



PATIENT GUIDE FOR TOTAL HIP AND TOTAL KNEE REPLACEMENT SURGERY

Department of Orthopaedic Surgery



SERIOUS MEDICINE. EXTRAORDINARY CARE.®

Introduction

While we know that you are looking forward to relief from your hip or knee pain, we understand that you may be anxious about the surgery and recovery process. This is why we've prepared this handbook. Our orthopaedic team wants you to have a safe and effective surgery with an excellent experience on the way to improving your quality of life. Our goal is to improve joint motion and strength, provide pain relief and, most importantly, help you get back to your normal activities.

The Purpose of this Handbook

The Patient Guide for Total Hip and Total Knee Replacement Surgery is a communication and education tool for patients, doctors, physical and occupational therapists and nurses. It is designed to educate you so that you know what to expect every step of the way, how you can prepare and how to take care of your new joint for life.

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Date of Surgery _____ Arrival Time _____

We will call you the day before surgery with an exact arrival time.

Where to Go

- ☐ Check in at Nebraska Medical Center, Clarkson Tower, Patient Access located at 4350 Dewey Ave. Omaha, NE 68198.
- ☐ Check in at Bellevue Medical Center at 2500 Bellevue Medical Center Drive Bellevue, NE 68123. Go to the main entrance to check in for surgery.

Supplies

- Glad Press n' Seal (Tegaderm)
You can choose to purchase a Tegaderm dressing instead of the Glad Press n' Seal
- Gauze 4X4
- Tape
- Ice or CyroCuff (knee replacement)
Supplied at the time of surgery

Medical Equipment

- Front-wheeled walker
- Toilet seat riser
- Shower chair

It is your responsibility to get these supplies before surgery. If you need any of the listed medical equipment, please let us know.

Transportation

Make arrangements for who will bring you to and from surgery. Occupational therapy will provide education during your hospital stay on how to get in and out of a car.

Handicap stickers can be ordered before your surgery. Please let your doctor know if you need one and it will be mailed to your home address.

FMLA and Financial Assistance

- ☐ Fax FMLA paperwork or disability paperwork to **402.559.8746**.
- ☐ Financial assistance: Contact a financial counselor at **402.559.5346** or via email at **pasfinancialcounselors@nebraskamed.com**.

Nicotine Free

You must be nicotine free for several weeks before and after your procedure. Your doctor will require a nicotine test before we are able to schedule surgery.

Nicotine causes your blood vessels to shrink which means your new knee/hip will not receive the oxygen and blood flow needed to help you heal. Nicotine also increases your risk for infection. Being nicotine free means you cannot use anything with nicotine such as: cigarettes, chewing tobacco, nicotine patches, nicotine gum, etc.

Drugs and Alcohol

Do not use drugs or drink alcohol for at least 48 hours before your surgery.

Things to Consider Prior to Surgery

- No food after midnight on the day of surgery. This includes gum, candy, cough drops, and mints.
- You may have clear liquids (such as water, apple juice, Gatorade, Pedialyte, or black coffee, no creamer) up to two hours before your scheduled arrival time at the hospital. This is usually three hours before your surgery is scheduled to begin.
- Stop taking anti-inflammatory medications (such as ibuprofen, Aleve, Advil, Motrin, Mobic, Arthrotec) 5 to 7 days before surgery.
- **Do not** stop taking aspirin unless instructed by your doctor.
- It is recommended to get all the necessary medical equipment before surgery. See page two.
- Your physical therapist will help you identify which items may be needed to help you during your recovery.
- You may need to use a walker or crutches for about six weeks after surgery. This helps build strength and improves your safety as you recover.
- Do NOT drive while taking narcotic pain medications.
- We suggest having all the necessary things at home on one level. Avoid going up and down stairs if possible.

Day of Surgery

- Wear loose-fitting clothing on the day of surgery.
- Pack an extra set of clothes in case you need to stay overnight.
- Easy, slip-on shoes with non-skid soles are recommended.
- You do not need to bring your regular medications to the hospital.
- You may bring your personal toiletry items.
- The goal will be for you to go home the same day or the day after surgery.

Enhanced Recovery Pathway

The following medications will be:

- ☐ Delivered to your home.
- ☐ Will need to be picked up at one of our pharmacy locations:
 - Pharmacy at Bellevue Medical Center.
 - Pharmacy at Lauritzen Outpatient Center.
 - Pharmacy at Village Pointe Health Center.

Pain Management

Pain control will vary by patient based on medical history.

ACETAMINOPHEN 1,000 MILLIGRAMS

- Take 1,000 milligrams (two tablets) the night before your surgery.

