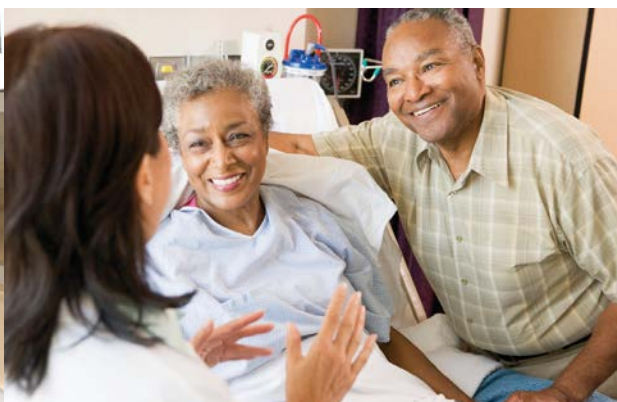
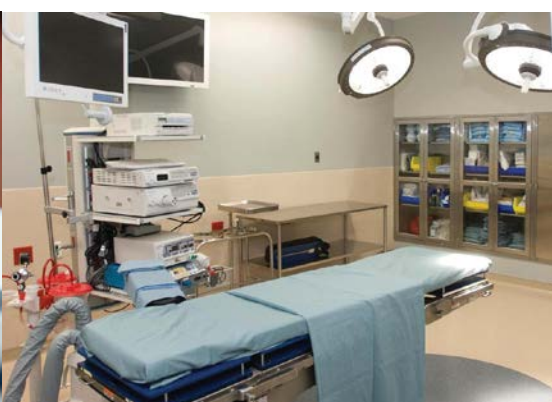




The Joint Replacement Center *of Excellence*

Patient Handbook



ROCHESTER
REGIONALHEALTH

United Memorial
Medical Center

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About United Memorial

At United Memorial Medical Center, we’re passionate about delivering high quality and compassionate health care to the residents of Genesee County. Our goal is to provide the very best in health care by striving to build a culture of excellence that focuses on the fact that we are doing more than just treating patients – we are caring for neighbors, friends, and families every day. Our growth throughout the years and our plans for the future reflect a commitment to excellence at all levels. From the most basic services to state-of-the-art care, enhanced facilities and expanded services, delivering quality health care is our promise to you.

Our mission focuses on the residents of our community; working together to promote, enhance and restore health. We are there to serve them with professional and compassionate care and with quality programs, exceptions staff and continuous improvement to consistently meet their needs. Our vision is to be the first, most trusted, health care choice for our community, medical staff and employees. All of what we do is driven by our dedication to a set of exceptional values that always places the care of our patients first.



The Joint Commission Gold Seal of Approval recognizes United Memorial Medical Center’s commitment to providing high quality care to our patients and community and is certified.



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Important Phone Numbers

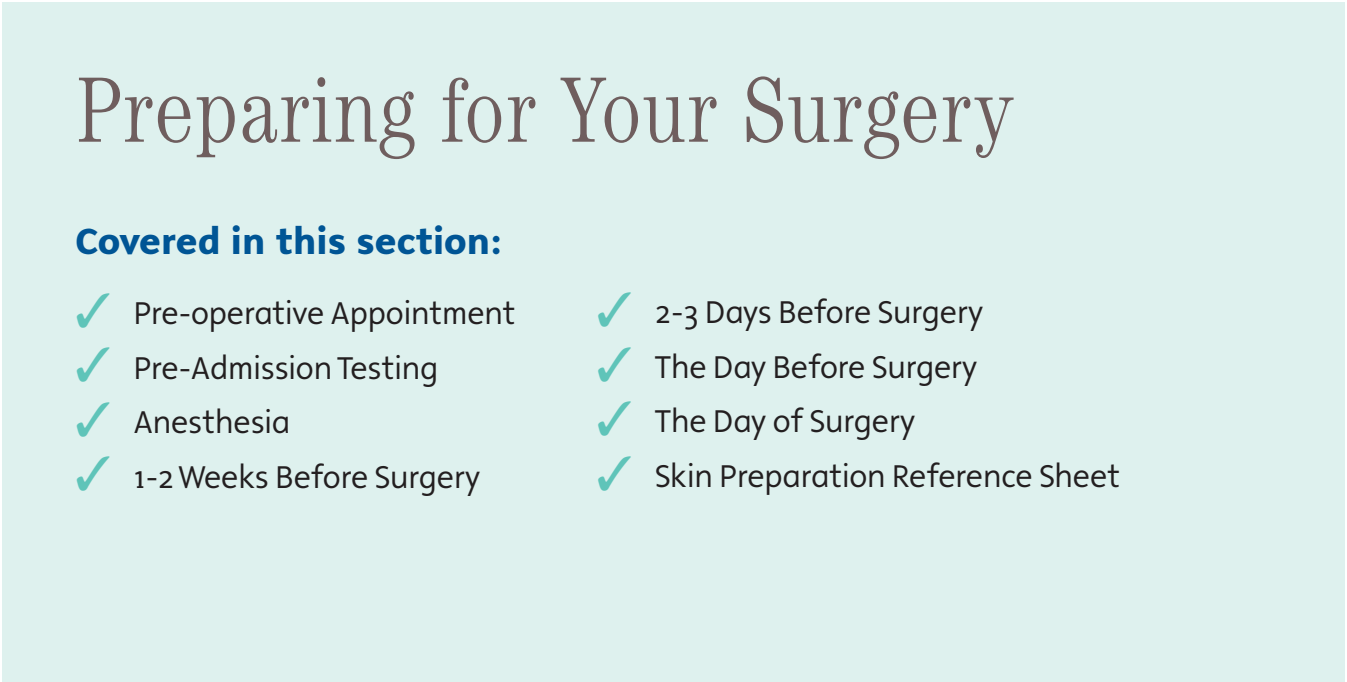
United Memorial Medical Center..... (585) 343-6030
Pre-Admission Testing (585) 344-8175
Mary Lama, Joint Center Coordinator (585) 344-5483
Genesee Orthopaedics (585) 343-9676

