



ORTHO ATLANTA

Total Joint Replacement Program

The Patient's Guidebook



Name: _____

Date received: _____

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Important Phone Numbers

<p>Augusta 465 North Belair Road, Suite 3C Evans, GA 30809 Phone: 706-620-3635 Fax: 706-620-3623</p>	<p>McDonough 101 Regency Park, Suite 120 McDonough, GA 30253 Phone: 770-460-4747 Fax: 770-506-9860</p>
<p>Austell 3672 Marathon Circle, Suite 200 Austell, GA 30106 Phone: 770-944-3303 Fax: 770-944-0285</p>	<p>Monroe 2151B West Spring St., Suite 140 Monroe, GA 30655 Phone: 678-214-6118 Fax: 678-635-0632</p>
<p>Brookhaven 3929 Peachtree Road NE, Suite 250 Brookhaven, GA 30319 Phone: 404-352-1053 Fax: 404-350-0840</p>	<p>Newnan 354 Newnan Crossing Bypass, Suite 200 Newnan, GA 30265 Phone: 770-460-4747 Fax: 678-673-5102</p>
<p>Cartersville 970 Joe Frank Harris Pkwy SE, Suite 100 Cartersville, GA 30120 Phone: 770-445-5666 Fax: 770-445-0799</p>	<p>Peachtree City 2785 Highway 54 West Peachtree City, GA 30269 Phone: 770-460-0094 Fax: 678-216-0380</p>
<p>Covington 4181 Hospital Dr. NE, Suite 204 Covington, GA 30014 Phone: 678-766-8999 Fax: 678-625-2168</p>	<p>Piedmont West 1800 Howell Mill Road, Suite 200 Atlanta, GA 30318 Phone: 404-352-1015 Fax: 404-477-1176</p>
<p>Douglasville 6002 Professional Parkway, Suite 140 Douglasville, GA 30134 Phone: 770-949-8558 Fax: 770-949-6966</p>	<p>Rockdale 1301 Sigman Road NE, Suite 125 Conyers, GA 30012 Phone: 678-413-6276 Fax: 678-413-6277</p>
<p>Fayetteville 1265 Hwy 54 West, Suite 102 Fayetteville, GA 30214 Phone: 770-460-1900 Fax: 770-719-1214</p>	<p>Snellville 1700 Tree Lane, Suite 300 Snellville, GA 30078 Phone: 678-205-4299 Fax: 678-214-6112</p>
<p>Gwinnett 771 Old Norcross Road, Suite 390 Lawrenceville, GA 30046 Phone: 678-957-0757 Fax: 678-957-9597</p>	<p>Stockbridge 1240 Eagles Landing Pkwy, Suite 300 Stockbridge, GA 30281 Phone: 770-506-4350 Fax: 770-506-9860</p>
<p>Johns Creek 6300 Hospital Pkwy, Suite 400 Johns Creek, GA 30097 Phone: 678-205-4261 Fax: 678-417-7187</p>	<p>The Battery Atlanta 455 Legends Place SE, Suite 890 Atlanta, GA 30339 Phone: 404-418-9090 Fax: 770-726-0942</p>
<p>Macon 440 Charter Blvd., Suite 3302 Macon, GA 31210 Phone: 478-200-5710 Fax: 770-953-6972</p>	<p>Woodstock 970 Woodstock Pkwy, Suite 310 Woodstock, GA 30188 Phone: 678-214-6123 Fax: 770-485-2883</p>
<p>Marietta 620 Cherokee St NE, Suite 300 Marietta, GA 30060 Phone: 770-635-1812 Fax: 404-350-0840</p>	

If you have an issue after hours, please call the office number to reach a doctor on call.

Total Knee Replacement

A total knee replacement will benefit you if you have the following:

- Deformity of the knee
- Moderate or severe pain while at rest
- Inability to straighten leg/knee
- Severe pain while walking, climbing, getting in and out of cars, chairs, bathtub
- Chronic swelling and inflammation (not improved by rest, elevation or medications)

A total knee replacement procedure will restore function to your severely damaged knee. Usually damage to the knee joint is caused by arthritis. During the procedure, your surgeon will replace the damaged portions of the knee with artificial parts. These parts consist of a metal femoral (thigh bone) component, a metal tibial component (shin bone), a plastic spacer and possibly a small plastic patellar component to replace the kneecap. Your physician may apply bone cement to stabilize the parts.

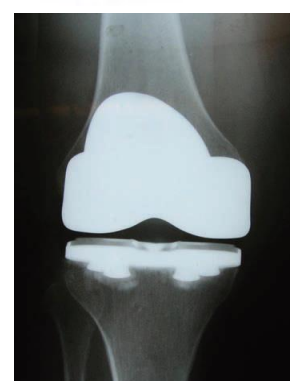
Normal knee



Arthritic knee



Knee with replacement parts

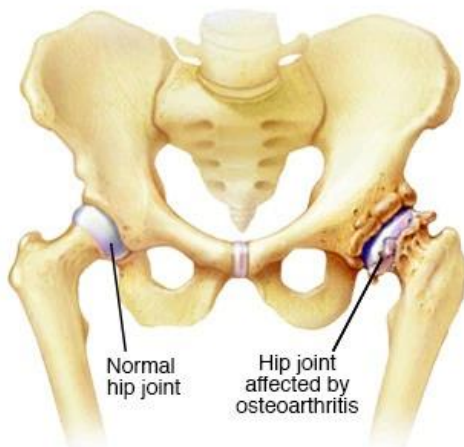


Total Hip Replacement

A total hip replacement will benefit you if you have the following:

- Deformity of the hip
- Moderate or severe pain while at rest
- Decreased mobility
- Severe pain, difficulty or stiffness while walking, climbing, getting in and out of cars, chairs, bathtub
- Difficulty sleeping

Proper and increased mobility is the goal of a total hip replacement procedure. The most common reason for needing a replacement is due to osteoarthritis of the hip. The definition of osteoarthritis according to medical dictionaries is: *degeneration of joint cartilage and the underlying bone, most common from middle age onward. It causes pain and stiffness, especially in the hip, knee, and thumb joints.* During the procedure, your surgeon will replace the damaged portions of the hip joint with artificial parts either plastic or metal. These parts consist of a socket (part of the pelvic bone), a liner which fits into the socket, a round ball to replace the top of your thigh bone and a stem that is attached to the thigh bone to anchor the joint. Your physician may apply bone cement to stabilize the parts.

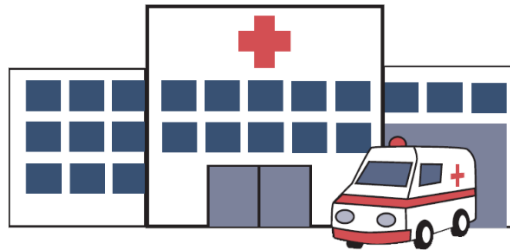


[LEARN MORE](#)

Before Surgery

Whether you are having your surgery as an inpatient or an outpatient, there are several steps that need to occur before your surgery in what we call the pre-operative phase. This book will help prepare you before and after surgery. To help you manage and organize your steps, you can check off the items as they are completed on the To Do list provided by Piedmont Orthopedics | OrthoAtlanta.

Inpatient/In-hospital joint replacement (24-48 hours)



Outpatient/Surgery Center Benefits (4-6 hours)

- No hospital stay, recover comfortably at home
- Improved pain management protocols
- Early mobilization at home
- Less expensive
- Increased patient satisfaction
- Less exposure to hospital acquired infections
- No need for a skilled nursing/rehabilitation facility

Step 1

• Decision

SCHEDULE SURGERY

The Surgery Scheduler will find an available surgery date that will work for you. The date will be communicated to you either at an appointment or by a phone call as soon as a date has been confirmed. The surgery date will need to be at least a month out, so you can have time to prepare.

SURGERY DATE: _____ **LOCATION:** _____

LABS AND TESTS

The physician may order lab work, an MRI, X-rays or other tests such as an EKG. If you have had any recent labs or tests done, please tell the physician or office staff.

LAB WORK DATE: _____ **LOCATION:** _____

MRI/XRAY DATE: _____ **LOCATION:** _____

OTHER TEST DATE: _____ **LOCATION:** _____

MEDICAL CLEARANCE APPOINTMENTS

A medical clearance letter will be needed from your Primary Care Physician (PCP) and/or possibly your Cardiologist or other specialist if you have one. You will need to make an appointment as soon as you can. Please tell them to send/fax medical clearance letter to the Piedmont Orthopedics | OrthoAtlanta office where you are seen. You can find OrthoAtlanta phone and fax numbers on page 3.

PCP NAME: _____ **DATE:** _____

OTHER NAME: _____ **DATE:** _____

OTHER NAME: _____ **DATE:** _____

PREHAB APPOINTMENT

Prehabilitation (Prehab) combines specific knowledge and exercises prior to orthopedic surgery to help achieve the best surgical outcome. The Prehab appointment is best completed at least 3-4 weeks before surgery. The Surgery Scheduler will notify our Physical Therapy (PT) department of your up-coming surgery date who will call you and set up a *Prehabilitation (Prehab) appointment*, if permitted by your insurance. It is very important to see the therapist as soon as you can so you can begin exercises before surgery. This will allow more time for you to build up your strength, range of motion and flexibility. Your recovery will also be much easier and faster. Please call the Surgery Scheduler or Physical Therapy Department if you do not receive a phone call within a week after your surgery has been scheduled. If surgery is to be done at the hospital, you will attend a Joint Class at the hospital where you will receive instruction. Most hospitals offer this type of class.

