

Welcome

Thank you for choosing the **Inova Fair Oaks Hospital Joint Replacement Program** for your upcoming surgery. Our goal is to restore you to a higher quality of living with your new hip or knee.

Primary candidates for joint replacement surgery are individuals with chronic joint pain from arthritis that interferes with walking, exercise, leisure, recreation or work. The goal of joint replacement surgery is to relieve pain, restore your independence and return you to work and other daily activities.

Total hip and knee replacement patients typically recover quickly. Most patients are able to walk the day of surgery. Generally, patients are able to return to the things they enjoy in 6 to 12 weeks.

Inova Fair Oaks Hospital has a comprehensive course of treatment planned for you. We believe you play a key role in your recovery. Our goal is to partner with you through each step of the joint replacement process. This guidebook will help you understand what to expect and answer your questions.

Your team includes physicians, physician assistants, registered nurses, clinical technicians, case managers, and physical and occupational therapists specializing in total joint care. Every detail, from preoperative education to postoperative exercising, is considered and reviewed with you. The joint replacement team will help plan your individual treatment and guide you through it.

Using This Guidebook

This is a general guide. Your surgeon, nurses or therapist may add to or change any of the recommendations. Always use their recommendations first, and ask questions if you are unsure of any information. Keep this book for quick reference during the first year following surgery.

Bring your guidebook with you to the hospital, outpatient therapy and all physician visits. It will also be reviewed during your *Joints in Motion* preoperative class.

Important Phone Numbers

| | |
|--------------------------------------------|--------------|
| Surgeon _____ | |
| Main Number..... | 703.391.3600 |
| Joint Replacement Navigator..... | 703.391.4555 |
| Presurgical Testing..... | 703.391.3500 |
| Anesthesia Department..... | 703.391.3037 |
| Financial Counseling..... | 703.391.3241 |
| Register for <i>Joints in Motion</i> | 703.391.4555 |
| Inova Fair Oaks Pharmacy..... | 703.391.3080 |

Other Important Information

In Case of Cancellation

If you develop a cold, fever, persistent cough, infection or rash, become ill within 48 hours of your surgery or need to cancel for any reason, please call your surgeon's office directly.

Registration

A member of our financial coordination team will:

- Contact you by phone to complete the registration process and confirm your contact and insurance information
- Contact your insurance carrier to verify benefits
- Discuss and make arrangements with you for any financial responsibilities not covered by your insurance

Payment arrangements are expected to be made prior to your scheduled surgery. If you do not have insurance coverage or need to make financial arrangements, please call the financial coordinator prior to surgery at **703.391.3241**.

Preparing for Surgery

Before Surgery (check boxes when completed)

- Choose a support person ("coach") who can help you before and after surgery.
- Register for the *Joints in Motion* class by calling **703.391.4555**, or view the online video at inova.org/JIM. Patients typically get more information during the in-person class, which offers plenty of time for questions and answers, but either will help prepare you for surgery, your hospital stay and your discharge.
- You will be contacted for a presurgical interview over the phone or an in-person meeting with the anesthesia team. Be prepared to discuss your:
 - Health history
 - Allergies
 - Medications (including vitamins and supplements)
- For surgical clearance, make an appointment with your primary care doctor and/or any specialists (i.e., cardiologist, rheumatologist, pulmonologist), as directed by your surgeon's office.
- Complete any tests (X-rays, CT scans, MRIs, blood tests) ordered by your doctor.
- Stop medications as instructed by your doctor or pre-surgical interview nurse.
- Purchase chlorhexidine soap (brand names: Hibiclens™, Exidine™), available at most drug stores.
- Do not shave around your incision site for at least five days before surgery.
- Prepare your home by:
 - Cleaning and vacuuming to reduce the risk of infection
 - Removing anything you may trip over (throw rugs, cords, clutter)
 - Clearing walkways and moving furniture, if needed.
 - Preparing meals and freezing in single-serve containers
 - Placing a rubber mat or non-skid adhesive on the floor of the tub or shower
 - Checking handrails to make sure they are sturdy
 - Making sure you have chairs available with arms and firm seats
 - Installing nightlights in the bedroom and bathroom
 - Keeping things within easy reach.
 - Plan for pet care, if needed.

Appointments

Primary care doctor's appointment for physical exam: Date/Time _____

Other specialist appointments (cardiologist, etc): Date/Time _____

Presurgical testing appointment (they will call you to arrange): Date/Time _____

Notes from presurgical appointment:

Stop eating at: Date/Time _____

Stop drinking clear liquids at: Date/Time _____

Arrive for surgery at: Date/Time _____

Take the following medications the morning of surgery with only a sip of water:

Joints In Motion class (call 703.391.4555 to schedule): Date/Time _____

Surgeon's office: Date/Time _____

Other as directed by doctor(s) (e.g., CT scan, stress test): Date/Time _____

Two Days Before Surgery

- Begin using the chlorhexidine soap (see instructions on page 18).
- Dress in freshly washed clothes or pajamas after showering. Do not use lotions or powders after the shower.
- Call your surgeon's office to confirm the time to be at the hospital, and make sure you have a ride.
- Pack your bag with comfortable, loose-fitting clothes and personal items.
- Make a copy of your Advance Directive, Living Will and/or Durable Power of Attorney, to bring to the hospital.

The Day Before Surgery

- Repeat the chlorhexidine shower.
- Dress in freshly washed clothes/pajamas. Do not use lotions or powders after the shower.
- Put freshly washed linens on your bed.
- Eat a regular diet. However, do NOT eat solids after midnight, unless otherwise instructed. This includes no chewing gum, mints or lozenges.

The Day of Surgery

DO drink clear fluids up to four hours before surgery. Some examples of clear fluids are:

- Water
- Apple, cranberry, grape juice
- Gatorade
- Black coffee or tea (without dairy or non-dairy milk)
- Ginger ale
- Jell-O (plain)
- Clear broth (without any particles)

Do NOT drink anything that has particles in it or that you can't see through such as:

- Milk or dairy products (including in coffee or tea)
- Almond or coconut milk
- Citrus juice or any juice with pulp

- Prune juice
- Homemade broth (with particles)
- Smoothies or shakes
- Jell-O with added fruit

Take medications as instructed during your pre-surgical interview.

