



Wellstar Center for Joint Replacement
GUIDE TO RECOVERY

Welcome

Welcome to the Wellstar Center for Joint Replacement. We will accompany you and your loved ones on this journey from initial diagnosis through successful rehabilitation.

As your healthcare team, we understand that surgery can be a stressful experience. We want to address your concerns by providing accurate information, educating you and your loved ones about your hospital stay, and keeping you updated about changes that will affect your care. Our goal is to provide outstanding quality care and improve the quality of your life through increased mobility and independence.

Data from your care will be collected and used to improve outcomes for all Center for Joint Replacement patients. Examples of that data we collect are: length of stay, pain management, patient satisfaction, distance walked, range of motion, etc.

This total joint replacement guide provides you with generalized information regarding your upcoming total joint replacement. Please note, Wellstar Windy Hill Hospital is an outpatient surgery center. Because it is an outpatient surgery center, not all points mentioned in this book will apply to that facility. Please contact your Total Joint Nurse Coordinator for questions.

By measuring performance, we can tell what we are doing well and recognize areas where we need to adjust.

Thank you for choosing Wellstar for your joint replacement surgery!

**Your Healthcare Team
at the Wellstar
Center for Joint Replacement**

Mission Statement

The Wellstar Center for Joint Replacement is dedicated to provide the highest quality joint replacement care through a multidisciplinary approach including hospital and physician services. We are dedicated to improving the health and well-being of the individuals and communities we serve.

Vision Statement

The Wellstar Center for Joint Replacement is dedicated to deliver world class Joint Replacement care to every person, every time.

Goals and Objectives

The Wellstar Center for Joint Replacement will utilize contemporary, less invasive surgical techniques, whenever practical, and:

- Provide the highest clinical quality by implementing best practices, benchmarking clinical, financial and operational outcomes and minimizing unfavorable variances.*
- Exceed patient expectations through an organized, systematic, and coordinated approach that reduces fragmentation of care, emphasizes customer service and encourages patient and family involvement.*
- Establish Wellstar's reputation as the preeminent hip and knee program in Georgia.*
- Develop a program that is rewarding and meaningful for all participants.*

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About the Wellstar Center for Joint Replacement

We are pleased that you have chosen the Wellstar Center for Joint Replacement for your surgery. You have selected a program that:

- Performs over 1,800 joint replacements every year.
- Uses a patient-centered team approach to provide outstanding quality care.
- Features a joint replacement program developed by physicians, nurses, therapists, and other healthcare professionals.
- Uses evidence-based practice.

Meet Your Healthcare Team

Getting to Know Your Healthcare Team

At the Wellstar Center for Joint Replacement, we take a team approach to your healthcare. We would like to introduce you to the various team members you **may** meet in the following weeks:

Orthopaedic Surgeon: The physician who performs your actual surgery, and is responsible for your overall care during your hospital stay.

Physician Assistant/Nurse Practitioner: The healthcare professional who assists your surgeon with office visits, surgical procedures, and hospital rounds.

Anesthesiologist or Anesthetist: The physician who administers anesthesia to you during your surgery, monitors your vital signs, and may oversee pain control after surgery.

Primary Care Physician: The physician who addresses your general health, including your pre-operative physical exam.

Hospitalist: The hospital-based physician who may be asked by your orthopaedic surgeon to assist in providing for your general healthcare needs in the absence of your primary care physician.

Program Manager/Nurse Coordinator: The healthcare professional who together is responsible for the oversight of the joint center program at each hospital.

Nursing Team: These healthcare professionals provide most of the hands-on care in the hospital. Before and during your stay, you will meet several nurses who perform different jobs. Some nurses assist the surgeon in the operating room, others attend to your daily healthcare needs, and others visit patients in their homes. Nursing assistants also assist in meeting your daily healthcare needs.

Physical Therapist: The healthcare professional trained to assist you in regaining strength and motion in your new joint. A physical therapist will work with you during your hospital stay and for the first few weeks after you return home.

Getting to Know Your Healthcare Team *(continued)*

Occupational Therapist: The healthcare professional trained to teach you how to perform activities of daily living, such as dressing and bathing, after your surgery.

Nutritionist: The healthcare professional trained in meeting your dietary needs while you are in the hospital and assisting you to maintain a healthy diet before surgery and after you return home.

Pastoral Care: The hospital chaplains are trained to meet your spiritual needs, and those of your family, regardless of religious denomination.

Care Coordinator/Discharge Planner: The healthcare professional that works with you, your surgeon, your therapists, and your insurance company, to determine the most appropriate plan for your care after you leave the hospital.

Financial Services Counselor: The person who assists you with understanding your hospital bill and with options for payment plans, where appropriate.

Important Telephone Numbers

Wellstar Cobb

Main Number	470-732-4000	Program Coordinator for Ortho/Spine	470-732-4598
4 South Nurses Station	470-732-4460	Surgery Waiting Room	470-732-2299 or 3609
Patient's room	470-732-4 + Room Number	Inpatient Physical and Occupational Therapy	470-732-4300
Retail Pharmacy	678-945-2111	Gift Shop	470-732-3606
Pastoral Care	470-732-3780	Financial Services/ Counselor	470-732-3720
Outpatient Rehabilitation	470-956-3850	Care Coordination/ Discharge Planning	470-732-4006

Wellstar Douglas

Main Number	470-644-6000	Center for Joint Replacement	470-644-6797
Nurses Station	470-644-6800	Surgery Waiting Room	470-644-6680
Pastoral Care	470-644-6140	Gift Shop	470-644-6785
Inpatient Physical and Occupational Therapy	470-644-6229	Patient's Room	470-644-67 + last 2 digits of room number
Financial Services/ Counselor	770-792-5400	Outpatient Rehabilitation	470-644-6285
Care Coordination/ Discharge Planning	470-644-6793		

Important Telephone Numbers *(continued)*

Wellstar Kennestone

Main Number	770-793-5000	6 Blue East Nurses Station	770-793-9650
RN Coordinator - Musculoskeletal	770-793-5111	Surgery Waiting Room	770-793-9927 or 3257
Pre-Op/PATT Joint Nurse	770-793-5138	Financial Services/ Counselor	770-793-5099 or 5079
Patient's room	770-793-9 + Room Number	Gift Shop	770-793-5169
Retail Pharmacy	770-793-9300	Care Coordination/ Discharge Planning	770-793-5400
Pastoral Care	770-793-5005		

Wellstar North Fulton

Main Number	770-751-2500	Pre-Op	770-751-2820
Pre-Admission Teaching and Testing (PATT)	770-751-2822	Program Manager for Orthopedics and Spine	770-751-2697
Surgical Nursing Unit	770-751-2700	Surgery Waiting Room	770-751-2437
Patient's room	770-410-7 + Room Number	Inpatient Physical and Occupational Therapy	770-751-2744
Gift Shop	770-751-2574	Financial Services/ Counselor	770-751-2834
Care Coordination/ Discharge Planning	770-751-2573		

Wellstar Paulding

Main Number	470-644-7000	Center for Joint Replacement	470-644-7286
Medical/Surgical Nurse Manager	470-644-7559	5th Floor Nurses Station	470-644-7550
Surgery Waiting Room	470-644-7200	Gift Shop	470-644-7105
Pastoral Care	470-644-7107	Retail Pharmacy	470-644-8091
Patient's Room	470-644-7 + Room Number	Inpatient Physical and Occupational Therapy	470-644-7562
Financial Services/ Counselor	470-644-7113	Outpatient Rehabilitation	470-956-8990
Care Coordination/ Discharge Planning	470-644-7069		

Important Telephone Numbers *(continued)*

Wellstar Spalding

Main Number	770-228-2721	Pre-Op Testing	470-935-4000
Orthopedic Nurse Manager	770-228-2721 x3350	Inpatient Physical Therapy	770-228-2721 x3140

Wellstar West Georgia Medical Center

Main Number	706-882-1411 (Request 5th Floor Nurses Station or Patient's Room Number)		
Director of Surgical Services	706-845-3495	Surgical/Bariatric Coordinator	706-880-7318
Joint Clinical Coordinator	706-812-2247	Assistant Joint Coordinator	706-845-3290
Nurse Manager 5 th Floor	706-812-2232	Discharge Nurse Navigator	706-812-2261
Director of Rehab Services	706-845-3677 or 3883	Director of Social Services	706-845-3657

Wellstar Windy Hill

Main Number	470-644-1000	Nurse Coordinator	470-644-1390
Surgical Services Manager	470-644-1389	Retail Pharmacy	470-644-1005
Financial Services/ Counselor	470-245-9998		

Understanding Your Surgery

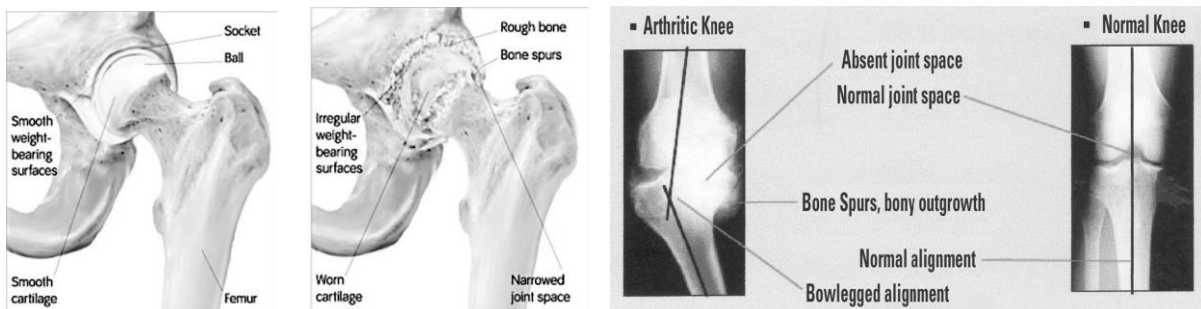
What Are the Causes of Serious Hip and Knee Pain?

Problems with major joints like the hip and knee are most frequently the result of arthritis.

Osteoarthritis is the most common form of arthritis. It is most often related to the wear and tear of the cartilage over the years. Its onset is usually after age 50. As exposed bones rub together, they become rough. This rubbing of bone causes further damage to the area causing pain, inflammation, and immobility. Factors that predispose this condition include family history, obesity, and previous joint surgery or previous trauma.

Rheumatoid arthritis is one of the more common kinds of inflammatory arthritis. It is a chronic (long-term) inflammatory disorder affecting the joints of the body. These joints include the hip, knee, elbow, shoulder, wrist, hands, and feet. Rheumatoid arthritis is likely of autoimmune origin, which means body cells irritate the lining around the joint leading to destruction of the cartilage. This form of arthritis occurs in all age groups. It is characterized by stiffness, joint swelling, weakness of ligaments and decreased range of motion.

Avascular necrosis (AVN) is death of bone in the head of the hip bone due to a lack of blood supply. AVN may be associated with long-term use of steroid medications and excessive alcohol intake, but many times we never know the reason for AVN. AVN may have no signs or symptoms associate with it. Most patients, however, experience pain or loss of range of motion in the affected joint. Pain is usually worse when standing or walking.



Understanding Your Surgery

Risks of Joint Replacement Surgery

Joint replacement is major surgery. It is important that you are aware of potential risks and complications. These include problems from anesthesia, infection, bleeding from your incision, blood clots, damage to nerves or blood vessels, dislocation with hip replacement, and very rarely, death. Although these complications are rare, they are possible. Every precaution is taken by your healthcare team to avoid these complications. Over time, an artificial joint may become loose or wear out, and may require further surgery and repair.

What Results Can You Expect from a Joint Replacement?

Generally, joint replacement is successful. Pain is relieved, deformity is corrected, and patients resume former activities and enjoy an active lifestyle. Long-term success rates vary from 15 to 25 years, depending on age, weight, and activity level.

Understanding Your Surgery

Total Hip Replacement Surgery

Your hip is a ball and socket joint and is composed of two parts: the round head of the femur (the ball) and the acetabulum (the socket in your pelvis). In the normal hip joint, these two bones are coated with smooth cartilage that allows them to move against each other without friction or pain. In an arthritic hip, the cartilage layers are destroyed and the bone rubs against bone, causing pain and limiting motion.

Standard Hip Replacement

Standard Hip replacement surgery replaces your arthritic hip joint with an artificial joint composed of a ball component and a socket component. A ball, which can be made of metal or ceramic, is attached to a stem that fits into your thighbone. This component can be cemented or non-cemented depending on your age and the condition of your bone. A plastic liner with an outer metal shell is secured into your pelvis. Your orthopedic surgeon will choose the type of prosthesis that best meets your individual need. Once in place, the artificial ball and socket function essentially in the same manner as your natural hip.

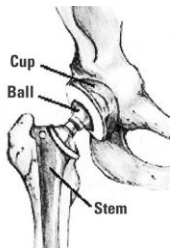
There are two approaches to total hip replacement surgery: the standard posterior approach and the anterior approach. The incision in hip replacement surgery varies in size and location depending on the approach used. Your surgeon will choose the approach that is appropriate for you.

Hip Resurfacing

Hip resurfacing is intended for active adults who are generally under 60 years of age with strong bone around the hip joint. Active patients who suffer from hip pain due to arthritis, dysplasia, or avascular necrosis may benefit from the bone-conserving approach of the Hip Resurfacing. There are certain causes of hip arthritis that result in extreme deformity of either the head of the femur or the acetabulum. These cases are usually not candidates for hip resurfacing. The hip resurfacing implant is made up of a metal mushroom-like cap, which is inserted over the top of the resurfaced femoral head, and a metal cup that is pressed into the socket. The bone then grows into the socket adding increased stability.

With all Hip replacements or resurfacings, you will be instructed on the Hip Precautions that pertain to your approach.