PREHAB DATE: _____ **LOCATION:** _____

CLASS DATE: _____ **LOCATION:** _____

PRE-OPERATIVE APPOINTMENT

A pre-operative appointment at the Piedmont Orthopedics | OrthoAtlanta physician's office will be made 1-2 weeks before the date of surgery. Several more steps will take place during this visit. You may see the physician or the physician's assistant.

PRE-OPERATIVE DATE: _____

EQUIPMENT

You will need a front wheeled walker (2 wheels on the front) which is covered by most insurance plans. As you are progressing in therapy, you will need a cane. We also recommend a raised toilet seat with handles and a hip/knee kit (reacher, sock aid, etc.). Check with your insurance carrier or the office Durable Medical Equipment (DME) Coordinator to see if the items are covered.

EQUIPMENT TO BE ORDERED/BORROWED: _____

SUPPORT COACH

You will need to pick a coach. This is a very important decision for you to make. Take time to think about who you want to function in this role. The definition of a coach in healthcare is: *“someone who helps a patient gain the knowledge, skills, tools and confidence to become active participants in their care so that they can reach their identified health goals”*. In this case, the goal is to have a successful surgery and recovery to better improve your quality of life. Your coach will attend all appointments related to your joint replacement before and after surgery and be present at the surgery center or hospital the day of your surgery. Your coach will also be with you during your rehabilitation time or as much as you feel is necessary. Simply put, your coach may drive you to and from your appointment for a lab test, assist you with your exercises after surgery, remind you to take your medications, remind you how to go up and down stairs or make you comfortable while lying in bed or sitting in a chair. Your coach should be reliable, focused and able to offer encouragement in a positive way.

COACH'S NAME: _____

PHONE #: _____



Step 2

• Prehab Appointment

Please bring this guidebook with you to your Prehabilitation (Prehab) appointment. The Physical Therapist will be reviewing the information found on the next few pages with you. If you forget to bring it, the therapist will give you a copy of the exercise information.

The Prehab appointment will focus on two phases; **what you need to do before your surgery** and **what you need to do after your surgery**. The therapist will go over the before and after goals. The goals of your Prehab appointment are:

- To increase strength, range of motion and flexibility with exercises **before surgery**
- To mentally prepare **before surgery**
- To safely prepare your home **before surgery**
- To learn how to properly use assistive devices such as a cane, crutches and/or walker **after surgery**
- To learn how to sit, stand and get in and out of a car after **your surgery**
- To learn how to walk up and down stairs with/without an assistive device and/or rails **after surgery**
- To learn how to increase circulation, improve your extension and to take precautions **after surgery**
- To learn about other activities of daily living such as dressing, bathing and showering **after surgery**
- To learn how to follow your home exercise program **after surgery**

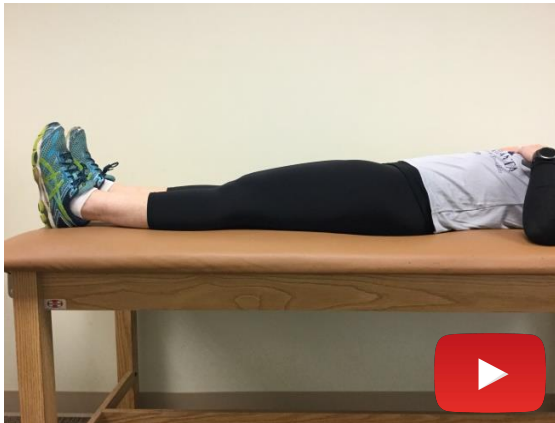
The therapist will do a thorough assessment of your strength, range of motion and flexibility before teaching you the appropriate exercises. The therapist will place an X or a ✓ next to the exercise that you are to perform at home.

Range of Motion and Strengthening Exercises Before Surgery



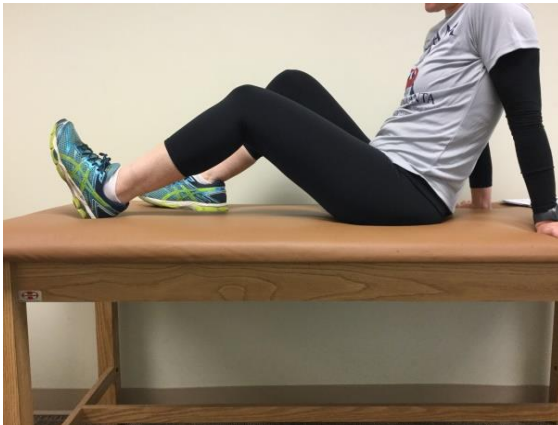
Quadricep Sets

While sitting or lying in bed, press your knee into the mattress and tighten your muscle on the top of your thigh. Hold for a count of 5-10 seconds. Repeat 10 times, 2-3 times a day.



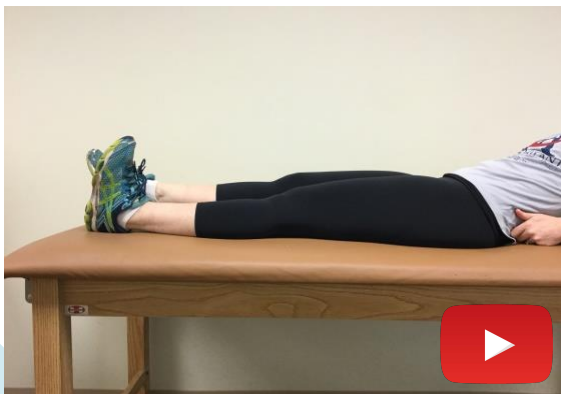
Gluteal Sets

While lying on your back in bed, squeeze your buttock muscles together and hold for a count of 5-19 seconds. Repeat 10 times, 2-3 times a day.



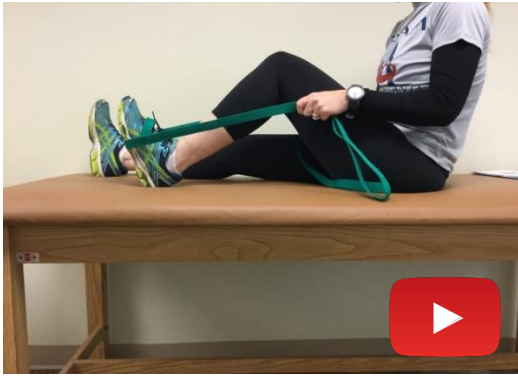
Hamstring Sets

While sitting or lying in bed, keep your operative leg bent. Tighten the muscle on the back of your operative leg. Push the heel down into the bed with the operative leg. Hold for 5 seconds. Repeat 10 times with both legs, 2-3 times a day.



Ankle Pumps

While sitting in a chair or lying on your back in bed, slowly pump your foot forward and backward. Repeat 20 times with both ankles, every hour while awake.



Heel Slides

While sitting up or lying on your back in bed, bend your knee and slide your heel to your buttock. Slide it back out straight. You can use a strap/towel to assist. Tie a plastic bag around your foot if it makes the foot easier to slide. Repeat 10 times with the affected leg, 2-3 times a day.



Lying Knee Extensions

Lie on your back Place a rolled towel under the lower part of your thigh. Lift your foot and straighten your knee. Do not raise your thigh off the rolled towel. Repeat 10 times with the operative leg, 2-3 times a day.



Straight Leg Raises

While lying on your back, bend the opposite knee, tighten your thigh muscles and lift the leg up several inches off the bed. Keep your knee straight and toes pointed up. Hold the leg up for 5-10 seconds and then lower it back onto the bed. Repeat 10 times with each leg, 2-3 times a day. Do not continue this exercise if this hurts your back.



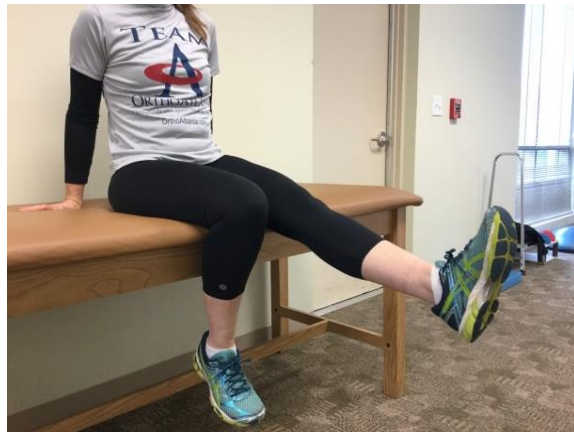
Lying Hip Abduction/Adduction

While lying on back, slide operative leg out to the side as far as you can. Keep knee straight, toes up. Slide back to center. Repeat 10 times with the operative leg, 2-3 times a day. If needed, tie a plastic bag around foot to make it slide easier.



Side Lying Hip Abduction

Place a pillow between your knees and turn to your non-operative side. Tighten the thigh muscle of your operative leg. Lift the leg 8-10 inches up from the pillow. Repeat 10 times, 2-3 times a day.



