

PATIENT HANDBOOK AND JOURNAL

PRECAUTIONS

OrthoCarolina

EXCELLENCE
IN ORTHOPEDICS

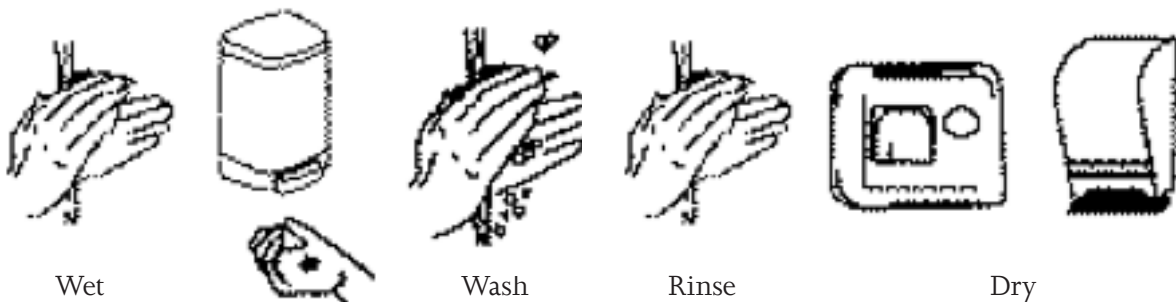
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HAND HYGIENE



HAND-WASHING PROTOCOL:

- » Beginning and End of the work day.
- » Before & After using gloves.
- » Before & After eating, drinking, smoking, handling medications or cosmetics.
- » Before & After using the toilet.
- » After wiping the nose or touching the face.
- » After touching contaminated surfaces & after exposure to blood/body fluids.
- » Between patients.





Good nutrition will help get your body ready for surgery. In addition a nutritious diet will enhance healing after surgery, help avoid constipation, and prevent infections.

Prior to surgery cook your meals ahead of time and place them in single serving containers. You can label the contents so that they are easy to find, and perhaps freeze them. This will make it easy for you and your care coach to prepare nutritious meals quickly. Stock fluids and keep them in easy reach. Bottled water, vitamin drinks, clear broth, fresh juices are all good options. Remember ginger ale is also a good option as it helps with nausea. It is important to drink the recommended six, 8oz glasses of water each day.

Try to avoid processed foods. Instead try choosing:

- » Oranges instead of orange juice
- » Baked potato instead of french fries

Foods that are rich in fiber will help prevent constipation, for example

- » Whole grain bread, toasted or not
- » Fresh fruit
- » Fresh or frozen vegetables
- » Cereal, good choices would be cream of wheat or oatmeal

Foods, such as lean protein also enhance the body's ability to heal faster. Prepare foods by grilling, roasting, or baking. Some examples of lean protein are:

- » Turkey or Chicken
- » Pork
- » Nuts, tofu, beans
 - Low-fat dairy is ok in moderation (can cause constipation)
 - Soymilk decreases the risk of infection
 - Eggs

Foods high in saturated fat can also contribute to constipation, avoid red meat.

It is important not to skip meals, even if you do not have an appetite or feel hungry.

Add protein powders in smoothies, or supplement such as Ensure or Boost between meals.

Foods that have a higher calorie content per bite compared to others are good choices, such as:

- » Yogurt instead of green beans
- » Peanut butter or almond butter, instead of margarine on toast
- » Cook with oil instead of cooking spray

PREVENTING COMPLICATIONS

Complications can occur following any surgery. Below are some of the most common complications that can occur. Every precaution is taken to prevent these from happening, however they can occur.

BLOOD CLOTS (THROMBOPHLEBITIS)

Your decreased movement following surgery and normal swelling put you at risk for developing a blood clot formation in your legs.

Your surgeon may prescribe medication to prevent blood clots. Some of the most common used medications for this are: Coumadin, Lovenox, and Xarelto. You need to follow your surgeon's instructions carefully. In addition lab work will be done if necessary to monitor your blood clotting levels.

