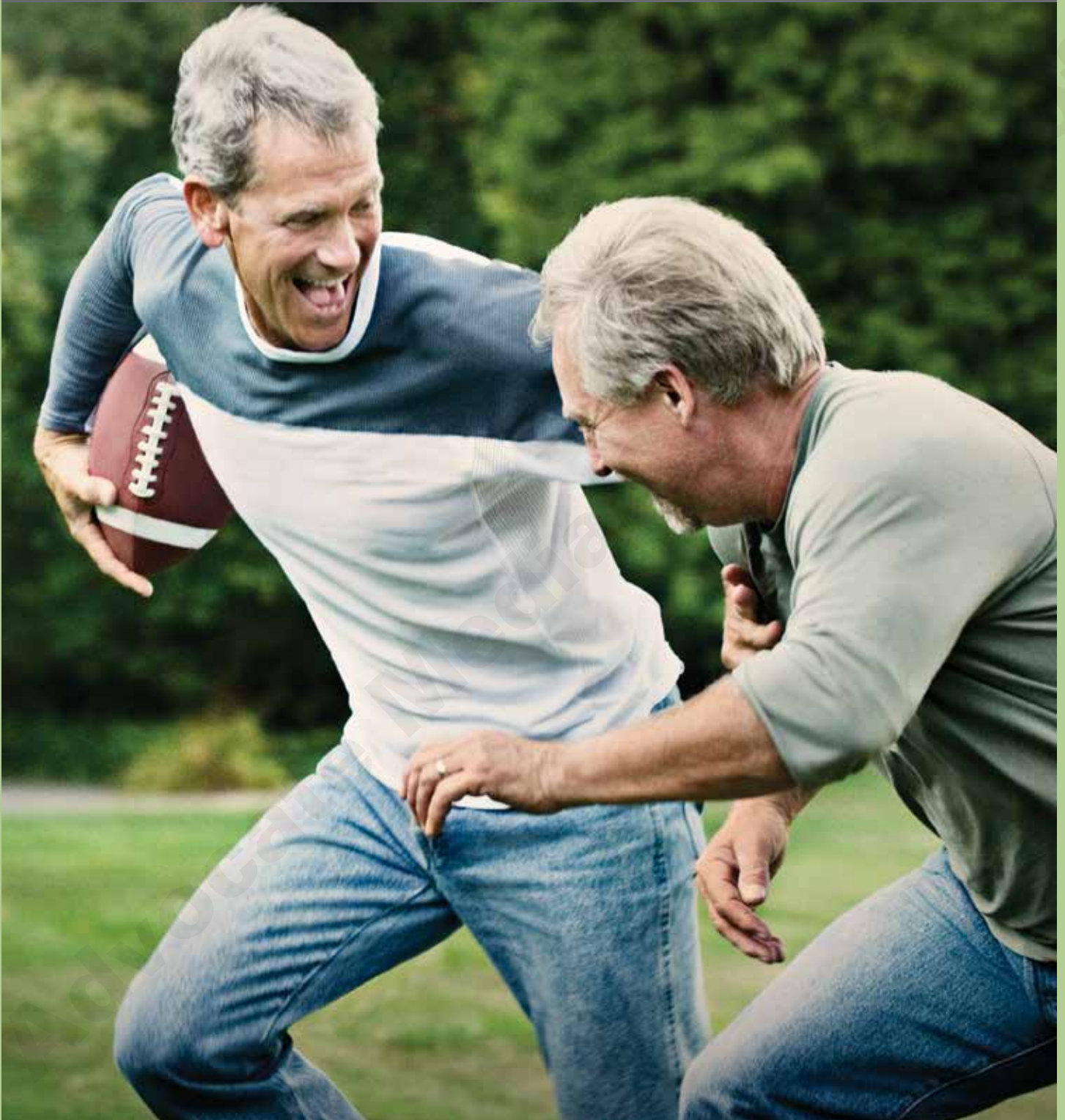


Getting Ready for Your Joint Replacement Surgery



 Advocate Good Shepherd Hospital

Inspiring medicine. Changing lives.