Sitting Knee Extensions

While sitting in a chair with your back against the chair back or wall, straighten your knee and hold for a count of 5-10 seconds. Lower your leg back onto the floor. Repeat 10 times with the operative leg, 2-3 times a day.



Standing Hip Extensions

While standing up, hold onto the back of a chair or counter. Bring your operative leg backward as far as you can. Keep your knee straight. Repeat 10 times, 2-3 times a day.



Heel Raises

While standing up, hold on to the back of a chair or counter. Rise up and down on your toes. Repeat 10 times, 2-3 times a day.



Standing Hip Flexions

While standing up, hold on to the back of a chair or counter. Raise the operative leg up, just to the side of the chair. Knee should be straight. Slowly lower your leg back onto the floor. Repeat 10 times, 2-3 times a day.



Knee Raises

While standing up, hold on to the back of a chair or counter. Raise one knee at a time as if marching in place. Do not lift your knee higher than your waist. Hold your knee up for 2-3 seconds. Slowly lower your leg back onto the floor. Repeat 10 times, 2-3 times a day.



Standing Hip Abduction/ Adduction

While standing up, hold on to the back of a chair or counter. Move operative leg out to the side. Keep hip, knee and foot pointed straight forward. Slowly lower your leg back onto the floor. Repeat 10 times, 2-3 times a day.



Standing Knee Flexions

While standing up, hold on to the back of a chair or counter. Bend your operative knee back behind you. Slowly lower it back to the floor. Repeat 10 times, 2-3 times a day.



Single Leg Step-ups

While standing on the bottom step, hold on to the stair rail. Slowly lower one leg to the ground. Body weight should be supported by the leg on the ground. Slowly straighten the leg on the step. Repeat 10 times with the operative leg, 2-3 times a day.



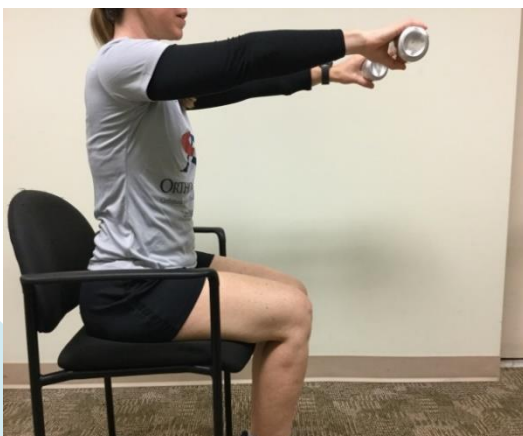
Overhead Press

Sit in a chair with your feet flat on the floor. Hold a soup can or bottle of water in your hands. Place one arm on the armrest of the chair and lift your elbow up towards your head. Bring your hand down toward your ear and then lift towards the ceiling. Repeat 10 times with both arms, 2-3 times a day.



Elbow Flexions

Sit in a chair with feet flat on the floor. Hold a soup can or bottle of water in your hands. Place one arm on the armrest of the chair and bend your elbow, bringing your hand toward your shoulder. Lower your hand back onto the armrest. Repeat 10 times with both arms, 2-3 times a day.



Shoulder Flexions

Sit in a chair with feet flat on the floor. Hold a soup can or bottle of water in your hands. Start with your hands on your legs. Raise your arms in front of you with your elbows straight. Lower your arms to your legs. Repeat 10 times, 2-3 times a day.



Mini Squats

While standing up, place your back against a wall. Walk your feet out so your knees are not over your toes. Slide down the wall until your knees are bent 30-45 degrees. Slowly raise up to the straight position. Repeat 10 times, 2-3 times a day. Stop if exercise causes increased pain in the operative knee.



Armchair Push-ups

Sit in a chair with feet flat on the floor. Place your hands on the armrests. Straighten your arms while raising your buttocks off the chair. Repeat 10 times, 2-3 times a day.

NOTES

Cardiovascular Exercises

Work on improving general health/fitness with 2 to 3 hours of cardiovascular exercises a week:

- Stationary bike
- Walking
- Swimming, pool exercises



Mental preparedness

Mental preparedness is important to your recovery. Anxiety and depression can impact your recovery. If you feel that your anxiety or depression is not managed, please discuss this with your primary care provider or a mental health professional.

If you are having your procedure as an inpatient

- You will be discharged home within 24-48 hours.
- Within a few hours after surgery you will be walking a short distance in the hospital.
- You will be practicing walking up and down stairs in the hospital
- Your coach and a Physical Therapist will be there to assist you and to reinforce what you learned at your Prehab appointment.

If you are having your procedure as an outpatient

- You will be discharged home the same day, usually within 4-6 hours.
- After you have been in the recovery room for a few hours, a Physical Therapist will assist you with walking a short distance and going up and down stairs.

Nutrition/diet

The following is important before and after surgery.

- Your diet should consist of a balance of enriching foods.
- Include foods that may aid in combating fatigue and increase wound healing such as protein (chicken, fish, eggs), Vitamin C (fruit), B12 (milk products), as well as fiber and probiotics (yogurt with granola).
- Try to avoid overly sugary foods, as this can cause more fatigue due to sudden changes in blood sugar levels.
- Eat as healthy as possible with appropriate servings of fruits, vegetables, proteins, whole grains and low-fat dairy products.
- An adequate iron supply is also very important. Good sources of iron include lean red meats, fortified cereals and leafy vegetables such as spinach or kale.

Preparing your home

Since you will have limited mobility and are at risk of falling after your joint replacement, there are many modifications that can be done in your home ahead of time to make life easier and to keep you safe!

- If you have stairs or more than one level in your home, set up your home to function on the first floor only or have 2 walkers, one for upstairs and one downstairs.
- Have a raised toilet seat with handles in place before surgery
- Have a portable or cell phone available.
- Have an apron or jacket with multiple pockets to carry items you may need frequently (lip balm, pen, glasses, etc.).
- Slide objects along countertops rather than carrying them. Use a utility cart with wheels to transfer items to and from the table.
- Attach a bag or basket to your walker or wear a “fanny pack” to carry small items.
- Use a long-handled reacher/grabber to reach objects overhead and on the floor.
- Remove all throw rugs and long electrical cords to avoid tripping.
- Keep a clear walking path in your home, especially to your exits and bathroom.
- Move frequently used kitchen items to the lower shelf or the countertop.
- Buy or make individual meals that can be frozen and reheated easily.
- Make sure there is a clear pathway to the entrance of your home (no pine straw or leaves, clutter in the garage, etc.).
- Make sure your pets will not be underfoot to cause you to fall and injure your new hip or knee.
- Make sure all handrails in your home are tightly secured.
- Use non-skid shoes or socks always.
- Make your home as clutter-free as possible!
- Watch out for slippery/wet areas on the floor!



Step 3

• Pre-Operative Appointment

The pre-operative appointment will be at your physician's office. The appointment should be approximately 1-2 weeks before your actual surgery date. At this appointment, important instructions will be given to you regarding final preparations before surgery. It is a great time for you to ask all the questions you may have. Before you arrive, write down questions that you have been thinking about. You are welcome to call the office any time with questions.

The following will take place at the pre-operative appointment:

- Risks, benefits and potential complications of the surgery will be discussed and written on the **INFORMED CONSENT**. You will be asked to sign the consent after you feel comfortable and your questions have been answered. Sometimes the consent is signed the day of surgery at the surgery center or hospital.
- A **PHYSICAL EXAM** will be done. Please tell the physician if there have been any changes in your health history since your previous visit to this office. This is called the History and Physical (H&P). It must be dated within 30 days of the surgery date. The surgery center or hospital will need the H&P before surgery can begin.
- The physician will review the results of your **MEDICAL CLEARANCE(S), LABS, TESTS AND X-RAYS** that were ordered at your last visit.
- **HOME HEALTH and/or OUTPATIENT PHYSICAL THERAPY** will be ordered for you. Your physician may have a therapist visit you in the home for 2-3 days before you start attending your outpatient therapy sessions.
- You may be given your **POST-OPERATIVE PRESCRIPTIONS** so you can fill them and have them ready at home after surgery. Do not take any of these medications unless you are instructed to do so. Do not take them to the hospital unless you are instructed to do so. If you do not receive them at this appointment, you will be given them at the surgery center or hospital before you go home.
- A **POST-OPERATIVE APPOINTMENT** will be made during this visit. The physician will see you in his/her office 1-2 weeks after surgery. Please call the office if you have any questions before this appointment.

POST-OPERATIVE APPOINTMENT DATE: _____

- Your physician will review all **MEDICATIONS** that you take. Please bring a list of all medications, supplements and vitamins you are taking as well as the dose, strength and how often. Bring a list of your allergies to medications, food or the environment and write what reaction you have had. Ask your physician which medication to take before surgery and when. Also ask which medication to stop before surgery and when.

MEDICATION TO TAKE DAY BEFORE OR MORNING OF SURGERY:

MEDICATION TO STOP TAKING AND WHEN:

- Our **DURABLE MEDICAL EQUIPMENT (DME) COORDINATOR** may be able to assist with obtaining medical equipment or assistance devices for you so please ask!
- If needed, you are encouraged to bring any short-term disability, time off requests and FMLA **PAPERWORK** to this appointment. The process takes a minimum of 7-10 days to complete.

