

Total Joint Replacement Patient Handbook

A Joint Effort for Your Total Success



THE PATIENT. ABOVE ALL ELSE.®



Welcome to St. Luke's

With your upcoming hip or knee replacement surgery, it is our goal to help you improve your quality of life. The Total Joint Replacement program at St. Luke's has earned a center of excellence distinction, and we perform the most joint replacement surgeries in Northern Minnesota. We are constantly improving our care and want to ensure that you have a successful, comfortable and swift recovery following your surgery. In short, you're in great hands at St. Luke's.

Know that we want you to be able to go home as soon as appropriate after your surgery. For most, this will be possible after just one or two nights in the hospital. Here's what you can do to help with this process:

- Review the information in this handbook on how to plan for your surgery. This will help you know how to prepare for your procedure, hospital stay and discharge.
- Attend your scheduled physical therapy prehab session prior to your surgery. This session will allow you to ask any questions you may have after reading this handbook. You will also be given exercises and taught how to use any equipment that will be needed after your surgery.
- Talk to a family member or close friend about being your recovery coach. This person will help you during your recovery, and they are welcome to attend the prehab session with you, though this is not required. You will need assistance at home for at least the first few weeks after your surgery.
- Your surgeon's office will help schedule a pre-operative evaluation with your primary care provider before your surgery to address any medical concerns. This should be done no more than 30 days before your procedure.

Thank you for choosing St. Luke's for your hip or knee replacement surgery. We appreciate the trust you have placed in us and we look forward to what lies ahead for you.

Sincerely,

Your St. Luke's Healthcare Team

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IMPORTANT PHONE NUMBERS

St. Luke's Case Management and Social Services
218.249.5674

St. Luke's Clinical Nutrition
218.249.5231

St. Luke's Facility Assistants
218.249.4940

St. Luke's Financial Counselors
218.249.5340

St. Luke's Guest Care
218.249.5538

St. Luke's Home Care
218.249.6111

St. Luke's Hospital
218.249.5555

St. Luke's Medical Equipment & Supplies
218.249.3068

St. Luke's Orthopedics & Sports Medicine
218.249.6360

St. Luke's Patient Advocate
218.249.5400

St. Luke's Physical Therapy
218.249.6040

Orthopaedic Associates of Duluth
218.722.5513

**Orthopaedic Associates of Duluth
Physical Therapy**
218.722.5513



FINDING YOUR WAY AT ST. LUKE'S

To help make St. Luke's as easy to navigate as possible, all building and parking lot signs and maps are color coded.

- Building A – **GREEN**
- Hospital – **BLUE**
- Medical Office Pavilion – **RED**
- Lakeview Building – **PURPLE**
- Northland Medical Center – **GOLD**
- SLH Clinic Building – **ORANGE**

Campus maps are located near all entrance points, as well as courtesy phones and digital directories. Once you are in a St. Luke's building, there is color coded signage to direct you to services in that building. There is also signage to direct you to other St. Luke's buildings.

For a detailed map of St. Luke's Campus, visit slhduluth.com/Map.

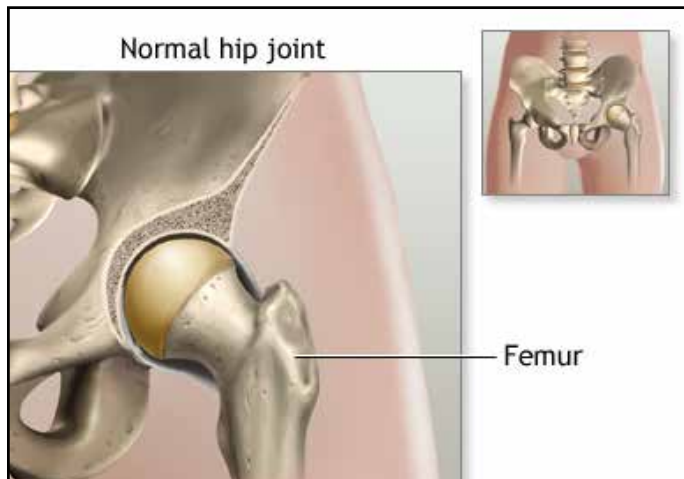
Need Help?

If you ever need assistance finding your way at St. Luke's or a wheelchair escort, call St. Luke's Facility Assistants at **218.249.4940**.

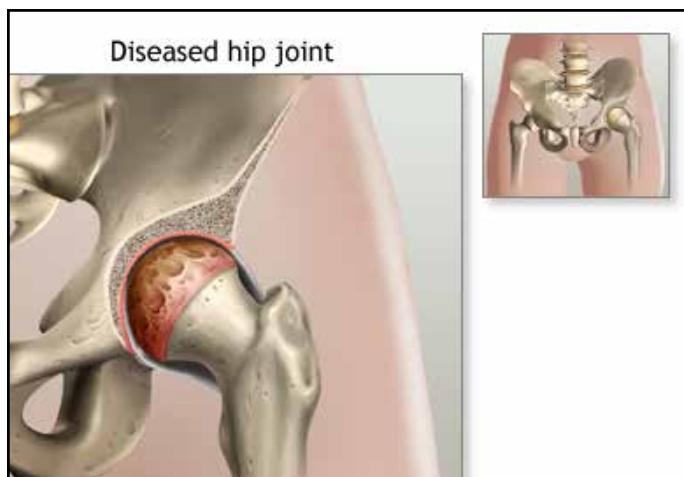
A Closer Look at a Total Joint Replacement (TJR)

OVERVIEW OF TOTAL HIP REPLACEMENT

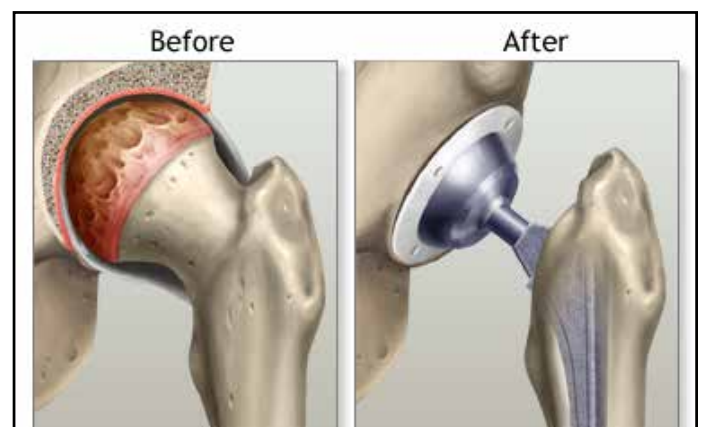
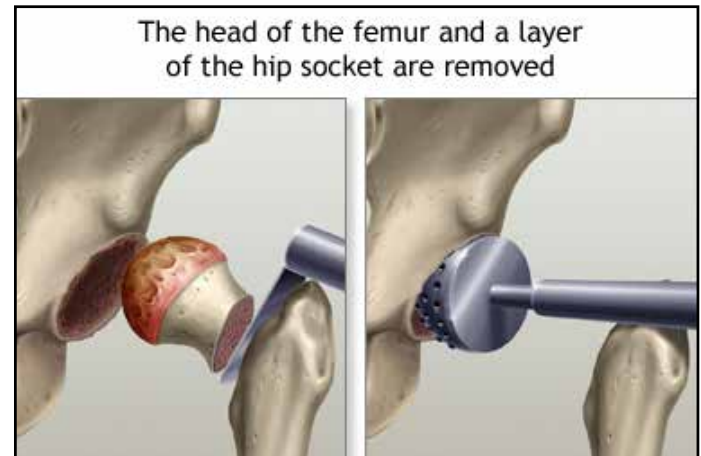
The hip is one of the body's largest joints. It functions as a ball and socket. The ball is the femoral head, which is part of the thigh bone (femur). The socket is formed by the acetabulum, a concave surface of the pelvis. The bony surfaces of these parts are covered in articular cartilage, which acts as a cushion allowing you to move comfortably. Synovial fluid surrounding your joint helps to lubricate these parts in a healthy hip.