My Calendar

Before Surgery

Event	Date/Time	Phone Number/ Special Instructions
Medical doctor – pre-surgery physical exam		
Cardiologist or other specialist (if clearance for surgery is required)		
Physical therapist		
Medical equipment		
Pre-surgical testing (blood tests, EKG)		

After Surgery

Event	Date/Time	Phone Number/ Special Instructions
Orthopedic surgeon		
Home health care		Office Hours: After Hours:
Physical therapy		
Blood testing (if applicable)		

Notes:



Welcome

On behalf of Advocate Good Shepherd Hospital, we welcome you to our Joint Replacement Program. It is our goal to assist you and your loved ones by creating an exceptional experience. We believe it is important for you to be an active participant in this process.

You will meet several specially trained medical professionals throughout your experience. Each professional is here to attend to you and your family. By collaborating on your experience, you and Good Shepherd Hospital become a team in your care and recovery.

Our program is designed around the joint replacement process, starting before surgery and continuing through recovery and rehabilitation. Included in this guide is a complete description of each stage of your joint replacement. The information provided here is generalized to allow for differences in patient types, diagnosis and physician practice.

Again, thank you for choosing Good Shepherd Hospital for your joint replacement.
Your Joint Replacement Team

Table of Contents

Preparing for Your Return Home.....	4
Day Before Surgery Checklist.....	8
Day of Surgery	8
Your Surgery	9
What to Expect After Surgery	10
Planning for Discharge.....	11
Frequently Asked Questions.....	12
Phone Numbers.....	13





Contacting Your Primary Care Physician and Completing the Necessary Pre-surgical Tests

The first step to undergoing any type of elective orthopedic surgery is to ensure you are in good general health. Good Shepherd Hospital encourages all patients undergoing joint replacement surgery to contact their personal physician for a pre-operative physical. If you do not have a primary care physician, we suggest you contact your orthopedic specialist for a referral, visit our website at advocatehealth.com, or contact HealthAdvisor, Advocate Health Care's physician referral service at 1.800.3.ADVOCATE to find a physician in your area.

It is recommended that you schedule your physical with your primary care physician as soon as you decide you are having joint replacement surgery. All of your pre-operative activities must be completed two weeks before your surgery.

Preparing for Your Return Home

Your doctor will talk to you about your discharge plans before your surgery. Most people return home shortly after orthopedic surgery. While at home, you'll continue physical and occupational therapy. You may also need additional nursing care. If you need more comprehensive care, it may be necessary to go to:

- A skilled nursing facility where nursing and therapy services are provided
- An inpatient rehabilitation facility where frequent doctor/medical care, nursing and therapy services are provided

Before you come to the hospital for your procedure, take the following steps to get your home ready:

- Remove clutter and throw rugs. Remove or tape down any cords/wires. Know where flooring is uneven.
- Have all areas of the home well lit (consider night lights in bathrooms and bedrooms).
- Widen pathways so you can move through your home with an assistive device, such as a walker or crutches.

- If your stairway does not have railings, please have them installed. Consider installing grab bars in the bathroom for assistance when standing.
- Move things you use often to areas where you can reach them easily.
- Prepare meals and freeze them to simplify cooking.
- Arrange for help with shopping and transportation.

Caring for Yourself

When you get home from the hospital, you need to be prepared to take care of yourself. Before your surgery, plan ahead to ensure that your recovery goes smoothly at home by following these tips:

- Ask a family member, significant other or friend to help you at home the first day or two. You should not be at home alone the first night after your surgery.
 - Arrange for child care if you have young children. You should not plan on caring for them alone the first day after you return home.
 - Your surgeon will give you instructions about the activity level you should maintain at home.
 - Generally, you may be up and about if you are comfortable. Avoid strenuous activity (e.g., pushing or pulling heavy objects).
- You can go up and down stairs, depending on how well you have done with stairs during therapy—but take them slowly.