Standard



Resurfacing

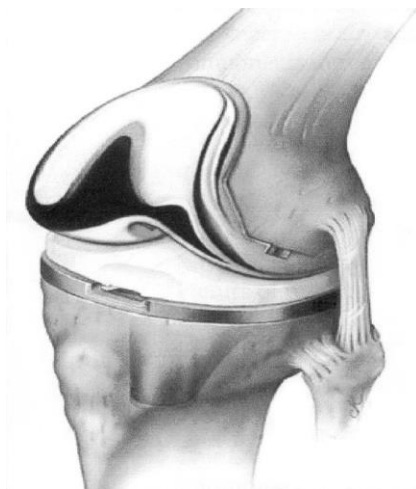


Understanding Your Surgery

Total Knee Replacement Surgery

The knee is a hinge joint, and is composed of three parts: the end of the femur (thigh bone), the top of the tibia (shin bone) and the patella (kneecap). In a normal knee, these three bones are covered with a smooth cartilage that cushions the bones and enables them to move easily. In the arthritic knee, the cartilage layers are destroyed resulting in bone rubbing against bone, which causes pain, inflammation, muscle weakness and limited motion. Total knee replacement surgery involves resurfacing the knee joint. Metal components are attached to the ends of the bones and a plastic spacer is inserted between them. The kneecap is also resurfaced with a plastic button. When in place, these components move together to allow normal motion of the knee joint.

There are several types of total knee replacement surgery: total knee replacement, partial knee replacements, and patellofemoral joint replacements. Depending on the type of surgery you are having, your incision may be between 4 to 7 inches long. The surgeon will determine the type of surgery that is best for you.



Total



Partial

Preparing for Surgery

Steps in Preparing for Surgery

Your path to recovery begins with the pre-operative steps that take place weeks before your surgery. Each step is listed below along with specific instructions for you to follow.

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Preparing for Surgery

Blood Transfusions

Blood transfusions are not commonly required after a joint replacement surgery. However, in the unlikely event that a blood transfusion necessary, Wellstar hospitals have blood and blood products available for you, apart from Windy Hill Hospital.

Reinfusion System

A Reinfusion System is a closed, sterile system that recycles the blood drainage from your joint during surgery. The use of this may occur in the Operating Room.

Pre-Operative/Admission Teaching & Testing (PATT)

Total Joint Replacement Pre-Operative Class

To be fully prepared for your surgery, your orthopaedic surgeon may require you and a guest to attend our pre-operative education class (facility-dependent). This class is specifically designed for patients undergoing hip or knee replacement surgery. This class will enable you to participate in your care and gain a better understanding of your surgery and rehabilitation process.

Pre-Operative Clearance

Before undergoing surgery, you will need to be checked for any medical problems you may have that could put you at risk during or after your surgery. It is best to undergo a complete physical examination with your primary care physician or Wellstar Hospitalist. After completing your history, test results and physical examination, the provider will discuss any risks of surgery and determine if any further testing or clearances are needed prior to surgery. Your appointment may consist of:

- A complete medical history
- A physical examination
- Lab work, EKG, and Chest X-Ray (if needed)

These tests may be performed either at your pre-op class or at your appointment for medical clearance.

Preparing for Surgery

Pre-Operative Clearance (continued)

Pre-Operative testing is very important to make sure you are safe to have anesthesia. Preoperative testing normally consists of laboratory testing (blood work), an electrocardiogram (EKG), and other tests per PCP/PATT.

The medical clearance program your surgeon uses will vary by hospital. If your hospital uses a “Hospitalist Program” for medical clearance, then a hospitalist provider will meet with you to discuss your medical history and complete a health physical on you. A Hospitalist is an internal medicine physician that works for the hospital. If your hospital does not use this program, you may see a Primary Care Physician instead. After completing your history and physical, reviewing your lab results and EKG, the hospitalist provider or Primary Care Physician will discuss with you your risks and help determine if any further specialty testing or clearances are needed.

If you see your Primary Care Physician for your Pre-Operative clearance process, then a letter of medical clearance should be sent by your family physician to your surgeon before your surgery.

Pre-Operative Reminder

Please notify the PATT department and your surgeon if you notice any of the following occurring:

- Symptoms of flu, cold, or virus (for example: nausea, vomiting, diarrhea, coughing, fever, etc.)
- Any type of skin conditions, including cuts, scrapes, bruising, etc.
- Any type of open, draining, or reddened wound anywhere on your body (this includes scratches from gardening or any pet you may have.)

Avoid vigorous or strenuous activities for 2 weeks prior to surgery.

Preventing Infections

Infections can enter the body through various pathways, but most commonly through the skin and the mouth. To reduce the risk of infection, the following is recommended:

Skin Cleansing:

Take a shower the day of surgery, before coming to the hospital. Use your Hibiclens® as directed in your class. Make sure you use the wash 2 nights before your surgery, the night before surgery and the morning of your surgery.

Preparing for Surgery

Dental Visits:

Bacteria can easily enter your bloodstream through the mouth during dental procedures and cause widespread infection. To minimize this problem, schedule a dental check-up in the weeks before your surgery if you haven't had one recently. Continue to brush and floss your teeth regularly. After surgery, remember to inform your dentist of your new prosthesis.

Shaving:

It is advised that you do not shave your operative leg 3-5 days before surgery to help prevent an infection.

Exercise

Exercise is key to your recovery. One of the goals of the pre-operative class is to teach you the proper exercises and precautions that are important to maintain the health of your new joint. Your exercise program begins before surgery, and continues while you are in the hospital, and when you go home. The therapists will tailor the exercises to fit your needs and progress, since every patient is unique. Illustrations of all your exercises are included in the Appendix labeled Exercises. It is normal to experience some muscle soreness while exercising. Elevating your foot at, or slightly above the level of your heart may help to relieve swelling. Using an ice pack on the painful area may also help to relieve pain and further reduce swelling. Make sure you do not keep your ice on longer than 20 minutes at a time and remove the ice for at least 20 minutes afterwards to give your skin a break. If you experience increased joint pain, please notify your therapist, nurse, or surgeon.

Preparing for Surgery

Diet & Nutrition

Healthy Eating

A proper diet is an important factor in healing. Eating well and maintaining a healthy weight also helps eliminate stress to your joints and may reduce your risk for other diseases. To achieve proper nutrition, we recommend a balanced diet, as demonstrated in the “My Plate” image below. The recommended number of servings for each food group to be included in your diet:

- 2-3 servings of milk or milk products
- 6 servings of grains with half of the servings from whole grains
- 4-5 servings of fruit and vegetables each
- 6-8 ounces of meat or meat substitute

Desserts, sweets, fats, and other foods in moderation will add variety, energy, and flavor. It is also important for you to increase your daily protein intake before and after surgery, as well as minerals such as iron and calcium before surgery. There is a list of foods high in protein, iron and calcium included in the appendix of this handbook.

Protein is important both pre- and post-operatively. It is essential to eat enough protein before and after surgery to promote healing. For best results, try to distribute protein evenly throughout the day. Consume 25-35 grams of protein at each meal for 3-4 weeks before and after surgery unless otherwise advised by your healthcare provider. Refer to the appendix of this handbook for high protein options.

Hydration is another important component of pre- and post-operative nutrition. Proper hydration helps your body to heal, assists in stabilizing blood pressure after anesthesia and has many other important benefits to your health. Unless otherwise directed by a physician, please try to drink 64 ounces (eight 8-ounce cups) of non-caffeinated liquid per day, such as water.



Preparing for Surgery

Iron and Vitamin Supplements

Iron is an essential mineral that plays an important role in a variety of body functions. Iron carries oxygen and carbon dioxide within your red blood cells to other body tissues. It is also necessary for the production of energy and the support of your immune system.

When taking an iron supplement, you should:

- Take your supplement as directed with an 8-oz. glass of water or juice.
- Add foods to your diet that are rich in iron, such as lean meat, poultry, and fish.
- Include Vitamin C-rich foods such as strawberries, orange juice, cantaloupe, green peppers, tomatoes, potatoes, and broccoli with each meal. These foods help the body to absorb iron.
- Refrain from drinking coffee and tea with meals as they hinder the absorption of iron. Instead, drink these beverages between meals.
- If you use calcium or zinc supplements, take them separately from your iron supplement.
- You may need a stool softener when taking iron.
- Be aware that “silver” vitamins do not contain iron, please check the label.

Additional Health Tips for the Weeks Before Your Surgery

- **Stop smoking.** Stop smoking 3 weeks prior to surgery. Smoking increases your risk of lung complications during and after surgery. Smoking cessation will increase your healing. All Wellstar campuses are smoke-free. Please notify your surgeon if you have ever smoked.
- **Limit alcohol consumption.** Limit your alcohol intake to one glass of wine or beer, or one cocktail per day starting 5-7 days prior to surgery. After surgery, check with your doctor before resuming alcohol consumption.
- **Protein Shakes.** Your surgeon may feel that it is beneficial to drink protein shakes prior to your surgery, in addition to your regular diet. Please consult your surgeon.

Preparing for Surgery

Medications

Medications to Stop

To minimize the risk of blood loss during surgery, there are certain medications that you need to avoid or stop. These are medications that contain aspirin, anti-inflammatories, and arthritis medications. These medications need to be stopped **7-14 days prior to your surgery**.

All vitamins/supplements/herbs should be stopped 7 days prior to surgery. The pre-admission testing nurse will review your list of medications and let you know what medications to discontinue. If you are unsure about which medications to stop or have questions regarding medications, please call your surgeon.

Note: You may take plain, Extra-Strength Tylenol, or Tylenol Arthritis (acetaminophen) for pain. Please do not exceed 3,000mg in 24 hours.

Other Medication Notes

- **If you are on a blood thinner, please contact your prescribing physician for permission and instructions on stopping your medication. Examples of blood thinners include medications such as aspirin, Coumadin, warfarin, Plavix, Eliquis, and Xarelto.**
- The morning of your surgery, take only the medications you have been instructed to take by the pre-admission testing nurse, including a betablocker if you are on one, with a small sip of water.

Discharge Planning

There are several options available for care after you are discharged from the hospital: home health, outpatient physical therapy and sub-acute unit. The discharge option that is chosen for you is based on several factors:

- Your surgeon
- Your insurance company
- Your progress and health up to the time of discharge
- Your home situation

Descriptions of these options are continued on the next page.

Preparing for Surgery

Outpatient Rehabilitation

Patients who discharge to home that are able to leave their home for rehabilitation services may receive physical or occupational therapy at any outpatient therapy location accepted by their insurance. Physical therapists and occupational therapists will help you with the exercises that were started in the hospital as well as introduce other exercises as you are able to tolerate them. Attending rehabilitation sessions and performing the exercises at home are important for a complete recovery. Many surgeons prefer outpatient therapy, as it has been shown to produce better functional outcomes for patients but may not be the right fit for all patients. Your surgeon's team will help you to decide the best plan for you. Wellstar offers outpatient physical therapy at a wide variety of convenient locations.

Home Health Care

Patients that are able to go home, but not able to leave their home for important rehabilitation services may need home health services. Services that may be provided through a home health care agency include physical therapy, occupational therapy, laboratory draws, staple or suture removal and/ or wound care. Wellstar offers many of these services through Wellstar Home Care.

Services provided by Wellstar HomeCare or another home health agency may include:

- A physical therapy visit 2-3 times a week for approximately 2 weeks after your surgery. The physical therapist will continue to work with you on the exercises you were taught at the hospital.

Sub-Acute Rehabilitation Facility

For patients that do not meet the minimum requirements to be safely discharged home, transfer to a skilled nursing facility, often referred to as a sub-acute rehabilitation (SAR), may be recommended. Often, a 3-night hospital stay is required to qualify for SAR. The length of time spent at a skilled nursing facility is based on the patient's progress. Should this option be recommended, the discharge planner will discuss this with you and your family.

Preparing for Surgery

Equipment Needed at Home

Equipment you may need once you return home may include:

- 3-n-1 elevated commode (raised toilet seat) with arms. This equipment can be used as a bedside commode, a raised toilet seat, or a shower seat. This is necessary equipment for patients with hip replacement or bilateral (both) knee replacement. It is optional for patients with a single knee replacement.
- Walker. We recommend a walker with two wheels in the front and adjustable legs.
- Shower chair or bench. The use of these devices depends on the design of your bathroom.

Usually the equipment covered by most insurance companies is the walker, cane, and occasionally the 3-n-1 commode. There are other assistive devices such as a long-handled reacher, sponge, sock aid, shoehorn, dressing stick and elastic shoelaces. These items are optional, and collectively are commonly referred to as a *joint kit*. The *joint kit* is typically not covered by insurance.

If inpatient, prior to leaving the hospital, the discharge planner will obtain for you the equipment recommended by your surgeon and therapists that will be covered by your insurance company. The equipment will be available for you to take home upon discharge. Since every patient will not require all of these devices, and they are not always covered by your insurance company, please do not purchase any assistive devices without discussing them first with your therapist or surgeon.



Transportation Needs

You will need to have a family member or friend pick you up from the hospital the day you are discharged. **You should avoid riding home in a compact car, sports car, truck, or any vehicle with a raised suspension.**

Preparing for Surgery

Preparing Your Home

There are several ways you can prepare your home for your return after surgery.

Help at Home

You will need help at home for at least the first few days after discharge. Have a family member or friend that can assist you with meals, bathing, and dressing, and to take you to your follow-up appointment with your surgeon and to your outpatient rehabilitation therapy appointment.

Safety

- Remove scatter/throw rugs from around the house.
- Have a well-lit pathway to your bathroom (night lights).
- Make sure all stairways are secure and have hand railings.
- Tuck away long phone, computer, or lamp cords. Plan to use a cordless phone if you have one. The phone will fit nicely into a clothing pocket and will be available to you if an emergency should arise.
- Arrange your furniture so you move easily through the house with your walker. If possible, have rails installed in your tub or shower. You may also want to purchase a shower bench or chair, non-skid mats and a hand-held shower nozzle.
- Pets should be placed in a closed room prior to you entering your house to prevent an accident. You may need help caring for your pets for the first weeks after surgery.
- Select a chair from your home with a back, firm seat cushion and arms that you can designate as “your chair” after you return home from surgery. The height of the seat should be 18 to 19 inches off the ground. No chairs with wheels should be used.
- If your bedroom is upstairs, you may want to prepare a sleeping area downstairs for the first week or two after you return home from surgery.

Meal Planning

- Prepare and freeze or purchase small portion meals for times you may be alone.
- Stock up on staples that can be frozen for later use such as bread, vegetables, and fruit.
- It is recommended you do not take pain medication on an empty stomach. It will be helpful to have single-serving snacks on hand for this, such as snack baggies with fruits and/or vegetables, applesauce, crackers, fruit bars, etc.

Preparing for Surgery

Packing for the Hospital

Pack your suitcase for the hospital a day or two before your surgery.