Deep Vein Thrombosis (DVT) is a blood clot that forms in a vein deep in the body. Blood clots occur when blood thickens and clumps together. Most deep vein clots occur in the lower leg or thigh. A blood clot in a deep vein can break off and travel through the bloodstream to the lungs, heart, or the brain.

Signs and Symptoms to be aware of:

- » Increased pain in your calf, ankle and/or foot
- » Swelling or tightness of the calf, ankle, and/or foot
- » Tenderness or redness above or below your knee
- » Erythema or discoloration of the skin
- » Tissue warm and firm to touch
- » When you pull your toe toward your shin this causes discomfort in the upper calf

***If you experience any of these symptoms you need to let your surgeon know immediately. If you are from out of state notify your Primary Care Provider immediately.

PULMONARY EMBOLUS

A pulmonary embolus is when a blood clot breaks away from the vein and travels to the lungs. This is an emergency and you need to call 911.

Signs of a Pulmonary Embolus

- » Sudden chest pain or coughing
- » Sudden difficult and/or rapid breathing
- » Shortness of breath
- » Sweating
- » Confusion

Prevention of Pulmonary Embolus

- » Prevent blood clots in the legs
- » Recognize a blood clot in the leg and call your physician immediately

We will work with you to prevent this from happening:

- » Anticoagulant therapy: You will be receiving Aspirin by mouth to thin your blood starting the day of surgery.
- » You will have special wraps placed on your feet or legs. The wraps are attached to a compression device and help circulate blood in your legs. They should be worn at all times while you are in bed. If they are removed for care or therapy and not reapplied, your care coach should push the call button for assistance to get it reapplied.
- » Leg Exercises: You will be asked to do simple exercises soon after surgery. To help prevent circulation problems, these exercises, such as ankle pumps, quad sets and gluteal sets, will be very helpful. The staff will initially help you with these exercises. Then we encourage you to do each exercise 10 times each waking hour.
- » Getting you moving: We will get you up and moving as soon as possible after your surgery. You will be encouraged to dangle your legs and/or stand up on the evening of surgery.
- » Meal times: It is best to sit up in the chair while eating your meals. This will assist in digestion and early movement.

INFECTION

Infection following a joint replacement surgery can be very serious. Infection can spread into the artificial joint from another infected area of your body, for example: the bacteria enters the blood stream during dental procedures, urinary tract or skin infections. Even though this occurs less than one percent of the time, the bacteria can move into the new joint replacement area and cause an infection.

Warning Signs of a possible infection are:

- » Persistent fever (higher than 100.5) degrees orally
- » Shaking chills
- » Increasing redness, tenderness or swelling of the surgical joint
- » Drainage from the surgical incision (note if there is an odor), may be cloudy
- » Increasing pain with both activity and at rest

If you develop any of these symptoms you should notify your surgeon immediately. If you are from out of state you should notify your Primary Care Provider (PCP).

Journal entry and questions about DVT's, infection or pulmonary embolus:

PREVENTING INFECTION

Preventing is our priority and you need to do your part.

Tell your surgeon about any medical problems/conditions you have. Allergies, diabetes or obesity may affect your surgery and treatment.

- » Hand Hygiene: Every patient's room has a wall mounted hand gel sanitizer. Please ask everyone who enters your room, family, friends, and hospital staff to use it.
- » Antibiotics: Prophylactic antibiotics are administered before you have surgery and are continued for 24 hours.
- » You should eat a healthy diet and drink lots of fluids
- » Take your temperature every day at least once until you have your post-op appointment.
- » Quit smoking.
- » Do not shave the surgery site. This may irritate the skin, thus making it easier to to develop an infection.
- » Be sure to keep your bed linens clean and changed every few days or more often if needed
- » Keep your pets away from your incision

What is your Surgical Team doing to Prevent Infection:

- » Before and after caring for each patient providers clean their hands
- » Your surgical team members will wear hair covers, masks, gowns, foot covers and gloves during surgery
- » They will administer antibiotics about 60 minutes before the surgery starts.
- » They will clean the skin at the site of surgery with special germ killing soap

DENTAL PROPHYLAXIS FOR TOTAL JOINT REPLACEMENT PATIENTS

We recommend that any dental work that needs to be performed, be performed prior to your surgery. Depending on your dental health, we may schedule you to see your dentist prior to surgery to reduce the chance of infection with your new total joint replacement.