Degeneration or loss of cartilage in this area results in arthritis. Osteoarthritis, rheumatoid arthritis and traumatic arthritis are the most common forms of this disease. Loss of the cushioning effect of the cartilage leads to hip pain. When this pain becomes debilitating, a hip replacement may be suggested by your doctor.



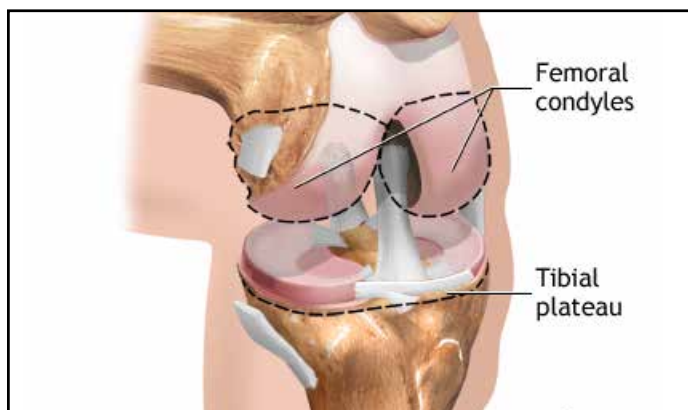
During total hip replacement surgery, the damaged part of the hip is replaced with new components. Your surgeon will select the components that are best for you based on your age, activity level and body type.



A Closer Look at a Total Joint Replacement (TJR)

OVERVIEW OF TOTAL KNEE REPLACEMENT

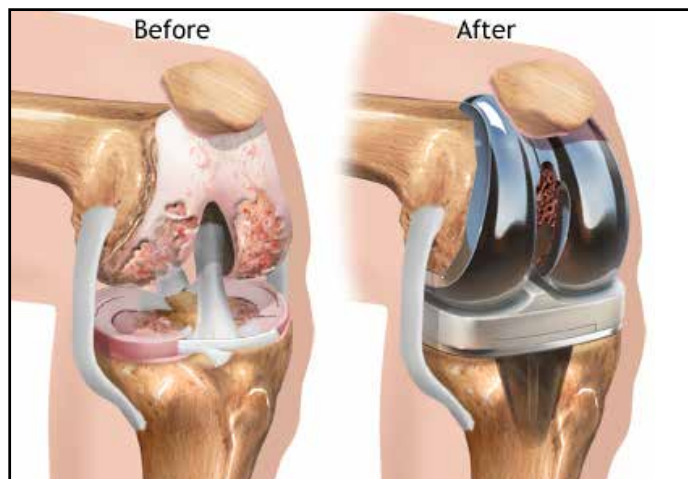
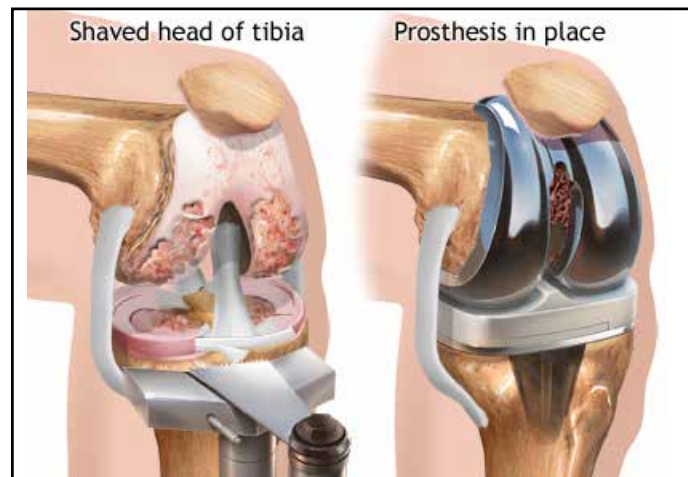
The knee is the largest joint in the body. It allows your leg to bend and straighten. It is made up of the lower end of the thigh bone (femoral condyles) and the upper end of the shin bone (tibial plateau). The kneecap (patella) covers where the two bones meet. The ends of these three surfaces are covered with articular cartilage to help them move easily. Menisci are located between the thigh bone and shin bone and act as shock absorbers. Synovial fluid surrounding the joint helps to lubricate these parts in a healthy knee.



The most common cause of knee pain is arthritis. Osteoarthritis, rheumatoid arthritis and traumatic arthritis are the most common forms of this disease. Loss of the cartilage cushion leads to the pain that can come with arthritis. Severe loss of cartilage is called "bone on bone." When this pain becomes debilitating, a knee replacement may be suggested by your doctor.



During total knee replacement surgery, the damaged part of the knee is replaced with new components. This is accomplished by removing thin wafers of bone from the thigh bone, tibia and underside of the kneecap. Your surgeon will select components that are best for you based on your age, activity level and body type.



..... Preparing for Your Surgery

At St. Luke's, it's our goal is to help you be as prepared as possible for your TJR. This way, you will be able to fully participate in your recovery, making the process go as smoothly as possible. If you have questions about anything before your surgery, don't hesitate to ask.

WHAT TO EXPECT

Knowing what to expect throughout this process will help you set realistic expectations and maintain a positive attitude. Here are a few main things you can expect during the TJR process:

One to two nights at St. Luke's. While the typical hospital stay is one to two nights, individual stays are varied. Your healthcare team will help guide your recovery plan based on your individual needs.

Limited mobility. You will have some limitations to your mobility, endurance and ability to perform normal household activities. By the time you leave the hospital, you should be able to walk down a hallway with a walker, get in and out of bed, get on and off the toilet, and manage a flight of stairs.

Less energy. Most people tend to be a bit more tired than usual during the first few weeks of recovery. Having family and friends to help you during this time will be very helpful.



HOW TO PREPARE

Taking the time to plan ahead will help your recovery process. Here are a few things you can do to prepare before your surgery:

Identify a recovery coach. This person will assist you the first few weeks after your surgery. Things to consider when picking your coach include:

- Is this someone who is available to assist you 24 hours a day for the first two to three days following your surgery?
- Is this someone who would be able to assist you in and out of bed, and on and off the toilet, if needed?
- Is this someone you would feel comfortable helping you with bathing, getting dressed or using the toilet?

Create a recovery station. This is a place where you will spend most of your time recovering. This may be a spot like your favorite recliner near an end table. In this area, it's a good idea to keep the following items:

- Phone and charger with a list of emergency numbers
- TV remote
- Box of tissues
- Laptop computer and charger
- Reading glasses
- Water bottle
- A book

Make arrangements for help. Talk to your recovery coach and anyone else who will be helping you about the assistance you will need with daily life tasks. This includes outdoor work, transportation to and from doctor appointments, grocery shopping, and care for pets. Don't forget about transportation to and from religious and family events or the assistance you'll need to participate in these.

Continued on next page.

..... Preparing for Your Surgery



Plan ahead for meals. Consider stocking up on basic groceries or meals that are quick and easy to make. This may include making meals ahead and storing them in the freezer.

Commit to an exercise plan. Staying active helps prepare your body for surgery by building strength and endurance. This can be accomplished through strength training, walking or swimming. Your physical therapist can provide you with appropriate exercises and help you make a plan for staying active.

Eat healthy and stay hydrated. This is vital to a successful recovery. Leading up to your surgery, drink plenty of fluids each day and eat a well-balanced diet that includes foods rich in the following:

- Fiber (dark leafy greens, broccoli, beans, whole wheat breads, corn, almonds)
- Iron (lean red meat, dark leafy greens, raisins, prunes)
- Vitamin C (oranges, tomatoes, cantaloupe)
- Calcium (yogurt, milk, cheese, dark leafy greens, fortified cereals)

Stop tobacco use. There is strong evidence that tobacco users have a significantly increased risk of infections and an increased risk of blood clots after surgery. Tobacco use causes a variety of other health problems including difficulty breathing, increasing the risk of medical complications and slower recovery times. We want your surgery to be as successful as possible. Due to these increased risks, it is expected that you quit using tobacco at least a few weeks before your surgery. Talk with your surgeon or doctor about tools that can help you quit.

