



Your Joint Replacement

A joint approach | Patient education handbook



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Welcome

Now that you have chosen to undergo joint replacement surgery, let's make sure you have the best outcome possible.

The decision to have a knee or hip replacement is a big one and you getting the most out of your new artificial joint is our mission.

For many people this can be a life-changing event, and like most valuable things in life it requires hard work and a clear plan. There are important goals to achieve before surgery, immediately after surgery and long term to help ensure the best possible outcome.

Leading up to surgery there will be tasks to complete, labs and studies to obtain and educational information provided to you for your study. The more fit you are before the operation, the quicker you'll recover and resume normal activity.

We strongly recommend that you work with a physical therapist before surgery to develop a low-impact exercise program to get as strong and as flexible as possible before the procedure.

Eat a healthy diet that is high in protein and consider a multivitamin with iron to increase your blood count.

Mentally, undergoing joint replacement surgery can be hard for some patients; we recommend tools such as meditation and goal visualization to prepare for the challenge.

In addition to getting yourself ready, assemble your team for when you return home. Having people available to help, especially for the first two to six weeks, is extremely important for achieving early goals.

Following surgery, most people will go home the same day or the following morning. Patients with serious underlying medical conditions may stay longer. Immediately following surgery, there will be instructions and a checklist to help with postoperative care and to prevent complications.

We want you to progressively return to normal activity as tolerated. To help streamline this process we recommend you get in to see your physical therapist within the first two to five days. Among other things, your therapist will help with gait training (walking), stairs, getting range of motion back, decreasing swelling and pain control. They will also let you know when it is safe to change from a walker or crutches to a cane. As you work with your therapist during the months following surgery, you will develop an exercise program to implement at a health club or home gym.

For the best possible long-term outcome and return to athletics it is key to have a dedicated life-long exercise program that includes cardiovascular exercise, resistance training or weights, and a flexibility program such as yoga or Tai Chi. The program you develop with your therapist and medical team is merely a foundation upon which to build. We encourage you to utilize health club resources and read and do online research to expand your exercise program. This commitment will allow you to resume higher demand daily activities, return to sports, and take on new adventures.

Joint replacement surgery requires a team, and you are the captain. We are committed to you achieving the best outcome possible and will help you during all phases of your recovery.

*Your joint replacement team
Asante Orthopedics and Sports Medicine—
Ashland*

Preparing for surgery

Implant technology and surgical techniques have advanced significantly over the past decade. As a result of these advancements, you can expect to recover more quickly and spend less time in the hospital after surgery. Most patients can even expect to go home the day of surgery!

This modern approach to joint replacement surgery requires dedication and preparation from you to ensure you get the most out of your new knee or hip.

Leading up to your joint replacement surgery date, there are things you can do to best prepare for your upcoming operation:

- Begin taking a multivitamin with iron, if approved by your doctor. Increasing iron intake can help increase your blood count and delivery of oxygen to tissues as they heal.
- Increase lean protein in your diet such as chicken, fish, and beans. Protein supplementation with Ensure and other protein shakes are effective ways to add additional protein to your existing diet. More protein in your diet will help speed up the tissue healing and the recovery process.
- Take good care of your skin. Avoid even minor scratches. A small abrasion, even on a location far from the surgical leg, could result in rescheduling of your surgery due to increased risk of infection. Be extra careful performing activities that pose a high risk for scrapes, such as gardening or shaving, during the weeks leading up to surgery.
- Hydrate your body by drinking plenty of water and electrolyte beverages.

Appointments for preoperative optimization

Medical optimization

Your primary care provider will review your medical problems, preoperative labs, and comorbidities that need to be addressed before surgery.

Dental optimization

Your dentist will make sure you don't have any unnoticed dental infections that may infect your new joint.

Pain specialist

If you are on opioids chronically, collaboration between this provider and your surgeon may be needed for adequate pain control after surgery. This includes patients taking Suboxone.

Anesthesia provider

Your anesthesia provider will discuss your anesthesia plan and anesthesia risks.

Preoperative nurse and joint replacement orientation

These appointments will help you prepare for what to expect on the day of surgery and after you go home.

Day of surgery

Do not eat or drink anything after midnight the night before surgery unless otherwise directed by your doctor or anesthesia provider.

You will have a scheduled time to arrive at the hospital.

After admission check-in, you will meet your nursing team, speak with your anesthesia provider and see your surgeon for the final preoperative discussion.

After you undergo surgery, before you go home, you will be seen by physical therapy and begin the rehabilitation process.

Staff will let your family members and support persons know when they may see you after surgery. Your family and significant others are encouraged to be a part of your initial physical therapy session. This will help ensure that you have the best possible support at home.