➤ **INSTRUCTIONS FOR SURGERY**

- Do not eat or drink anything after midnight the night before your surgery. You may brush your teeth the morning of surgery but do not swallow the water.
- Take your medications that the physician told you to take before surgery with a small sip of water.
- Stop smoking at least 4-6 weeks before surgery. Smoking decreases the rate of healing.
- Your physician may give you more specific instructions depending on your health history. For example, if you are diabetic, more than likely you will be given instructions on your diabetic medications and diet for the night before and the morning of surgery. Ask your physician for specific instructions.
- Do not bring valuables or jewelry to the surgery center or hospital.
- If you become ill within a week to a few days before surgery, please contact your physician to see if you need to re-schedule your surgery. We want you to be as healthy as possible on the day of your surgery!

Infection Prevention

PREVENTING INFECTION before, during, and after your surgery is an important step in making sure your surgery goes smoothly and that your recovery is on track. You play an important part in helping to prevent a surgical site infection. Do not shave the skin around your surgery site for at least 3-5 days before your surgery. If there are breaks in your skin on the day of surgery, your surgery may need to be re-scheduled because they increase the risk of developing an infection. If your incision area needs to be shaved, the surgical nurses will use a surgical clipper in the pre-operative area. You will need to shower the night before and the morning of your surgery with **HIBICLENS** (at least 8-10 oz. size), using ½ each shower. It can be found at any drug store. Hibiclens contains Chlorhexidine which is an antimicrobial skin cleanser that helps reduce bacteria that could potentially cause an infection of your incision. It looks and feels just like liquid soap or foam and should be used liked a shower gel.

- Use a clean washcloth and a clean towel for each shower.
- Remove all body piercings and jewelry; leave them out until after your surgery.
- The night before your surgery shower, wash your body with your regular soap first and wash your hair with your regular shampoo.
- Be sure to rinse off thoroughly to remove any remaining soap and shampoo residue.
- Using the washcloth, clean your skin with Hibiclens. Use enough to cover your entire body, about half the bottle. Make sure you clean the area where your surgery will be done.
- Do not use on or near your face, eyes, ears, head or vaginal area.
- Do not wash with your regular soap after using Hibiclens.
- After your shower, pat yourself dry with a clean, soft towel.
- Do not put on any deodorants, lotions, powders, or oils afterwards.
- Be sure to put on clean clothing.
- During the morning shower on the day of your surgery, you may use your regular soap to wash your face, but repeat the shower as described above.
- If you are allergic to Hibiclens, use an antibacterial soap instead, following the same steps.
- If you cannot use the shower, wash yourself with Hibiclens at the sink. Make sure the sink is clean before you begin and do the best you can to clean your entire body.



Step 4

• Surgery Phone Call and/or Appointment

A few days before your surgery, a pre-admission nurse (RN) from the surgery center or hospital will ask you about your medical and surgical health history. This may take place over the phone or at the hospital during an appointment. This is a very important discussion because it will help the Anesthesia Department and Surgical Team get to know you before you arrive. The RN will also discuss the following:

- What medications you should and should not take; please have your medication and allergy information available.
- Instructions before surgery
- Name and phone number of your primary care physician and any other physician you went to see for “medical clearances” before surgery
- Labs, x-rays and tests done ahead of time and where the tests were done

Depending on the information you have given the RN, you may have additional lab work, tests or additional instructions ordered by the Anesthesia Department that must be completed before the day of surgery.

The surgery center will call you the day before your surgery and tell you what time to arrive. This phone call usually occurs between 12 Noon and 4:00 p.m. If you are having your surgery at the hospital, the hospital may give you the time to arrive for surgery at your appointment or over the phone.

On the morning of your surgery, you should bring the following items with you to the surgery center or hospital:

- Picture ID and Insurance card
- Your list of medications, supplements, vitamins and allergies
- Flat, supportive, non-skid shoes that are slip on or velcro closure
- Loose and comfortable clothing
- Front Wheeled (FW) Walker
- Your Support Coach!

Day of Surgery

It is finally here! The surgery center and hospital have an experienced and highly skilled team who will focus specifically on you. Each one of the team members is specially trained to help ensure a safe and successful recovery! They will be working with you and your coach to ensure a safe and comfortable experience.

TEAM MEMBERS include:

1. **Front Desk Assistant:** The assistant will check you in, explain any questions you may have and show you and your family members where to wait.
2. **Your Orthopedic Surgeon:** This is, of course, your physician who will perform your joint replacement operation and oversee your care throughout the entire journey.
3. **Physician Assistant/Surgical Assistant:** The assistant works very closely with your surgeon in the operating room. They may help hold instruments, dress your wound or reassure you in the recovery room. It is usually someone from the office that you have already met.
4. **Anesthesiologist:** This is the physician in charge of the safe administration of any kind of anesthesia. This physician may perform the regional block, assist in putting you to sleep and waking you up and monitoring your post-operative care in the recovery room. Post-operative pain management and the prevention of nausea and vomiting is a large part of their responsibility.
5. **Nurse Anesthetist:** They will stay with you throughout the entire operation and monitor your breathing, fluid intake and output and overall safety. They assist the Anesthesiologist with your anesthesia care.
6. **RN:** You will have an RN that helps to get you ready in the pre-operative area and an RN to assist you in the postoperative or recovery phase. There is also the RN who will be taking you back to the operating room; staying with you the whole time and assisting the physician or anesthesia staff as needed. They will be your advocate and will keep you safe throughout the procedure!
7. **Surgical Technologist:** The tech will be in the operating room with you also and will make sure the surgeon and assistant have everything they need to perform the operation.
8. **X-ray Technician:** The x-ray tech will perform x-ray images in the operating room to confirm your new joint replacement parts are in the perfect position.
9. **Physical Therapist:** If your surgery is at the surgery center, the therapist will see you in the recovery room once you are awake enough. They will assist you with walking and going up and down a few stairs. They will reinforce all that you learned at your Prehab appointment and have been practicing for the last several weeks. If your surgery is at the hospital, you may see the therapist after you have been taken to your hospital room or possibly in the recovery room.
10. **Your Coach:** Your coach has been with you before surgery and now they are here as part of the team to reassure you and assist you with the discharge phase. It is important for the coach to be present when the discharge instructions are being given before you go home.

After Surgery

We want your recovery at home to be successful with a smooth transition from the day of surgery to discharge home! It is very important to call the correct healthcare giver when you are having symptoms or want to ask an important question. We encourage you to call and talk to someone at Piedmont Orthopedics | OrthoAtlanta and **NOT** go directly to the Emergency Room unless it is life threatening. The ER physician may admit you to the hospital since they did not perform your surgery and do not know your health history. Admission to the hospital may not be the best treatment option for you. If we can keep you out of the hospital that is what we want to do. We do not want to expose you to potential infections, a costly stay, unnecessary tests and, of course, reduced time away from home and your support system. If your physician is not on call after hours, another highly experienced physician from Piedmont Orthopedics | OrthoAtlanta will be and can answer your questions or concerns. You may also reach out to your primary care physician or other specialist if you think you are having an issue with another medical problem. You can also call our office during business hours.

Please call if you experience any of the following:

- An increase in pain not controlled by pain medication or change in activity or position.
- Numbness, tingling or a change in color or temperature in the operative leg.
- Have trouble re-establishing normal bowel habits despite use of stool softeners and increased fluids.
- Have a fever (101°) longer than 24 hrs.
- Increasing redness, bleeding, swelling, warmth, unpleasant odor or milky liquid coming from the wound.
- Experience any unusual calf pain, redness, or swelling.

Please go directly to the ER for anything life threatening such as chest pain or extreme difficulty breathing.

Blood Clots

Phlebitis (inflammation of the veins of the legs) or Venous thromboembolism (VTE), which refers to **BLOOD CLOTS** in the veins of the leg, are possible risks after total joint replacement surgery. Exercising your leg muscles immediately after surgery will help prevent clots. You will have compression sleeves which inflate with air to squeeze your leg while you are at the surgery center or the hospital. These sleeves help pump blood out of your legs to prevent blood clots. Your doctor may have you wear support stockings after surgery or may send you home with the compression sleeves and inflation machine. In addition, you may be prescribed an oral anticoagulant to prevent your blood from clotting.

Lung Health

After surgery, it is important to **EXERCISE YOUR LUNGS** by taking deep breaths to prevent problems. Normally, you may take a deep breath each hour, usually without being aware of it. They are spontaneous, automatic, and occur in the form of sighs and yawns. However, when you are experiencing pain or drowsiness from the anesthesia or your pain medication, your normal breathing pattern can change. Therefore, you may be provided with an *incentive spirometer* at the surgery center or hospital. A member of the staff will show you how to use your *incentive spirometer*. Using the incentive spirometer will force you to take the deep breaths necessary to expand the small air sacs of your lungs and help clear the air passages of mucous. We recommend that you use your incentive spirometer 5-10 times every hour while awake, both after surgery and while at home. With the unit in an upright position, exhale normally, and then place your lips tightly around the mouthpiece. To achieve a maximum inspiration, inhale (suck in like a straw) to raise the ball. Then take your lips off the mouthpiece and exhale normally.



Coughing is another excellent way to help breathe and clear your lungs. Coughing is, of course, one of nature's important methods for clearing your lungs any time...not just after surgery.