Items to include in your bag are:

- Personal care items such as toothbrush, toothpaste, deodorant, hairbrush, comb, etc.
- Slippers, tennis shoes or flat, rubber-soled shoes with an enclosed heel and toe for walking in the hall. No Crocs.
- Clothing such as gowns, shorts, t-shirts, pajamas, and a lightweight bathrobe. Pants are permitted, but please make sure they are loose or can stretch to accommodate bandages and swelling.
- A walker, if you already have one, so that the physical therapist can make sure it is adjusted properly.
- Glasses, dentures, hearing aid, and other personal care items with their cases.
- Bring loose fitting clothing to wear home.

Also bring:

- Any pre-op paperwork that was given to you during your office visit, which may include your Consent and History & Physical.
- If you have sleep apnea, bring your own CPAP/BiPAP machine.
- A list of medications you are currently taking, including the amount, strength, and how often you take it. Please include any supplements and vitamins that you stopped taking prior to surgery. Your doctors and nurses can tell you when to start taking these medications again.
- A list of any allergies to medications or food that you have.
- A copy of your Living Will, Advanced Medical Directive, Directive for Final Healthcare (if you have one).
- **This booklet – you and your medical team will be using this booklet throughout your hospital stay.**

Additionally:

- Leave jewelry, credit cards, or large sums of money at home.
- Remove all piercings.
- Label your things with your name. If you bring your own pillow, make sure it has a colored pillowcase.
- **Plan to have someone at the hospital by early morning on the day of discharge to help listen to and remember discharge instructions from nursing, physical therapy, and your physician.**

Preparing for Surgery

Countdown to Surgery Checklist

4 weeks before surgery:

- Schedule your pre-operative physical
- Begin taking your iron supplement
- Have a balanced, healthy diet each day
- Attend pre-operative education class
- Start pre-operative exercise program
- Stop all smoking (3 weeks prior)

Date: _____

Date: _____

1-2 weeks before surgery-per your surgeon:

- Begin preparing your home
- Continue to eat balanced, healthy meals
- Stop taking NSAIDs (for example: ibuprofen, Advil, Motrin, Aleve), aspirin products, blood thinners (for example: aspirin, Coumadin, warfarin, Plavix, Eliquis, and Xarelto) and arthritis medications
- Stop taking herbal medications and supplements
- Prepare/buy/freeze meals for use after discharge
- Limit alcohol intake 1 week before surgery
- Notify your surgeon or your PATT department if you have an open wound, rash, or sore, or if you have a cold, virus or fever

Two days before surgery:

- Wash with Hibiclens®

Day before surgery:

- Pack for the hospital
- Do not eat or drink after midnight (or as instructed by your pre-operative team)
- Wash with Hibiclens®

Day of surgery:

- Take medications with a small sip of water
- (only the ones you have been instructed to take)
- Take your Betablocker (if you are on one)
- Wash with Hibiclens®
- Be on time to the hospital
- If outpatient, visitor must remain for the length of the stay

Date: _____

Date: _____

Time: _____

Surgery

Surgery

After weeks of preparation, you are ready for surgery. This chapter includes the following material related to your day of surgery.

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Surgery

Day of Surgery

Leaving for the Hospital

- ✓ **Take medications.** Take only the medications as instructed by the pre-admission testing nurse with a small sip of water as soon as you get up.
- ✓ **You need to shower.** You will be given a surgical scrub to use as directed by the pre-op nurse.
- ✓ **DO NOT shave your legs**
- ✓ **Brush your teeth.** Upon awakening, you may brush your teeth and rinse with water, but do not swallow the water.
- ✓ **Wear proper clothing.** Wear clothes that are loose fitting and easily removed.
- ✓ **Leave jewelry and other valuables at home.**
- ✓ **Remove make up.** Do not wear any make-up, mascara, eye shadow, eyeliner or false eyelashes.
- ✓ **Remove all fingernail and toenail polish,** except clear.
- ✓ **Avoid using perfumes or any scented lotions.**
- ✓ **Bring a container/case with your name on it** for your contact lenses, glasses, hearing aids, and dentures. Keep additional belongings in the car until after your hospital room has been assigned.
- ✓ **Make sure all of your belongings are labeled.**

Reporting to the hospital

- ✓ You will be asked to **report to the Surgery Center at a time specified by your surgeon or your pre-op nurse.**
- ✓ Report to the Surgery Center.
- ✓ A friend or family member should come with you. Make sure the person(s) accompanying you checks in with the volunteer in the surgery waiting room so the surgeon will be able to talk with them after surgery. **Only two visitors** are allowed in the pre-op holding area with the patient. **Please, no visitors under the age of twelve.**

Surgery

Before Surgery

Pre-Operative Admissions

Once you arrive at the hospital, you will need to go to the surgery center. Your registration information will be verified with you at this time. You will receive your hospital identification bracelet and be asked to change into a gown. Your clothes will be placed in a plastic bag. If you wear dentures, eyeglasses or contact lenses, you will need to remove them at this time.

In final preparation for your surgery, an admitting nurse will re-check your medical records and conduct a brief physical exam that includes your vital signs. You will be asked to empty your bladder. An intravenous (IV) line will be started, and you will be asked to confirm which knee or hip is being operated on by marking the operative leg.

Surgery Waiting Room

Two family members and friends can remain with you in the pre-operative admissions area until you are taken to the block room/operating room. They will then be instructed to go to the surgery waiting area.

In the surgery waiting room, there may be volunteers or staff members available to assist family members. If present, the staff or volunteers will let your family or friends know when your surgery is completed. At this time, the surgeon will discuss your surgery with your family. For this reason, it is extremely important that your family members register with the volunteer in charge of the surgery waiting room. Registering is the only means the volunteer has of knowing your family is there.

Remember that it may be 3-4 hours from the time you leave your family until your surgery is completed. If, at any time, your family has questions about when your surgery will be finished, they may check with the volunteer. Once you are ready to move from the recovery room to your hospital room, your family will be notified of your room number. For outpatient surgeries, your designated friend or loved one must remain at the hospital for the entirety of your stay.



Surgery

Anesthesia

Your anesthesia for total joint surgery will involve regional as well as intravenous anesthetic agents and possibly other general anesthetic agents, depending on your physical condition and general health. Regional anesthesia includes spinal/epidural and peripheral nerve blocks such as adductor canal blocks or femoral nerve blocks. Your anesthetic plan may include a spinal block, peripheral nerve block, sedation, general anesthesia or some combination of the above. The type of anesthesia will be specifically tailored to your needs and will be discussed with you prior to the procedure. The goal in choosing the proper anesthetic for you is to reduce your post-operative side effects from treatment such as nausea and heavy sedation. Many traditional drugs that are good pain relievers have unpleasant side-effects. We are working to make you comfortable after surgery as well as choosing the proper anesthetic for your needs.



General Facts:

- Your anesthesiologist will meet you prior to your surgery.
- Tell the anesthesiologist if you have ever had any problems with anesthesia or medications.
- After examining you and discussing your medical history and desires, the best anesthetic plan will be determined for you.
- After surgery, you may have a tube under your nose providing you with oxygen.

General Anesthesia:

- You are given intravenous medications that put you to sleep for your operation.
- These medications produce complete loss of sensation and perception.
- You may have a sore throat for a few days after surgery from the breathing tube.
- You will wake up quickly when surgery is over.

Spinal Anesthesia with Sedation:

- You will receive local anesthetics through a small injection in your back. You will be given some medication to help you relax during this procedure, which only takes a few minutes. This medication allows you to wake up faster, less groggy, less nauseated, and ready to work with physical therapy more quickly.
- Local anesthesia blocks the nerves that give you feeling to your legs and hips. This medication makes your legs numb through the duration of surgery. This medication makes your legs numb through the duration of surgery.
- Sedative medications are given with your intravenous fluids before and during your surgery to keep you comfortable.
- A possible side effect of spinal anesthesia is urinary incontinence.

Surgery

Peripheral Nerve Block:

- Local anesthetic placed directly where the key nerves are to block pain in and around the surgical area.
- Pain relief without the side effects of narcotics
- Quick return to normal

Peri-Articular Injection:

Your surgeon may also perform a peri-articular injection, which is a series of shots of a numbing medication around the joint capsule. This is done during the surgery while you are under anesthesia and acts as another form of local pain control after the surgery.

Based on your health, age and a variety of other factors, your orthopaedic surgeon and anesthesiologist will recommend the best anesthesia plan for you.

Your Surgery

Going Into Surgery

Shortly before your surgery, you will be taken into a holding area until the operating room and staff are ready. You will then go into the operating room where you will be prepared for surgery. The average length of time for the surgery is 1½ - 2 hours. The length of time varies depending on the type of surgery. These rooms are kept very cold for operating room staff comfort and for infection control. The staff will provide warm blankets for you.

Recovery Room

After your surgery is completed, you will be taken to the recovery room where:

- Nurses will check your blood pressure, pulse and breathing.
- You will receive medications for pain, as needed.
- Nurses will check your dressings, circulation to your operated leg, encourage you to take deep breaths and to move your ankles and feet.

After your recovery room stay you will be transferred to your hospital room. At this time, you begin your post-operative recovery. Please inform your family that the length of time in the recovery room will vary depending on your progress.

Hospital Stay

Hospital Stay

The average length of stay in the hospital after knee or hip replacement is 1 - 2 days. Some patients may even go home on the same day of their surgery. Please ask your surgeon about this option to find out if you would be a good candidate to go home on the day of your surgery. Everyone is different, however, and your doctor will determine when you are ready for discharge. During your hospital stay, you will receive care from your healthcare team at the Wellstar Center for Joint Replacement. The team will prepare you for your return home or transfer to another facility as discussed previously. This section includes information on your hospital stay and your discharge from the hospital.

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Hospital Stay

Fall Prevention

At Wellstar, your safety is a high priority. However, sometimes during a hospital stay, a patient may fall. Our focus is to keep you safe by preventing falls. Our nurses will evaluate and monitor your risk for a fall. If you are at risk, you will be placed on “Fall Precautions.”

Some of the risk factors for falls include loss of memory/confusion, loss of feeling in your leg/legs due to a nerve block, and drowsiness caused by pain, nausea or sleeping medications.

If you are identified as high risk for falls, you will be asked to do the following:

- Wear yellow colored socks
- Have 3 side rails up
- Never get up without staff assistance
- Ask for help at any time

The staff will perform the following to keep you safe:

- Keep the bed in the lowest position
- Educate you and your family regarding the risk of falls and how they can help protect you
- Place the call bell, phone, water, and personal items within your reach
- Leave a night light/ light in your bathroom on at night
- Monitor you frequently
- Frequently orient you to place, time, day, environment, and safety precautions
- Have staff assist you to the bathroom
- Not leave you in the hallway unattended
- Place a sign outside your door informing all staff that you are at risk for falls
- Use a gait belt to help stabilize you as you walk
- Utilize bed and chair alarms

Your help is needed to make sure your family and visitors comply with these safety processes. Remember, your compliance is critical to a speedy recovery.

Hospital Stay

Post-Operative Care

From the recovery room you will be taken to your hospital room. If outpatient, you will go to Phase II Recovery for your discharge. You may wake up feeling groggy and will see several types of equipment and tubes. Do not be alarmed as this is all a part of the recovery process.

Intravenous Fluids, Antibiotics

You will be provided with fluids through an intravenous (IV) tube. They are usually stopped once prescribed antibiotics are done and/or if you are drinking plenty of fluids.

Diet

The nursing staff will advance your diet to regular food according to your tolerance. Specialty diets (diabetic, cardiac, etc.) will be advanced as well. It is normal to experience a loss of appetite for the first few days after surgery. Your nursing staff will encourage you to eat and to drink plenty of fluids.

Surgical Dressings

Your surgical site will be covered with a dressing that may be bulky at first. Your nurse will look at your dressing periodically. Your dressing may be changed the first or second day after surgery. However, some dressings do not require changing at all after surgery. Please ask your nurse for instructions for your individual dressing.

Drainage Tubes

Sometimes a small tube is placed in your knee or hip incision during surgery. The tube collects excess fluid and blood, so it does not build up and cause more pain. The tubes are usually removed the morning after surgery.

Knee Immobilizer

A knee immobilizer is sometimes used after total knee replacement surgery. When you have had knee surgery, it is worn at night to help increase knee extension, and occasionally, may be used when you are walking, until you gain enough strength to keep your new knee joint from buckling. The staff will assist you with this device and remind you when to wear the knee immobilizer.

Cold Therapy

To help control pain and swelling, your surgeon may elect to use cold therapy. This may be either a cooler, like the "Cryo/Cuff®", cryo compression device, or with an ice pack. Choice of device will be dependent upon physician's preference and type of surgery. You will be encouraged to use cold therapy frequently after surgery to minimize post-operative pain and swelling.

Hospital Stay

Foot Pumps / Sequentials

For the first few days after surgery, special foot wraps or leg wraps may be used while you are in bed. These wraps attach to an air pump that inflates and deflates to encourage circulation to your legs which prevents blood clots.

Oxygen

Oxygen is sometimes used after surgery to help you breathe easier. The oxygen is usually only needed for the first few days. The oxygen may be given through a tube placed close to your nose or through a mask placed over your mouth and nose. A respiratory therapist will be following your care if you should need oxygen after surgery. The oxygen saturation level (how much oxygen you have in your blood stream) will be monitored periodically by placing a clip or monitor on your fingertip.

Blood Thinning Medication

You will be asked to take a blood thinning medication for a short time after your surgery to minimize the risk of developing a blood clot. Lovenox, Arixtra, Eliquis, Xarelto and aspirin are all examples of blood thinners. Your medication may either be a pill or an injection. Your surgeon will decide which medicine is right for you.

Incentive Spirometer

The incentive spirometer is a small, hand-held device that helps you take a deep breath. This helps to expand your lungs more fully, preventing respiratory complications after surgery. Your nurse and/or respiratory therapist will teach you how to use the incentive spirometer. It is very important that you use your incentive spirometer at least 10 times **every** hour while you are awake. You may be encouraged to use the spirometer more often if you have a low-grade temperature. You will also be encouraged to cough and breathe deeply. It is recommended that you bring your Incentive Spirometer home with you and continue to use it for 2 weeks after discharge, or until your physician gives you clearance to stop.