Optimize any medical issues. Chronic medical conditions that are poorly controlled lead to high complication rates. We will work with you and your primary care provider to ensure that chronic health problems such as diabetes, kidney function, dental care, pulmonary function and cardiac disease are optimized prior to surgery. If these issues are not controlled, your surgery may have to be postponed until it can be safely performed.

Be honest with your doctor about your alcohol intake. When discussing your alcohol intake with your doctor, give an accurate number of how many drinks you have per day (or per week). This will help your healthcare team prepare, and know if you are at risk for alcohol withdrawal following surgery.

Create or update your healthcare directive. We encourage all St. Luke's patients to complete a healthcare directive before surgery. Healthcare directives (living wills) are written, legal instructions regarding your preferences for medical care if you are unable to make decisions for yourself. By planning ahead, you can receive the medical care you want. This also relieves your family from having to make decisions for you during difficult moments. Information regarding these legal documents will also be available upon your admission to St. Luke's on the day of your surgery. If you already have an advanced healthcare directive, bring a copy of it to St. Luke's on the day of your surgery and it will become a permanent part of your medical record.

Review the Pre-surgical Checklists. A few lists have been provided in the Pre-Surgical Checklists section of this handbook (page 8). These checklists cover what you can do to start preparing for your surgery beginning four weeks prior to surgery. This section also includes a list of what you should bring to St. Luke's with you on the day of your surgery.

Make sure your home is safe. The next page includes a few checklists to run through before your surgery, to make sure your home is as safe as possible when you return for recovery.

..... Preparing for Your Surgery

General Safety

- Clean and organize your home.
- Find athletic shoes or slippers with backs that have good support and rubber soles to provide additional stability while walking.
- Get a cordless phone or cell phone to carry with you at all times.
- List emergency phone numbers and keep them by your recovery station or save them in your cell phone.
- Consider wearing a medical alert system like Life Alert.
- Install nightlights in the hallways, stairwells, bedroom and bathrooms.
- Put non-slip treads on bare wood or tile steps.
- Keep all medications in safety containers in your medicine cabinet. Discard all old prescriptions.
- Make arrangements to keep pets in another area of the house when you arrive home.

Bathroom

- Consider installing grab bars on bathroom walls, near the toilet and along the bathtub or shower.
- Place a slip-resistant, rubber-backed rug beside the bathtub for safe exit and entry.
- Consider placing non-skid adhesive textured strips on the bathtub or shower floor.
- Find a sturdy, plastic shower bench or chair to use in the bathtub or shower. This will increase your safety during bathing, as well as when you transfer in and out of this area.
- Find either a raised seat or an over-the-toilet commode with armrests to stabilize yourself on the toilet.
- Consider removing shower doors and replacing them with a temporary curtain rod and shower curtain to improve access to your shower.

Bedroom

- Clear clutter from the floor.
- Place a lamp and flashlight near your bed.
- Install nightlights between the bedroom and the bathroom.
- Sleep on a bed that is easy to get in and out of.
- Keep a phone or cell phone near your bed.

Living Areas

- Arrange your furniture to create clear pathways between rooms.
- Remove low coffee tables, magazine racks, footrests and plants from pathways.
- Remove throw rugs because they can be tripping hazards and increase your risk of falling.
- Keep electric, appliance and telephone cords out of pathways.
- Repair or remove unstable tables and chairs.
- After surgery, you will not want to sit in a chair or on a sofa that is so low that it is difficult to stand up. Make sure that you have chairs that offer good support and sturdy armrests.

Kitchen

- Remove throw rugs.
- Store food, dishes and cooking equipment at an easy-to-reach level.
- Consider using a walker tray or a wheeled cart to transport objects.

..... Preparing for Your Surgery

PRE-SURGICAL CHECKLISTS

These checklists cover what you can do to start preparing for your surgery four weeks out. This section also includes a list of what you should bring to St. Luke's with you on the day of your surgery.

Four Weeks or More Before Surgery

- Verify your registration for a prehab session with a physical therapist from St. Luke's Orthopedics & Sports Medicine or Orthopaedic Associates of Duluth.
- Complete your strengthening exercises provided by your physical therapist.
- Make sure everything is ready by working through the checklists provided in the How to Prepare section of this handbook (page 5).
- Have any necessary dental work completed so that you are infection and abscess free prior to surgery.
- If you have an open wound, contact your primary care provider.
- See your primary care provider within 30 days of your surgery date. A pre-operative medical evaluation (also commonly called a pre-op physical) is mandatory for all TJR patients. This includes bloodwork, electrocardiogram (EKG) and urinalysis, if needed. At this appointment, make sure you discuss the following:
 - Which medications, vitamins and/or supplements to stop taking before surgery, and which to take the morning of surgery. Of particular concern prior to the surgery are blood thinners, anti-rheumatoid or immunologic agents, blood sugar-lowering agents and chemotherapy drugs. You may need to stop taking many of these, including some blood pressure medications, before surgery.
 - What other tests you will need before surgery.

- If you use tobacco, discuss ways to quit.
- If you use alcohol, be honest about how many drinks you have per day (or per week).

- Arrange for the help you will need during your recovery. This includes choosing who your recovery coach will be. For more information on this topic, see the How to Prepare section of this handbook (page 5).
- Call your insurance company to review your coverage. For more information on rehabilitation coverage, see the Rehabilitation Coverage section of this handbook (page 11).
- Complete a healthcare directive if you don't already have one. If you do have one, make sure it is up to date. Bring a signed copy to St. Luke's on your day of surgery. For more information on this topic, see the note on advanced health care directives in the How to Prepare section of this handbook (page 6).

One Week Before Surgery

- Continue completing your strengthening exercises provided by your physical therapist.
- Finish getting your home ready and set up your recovery station by using the checklists provided in the How to Prepare section of this handbook (page 5).
- Make sure you know which medications to stop taking and when to stop taking them. If you have any questions, talk to your primary care provider.
- Arrange for a ride home from St. Luke's Hospital after your surgery.
- If it is given by your healthcare provider, begin using the mupirocin nasal ointment as directed three days before surgery.
- Review the information in this handbook. If you have any questions, don't hesitate to reach out to your surgeon's office.

..... Preparing for Your Surgery



24 Hours Before Surgery

For all hip and some knee replacements, a ‘type and screen’ will need to be completed 24 to 72 hours before surgery. This laboratory test determines your blood type. It can be done at any St. Luke’s primary care clinic or on the main campus downtown. You will be given a hospital bracelet at this time. Be sure to leave this on until your surgery.

A nurse from St. Luke’s Surgical & Procedural Care will call you during business hours the day before your surgery. They will tell you when you need to arrive, review your medications and health history, and answer any last minute questions you may have.

Here are a few other things you should do to prepare for surgery:

- Remove nail polish and acrylic nails.
- Remove all jewelry and body piercings.
- Continue drinking liquids to stay hydrated.
- Do not** draw or mark on your skin to identify the surgical site.
- Do not** shave any hair at the surgical site.
- Shower or bathe the night before, using an anti-bacterial soap like Dial.
- Use the chlorhexidine soap you received at your surgeon’s office as directed.
- Sleep in clean pajamas, on freshly laundered bed sheets.
- Go to bed early and get a restful night’s sleep.

After Midnight Prior to Surgery

- Do not eat any food.
- Do not chew gum, or suck on mints or candy.
- It is ok to rinse your mouth and spit, including brushing your teeth.
- Clear liquids are okay up to four hours prior to the procedure.