Repeat the chlorhexidine shower, using a clean washcloth and towel.

Dress in clean, comfortable clothing.

No perfumes, hair products, lotions, deodorant or makeup.

Remove all jewelry (including wedding band and body piercings) and leave at home.

Arrive at the appointed time (typically two hours before surgery).

What to Bring to the Hospital

- Driver's license or other photo ID
- Insurance card
- Insurance co-pay (cash, check, credit card or money order)
- List of your medications, how much you take and how often, including over-the-counter medicine such as vitamins and supplements (leave actual medications at home, unless told to bring them to the hospital)
- Personal hygiene items (i.e., toothpaste, toothbrush, glasses, hearing aids, dentures)
- Storage case for hearing aids and glasses, labeled with your name
- Reading material, laptop computer, tablet, and/or cell phone (remember to bring your charger!)

- Packed bag with comfortable, elastic-waistband shorts or gym attire and loose-fitting tops
- A pair of supportive shoes with backs (slip-on shoes are not recommended)
- Copy of Advance Directive, Living Will or Durable Power of Attorney, if you have one
- CPAP machine, if you use one for sleeping
- Front-wheeled walker, cane or other walking aids, if you already have one (labeled with your name)

What to Leave at Home

- Jewelry or other valuables
- Your medications, unless instructed otherwise (your doctor will order your regular medicine while you are in the hospital and your nurse will give it to you)

At the Hospital

Day of Surgery

- Use the main entrance (3600 Joseph Siewick Dr.). There is no charge for parking, and free valet parking is also available.
- Go to the Surgical Services desk on the second floor to check in. You will be given an identification band to wear throughout your stay.
- You will be taken to the preoperative area, where you will put on a hospital gown and surgical cap, and an intravenous (IV) line will be placed in your arm.
- To ensure your safety, staff members will ask your name and what type of surgery you are having.
- You will be asked to mark your surgical site with a marker.
- You will meet with your surgeon and anesthesiologist, who will answer any questions you may have.
- If you are having a nerve block, it will be started at this time.
- Your surgery team will take you back to the operating room on a stretcher.
- After surgery, you will go to the post-anesthesia care unit (PACU) to recover from surgery. This is where you will be waking up after your surgery. You may feel groggy or sleepy. You may also experience some pain and nausea. This is normal. Once you are awake and your pain is under control, you will be taken up to the surgical/orthopedic unit on the fifth floor on a bed or stretcher, or prepared for discharge if you're going home the same day.

Visitors

While you are in surgery, we have a comfortable area for your friends and loved ones to wait, with television, magazines and free Wi-Fi. They are also welcome to go downstairs to the cafeteria or gift shop, both located on the first floor.

There are monitors in both the waiting area and the cafeteria that show where each patient is in the surgical process – the preoperative area, the operating room or the recovery room. We protect your privacy by assigning a code number to you, rather than posting your name.

The presurgical nurse will also take down your loved one's cell phone number or assign a pager so the surgeon can contact your loved one when your surgery is over.

Anesthesia

Your anesthesiologist will talk to you about the type of anesthesia that will be used for surgery.

Depending on your surgeon, a peripheral nerve block is administered in the preoperative holding area before surgery. This technique helps control pain after surgery. It allows the anesthesiologist to numb the area of the body where the surgery will be performed.

Additionally, you will receive either a general or spinal anesthetic in the operating room.

General Anesthesia

You will go to sleep with medication through an IV. Once you are asleep, you will have a breathing tube placed through your mouth. You will remain asleep during the entire surgery. After the surgery is completed, the breathing tube will be removed, and you will wake up in the operating room.

Visiting Policy

We offer open visiting hours, meaning family and friends can visit at any time. Visitors who arrive between the hours of 9 p.m. and 5 a.m. will need to register with Security (located at the main entrance) and provide photo identification for a visitor's badge. Please note that we reserve the right to limit visitors when needed for safety (for example, during a flu outbreak).

Children are welcome to visit if they are healthy and supervised at all times by an adult other than the patient. Some exceptions may apply depending on the patient's condition.

To keep our patients safe and prevent the spread of infection, we require our staff and visitors to practice good hand hygiene. When visiting, please wash your hands with soap and water, or use an alcohol-based hand sanitizer (located near the doorways of patient rooms as well as inside the rooms) before entering and upon exiting the patient's room. Additionally, if you are ill please wait until you are well to visit. The health of all patients and visitors is our top priority.

Spinal (Regional) Anesthesia

You will receive an injection in your back with local anesthetic that will make you numb from the waist or hips down, and you will not feel any pain during surgery. You will still be in a “twilight” sleep.

5th Floor Surgical Unit

When you arrive at the surgical/orthopedic unit on the 5th floor, you will be greeted by:

- Registered nurse (in navy blue and/or white scrubs), who will be working with your surgeon to provide your care
- Clinical technician (in teal scrubs), who will be taking care of your comfort needs and checking your vital signs

You will be oriented to your room and shown how to order room-service meals.

Depending on the time of your arrival, you may begin physical therapy, or be helped out of bed to walk by your nursing staff.

Pain Management

Although some level of pain after surgery is to be expected, we will continually evaluate your pain level to ensure we are doing our best to meet your needs.

Our goal is for your pain to be at a functional level, meaning it doesn't prevent you from working with the therapist or resting. You will likely not be pain free, but you may notice your pain is different than before surgery – it is a healing pain.

Depending upon your surgeon and your surgery, you may receive the following for pain control:

- Single-shot or continuous (ON-Q*) nerve block. This local anesthetic will be injected into the thigh to help numb the front of the knee. This may last from 12-24 hours for the single shot, or up to three days for the continuous. (See “Going Home with the ON-Q* on page 18-19).
- Pills may be given to you on a schedule and/or as needed. Your nurse will explain which pills you will need to ask for. Check the white board in your room to see when your next dose is scheduled.
- Ice will help reduce pain and swelling at your surgical site.