Follow your exercise instructions:

- Sit in chairs that provide adequate support and have arms that you can use to help yourself stand up.
- Don't cross your legs when you sit or stand.
- Ask for help putting on shoes and socks.
- Continue wearing your elastic TED hose as your surgeon instructs. Remember to remove your TED hose every day.
- You may bathe or shower as your surgeon instructs.
- Do not drive, until your physician gives you the OK.
- Keep your incision clean and dry. Change your dressing as instructed (if you have one).
- Get plenty of rest.

Notify your surgeon if you have:

- Redness and/or swelling at the incision site
- Drainage from the surgical incision
- Pain in the calf of your leg or increased swelling in your leg
- A fever greater than 101 degrees
- Pain that is not controlled by your medication





Building a Support Network

Having a reliable support network will enhance your recovery. Please select a care partner to assist in recovery, such as spouse, family member, or a friend.

We respect your medical confidentiality and privacy. However, we encourage you to contact a local friend or neighbor who can aid in a time of need once you return home. Choose someone you trust and who already has a relationship with you and your family.

It is helpful to do all grocery and household shopping before your surgery. Items to consider include:

- healthy foods
- water, juices and sport drinks
- cleaning solutions
- paper goods (toilet paper and paper towels)
- laundry supplies
- vitamin and medication refills (approved by your physician)

Health and Exercise

Practicing a safe stretching and strengthening routine prior to surgery may help improve your recovery. By increasing trunk and leg strength and improving hip, knee and ankle flexibility, your rehabilitation will be more successful.

Before beginning any exercise program, always check with your orthopedic surgeon and primary care physician.

Your orthopedic surgeon may have already recommended formal physical therapy, aquatic therapy, or other organized exercise routines.

We strongly suggest that you continue that program until advised by either your rehabilitation specialist or your physician.

Depending on your general medical condition, your pre-operative exercise routine may continue until three days before surgery. It is not advisable to engage in any aggressive exercise within 72 hours prior to surgery. Contact your doctor or physical therapist for your Home Exercise Program.

Sleep is an integral part of any surgical recovery process. Snoring, excessive daytime sleepiness, and difficulty falling or staying asleep are common symptoms of sleep disorders. If you have or suspect you have a sleep disorder, discuss your condition with your physician prior to surgery. For questions regarding sleep issues, please contact your primary care physician.

Nutrition for the Surgical Patient

Nutrition is an important part of staying healthy and is especially important for healing following surgery. Good nutrition is important to restore your active lifestyle and also helps:

- Speed of healing
- Enhance the immune response
- Decrease complications

Increase Protein Intake

Protein is necessary for the maintenance and repair of body tissues. Good sources of protein include low-fat milk and milk products, eggs, lean meat, poultry and fish. Vegetable protein sources include soybeans, lentils, garbanzos, beans and peanut butter.

To increase protein:

- Add extra chopped or pureed meats to soups, stews or casseroles.
- Use peanut butter on celery, apples, bananas, crackers or toast.
- Add powdered milk to a variety of foods such as hot cereal, soups, casseroles, puddings, sauces, gravies and scrambled eggs.
- Try fruit with yogurt or cottage cheese for an easy nutritious food.

Constipation Prevention

Constipation is a common side effect from decreased activity and the use of pain medications.

It is important to increase fiber and fluid intake during the week before surgery.

Fluids

Make sure you get adequate fluids; six 8-ounce glasses per day are recommended. Check this with your physician.

Medication

To decrease the risk of blood loss during surgery, you must avoid the use of certain medications for one to two weeks prior to your scheduled surgery. Generally, these medications include aspirin and medications containing aspirin, anti-inflammatory agents, blood thinners, and arthritis medications. It may also be necessary to stop vitamins and herbal supplements.

All of your medications will be reviewed during your preoperative interview and you will receive detailed information on which medications to stop and when. However, if you have any questions regarding which medications to stop or any medication concerns, please contact your physician.

Infection Prevention

Infections are passed from one individual to another through a variety of ways. Keeping yourself clean and washing your hands and body will help you stay healthy.