CELEBREX 200 MILLIGRAMS

- Take 200 milligrams (one capsule) the morning before your surgery.
- Take 200 milligrams (one capsule) the night before your surgery.

Nutrition Optimization

Not all patients will be required to take a pre-surgical drink.

PRE-SURGICAL DRINK (ZERO TO TWO BOTTLES)

Night before surgery:

- **No history of diabetes:** Drink 1 bottle of the pre-surgical drink the night before your surgery (by 9 pm).
- **History of diabetes:** Drink 12 ounces of a clear, noncaloric beverage such as water, black coffee, etc., the night before your surgery (by 9 pm).

Morning of surgery:

- **No history of diabetes or Type 2 diabetic not on insulin:** Drink 1 bottle of the pre-surgical drink three hours before your surgery (**one hour** before you are scheduled to arrive to the hospital).
- **History of diabetes and/or on a fast-acting insulin:** Drink 12 ounces of a clear, non-caloric beverage such as water, black coffee, etc., three hours before your surgery (**one hour** before you are scheduled to arrive to the hospital).

Infection Prevention

BACTROBAN NASAL OINTMENT

See decolonization protocol.

CHLORHEXIDINE (CHG) BODY WASH

See decolonization protocol.

PREPARATION

Begin both the CHG body scrubs and nasal ointment on the same day. Use one body scrub per day for the first four days, use one bottle of CHG soap with the provided loofah the night before and the second bottle of CHG the morning of your surgery. Apply the nasal ointment twice daily (see detailed instructions below) during this five day time.

Instructions for the CHG body wash:

Apply the CHG in the shower daily for five days using the following procedure:

- Rinse your body and hair with warm water. If shampooing hair, use regular shampoo. Rinse hair and body completely to remove any shampoo residue.
- Take care not to get CHG in your ears or eyes.
- Days one through four use one CHG scrub and wash your entire body from your neck down.
- The night before and the morning of your surgery, apply the CHG soap to the loofah and wash your entire body from the neck down. You will notice this soap does not lather like regular soap. Focus on your planned surgical site.
- Completely rinse the CHG from your body. This cleanser will continue to kill germs even after you rinse.
- Do not apply any lotions or powders to your skin after showering. These items may prevent the cleanser from killing germs.

Additional instructions:

- Shower with CHG rather than tub bathing.
- Have someone wash any body parts you cannot reach. Hard to reach areas may include your back, legs or feet.

- If you are having surgery do not remove any body hair in the planned surgical area.
- Do not use if you are allergic to or have known sensitivity to CHG. If an allergic reaction does occur, stop using the product, phone your doctor or seek medical attention.

Instructions for the Nasal Ointment:

- Wash hands well with soap and water or disinfect hands with alcohol hand sanitizer.
- Open the mupirocin 2% (Bactroban) ointment. Place small amount (size of match head) of ointment onto a clean cotton swab and massage gently around the inside of the nostril on one side. Use a new cotton swab for the other nostril so that you do not contaminate the mupirocin tube.
- After applying the ointment, press a finger against the nose next to the nostril opening and use a circular motion to spread the ointment within the nose.
- Apply the mupirocin ointment twice daily for five days.

Household Instructions:

- Wash underwear, clothing, (including night clothes) washcloths and towels daily. Use hot water.
- On days two and five of the regimen, put clean bed linens on the bed, and clean household surfaces (tables, countertops, doorknobs, bathtubs, etc) with an antibacterial cleaning solution. Vacuum carpets and furniture.

Infection Prevention Begins Before Surgery

We strive to prevent infections and want you to play an active role in your health. We need to be sure that your skin is as free of germs as possible before your surgery. You can reduce the number of germs on your skin and reduce the risk of getting an infection by washing your skin with chlorhexidine, an antibacterial skin cleanser.

BACTERIAL DECOLONIZATION PROTOCOL

The bacterial decolonization protocol was designed by one of Nebraska Medicine's leading infectious diseases doctors. It will help reduce bacteria on your skin, in your home, and also kill a deadly bacteria called staph, which is well known for causing horrible infections.

Begin this procedure five days prior to your planned surgery date.

BACTERIAL DECOLONIZATION CALENDAR

Prep day	Day 1	Day 2	Day 3	Day 4	Day 5	Surgery day
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Wash bed linens in hot water	Apply nasal ointment	Apply nasal ointment	Apply nasal ointment	Apply nasal ointment	Apply nasal ointment	Wash with second bottle of CHG Soap:
	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	
Clean household surfaces	Use CHG Scrub	Use CHG Scrub	Use CHG Scrub	Use CHG Scrub	Wash with first bottle of CHG soap:	Nothing on your skin or in your hair is allowed.
						Remove all jewelry and piercings.
		Wash bed linens in hot water			Wash bed linens in hot water	
		Clean household surfaces			Clean household surfaces	

- * CHG Soap: The night before and the morning of please let the soap sit on your skin for 2 minutes before washing it off.
- * OK to use lotion everywhere except the surgical area and deodorant up until the night before surgery.
- * The day of surgery: do not apply any lotions, powders, or deodorants to your skin after showering. These items may prevent the cleanser from killing germs.