Try to stay ahead of your pain by taking your medication on time. It is very hard to catch up once your pain is out of control. Your care team will discuss the pain scale with you and help you to set realistic expectations.

Pain Gauge



Activity Rating

0

NO PAIN:

“I can do whatever I want without experiencing pain”

1-2

MILD PAIN:

“It hurts a little, but the pain doesn't limit my activity”

3-4

MODERATE PAIN:

“It hurts a bit, but I can still do most of my activities as long as I take a rest”

5-6

SEVERE PAIN:

“It hurts a lot, and the pain is keeping me from doing some of my exercises”

7-8

EXTREME PAIN:

“I'm in so much pain that I can hardly do anything”

9-10

WORST PAIN POSSIBLE:

“It hurts so badly that I can't do anything at all”

Preventing Blood Clots

After surgery, you will have special boots on your feet, or sleeves around your calves, to help prevent blood clots. These will be on anytime you are in the chair or bed. We will also ask you to pump your ankles, or point your foot forward and back, to help with circulation.

You will also be on medicine (blood thinner, or anticoagulant) to prevent blood clots both in the hospital and after you go home. It is very important not to miss a dose, unless advised to by your surgeon. Depending on your surgery, your surgeon and your risk factors, you may be on one of the following:

- Aspirin – either 81 mg or 325 mg
- Xarelto
- Lovenox

If you normally take Eliquis, Coumadin or another anticoagulant, you will likely resume taking it after surgery.

Rehabilitation

Your rehabilitation program will be tailored to you and your specific needs. While here, you will work with multiple therapists.

- **Physical Therapist (PT)** – will teach you what you need to know to move safely after surgery such as:
 - Getting in and out of bed and a chair
 - Walking with a walker, crutches or cane
 - Going up and down stairs safely
 - Performing exercises to help strengthen your leg
- **Occupational Therapist (OT)** – will teach you how to take care of yourself when you go home, including:
 - Getting yourself cleaned and dressed
 - Getting on and off the toilet
 - Performing any other activities of daily living that you may face at home

In most cases, you will be able to put as much weight as you can tolerate on your new joint after your surgery. However, based on the type of surgery, you may have some restrictions.

- **Total Knee Patients**
 - Nothing (such as pillows or towels) under your knee while resting in bed or the chair, since this may make it difficult for your leg to fully straighten after surgery. **It is important, however, to practice bending your knee on your own.**
 - Avoid twisting or pivoting on your knee.
 - Avoid uneven terrain at home (i.e., grass, gravel).

- **Total Hip Patients**

Depending upon the approach your surgeon used, you may be limited in how far you move your leg from side to side or front to back, as well as how much you're able to bend at the hip. The therapist will go over any specific precautions after your surgery.

Your PT will recommend any equipment you may need (such as a walker or cane), and your OT may recommend adaptive devices that may be helpful at home (such as an elevated toilet seat, reacher or grab bars).

Falls and Safety

Even though your new joint is strong and able to support you, you may be at increased risk of falling due to one or more of the following:

- Weakness of the muscles in the front of your thigh (quadriceps) due to the surgery and/or nerve block
- Anesthesia and medication that may cloud your judgment and/or affect your balance
- Being in an unfamiliar environment and attached to various cords such as your IV and leg pumps

ALWAYS ask for help any time you want to get up from the bed or chair – your safety is our number one priority! Push the call button in your room, or dial your nurse or clinical tech directly from your room phone. **For your safety, we will stay with you whenever you are in the bathroom, since most falls happen while getting on or off the toilet.**

In some cases, we may also:

- Use a belt strapped around your waist, called a gait belt, when we're walking with you. This allows us to stabilize you and keep you from falling.
- Use a knee immobilizer when you're standing or walking to help keep your leg from buckling.

Discharge Planning

Before discharge, you will meet with your case manager, who will review your discharge plans. Depending on your individual needs, the recommendations of your surgeon and therapist, and your insurance coverage, the case manager can arrange for equipment or services you may need after discharge.

You will likely need physical therapy after you leave the hospital. Depending on your surgery and your needs, the options are:

Outpatient physical therapy is done at your surgeon's office or a clinic convenient to your home. This is generally the preferred option, since outpatient clinics have more equipment to get you moving sooner. The other advantage is that outpatient therapy obligates you to get showered, dressed, and in and out of a car – activities that will help you in your recovery.

Don't wait until your surgery to call for an appointment. Call as soon as your surgery is scheduled, and book your first appointment to start within a day or two of your hospital discharge.

Home physical therapy can be arranged in some cases if your surgeon and hospital therapist determine that you can't safely get to outpatient therapy. If this is the case, our home health liaison will arrange it while you're in the hospital. It's important to note that you must be considered homebound to qualify for insurance reimbursement.

In some cases, your surgeon may recommend no **formal physical therapy**, but simply to walk. You will be re-evaluated at your follow-up appointment to determine if additional therapy is needed.

In rare cases, you may need to go to a **skilled nursing or acute rehabilitation facility** after surgery. This must be approved by your therapist, your surgeon and your insurance company. If you qualify, our case managers will arrange for this care while you are still in the hospital.

Discharge

When you're ready to leave the hospital, your nurse will go over instructions with you and your coach. Before you leave, you should have the following information:

- When to follow up with your surgeon
- How to take care of your incision and when you can shower
- What medications you will need to take, what they are for, their side effects and when to take them
- When to call the surgeon or go to the emergency room (see "Recognizing Complications" on page 13)

You will also receive prescriptions for pain medicine, blood thinner and any other medicine your doctor wants you to take at home.

You may choose to have the prescriptions filled at your own pharmacy, or you may have them filled here and delivered to your room before you leave. The Inova Fair Oaks Hospital Pharmacy (**703.391.3080**) accepts most insurance plans. The pharmacy is located on the first floor, across from the gift shop, and also carries an assortment of over-the-counter medicine, canes and other supplies.

Before you leave, make sure that any equipment we may be getting for you has been delivered to your room and that your post-discharge therapy is set up (if applicable).

Going Home vs. Going to a Rehab Facility

About 95 percent of our total joint replacement patients are able to go home safely, even if they don't have someone with them around the clock. We have found that most patients are happier and more comfortable at home since they have the freedom to move and rest as they choose. Our therapists will help you be as independent as possible after surgery.