Please shower with an antibacterial soap the night before and morning of your surgery. A bottle of CHG (chlorhexadine gluconate) soap can be found at your local pharmacy. Read the instructions on the bottle. Do not use this soap if you are allergic to CHG.

Preoperative Antiseptic/Antimicrobial Bathing Instructions

Before surgery it is important that patients take an important role in surgical care. To assist in the prevention of a surgical site infection, please follow instructions listed on this page to prepare the skin to be as germ free as possible.

A preoperative shower with a special soap called CHG (chlorhexadine gluconate) 4% will need to be done. A common name for this soap is also Hibiclens or Apicare.

CHG Patient Instructions for Skin Cleaning for bathing or showers:

1. **Read the "Drug Facts" information and directions on the bottle:**
 - a. CHG is **not** to be used on the head or face, keep out of eyes, ears and mouth.
 - b. CHG is **not** to be used in the genital area.
 - c. CHG should **not** be used if allergic to chlorhexidine gluconate or any other ingredient in this preparation.
2. **Night Before Surgery:**
 1. When bathing or showering, wash hair as usual with regular shampoo. Rinse hair and body thoroughly to remove any shampoo residue.
 2. Wash face with regular soap or water only.
 3. Wash genital area with regular soap or water only, **NOT CHG**.
 4. Thoroughly rinse body with warm water from the **neck down**.
 5. **Turn off the water to prevent rinsing the CHG soap off too soon.**
 6. Apply CHG soap and leave on for **one minute**. Pay special attention to the area of surgery.
 7. If having back surgery please have someone assist in applying CHG to the back area.
 8. Rinse thoroughly with warm water.
 9. Do not use regular soap after applying and rinsing CHG.
 10. Pat dry with a fresh towel.
 11. Do not apply lotion, powders or perfumes.
 12. Put on clean clothes and sleep in fresh bed sheets.
 13. *If a cast or splint is in place that is not to be removed, then sponge bathe exposed skin areas from the neck down.

3. Morning of Surgery:

- a. If time permits, follow “night before Surgery” instructions. Please dry off with fresh towel. Do not use the same towel from the night before.
- b. If time is limited, wash the area intended for surgery stated in the above instructions. Avoid genital area.

CHG soap can be purchased at most large pharmacies

Complimentary bottle available at the Diagnostic Testing Center’s concierge’s desk 847.842.5465

Day Before Surgery Checklist

- Do not eat or drink anything after midnight, including water, hard candy, or gum. You may be asked to take medications with a sip of water the morning of your surgery. It is ok to brush your teeth.
- Take a shower with the Hibiclens soap as earlier instructed.
- Do not shave your leg or hip area.
- Remove all nail polish.
- Remove all jewelry including rings and piercings.
- Do not wear makeup, deodorant, perfume, or any lotions.

What to bring to the hospital:

- CPAP machine if you use one for sleep apnea
- Insurance card and photo ID
- Glass case or contact container if applicable

What to leave in your vehicle until after surgery if possible:

- Toiletries
- Personal items
- Sturdy shoes, no sandals
- Clean comfortable loose-fitting elastic waist clothes for each day that you are in the hospital. Please try to avoid long sleeve shirts as they may interfere with IV access.
- Cell phone and charger

Day of Surgery

Hospital Arrival

Most of your registration forms may have been completed, therefore, you can go directly to the hospital’s main lobby front desk. Proceed to the surgery reception area. You will be fitted with a patient identification wristband. All hospital staff will be asking for your name and date of birth. This is a safety measure.





Your Surgery

Pre-Operative Surgical Area

Upon arrival to the surgical department, you will receive a hospital identification band. You will be checked in and escorted to a pre-operative patient room. Here, you will be asked to change into a patient gown and your clothing will be placed into a belongings bag. Your preoperative nurse will confirm your medical records and conduct a brief physical exam including vital signs. You will be asked to go to the bathroom to empty your bladder. An intravenous (IV line) will be started and you may have additional lab work drawn. You will be asked to verify your surgical site: right or left, hip or knee. Your nurse will finalize your paperwork and any orders the physician has written. Anesthesiologist will meet with you next to review your history and discuss your anesthetic plan. Your surgeon will visit you and will place his/her initials near the site of your operation. The operating nurse will then review your information with your preoperative nurse. You will be given a cap to cover your hair.