Same day discharge

Unless otherwise arranged with your surgeon, you can expect to be discharged to home the same day as your surgery. Going home the same day allows for better rest and may decrease the risk of a hospital acquired infection.

Self-care after surgery

Understanding risks

As with any major operation, there are risks. This section outlines some of the common complications associated with joint replacement surgery and what to do to help prevent them.

Precautions until you recover

Surgical incision

Leave the dressing in place. Remove your dressing and manage the surgical incision as instructed.

Notify your surgeon of redness, wound separation or drainage.

Activity following surgery

- Use a walker or crutches for ambulation (walking) until your physical therapist determines that you no longer need them.
- Do not lift or carry things while walking.
- Allow for adequate room at the side of your bed to walk with a walker.
- Avoid pivoting on the operated leg.
- Do not drive until you are evaluated and instructed by your surgeon.

Blood clots

Blood clots can occur following joint replacement surgery and may result in potential serious complications, including death.

There are medications to take, and exercises you'll learn to promote circulation and decrease clot risk.

In the hospital

You will wear pneumatic stockings on your legs while you are in bed. These assist blood flow and help prevent clot formation.

Movement

At home you will perform ankle pump exercises during your recovery to assist blood flow and prevent clot formation.

It is also important to get up and walk as much as possible in the days following surgery.

Medications

A blood-thinning medication that helps prevent blood clots will be prescribed or directed by your surgeon. Taking this medication is essential to prevent blood clots.

Infection

With any surgery, there is a risk of infection. Preoperative optimization will include evaluation for possible unknown active infections.

To prevent surgical site infection, antibiotics will be administered before and after surgery.

Pneumonia

To help prevent pneumonia, you may be asked to either use an incentive spirometer or take several very deep breaths to prevent fluid from pooling in your lungs. For the same reason, it is important to get out of bed often. Breathing deeply after surgery and using the incentive spirometer are important measures to prevent congestion in the lungs, which can lead to pneumonia.

Numbness

You will experience some numbness around your incision following surgery. This is normal and should not be cause for concern.

Only in rare situations is there other permanent numbness or weakness because of trauma to a nerve.

Self-care after surgery

Bathing

Absolutely no submersion until directed by your doctor. Tub bathing, swimming and sitting in a spa or hot tub are not allowed until the joint has completely healed.

Severe complications

As with any surgery, there is the possibility of major complications. These include complications from the surgery or anesthesia, which could be severe enough to result in heart attack, stroke or death.

If you have any questions or concerns regarding complications, please discuss them with your surgeon.

Living with your new joint

Late infection

Even years after your surgery, if you become sick with a bacterial infection, the bacteria may circulate in your bloodstream, go to the replaced joint, and cause a bacterial infection.

If you ever become ill with an infection or a high fever, your primary doctor should evaluate and treat you immediately. If you have associated increased pain in your artificial joint at that time, you should notify your surgeon immediately.



Medical procedures

If you are scheduled for a medical procedure, be sure to have appropriate antibiotics.

If your provider is unsure about the appropriate antibiotics, ask your provider to call your orthopedic surgeon.

Dental procedures and cleanings

You may be asked to take antibiotics before any dental work, including routine cleanings.

When you have your teeth cleaned, bacteria enter the bloodstream and may circulate to the joint prosthesis, causing it to become infected. Therefore, it is imperative that you notify your dentist of your prosthesis.

Returning to normal

Recovery and the return to normal activity are different for everyone. It is common to return to work 2-6 weeks after joint replacement surgery. This of course depends on your rehabilitation progress and occupation.

Driving

You cannot drive while taking narcotic pain medication. You may resume driving after you are no longer taking medication and if you feel you can safely maneuver your vehicle.

If you have had surgery on your left leg, you can typically return to driving in two to three weeks. If you had surgery on your right leg, it often takes longer.

Activity progression with your new joint

We understand that you are excited to return to your daily activities after your joint replacement. While the recovery process varies, here are some guidelines for when you can start doing the things you love.

Two days

Using assistive devices, you should be able to get out of bed, walk to the bathroom and climb two to three steps with rails. We encourage you to return to the activities of daily living as soon as possible. An early goal should be making your own meals within the first one to two days. Have an appointment arranged with your physical therapist preoperatively to be seen on day two if possible.

Two weeks

You may still be using an assistive walking device. The prescribed exercises from a physical therapist should become more manageable. You should expect to be making meals by yourself.

Three to four weeks

Walking without any crutches or walker. You should develop a more normal gait without limping.