Allowed: water, apple, cranberry or grape juice, black coffee or tea, clear broth, ginger ale, seltzer water and Jell-O

Not allowed: anything not listed above (this includes milk, orange juice or juice with pulp and food of any kind)

- Do not** smoke or use tobacco products including chewing tobacco, snuff and vaping.
- Take your instructed morning medications with a sip of water the morning of your surgery.

Check with your doctor about which medications you should take the morning of your surgery.

Preparing for Your Surgery

What to Bring to the Hospital

- Personal toiletries such as a toothbrush, toothpaste, comb, denture cleanser and cup, electric or other razor, shaving cream, deodorant and a contact case
- Comfortable loungewear such as athletic shorts, capris, pajama pants or yoga pants
- Undergarments
- Personal items such as books, magazines, a cell phone and charger
- Current list of all medications and supplements (include the ones you stopped taking because of your surgery and the last time they were taken)
- Slippers with backs and rubberized soles or supportive athletic shoes
- Personal braces or orthotics, if you wear them
- Eyeglasses and case
- CPAP equipment
- Driver's license or photo ID, insurance card, Medicare or Medicaid card
- Copy of your healthcare directive
- Walker or cane (your recovery coach or family should bring this to your **hospital room** to be appropriately sized to you; **do not** bring this to St. Luke's Procedural & Surgical Care)
- Do not bring your own medications (with the exception of an Albuterol inhaler, if you use one)



PLANNING YOUR DISCHARGE

The discharge planning process begins as soon as you decide to undergo TJR. **The goal of our team is to help you return directly home with the support of your family and friends to begin your recovery.**

There may be occasions when your healthcare team recommends a short-term stay in an inpatient rehab unit or skilled nursing facility. In either case, St. Luke's Case Management will contact you during your stay at St. Luke's Hospital to help ensure a smooth transition.

Levels of Rehabilitative Care

If your healthcare team determines that it is not yet safe for you to return home after your surgery, there are two levels of rehabilitative care available: inpatient rehabilitation and short-term rehabilitation.

Inpatient rehabilitation is intense rehabilitation that happens at St. Luke's. This level of rehabilitation requires that a patient:

- Be able to participate in at least three hours of therapy per day
- Has medical needs complex enough to justify the ongoing supervision of a doctor

Short-term rehabilitation is a less-intense version of inpatient rehabilitation that happens in a skilled nursing facility. This level of rehabilitation requires that a patient:

- Is not yet able to be safely discharged home
- Does not require immediate medical provider oversight
- Either cannot participate in or does not require three hours of therapy per day

Rehabilitation Coverage

Coverage for inpatient rehabilitation or a skilled nursing facility varies based on your insurance provider.

Traditional Medicare requires a qualifying three-day inpatient stay for short-term rehabilitation in a skilled nursing facility. This means you must be formally admitted as an inpatient, and your care must span across three midnights. If inpatient rehabilitation is the most appropriate plan for you after discharge from your surgical inpatient stay, a three-day qualifying stay is not required. However, in this case you must meet the intensity requirements for the inpatient level of care, including being able to participate in three hours of therapy per day.

Some Medicare Advantage plans do not require a three-day qualifying inpatient stay for short-term rehabilitation in a skilled nursing facility. They do require prior authorization for coverage. The prior authorization process can only begin once you are hospitalized and participating with therapies. Prior authorization is required for both short-term and inpatient rehabilitation.

Coverage for rehabilitation varies greatly with commercial payers. It is important to call your insurance provider four weeks or more before your surgery to ask about your coverage benefits and requirements for authorization.

Transportation

Your transportation home from St. Luke's should be planned prior to your surgery. Your surgeon will provide you with an anticipated length of stay for your hospitalization. You are responsible for the cost of your transportation. Most transportation companies take check or credit cards, and payment is required at the time of the ride.

Should your discharge plan not include returning to home immediately, St. Luke's Case Management can help arrange transportation to a rehabilitation facility.

..... Preparing for Your Surgery

EQUIPMENT YOU MAY NEED AT HOME

A walker, crutches or cane are all types of durable medical equipment (DME) and are typically used by those recovering from TJR. **It is recommended that you contact your insurance company to find out what is covered under your policy.** Insurance criteria and authorizations will determine whether the equipment will be covered.

Below are other pieces of equipment that can help you be more independent during your recovery. Most of these items are available at St. Luke's Medical Equipment & Supplies (930 E. 2nd St., Duluth, 218.249.3068), pharmacies, home improvement or thrift stores, and online. A physical or occupational therapist will suggest which items would best suit you before you're discharged.

Personal Aids

- Walker
- Crutches
- Cane
- Long-handled reacher
- Sock aid
- Long-handled shoehorn
- Elastic shoes
- Leg lifter
- Bathroom Aids
- Elevated commode seat
- Toilet seat riser
- Shower bench or chair
- Grab bar for tub/shower
- Hand-held shower head
- Long-handled bath sponge

HANDICAPPED PARKING PERMITS

Handicapped parking permit forms are available from your surgeon or at St. Luke's on the orthopedic unit. This form needs to be signed by your doctor and taken to the Department of Motor Vehicles (DMV). The cost for this permit is \$5 in Minnesota and \$6 in Wisconsin.





FREQUENTLY ASKED QUESTIONS (FAQs) PRIOR TO SURGERY

What time do I come to St. Luke's for surgery?

Patients typically report to St. Luke's Surgical & Procedural Care, on the 3rd floor of Building A on St. Luke's campus, two to three hours prior to their scheduled surgery time. A nurse from St. Luke's Surgical & Procedural Care will call you between 8 am and 8:30 pm the day before your surgery to provide you with your arrival time. During this call, they will also review your medications and health history, and answer any last minute questions you may have.

Where should I park when I come to St. Luke's for surgery?

Park in the Building A parking lot (1015 E. 1st Street), accessed off of 1st Street. The Hospital Ramp (1130 E. 1st Street), on the lower side of 1st Street, is also available. For more information about parking on the St. Luke's campus and a detailed map, visit slhduluth.com/Parking.

How do I prepare the night before surgery?

For a detailed list of what to do 24 hours before your surgery, review the Pre-surgical Checklists section of this handbook (page 9).

What should I bring to St. Luke's for surgery?

For a detailed list of what to bring to the hospital, review the list provided in the Pre-surgical Checklists section of this handbook (page 10).

How long will I stay in the hospital?

Most patients stay one or two nights at St. Luke's following a joint replacement surgery, but individual stays will vary.

Should I bring the medication I normally take at home to St. Luke's?

Do not bring your own medications from home while you are at St. Luke's, with the exception of an Albuterol inhaler. Your healthcare team will provide medications for you to take. For a detailed list of what to bring to St. Luke's, review the list provided in the Pre-surgical Checklists section of this handbook (page 10).

Should I bring my walker, cane or crutches to St. Luke's?

Yes. Your recovery coach or family should bring your device to the hospital room to be appropriately sized for you. Do not bring this to St. Luke's Surgical & Procedural Care. For a detailed list of what to bring to the hospital, review the list provided in the Pre-surgical Checklists section of this handbook (page 10).

On the day of your surgery, it's normal to feel both nervous and excited. You will be one step closer to beginning a new chapter of your life with increased independence and mobility. Your healthcare team will do everything they can to ensure your surgery goes as smoothly as possible and that you are taken care of. To help you know what to expect, this section includes information about what you should do before leaving home, how to get to St. Luke's and what will happen once you arrive.

BEFORE YOU LEAVE HOME

For a detailed list of what to bring to St. Luke's, review the list included in the Pre-surgical Checklists section of this handbook (page 10). For more information on how you can prepare for surgery the night before, see the 24 Hours Before Surgery section of this handbook (page 9).

Use the checklist below for a few important final reminders.

- Only take the medications you have been directed to take by your doctor or pre-operative nurse with a small sip of water.
- Do not eat any food or drink coffee.
- Remove all jewelry and make-up.
- Remove nail polish and acrylic nails.
- Use the chlorhexidine soap/wipes you received in your surgeon's office, as directed on the handout you were given.