Caring for Yourself at Home

It's easy to feel overwhelmed and underprepared when leaving the hospital, but rest assured these feelings are normal. For now, we just want you to focus on your recovery. Here are some tips for getting through the first few days:

- Continue your exercise program and increase your activity gradually.
- Follow all instructions from your surgeon and your therapist.
- Avoid sitting for more than 30 to 45 minutes at a time – short, frequent walks will keep your joint from getting too stiff and help prevent blood clots.
- Remember to ice your incision and, if you've had knee surgery, elevate the leg when resting with pillows under the calf (not under the knee) so your knee is higher than your heart, which will help reduce swelling.
- Use chairs with arms, and add a pillow to the seat to make higher if needed.
- If you like to sleep on your side, put a pillow between your legs for comfort – it's normal to have difficulty sleeping for the first week or so.
- Take your pain medicine, and don't overdo it with activity – it's common to have a "honeymoon" period right after surgery and for pain to increase after the first couple of days.
- Don't be afraid to ask for help.

Where to Get Medical Equipment

Depending on your insurance coverage, we may be able to get you a walker and/or a three-in-one commode – which has an elevated seat and handles for getting up -- before you leave the hospital.

You will also need a cane for going up and down stairs, as well as for when you've graduated from the walker. This is not covered by insurance but can be purchased at most drugstores for less than \$10.

Other retailers for medical equipment include:

Inova Fair Oaks Pharmacy (first floor) – 703.391.3080

Inova Fair Oaks Gift Shop (first floor) – carries "hip kit," which includes reacher, sock aid, long-handled sponge and long-handled shoe horn

Lowes, Home Depot – raised toilets, grab bars, tub and shower seats

Amazon.com or Walmart.com

Local pharmacies

You may also want to check with friends or family for equipment you can borrow. Some churches, synagogues and other houses of worship, as well as various county agencies on aging, often have loaner equipment available. Make sure any equipment can be adjusted to fit you – cane and walker handles should hit at your wrist when you're standing up straight.

Medicare Patients

If you have Medicare, you may receive a call from one of Inova's transitional care managers (TCM) once you get home. The TCM will keep in close contact with you over the next few weeks to make sure that you're progressing well and help address any questions or concerns you may have.

Home Safety Tips

Standing up from a chair

1. Do NOT pull up on the walker to stand.
2. Sit in a chair with armrests when possible.
3. Scoot to the front edge of the chair (**Figure 1**).
4. Push up with both hands on the armrests. If sitting in a chair without arms, place one hand on the walker, in the center of the front top rung, while pushing off the side of the chair with the other hand (**Figure 2**).
5. Balance yourself before grabbing for the walker (**Figure 3**).



Walker ambulation

1. Move the walker forward.
2. With all four walker legs firmly on the ground, step forward with the surgical leg first.
3. Place the foot in the middle of the walker area. Do NOT move it past the front feet of the walker.
4. Step forward with the nonsurgical leg.

Note: Take small steps. Do not take a step until all four walker legs are flat on the floor.

Stair climbing

1. Go up stairs with nonsurgical leg first (“up with the good”).
2. Go down stairs with the surgical leg first (“down with the bad”).

Lying in bed

Place a pillow between your legs when lying on your back. Try to keep the surgical leg positioned in bed so the kneecap and toes are pointed toward the ceiling. Try not to let your toes roll inward or outward. A blanket or rolled towel on the outside of the leg may help maintain this position (**Figure 4**).

When rolling from your back to your side, first bend your knees toward you until your feet are flat on the bed. Then place at least one pillow between your legs. With knees slightly bent, squeeze the pillow between your knees and roll onto your side. Your leg may help you maintain this position. You may lie on either side (**Figure 5**).



Toilet transfer

You may need a raised toilet seat or a three-in-one bedside commode over your toilet for up to 12 weeks after surgery.

When sitting down on the toilet:

1. Take small steps, and turn until your back is to the toilet.
2. Always keep your surgical leg facing forward.
3. Back up to the toilet until you feel it touch the back of your legs. Move the surgical leg forward, before you sit (**Figure 6**).
4. If using a commode with armrests, reach back for both armrests, and lower yourself on the toilet (**Figure 7**).
5. If using a raised toilet seat without armrests, keep one hand on the walker, in the center of the front top rung, while reaching back for the toilet seat with the other.

When getting up from the toilet:

1. If using a commode with armrests, use the armrests to push up.
2. Slide the surgical leg out in front of you when standing up.
3. If using a raised toilet seat without armrests, place one hand on the walker, in the center of the top rung, and push off the toilet seat with the other.
4. Balance yourself before grabbing the walker.



Figure 6



Figure 7

Automobile transfer

1. Push the car seat all the way back. Recline it, if possible, but return it to the upright position for traveling.
2. Place a plastic trash bag on the seat of the car to help you slide and turn frontward.
3. Back up to the car until you feel it touch the back of your legs (**Figure 8**).
4. Keep your surgical leg straight out in front of you and duck your head so that you do not hit it on the door frame.
5. Reach back for the car seat, and lower yourself down (**Figure 9**).
6. Turn forward, leaning back as you lift the surgical leg into the car (**Figure 10**).
7. In general, keep your surgical leg facing straight forward, as you did getting into a car prior to surgery.

Figure 8



Figure 9



Figure 10



Safety Around the House

Kitchen

- Do NOT get down on your knees to scrub floors. Use a mop and long-handled brushes.
- Plan ahead. Gather all your cooking supplies at one time. Then sit to prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To provide a better working height, use a high stool or put cushions on your chair when preparing meals.

Bathroom

- Do NOT get down on your hands and knees to scrub the bathtub.
- Use a mop or a long-handled brush.

Safety and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have nonskid backs.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs. This is a fire hazard.
- Do NOT wear open-toed slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes standing up easier.
- Rise slowly from either sitting or lying positions to avoid getting light-headed.
- Do not lift heavy objects for the first three months, and then only with your surgeon's permission.