Hospital Stay

Nausea Medications

Some people experience nausea, or even vomiting after surgery. Anesthesia and other medications cause nausea for some people, but usually goes away during the first day. Your surgeon will order medication to help reduce and eliminate any nausea you may experience. Please keep your nurse informed if you experience any nausea.

Constipation

After surgery, constipation is a common problem. Pain medications, decreased activity, and changes in your diet all interfere with your normal bowel pattern. Stool softeners are usually given daily. Laxatives may be given also, as needed. Please do not be embarrassed to discuss this with your nurse.

Muscle Relaxers

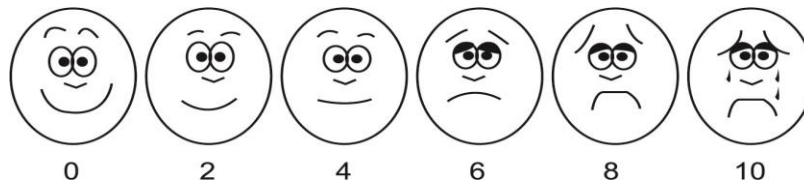
A medication may be prescribed by your surgeon that helps to relax the muscles of your operative leg(s) and decrease muscle spasms. Please keep your nurse informed if you experience muscle spasms.

Hospital Stay

Pain Medications and Pain Control

Pain Scale

You will be able to discuss with your surgeon the best way to control your pain after surgery. Several methods of pain medication delivery may be used based on the rating you give your pain. At the Wellstar Center for Joint Replacement, we use a pain scale so you can rate the intensity of the pain you are experiencing. A sample of the pain scale can be seen below.



Controlling your pain is very important to us. You will be asked to “score” or “rate” your pain on a scale of 0-10. Ten is the worst pain, and 0 is no pain. By using this scale, we will be able to monitor your level of pain as well as the effectiveness of the pain medications you are receiving. **Please let your nurse know if you are having pain before it gets out of control (i.e. greater than 5)**

Multi-Modal Pain Control

Your staff will want to keep your pain managed through a variety of different strategies. In addition to pain medications, your nursing team will also use things such as ice and mobility to help keep you as comfortable as possible. Ice will be an important tool in reducing pain and inflammation after surgery. Walking is good to relieve stiffness and achiness in the joint. Please work with your nurses to learn different options available to helping to keep your pain managed throughout your recovery.

Peripheral Nerve Block

Prior to your surgery, most patients receive a peripheral nerve block, which is a local anesthetic placed directly where key nerves are located to block pain in and around the surgical area. This allows for good pain relief without the side effects of narcotics. This block will gradually wear off over time. The purpose of this block is to provide continual pain relief at the site of surgery without patients having to remember to ask for medications.

Pain Pills

After your surgery, you will be encouraged to take oral pain medications to control your discomfort. Your nursing staff will want to use pain pills before IV pain medication, to make sure that they work to relieve your pain properly before you go home. Some pain medications are given automatically after your surgery, but many others are ordered **upon request** and will not automatically be brought to you. It is important to let your nurse know when your pain starts to increase so she/he can work to keep your pain at a manageable level. Please remember that there are many different types of pain. Your nurse will likely have different pain relief options available; medicines such as muscle relaxers or nerve pain pills may be used in addition to traditional opioid pain medication. We strive to use a variety of different options to keep pain managed. Your surgeon is traditionally in charge of prescribing your pain medications after surgery, so if you have any concerns about your pain management, please bring this to your surgeon’s attention prior to your surgery so he or she can be proactive in addressing your concerns.

Hospital Stay

Post-Operative Exercises and Activities

Coughing & Deep Breathing Exercises

Coughing and deep breathing help prevent lung congestion after surgery.

- To cough, take a deep breath in and cough forcefully from your abdomen.
- To take a deep breath, inhale as deeply as you can and hold while counting to 10. Now exhale all the air. Repeat this exercise 5 times. Another part of your deep breathing exercise involves the use of a small hand-held device called an incentive spirometer that was previously discussed in the Post-Operative Care section.

Physical Therapy

Physical therapy will begin the day of your surgery unless otherwise ordered by your surgeon. Some pain should be expected when starting activities after surgery, but it is very important to begin moving as early as possible. Your surgeon will prescribe pain medications to help minimize the pain you may experience during therapy.

A physical therapist will assist you in learning how to safely get in and out of bed and walk with your walker. The therapist will also assist you in regaining strength and motion in your operated leg and will review precautions with you that will protect your new joint as you recover. After surgery, you will be told how much weight you can put on your operated leg when walking. This is referred to as your weight-bearing status. Participating in physical therapy strongly influences your recovery.

Occupational Therapy

An occupational therapist may assist you in learning how to safely perform your daily activities such as bathing, dressing, and getting in and out of the bathtub or shower.

Hospital Stay

Rehabilitation Activities

Many activities will require modification for a period of time after your surgery. Your physical and occupational therapists will address such issues as getting in and out of a car, climbing stairs or steps, and use of specialized equipment to assist you during your recovery period.

- **Bathing, Showering, Dressing**

You may sponge bathe or shower after your surgery with a waterproof dressing as recommended by your surgeon. You may be able to utilize a tub bench to assist with bathing in either a shower or tub. Reachers, sock aides, long handled sponges and long shoehorns are items that may assist you in bathing and dressing safely.

- **Mobility**

The physical therapist will teach you how to get in and out of the bed safely. You will also be instructed how to stand from a sitting position and sit back down again, how to use a walker, how to get in and out of a car, and how to turn in bed, just to name a few. The nursing staff will reinforce what the therapists have taught you. Vehicles, which sit low or high to the ground can be difficult to get in and out. Therefore, we recommend a standard size vehicle, especially for your ride home from the hospital.

- **Walking**

Following joint replacement, there may be limitations placed on the amount of weight you will be allowed to put on your operated leg as you walk. Your surgeon will advise you. Most patients will walk with the assistance of a walker following surgery. Your therapist will discuss options available to you. Examples are a standard walker versus a rolling walker. The type of equipment you need depends partly on your weight-bearing status and your range of motion limitations.

- **Stairs or Steps**

If you have stairs or steps in your home, your therapist will practice the appropriate way to negotiate them. Remember to go **up** the stairs with your non-operated leg first (“**up with the good leg**”), and go **down** the stairs with your operated leg first (“**down with the bad leg**”).

Hospital Stay

Equipment

Many different types of equipment may be recommended by your surgeon or therapist in order to assist you with your daily activities after surgery. If recommended, your therapist will teach you how to use the equipment. Since every patient will not require all of these devices, and they are not always covered by your insurance company, please do not purchase any assistive devices without discussing them first with your therapist or surgeon.



Therapy Schedule

Physical Therapy

Physical therapy will be initiated either the day of surgery or the day after surgery, depending on your surgeon's orders and the time your surgery was scheduled.

Physical therapy will include the following:

- Physical therapy evaluation
- Instruction in specific exercises
- Instruction in total hip precautions
- Training in bed mobility and sitting on the side of the bed
- Instruction in walking with a walker

The first visit after surgery and throughout your hospital stay you will:

- Have physical therapy once or twice a day.
- Receive ongoing reinforcement in total hip precautions.
- Continue specific exercises and increase repetitions as tolerated.
- Continue with bed mobility and instruction in sitting and standing.
- Begin walking at least 25 feet and increase the distance with each treatment as tolerated.

Minimum Goals:

- Walk 100-150 feet with an assistive device, using the correct weightbearing
- Walk up and down stairs and/or steps with assistance
- Demonstrate your home exercise program
- Demonstrate safe transfers, mobility, and sitting techniques
- For Total Hip Replacement patients: verbalize and demonstrate the ability to perform activities without breaking the precautions

Hospital Stay

Occupational Therapy

If applicable, occupational therapy may be initiated the first or second day after surgery for patients having bilateral total knee replacements and for patients having total hip replacements.

Occupational Therapy may include the following:

- Occupational therapy evaluation
- Training in activities of daily living (ADL) and functional mobility
- Instruction in use of assistive equipment with ADL
- Ongoing reinforcement in total hip precautions

Occupational Therapy Precautions, Dressing & Bathing

Hip Precautions

After your hip replacement surgery, you will likely have “Hip Precautions” which vary according to your surgeon, surgical approach, and facility. These “Hip Precautions” are temporary and are designed to help prevent hip dislocation after your surgery. Your therapist will instruct you in the proper “Hip Precautions” for you. You may need to follow these “Hip Precautions” for up to 3 months post-surgery.

Self-care aides may help you after surgery but are not required for all hip replacement surgeries. We recommend you wait until seeing your therapist after surgery to purchase them to avoid unnecessary expense. “Hip Kits” include: Reacher, Long handled sponge brush, Sock-aid, Long handled shoehorn

Dressing Techniques:

Socks: Use the sock aid to put your socks on and the reacher or long handled shoehorn to remove your socks

Pants and undergarments: Use a reacher or dressing stick for these items

Bathing: Use the long handles sponge/brush

Toileting: You may need to use a commode chair over your toilet or attach an elevated toilet seat to your toilet. Your therapist will recommend one, if necessary. You may also need to modify how you perform hygiene after a bowel movement. Your therapist will teach you how to do this, if necessary.

Showering: Consider having a shower seat with a back available when the doctor gives you permission to shower. Grab bars in the shower are also recommended for safety.

Hospital Stay

Activities for Hip Replacement Patients

Ankle Pumps

Immediately after surgery, you will be encouraged to do ankle pumps every hour. Ankle pumps help increase the circulation in your lower legs.

Turning in Bed

Turning in bed helps prevent skin breakdown, lung congestion, and blood clots from forming.

The nursing staff will assist you in turning to your non-operated side. To protect your hip from dislocation, pillows are placed between your legs to keep your legs apart. To prevent dislocation, you must follow these precautions for the next 2-3 months or as instructed by your surgeon:

Hip Precautions

Follow your Hip Precautions. Your therapist will instruct you in your “Hip Precautions” and provide a handout.

Ambulation

You will begin walking the day of surgery. Physical therapy will teach you how to transfer out of bed and how much weight you can place on your new joint. After walking, they will sit you up in a chair. Each time, the distance you walk and time out of bed will be increased. You will learn how to walk to the bathroom, in the hallway, and climb stairs with an assistive device.

Hospital Stay

Activities for Knee Replacement Patients

Ankle Pumps

Immediately after surgery, you will be encouraged to do ankle pumps every hour. Ankle pumps are exercises to help increase the circulation in your lower legs.

Turning in Bed

Turning in bed helps prevent skin breakdown, lung congestion, and blood clots from forming.

The nursing staff will assist you in turning to your non-operative side. To protect your hip from dislocation, pillows are placed between your legs to keep your legs apart. To prevent dislocation, you must follow these precautions for the next 2-3 months or as instructed by your surgeon.

Ambulation

You will begin walking the day of surgery. Physical therapy will teach you how to transfer out of bed and how much weight you can put on your new joint. After walking, they will sit you up in a chair. Each time, the distance you walk and time out of bed will be increased. You will learn how to walk to the bathroom, in the hallway, and climb stairs with an assistive device.

Bending the Knee

Your therapist will assist you in bending your new joint. You will need to practice your bending exercises in your room, in-between your therapy sessions. By discharge, your goal is to bend your knee approximately 80-90 degrees.

Hospital Stay

Discharge from the Hospital

Planning for your discharge began in your surgeon's office before you were admitted to the hospital. We do this so we can provide the most comprehensive plan of care for you and your family. Sometimes there is a need to adjust this plan, depending on your progress. Some things that will be considered are:

- The amount and type of therapy you will need
- The amount and type of assistance you will receive from your caregiver
- Your home environment
- Your insurance plan

Prior to being discharged, you may be given:

- Prescription for pain medicine
- Prescription for a blood thinner chosen for you by your surgeon (aspirin, Eliquis, Lovenox, etc),
- Written discharge instructions
- The phone number for Home Health and the equipment company, if applicable.
- Follow-up appointment with your surgeon, usually 10-14 days after surgery.

The Drive Home

Make sure that the friend or family member taking you home brings pillows for you to sit on in the car. When getting in the car:

- Move the front passenger seat back as far as possible.
- If the drive home is long, stop to stand up and stretch after 45 minutes to 1 hour.
- Be sure to take a pain pill before you leave the hospital to help with your pain until you get your prescription filled.

You should avoid riding home in a compact car, sports car, truck or any vehicle with raised suspension.

Hospital Stay

Hospital Recovery Schedule (schedule may vary based on individual needs)

Day of Surgery

- Ankle pumps
- Turn in bed with assistance
- Incentive spirometer
- Deep breathing and coughing exercises
- Diet as tolerated
- Tubes and dressing in place
- Walk day of surgery
- Care Coordinator may visit
- Occupational therapy, if indicated

Day 1

- Ankle pumps
- Incentive spirometer
- Physical therapy exercises
- Start walking and sit out of bed at least three times a day
- Diet as tolerated
- Dressing changed today, if needed
- Continue pain medicine for pain control
- Care Coordinator to visit
- Occupational therapy, if indicated
- May be discharged home

Day 2 (If Needed)

- Ankle pumps
- Incentive spirometer
- Continue physical therapy
- Occupational therapy, if indicated
- Increase walking distance
- Will be discharged home

Recovery at Home

Your recovery period will take 6-12 weeks. Each day you will be able to resume more and more activities. Keep in mind, however, that recovery is a gradual process, and we all recover at our own pace.

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Recovery at Home

Medications

Blood Thinners

Blood thinners or anticoagulants help prevent blood clots after surgery. Blood thinners typically used are as follows:

- **Lovenox (Enoxaparin), Arixtra (Fondaparinux)**
These are blood thinners, that come in the form of an injection. If your surgeon prescribes one of these for you, your nurse will teach you and your family how to give these injections before discharge.
- **Xarelto, Eliquis, Aspirin**
Xarelto, Eliquis and aspirin are examples of oral blood thinning medications. You may be asked to take this medication once or twice per day, as prescribed by your surgeon. Your nurses will give you specific instructions on how to take your medication.

The nurse will give you specific instructions about which blood thinner has been prescribed for you.

Pain Medications

Take your pain medication as prescribed.

Laxatives and Stool Softeners

If you are experiencing problems with constipation, you may take over-the-counter laxatives or stool softeners, such as Milk of Magnesia, Dulcolax (tablets or suppository), or Colace (stool softener).