DIRECTIONS AND PARKING

Directions to St. Luke's are available online.

Directions are available on the St. Luke's website for those coming from the Iron Range, the North Shore, and Wisconsin. For these location-specific directions and a detailed map, visit slhduluth.com/Directions.

Park in the Building A parking lot. Park in the Building A parking lot (1012 E. 2nd Street), accessed off of 1st Street. The Hospital Ramp (1130 E. 1st Street), on the lower side of 1st Street, is also available. Pick-up and drop-off can be arranged at any parking lot or entrance point. For more information about parking on the St. Luke's campus and a detailed map, visit slhduluth.com/Parking.

St. Luke's Facility Assistants can help you. If at any time you or a family member needs help finding your way, a St. Luke's Facility Assistant can help you. They will be happy to meet you at any location and provide wayfinding, a wheelchair or any other assistance you may need. If you need help with any of these things, call 218.249.4940.

You will recover on 5 West. Although your surgery will happen at St. Luke's Surgical & Procedural Care in Building A, your recovery will be on St. Luke's 5 West Orthopedic Unit. This is a nursing unit on the fifth floor of the west side of St. Luke's that specializes in the care of patients with joint replacements and orthopedics. For more information about how to find your way on the St. Luke's campus, see the Finding Your Way at St. Luke's section of this handbook (page 2).

ARRIVING AT ST. LUKE'S

A nurse from St. Luke's Surgical & Procedural Care will call you between 8 am and 8:30 pm the day before to your surgery to let you know the time of your procedure. On the day of your surgery, arrive two to three hours before your scheduled surgery time at St. Luke's Surgical & Procedural Care on the 3rd floor of Building A. When you arrive, check in at the front desk. Be sure to bring your ID and insurance cards. After you check in, a nurse will escort you to a private room, and you will be prepared for surgery. You can expect to:

- Change into a gown and remove your undergarments
- Empty your bladder
- Discuss your healthcare directive

Your TJR Surgery

- Have your vital signs checked (including blood pressure, heart rate, breathing rate, body temperature, etc.)
- Have an IV started to provide fluids and medication
- Have blood drawn if further testing is necessary
- Meet with your surgeon so they can initial your surgical site and answer any questions
- Meet with your anesthesiologist to discuss the plan for your anesthesia

Family and Friends During Your Surgery

For your family and other loved ones who come to St. Luke's with you, there is a waiting area at St. Luke's Surgical & Procedural Care and a coffee shop on the 2nd floor of Building A. Blue Waves Café is also located on the 3rd floor of St. Luke's Hospital. They will be able to visit you on the 5 West Orthopedic Unit following your surgery. Typically, this will be three to four hours from the start of your surgery.

ANESTHESIA

Anesthesia is used to ensure that your surgery is safe and comfortable. An anesthesiologist will meet with you on the day of your surgery and discuss the risks involved, your preferences, past experiences and options for anesthesia as well as pain management. Your anesthesia options will include:

Spinal anesthesia. Spinal anesthesia is typically preferred as it can have fewer side effects, and a quicker recovery than general anesthesia. This numbing medication is injected around the nerves of the lower back after the skin has been numbed. Spinal anesthesia makes you completely numb from the injection site down. Additional medication is provided through an IV to relax and sedate you. This additional medication often induces sleep and most patients have no memory of the procedure.

General anesthesia. This is given through an IV or breathed in as a gas and puts you to sleep. This affects your entire body and you will sleep through the entire operation without feeling any pain. When you wake up, you will have no memory of the procedure. This option can cause post-surgical nausea.

Peripheral nerve blocks. If you are having a knee replacement, this is an additional option your anesthesiologist may discuss with you to determine if you are a candidate. Medication can sometimes be injected near the nerves of the surgery site to effectively relieve your post-operative pain.

Your anesthesia preference will be discussed with your anesthesiologist the day of your surgery.

IN THE OPERATING ROOM (OR)

Your surgery will take about two hours, though individual cases may vary. Your surgical team is made up of a number of medical professionals, including:

- Surgeon
- Registered nurse (RN)
- Nurse anesthetist
- Anesthesiologist
- Surgical technologist
- Physician assistant

Your safety, comfort and satisfaction are our top priority. There are a number of steps your healthcare team will take to ensure that you are safe during the surgery. Some of these steps include having you sign an informed consent, marking your surgical site, and taking a surgical 'time out' before your surgery to double-check all information and make sure everything is correct.

This section includes information on what to expect during your stay at St. Luke's after your surgery. Most patients stay one or two nights following a joint replacement surgery. Your healthcare team will plan, provide and monitor your care during this time. We are committed to creating the best possible experience for you, and will do everything we can to ensure a safe, full recovery.

YOUR STAY DAY-BY-DAY

The Day of Surgery, After Your TJR

Post-Anesthesia Care Unit (PACU). Once your surgery is finished, you will be brought to the recovery room in the PACU. Your surgeon will talk to your family while you are waking up from anesthesia. You will be in the PACU about 30 to 60 minutes. Here is what you can expect:

- A nurse will be with you at all times.
- Your vital signs will be checked.
- Your pain and nausea will be managed.
- Oxygen will be provided, if needed.
- Warm blankets will be provided, if you are cold.
- Compression (TED) stockings will be placed on your lower legs to help prevent blood clots.

5 West Orthopedic Unit. After your stay in the PACU you will be moved to 5 West, the fifth floor on the west side of St. Luke's Hospital. This floor is a nursing unit that specializes in the care of patients who have had a joint replacement. At times, and for some medical conditions, patients may be moved to another unit. Here is what you can expect when you arrive on 5 West:

- Your vital signs will be monitored (temperature, pulse, respirations, blood pressure and oxygen levels).
- IV fluids and antibiotics will be given.

- Your pain will be addressed. We will do everything we can to ensure your comfort, but some discomfort is normal. Several mild pain medications will be started, and your pain levels will be monitored. Let your nurse know if your pain medication is not working.
- Your skin will be monitored to prevent the development of pressure injuries. We will do this by checking color, motion and sensation. This will include frequent repositioning and proper positioning.
- Your intake and output of fluids will be monitored.
- Your nurse will let you know how soon you can start to eat and drink, and how long it may take to return to your usual diet. As an inpatient at St. Luke's, you will be able to order your meals when you want from menus specifically designed to meet your needs. Food is made fresh to order and delivered to you within 30 to 45 minutes, 7 am to 7 pm.
- You will start working on regaining your mobility beginning the day of surgery. A nurse will help you move to the edge of your bed and, possibly, to a chair. A physical therapist may also visit you to begin the rehabilitation process.
- You will be given an incentive spirometer. This small breathing machine is used to help prevent pneumonia. For more information on this topic, see the Incentive Spirometer section of this handbook (page 18).
- You will continue to wear TED stockings, along with special mechanical pumps on your legs, to help prevent blood clots.

Your family can visit you on 5 West following your surgery. Typically, this will be three to four hours from the start of your surgery.

The Day After Surgery

While the typical stay is one to two nights, individual stays are varied. Your healthcare team will help guide your recovery plan based on your individual needs. On the day after your surgery, here is what you can expect:

- You will be moving more. It does get easier each time you try. You will have two physical therapy sessions that will focus on your basic mobility skills and your home exercise program.
- You will be seen by your doctor and physician assistant, who will help coordinate your care plan.
- You will be given the appropriate pain medication as prescribed by your doctor. Your nurse and physical therapist will also continue to help with other options to control pain. **Plan to take your pain medication 30 to 45 minutes before starting physical therapy. Staying ahead of your pain is key to a successful recovery.**
- The bandage on your surgical leg may be changed.
- Your blood pressure, pulse, temperature, breathing and oxygen levels will continue to be monitored.
- Fluids or medicine and blood may be given to you through the IV in your arm.
- You will be reminded to use your incentive spirometer and to complete your foot and ankle pumps every hour while you're awake.
- St. Luke's Case Management will meet with you to begin coordinating your discharge.