Recognizing Complications

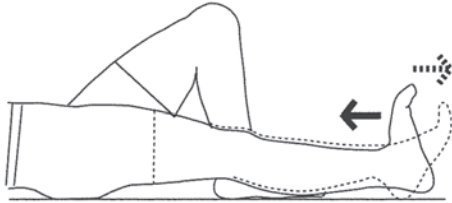
| Complication | Signs/Symptoms | Prevention | What to Do |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Deep Vein Thrombosis (DVT) A blood clot in the lower leg/calf | <ul style="list-style-type: none"> • Calf pain and/or redness unrelated to incision • Swelling • Skin feels warmer than surrounding area • Muscle cramps/"Charley horse" | <ul style="list-style-type: none"> • Short, frequent walks • Ankle pumps in bed or chair • Take blood-thinning medication as directed | Call surgeon if suspected |
| Pulmonary Embolism (PE) A blood clot from the legs that has traveled to the heart or lungs | <ul style="list-style-type: none"> • Chest pain • Shortness of breath • Fast heartbeat • Dizziness • Fainting • Excessive sweating • Feeling of anxiety • Coughing up blood | <ul style="list-style-type: none"> • Seek follow-up care if you suspect a DVT (above) • Short, frequent walks • Ankle pumps in bed or chair • Take blood-thinning medication as directed | THIS IS A LIFE-THREATENING EMERGENCY! CALL 911 |
| Stroke A blood clot that has traveled to the brain, or bleeding inside of the brain | <ul style="list-style-type: none"> • Sudden numbness or weakness of the face, arm or leg, especially on one side of the body • Sudden confusion, trouble speaking or understanding • Sudden trouble seeing out of both eyes • Sudden trouble walking, dizziness, loss of balance or coordination • Sudden severe headache with no known cause | <ul style="list-style-type: none"> • Take blood-thinning medication as directed | THIS IS A LIFE-THREATENING EMERGENCY! CALL 911 |
| Infection | <ul style="list-style-type: none"> • Sustained temperature greater than 101° F • Throbbing pain unrelieved with pain medicine and/or rest • Green/yellow drainage from incision • Foul odor from incision • Incision is angry red, hot (note: bruising is normal, as is pink color and warm temperature) | <ul style="list-style-type: none"> • Follow surgeon's instructions for incision care • Do not use any lotions, creams, etc. near incision • Wash hands thoroughly before and after changing bandage • Keep pets and other contaminants away from incision | Call surgeon if suspected |
| Constipation | <ul style="list-style-type: none"> • Unable to have a bowel movement despite feeling the urge | <ul style="list-style-type: none"> • Take stool softener, laxative (Pericolace, Senokot) if taking opioid pain medicine | Call surgeon if over-the-counter medicine isn't helping |

Range of Motion and Strengthening Exercises

Exercises 1 through 9: For Both Hip and Knee Replacement

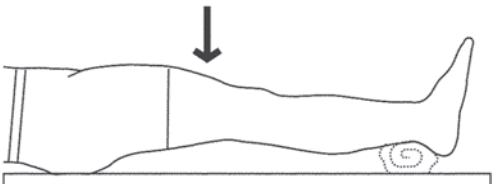
1. Ankle pumps

Flex foot. Point toes. Repeat 20 times.



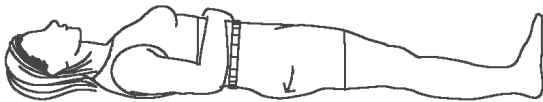
2. Quad sets (knee push-downs)

Lie on back, position toes pointing up to ceiling, press knee into mat, tightening muscles in front of thigh. Do NOT hold breath. Repeat 20 times.



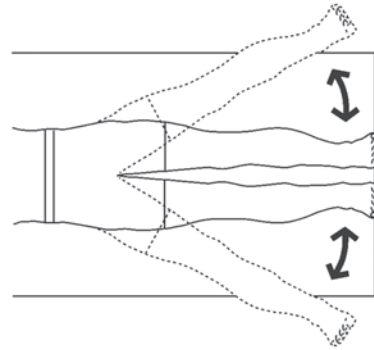
3. Gluteal sets (bottom squeeze)

Squeeze bottom together with toes pointing up to ceiling. Do NOT hold breath. Repeat 20 times.



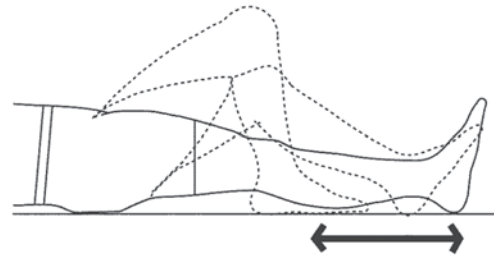
4. Hip abduction and adduction (slide heels out and in)

Lie on back, slide legs out to side to a neutral position. Keep toes pointed up, and knees straight. Bring legs back to starting point. Repeat 20 times.



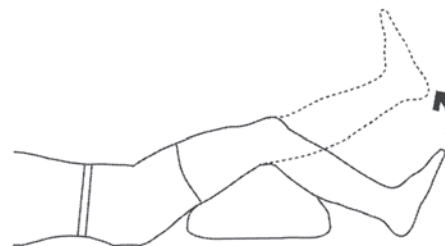
5. Heel slides (slide heels up and down)

Lie on couch or bed. Slide heel toward your bottom. Repeat 20 times.



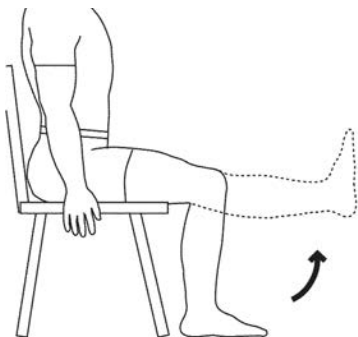
6. Short arc quads

Lie on back, place rolled towel under knee. Lift foot, straightening knee. Do not raise thigh off roll. Repeat 20 times.