Notes

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue S.W., Washington D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



Pre-Operative Appointment

An appointment will be made for you by the surgeon’s office to see your Primary Care Provider (PCP) to obtain medical clearance for your procedure. This is necessary prior to a major operation to minimize the risk of unexpected complications. If your PCP is not on staff at the hospital, an appointment with one of our local physicians will be arranged, so they may address any non-orthopedic issues during your hospital stay.

Pre-Admission Testing

You will be scheduled to come to the hospital for preadmission testing.

Checklist:

- ☐ Photo Identification
- ☐ Your Insurance Card(s)
- ☐ Current List of Medications (including vitamins, herbals and over the counter medications) with dosages and how often you take them. You may also bring your original bottles.
- ☐ Name and phone number of your pharmacy
- ☐ Pre-Procedure Health Survey (provided by pre-op coordinator)
- ☐ Any Pertinent Radiology Studies (xrays, CT scan, MRI) from another facility
- ☐ Health Care Proxy or Advance Care Directives

Please allow approximately two (2) hours for your appointment during this time you will:

- Complete a nursing assessment
- Complete diagnostic testing (EKG, CXR, blood work, etc)
- History and physical examination
- Meet with the pre-admission test coordinator nurse to answer any questions and provide important information specific to your care.

Anesthesia

The Department of Anesthesiology is a group of specialty-trained Physicians and Certified Registered Nurse anesthetists (CRNA) that are committed to providing you with safe and effective anesthesia care.

You will meet your anesthesia provider prior to your surgery to discuss your general health, medications that you are currently taking, your medical history, anesthesia options, and your postoperative pain management plan. You will have an opportunity to ask questions and to discuss any concerns you have regarding your anesthesia and post-operative pain control.

After speaking with you and your surgeon, your anesthesia provider will decide on an anesthesia care plan that is appropriate for your specific surgical procedure and physical condition. Your wishes and personal goals are also important factors and will be considered in determining your plan of care.

General Anesthesia is what most patients think of when having surgery. Anesthetic medications are given to produce muscle relaxation, pain relief and induced sleep causing you to be unaware of your operation. These medications are stopped or reversed at the end of your procedure and you typically wake up soon after arriving in the Post Anesthesia Care Unit (PACU).

Regional Anesthesia blocks the transmission of nerve impulses to a specific region of the body. This procedure is performed by injecting a local anesthetic (numbing medicine) along a selected nerve pathway. Before receiving the injection you may be given a mild sedative through your intravenous line to reduce discomfort from the injection and any anxiety or tension you may feel. This sedation may continue during your surgery allowing you to sleep through your operation. Common types of regional anesthesia are spinals, epidurals, and peripheral nerve blocks.

Anesthesia care also continues after your operation. When your surgery is completed you will be moved from the Operating Room to the Post Anesthesia Care Unit (PACU). In the PACU, you will be cared for by registered nurses with advanced training in the care of patients recovering from anesthesia. Your anesthesia provider will oversee your recovery progress in the PACU until you are ready for transfer to your room.

1-2 Weeks Before Surgery

Within 2 weeks before surgery you will visit the surgeon’s office for a History and Physical (H&P) exam. Your surgical consent will be completed at this time and any final questions may be answered. You will receive a phone call to schedule a pre-op appointment to have certain lab tests, xrays, and an EKG if needed at the hospital. This appointment is usually done the same day as the H&P. You will receive a letter in the mail advising you of the date and time for the H&P with the physician’s assistant.

If you take aspirin, aspirin compounds, or anti-inflammatory medication (i.e. Ibuprofen [Motrin, Advil, Nuprin], Naproxen [Naprosyn, Aleve], Ketoprofen [Orudis, Oruvail], Oxaprozin [Daypro], diclofenac [Voltaren], etc.), fish oil or Vitamin E discontinue use at least 1-2 weeks prior to surgery. (Subject to your Physician’s direction)

Preparing your Home Prior to Surgery

Consider the following to proactively plan for your transition home:

- Plan several meals ahead with frozen or canned easily prepared foods
- Consider obtaining devices such as a reacher and long-handled shoe horn, and sock aid to assist you. Have these items marked with your name to bring to rehabilitation for use. Practicing with these devices at home before surgery can be very helpful. Some people benefit from use of elastic shoelaces, a long handled sponge/bath brush and a bag/basket for the walker.
- Place regularly used items such as remote controls, medications, cooking utensils and reading materials in easy-to-reach locations.
- Be aware of all floor hazards such as slippery surfaces, loose carpeting, pets, small objects or uneven surfaces. Be sure to remove loose rugs and other trip hazards to avoid accidents or falls.
- If necessary, widen furniture paths to accommodate a walker or cane.
- Firm cushions, folded blankets or furniture leg extenders may be used to raise seat heights. To assess proper height: Stand facing away from the seat and the bend of your knee should be at about the top of the seat. If the seat is much lower it will be difficult to rise to standing and to comply with total hip precautions.
- Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms and hallways.
- Stairs may be somewhat difficult to do initially. If your bedroom is on a second floor, it may be helpful to temporarily relocate your sleeping arrangements to the first floor.
- Have loose, comfortable clothing set aside for your recovery time.
- Elevated toilet seats can be helpful. These are generally not covered by insurance but can be purchased at a drug or discount store. Often times they can be borrowed at the Office of Aging or the Center for Independent Living.
- Having some assistance after joint surgery can also be very beneficial. Contact family members or friends ahead of time to make the necessary arrangements to assist in your recovery. Let your discharge planner know if you plan on staying at someone else’s home after discharge in case any home services have been arranged.