Six weeks

Return to walking longer distances outside. Expect to finish physical therapy and continue to expand your home or gym exercises.

Range of motion following knee replacement should be full by six to eight weeks.

Eight weeks

Gradually return to activities: walking for exercise, short hikes or swimming (do not submerge your incision under water before it is completely healed). You can expect your tolerance of these activities to increase over the next three to four weeks.

Four to six months

Return to low intensity sports such as doubles pickleball, doubles tennis, golf, bowling and hiking trails with hills.

One and two years out

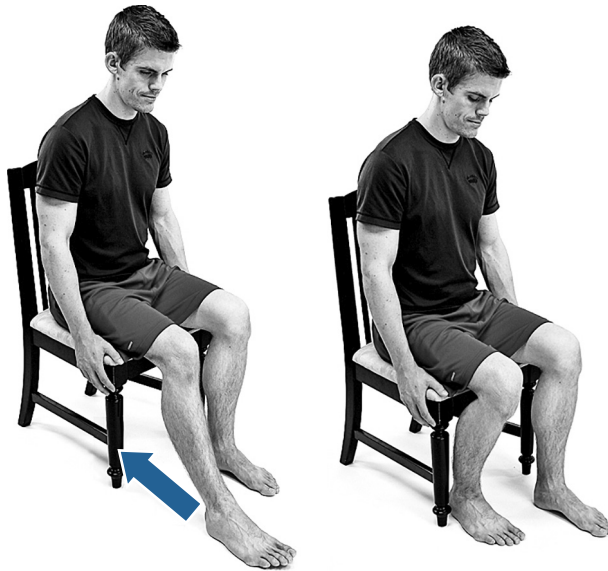
Maintain and expand your exercise program; continue flexibility and strengthening exercises including a gym routine for the long-term health of your joint.

The progression of recovery varies by person. Patients who are more active prior to surgery and have fewer comorbidities and other medical problems are likely to return to normal activities sooner.

Knee exercises

Exercises for total knee patients

Do these exercises three times a day, with repetitions of 10 each. Gradually increase to three sets of 10 three times a day.



Seated heel slides

While in a seated position and foot forward and rested on the floor, slowly slide your foot closer towards you.

Hold a gentle stretch and then return foot forward to original position.



Knee extension stretch—propped

While seated, prop your foot up on another chair and allow gravity to stretch your knee towards a more straightened position.



Standing hamstring curls

While standing, bend your knee so that your heel moves towards your buttock. Lower back down until first contact with floor and repeat.

Keep knees in-line with one another.



Straight leg raise

While lying or sitting, raise up your leg with a straight knee. Keep the opposite knee bent with the foot planted to the ground.

Knee exercises



Long arc quad-LAQ-knee extension

Start in a seated position with your knee bent as shown, slowly straighten your knee as you raise your foot upwards as shown. Return to starting position and repeat.



Quad set—towel under knee— isometric quads

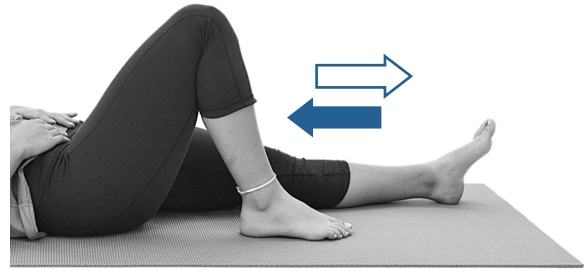
Place a small towel roll under your knee, tighten your top thigh muscle to press the back of your knee downward while pressing on the towel.



Ankle Pumps

Bend your foot up and down at your ankle joint

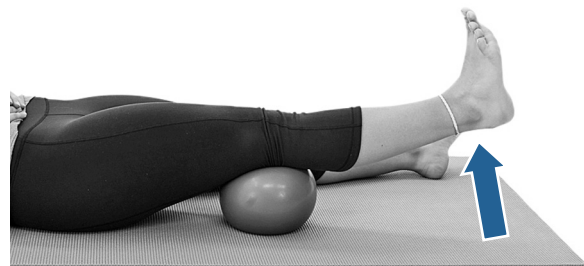
Note: Keep on doing ankle pumps throughout the day, as it is the most important exercise for leg blood circulation and prevents blood clotting and swelling



Heel slides—supine

Lying on your back with knees straight, slide the affected heel towards your buttock as you bend your knee.

Hold a gentle stretch in this position and then return to original position.



Short arc quad-SAQ-knee extension

Place a ball or rolled up towel under your knee and slowly straighten your knee as you lift your foot. Lower back down and repeat.