Muscle Relaxer

Your physician may prescribe a muscle relaxer, such as Soma (carisoprodol), Robaxin (methocarbamol), or Flexeril (cyclobenzaprine) to help relieve muscle cramps or spasms that can occur as your muscles heal from the incision. Please use these as directed.

Recovery at Home

Care After Discharge

Incision Care

After your surgery, you will want to wear loose-fitting clothing to avoid pressure on your incision. You or your family member will need to look at your bandage **every** day, for signs of bleeding or infection. **Depending on which dressing your physician chooses to use, you may or may not be required to change the bandage at home.** If a dressing change is required, you will be provided with instructions and education by your nurse before discharge. Some swelling and bruising at the incision site is normal the first few days after surgery. If you have staples, they will be removed at your surgeon's office during your post-op appointment.

Exercise and Mobility

You will need to continue the exercise program your therapist began with you while in the hospital. Patients who had a total hip replacement **must** follow the hip precautions for 3 months at home and in outpatient therapy until advised by your surgeon.

Preventative Blood Clot Devices

Your surgeon may order sequential compression devices (SCDs) or support stockings (TEDs) for you to use after discharge. Check with your surgeon on which will be used for you and recommendations for use.

- If using stockings: Remember to remove the stockings at least 3 times a day for 30 minutes. Check your legs, especially your heels for any sores. Hand wash daily and hang to dry during one of the 30-minute breaks.

Equipment

Many different types of equipment may be recommended by your surgeon and physical therapist to assist you with your daily activities after surgery. If recommended, your therapist will also teach you how to use the equipment.

Calling Your Surgeon

Call your surgeon if you notice any of the following:

- Fever over 100.9
- Drainage from the incision with pus or odor
- Redness with warmth around the incision
- Chest congestion
- Calf pain or swelling in your legs
- Increasing hip pain
- Dizziness or confusion

If you have a true emergency, call 911 or go to the nearest emergency room. They will be able to contact your surgeon.

Recovery at Home

Precautions

Blood Clots

Blood clots can sometimes occur after joint replacement surgery. Taking the prescribed blood thinner, performing ankle pumps, and wearing your support stockings (if ordered by your surgeon) are important ways to decrease the possibility of clot formation. However, it is important to be able to recognize the signs of blood clots.

Warning signs of blood clots in the leg:

- Increased pain in the calf of your leg
- Tenderness or redness
- Increased swelling in the thigh, calf, ankle or foot, that does not decrease after elevation

Call your surgeon immediately if you experience any of the above warning signs of blood clots in the legs.

Warning signs of blood clots in the lungs:

- Sudden increased shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing, or when taking a deep breath

Call 911 and go to the nearest Emergency Department via ambulance immediately if you are having difficulty breathing or chest pain.

Infections

The most common causes of infection are from bacteria entering the bloodstream through the mouth, urinary tract or skin.

Warning signs of infection include:

- Persistent fever (oral temperature greater than 100 degrees)
- Shaking or chills
- Increased redness, tenderness, swelling or drainage from the incision
- Increased pain during activity and at rest

Call your surgeon immediately if you experience any of these warning signs.

Recovery at Home

Hip Dos and Don'ts

For your safety, you may need to adhere to Hip Precautions that you were instructed on by physical therapy, particularly during the first 6 weeks or as directed by your surgeon.

- Follow your hip precautions, as instructed by your therapist
- Use a pillow between your legs for turning onto, or sleeping on, your non-operative side
- Armchairs will be easier than armless chairs if you have hip weakness
- Use bedside commode over your toilet, or an elevated toilet seat on your toilet if recommended by your therapist
- Do not pivot/twist on your operative leg
- Do not cross your legs, even at the ankles
- You may be required, by your surgeon, to use a knee immobilizer when sleeping to help you follow your hip precautions

The above precautions should be followed with most hip replacements. Your surgeon and therapist will provide specific guidelines for you.



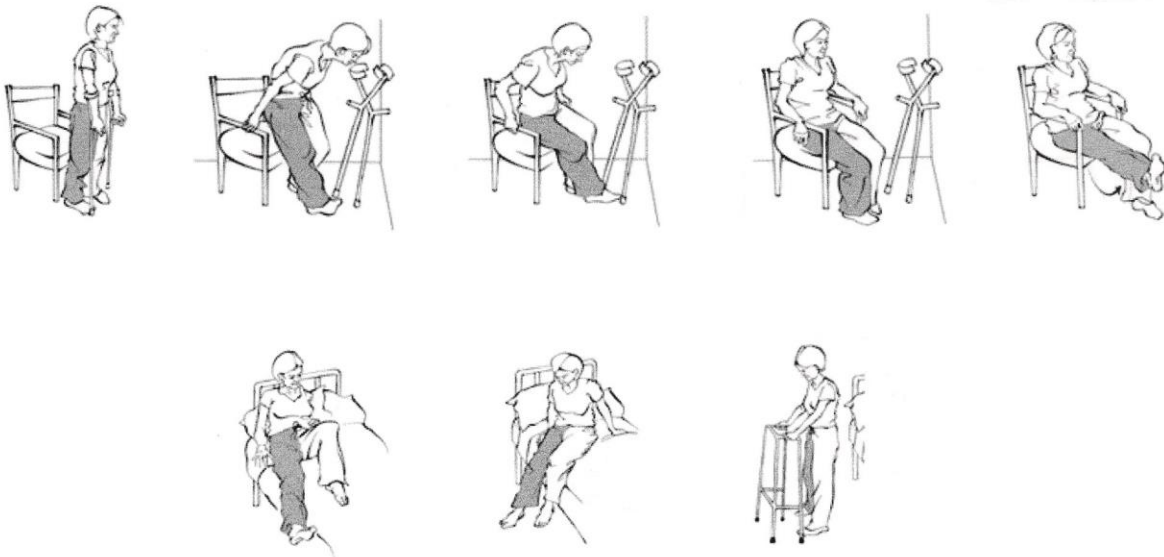
Recovery at Home

Knee Dos and Don'ts

For your safety, you should adhere to the following precautions, particularly during the first 4-6 weeks after surgery.

- **Do** push to gain maximum range of motion of your knee during the first 6-8 weeks after surgery.
- **Do** stay active. When your physical therapist says you are ready, you should take daily walks on smooth surfaces, increasing your distance as your strength improves.
- **Do** add a pillow under your *ankle* when you are not doing exercises.
- **Do Not** sit on low chairs. A chair with arms will allow you to get up and down more easily.
- **Do Not** twist your knee for 6-8 weeks.
- **Do Not** sit longer than 45 minutes at a time as this may make the muscles around your knee stiffen.
- **Do Not** place a pillow under your *knee* at any time.

Hip and Knee - Mobility Cues



Recovery at Home

Diet and Exercise

It is especially important to eat a well-balanced diet when you return home from the hospital. A healthy diet will supply you with proper nutrition and help restore strength. For food choices, follow the suggestions that are provided under “Diet and Nutrition” in the *Preparing For Surgery* section of this manual. Do not attempt any weight loss programs at this time.

If you find that your appetite is slightly decreased for the first week or two, try eating five or six small meals spaced throughout the day.

Activities

Everyday Activities

- **Bathing:** Some dressings may require you to sponge bathe upon your return home. However, many of the dressings used afterwards are water-resistant and will safely withstand a shower. Please ask your nurse for guidance. If you have a tub shower, you may want to use a shower bench or chair. It is recommended that you position yourself to avoid direct spray of the water on your bandage or incision. Please be sure to gently pat your dressing dry with a towel when you are done showering.
- **Walking:** Take short walks every 2 hours, increasing your distance each day. Always use your walker and avoid over-exertion. **DO NOT** walk on uneven surfaces such as lawns or gravel.
- **Climbing stairs:** If you must climb stairs, ascend using your good leg first; descend with your bad leg first. *“Up with the good, down with the bad.”*
- **Sitting:** Use chairs that have arms, backs and firm seats. You need the arms to help lift yourself out of the chair. **DO NOT** sit on low stools, low chairs, or low toilets. To maintain good circulation, pump your legs up and down (ankle pumps) after sitting in one spot for more than 30 minutes.
- **Reaching - Hips Only:** Use your reacher tool to put on your shoes and pick up objects from the floor. **DO NOT** bend over to pick up objects.

Recovery at Home

Restricted Activities

Until you see your doctor for the first post-operative check-up in 10-14 days.

DO NOT do any of the following:

- Return to work
- Drive a car
- Participate in sports
- Engage in sex
- Take a tub bath or get in a swimming pool or hot tub

Post-Operative Follow-Up

Your first post-operative visit will generally be in about 10-14 days. **You should schedule your appointment as soon as you return home from the hospital.**

Besides a thorough check-up and x-rays of your knee or hip, you will also receive a new set of instructions for care and a list of activities that you can now engage in. Your surgeon will determine your next visit based on your progress.

Sex Activity After Joint Replacement

Your surgeon can advise you when it is safe to resume sexual intercourse and which positions you may need to avoid. Sexual limitations vary depending on which joint you have replaced. For example, hip replacement patients must avoid positions that cause too much hip flexion (raising your operated leg too high) or rotating your operated leg inward or outward too far. Patients who have had a knee replacement may not be able to get into a kneeling position until the incision and tissues have healed.

Most joint replacement patients can resume safe intercourse 4-6 weeks after surgery. However, some positions may be restricted for a longer time after surgery. Check with your surgeon **before** resuming intercourse.

It is very important that you understand the restrictions.

Life After Joint Replacement Surgery/Appendix

By having a hip or knee replacement, you have joined an average of 1.6 million Americans who undergo this surgery every year. More than 95% of them experience a dramatic reduction in pain and renewed ability to participate and enjoy physical activity. Still, a replacement hip or knee is not a normal hip or knee. This section discusses your lifestyle with your joint replacement.

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• Recommended	
• Not Recommended	
• Avoid Entirely	
Medical Follow-Up and Metal Detectors	58
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Life After Joint Replacement Surgery/Appendix

Lifetime Activities

You will most likely be able to resume the majority of activities that you were able to enjoy when you had a healthy hip or knee. Still, there are some activities that your doctor prefers to others, and some your doctor will want you to avoid entirely. Please review all activities that you want to do with your surgeon at your initial post-op appointment.

Check with your physician prior to beginning these activities.

Recommended:

- Swimming
- Biking
- Walking
- Golf
- Gardening
- Low impact and water aerobics
- Dancing
- Nordic track
- Bowling
- Fishing
- Elliptical stepper

Not Recommended:

- Basketball
- Skiing
- Weightlifting with heavy weights

Avoid Entirely:

- Jogging or running
- Contact sports
- Jumping sports
- High impact aerobics

Life After Joint Replacement Surgery/Appendix

Medical Follow-up

Medical Follow-up

After the first year, your hip or knee replacement should be evaluated periodically. Your surgeon will provide guidelines for how often these appointments should be made. Although 90% of replacements function well for more than 10 years, the implant may wear with increasing years of use. For this reason, your surgeon will take an x-ray at every visit to determine if your replacement has incurred any wear.

MRI Precautions

Caution: Please notify MRI personnel that you have an implant **before** the procedure.

Invasive Procedures Requiring a Pre-Antibiotic

Pre-procedure antibiotics may be recommended for more invasive procedures or immunocompromised patients. Please consult with your surgeon regarding the long-term need for antibiotics with your joint replacement.

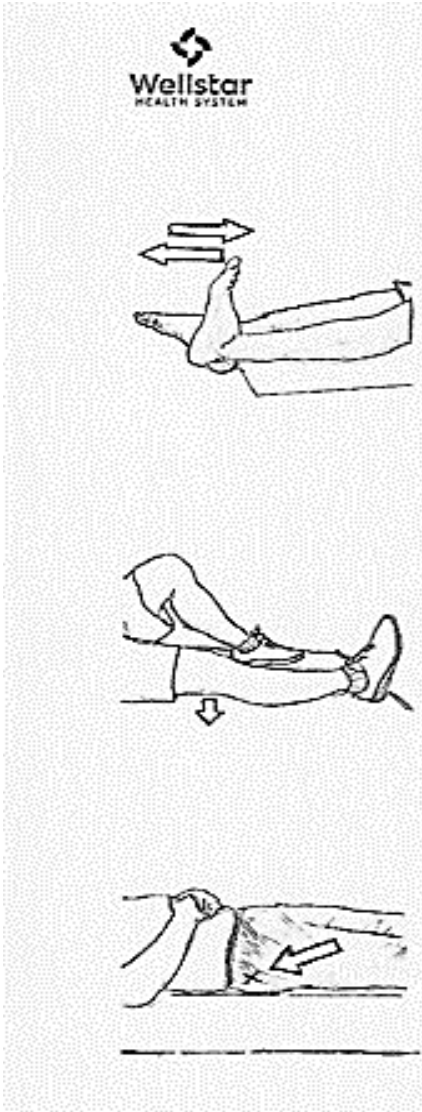
Metal Detectors

Your new hip or knee may activate metal detectors used for security in airports and some buildings.

Exercises

Hip Replacement

Do Not Use weights until advised by your surgeon.



ANKLE PUMPS

With your knee straight, bend your foot up and down at your ankle joint to stretch your calf and then to contract it.

Note: keep doing ankle pumps throughout the day, as it is the most important for leg blood circulation, prevents blood clots and swelling.

Repeat 10 times
Complete 1 set

QUAD SETS

Lie down with your leg straight, tighten the muscle on top of your thigh to straighten your knee fully, by pressing the back of your knee downward. Hold 5 seconds. Relax and repeat.

Repeat 10 times
Complete 1 set

Hold 5 seconds
Perform 2 times a day

GLUTEAL SET

While lying on your back, squeeze your buttock and hold for 5 seconds. Relax and repeat.

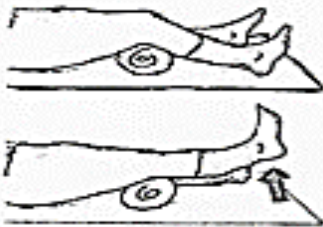
Repeat 10 times
Complete 1 set

Hold 1 second
Perform 2 times a day

Exercises

Hip Replacement

Do Not Use weights until advised by your surgeon.