2-3 Days Before Surgery

Do:

- ✓ Skin preparation protocol (page 8)
- ✓ Toenail care (remove nail polish). It is recommended you make an appointment with a podiatrist to cut your toe nails. Professional pedicures are not recommended.

Do Not:

- ✗ Do not shave (legs, face, underarms, etc). It is very important you do not shave at least 3 days prior to surgery. Shaving opens the skin to reactions, and possible infections, from the solutions used on your leg before surgery. Cuts and abrasions may also pose the risk of infection and the potential to cancel your surgery.
- ✗ Wax any part of your body prior to surgery

The Day Before Surgery

Do:

- ✓ Skin preparation protocol (page 8)
- ✓ Consider taking a stool softener such as Colace to prevent constipation.

Do Not:

- ✗ Do not eat a heavy evening meal. A lighter option is recommended, such as soup, salad, sandwich or fruit.
- ✗ Do not eat or drink anything after midnight unless you have been otherwise instructed (If your surgery is in the afternoon, please ask your surgeon when to stop eating and drinking).

The Day of Surgery

Do:

- ✓ Only take medications that were approved by your physician in the morning with a small sip of water. An Anesthesia provider may call and verify which daily medications you may take the morning of your surgery.
- ✓ Follow skin preparation protocol (page 8)

Do Not:

- ✗ Do not eat or drink anything unless you have been otherwise instructed
- ✗ Do not take insulin unless otherwise instructed
- ✗ Do not wear make-up, nail polish or jewelry
- ✗ Do not shave your legs or put anything on (including lotion or powder) around the surgical area
- ✗ Do not wear eye contacts, instead wear glasses if you have them

Skin Preparation

Before surgery you take an important role in your surgical care. To assist in the prevention of a surgical site infection we ask that you follow these instructions to prepare your skin to be as germ free as possible.

Patient Instructions for Skin Cleaning - bathing or showers:

Shower or bath with **Hibiclens (4% Chlorhexidine Gluconate)** daily for three (3) days prior to surgery and the morning of surgery. A 4oz bottle is sufficient and can be purchased at most large pharmacies, including Walmart and Target. Keep solution out of eyes, ears and mouth. Hibiclens is not to be used on the head, face or genital area.

** Hibiclens should not be used if you are allergic to Chlorhexidine Gluconate or any other ingredient. Test on a small area first.*

Three (3) nights before surgery AND the morning of surgery when you bathe or shower:

Do not shave the area to be operated on for at least three (3) days prior to surgery

- 1. Wash your hair as usual with your regular shampoo;
- 2. Rinse hair and body thoroughly to remove any shampoo residue;
- 3. Wash your face with regular soap;
- 4. Wash your genital area with a regular antimicrobial soap;
- 5. Thoroughly rinse your body with warm water from the neck down;
- 6. Turn off the water to prevent rinsing the Hibiclens off too soon;
- 7. Apply the minimum amount of Hibiclens necessary to cover the skin. It should be no more than one (1) ounce or two (2) tablespoons. You can apply Hibiclens gently to the skin and wash as you would with any other liquid soap with a washcloth. Pay special attention to the area of surgery;
- 8. Turn the water back on and rinse thoroughly with warm water;
- 9. **Do not use your regular soap after applying and rinsing Hibiclens;**
- 10. Pat yourself dry with a clean towel. Do not apply lotion, powders or perfumes to areas cleaned with Hibiclens;
- 11. Put on clean clothes.

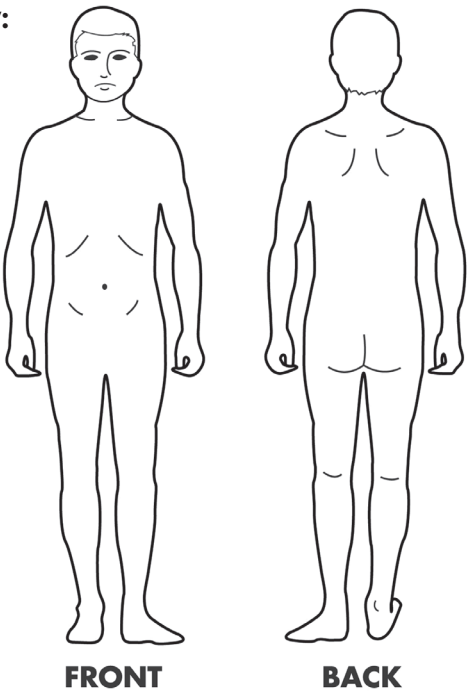
The Evening Before surgery

In addition to the above, the surgical site circled in the diagram below, is to have an additional cleaning with the Sage cloth containing 2% Chlorhexidine Gluconate solution given to you during your pre-admission testing appointment. When applying the Sage cloth product, your skin should be completely dry and cool. When applied to sensitive skin, Chlorhexidine Gluconate may cause skin irritation such as a temporary itching sensation and/or redness. Showering or shaving immediately before applying the Sage product may enhance this effect. If itching or redness persists, rinse affected areas and discontinue use and contact your surgeon.