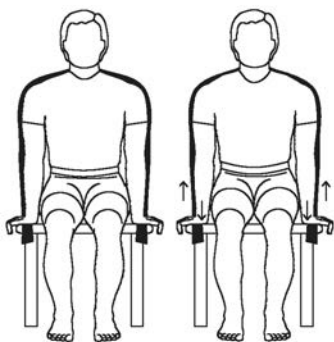
7. Long arc quads

Sit with back against chair. Straighten knee, and hold for five seconds. Return to starting position. Repeat 20 times.



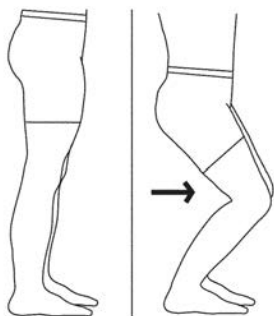
8. Armchair push-ups

This exercise will help strengthen your arms for using a walker. Sit in an armchair. Place hands on armrests. Straighten arms, raising bottom up off chair seat if possible. Feet should be flat on the floor. If you have had a hip replacement, make sure the chair you are sitting in is high enough. Repeat 20 times.



9. Mini squats

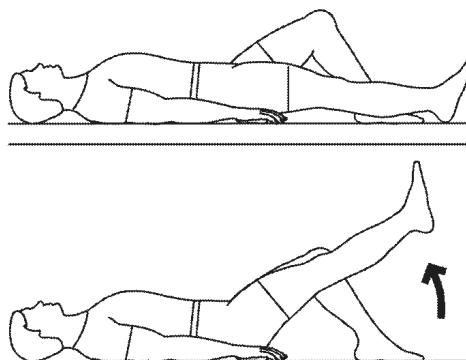
Holding on to a stable object, slightly bend knees while keeping feet flat on the floor, and slowly straighten. Repeat 20 times.



Exercises 10 and 11: For Knee Replacement ONLY

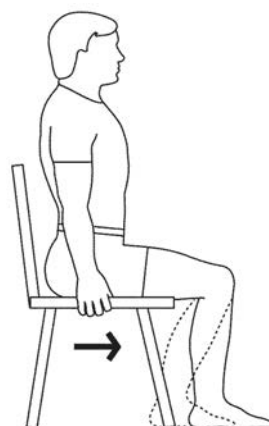
10. Straight leg raise

Lie on your back with your nonsurgical leg bent at the knee. Tighten your surgical knee and thigh while pointing toes toward ceiling, and lift your leg straight off the bed. Hold for three seconds. When lowering your leg, try to keep the leg straight so the back of the knee touches the bed before the heel does. Repeat 10 times.



11. Quadriceps stretch

Sit on a chair so that your feet slightly touch the floor. Place a rolled towel under your surgical leg. Allow the knee to relax, then bend it as far back toward the chair as possible. Hold for five seconds, then relax. Repeat 10 times.



Medication Side Effects

| Classification | Examples | Purpose | Side Effects | How to Take |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Nonopioid pain medicine | <ul style="list-style-type: none"> • Tylenol | Reduces pain | <ul style="list-style-type: none"> • Upset stomach | <ul style="list-style-type: none"> • Take with food • Do not take more than 4000 mg/24 hrs • No alcohol while taking |
| Short-acting opioids | <ul style="list-style-type: none"> • Percocet • Norco/Vicodin • Roxicodone • Dilaudid • Tramadol/Ultram | Pain control | <ul style="list-style-type: none"> • Dry mouth • Nausea • Itching • Constipation • Dizziness • Disorientation • Drowsiness • Forgetfulness | <ul style="list-style-type: none"> • Take with food • Drink lots of water • Take an over-the-counter stool softener/gentle laxative • Take the smallest dose necessary to manage discomfort • No alcohol while taking |
| Long-acting opioids | <ul style="list-style-type: none"> • Oxycontin | Provides long-lasting pain management (up to 12 hours) | Same as above | Same as above |
| Stool softener/laxatives | <ul style="list-style-type: none"> • Senokot • Colace • Milk of Magnesia • Miralax • Dulcolax suppository • Enema | Helps with constipation | <ul style="list-style-type: none"> • Cramping • Diarrhea | Stop taking if you are experiencing side effects |
| Anti-inflammatory | <ul style="list-style-type: none"> • Celebrex | Reduces inflammation | <ul style="list-style-type: none"> • Upset stomach | <ul style="list-style-type: none"> • Take with food • Do not take other anti-inflammatories (Motrin, Advil, etc.) unless approved by surgeon |
| Anticoagulants | <ul style="list-style-type: none"> • Aspirin • Lovenox • Xarelto | Prevents blood clots | <ul style="list-style-type: none"> • Prolonged bleeding • Bruising • Upset stomach | <ul style="list-style-type: none"> • Take with food • Take as directed, for as long as directed |
| Antiemetics | <ul style="list-style-type: none"> • Zofran • Scopolamine patch | Prevents nausea | <ul style="list-style-type: none"> • Drowsiness • Dry mouth • Dizziness | |

Patient Guidelines for Opioid Pain Medications Following Surgery

After surgery, you may be taking opioid pain medication to help with your pain. Your pain should improve slowly over time. As your pain gets better, you will need to slowly reduce the amount of opioid pain medications you are taking, until you are not taking them anymore.

Please note: Opioid pain medication can be addictive.

How to wean off of pain medications

Do not stop taking the opioid pain medication right away. You should slowly reduce the amount you take until you are off the opioid pain medication.

- You may be prescribed two kinds of medicine:
 - A long-acting (extended-release) pain medicine: Oxycontin or MS Contin
 - A short-acting (immediate-release) pain medicine: oxycodone (Roxicodone, Percocet), hydro-morphone (Dilaudid) or hydrocodone (Norco, Vicodin)

Wean off of the long-acting medicine first. Then wean off of the short-acting medicine.

1. To wean off of long-acting pain medicine: slowly reduce the dose you are taking.

- For example, if you were taking the medicine two times per day, reduce to one time per day for four to five days. Then try to stop taking the long-acting opioid pain medication.
- Do not cut, chew, or crush long-acting pain medicine.

2. To wean off of short-acting pain medicine: increase the amount of time between doses. After you increase the time between the doses, start to reduce the dose.