Hip exercises

Exercises for total hip patients

Do these exercises three times a day, with repetitions of 10 each. Gradually increase to three sets of 10 three times a day.



Standing marching single-leg-hip

While standing next to a chair or countertop for support, march in place by lifting your knee up as you allow it to bend. Lower back down and then perform on your other side. Repeat this alternating movement.

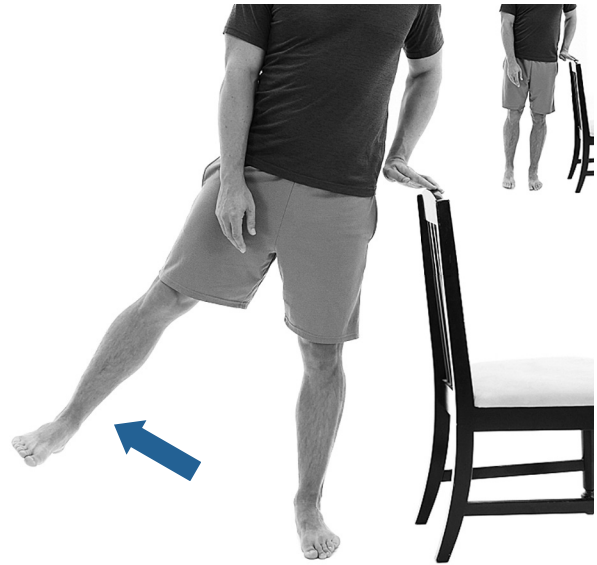


Hip extension—standing

While standing, stand on one leg and move your other leg in a backward direction. Do not swing the leg. Perform smooth and controlled movements.

Keep your trunk stable and without arching during the movement.

Use your arms for support if needed for balance and safety.



Hip abduction—standing

While standing next to a chair or counter top for support, raise your leg out to the side. Keep your knee straight and maintain your toes pointed forward as best as you can. Then, lower your leg back down and repeat.

Use your arms for balance support if needed for balance and safety.



Gluteal set—supine

While lying on your back, squeeze your buttocks and hold. Repeat.

Hip exercises



Long arc quad-LAQ-knee extension

Start in a seated position with your knee bent as shown, slowly straighten your knee as you raise your foot upwards as shown. Return to starting position and repeat.



Quad set—towel under knee— isometric quads

Place a small towel roll under your knee, tighten your top thigh muscle to press the back of your knee downward while pressing on the towel.



Ankle Pumps

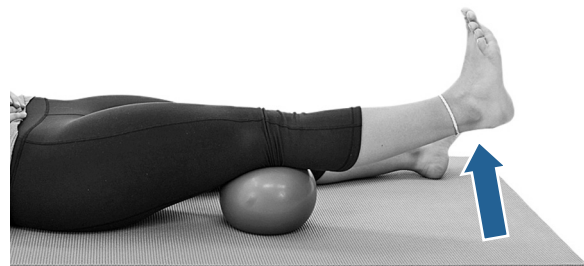
Bend your foot up and down at your ankle joint.
Note: Keep on doing ankle pumps throughout the day, as it is the most important exercise for leg blood circulation and prevents blood clotting and swelling.



Heel slides—supine

Lying on your back with knees straight, slide the affected heel towards your buttock as you bend your knee.

Hold a gentle stretch in this position and then return to original position.



Short arc quad-SAQ-knee extension

Place a ball or rolled up towel under your knee and slowly straighten your knee as you lift your foot. Lower back down and repeat.

Total joint replacement checklist

Patient pre-op checklist

Appointments

- Attend all pre-op appointments with your surgeon.
- Obtain pre-op labs, studies before assigned deadlines.
- Obtain Medical Optimization from primary care provider.
- Obtain Dental Clearance from Dentist.
- Arrange pre and post-op physical therapy.

Educate and prepare

- Exercise, eat right, and get mentally prepared.
- Build and develop your team that will help at home after surgery.
- Obtain needed medical equipment (walker, crutches, home equipment, etc.).
- Attend pre-op class:
 - Online.
 - Live.
 - PowerPoint.
- Start pre-op meds and do pre-op Hibiclens wash as directed.

Patient post-op checklist

Medications to take

- Start pain medication before block completely wears off.
- Start aspirin or blood thinners morning after surgery.
- Take antibiotics if prescribed by your surgeon.

Physical therapy and instructions

- Attend physical therapy within the first 2-5 days.
- Begin home exercises beginning day of surgery.
- Change dressing as instructed.
- Take care of incision as instructed.
- Use walker or crutches until instructed to wean by your therapist.
- Arrange follow-up clinic appointment as instructed.



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