Sage Cloth Cleansing Instructions:

- Wait at least 1 hour after showering,
- Avoid contact with eyes, ears, and mouth.
- Use both cloths in the package.
- Scrub the area indicated back and forth with the first cloth for 3 minutes, followed by the second cloth for 3 minutes.
- Allow the area to air dry.
- DO NOT RINSE. It is normal for the skin to have a temporary “tacky” feel for several minutes after the antiseptic solution is applied.
- Shower again on the morning of surgery as directed above.

Prep the circled area(s) only:





Going to the Bathroom

If you are unable to urinate, you may have a tube (catheter) in your bladder for up to 48 hours. After that, your nurse will help get you out of bed and go to the bathroom. It may take a day or more to have a bowel movement. Anesthesia and pain medication can cause constipation. Your doctor may prescribe a stool softener or laxative if needed.

Wound Care

There will be a large dressing over your incision and there may be a drain tube coming from the surgical site. The drain will be removed either first or second day of surgery. Your incision may have sutures, staples or steri-strips.

Preventing Falls

You are at a higher risk of falling in a hospital setting - **Be cautious...not courageous.** Let us help determine if you can navigate alone. **Call rather than fall.** It pays to wait for assistance rather than fall trying to go it alone.

Hospitalist Program

Hospitalists are physicians who functions as a “specialist” for the acutely ill while they are inpatients at the hospital. The Hospitalist will consult and communicate with your Primary Care Physician to better care for your overall needs. Your Primary Care Physician will continue to care for you outside of the hospital. Your physician works in conjunction with them as they would a Radiologist, Cardiologist, or other specialist.

Hourly Rounding

It is our goal to interact with patients on an hourly basis to meet any immediate needs. During this time, staff will address your comfort and pain, assist you with changing positions or to the restroom, and ensure you have easy access to necessary items in your room (i.e. phone, water, call light, etc). You may receive a survey after you go home. We hope that you will take the time to give us your feedback. We use your feedback to recognize our staff and know how to improve.

Pain Management

Our goal is to keep you as comfortable as possible throughout your stay. Although pain may not disappear, it should be significantly diminished. Your honest input will help in the management of your pain. You will be asked to rate your pain on a scale of 0-10.

**0=No Pain • 1-4=Mild Pain • 5-7=Moderate Pain
8-9=Severe Pain • 10=Worst Pain Possible**

Remember to ask for pain medication **BEFORE** the pain level reaches a 10. Pain is easier to control when addressed at a lower number like 4 or 5.

1st Day After Surgery

- Vital signs will be checked frequently and blood work done daily until discharge
- Physical Therapy evaluation if it was not completed the afternoon of surgery
- If oral intake is adequate and there has been no incidence of nausea or vomiting, IV fluids will be discontinued
- You will meet with a discharge planner
- Precautions will be reinforced (pgs. 26 & 27)

2nd Day After Surgery

- You will receive two (2) sessions of physical therapy. Consider taking a pain pill 30-40 minutes prior to your session during the first several weeks of rehabilitation. This will help minimize discomfort and allow you to get the most out of your session. Please request if this is not offered by your nurse.
- Drain tubes and foley catheter will be discontinued
- The surgical dressing will be removed and a new dry, sterile dressing will be applied
- Precautions will be reinforced (pgs. 26 & 27)

3rd Day After Surgery

- Most patients will be discharged on day three
- One (1) session of physical therapy
- Review discharge paperwork
- Shower with assistance if you are safely able to do so. Clean the incision with soap and water, then rinse and dry well. If necessary apply a light dry sterile dressing. You may not submerge the incision in water until cleared to do so by the surgeon. If you choose to sponge bathe, clean the incision first, then wash the rest of your body.

Progression to Independence

Weeks 1-2

- Your goals for this period of time are to:
- Independently get out of bed
- Independently get up and out of a chair
- Independently walk with a walker or crutches
- Walk at least 150 ft, three times a day
- Independently climb and descent a flight of stairs once a day
- Improve strength by 10%
- Perform a car transfer with assistance of one person
- Control pain with the use of ice packs
- Manage swelling and decrease risk of DVT by wearing compression stockings during the day
- Perform toileting and personal hygiene skills independently
- Dress independently
- Shower when approved by surgeon with the assistance from one person

Weeks 2-4

- Your goals for this period of time are to:
- Recall and demonstrate precautions
- Achieve your Weeks 1-2 goals
- Walk at least 1/4 mile (or as much as comfortable)
- Climb and descend a flight of stairs more than once daily
- Complete your daily home exercise program
- Improve strength by 25%
- Perform a car transfer independently
- Control pain with the use of icepacks
- Manage swelling and decrease risk of DVT by wearing compression stockings during the day
- Independently shower and dress
- Resume light homemaking tasks
- Achieve at least 90 degrees of flexion if you had this amount of flexion preoperatively

Weeks 4-6

- Your goals for this period of time are to:
- Achieve your Weeks 2-4 goals
- Walk with a cane or crutch without limping
- Walk at least 1/2 mile three (3) times per week
- Climb and descend stairs in a normal fashion if comfortable
- Complete your daily home exercise program
- Improve strength by 50%
- Control pain with the use of ice packs
- Discontinue use of compression stockings as advised by your surgeon
- Drive a car with your surgeons approval
- Resume homemaking tasks

Weeks 6-12

- Your goals for this period of time are to:
- Achieve your previous goals
- Walk without a cane or crutch support limping
- Walk approximately 1 mile three (3) times per week
- Improve strength by 75%
- Resume all activities after twelve (12) weeks with your surgeon approval



What to Bring to the Hospital

For Check-In:

- ___ Drivers License or Photo ID
- ___ Social Security Card
- ___ Insurance Card(s)
- ___ Health Care Proxy or Advance Directives
- ___ Your most current list of medications and supplements noting which ones have been stopped and when. Do not bring your own medications unless otherwise advised.
- ___ Copayment (if applicable)

For Your Stay:

- ___ This handbook
- ___ Important telephone numbers (including the person bringing you home)
- ___ Blood band bracelet
- ___ Hospital gowns are provided, but you are welcome to bring your own loose pajamas or short nightgown/robe.
- ___ Comfortable walking shoes or sneakers (preferably ones with Velcro or elastic shoe laces)
- ___ Deodorant
- ___ If you are bringing dentures, eyeglasses, or hearing aide with you please tell the admitting nurse you have these items. Cases should be clearly labeled with patient name and address.
- ___ For men – electric razors only (NO straight edge razors) since you will be on anticoagulants

For Discharge:

- ___ Loose fitting underwear and clothing
- ___ Comfortable walking shoes with non-slip soles and good support

About Valuables

Please leave valuable items (jewelry, wallet, watches, purse, etc) at home or with family members/significant others. More patients are bringing cell phones and laptop computers. While cell phones and wireless computers are permitted in patient rooms and we will do everything to insure they are not lost, you and your family members will be responsible for them. Address labels are recommended; this assures any items lost and found can be returned.

Check-In

Your surgery will be performed at United Memorial Medical Center, located at 127 North Street, Batavia. Upon arrival, check in at the desk located in the front lobby of the North Street entrance. Once you are registered you will undergo final preparations for surgery, including:

- Consultation with your anesthesia provider
- Placement of your IV (intravenous) line
- Vital signs will be taken
- Your nurse will review your previously completed admission assessment, record any changes and complete any remaining forms including medication reconciliation
- Additional questions you have may be answered.

When final preparations are complete and the operating room is ready for you, you will be taken to surgery. We will keep you informed regarding your surgery time, but **sometimes delays are unavoidable**. You may wish to bring a magazine or book with you, just in case. While you are in surgery, your family/friends will be able to track your progress via our patient tracking board in the surgery waiting area.

After Surgery

You will be taken to the PACU (Post Anesthesia Care Unit) also known as recovery. Most people spend approximately one (1) hour in recovery while nurses monitor your vital signs and ensure you have adequate pain control. The surgeon will speak with your family and friends in the waiting area. They will not be allowed in the recovery area. When cleared by anesthesia, you will be transferred to your room on the Third Floor. Once you have settled into your room, and a nurse has taken your vital signs, you may have visitors.

During this time you MAY have the following:

- An A-frame or foam wedge
- Drain Tubes or Wound Vac
- SCDs (Sequential Compression Devices), TEDS stockings on your lower extremities for the prevention of DVT (deep vein thrombosis or blood clots)
- Oxygen, either by mask or nasal tubing
- Foley catheter

Urgent Issues...What to Do?

Call 911 immediately if you:

- Fall
- Start bleeding and cannot stop
- Cough up blood
- Have trouble breathing
- Have chest pain
- Experience confusion or unexplained anxiety

Call your surgeon if any of the following occur:

- Increasing redness, swelling, or warmth around your incision
- Redness, swelling or excessive tenderness in your foot, ankle, calf or thigh
- Increased drainage or a green purulent drainage from your incision
- Fever and/or chills
- Easy bruising
- Nosebleeds
- Red or dark brown urine
- Red or black tarry stools
- Unusual pain or swelling in your abdomen with excessive thirst
- Severe pain that cannot be controlled with the pain medication provided

Preventing and Recognizing Potential Complications

Blood Clots

Techniques to prevent blood clots include:

- Wearing elastic compression stockings
- Elevating your legs above heart level for short periods throughout the day
- Ankle pump exercises
- Walking

Pneumonia

Fluid can collect in the lungs after surgery. To avoid pneumonia you should breathe deeply and cough 10 times each hour while you are awake. You will also use a plastic device called an incentive spirometer (See Using an Incentive Spirometer at the end of this section).

Infection

There are many things you can do that will greatly improve your chances of recovering from surgery without an infection.

- Wash your hand thoroughly using soap, lukewarm water and washing for at least 30 seconds before caring for your incision
- Keep your incision clean and dry
- Do not apply anything to your incision that your physician has not recommended

Elevated temperature (over 101° F) may be a sign of impending infection. If you get repeated readings over 100° contact your doctor. Call your doctor if you experience excessive swelling at the surgical site, increased pain, drainage from the incision, redness around the incision or fever.

While unlikely, there is always a chance that a distance infection can travel to your joint replacement.

- If you develop an unrelated infection such as strep throat or pneumonia, notify your physician
- When having dental work tell, tell your dentist you have had a joint replacement
- After having a total joint replacement, you should take a preventative antibiotic for all dental procedures
- Notify your doctors that you have had a total joint replacement to determine if you need antibiotics for other procedures.

Incision Care

You may or may not have a dressing covering your incision at the time you are discharged from the hospital. Instructions for wound care and dressing changes will be given to your rehabilitation nurses or directly to you if you are discharged to home.