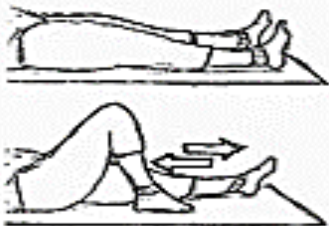


SHORT ARC QUAD

Place a ball or rolled-up towel under your knee. Slowly straighten your knee as you lift your foot. Flex your foot to bring your toes toward your nose. Hold 5 seconds. Lower back down and repeat.

Repeat 10 times
Complete 1 set

Hold 1 second
Perform 2 times a day



HEEL SLIDES

Lying on your back with your knees straight, slide the affected heel towards your buttock and bend your knee, keeping your foot on the bed. Return to original position.

Repeat 10 times
Complete 1 set

Hold 1 second
Perform 2 times a day



HIP ABDUCTION

While lying on your back, tighten the muscle on top of your thigh to straighten your knee. Slowly slide your leg out to the side, keeping your knee straight the entire time and your toes pointed directly up. Slide leg back in.

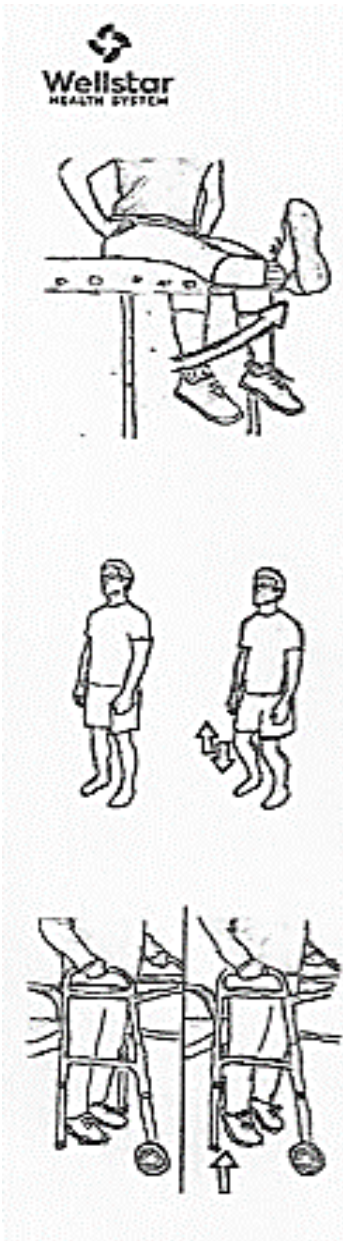
Repeat 10 times
Complete 1 set

Hold 1 second
Perform 2 times a day

Exercises

Hip Replacement

Do Not Use weights until advised by your surgeon.



LONG ARC QUAD

Start in a seated position with your knee bent as shown and your thigh supported on the chair seat or bed. Slowly straighten your knee as you raise your foot upwards, and flex your foot to bring your toes toward your nose. Hold 5 seconds. Return to starting position and repeat.

Repeat 10 times
Complete 1 set

Hold 5 seconds
Perform 2 times a day

MINI SQUAT STAND AT YOUR WALKER

Start with your feet shoulder-width apart and toes pointed straight ahead. Next, bend your knees to approximately 30 degrees of flexion to perform a mini squat as shown. Return to original position.

Knees should bend in line with the second toe and not pass the front of the foot.

Repeat 10 times
Complete 1 set

Perform 2 times a day

WALKER HEEL RAISES

While standing with a walker, raise up on your toes and lift your heels off the ground as fully as you can. Lower back down and repeat.

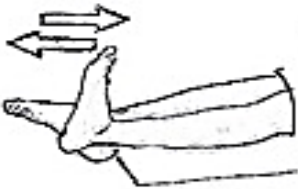
Repeat 10 times
Complete 1 set

Perform 2 times a day

Exercises

Knee Replacement

Do Not Use weights until advised by your surgeon.

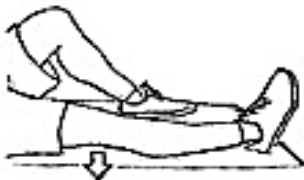


ANKLE PUMPS

With your knee straight, bend your foot up and down at your ankle joint to stretch your calf and then to contract it.

Note: keep doing ankle pumps throughout the day, as it is the most important for leg blood circulation, prevents blood clots and swelling.

Repeat 10 times
Complete 1 set

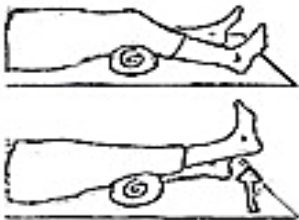


QUAD SETS

Lie down with your leg straight, tighten the muscle on top of your thigh to straighten your knee fully, by pressing the back of your knee downward. Hold 5 seconds. Relax and repeat.

Repeat 10 times
Complete 1 set

Hold 5 seconds
Perform 2 times a day



SHORT ARC QUAD

Place a ball or rolled-up towel under your knee. Slowly straighten your knee as you lift your foot. Flex your foot to bring your toes toward your nose. Hold 5 seconds. Lower back down and repeat.

Repeat 10 times
Complete 1 set

Hold 1 second
Perform 2 times a day

Exercises

Knee Replacement

Do Not Use weights until advised by your surgeon.



STRAIGHT LEG RAISE

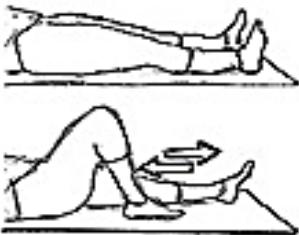
While lying on your back:

- 1) Tighten the muscle on top of your thigh to fully straighten your knee
- 2) Flex your foot to bring your toes toward your nose
- 3) Lift up your leg with a straight knee



Repeat 10 times
Complete 1 set

Hold 1 second
Perform 2 times a day



HEEL SLIDES

Lying on your back with your knees straight, slide the affected heel towards your buttock and bend your knee, keeping your foot on the bed. Return to original position.

Repeat 10 times

Complete 1 set

Perform 2 times a day



SEATED KNEE FLEXION with SCOOT STRETCH

While in a seated position, slide your foot back to bend your knee to the point of moderate discomfort. Keep your foot planted on the ground and scoot forward to give just a little bit more stretch. Hold 5 seconds. Relax out of the stretch and extend your leg back out. Repeat.

Repeat 10 times
Complete 1 set

Hold 5 seconds
Perform 2 times a day

Exercises

Knee Replacement

Do Not Use weights until advised by your surgeon.

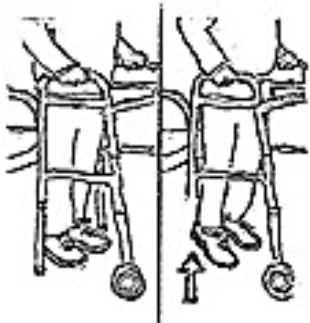


STANDING TKE (TOTAL KNEE EXTENTION) USE YOUR WALKER

Start in a standing position, holding your walker. Bend your operative knee a little, keeping your toes touching the ground. Next, use your front thigh muscle to drive your knee back to a fully straightened position, so that your heel touches the floor. Hold 5 seconds. Relax and repeat.

Repeat 10 times
Complete 1 set

Hold 5 seconds
Perform 2 times a day



WALKER HEEL RAISES

While standing with a walker, raise up on your toes and lift your heels off the ground as fully as you can. Lower back down and repeat.

Repeat 10 times
Complete 1 set

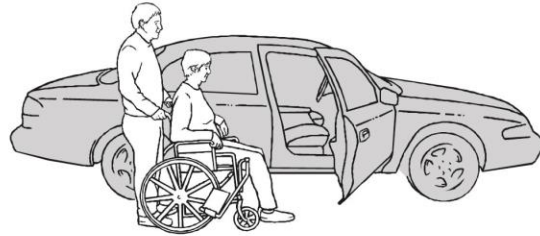
Perform 2 times a day

Transfer: Wheelchair to Car (Assisted)

TRANSFER: WHEELCHAIR TO CAR (Assisted) . . .

GENERAL TIPS:

- Position wheelchair as close as possible. (Leave enough room for helper and person to stand and pivot.) See picture #1.
- Remove feet from footrests, move footrests out of way, lock the brakes.
- Put feet flat on the ground. Place the uninvolved foot slightly behind the involved foot.
- If both legs are weak, put the stronger legs lightly behind.
- Be sure to explain the procedure to the person you are helping before you begin.



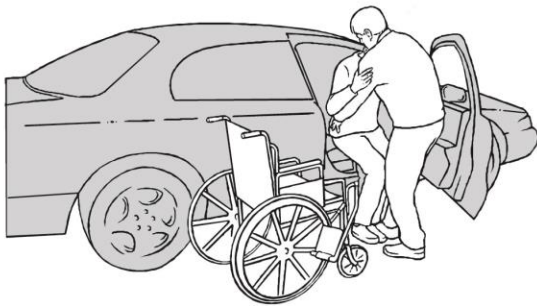
1. Starting position.



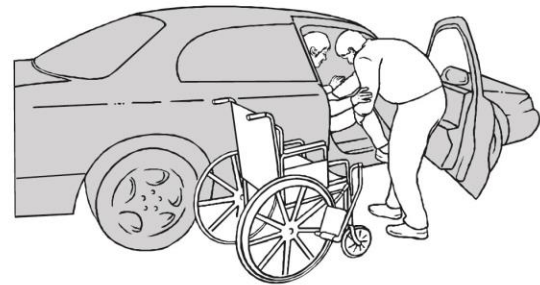
2. Help person to standing position. Let person balance a few seconds.



3. Help person to pivot so the backs of legs are against the seat.



4. Slowly lower person to sitting position.



5. Lift each leg into the car.
REVERSE THE PROCEDURE TO RETURN THE PERSON TO THE WHEELCHAIR.

Commonly Asked Questions

Q: Why do I have to wear sequential compression devices (SCDs) or stockings (TEDs)...?

A: To be worn for as long as directed by your surgeon to prevent blood clots.

Q: How long do I need to maintain hip precautions?

A: Your physician will provide guidance to you and let you know when you no longer have to follow your hip precautions. The amount of time you are asked to follow your precautions will vary by individual and by surgery. Until you have received your clearance, please refer to your hip precautions on page 43 of your book.

Q: When can I start driving?

A: When allowed by your surgeon. Check with your surgeon at your follow up visits.

Q: How long do I have to keep doing the exercises?

A: Specific exercises should be done until you are pain free and walk without a limp; however, regular exercise should be a lifetime commitment.

Q: How long will my joint last?

A: This varies depending on your age, weight, & activity level, but 15-25 years is typical.

Q: When can I take a shower?

A: You may shower after your surgery with a waterproof dressing as recommended by your surgeon, and if there is no drainage.

Q: When can I start crossing my legs and sleep without a pillow between them after hip replacement?

A: Usually when your surgeon releases you from “Hip Precautions.” Check with your surgeon at your follow-up visits.

Q: What should I do if my foot swells?

A: If the swelling does not go down overnight, and after having it elevated, contact your surgeon. You may need to be tested for blood clots. Remember, however, you may have some swelling for several months after surgery.

Q: When can I resume sexual activity?

A: Most people can resume sexual activity 4-6 weeks after surgery. This allows time for the incision to heal and for the muscles and ligaments to begin the healing process. It is important, however, that you and your partner have a clear understanding of the precautions you should follow to protect your new joint.

Common Concerns

Common Symptom

Difficulty sleeping

Recommended Action

Take Tylenol PM.
Drink warm milk before bedtime.

Lack of appetite

Eat small, frequent meals.
Consider adding a protein shake.

Constipation

You may use a laxative such as Milk of Magnesia or Dulcolax (tabs or suppository). Use a stool softener such as Colace.

Swelling

Apply an ice pack for 20 minutes after exercise. If swelling does not go down over night, and after you have elevated your leg, notify your surgeon.

Numbness along incision

This is normal.

Drainage from the incision

You may be asked to change your dressing daily. Remove bandage when oozing stops. If drainage continues, notify your surgeon.

Clicking with knee bending

Occasionally you may feel soft clicking of metal and plastic.
This is normal.

Activate metal detectors

Your knee or hip may activate metal detectors required for security in airports. Carry your joint replacement confirmation card with you.

Mood swings/feeling “blue”

Mood swings are normal. These sad feelings should improve with time. Call your surgeon if your emotional recovery is not progressing.

Nutrition

Providing your body with a variety of vitamins and minerals through a healthy, balanced diet is encouraged before and after your surgery. This will help your body to recover from surgery. There are three nutrients that are recommended before and after your surgery. Iron, calcium, and protein play important roles in your body during the surgery and the recovery from surgery. The next sections will discuss ways to increase your iron, calcium and protein intake. Please remember that there are certain medical conditions where it would not be safe to increase your intake of certain nutrients, so when in doubt, please ask for guidance from your primary care physician regarding your unique situation. Please also remember that any **existing medical dietary recommendations should still be followed**. For example, patients with Diabetes should attempt to choose foods lower in carbohydrates.

Iron

Iron helps your blood cells carry oxygen around your body. Because you will lose a little bit of blood during surgery, it is recommended that you make sure you get adequate iron before surgery to help compensate for any blood loss you experience. The recommended daily allowance of iron is 18 mg/day for women 18-50 years of age, 8 mg for women older than 51 years and 8 mg for men 19 years and older. When shopping, it is recommended to choose bread products, cereals, and pastas that have been “enriched” or “iron fortified.”

High Iron Sources

- Fortified or enriched cereals
- Meat and poultry
- Seafood (clams, oysters, shrimp)
- Beans (baked beans, kidney beans, soybeans, white beans)
- Lentils
- Fruits (dried apricots, dried peaches, dates and prunes)
- Vegetables (green leafy vegetables, Brussel sprouts, lima beans)

Enhance Your Nutrition

Iron Enhancing Factors (increase absorption)

- Sources of Vitamin C
- Meat, fish, poultry

Iron Inhibiting Factors (prevent absorption)

- Caffeine, including tea and coffee
- Dairy products
- Eggs
- Red grape juice/wine
- Unleavened bread, unrefined cereals and soybeans

Recommendations

- Eat protein sources at every meal
- If taking iron supplementation, avoid tea or coffee with meals
- Increase iron and Vitamin C sources at meals prior to surgery

Calcium

Have You Fed Your Bones Today?