The Day of Discharge

Many people are able to return home at some point on the second day after surgery. You will be discharged when your medical condition is stable, your pain is controlled with oral pain medication, you have met physical therapy goals, and you are able to eat and urinate. Here is what you can expect on your day of discharge:

- A member from your surgery team will visit you again.
- All drains, tubes, IVs and catheters will be removed.
- The bandage over your surgical incision will be changed.
- St. Luke's Case Management will meet with you to confirm your plans after your hospital stay. They will also help to arrange and coordinate any care or special equipment you may need in your next stage of recovery.
- You will be able to move your leg more easily.
- A physical therapist will continue working with you. You will walk further in the hall and may work on climbing stairs.
- You may work with an occupational therapist on personal care skills, adaptive equipment, and how to safely complete different types of transfers such as getting in and out of the tub or shower.

PAIN MANAGEMENT IN THE HOSPITAL

We will give you several mild non-narcotic pain medications that work well in combination. These help to minimize the use of narcotic medications, which have more side effects. Our goal is to help minimize your pain as much as possible throughout your recovery. Although pain medication can help reduce your symptoms, some discomfort is a normal part of recovery. Your healthcare team will routinely ask you to rate the level of pain you are experiencing. This is a 0 to 10 scale, with 0 being no pain and 10 being the worst pain you can imagine. In addition to medications, there are additional ways to manage pain. These include:

Walking. Though it may seem counterintuitive at first, walking around a bit can help you feel less stiff.

Changing positions. This can also help to reduce stiffness. Your nurse or another member of your healthcare team can help you get out of bed, sit in a chair or elevate the leg that was operated on.

Ice. Your healthcare team can provide you with ice packs to help reduce swelling.

Relaxation. Some people choose to visualize a calm relaxing place, listen to music or focus on their breathing. Talk with a member of your healthcare team if you want assistance with any of these relaxation strategies.

USING AN INCENTIVE SPIROMETER

You will be encouraged to cough and breathe deeply every hour while awake following your surgery to help keep your lungs clear. A breathing device called an incentive spirometer will be provided to help with this. Your nurse will prepare this device for you. To use your incentive spirometer:

1. Sit upright in bed, on the edge of bed or in a chair.
2. With the spirometer in the upright position, place the mouthpiece into your mouth with your lips tightly around it.
3. Breathe in (inhale) slowly and deeply to raise the indicator inside the chamber. Continue inhaling as you try to raise the indicator to your target level.
4. Once you have fully inhaled, remove the mouthpiece from your mouth and hold your breath for three to five seconds. Breathe out normally.
5. After the piston has returned to the starting position, rest and repeat the exercise nine more times.
6. Once you're finished, take one last full breath and cough as deeply as you can.



It is generally recommended to continue using your incentive spirometer 10 times every two hours for the first seven days following surgery. Individual recommendations vary and will be provided by your surgeon.

CIRCULATION AIDS

Throughout your hospital stay, you will wear circulation aids on each leg to help promote blood flow, reduce swelling, and lower your risk of blood clots. Circulation aids include:



Surgical compression stockings (TEDs). These may be prescribed by your doctor. Wearing compression stockings is one way to reduce swelling in your lower legs. Swelling is very common after hip and knee surgery, and the stockings help to offset this. This is especially important if you are sitting for long periods of time with your feet flat on the floor. Your healthcare team will instruct you and your family on how to put on and take off these stockings. Individual recommendations vary on how long these stockings should be used. Your surgeon will let you know what is best for you.



Compression devices. These fabric sleeves are wrapped around your leg or foot and connected to a pump. This pump alternates filling one sleeve at a time with air, and then releasing.

ACTIVITY AND THE REHABILITATION PROCESS

Activity following your surgery will be facilitated by your nurse through St. Luke's Progressive Mobility Program. Outside of scheduled physical therapy times, your nurse will help you to get out of bed and walk around. **Do not get up on your own. Call for assistance when you need help with toileting.**

Physical therapy and occupational therapy following your surgery are vital components to a full recovery. Although you may experience pain and discomfort during or following your sessions, it is important to participate. Our goal is to help you move in a safe, controlled and progressive way. **Your participation is critical to your recovery.**

Physical therapy will teach you how to:

- Move in and out of your bed
- Move from sitting to standing
- Walk with an assistive device (walker, cane or crutches)
- Perform a home exercise program on your own
- Walk up and down stairs with an assistive device

Occupational therapy will teach you how to:

- Perform self-care activities such as bathing, dressing and toileting
- Transfer on and off the toilet, in and out of the tub or shower, and in and out of the car
- Use adaptive equipment as needed
- Comply with precautions following your surgery

MOVEMENT PRECAUTIONS

Following your surgery, you may be required to follow specific movement precautions. These precautions will be given to you by your healthcare team and will aid in the safety, healing and recovery of your joint replacement. Your surgeon will let you know which precautions apply to you and when it is safe to stop following them.

These are general guidelines and may vary for each patient.

Knee



Do not pivot or twist your surgical leg in the first few weeks after surgery.



Do not kneel on your surgical knee.

Hip

Anterior precautions



Do not extend your surgical leg backward.

Posterior precautions



Do not bend your surgical hip beyond a 90 degree angle.



Do not rotate your surgical leg outward (external rotation).



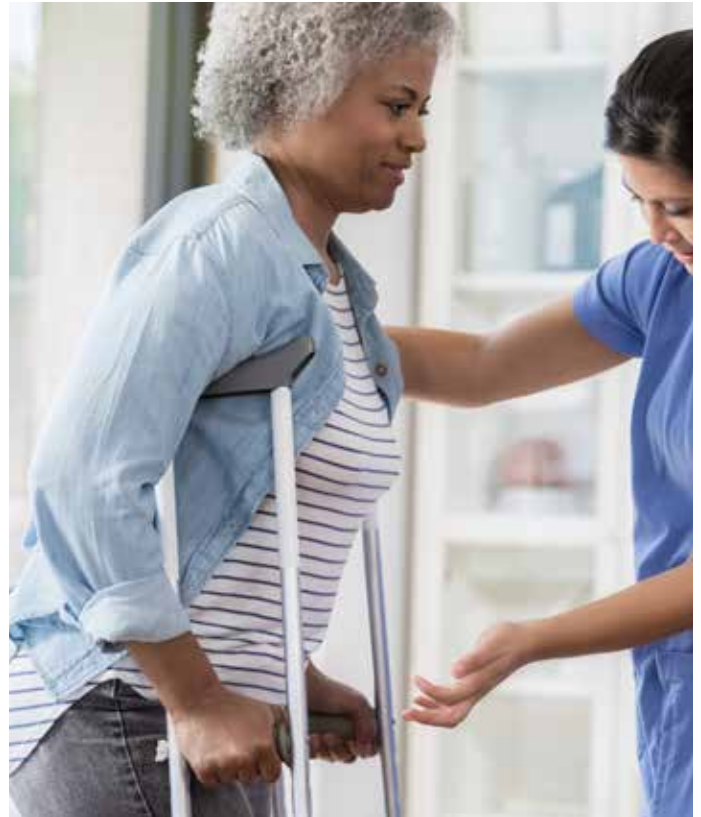
Do not cross your legs.

BEFORE YOU RETURN HOME

To return home, you'll need your recovery coach, loose fitting, comfortable clothes, and a pair of supportive athletic shoes or slippers with backs and rubberized soles. Ask for an ice pack when you go, and take your pain medication prior to your trip. Before you return home there are a few basic things you should be able to do, either on your own or with minor help from your recovery coach. Here is a checklist your healthcare team will use to evaluate your progress:

- Know how to care for your surgical incision and recognize signs or symptoms of infection
- Manage your pain
- Understand your medications (may include blood thinners and pain medications)
- Get in and out of a bed and chair
- Walk safely with a walker or crutches
- Complete basic self-care skills (bathing, dressing and toileting)
- Understand your home exercise program

If you're not be able to complete all of the above, or your healthcare team feels you need additional rehab prior to returning to home, St. Luke's Case Management will work with you to coordinate the next phase of your recovery.