- You will likely have skin staples holding the skin edges of your incision closed. These may cause mild localized irritation, and redness. Call your physician if you develop excessive redness, swelling, pain or drainage or if you develop a temperature over 101°. If your staples have already been removed, your incision may be covered with Steri-strips (which look like thin strips of white tape). Do not remove them as they will aid in holding your incision together during the early healing process. The Steri-strips will gradually fall off, usually in about 7-14 days.
- Staples or sutures that remain in place when you go home will be removed in your surgeon’s office. They can usually be removed 10-14 days from the date of surgery.
- You may shower as directed by your surgeon. Do not take a bath or submerge yourself in water (i.e. swimming pool or jacuzzi) for four (4) weeks. Pat your incision dry with a soft towel to avoid irritation.
- Wear loose clothing over the incision site to maintain comfort and prevent skin irritation

Medications

You will be sent home with prescriptions for medications to control pain. Medication instruction sheets will be provided on the day of discharge. **Do not resume taking medications you were on prior to surgery without checking with your physician and/or pharmacists.**

- If you normally use a mail order drug plan, be prepared to fill new prescriptions at your local pharmacy. Your PCP will assess the ongoing need for those medications and then write the necessary prescriptions to comply with your specific plan. Drugs such as pain medications and Coumadin are generally expected to be for short-term use.
- Do not stop taking any medications without checking with your doctor. Also check with your doctor about using any over-the-counter medications, including vitamins and herbal remedies, which may interact with the prescription medications you are taking.
- Check with your doctor or pharmacist before drinking alcohol which affects the action of many drugs.
- Inform your physician and other caregivers of any allergies to medicine or food.
- Do not share prescription medications with others.

Anticoagulation

Most patients will leave the hospital with a prescription for an anticoagulant (blood thinner) medication such as Coumadin (pill) and Lovenox or Heparin (injectables). By reducing your blood’s ability to clot, this medication prevents harmful clots from forming in your blood vessels.

- Take this medication precisely as your doctor directs
- If you have been on chronic Coumadin for medical reasons prior to your surgery, this will continue after discharge with the Prothrombin times being done more frequently that you’re used until your blood levels stabilize again. Be sure to tell your nurse you were on Coumadin prior to surgery and which doctor was managing it prior to your hospitalization.
- While on blood thinning medications, do not take aspirin or products containing aspirin (read labels!). Call your physician to report any unusual bleeding or bruising. Check with your physician or pharmacist for any possible drug interactions including over the counter medication, herbal preparations and vitamins.

Discharge Planning

Following completion of your in-patient rehabilitation you may be discharged to home or to a short term rehabilitation setting. Your discharge planner, in conjunction with physical therapy and your physician, will monitor your progress and your discharge plan will be developed accordingly.

Discharge to a Facility

Short Term Inpatient Rehab provides rehabilitation services designed to meet your specific postoperative needs. These facilities are made up of a group of professionals who work together to provide any type of therapy you may need to expedite your return home. All of the facilities listed below welcome your preoperative calls and visits, and pre-application for admission.

- Genesee County Nursing Home Rehabilitation: (585) 344-0584, ext 2290
- LeRoy Village Green: (585) 768-2561
- Batavia Nursing Home: (585) 343-1300
- Green Field Health & Rehabilitation Center: (716) 684-3000
- Brothers of Mercy: (716) 759-6985
- Medina Comprehensive Medical Rehabilitation: (585) 798-8149
- New York State Veterans Home: (585) 345-2049
- The Villages of Orleans: (585) 589-3239
- Wyoming County / The Cloisters: (585) 786-0436
- Eastside Nursing Home: (585) 786-8390

The following information serves as a guideline only. If you have another facility in which you are interested, please let your surgeon’s office know and contact their admissions department to begin the process. This enables you to determine if they participate with your insurance plan, as well as assure bed availability upon your discharge from the hospital.

Discharge to Home

If you are discharged to home you should continue with your exercise program until instructed otherwise by your physician or physical therapist. Should you require outpatient physical therapy, your first outpatient therapy session should be scheduled within the first week following discharge from the hospital. Please contact Summit Physical and Occupational Therapy Center at (585) 344-5278 with any questions or concerns you may have about your post-surgical care.

Activities & Daily Living

Your activity level is a matter of common sense. You can expect some discomfort, but if an activity causes pain, decrease the frequency of that activity or stop it all together. If you have questions or concerns, ask your physical therapist or contact the surgeon's office.

Driving a Motor Vehicle

Patients always want to know the answer to this question. Unfortunately, the answer is very different from one patient to the next. The surgeon therefore leaves this important decision ultimately to the driver. Talk to your doctor about when you can SAFELY drive. Our recommendations are:

- You seriously consider your level of strength and reaction time.
- You must not be under the influence of pain medication, as these medications can decrease reaction time and cause drowsiness.
- Arrange ahead of time for rides to appointments and blood tests until it is safe for you to drive.
- Avoid low car seats.
- Use a firm cushion to help raise the height of the seat.

Travel

- Avoid nonessential travel outside of the house for about 7 to 10 days.
- Do not take extended car or plane trips for approximately five weeks. Prolonged sitting increases your risks of blood clots.

Intimacy

Sexual activities can be resumed as soon as you feel well enough, however with a total hip replacement you need to make sure that you are following your total hip precautions. Your physician and/or physical or occupational therapist can provide you with specific guidelines.

Home Management & Fall Prevention

- Remove throw rugs and tape down edges of area rugs.
- Remove obstacles from common pathways traveled through the house (needs to be about 26 inches wide) and make sure that doors open fully.
- Remove telephone, television and light cords from main pathways.
- Clean up spills, avoid waxed and slippery floors.
- Keep cordless/cellular phone with emergency numbers within reach at all times.
- Plan to avoid bending to retrieve items. Instead use a reacher.