Following Your Surgery

The goal for many patients is to discharge the same day. If you have a hospital stay, we will maximize your comfort and begin your ability to move and regain your independence. Early mobility is extremely important, therefore it is your health care team's goal to start your mobility program within the first few hours after your surgery. Mobility may include sitting on the edge of the bed, moving to a chair or walking. Discharge planning will begin with your nurse, social worker, case manager and doctors. Be aware of your own discharge goals.

Post-Surgery Instructions

Before you are discharged from the hospital, (for a knee replacement) our social work team will help set up home health physical therapy. A physical therapist will visit your home 2 to 3 times a week for 2 to 6 weeks to help with your recovery.

After surgery, your risk of blood clots is higher. To help prevent them, your surgeon will prescribe a blood thinner that you'll take for about one month.

The pain medications you will be discharged with are controlled narcotics, which means they cannot be called into your pharmacy. **We require a minimum of 48 hours' notice for all pain medication refills.**

You must keep your knee or hip incision clean, covered and dry for six weeks or until instructed otherwise by your surgical team.

Before you leave the operating room, your surgeon will cover your incision with a waterproof Mepilex or advanced surgical dressing (i.e. wound vac).. This dressing will remain in place for ____ days.

- After ____ days, remove the Mepilex dressing. Then, cover the incision with 4X4 gauze and medical tape (or Tegaderm). Change the gauze every other day.

- Before showering, cover the gauze with a waterproof dressing like Glad Press n' Seal or Tegaderm. Do not submerge yourself in a bathtub.
- You will have a follow-up appointment with your doctor about 2 to 6 weeks after surgery to check your incision and overall progress.

Do not get your knee or hip incision wet or apply any ointments or creams until your doctor says it's OK.

Your operative knee or leg will be swollen and warm to the touch. Do not be alarmed. This is normal. However, there is a difference between warm to the touch and signs of infection. Call your doctor if:

- The incision feels hot and looks red.
- You see drainage.
- The incision pops open.

Please call the orthopaedic clinic during business hours at **402.559.8000**. If it is after business hours, call **402.559.4000** and ask for the on-call orthopaedic doctor.

Pain Management

You will go home with pain medications. Staying on top of the pain and taking your pain pills before therapy will help. Your pain will get better and the amount of pain pills you need will decrease.

- Take pain pills at regular intervals to make sure you stay on top of pain; usually every four to six hours.
- Take pain pills one hour before physical therapy.
- Make sure you call for refills on pain medication at least 48 hours before you run out.
- Call your doctor if you have uncontrolled pain or pain that does not get better with rest or with medication.
- We encourage you to try to eat something because pain medications can cause nausea on an empty stomach.
- Scopolamine patch: Your doctor may have this patch placed behind your ear before surgery to prevent nausea. If so, the patch will remain in place for three days.
- Ondansetron (Zofran): Usually given during surgery and as needed after surgery. Side effects are limited but may include headache.

SCHEDULED MEDICATIONS

Acetaminophen (Tylenol): 1,000 milligrams, taken 3 to 4 times per day.

- This is your building block for pain control.

Meloxicam (Mobic): 15 milligrams, taken every morning.

- Please note: this is an anti-inflammatory medication used to help with swelling and pain.
- It MAY NOT be prescribed to you if you have allergies or contraindications to taking this medication

**The key to pain control
is to stay ahead of the pain.**



AS NEEDED MEDICATIONS

Tramadol (Ultram): 50 milligrams

- Take 1 to 2 tablets every 6 hours as needed for moderate pain.

Oxycodone: 5 milligrams

- Take 1 to 2 tablets every 4 hours as needed for severe pain.

Do not take these two medications at the same time.

You may take them both the same day.

Tips

- Take pain medication 30 to 60 minutes before physical therapy.
- Use other methods to help manage pain, including ice, rest and elevating the area.

Side Effects of Pain Medication

CONSTIPATION

You will be given stool softeners and MiraLax during your hospital stay. The prescription for both should be provided at discharge. The goal is to have a bowel movement by day two or three after surgery. If you experience issues, please call **402.559.8000**.

NAUSEA

Eat a small snack (such as crackers, applesauce or yogurt) before taking medications to help prevent nausea. Anti-nausea medication will be available during your hospital stay and can also be prescribed at discharge if needed.