- Breathe in deeply through your nose.
- Hold your breath and count to five.
- Breathe out slowly through your mouth.
- On the fifth deep breath, cough from your abdomen as you breathe out.
- Make a habit of doing these two to three times hourly, especially when it is inconvenient to use your incentive spirometer.

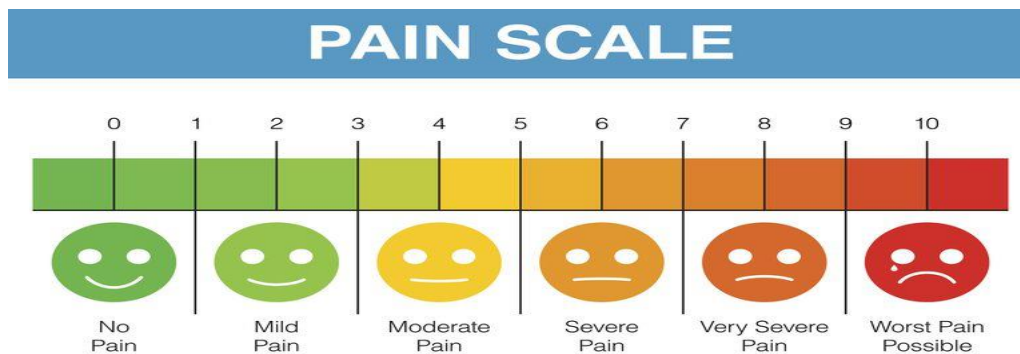
Pain Management

PAIN MANAGEMENT is a very important part of your recovery, especially if you are going home the same day or next day. Our goal is to make you as comfortable as possible before you leave. The expectation is that you will have some discomfort and pain, but it should be tolerable. Utilization of the many new anesthetic techniques have allowed this to happen. You will discuss with your Physician and the Anesthesiologist what type of anesthesia will be used during the actual operation. It might be a deep sleep called general anesthesia or it might be a spinal anesthesia with some relaxation/sedation medicine.

The Anesthesiologist may perform a nerve block before surgery. This will give additional pain relief after surgery around the joint that should last from a few hours to 24 hours. This is called regional block/anesthesia. You will still be able to walk and move your legs comfortably in recovery.

At the end of the procedure, in the OR, your physician will inject a mixture of a narcotic, local anesthetic, such as lidocaine and an anti-inflammatory. This will also help with pain control after surgery.

Once you are in the recovery room, your RN will monitor your pain level and give you appropriate medications to ease the pain. The medications go through an IV in your arm. Become familiar with the pain scale below so you can better communicate your actual pain level. The RN will ask you where the pain is, what type of pain it is, and the level of the pain. We also want to know if the medication is making it feel better.



You will also have cold therapy or ice packs put on you after surgery. The packs should be applied to the surgery site for 20 minutes every two hours. Cold therapy is also helpful after physical therapy/exercises. Relaxation Exercises such as slow rhythmic breathing can also help reduce anxiety, stress and pain. You will be changed to pain medication that is taken by mouth. It is important to not “get behind the pain”. Don’t wait until you are at a pain level of 7-10 before you think about taking it. It is also a good idea to take a pain pill 30-45 minutes before your physical therapy appointment or exercise program.



Activities of Daily Living

In order to promote your independence, your physical therapist will review the activities that you learned at your Prehab appointment. **ACTIVITIES OF DAILY LIVING** are a series of basic activities performed by patients on a daily basis necessary for independent living at home or in the community. There are many variations on the definition of activities of daily living, but most agree there are 5 basic categories.

- Personal hygiene - bathing/showering, grooming, nail care, and oral care
- Dressing - the ability to make appropriate clothing decisions and physically dress/undress oneself
- Eating - the ability to feed oneself, though not necessarily the capability to prepare food
- Toilet hygiene - both the mental and physical capacity to use a restroom, including the ability to get on and off the toilet
- Transferring/Mobility- moving oneself from seated to standing, getting in and out of bed/car, going up and down stairs and the ability to walk independently from one location to another using a walker, crutches or cane

Using a walker

- Stand up straight.
- Move the walker first.
- Then, move the operative leg forward.
- Push down on your hands when you step forward with your non-operative leg.
- Land on your feet and push off your toe when walking (heel-toe pattern).
- Take an equal number of steps with each foot and make each step the same length.
- Lean your back against a wall for support if you stop (to rest, talk to someone, etc.).
- Take frequent short walks.



Chair or toilet seat-sitting and standing with a walker

- To sit, slowly turn with your walker until the back of your legs are touching the front of the chair seat.
- Move your operative leg slightly forward as you reach for the chair arm rests behind you.
- Slowly slide your operative leg straight out and forward as you ease into the chair seat, using your hand, arm and upper body strength.
- To stand, move your operative leg slightly forward as you reach for the chair arm rests next to your sides.
- Slowly slide your straight operative leg up and towards your body as you use your hand, arm and upper body strength to push your body upwards.
- Reach for the walker once you have your balance.



Raised toilet seat

Dressing

- To put on pants, put the operated leg into the pant leg first, then put the non-operative leg into the other pant leg using a dressing stick or reacher/grabber.
- To remove pants, first remove the non-operative leg from the pant leg and then remove the operative leg from the other pant leg using a dressing stick or reacher/grabber.



Reacher/grabber



Dressing stick



- It is best to use slip-on shoes or Velcro closing shoes.
- To put on socks, use a sock aid (found at most drug stores). The top of the sock should not come over the top of the plastic piece. Holding onto the cords, drop the sock aid out in front of the operative leg/foot. Slip your foot into the aid and pull it up. Slide the sock or stocking onto the sock aid. Make sure the heel is at the back of the plastic and the toe is tight against the end.



Sock aid

Bathing or Showering

- Make sure you ask your physician when you are allowed to shower
- Use or install a hand held shower hose if at all possible.
- If you do not have non-slip strips attached to your shower stall floor or bathtub, use a non-skid rubber bathmat on the floor. Make sure the suction cups are pushed down against the floor before turning on the water.
- Do not sit on the bottom of the bathtub to bathe. Moving in and out of this position causes too much and incorrect bending of your new joint in the beginning of your recovery.
- Use liquid soap to avoid dropping a bar of soap.
- A long handled bath sponge will help in bathing below your knees.
- Try not to shower/bathe longer than 10 minutes for the first few times since you may tire easily.
- If instructed, you may cover your incision for bathing or showering with a water proof dressing that can be bought at any retail or drug store. Some common names are Nexcare, Tegaderm, Suresite, and J&J Band-aid brand. A less expensive option is to wrap the incision with saran wrap or press and seal wrap.
- A shower or bath chair may also be used. You would use the same technique for sitting and standing in a chair with the walker. Utilize a rope or scarf to assist moving your leg over.



Transfer Technique

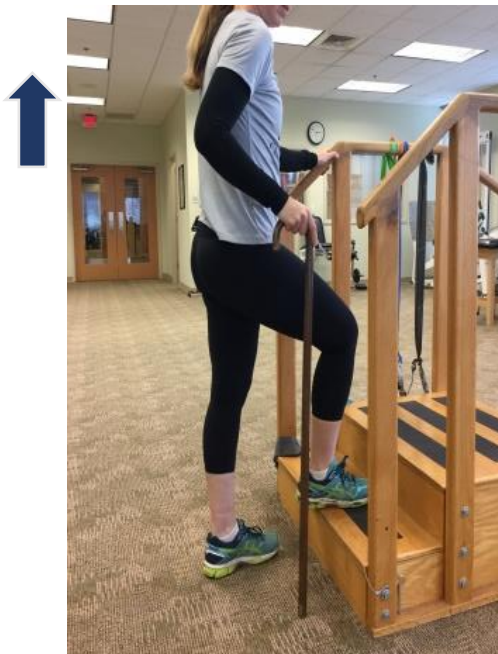


Shower/Bath chair

Must have rubber coverings on legs to prevent slipping!

Going up the stairs

- Use a hand rail if available to climb all stairs.
- Do not use a walker to climb up or down stairs.
- Lead with your non-operative leg, then your operative leg and finally your crutch or cane.
- A family member/coach should stay one step below, standing closest to your operative side when helping you climb the stairs.



Going down the stairs:

- Use a hand rail.
- Lead with your crutch or cane, then your operative leg and finally your non-operative leg.
- A family member/coach should stay one step below, standing closest to your operative side when helping you down the stairs.

Remember:

“up with the good (leg), down with the bad (leg)”

Getting into a car

- Push the seat all the way back.
- Recline the seat as far as possible.
- To sit, utilize the same method you use to sit in a chair. Use the headrest, seat or side of car for support.
- Swing your legs into the car. If you need assistance moving your leg(s) into the car, utilize a rope or scarf. This is the same method you use to sit on a bath chair.
- When traveling, make frequent stops and walk around for short distances.

Getting out of a car

- Push the seat all the way back.
- Recline the seat as far as possible.
- Swing your legs out of the car. If you need assistance, utilize a rope or scarf to assist moving your leg(s) out of the car. This is the same method you use with a bath chair.
- To stand, utilize the same method you use to stand up from a chair. Use the headrest, seat or side of car for support.
- Stand first on the non-operative leg.