- Rearrange frequently used items within easy reach (not on low or high shelves or behind obstacles). Especially consider kitchen, bathroom, closet and switches.
- Install grab bars in the tub/shower and apply non-skid strips or rubber mat to tub/shower floor. Some patients may prefer a shower seat as recommended by your therapists.
- Pace yourself and take short rest periods to help you maintain your energy to get things done.
- Use nightlights (or flashlights) or turn on the light when getting up to go to the bathroom at night. Replace unlit bulbs for well-lighted rooms.
- A sturdy kitchen stool may be helpful for meal preparation, and clean up.
- Plan for pets. It will be helpful if you put bells on your pet's collars so you are aware of their presence at all times to avoid tripping over them.
- If alone, plan to have someone check in with you daily. Be sure someone has a key to get into your home in case of emergency.

Stairs

Because you will likely be using a walker for the first few weeks following surgery, it will be necessary for you to have a railing on your stairs at home, or a strong person to assist you while on the stairs. When ascending stairs, the pattern is: non-surgical leg goes up first followed by the surgical leg, then the assistive device. To descend stairs, the pattern is: assistive device first, surgical leg next, followed by non-surgical leg. **Remember: Up with the good, down with the bad!**

Assistive Devices

When you leave the hospital or rehabilitation you will be sent home with a walking device (walker, cane or crutches) that is optimal for you. Progression to ambulation without a device is often done under a physical therapists' guidance during the post-hospital phase of your recovery or directly by your physician. If you own or have access to a walker, the physical therapist can adjust it if needed.

Hip Precautions

Do Not:

- ✗ Lean forward to stand up
- ✗ Bend your hip past 90° in any position (sitting or standing)
- ✗ Lift your knee higher than your affected hip when sitting
- ✗ Allow surgical leg to cross your midline in any position (sitting, standing, walking or sleeping)
- ✗ Bring legs together or cross your legs (at the ankles or knees)
- ✗ Turn hip and knee inward or outward (always keep operative leg in proper alignment)
- ✗ Reach across your affected leg
- ✗ Do not pivot on the surgical leg
- ✗ Twist your body when standing
- ✗ Put more weight on your affected leg than instructed
- ✗ Sit on low chairs or couches
- ✗ Sit in chairs without arms
- ✗ Lie on your side without a pillow between your legs
- ✗ Sit in a bathtub
- ✗ Lift heavy objects
- ✗ Put on socks or shoes without an assistive device
- ✗ Have sexual intercourse until after the first follow-up appointment and after you have checked with your physician
- ✗ Run, jog, downhill or water ski, play tennis or participate in any contact sports or other demanding physical activities that require starting and stopping
- ✗ Drive a car until authorized by your physician

Do:

- ✓ Sit on firm pillow if necessary to prevent extreme hip bending when riding in a car
- ✓ Perform rehabilitation exercises as directed by your physical therapist

Knee Precautions

Do Not:

- ✗ Squat (instead, stoop by keeping operative leg back and bending other knee)
- ✗ Put more weight on your affected leg than instructed
- ✗ Run, jog, downhill or water ski, play tennis or participate in any contact sports or other demanding physical activities that require starting and stopping
- ✗ Drive a car until authorized by your physician

Do:

- ✓ Perform rehabilitation exercises as directed by your physical therapist


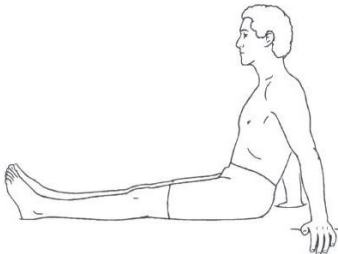

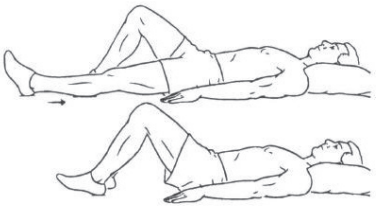
Physical Therapy

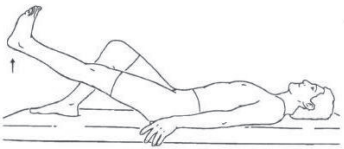
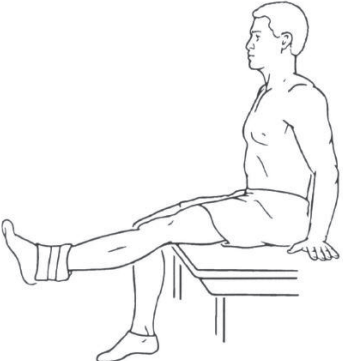
Your physical therapy will begin the day of, or the next morning following surgery. First, you will be evaluated by a physical therapist in your own room to determine your initial level of function. The remainder of the sessions will likely be completed in the physical therapy gym. You will be seen for 1-2 sessions of physical therapy per day (unless otherwise prescribed by your physician), Monday-Sunday, until your day of discharge.

Exercises


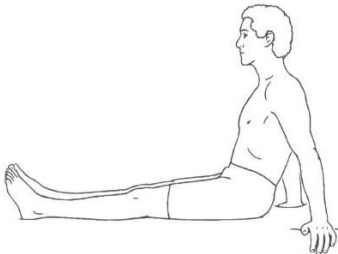

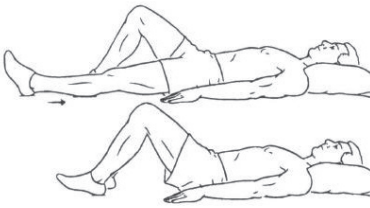
Exercises that increase your strength and range of motion are extremely important after surgery to help prevent complications. All exercises are to be performed multiple times per day unless otherwise specified by the therapist. Exercises should be performed in a slow and controlled manner. Soreness is to be expected following activity however excessive pain or swelling may mean you are being too aggressive either with the exercises or with ambulation. At those times, more rest may be needed between exercise sessions and caution should be taken not to overdo during the next session. Questions and concerns should be addressed with your therapist.