Friends and family can stay with you in the preoperative room until you go into surgery. Once you are in surgery, your family/friends can wait in our surgery lounge where there is a tracking board and a guest relation associate to keep them informed.

When the surgery is complete, your physician will talk with your family/friends. Once you are ready to be transferred to your room, they will be notified of your room number and will meet you there.

Surgical Suite

From the pre-operative surgical area you will be taken to your operating room. Our state-of-the-art orthopedic suite is equipped with the most current instruments and supplies. The room temperature is usually kept low to help maintain the sterile environment and regulate your body temperature. Warm blankets are provided. To position you for surgery, your surgical team will place your arms on bed wings (arm boards), out and away from your side. This will allow access to your IV, blood pressure cuff and other monitoring devices.

Friends and family can stay with you in the preoperative room until you go into surgery. Once you are in surgery, your family/friends can wait in our surgery lounge where there is a tracking board and a guest relation associate to keep them informed.

When the surgery is complete, your physician will talk with your family/friends. Once you are ready to be transferred to your room, they will be notified of your room number and will meet you there.



Your Surgical Team

All members of your surgical team are specially trained in orthopedic procedures. The Good Shepherd Joint Replacement Surgical Team includes:

- Orthopedic surgeon
- Surgical assistant/physician assistant
- Anesthesiologist
- Orthopedic nurse
- Orthopedic surgical technologist

Recovery

Upon the conclusion of surgery, your anesthetic medication will be stopped and you will begin to awaken. You will be repositioned onto a hospital bed. For a hip replacement, you may have a large triangular sponge-like pillow between your legs which helps keep the hip in good position for healing. For a knee replacement, your leg will be supported on a pillow.

You will be brought to a recovery room once you awaken where recovery nurses will monitor your status. This phase may last for about an hour or until you are fully awake.

What to Expect After Surgery

Joint, Hip and Knee Precautions

There are post-operative precautions for a hip and knee replacement, which will be provided to you by your orthopedic nurse and rehabilitation staff.

Coughing and Deep Breathing

A respiratory therapist and/or nurse will teach you simple deep breathing and coughing exercises that you will perform every hour

while you are awake. You will also be shown how to use an Incentive Spirometer, a device that measures air expelled from your lungs. These exercises will help prevent lung and other respiratory problems.

General Mobility

Getting Out of Bed

- Attempt to get out of bed on the side closest to your joint replacement.
- Use your elbows and hands to raise your upper body off the bed.
- Moving your entire body as one unit, swing your feet around to the floor. Keep your body straight. Do not twist your joint replacement.
- Sit at the edge of the bed for a moment before attempting to stand. Place your surgical leg forward, the non-surgical leg under you for support, and push up using support from your hands.

Post Operative Rehabilitation

Physical Therapy

Physical therapy is intended to gradually restore your normal mobility. On the day of your surgery, you will meet your therapist and review basic exercises that should be performed every hour while in your hospital bed and sit you at the edge of the bed. If your surgery was early in the morning you will go for a short walk on the day of surgery. On subsequent visits with the therapist, the focus will be on gaining independence when getting in and out of bed, transferring in and out of a chair, and walking with either crutches or a walker. You will work with a physical therapist two times per day throughout your hospital stay. It is expected you will eat your meals from the bed-side chair. Moving from the chair to the bed and back will be encouraged so you do not stay in one position for extended periods of time. Being up in a chair for most of the day will be encouraged. During your therapy sessions, you will be asked to participate in exercises that are designed to increase your strength, mobility and tolerance to activities in the home.

Occupational Therapy

Occupational therapy is intended to gradually restore your ability to perform activities of daily life such as dressing, bathing, and transferring into and out of a car. The therapist will teach you different ways to perform activities that may be temporarily limited due to your recent surgery. You will be advised on various pieces of adaptive equipment to aid in performing these activities.

