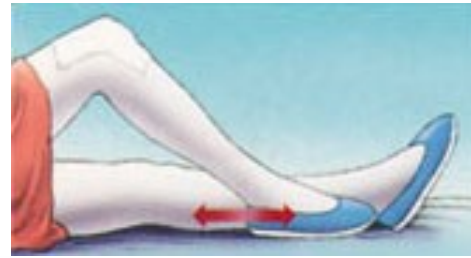
### Glut Sets (knee and hip)

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



### Heel Slides (knee and hip)

1. Slide the heel of your operated leg on the bed towards your buttocks by bending your knee
2. Keeping your heel on the bed, slide your heel back down to return to starting position



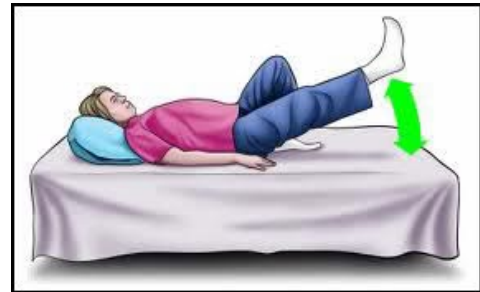
### Hip Abduction/Adduction (knee and hip)

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



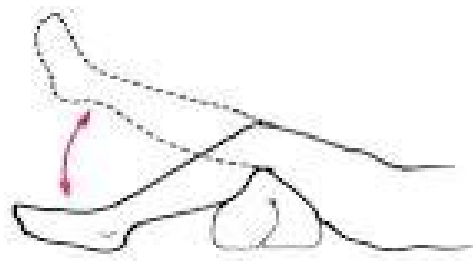
### Straight Leg Raises (knee and hip)

1. Lie on you back. Bend non-operated leg. keep operated leg straight on the bed.
2. Lift your operated leg as high as you comfortably can
3. Slowly lower the leg to starting position



### Short Arc Quads (knee and hip)

1. Place pillow under knee of operated leg
2. Lift your foot up in the air and straighten your knee. Try not to let your upper leg come off the pillow.
3. Slowly lower foot back to starting position



### **Assisted Knee Flexion (knee)**

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



### **Passive Knee Extension (knee)**

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







## Exercises for Upper Body: To help with Walker Use

### Biceps Curl

1. Sit straight in a chair. Keep your elbow close to your body and your wrist straight.
  2. Bend your arm, moving your hand up to your shoulder. Then slowly lower your arm.
- \*can use a can or soup or 1-2 pound hand weight



### Triceps Curl

1. Sit, leaning forward from the waist.
  2. Bend your elbow so that your forearm is parallel to the floor.
  3. Straighten your elbow as you extend your arm behind you. Return to starting position.
- \*can use a can of soup or 1-2 pound hand weight



### Seated Press Ups

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



# Night Before Surgery

## What to pack:

- This booklet
- ALL current home medicines in their ORIGINAL bottles
- Loose pajamas or short nightgown and robe, if desired
- Slippers with backs and rubberized soles
- Underwear
- Personal toiletries
- Eyeglasses
- Hearing aid and batteries
- Dentures
- Cpap machine & tubing
- Driver's license or photo ID, insurance card, Medicare card
- Copy of your advanced directive/living will (if applicable)
- Contact information for yourself & next of kin

## Do NOT:

- Do NOT eat or drink anything after MIDNIGHT.
  - This includes NO smoking, dip, chewing gum or mints
- Do NOT bring valuables
- Do NOT wear makeup or nail polish

## Do Shower:

- Take a shower the night before AND the morning of surgery with antibacterial soap (or the Hibiclens soap that the pre-admit nurse gave you)
- Put on clean, freshly washed clothes to come to the hospital (comfortable & loose fitting)



## Day of Surgery

### Check in

Upon arrival at the hospital, report to Day Surgery located on 2<sup>nd</sup> floor just off the elevator. ALL family members and visitors will be asked to wait in the surgery waiting room until your preparation for surgery is completed. NOTE: Only 2 family members/visitors per patient are allowed.

### Nursing assessment

The day surgery nurse will review your medical history, explain the process for the day, take your vital signs (blood pressure, heart rate, respiration rate, etc.), & explain the pain scale.