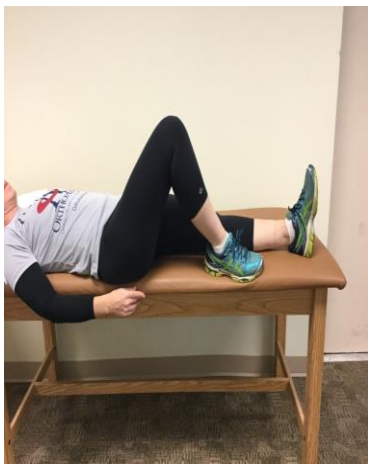


Getting into bed

- Slowly turn with your walker until the back of your legs or hips are touching the bed.
- Move as close to the head of the bed as you can.
- Place hand(s) slightly behind you on the bed.
- Move operative leg slightly forward.
- As you lay down, support operative leg by placing hand under thigh and guiding your leg onto the bed.
- Use your elbows and upper body strength to scoot over in the bed away from the edge.
- Always leave your walker within reach.

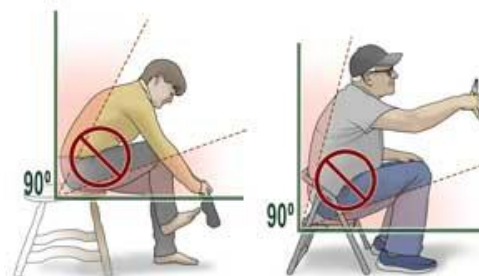
Getting out of bed:

- It is easier to get out of the bed on the side of the non-operative leg.
- Scoot closer to the edge of the bed using your non-operative leg, elbows and/or hands.
- Place your hands slightly behind you and sit up while lowering your non-operative leg to the floor.
- Use both hands to push off from the bed, sliding the operative leg slightly in front of you before standing up.
- Make sure you are balanced before reaching for the walker.



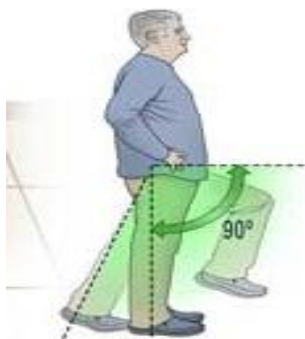
Precautions for a posterior approach total hip replacement

A traditional posterior approach total hip replacement incision is on the side of the hip and requires the surgeon to cut muscles and other soft tissue to access the hip joint. To practice safe movement until your hip replacement is fully healed, you will need to take several precautions to avoid dislocating your hip after surgery.

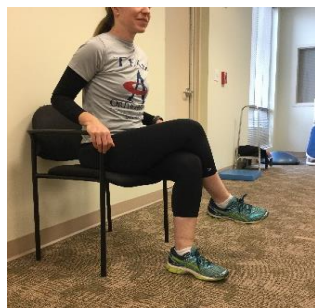


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Do not bend your hip more or less than 90 degrees (L-shape). Do not lift your knees higher than your hips.

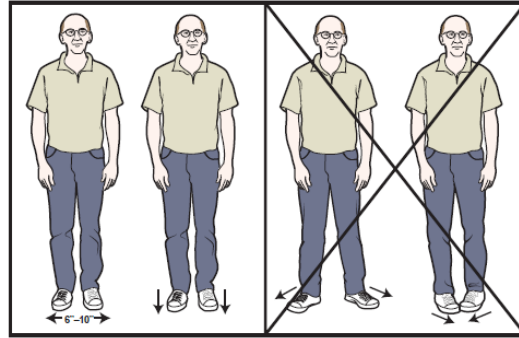


Move your leg or knee forward; try not to step back. Do not take leg more of less than 90 degrees (L-shape).



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Keep your knees apart, do not cross your operative leg or ankle when laying, sitting or standing. Keep your legs from crossing an imaginary line running down the middle of your body.



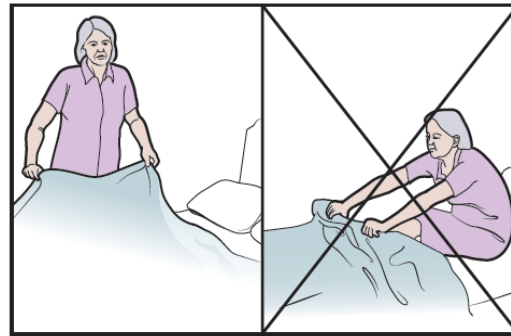
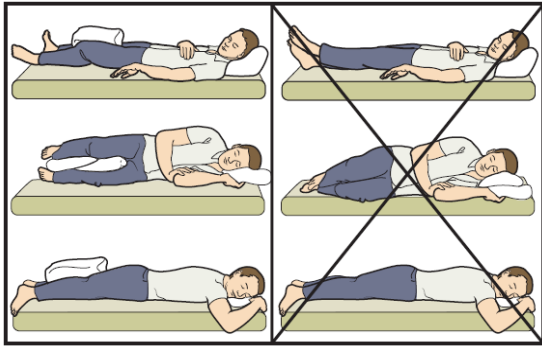
Keep your toes pointing forward or slightly out. Do not turn your operative leg inward in a pigeon-toed position.



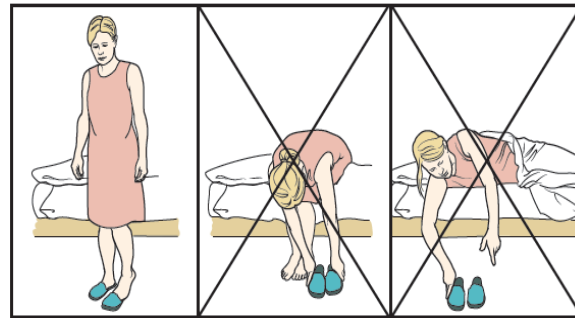
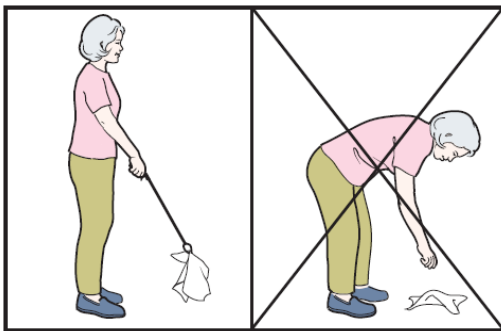
Do not twist your torso inward when lying, sitting or standing.



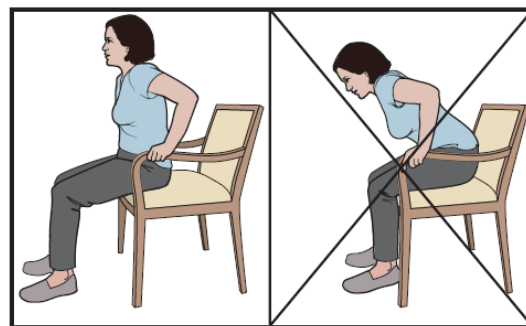
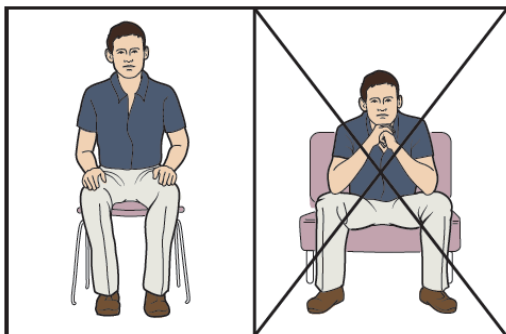
Do not reach across your operative leg. Do not put more weight on your operative leg than instructed.



While sleeping or lying in bed, keep a pillow between your legs. Do not bend over to adjust your covers or blanket, adjust them before lying down so they are within your reach.



Use a reacher or grabber to pick up items from the floor. Do not bend over to pick them up. Slip feet into shoes use a dressing stick or ask for assistance.

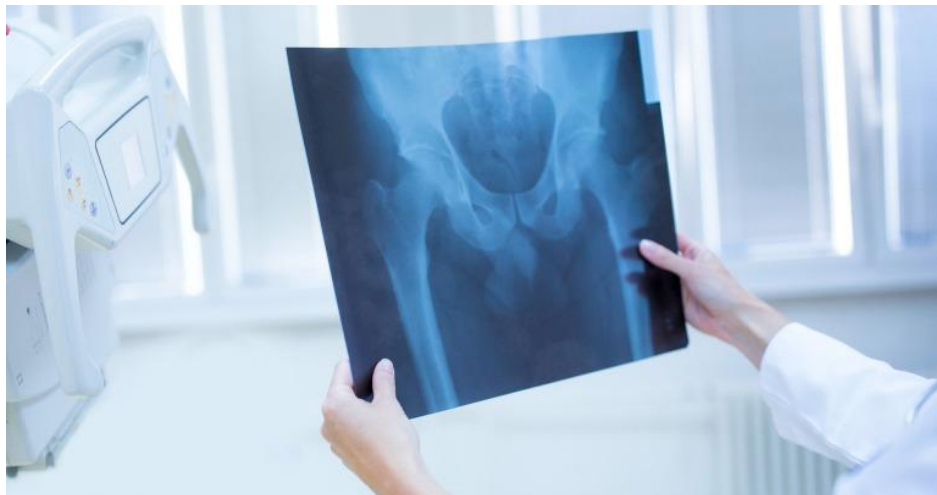


Do not lean forward while you sit down or stand up. Before getting up, move closer to the end of the chair and use the armrests to help you stand. Use a raised toilet seat with arms. Sit in raised seats (add pillow if needed) with arms.