Fall Prevention

About half of all falls happen at home. To make your home safer, we recommend the following:

- Stand up slowly and then count to five before walking.
- Use walking aid at all times.
- Try not to go up and down stairs.
- Keep your floors and walking areas clear from clutter. Remove furniture that blocks your way. Secure cords and wires near the wall to avoid tripping over them. Get rid of throw rugs.
- Be sure the lights in your house are working well and provide good lighting throughout your home. Make sure you can reach switches and lamps easily. Place a lamp close to your bed that is easy to reach.
- Fix all steps and sidewalks to make them smooth and even. Put handrails on stairs.
- Keep your bathroom area safe. Use nonslip rubber mats on the floor and in the tub or shower. Place a grab bar or handrail in your bathroom and close to the toilet.
- Keep items you use regularly in cabinets which are within easy reach and do not require using a step stool.
- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.

Blood Clots Prevention

Having a total joint replacement puts you at risk for blood clots. Deep vein thrombosis (DVT) and pulmonary embolism (PE) are blood clots that can be prevented.

DEEP VEIN THROMBOSIS (DVT)

This condition is a blood clot that forms in a vein deep inside the body. This type of clot most commonly develops in the legs. This condition is dangerous, because the clot can break free and travel through the bloodstream to the lungs.

PULMONARY EMBOLISM (PE)

A serious complication of deep vein thrombosis is called pulmonary embolism. This occurs when the clot breaks free, travels through the bloodstream and lodges within one of the pulmonary vessels. These are the arteries that supply blood to the lungs.

Prevention includes:

- Move, move, move – as soon as possible.
- When lying in bed, pump your feet up and down to get blood that is pooling in your legs back to your heart.
- Get out of bed and start walking as soon as possible. Challenge yourself to get out of bed for all meals and to walk at least three times a day.

Going Home

When preparing to go home from the hospital you will receive an After Visit Summary. This will list all medications, follow-up appointments and doctor orders. Please bring your After Visit Summary with you to all your follow-up appointments.

Follow-up Appointments

Expect your first appointment after surgery to be within three to six weeks. This is dependent on doctor preference.

Incision Cares

Your incision will be closed with staples, glue and/or sutures. It is normal for your operative knee or hip to be swollen and warm to the touch. Until your surgeon says so, do not get your incision wet. Keep your incision covered, clean and dry at all times.

- Wash your hands before and after the dressing is changed.
- Do not submerge your incision (no baths or swimming).
- When showering, cover the incision with a dressing and plastic wrap.
- If your incision accidentally becomes wet, pat it dry and replace dressing.
- Do not put ointments or creams on the incision.
- As the incision heals it may itch but avoid scratching it.

Call your doctor right away if you have any of the following:

- Temperature greater than 101.5 degrees.
- Green/yellow drainage.
- Foul-smelling drainage.
- Increased redness or swelling at the incision site.

Blood Thinners (Anticoagulation)

You will be discharged with a medication to help prevent blood clots. If you are discharged on the drug called warfarin (Coumadin) your blood will have to be drawn twice a week to monitor the medication dose.

BLOOD THINNING MEDICATIONS

Starting after surgery you will take a blood thinner to help prevent blood clots. Your doctor will decide which blood thinner you will be on. You can expect to be on a blood thinner for up to one month following your surgery.

Call your doctor right away if you have any signs of bleeding problems:

- Bruising that occurs without your awareness.
- Black, tarry or bloody stools.
- Bleeding gums.
- Blood in the urine.
- Coughing up blood.
- Cuts that take a long time to stop bleeding.
- Nosebleeds.
- Vomitting blood or a coffee ground-like substance.

Driving

Due to weakness and pain medications, you should not drive for approximately four weeks after surgery. Please call your doctor's office before you start driving to discuss how you are doing and if it is safe to begin driving.



Dental

You may not go to the dentist until three months after your surgery. You will be required to take an antibiotic one hour before all dental or invasive procedures. If you feel you have a dental emergency, please call your orthopaedic nurse to discuss your dental problem.

How to Reach Us After You Go Home

You can reach your doctor's nurse Monday through Friday, 8 a.m. to 4 p.m. Please call **402.559.8000** or message on the patient portal if you have any questions or concerns. If it is after hours and you are unable to wait until the next business day, a doctor is available 24 hours a day at **402.559.4000**.

WHEN TO CALL

911

- Chest pain.
- Shortness of breath.
- Rough cough with bloody sputum.
- Excessive sweating.
- Dizziness.

Surgeon

- Uncontrolled pain.
- Swelling that is not relieved by ice, compression and elevation.



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