### Anesthesia

A member of the anesthesia care team will visit you and answer any questions you may have about anesthesia. If you have had any problems with anesthesia in the past, please let them know at this time. Most total joint replacement surgery requires general anesthesia with a tube going down your throat.

### Recovery room

You will spend some time in the recovery room after your surgery. The nurse will monitor your vital signs often and ask you to take deep breaths. You will be given medication to ease your discomfort or nausea. You will receive oxygen to help you breathe easier. Your family cannot visit you while you are in this area.





## Pain Management

Pain control following surgery is a major priority for both you and your doctors. While you should expect to have some pain after your surgery, your doctor will make every effort to safely minimize your pain. The goal is to get the pain low enough so that you can rest and take part in therapy. You may receive your pain medication through an IV, take pain pills by mouth, or have a combination of both.

For those having a Total Knee Replacement, you may have a one-time nerve block shot during surgery in addition to a local anesthetic injection at the end of surgery. The local anesthetic is normally injected into the soft tissue around your new joint and is similar to medication used to numb your mouth at the dentist office. Its effects generally lasts about 3 days. A member of the anesthesia team will be available before and after your surgery to answer any questions.

For those having a Bilateral Total Knee Replacement (both knees replaced) or a Total Hip Replacement, an epidural is generally used. A member of the anesthesia team will deliver medicine through the epidural during and after surgery. You should receive your last dose of epidural pain meds the 1<sup>st</sup> morning after surgery, then the epidural will be taken out.

If pain is still not controlled, the doctor may allow you to have a PCA (patient controlled anesthesia). This is a computerized pump that permits you to push a button and deliver a small amount of pain medicine into your IV. It is programmed to only allow you to have so much medication, no matter how often you press the button. Do not allow family members to push the button for you. If you do have a PCA, it will usually be discontinued on post-op day #2 to get ready for oral meds.



### Wong-Baker FACES™ Pain Rating Scale



The members of the medical team will frequently ask you to rate your pain from 0-10, with 0 being “no pain” and 10 being “the worst pain you can imagine”. Reporting your pain as a number helps the medical team know how well your treatment is working & whether to make any changes.

### Hospital Room Equipment and Devices

- The following equipment **may** be provided for your safety & comfort (depending on type of surgery & surgeon preference):
  - Knee immobilizer /brace - to keep your new joint in proper alignment.



- Hip abduction pillow – to keep new joint in proper alignment.





- Trapeze bar – hangs over bed; use it to help lift your body when you change positions.



- Polar ice or ice packs – to reduce swelling & assist in pain management; the polar ice machine is yours to take home after surgery.



- The following are typical devices you **may** have on your leg after surgery:
  - Ted hose – reduces the risk of blood clots



- SCD (sequential compression devices)



- Drains (constavac or hemovac) – drains blood from your joint. The constavac helps promote wound healing and decreases your chance of needing a blood transfusion after surgery. This allows your own blood to be given back to you in a sterile manner.



- Acticoat Dressing – Your physician may place a thin, protective dressing placed over the knee incision. This will stay on for 6 days before being changed. It is waterproof, so you can shower while this is on. It helps promote wound healing due to the silver nitrate medication inside of the dressing.



## Physical and Occupational Therapy

Physical & Occupational Therapy begin soon after surgery. In some cases, the Physical Therapist may see you the same day of surgery to attempt to get you up and walking. The role of therapy after a Total Joint Replacement is to assist you back to independent functioning by strengthening the muscles of your legs and arms & regain your range of motion. Your therapy is never done FOR you, but along WITH you. You will be given exercises to perform throughout the day, even when not in therapy.

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

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

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

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



## Information Specific to Total Knee Replacement

After surgery, you may have a small tube inserted close to your surgery site. This nerve block is sending a specific amount of numbing medicine to your knee. Because of this, it may take a few hours to a day to be able to fully wiggle your toes & move your foot/leg. Your knee may buckle when you stand up, due to the thigh muscle not being fully awake. The nurse or therapist may place a **knee immobilizer/brace** on your operated knee when you are first standing up in order to give the knee more support.