Precautions for an **anterior approach total hip replacement**

Precautions for an anterior approach total hip replacement may differ by patient. An anterior approach total hip replacement incision is made at the front of the hip. Your surgeon will discuss the best surgical approach (posterior or anterior) for you based on several health factors including weight, muscle mass, or previous hip surgery. Limitations after surgery are usually based on comfort.

Please ask your surgeon if there are any precautions for your anterior total hip replacement.



Rehabilitation/Physical Therapy

There are three important things to focus on during your recovery phase: your exercise program, activities of daily living and physical therapy goals.

Exercise Program

Your **EXERCISE PROGRAM** is very important after a total joint replacement. Exercise will help you strengthen your leg and other muscles. The more you are active and exercise, the more mobile you will become. If you have had an outpatient joint replacement, it will be up to you and your coach to start exercises on the first evening of surgery when you get home. After that, you may have a Physical Therapist visit you at home for a few days before you go to an outpatient physical therapy clinic OR you will have your coach take you directly to an outpatient physical therapy clinic within 1-2 days after your surgery.

The amount of weight you can place on your operative leg will depend on several factors. Your therapist will inform you of your weight-bearing status.

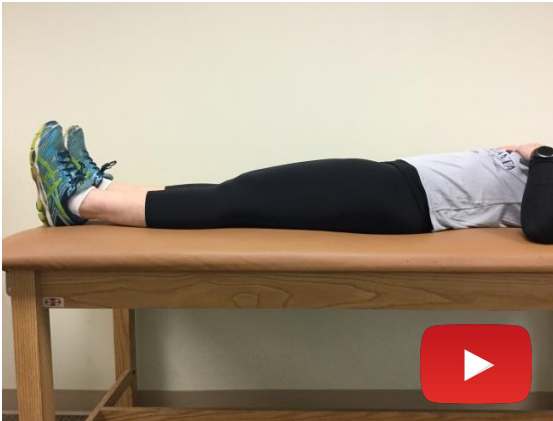
The exercise program on the next few pages is to be done **starting the evening of surgery** and every day until your outpatient physical therapy starts. More than likely, you will be familiar with most of the exercises since you performed them before your surgery. Your Physical Therapist may add other exercises or activities that are tailored to you specifically. When you start outpatient therapy, you may be doing the same exercises that you have been doing or a new program may be started. The therapist will inform you of what they want you to do.





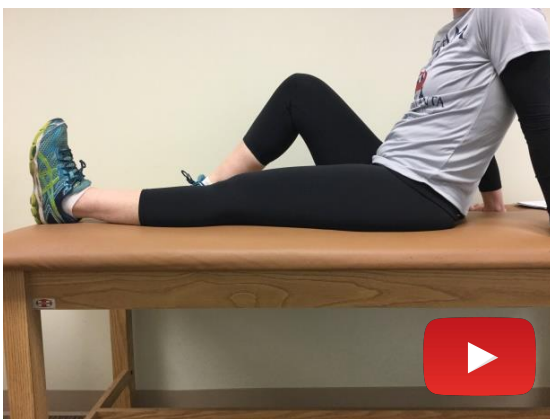
Ankle Pumps

While sitting in a chair or lying on your back in bed, slowly pump your foot forward and backward. Repeat 20 times with both ankles, every hour while awake.



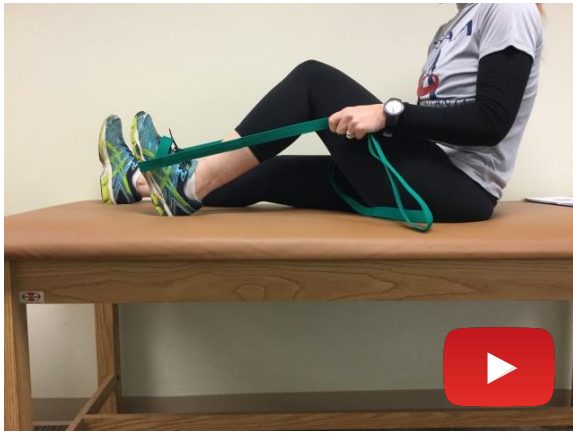
Gluteal Sets

While lying on your back in bed, squeeze your buttock muscles together and hold for a count of 5-19 seconds. Repeat 10 times, 2-3 times a day.



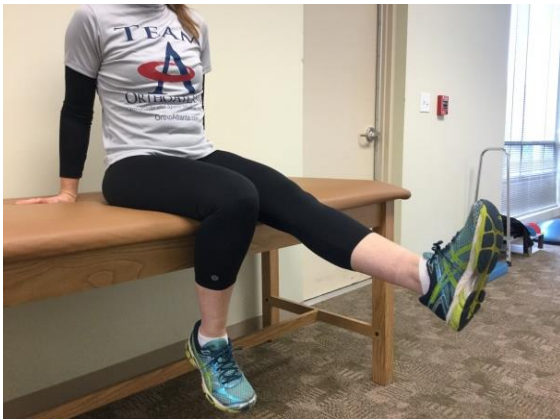
Quadricep Sets

While sitting or lying in bed, press your knee into the mattress and tighten your muscle on the top of your thigh. Hold for a count of 5-10 seconds. Repeat 10 times, 2-3 times a day.



Heel Slides

While sitting up or lying on your back in bed, bend your knee and slide your heel to your buttock. Slide it back out straight. You can use a strap/towel to assist. Tie a plastic bag around your foot if it makes the foot easier to slide. Repeat 10 times with the affected leg, 2-3 times a day.



Sitting Knee Extensions

While sitting in a chair with your back against the chair back or wall, straighten your knee and hold for a count of 5-10 seconds. Lower your leg back onto the floor. Repeat 10 times with the operative leg, 2-3 times a day.

Physical Therapy Goals

Your physical therapist will work with you to set goals based on your specific home setup and resources available to you at home. **GOALS** will include getting in and out of bed, getting in and out of a car, sitting down and getting up from a chair or toilet seat, walking, bathing, dressing, knowing your exercises/positioning techniques, and how to get up and down stairs.

KNEE REPLACEMENT GOALS:

ACTIVITY GOALS FOR WEEK 1-2:

- Walk at least 300-500 feet with your walker, crutches, or cane as instructed.
- Go up and go down 12-14 steps with a rail, one foot at a time, once per day.
- Bend your knee 60°.
- Straighten your knee completely by lying flat for 30 minutes several times per day.
- Shower and dress by yourself.
- Gradually resume light home duties with help as needed.

ACTIVITY GOALS FOR WEEK 3-4:

- Complete any remaining goals from week 1-2.
- Wean from a walker or crutches to a one crutch or a cane as instructed.
- Walk at least the distance of 4 blocks.
- Go up and go down 12-14 steps with a rail, one foot at a time, more than once per day.
- Bend your knee to 90° unless told otherwise.
- Resume all light home duties with help as needed.

ACTIVITY GOALS FOR WEEK 5-6:

- Complete any remaining goals from weeks 1-4.
- Walk with a crutch or cane to complete the distance of 4-8 blocks.
- Go up and down stairs with a rail from one foot at a time to regular way.
- Bend your knee to 120°.
- Drive a car at 6 weeks if approved by your surgeon.
- Resume all light home duties by yourself.
- Return to light work duties if approved by your surgeon.

ACTIVITY GOALS FOR WEEK 7-12:

- Complete any remaining goals from weeks 1-6.
- Walk without a cane or crutch the distance of 8-16 blocks.
- Go up and down stairs with a rail.
- Resume all home duties and low impact activities.

HIP REPLACEMENT GOALS:

ACTIVITY GOALS FOR WEEK 1-2:

- Walk at least 300-500 feet with your walker, crutches, or cane as instructed
- Go up and go down 12-14 steps with a rail, one foot at a time, once per day
- Bend your hip 60°
- Straighten your hip completely by lying flat for 30 minutes several times per day
- Shower and dress by yourself
- Gradually resume light home duties with help as needed

ACTIVITY GOALS FOR WEEK 3-4:

- Complete any remaining goals from week 1-2
- Wean from a walker or crutches to a one crutch or a cane as instructed
- Walk at least the distance of 4 blocks
- Go up and go down 12-14 steps with a rail, one foot at a time, more than once per day
- Bend your hip to 90° unless told otherwise
- Resume all light home duties with help as needed

ACTIVITY GOALS FOR WEEK 5-6:

- Complete any remaining goals from weeks 1-4
- Walk with a crutch or cane to complete the distance of 4-8 blocks
- Go up and down stairs with a rail from one foot at a time to regular way
- Bend your hip to 90°
- Drive a car at 6 weeks if approved by your surgeon
- Resume all light home duties by yourself
- Return to light work duties if approved by your surgeon

ACTIVITY GOALS FOR WEEK 7-12:

- Complete any remaining goals from weeks 1-6
- Walk without a cane or crutch without a limp the distance of 8-16 blocks
- Go up and down stairs with a rail
- Resume all home duties and low impact activities

FREQUENTLY ASKED QUESTIONS (FAQ's)

What is the chance of success?