Planning for Discharge

Getting you home

Home Care Rehabilitation and Nursing Care

If home care is indicated recommendation or physician recommendation, a referral will be made to the home care agency of your choice.

Skilled Nursing Facility

You, the team and your physician may have determined that the most appropriate step following surgery is to complete a short stay at a skilled nursing facility or SNF. The focus of this rehabilitation stage of recovery is to improve your tolerance to increased activity, manage your surgical incision, and continue to strengthen your legs for walking. You will typically receive 2 – 3 sessions of occupational and physical therapy a day everyday of your stay.

Getting In and Out of a Car

Move the car seat all the way back so you'll have as much leg room as possible. If the seat is low, sit on a firm pillow to make sure your hips are above your knees.

To get into the car, lower yourself onto the edge of the seat facing away from the car. Make sure to use the roof and seat as support. Do not attempt to use the door as support as it will move under your weight.

Without twisting your body, attempt to turn and slide both legs together into the car, making sure to abide by your hip and knee precautions.

To exit the car, reverse the steps with caution given to standing up. Make sure to slide to the outer-side edge of the seat first.

Home Therapy

(Occupational and Physical)

Home therapy is arranged for patients that can be sent home directly following hospitalization or following an inpatient rehabilitation stay. Physical Therapy can provide home safety evaluations, therapeutic exercises for progressive range of motion, progressive strengthening, and instruction on home exercise. Advocate at Home can provide physical therapy five times a week the first week and then three times a week thereafter. For more information regarding Advocate at Home, please call 1.800.564.2025.

Home Nursing Care

Skilled nursing professionals can provide wound care, medication management and address other medical concerns. For patients who need assistance with bathing, home health aide services are available. Skilled nursing visits are usually two times a week. Check your individual insurance company.



Frequently Asked Questions

Will I need physical therapy at home?

Yes, for a period of time. Most patients continue therapy at home or at an outpatient setting for a certain length of time. Therapy options should be explored with your insurance company prior to surgery.

Should I exercise before my total hip replacement?

Yes. Speak to your doctors to follow the best course for you. We recommend you keep active, but do not start a new exercise regimen immediately before surgery.

Will I need special equipment after a total hip replacement?

We recommend a walker, an elevated toilet seat or a commode, shower bench or chair, grab bars if you are planning to return home after the surgery. Less equipment will be necessary if you plan to go to a skilled nursing facility.

Can I drive after surgery?

No, you cannot drive immediately after surgery. You cannot drive while taking pain medication. Your physician will advise you when you can resume driving.

When can I have sex after hip replacement surgery?

Sexual activity is not recommended immediately after surgery and can often resume safely at four to six weeks after surgery. Discuss resuming sexual activity with your surgeon.

When can I shower?

You can shower with assistance when approved by your surgeon. You will not be able to sit down in a bathtub for at least three months after surgery.

When can I return to work?

Most often, at least four to six weeks off of work is needed, depending on the type of work you do. Discuss your specific work activities with your surgeon.

When can I play sports again?

You are encouraged to participate in low-impact activities after your full rehabilitation. Your therapist can assist you with resuming these activities.

When will my precautions be lifted?

Your surgeon will let you know when all post operative precautions will be lifted.

When do I stop taking blood thinners?

Each individual is different; please discuss this with your surgeon and primary care physician during your pre-operative visit.

Phone Numbers

Diagnostic Testing Concierge Desk	847.381.9600 Ext. 26.5465 (complimentary chlorhexidine)
Pre-surgery Registration	847.842.3748
Pre-surgical Testing	847.842.3738
Business Office Finance Counselor	847.842.4877
Good Shepherd Hospital courtesy van	844.574.5700
Orthopedic Joint Class Educator	847.842.4024
Anesthesia Business Consults	800.242.1131
Mission & Spiritual Care Advanced Directive	847.842.5062
Physical Therapy Rehab Services	847.842.4418
Guest Relations	847.842.4331

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