When you are lying in the bed, your operated leg should be straight and a pillow (folded in half) should be placed under the **CALF ONLY!** This is to promote full extension (straightening) of your new knee. Do NOT place this pillow directly behind your knee or under your heel!!



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



## Information Specific to Total Hip Replacement

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

- **Weight bearing Restrictions**

- Typically, your hip replacement will be cemented and you will be allowed to bear full weight on your operated leg immediately after surgery.
- If your hip replacement is non-cemented, you may be restricted from putting full weight on your operated leg for several weeks. Your therapist will show you how to use your walker and not place any weight on your leg.

- **Movement Precautions**

- Your new hip has a limited safe range of motion. This means it can't bend and turn as much as a natural hip. You will need to move differently now than you did before surgery. This will prevent your new hip from popping out of place (dislocating).
- **Anterior approach:**
  - **Do Not** pointing the toes of your operated leg in or out (keep your toes pointed toward the ceiling.)
  - **Do Not** cross your legs.
  - **Do Not** move your leg behind you.
- **Posterior approach:**
  - Do Not bend your hip greater than 90 degrees (by either bringing knee up towards your chest, or bending your body forward towards your feet).
  - Do Not point your toes in.
  - Do Not cross your legs.







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



## Discharge Planning

There are several considerations that help determine whether you will be sent home or to an inpatient rehabilitation facility when you leave the hospital after surgery.

These factors include:

- The progress you have made as a result of in-hospital therapy
- The coverage provided by your insurance plan
- Your situation at home

Our team of social workers, therapists, doctors and nurses will work with you and your family to formulate the appropriate discharge plan.

The three most common discharge plans include:

- Home with home health therapy & any needed equipment
  - Your doctor will have a list of home health companies they highly recommend.
- Inpatient rehab hospital
  - There are certain insurance companies that usually will NOT pay for inpatient rehab. Please check with your doctor or insurance company prior to your surgery so you can make alternate plans.
  - Your doctor will have a list of recommended rehab facilities.
- Skilled nursing facility
  - Your doctor or the social worker in the hospital will have a list of recommended facilities. If you feel you may be in need of a skilled nursing facility after surgery, start looking at your options and tour each facility, prior to your surgery date.

Other possible discharge plans:

- LTAC (long term acute care)
- Short stay Nursing Home

## Avoiding Problems after Surgery

- **Blood clot Prevention** – follow your surgeon’s instructions carefully to minimize the potential of blood clots that can occur during the first several weeks of your recovery.
  - Warning signs of blood clots include:
    - Increasing pain in your calf
    - Tenderness or redness above or below your knee
    - Increasing swelling in your calf, ankle, and foot
  - Warning signs that a blood clot may have traveled to your lung include:
    - Sudden increased shortness of breath
    - Sudden onset of chest pain
    - Localized chest pain with coughing

**\*\*Notify your doctor or nurse immediately if you develop any of these signs**

- **Infection Prevention** –
  - Warning signs of possible joint replacement infection are:
    - Persistent fever (higher than 100 degrees orally) several days after surgery
    - Shaking chills
    - Increasing redness, tenderness, or swelling around the incision
    - Drainage from the incision

***Notify your doctor or nurse immediately if you develop any of these signs.***

- **Avoiding Falls** - A fall during the first few weeks after surgery can damage your new joint and may result in a need for further surgery.
  - You should continue to use your walking device until cleared by the doctor or therapist.
  - Always wear non-skid socks, shoes or slipper (with a back)
  - Perform home assessment to reduce safety hazards around your home
- **Leg and ankle swelling**
  - You will have some swelling in your operative leg, but excessive swelling should be reported to your surgeon.
  - You can expect leg and/or ankle swelling for up to 1 year after surgery and may change from better to worse.
  - If activity makes the swelling worse, plan to elevate and ice your legs several times during the day.
- **Incisional care**
  - You may expect to feel numbness, pain and discomfort in and around your incision for about 3 months.
  - Inspect your incision daily (once the dressing is taken off) for any signs of infection.



## Frequently Asked Questions

### 1) How long does surgery last?

Approximately 2 hours from start to finish, however this may vary depending on the type of surgery being performed.