Approximately 95% to 98 % of patients who have their joint replaced are happy they had the procedure, felt it met their expectations and have responded that they would do it again or have their other joint done if needed.

How long will my new joint last?

This varies for each patient and is affected by weight, age, and level of activity. Currently, 9 out of every 10 joints replaced are still performing well 10 plus years after surgery.

What is the recovery time?

Every patient heals from surgery at a different pace. Most of you will use a front wheel walker to begin with and then switch to a cane. You will gradually improve your ability to get around and most people function well without any assistive devices by 6-8 weeks.

Will I go home after surgery or to a rehabilitation facility?

Many factors go into answering this question. Piedmont Orthopedics | OrthoAtlanta desires our patient to go home because patients recover better at home. Patients are at greater risk for infection and falls at a skilled nursing facility or inpatient rehab. More and more patients are meeting criteria for outpatient knee replacements. Patients usually go home within 24 hours of surgery unless they experience a complication. A plan will be made collaboratively with your physician, coach, family and yourself several weeks before and after the surgery.

When can I drive after surgery?

Driving is usually resumed 3-6 weeks after surgery depending on the operated leg. No driving is recommended while still taking narcotic pain medication. It is recommended you first start in a large open parking lot such as a church or grocery store and practice moving your leg from the accelerator to the brake. You need to feel comfortable with your reflexes prior to getting on the road.

When can I travel?

You can travel whenever you feel up to it for short distances. Airplane and long-distance traveling should be delayed the first 6 weeks after surgery. However, it is recommended that long trips be delayed until 3 months after your surgery. If travel is needed, it is recommended that you get up and stretch or walk at least once an hour and wear support stockings to reduce the risk of blood clots.

How much knee motion do I need?

Most people require 70 degrees of knee bending to walk normally on level ground, 90 degrees to climb stairs, 100 degrees to descend stairs and 105 degrees to get up from a low chair.

What range of motion should I expect at 6 weeks after my knee replacement surgery? At one year? Range of motion after surgery will depend on several factors, but your range of motion before surgery is a good indicator. At 6 weeks most patients will be at 100 degrees of bending and close to full extension. The average patient achieves approximately 120 degrees of bending after one year.

Can I go up and down stairs?

Yes, your physical therapist will work on stair climbing with you during your Prehab appointment and after surgery. In the beginning, consider going down the stairs in the a.m., complete your day and go back up the stairs at bedtime.

What activities will I be able to do after surgery?

The only activities that are discouraged are high impact activities such as running, jumping, and cutting sports such as singles tennis. Many activities will be tolerated well such as biking, golfing, gardening and walking.

How long will I be on pain medication after surgery?

The need for pain medication is based on your tolerance of pain. The goal after surgery is to control your pain, but please know you will not be pain free. Narcotics are prescribed to help you manage your pain immediately after surgery. The use of narcotics, however, is only temporary. The goal is to wean down by 2 weeks and wean off completely by 6 weeks. At this point, over-the-counter medications can typically help manage any lingering pain.

How long will I be on a blood thinner?

There are several options available to help thin your blood to prevent blood clots. The most common medication is Aspirin. There are other options that your physician may choose for you. They are Xarelto, Lovenox or Coumadin. The physician will determine which one is right for you during your pre-operative appointment based on your health history.

When can I shower after surgery?

Most patients can shower 2-3 days after surgery, unless your doctor provides you with different instructions. If instructed, you may cover your incision for bathing or showering with a water proof dressing that can be bought at any retail or drug store. Some common names are Nexcare, Tegaderm, Suresite, and J&J Band-aid brand. A less expensive option is to wrap the incision with saran wrap or press and seal wrap. Do not soak your incision in a bathtub, pool or hot tub until your incision has completely healed.

When will my staples, stitches or glue be removed?

At your discharge from the surgery center or hospital you will be provided instruction on how to care for the dressing. If you have staples or stitches they will be removed at your 2 week followup appointment. If glue was used, the glue dissolves over time.

When can I return to work?

Obviously, this depends on the nature of your work. For most sedentary jobs, you can anticipate 4-6 weeks. Job that are very physical may require 3-6 months out of work. Please discuss with your physician your work activity.

I feel depressed, is this normal?

It is not uncommon to experience depression after surgery. These feelings will generally lessen more and more as you resume your regular activities. If these feelings persist, do not hesitate to consult your primary care physician or the Georgia Behavioral Health and Crisis line @ 1-800-715-4225.

How big will my incision be?

The incision depends mostly on your body size. Heavier patient require longer incisions. An effort is always made to create the smallest possible incision. The incision is usually less than 5-6 inches.

I have constipation, what causes this? Constipation is a common side effect of many pain medications and inactivity. It is important to increase your water intake and add fiber to your diet by eating fruits, vegetables and foods rich in grain. Your doctor may recommend a stool softener after surgery while on pain medications.

When can I resume sexual activity?

Since it takes time for the soft tissues around the joints to heal, a general rule is most people can **safely** resume sexual intercourse between one and three months after surgery.

Hip: Since dislocation of the hip is the main concern with traditional hip replacement surgery, extreme flexing of the hip joint should be avoided. Positions to avoid include: kneeling with the partner behind, kneeling on top of partner or side-lying face to face. The basic recommendation is the person with the hip replacement should be positioned on the bottom during intercourse.

Knee: There are no restrictions so you may resume sexual activity when you feel comfortable.

You should make it a priority to discuss with your surgeon about sexual activity after a joint replacement in order to understand a realistic timeline and expectations.

What will my scar look like?

Everyone heals differently so no single answer applies. However, most people heal over time with a minimally visible scar.

Helpful Information

Pain Medication

The **PAIN MEDICATION** you are prescribed should not cause narcotic addiction since you will only be using them for a brief time to relieve genuine surgical pain. However, if you have concerns about addiction, please discuss this with either your surgeon or your primary care physician. Many patients find that taking narcotic medication, as directed, helps to maintain their pain control.

Be aware that pain medications often causes constipation. Drink plenty of fluids; eat lots of fruits, vegetables and food high in fiber to avoid constipation. Be sure to always take your pain medication with food to help avoid nausea. Also, take your stool softeners as directed in the discharge summary sheets you will receive before leaving the hospital.

It is very important to call the office three to four business days before you run out of your medicine(s). Calling ahead is necessary in order to prevent any delays in receiving your prescription.

Follow-up Appointments

Your first post-operative **FOLLOW-UP APPOINTMENT** will be in approximately 2 weeks. You will need to schedule follow-up visits after that each time you come to the office. These appointments may be with your surgeon, one of the physician assistants, or a nurse practitioner. The associate providers know your medical history and individual situation as well as your surgeon, so please feel confident that they will provide you with excellent care.

After your first post-operative appointment, you can expect to come back for follow-up visits at these intervals:

- 6 weeks
- 3 months
- 1 year
- Every 1-2 years, for life

It is important to attend the ongoing care appointments every 1-2 years to be sure your joint replacement is performing properly. By conducting a regular physical exam and a review of x-rays, your care team can identify any problems that may be developing even though you may not have any physical symptoms.

Six Weeks And On

It is not uncommon to feel frustrated even at **SIX TO EIGHT WEEKS** after surgery. You might think you are going a bit stir-crazy. You will get better. Healing takes time so be patient with yourself. It is normal to be emotional about three weeks after surgery. It is difficult to be confined to your house if you've been used to being on the go.

Many patients find that they still become tired very easily or are tired most of the time. Some patients find this is true for long periods of time (up to several months after surgery). This is normal as your body recovers from surgery and heals. The pain medicine also causes patients to feel tired and sleepy. Over time, as you move more and have less pain, you may find that you are more tired instead of less. This is also normal. Allow time for an afternoon nap even when you have never needed one before.

Long Range Protection Against Infection

Although it is very rare, an artificial joint like what is in your knee or hip can become infected by bloodstream carrying infection from another part of the body. Therefore, it is important that every bacterial infection (pneumonia, urinary tract infection, abscesses, etc.) be treated promptly by your primary care physician. The physician will probably treat you with an antibiotic. Routine colds and flu, as well as cuts and bruises, do not need to be treated with antibiotics.

To **PREVENT INFECTION** at any time in the future, you should ask your primary care doctor about an antibiotic before having any of the following procedures:

- Podiatry procedures which involve cutting into the skin
- Cystoscopy
- Colonoscopy/Endoscopy
- Dermatologic procedures which involve cutting into the skin (biopsy)
- Routine dental cleaning or any dental procedures including root canal

You will need to take antibiotics any time you have dental work for 2-3 years after surgery. It is important that you tell all other physicians and dentists that you have an artificial joint, so that they may remind you to take antibiotics and to prescribe them, as appropriate. **It is preferred that you do not have any elective dental surgery or dental cleanings one week before your surgery and three months after your surgery.** If you have any questions about germs or infections, or any type of procedure, you should call your primary care physician or orthopedic physician.

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Thank you for choosing Piedmont Orthopedics | OrthoAtlanta for your joint replacement surgery! We hope your journey from the time you made the decision through many months afterwards has been and will continue to be successful and that we have met your expectations. If not, we welcome your feedback as we are continuously trying to improve our services to our community and patients. You may call the Practice Administrators at the numbers listed on page 3. We hope you will be our patient for life and we will always be here for your orthopedic needs!