Your body needs calcium daily to build strong bones. If you do not eat enough dietary calcium, your blood will steal calcium from your bones, decreasing your bone strength and bone density, which may lead to Osteoporosis. Though this can often be prevented through good calcium intake, it is not entirely reversible. Adult women are recommended to eat **at least** 800 mg of calcium per day, but individual needs may vary. Please check with your primary care physician if you are not sure.

Most dairy products are high in fat content, so it may be recommended to opt for low fat or skim milk when possible. You may also choose low fat cheeses, such as 1% cottage cheese or mozzarella made from part skim. A calcium supplement may also be recommended by your physician to ensure you are getting enough calcium.

High Calcium Sources

- Fortified items (cereals, orange juice, tofu)
- Fortified almond milk, rice milk and soy milk
- Dairy products (cheese, milk, pudding, yogurt)
- Fish (halibut, perch, salmon)
- Dried beans and peas
- Fruits (dried figs, orange)
- Vegetables (greens, kale, spinach)

Please note, Vitamin D will help your body to absorb Calcium.

Protein

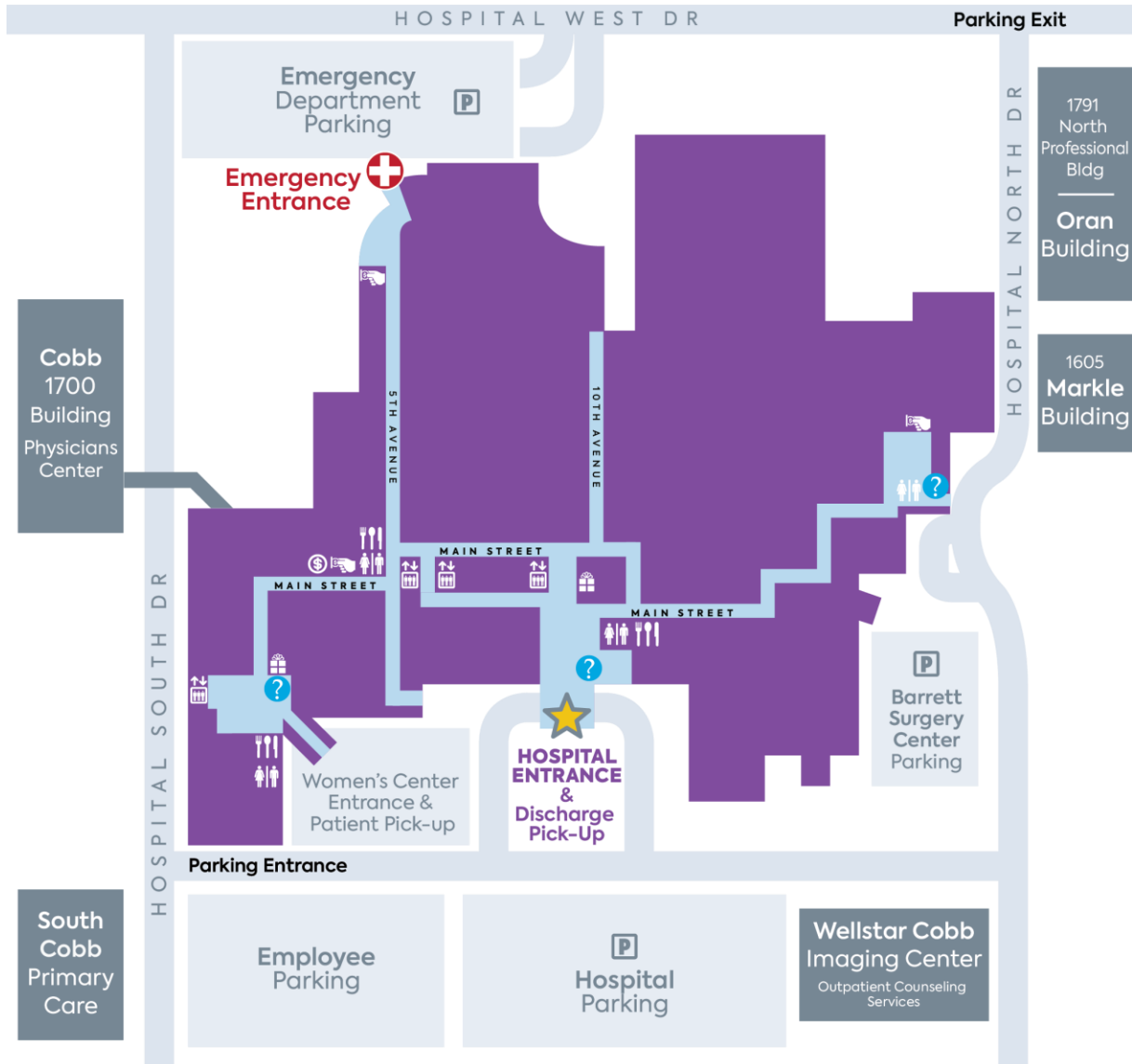
Protein is very important for the formation and regrowth of muscle tissue. There is research to suggest that a protein-rich diet will be important both before and after your surgery to help your body to heal from the surgery.

It is often recommended to try to eat between 25 and 35 grams of protein per meal. However, when a person is recovering from surgery, your body needs extra protein to help rebuild muscles and connective tissue. The official recommendation is to eat around 1.2-2 grams of protein for every kilogram you weigh (one kilogram is 2.2 pounds). For example, a person weighing 90kg (198 lbs) may need between 108 – 180 grams of protein each day while they are recovering from surgery. Certain medical conditions warrant a limited intake of protein, so when in doubt, please check with your primary care provider for guidance for your unique health situation.

High Protein Options

- Meat and poultry
- Fish
- Eggs
- Meat alternatives (soybeans, soy patties, tofu)
- Milk (fat-free, low fat, whole)
- Soy milk
- Dairy products (cheese, cottage cheese, yogurt)
- Nuts and seeds (almonds, peanuts, pistachios, pumpkin seeds, sunflower seeds)
- Peanut butter
- Beans
- Protein powder

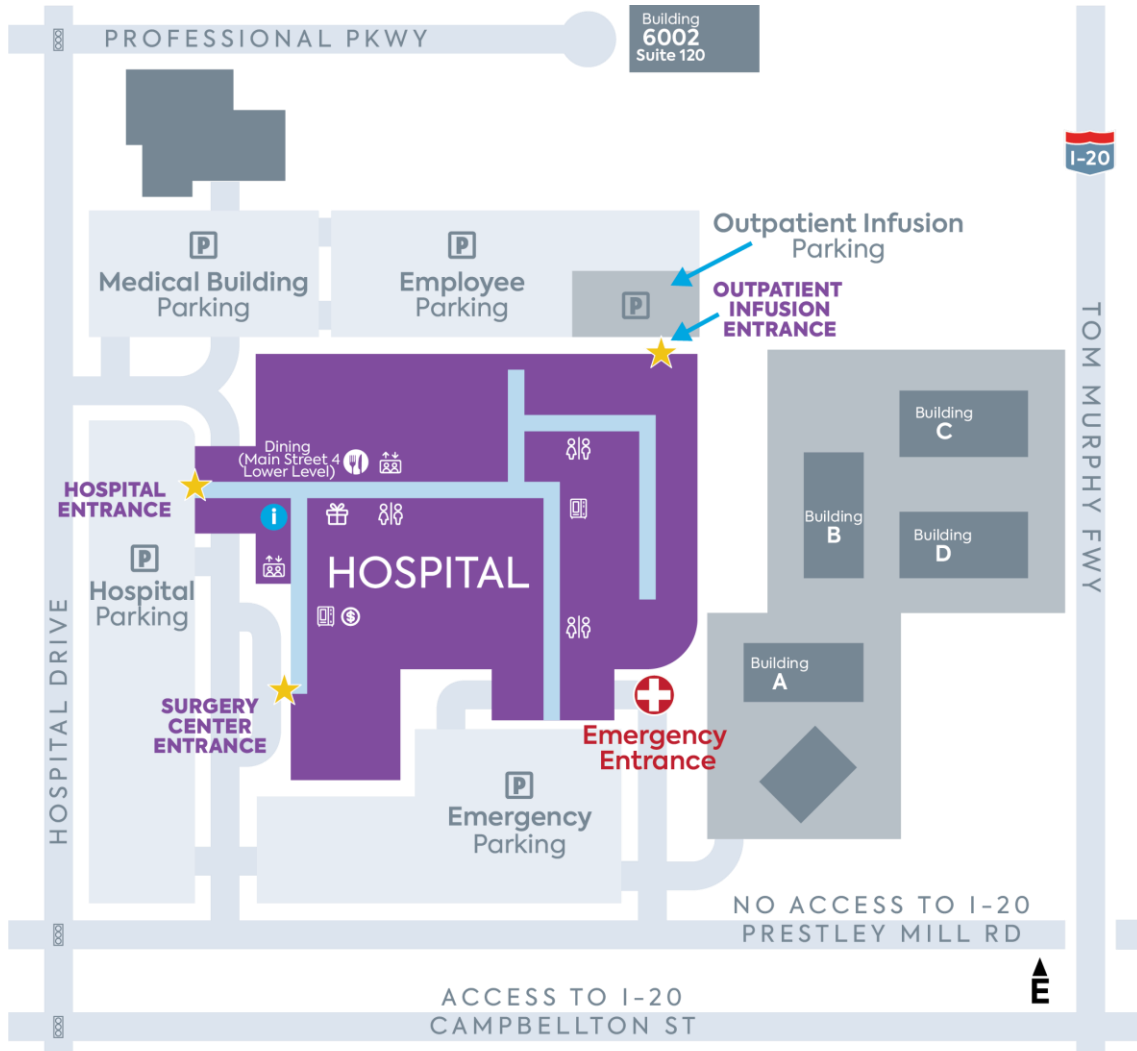
Cobb Hospital



Hospital Destinations & Locations

- | | | | |
|---------------------------|---------------------------|--------------------|-------------------------|
| Emergency Entrance | Building Entrances | Food/Dining | Restrooms |
| Parking | Information | Gift Shop | Vending Machines |
| | | Elevators | ATM |

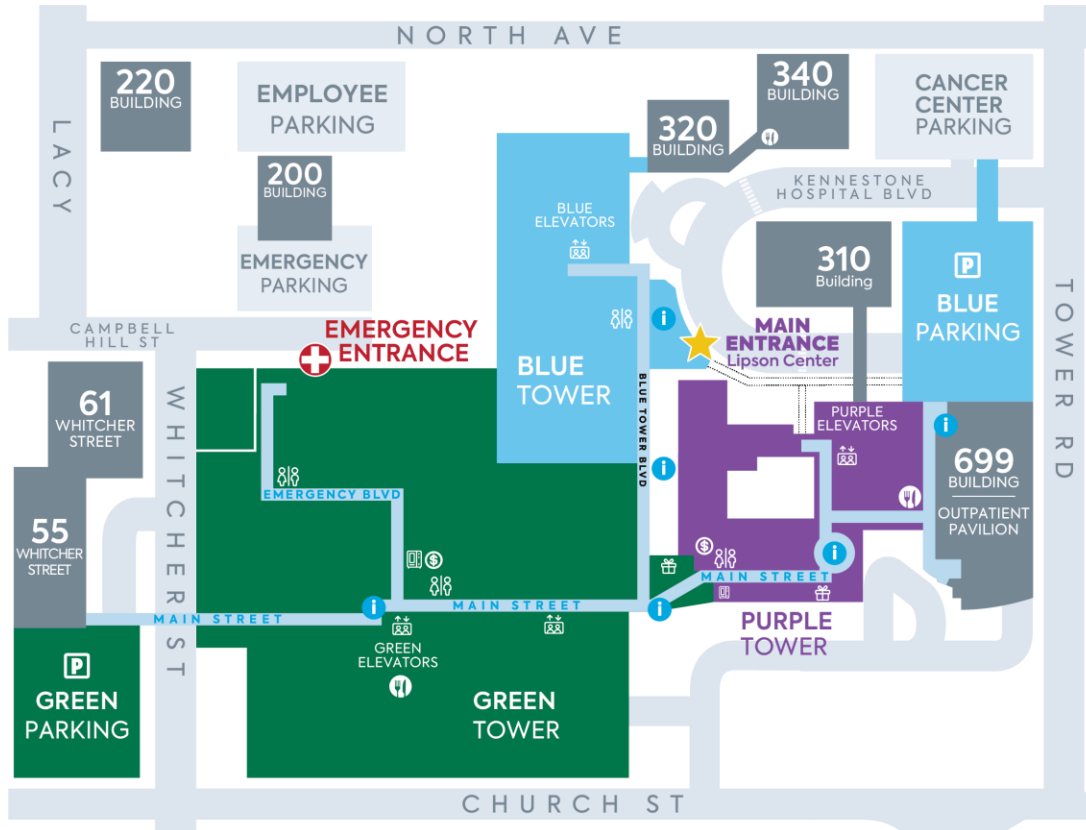
Douglas Hospital















Hospital Destinations & Locations

- Emergency Entrance**
- Building Entrances**
- Gift Shop**
- Vending Machines**
- Parking**
- Elevators**
- ATM**
- Information**
- Chapel**
- Food/Dining**
- Restrooms**