FAQS AFTER SURGERY

When can my family visit me after surgery?

Your family can visit you on St. Luke's 5 West Orthopedic Unit. This is located on the fifth floor on the west side of St. Luke's, and can be accessed with the west elevators. Typically, loved ones will be able to see you three to four hours after the start of your surgery.

When will I start physical therapy?

Many patients will begin their physical therapy on the day of surgery, or the morning after your surgery. General activity following your surgery will be facilitated and initiated by your nurse through St. Luke's Progressive Mobility Program. This means your nurse will assist you in getting out of bed and walking, outside of your scheduled therapy times.

How will my pain be managed?

Some level of discomfort is a normal part of recovery following knee or hip replacement. Your healthcare team will work together to manage your pain so that you can fully participate in your recovery. This is accomplished through prescription pain medication, ice packs and other non-pharmacological approaches. For more information on this topic, review the Pain Management section of this handbook (page 18).

How long should I use my incentive spirometer?

It is generally recommended to continue using your incentive spirometer 10 times every two hours for the first seven days following surgery. Individual recommendations vary and will be provided by your surgeon. For more information on this topic, review the Using an Incentive Spirometer section of this handbook (page 18).

How long should I wear my compression stockings?

Individual recommendations vary and will be provided by your surgeon. Generally, patients use them until swelling stops a few weeks after surgery. For more information on this topic, review the Circulation Aids section of this handbook (page 19).

When will I know I'm ready to be discharged from St. Luke's?

You will be discharged from the hospital when your medical condition is stable, your pain is controlled with oral pain medication, you have met therapy goals, and you are able to eat and urinate. Your healthcare team will work with you to create the best plan to ensure your success in recovery. For more information on this topic, review the Before You Return Home section of this handbook (page 22).

What do I need for my trip home?

To return home, you'll need your recovery coach, loose fitting, comfortable clothes, and a pair of supportive athletic shoes or slippers with backs and rubberized soles. Ask for an ice pack when you go, and take your pain medication prior to your trip.

How do I get home or to a rehabilitation facility?

Patients who are returning directly home should arrange to be picked up on the day of discharge by their recovery coach or other family member. Hospital staff will help you into your vehicle. Transportation to rehabilitation facilities will be discussed with you and will be arranged by St. Luke's Case Management, if needed. For more information on this topic, review the Planning Your Discharge section of this handbook (page 11).

..... Your Recovery at Home

The first two weeks at home tend to be the most challenging, and you may experience some ups and downs. No matter how much you've prepared before surgery, you should still expect an adjustment period. You may feel anxious and question if you were ready to return home. These are normal feelings. You have had a major surgery that will require time to heal.

Despite the difficulties that may come, **your energy and strength will continue to improve every day.** Lean on your recovery coach, keep a positive attitude and cooperate with your healthcare team for the best possible results.

PAIN MANAGEMENT AT HOME

Being proactive about managing your pain will help your overall recovery. Take your medication as soon as you begin to feel pain. **Do not wait until the pain becomes severe.** Be sure to take pain medication 45 minutes before physical therapy sessions. Here are a few things to note while on pain medication:

- You are not permitted to drive a car while taking narcotic pain medication. You are typically able to return to driving two to three weeks following your surgery. Ask your doctor when you will be able to return to driving.
- Constipation may occur as a side effect. Be sure to drink plenty of water, continue to move, and eat a diet that includes whole grains, fruits and vegetables.

Your goal will be to gradually wean yourself from pain medications with the help of your doctor. Here are a few other things you can do manage your pain as you recover:

Change your position. Doing this once an hour throughout the day helps to reduce stiffness and promote mobility.

Use ice. Ice is a great way to help reduce pain and swelling. Do not use ice for more than 20 minutes each hour. Your physical therapist can make recommendations on appropriate routines with icing.



Do not use a heating pad. This actually increases swelling in your new joint.

Relaxation. Some people choose to visualize a calm relaxing place, listen to music or focus on their breathing.

CARING FOR YOUR INCISION

It is important to keep the area around your incision clean while it heals. Before you leave St. Luke's, you will be taught how to properly care for your incision. Follow these steps once you're home to help the healing process:

- Follow your surgeon's specific instructions regarding the care of your incision.
- Check your dressing daily.
- Call your surgeon's office immediately if you notice any signs of infection. These include redness, drainage, a foul odor or having a fever over 101°F.

PREVENTING INFECTION AND BLOOD CLOTS

After a TJR, it is possible to develop an infection or a blood clot. However, there are things you can do to help prevent these. It's important to take care of yourself so that you can fully recover and enjoy your new joint.

How to Prevent Infection

It is rare to develop an infection in your artificial joint, but it is possible. This may happen if antibiotics are not taken before certain procedures. This includes:

- Dental procedures (including teeth cleaning)
- Any invasive procedure where an instrument or tube is inserted into your body (urinary catheterization, colonoscopy, cystoscopy, proctoscopy, etc.)

For at least two years following surgery, be sure to inform your physician or dentist that you have an artificial joint. This will help them to determine if you need antibiotics prior to the above procedures.

How to Prevent Blood Clots

You can lower your risk of developing blood clots by:

- Taking aspirin or blood thinner as prescribed by your doctor
- Continuing to stay active by moving or walking throughout your day (moving or changing positions once every one to two hours while awake is recommended)
- Continuing to complete your home exercise program including your foot and ankle pumps
- Continuing to wear your compression stockings to promote circulation and prevent edema as prescribed by your surgeon
- Refrain from tobacco use

MOVING WITH YOUR NEW JOINT

One of the most important things you can do each day is to keep moving. Two ways to stay active include walking and doing exercises prescribed by your physical therapist. **Your commitment to staying active is crucial to a successful recovery.**

Walking

This form of exercise builds endurance and strength. It also acts as an extension of your physical therapy. Walking helps to promote circulation, reduce swelling and improve range of motion.

We recommend you begin by walking around inside your home a minimum of three times per day. As you begin to build your endurance and strength, work your way up to walking outdoors and for longer periods of time. Continue to use a walker or crutches until your doctor or therapist tells you to stop.

Exercises

Continue following the recommendations of your physical therapist as to what specific exercises you should complete. Refer to the exercise handout from your physical therapist. It is normal to feel mild burning, tightness or trembling in your muscles as you complete your exercises. If you feel extreme muscle pain or aches, talk to a member of your healthcare team.



RESUMING SEXUAL ACTIVITY

In general, it is safe to resume sexual activity four to six weeks after your surgery. However, this varies from patient to patient and certain positions may put strain on your new joint. **It is important to have an open discussion with your surgeon regarding specific positions that will be safe for you.**

For Knee Replacement Patients

The majority of positions are safe, but you should avoid kneeling or deep knee bending.

For Hip Replacement Patients

It is extremely important **to avoid extreme ranges of motion**. Also keep in mind your movement precautions. Initially, being on your back will be the safest and most comfortable position. For more information on this topic, view the Movement Precautions section of this handbook (page 20).

For more information including examples of what positions are safest, visit the American Association of Hip and Knee Surgeons website: bit.ly/37EQ1bh

WHEN TO TALK TO YOUR DOCTOR

Contact your doctor if you experience any of the following symptoms:

- Pain or redness in the calf
- A fever, with a temperature above 101°F
- Increasing pain that does not stop, even with pain medication
- Redness, drainage, a foul odor, drainage with pus or an opening at your incision
- New or increased pain, numbness or tingling in your surgical leg (numbness around the surgical incision is normal)
- A urinary tract infection, bronchitis or any other infection

When to Call 911

If you have any shortness of breath and chest pain or pain and difficulty when breathing, experience a fall and injury, or if you have bleeding that does not stop, call 911 immediately.