Following joint replacement surgery, we recommend that you wait at least 3 months before you have any dental work – this includes cleaning. However, should you have an immediate problem, such as an infection, or broken, painful tooth, then you should see your dentist or oral surgeon immediately.

Following total joint replacement, we recommend that you always take an antibiotic 1 hour prior to any dental procedure (includes cleaning). We recommend that you follow this for a lifetime. It is our goal to prevent an infection in your total joint replacement.

Check with your doctor for your antibiotic prescription before your dental appointment.

Journal entries and questions regarding complications or Infection/Preventing Infection:

PNEUMONIA

Before you go to surgery the nursing staff will provide you with an incentive spirometer and will teach you how to use it. An incentive spirometer is a plastic device that will assist you in taking deep breaths. It is important that you expand the air sacs in your lungs and clear air passages following surgery. This helps prevent post operative fever and pneumonia.

Hold the incentive spirometer in an upright position, exhale normally. Then place your lips tightly around the mouthpiece, take a deep breath (as if you are drinking a thick milkshake), remove the mouthpiece from your lips and exhale normally. We encourage you to use your incentive spirometer every hour when you are awake, repeating it 10 times consecutively . Be sure and breathe normally a couple of times between the deep breaths.

BOWEL FUNCTION

Your normal bowel activity may be slow to return to after surgery. Anesthesia and/or pain medication contribute to this. Your first meal after surgery will be clear liquids (juice, broth, jello). This will help prevent abdominal bloating. Drinking plenty of fluids is also important in helping to prevent constipation. You may be given a daily stool softener to help prevent constipation. A laxative can be ordered prior to discharge if you require it. If you have not had a bowel movement, be sure to let your nurse know and she will help you determine if a laxative is appropriate. We encourage you to have fiber and bulk in your diet when you are ready to eat solid food. Such things as cereal, fresh fruits, and vegetables are good selections.

REHABILITATION

As part of your post-op care you will start participating in Physical and Occupational therapy before leaving the hospital and will continue physical therapy at home or in an outpatient facility. The speed and success of your recovery depends a great deal on your motivation and participation in your therapy program. You are the driving force toward a successful recovery. As your therapy progresses, you will experience less pain and stiffness. We encourage your participation in exercise as it is an important part of your recovery. Our rehabilitation team will work with you to improve your functional abilities.

- » Physical Therapist: will help you with appropriate exercises. They will help you use equipment properly, work with you on transferring, walking, and stair climbing,
- » Occupational Therapist: will teach you to do tub/car transfers, self care activities and how to use adaptive equipment like sock aids and reachers, for example.

Do not bring your walker with you to the hospital until it is time to be discharged. Every patient will have a loaner walker and wheelchair to use while you are in the hospital.

Have your Care Coach bring your walker before you are discharged so that the therapist can assist you in making sure it is adjusted correctly for you.

Remember the speed and success of your recovery depends a great deal on your motivation and participation in your therapy program. You are the driving force toward a successful recovery. As your therapy progresses, you will experience less pain and stiffness. We encourage your participation in exercise as it is an important part of your recovery.

The goals for your therapy are:

- » Straighten your knee completely (knee replacement only);
- » Bend your knee to 90 degrees or greater (knee replacement only);
- » Safely get in and out of bed
- » Your therapist and/or physician will help determine your need for a walker, crutches, or a cane. They will help you use the proper equipment safely
- » Occupational Therapists will teach you how to dress yourself with minimal assistance.