- For example, if you are taking a dose every four hours, extend the time:
 - Take a dose every six hours for one to two days.
 - Then take a dose every eight hours for one or two days.
 - After spacing out the doses further, start to reduce dose.
- If you are taking two pills each time, start taking one pill each time. Do this for one to two days.
- If you are taking one pill each time, cut the pill in half and take only half a pill each time for one to two days. Then try to stop taking the opioid pain medication.

What happens if I stop suddenly?

If you stop taking your opioid medicine suddenly, you may experience withdrawal symptoms.

- Withdrawal symptoms can include sweating, fever, shaking, nausea, vomiting, anxiety, cravings, and feeling tired.
- Withdrawal symptoms are not a sign that you are addicted. If you experience these symptoms, you need to wean off of opioid medications more slowly.

Bathing with Antimicrobial Soap Before Surgery

You will bathe with an antimicrobial soap prior to surgery. This will lower skin bacteria before your surgery, and help to prevent infection.

The recommended antimicrobial soap is Chlorhexidine Gluconate (CHG). You can get this at any local pharmacy. It is also known as Hibiclens, Hibistat, Exidine, and Hex-A-Clens.

Instructions for Presurgical CHG Shower

- You will wash once daily with CHG on each of the two days just before surgery. You will also wash the morning of surgery.
- At least 24 hours before you are scheduled to start your CHG showers, apply a small amount of the solution to your wrist to check for a reaction.
- * If redness or skin irritation develops, stop CHG bathing, and contact your surgeon.
- Use two to four ounces of 4% CHG liquid solution for each shower.
- With each shower, first wash your face, body, and your genital area with normal soap and water (not the CHG solution). Wash and rinse your hair using normal shampoo and conditioner (not the CHG solution). Completely rinse the shampoo/conditioner, and any soap from hair and body.
- With the water off or turned away, apply the CHG with a freshly laundered washcloth, new unused sponge or hands, and gently wash entire body from the neck down, avoiding the genital area. Focus for about three minutes on the area where the incision will be.
- Do not apply CHG above the neck, or to the mucous membranes. Once the three minutes is up, turn the water on, and rinse the CHG off your body.
- Do not wash with regular soap after using the CHG solution.
- Pat your skin dry with a freshly laundered clean towel after each shower.
- Dress in freshly laundered clothes after each shower.
- Do not apply lotions, perfumes, powders or deodorants. These products may reduce the effectiveness of the CHG.
- Sleep on clean, freshly laundered bed linens the night before surgery.
- Remember good hand hygiene before, and after surgery – wash hands frequently, and thoroughly with soap and water, or hand sanitizer throughout the day.

Going Home with a Nerve Block Catheter

Your anesthesiologist may have placed a nerve block catheter to reduce postsurgical pain. The ON-Q* infusion pump will automatically infuse numbing medication near the nerves that go to the front of your knee, or hip. It is normal for your leg to feel numb, or weak. This will wear off after the infusion is complete.

A healthcare provider will call you every day to check on your comfort, and answer any questions you have about your nerve block.

What to Expect

It is normal to still have some pain, so remember to take your pain medications. If you have pain, it is safe to take additional pain medications provided by your surgeon. They will not interfere with the medication in the pump.

It is normal for some fluid to leak from the catheter site, dressing, as you are still receiving medication. Use a towel to absorb the excess fluid.

It is normal for your leg to feel numb or weak. This will wear off after the infusion is complete. If you are feeling extremely numb, call your anesthesiologist. He/she may have you turn down the rate on the infusion pump, or stop the infusion.

Nerve Block Catheter Removal

Since there are no stitches, removal is easy and can be done by you, or your caretaker. Follow the pump tubing to the edge of the dressing. Then peel off the entire dressing. Hold the catheter close to the skin and pull until all of it comes out. Look at the end of the catheter to be sure that there is a silver or black tip. If the tip is not there, or if you have difficulty removing the catheter, call your anesthesiologist. You can throw away the catheter, and the pump in the regular trash.

Who to Call with Questions:

ON-Q* Hotline for questions about the infusion pump:
1.800.444.2728, 24 hrs/day

Call the Inova Fair Oaks Hospital Anesthesia Department if you have any other questions:

703.391.4274, 7 a.m. – 5 p.m. weekdays

703.391.4271, all other times

Do not call your surgeon's office.

Be careful, your leg may be weak. Wear your leg brace as directed by your physical therapist, securing the brace before you get up.

To avoid falling, ask for help when getting up and moving.

You cannot drive, or operate potentially dangerous machinery while this medication is infusing. Protect your leg from pressure, heat and cold.

If you notice any of these symptoms, clamp the catheter and immediately call your anesthesiologist:

- Chest pain or shortness of breath
- Ringing in the ears
- Metallic taste
- Numbness around the mouth
- Rash or hives
- Lightheadedness
- Nervousness or confusion
- Twitching, seizures or tremors
- Redness or swelling around the catheter
- Temperature greater than 102 degrees F for four hours

Fall Prevention Safety Plan



1RISK

Inova Health System is committed to excellence and a very important part of that is your safety. All hospitalized patients may be at risk of falling because of illness, medicines, and an unfamiliar environment.

We assess all patients for risk of falling. Your fall risk is: Low Moderate High

You are at particular risk for falling because:

- | | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> History of falling | <input type="checkbox"/> Medication side effect: sleepiness |
| <input type="checkbox"/> Unsteady when walking | <input type="checkbox"/> Medication side effect: disorientation |
| <input type="checkbox"/> Attached to equipment (i.e. oxygen, IV pole) | <input type="checkbox"/> Medication side effect: dizziness |
| <input type="checkbox"/> Urgent bathroom needs | <input type="checkbox"/> Blood thinning medication |
| <input type="checkbox"/> Use of eyeglasses and/or hearing aids | <input type="checkbox"/> Other _____ |

Please partner with us to keep you safe by doing the following:

- Always call for assistance before getting up. Use call bell or staff phone number on the white board.
- Allow staff to stay with you during toileting
- Become familiar with your surroundings
- Wear non skid slippers
- Wear your eyeglasses and/or hearing aids
- Wear the yellow fall alert arm band
- Do not lean over the side of the bed
- Do not lean and support yourself on equipment (i.e. intravenous (IV) pole)
- Other _____

By working together with your physicians, nurses, and other hospital staff, you can lower your risk of injury due to falling and make your stay as safe as possible.