YOUR RECOVERY TIMELINE

Here is how you can help the recovery process from the first 48 hours at home, to three months after your surgery and beyond:

First 48 Hours at Home

- **Follow instructions.** Continue to follow all directions from your healthcare team.
- **Keep moving.** Change positions once every one to two hours during the day. Using supportive chairs with arms will help to promote this. Frequent, short walks are key to your recovery. **You cannot stay in bed all day.**
- **Use your walker or crutches.** This offers support when you are up and moving.
- **Climb stairs with support.** Hold on to a railing, if available.
- **Be proactive about your pain.** Mild pain and discomfort in your surgical knee or hip is a normal part of the recovery process. You may have difficulty sleeping at night. Continue to take your prescribed pain medication to stay ahead of your pain. Getting up and moving will help relieve stiffness.
- **Continue using ice.** This will help with pain and swelling. Do not use ice for more than 20 minutes each hour. For knee replacement patients, swelling of the surgical joint can be common if you try to increase your activity too soon. If this occurs, ice the joint and elevate your leg above the level of your heart. When doing so, be sure to place the pillow under your calf and not behind your knee. **Your knee should be straight when elevated.**

..... Your Recovery at Home

- **Do not lift heavy objects.** Following surgery, any kind of heavy lifting is not a good idea. Talk to your doctor about when you can begin to safely lift again.
- **Do not drive before your first post-op visit.** However, riding as a passenger is fine. Make sure the seat is slid back to allow enough room for your surgical leg. Consider placing a plastic bag on the seat to reduce friction to help you slide in. Sit on a cushion or pillow to avoid sitting too low.

Weeks 1 to 6 at Home

- **Continue with your exercise program.** Following the program prescribed by your physical therapist will help you get progressively stronger.
- **Attend your follow-up appointment.** You will have a follow-up appointment with your surgeon 10 to 14 days after your surgery. Additional appointments will depend on your surgeon and your progress.
- **Keep moving.** Continuing to change positions once every one to two hours during the day is a good goal. Frequent, short walks remain key to your recovery.
- **Ice and elevate.** Swelling can increase your pain and limit your range of motion. It is important to continue icing your joint. For knee replacement patients, elevating your leg above the level of your heart will be helpful as well. When doing so, be sure to place a pillow under your calf and not behind your knee. **Your knee should be straight when elevated.** Some swelling in the operative site and leg is normal following surgery. If swelling becomes worse despite elevating, icing and taking medications, talk to your doctor.
- **Ask questions if you have them.** Do not hesitate to call your surgeon's office with questions on your care. We are here to help you through this process.

During the first six weeks of your recovery, you should continue to make progress each week. Most people can expect to accomplish the following milestones during this time:

- Walk without assistance on level surfaces with your walker, cane or crutches. Depending upon your progress, your surgeon or therapist may transition you away from your assistive device entirely during this time.
- Resume basic activities of daily living such as dressing, cooking, cleaning and laundry. You should be up and moving most of the day.
- Climb stairs as tolerated.
- Get in and out of bed, a chair and a car without help.
- Get in and out of a tub and/or shower without help to bathe. Showering guidelines will be discussed by your surgeon and physical therapist.
- Return to driving. Many individuals return to this activity two to three weeks following surgery. Check with your surgeon for individual recommendations.
- Resume sexual activity. Many individuals are able to do this four to six weeks following surgery. **It is important to remember to stick to any movement precautions you may have.** For more information on this topic, view the Movement Precautions section of this handbook (page 20).

Continued on next page.

..... Your Recovery at Home

- Return to work. Most individuals are able to return to work sometime following the six week mark, or sooner. Returning to sedentary or office-based jobs may be reasonable after four weeks. This is approved on an individual basis and is authorized by your surgeon. Upon returning to work, keep the following in mind:
 - Avoid extremes. Limit movements that put strain on your new joint.
 - Avoid heavy lifting.
 - Continue to change positions frequently to avoid sitting for extended periods of time.
 - Plan for rest breaks throughout your day.

Weeks 7 to 12 at Home

- **Continue with your exercise program.** There is a tendency to gradually stop completing your exercises too soon during the recovery process. Home and work life should not replace your home exercise program.
- **Continue to comply with all restrictions.** Although you are likely starting to feel normal again, it is important to continue following the restrictions established by your surgeon and physical therapist. These have been put in place to help protect your new hip or knee.
- **Expect a period of adjustment.** Things may be harder than you expected. Give yourself time to adjust. Some warmth and swelling at the surgery site, as well as numbness around the incision, is common for a few months after surgery.
- **Keep asking questions if you have them.** Do not hesitate to call your surgeon's office with questions.

During this phase of your recovery, you will continue to notice sustained improvement in your independence. You should notice increases in your strength, a desire to participate in more activities and improved energy levels. It is important to remember that even at this stage of recovery, you still had a

major surgery which takes time to fully heal. **Every individual and their rate of recovery is different.**

Most people can expect to accomplish the following milestones during this time:

- Reduce or eliminate use of your walker or cane. Every individual is different and some may continue to need some form of assistive device, but many do not at this point.
- It is common to have some swelling, stiffness, aching at night and warmth in your new joint. This will continue through the first three to four months.

3 Months and Beyond

- **Remain active.** Keep moving and continue to increase your walking distance.
- **Be realistic and pace yourself.** It takes time to establish your new normal.
- **Keep asking questions if you have them.** Do not hesitate to call your surgeon's office with questions on your care. We are here to help you through this process as you continue to move forward.

At this stage of your recovery, we encourage you to try resuming normal activities both inside and outside of the home.

Now that you have taken the time and put in the work to improve your life with your new joint, your goal should be one of lifelong fitness. Remain active and enjoy the benefits of your new joint, though remember: **Your joint is not indestructible.** Attempt to avoid extreme positions, activities or sports that may put undue stress on your new joint until discussed with your surgeon. Eat a healthy, well-balanced diet, maintain a healthy bodyweight and ask your surgeon or physical therapist about appropriate exercises to complete moving forward.



FAQS ONCE HOME

When do I need to call my doctor?

See the When Do I Talk to My Doctor section of this handbook (page 26).

When do I need to seek immediate help and call 911 or seek out emergency room treatment?

- If you have shortness of breath and chest pain or pain and difficulty when breathing
- If you experience a fall and injury
- If you have bleeding that does not stop

When will I have a follow-up appointment with my surgeon?

Most patients have a follow-up appointment with their surgeon 10 to 14 days after surgery. Future appointments depend upon your progress and your surgeon's preference.

What should I know about swelling in my new knee or hip?

Swelling is expected following a joint replacement. Swelling can increase your pain and limit your range of motion. It is important to continue icing your joint. For knee replacement patients, elevate your leg above the level of your heart. When doing so, be sure to place a pillow under your calf and not behind your knee. Your knee should be straight when elevated. Additionally, continue to keep moving and change positions every one to two hours during the day. Frequent, short walks are key to your recovery.

Is it normal to have numbness around the surgical incision?

Yes. At times, patients experience decreased sensation or numbness near or around the scar, which should improve over time.

When will I be able to return to driving a car?

Many individuals return to this activity two to three weeks following surgery. However, this can vary depending upon your progress and specific surgery. Check with your surgeon for individual recommendations.

When will I be able to return to having sex?

Many individuals return to this activity four to six weeks after surgery. However, this timeline can vary depending upon your progress and specific surgery. It is important to remember any movement precautions you may have. Check with your surgeon for individual recommendations. For more information on this topic, see the Resuming Sexual Activity section of this handbook (page 26).

When will I be able to return to work?

Most individuals are able to return to work sometime following the six week mark, or sooner. Returning to sedentary or office-based jobs may be reasonable after four weeks. For more information on what to keep in mind when returning to work, see the Weeks 7 to 12 at Home portion of Your Recovery Timelines section in this handbook (page 28).

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