### 2) Will I have pain after surgery?

Yes, pain is to be expected after surgery; however the medical team will work with you to control your pain as much as possible. See the pain management section for further information.

### 3) Will I need a blood transfusion?

The use of a constavac for certain procedures reduces the rate of needing a blood transfusion after surgery. However, sometimes a transfusion is still necessary.

### 4) How long will I be in the hospital?

Typically, you should expect to stay in the hospital for 3 nights.

### 5) How long do I have to follow hip precautions?

About 12 weeks or until cleared by your doctor.

### 6) How long do I have to wear the knee immobilizer?

For total knee replacements, the knee immobilizer can come off the day after surgery. The therapist may put it back on during transfers & walking if your leg is still weak or asleep. If you are having problems regaining the extension (straightening) of the knee, you may have to wear the brace at night.

For posterior total hip replacements, you will wear the knee immobilizer while in bed at night for 6 weeks after surgery, unless otherwise indicated by your doctor.







7) How long do I have to wear the TED hose?

TED hose stockings are devices which are used after joint replacement surgery to prevent blood clots. You are to wear the TED hose for 1 month after surgery. You may take these off for 1-2 hours a day in order to hand wash them and allow to air dry.

8) How long do I have to take Coumadin?

Most patients are placed on Coumadin as a blood thinner to prevent blood clots. You will be on Coumadin for 1 month after surgery. Once you go home from the hospital, the home health agency will draw your blood to monitor your levels and the nurse will adjust your daily dose as needed.

9) When can I shower?

**Dr. Rabalais total knee replacement patients:** You may shower while the Acticoat dressing is still on your incision. Once this dressing is removed (usually 5-6 days after surgery), you cannot shower until the staples are removed (usually 14 days after surgery). Sponge bath only. Do not submerge operated leg in a bath!

**Dr. Rabalais total hip replacement patients:** Do not shower until staples are removed (usually 14 days after surgery). Sponge bath only. Do not submerge operated leg in a bath!

**Dr. Whatley patients (knee & hip replacements):** Sponge bath ONLY for 3 weeks after surgery. Wait until doctor clears you to take a shower.

10) When will the staples be removed?

Usually 14 days after surgery. If you are at a rehab or skilled nursing facility, the nurse will remove. If you are home the home health nurse will remove or the staff at the doctor's office will remove at your follow up appointment.



11) How long will I be on pain medicine?

Usually 6-8 weeks if needed. After 3 months, the doctor may talk to you or refer you to pain management if required.

12) What type of equipment will I need once I go home?

Typically, a rolling walker and bedside commode. A shower chair or tub bench is also beneficial, however insurance does not pay for this. For a total hip replacement, a hip kit is recommended but it is an out of pocket expense (usually about \$20).

13) Why do I need Home Health?

Home health companies provide a nurse to perform overall nursing care to your incision and draw your blood to monitor your Coumadin levels. The therapy team will also work with you to improve your overall mobility and strength of the operated leg.

14) When do I follow up with my doctor?

**Dr. Rabalais patients:** 1 month after surgery. All post-op visits are covered under insurance for 90 days after surgery date.

**Dr. Whatley patients:** 2 weeks post-op. If you are still in a rehab or skilled nursing facility, they will arrange transportation to this appointment. After the 2 week follow up visit, you will be seen at 6 weeks, 3 months, 6 months and then yearly from surgery date.

15) Will I see my doctor at a rehab or skilled nursing facility?

Your surgeon can be in contact with the doctor at the rehab or skilled nursing facility should there be a problem. Otherwise, you will likely not see your surgeon until your follow up appointment.

***For additional questions or concerns, please speak with your doctor or nurse.***

***The number to Dr. Rabalais and Dr. Whatley's office is (225)658-1808.***



## Medication List

It is important for you to have a detailed list of all the medications, vitamins and over-the-counter medicines you are currently taking.

Your Name: \_\_\_\_\_ Date of Surgery \_\_\_\_\_

Name of Medication	Dose (in mg)	How Often	Name and phone# of physician -
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1. \_\_\_\_\_

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# Lane Regional Medical Center

*Changing and Growing With You*

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