Total Knee Exercises

Exercise	Frequency	Demonstration
Ankle Pump Bend the ankle back and forth.	3-4 times daily 10-20 repetitions on each leg	
Quadriceps Sets Contract the top of the thigh tight like you are trying to push the back of your knee down towards the floor. It is helpful to perform the exercise on both thighs simultaneously. A small towel roll may be used, but is not necessary. Hold 5-10 seconds.	3-4 times daily 10-20 repetitions on each leg	
Buttock Squeezes Lying on your back, tighten and squeeze your buttock muscles.	3-4 times daily 10-20 repetitions on each leg	
Heel Slides Lying down attempt to slide the heel of the surgical leg towards the buttocks as far as you can tolerate, and then slide it back. You may need to use a sheet or leg assist strap to perform this motion initially.	3-4 times daily 10-20 repetitions	

Exercise	Frequency	Demonstration
Straight Leg Raise Tighten muscles on top of thigh. Lift surgical leg up to level of other knee. Slowly return to starting position.	3-4 times daily 10-20 repetitions	
Long Arc Quads Sitting in a chair, straighten your knee by lifting your foot up towards the ceiling. Attempt to hold the knee straight before lowering the foot slowly back to the floor, bending the knee as far as you can. (leg weights not necessary as pictured)	3-4 times daily 10-20 repetitions	
Notes		

Total Hip Exercises

Exercise	Frequency	Demonstration
Ankle Pump Bend the ankle back and forth.	3-4 times daily 10-20 repetitions on each leg	
Quadriceps Sets Contract the top of the thigh tight like you are trying to push the back of your knee down towards the floor. It is helpful to perform the exercise on both thighs simultaneously. A small towel roll may be used, but is not necessary. Hold 5-10 seconds.	3-4 times daily 10-20 repetitions on each leg	
Buttock Squeezes Lying on your back, tighten and squeeze your buttock muscles.	3-4 times daily 10-20 repetitions on each leg	
Heel Slides Lying down attempt to slide the heel of the surgical leg towards the buttocks as far as you can tolerate, and then slide it back. You may need to use a sheet or leg assist strap to perform this motion initially.	3-4 times daily 10-20 repetitions	

Exercise	Frequency	Demonstration
Hip Abduction/Adduction Slide surgical leg out to the side. Keep toes upward. Slowly slide back in.	3-4 times daily 10-20 repetitions	
Long Arc Quads Sitting in a chair, straighten your knee by lifting your foot up towards the ceiling. Attempt to hold the knee straight before lowering the foot slowly back to the floor, bending the knee as far as you can. (leg weights not necessary as pictured)	3-4 times daily 10-20 repetitions	
Notes		

Using an Incentive Spirometer

Working with an incentive spirometer helps keep your lungs clear. It also strengthens your breathing muscles and helps prevent health problems such as pneumonia. For best results when using an incentive spirometer, follow the steps below.

To clear the lungs:

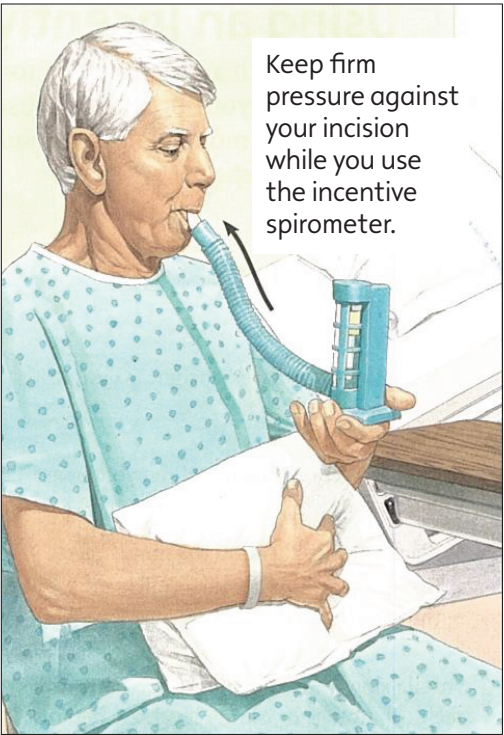
- 1. Sit up and do the following:
 - Hold the spirometer upright. Make sure you do not tilt it.
- 2. Relax as you breathe out. When you have exhaled fully:
 - Place your lips around the mouthpiece
 - Be sure your lips create a tight seal around the mouthpiece
- 3. Inhale slowly and deeply. When your lungs feel full, note the volume level reached on the spirometer. Hold your breath until the ball or disk has been raised for at least 5 seconds. Inhaling too quickly may set off an audible tone. If this happens, inhale more slowly.
- 4. Remove the mouthpiece. Exhale slowly. Take a few breaths, then repeat the exercise.
 - Do 5 to 10 repetitions. Aim for the goal set by your healthcare provider. Try to reach a higher volume level on the spirometer with each breath.
 - Perform this exercise every hour while awake or as often as directed.



Incentive Spirometer After Surgery

You are likely to begin working with an incentive spirometer very soon after surgery. The steps below can help control incision pain during your efforts.

- Sit on a chair or edge of a bed.
- If you’ve had chest or stomach surgery, hold a pillow firmly against your incision. This is called pillow splinting.
- Hold the spirometer in one hand or put it on a table with easy reach.
- Lean forward slightly



Important Phone Numbers

- United Memorial Medical Center (585) 343-6030
- Pre-Admission Testing (585) 344-8175
- Mary Lama, Joint Center Coordinator..... (585) 344-5483
- Genesee Orthopaedics (585) 343-9676

Notes

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ROCHESTER REGIONAL **HEALTH**

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