Special Note to Family Members: In certain situations it may be necessary for you or a family member to stay with your loved one. This is preferable as you are familiar to the patient in this new and unfamiliar hospital setting. Your cooperation and support are essential to assisting the staff to keep your loved one safe. Please call the nurse with any questions. (The number is on the white board).

Please acknowledge this review of the Fall Prevention Safety Plan with your signature.

Patient or authorized representative: _____ Date/Time: _____

Nurse Signature: _____ Date/Time: _____

PATIENT IDENTIFICATION

**INOVA HEALTH SYSTEM
FALL PREVENTION SAFETY PLAN**

WHITE COPY - MEDICAL RECORDS YELLOW COPY - PATIENT

CAT # 87430 / R092612 • PKGS OF 100



Notice of Non-Discrimination

As a recipient of federal financial assistance, Inova Health System (“Inova”) does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, sex, disability, or age in admission to, participation in, or receipt of the services or benefits under any of its programs or activities, whether carried out by Inova directly or through a contractor or any other entity with which Inova arranges to carry out its programs and activities.

This policy is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Affordable Care Act, and regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at 45 C.F.R. Parts 80, 84, 91 and 92, respectively.

Inova:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please let our staff know of your needs for effective communication.

If you believe that Inova has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling 703.205.2175. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Patient Relations staff is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201 1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Interpreter Services are available at no cost to you.

Please let our staff know of your needs for effective communication.

| | |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Spanish | Atención: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Por favor infórmele a nuestro personal sobre sus necesidades para lograr una comunicación efectiva. |
| Korean | 알려드립니다: 귀하가 한국어를 구사한다면 무료 언어 도움 서비스가 가능합니다. 효과적인 의사전달을 위해 필요한 것이 있다면 저희 실무자에게 알려주시기 바랍니다. |
| Vietnamese | Chú ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ có sẵn miễn phí cho quý vị sử dụng. Xin vui lòng thông báo cho nhân viên biết nhu cầu của quý vị để giao tiếp hiệu quả hơn. |
| Chinese | 注意: 如果你說中文, 可以向你提供免費語言協助服務。請讓我們的員工了解你的需求以進行有效溝通。 |
| Arabic | انتباه: إذا كنت تتحدث العربية، تتوفر الخدمات المجانية للمساعدة في اللغة. يرجى إعلام فريق العمل باحتياجاتك من أجل الحصول على عملية تواصل فعالة. |
| Tagalog | Atensyon: Kung nagsasalita ka ng Tagalog, mayroong magagamit na mga libreng serbisyong tulong sa wika para sa iyo. Mangyaring ipaalam sa aming mga kawani ang iyong mga pangangailangan para sa epektibong komunikasyon. |
| Farsi | توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی به صورت رایگان برای شما فراهم خواهد بود. به منظور برقراری ارتباط موثر، کارکنان ما را از نیازهای خود مطلع کنید. |
| Amharic | ትኩረት: አማርኛ የሚናገሩ ከሆነ ለእርስዎ የቋንቋ ድጋፍ አግልግሎቶች ከክፍያ በነጻ ይቀርብልዎታል። ውጤታማ የሆነ ኮሚኒኬሽንን የሚፈልጉ ከሆነ ሰራተኞቻችን እንዲያውቅ ያድርጉ። |
| Urdu | توجه: اگر آپ اردو بولتے ہیں تو، زبان امداد خدمات، مفت میں، آپ کو دستیاب ہیں۔ موثر مواصلت کے لیے برائے مہربانی ہمارے عملہ کو اپنی ضروریات کے بارے میں بتلا دیں۔ |
| French | Attention: Si vous parlez Français, des services d'aide linguistique vous sont proposés gratuitement. Veuillez informer notre personnel de vos besoins pour assurer une communication efficace. |
| Russian | Внимание: Если вы говорите на русском языке, для вас доступны бесплатные услуги помощи с языком. Для эффективной коммуникации, пожалуйста, дайте персоналу знать о ваших потребностях. |
| Hindi | कृपया ध्यान दें : यदि आप हिन्दी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवा उपलब्ध है। कृपया प्रभावी संचार-संपर्क हेतु अपनी आवश्यकताओं के बारे में हमारे कर्मचारियों को बताएं। |
| German | Achtung: Wenn Sie Deutsch sprechen, stehen kostenlose Service-Sprachdienstleistungen zu Ihrer Verfügung. Teilen Sie unserem Team bitte Ihre Wünsche für eine effektive Kommunikation mit. |
| Bengali | দৃষ্টি আকর্ষণ করুন : আপনি যদি বাংলা বলতে পারেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা সেবা পাওয়া যাবে। অনুগ্রহ করে কার্যকরী যোগাযোগের জন্য আপনার প্রয়োজনীয়তার বিষয়ে আমাদের কর্মীদের জানান। |
| Kru (Bassa) | Tò Dòũ Nòmò Dyíin Cáo: Ǿ jǔ ké m̄ dyi Gòdǔò-wùdù (Básóò-wùdù) pò ní, nǐ, à bédé gbo-kpá-kpá bó wuqu-dù kò-kò pò-nyò b̄è bìi n̄ò à gbo bó pídyi. M̄ dyi d̄e d̄ò m̄ n̄ò à gbo ní, m̄ m̄ nyue b̄é à kùà-nyò b̄éò k̄éé dyí dyuò, ké à k̄è m̄ò k̄è mue j̄è c̄èin nòmò dyíin. |
| Ibo | Nrụbama: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Biko mee ka ndị ọrụ anyị mara mkpa gi maka nkwukọrịta ga-aga nke ọma. |
| Yoruba | Akiyesi: Bi o ba nsọ Yoruba, awọn iṣẹ iranilọwọ ede wa l'ọfẹ fun ọ. Ọwọ ọ jẹ ki ara ibiṣe wa mọ nipa awọn aini rẹ fun ibaraenisọrọ ti o munadoko. |

Notes

Notes