Things to remember at discharge:

- » Everyone will need a walker after discharge and most people benefit from a 3 in 1 commode. OrthoCarolina's post surgical team will help you with these arrangements.
- » There are occasions when you are not able to go directly home. OrthoCarolina will work with you and the insurance company to determine which facility will suit your needs. You will stay at the facility until it is determined that you are safe to return home.
- » Your progress and readiness for discharge will be assessed daily. The case manager and/or social worker will discuss the discharge plan with you and your family.
- » On the day of discharge, the nurse will review the discharge instructions. You should already have your follow up appointment with the surgeon's office. If you have any questions after discharge, please contact your Patient Navigator.
- » You will receive a follow-up phone call from your Patient Navigator to check up on you after discharge. (Holidays and weekends may cause this to vary slightly.)
- » It will be important that you continue the following things after you are discharged and return home:
 - Your Physical Therapy
 - Pain Management
 - Cough/deep breathing
 - Walking

INCISION CARE

- » Check your incision daily for increasing redness, pain, warmth, and/or drainage. These are signs of possible infection.
- » Approximately 2 weeks after surgery, if you have staples, they will be removed.
- » It is normal to feel some numbness in the skin around your incision.
- » Your incision should be kept dry until your surgeon tells you otherwise.
- » Until your wound is thoroughly healed and no longer draining, avoid soaking it in water.

INSTRUCTIONS FOR CHANGING YOUR BANDAGE:

- » Your outpatient Physical Therapist will change your bandage. You and your Care Coach will be instructed on how to change the bandage as well. Remember to bring your supplies with you to outpatient Physical Therapy.
- » It is important that you wash your hands thoroughly with soap and water or use an alcohol based hand sanitizer before and after your bandage change.
- » Do not remove steri-strips or surgical glue that may be helping to hold your incision together. Over time they will come off by themselves as expected.
- » Your first bandage change will be the day after surgery. Then, unless instructed otherwise, it should be changed every other day for the next 11 days.
- » To change your bandage you will need:

- » For the first 3 bandage changes you will use Telfa AMD Antimicrobial Island bandage (white paper package with purple writing). You will notice the bandage is made with a cloth like tape.
- » The last 3 bandage changes will be done with a clear Tegaderm bandage (this package has green writing on it).
- » Aquacell dressing – do not remove for 7 days. You will be able to shower. If Aquacell has to be removed, physician direction is needed. Starter package to be given.

DRIVING AFTER SURGERY

The ability for someone to resume driving after surgery is seldom a medical question, but more often a legal question. It is the responsibility of all licensed drivers to drive safely at all times no matter what their permanent or temporary impairment may be.

Keep in mind, following surgery, one's reaction time may be severely compromised, secondary to medication and/or pain. The ability to use all four extremities fully may also be impaired secondary to the surgery.

Again, it is the responsibility of each individual to drive safely no matter what his or her impairment may be. With knee or shoulder surgery, the mechanics of driving seldom will cause harm to the operative site.

Realistically, most people are able to resume driving an automatic at four weeks. Keep in mind this varies based on each individual's driving capabilities.

The responsibility of safe driving is that of the individual regardless of their medical condition.

WHAT YOU CAN EXPECT AFTER SURGERY

If you have met all of the PT and OT goals and all tubes have been removed you will most likely be discharged from the hospital on the second or third day, if you are medically stable. Occasionally some patients are discharged the same day! For planning purposes you can expect to be discharged about 11:00 am.

Journal entries and questions regarding Rehabilitation after surgery:



CONSIDERATIONS FOR BASIC BODY MECHANICS & HOME SAFETY

Standing:

- » To avoid bending or reaching adjust work heights.
- » Keep abdominal and buttock muscles toned.
- » Wear comfortable shoes with a good grip on them. No open backs.
- » It is good to change positions. Shift your weight, walk, or put your foot on a low step stool.