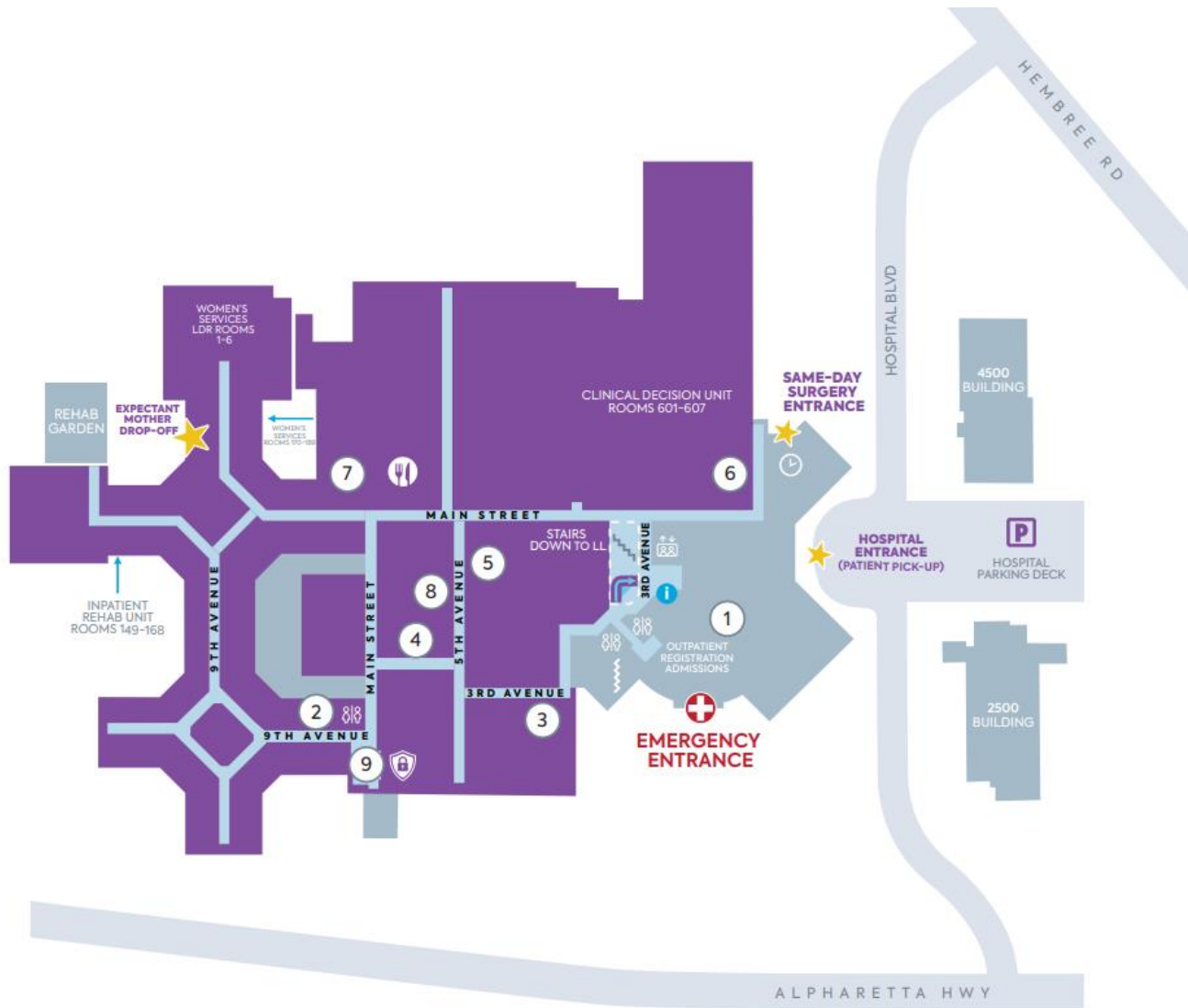
Kennestone Hospital



Hospital Destinations & Locations

-  **Emergency Entrance**
 -  **Building Entrance**
 -  **FOOD/DINING**
 -  Gift Shop
 -  **PARKING**
 -  Elevators
 -  **Blue Parking**
(Blue Tower Blvd #4)
(Main Street #23)
 -  Restrooms
 -  **Green Parking**
(Main Street #1)
 -  Vending Machines
 -  Information
 -  ATM
- Tower & Church Bistro**
(Main Street #23)
- Cancer Center Café**
(340 Building)

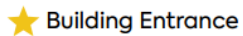
North Fulton Hospital



HOSPITAL DESTINATIONS & LOCATIONS

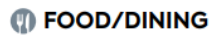


EMERGENCY ENTRANCE



Information

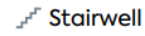
PARKING DECK



Waiting Room

Elevators

Restrooms



Security

- ① Emergency Department
- ② Inpatient Rehabilitation Medical One
- ③ Lab Services

- ④ Medical Records
- ⑤ Radiology
- ⑥ Surgery Center
- ⑦ Women's Services Labor & Delivery

- ⑧ Wound Care Hyperbaric Center
- ⑨ Discharge Center

Paulding Hospital

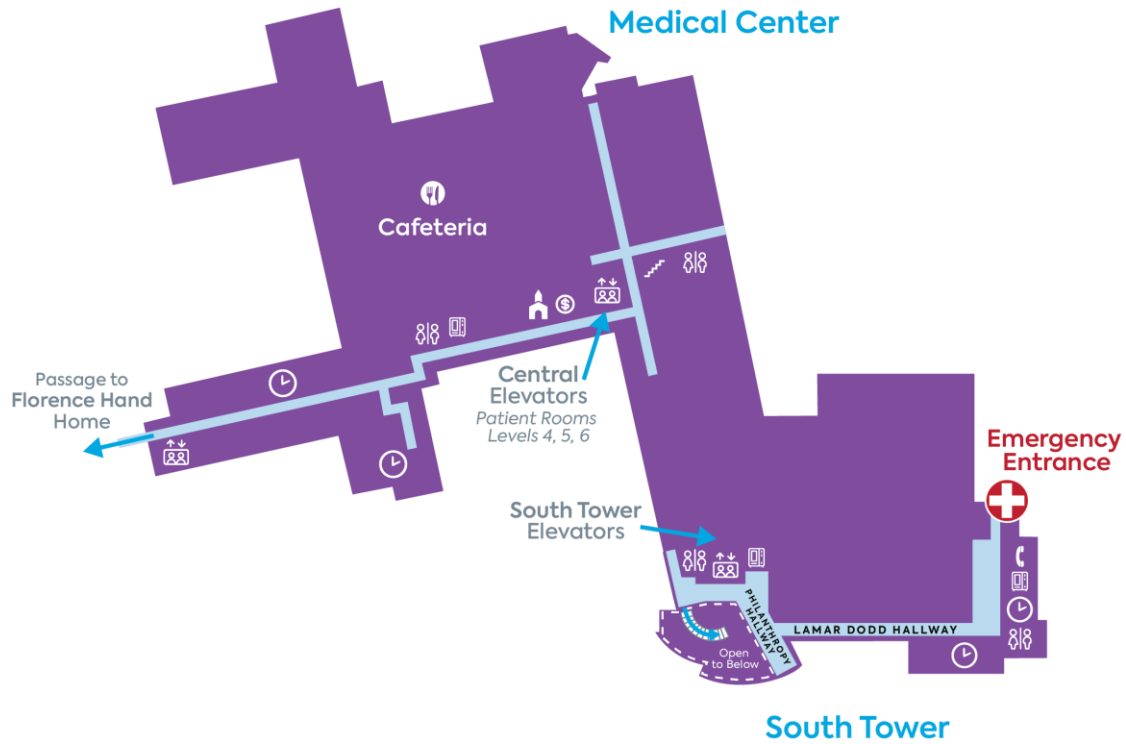


Hospital Destinations & Locations

- | | | | |
|--------------------|--------------------|-------------|------------------|
| Emergency Entrance | Building Entrances | Information | Restrooms |
| Level 1 | Level 2 | Food/Dining | Vending Machines |
| Parking | Gift Shop | Elevators | ATM |

West Georgia Medical Center

Level 1 - First Floor



Hospital Destinations & Locations

- | | | | |
|---------------------------|-------------|------------------|--------------|
| Emergency Entrance | Food/Dining | Chapel | ATM |
| Elevators | Restrooms | Vending Machines | Waiting Room |
| Stairwell | | | Telephone |

Windy Hill Hospital



DESTINATIONS & LOCATIONS

- i** Information
- A** Main Entrance
- E** Physical Therapy Entrance
- Gift Shop**
- P** **PARKING**
- B** Imaging Center Entrance
- Restrooms**
- Stairwell**
- FOOD/DINING**
- C** Psychiatry Entrance
- Chapel**
- Elevators**
- D** Outpatient Surgery Entrance
- Waiting Room**
- Security**

- 1** Pediatric Outpatient Surgery
Orthopedic & Joint Center
- 2** PreOp Surgery
- 3** PACU (Post Surgery Care)
- 4** Observation/Short Stay Unit
- 5** Imaging Registration
- 6** Imaging
Radiology
X-Ray/CT
- 7** MRI
- 8** Interventional Radiology

OUTPATIENT REHABILITATION

1 WELLSTAR ACWORTH HEALTH PARK

4550 Cobb Pkwy | Suite 304
Acworth, GA 30101
O: (770) 917-8175 | F: (770) 966-5052

2 WELLSTAR ATHERTON PLACE

111 Tower Rd | Suite 313
Marietta, GA 30060
O: (770) 421-7329 | F: (770) 421-7328

3 WELLSTAR ATLANTA MEDICAL CENTER

261 Parkway Dr NE | Atlanta, GA 30312
O: (404) 265-4633 | F: (404) 265-1535

4 WELLSTAR AVALON HEALTH PARK

2450 Old Milton Pkwy | Suite 103
Alpharetta, GA 30009
O: (470) 267-0350 | F: (770) 999-2702

5 WELLSTAR CHEROKEE HEALTH PARK

1120 Wellstar Way | Suite 103
Holly Springs, GA 30114
O: (470) 267-0100 | F: (770) 999-2616

6 WELLSTAR COBB MEDICAL CENTER

2615 East West Connector | Suite 112
Austell, GA 30106
O: (470) 956-3850 | F: (770) 439-3932

7 WELLSTAR DOUGLAS MEDICAL CENTER

8954 Hospital Dr
Douglasville, GA 30134
O: (770) 920-6285 | F: (770) 999-2882

8 WELLSTAR EAST COBB HEALTH PARK

3747 Roswell Rd NE | Suite 112
Marietta, GA 30062
O: (770) 420-1122 | F: (770) 420-1140

9 3450 Acworth Due West Rd | Suite 310

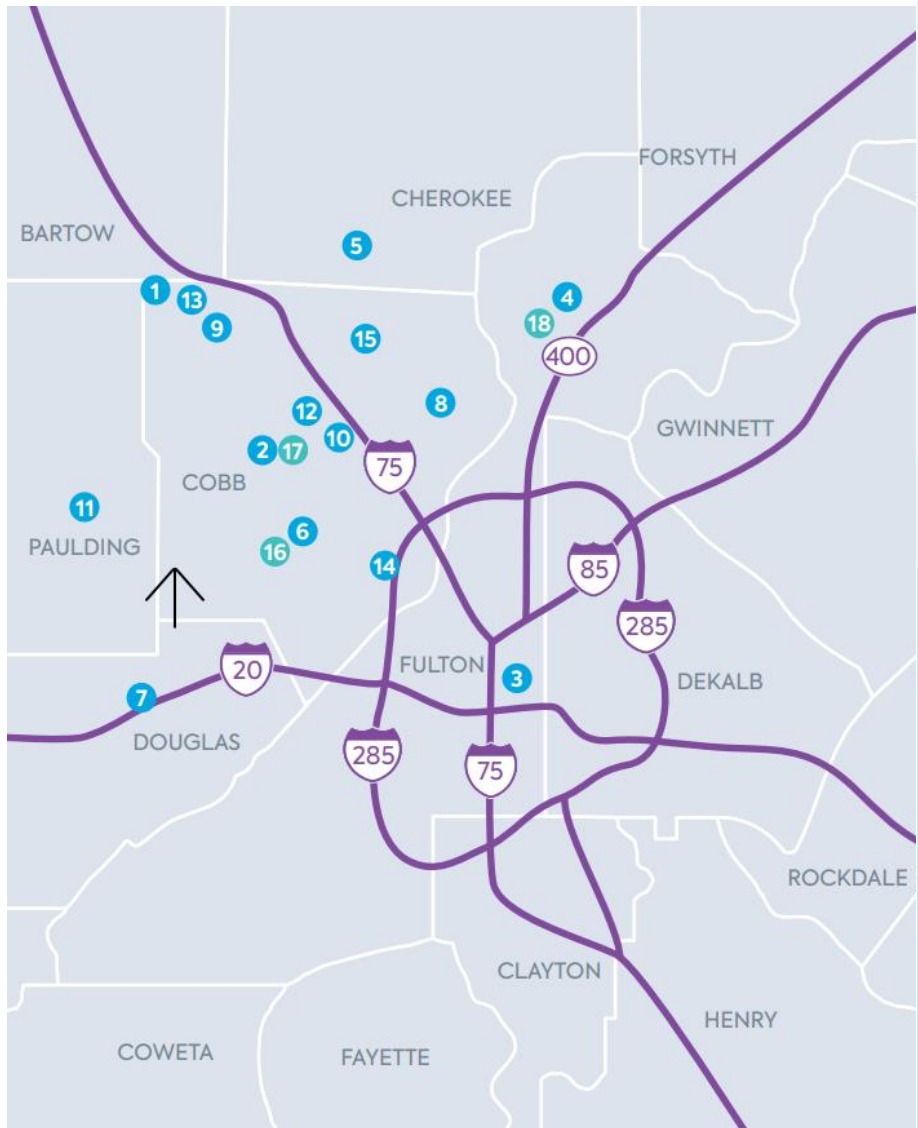
Kennesaw, GA 30144
O: (770) 974-7494 | F: (770) 974-9141

10 WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER

818 Church St | Marietta, GA 30060
O: (770) 590-4172 | F: (770) 590-4173

11 WELLSTAR PAULDING MEDICAL CENTER

144 Bill Carruth Pkwy | Suite 1600
Hiram, GA 30141
O: (470) 956-8990 | F: (770) 443-7590



12 WELLSTAR PEDIATRIC CENTER

1180 Ernest Barrett Pkwy | Suite 102C
Kennesaw, GA 30144
O: (678) 797-5734 | F: (770) 794-6632

13 3501 Baker Rd | Suite 101

Acworth, GA 30101
O: (470) 267-0610 | F: (770) 999-2739

14 WELLSTAR VININGS HEALTH PARK

4441 South Atlanta Rd | Suite 112
Smyrna, GA 30080
O: (470) 956-0415 | F: (678) 842-5529

15 209 Towne Lake Pkwy

Woodstock, GA 30188
O: (770) 591-9111 | F: (770) 591-9440

NEURO REHABILITATION

16 WELLSTAR COBB MEDICAL CENTER

1791 Mulkey Rd
North Professional Bldg | Lower Level
Austell, GA 30106
O: (470) 732-4100 | F: (470) 732-7251

17 WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER

100 Lacy St | Bldg 220
Marietta, GA 30060
O: (770) 793-7600 | F: (770) 793-7910

18 WELLSTAR NORTH FULTON MEDICAL CENTER

2500 Hospital Blvd | Suite 225
Roswell, GA 30076
O: (470) 956-4400 | F: (770) 754-3125