Where you walk:

- » Be sure that paths are wide enough for your walker and clear of obstacles, including pets.
- » Do not use throw rugs.
- » Keep extension cords away from areas where you walk.

Sitting:

- » Avoid sitting in chairs that rock, swivel or roll. A straight back chair with arms and a firm seat is best. You may want to adjust the height of the seat by using a blanket, pillow, or cushion.

Pushing/Pulling:

- » Push rather than pull
- » Keep you head up and back straight
- » Slight bend to the knees and elbows
- » Keep your center of gravity below mid-mass load

Bedroom:

Sleeping:

- » Use a firm mattress.
- » Use pillows for positioning, i.e. under your knees if lying on your back; between your legs or behind your back as a wedge when you are on your side.
- » You may sleep on your side or back.
- » Bedspreads should be removed from the bed during recovery.
- » Bedding should be clean when you come home from the hospital, and changed every few days, more often if soiled.
- » Have bedding un-tucked so that access to the bed is easy.
- » Place the commode or urinal near the bed for convenience and safety.
- » No throw rugs.
- » Animals should not be allowed on the bed.

Sexual Activity:

- » No intercourse until one month after surgery.
- » Back pain may limit sexuality.
- » Focus on increasing sensuality, the romance and excitement of the relationship.

- » Pain and frustration can inhibit pleasure and orgasm. Increase foreplay and have patience to increase your pleasure.
- » Good, open communication from both partners is a must.
- » Try massage, touching and erotic play.

Bathroom:

Toileting:

- » Consider a raised toilet seat, making sure that you do not let yourself fall to the seat. Utilize grab bars, walker or cane for assistance.
- » To avoid twisting, be sure that toilet paper is within easy reach.
- » If after toileting you have trouble with hygiene, a toilet aid may be needed to extend your reach.

Bathing:

- » Until you feel safe and confident to shower alone, have someone close by to assist you if necessary.
- » Use a step-in shower if available. If not, to get into the bath tub, stand next to the tub and step in sideways one leg at a time.
- » Do not sit in the tub, rather use a shower or bath chair with no slip pads to sit on.
- » Grab bars should be used in the shower/tub. Do not use fixtures, towel racks, or soap dish bars for support (grab bars can be purchased at a home building supplier).
- » Be sure that you have a non-skid mat on the floor outside the shower/tub. No rugs to trip over.
- » Be sure to keep the floor dry so that you do not slip.
- » Have towels and other needed items within easy reach.
- » Consider using a long handle bath brush.
- » Soap on a rope or liquid soap in a hanging bottle is helpful.
- » A hand-held shower arm is helpful as well.

Sink:

- » When you are at the sink, do not bend to look in a mirror or get to the sink.

Kitchen:

- » When cooking use the back burners on the stove.
- » Avoid using heavy pots & pans or items with faulty handles.
- » Do not use a step stool to reach high cabinets, rather have items within easy reach.
- » Slide objects across the counter or table instead of carrying them.
- » To conserve energy/stamina, use a chair or stool to sit on when you can.

Stairs:

- » Be sure that hand rails are securely attached.
- » Non-skid treads on steps, so that you do not slip and fall.
- » Be sure that you can see where the steps begin/end.

Other considerations:

- » Set up a living area on one floor if that is possible.
- » When using your walker, utilize a bag or basket attached to the walker to carry items.
- » If possible keep a cordless phone with you at all times.
- » Lighting is important throughout your home so that you do not trip and fall.
- » Have a good balance throughout your day...walking, sitting, laying down to help control swelling and fatigue.

BODY CHANGES



- » You may not have a good appetite following surgery. It is important to keep hydrated so that you do not become dehydrated. Drinking plenty of fluids will also help increase your appetite.
- » If you have difficulty sleeping after surgery, this is normal. Be sure that you do not sleep or nap too much during the day so that you can have a good night's sleep.
- » It is normal for your energy level to be less during the first month following surgery.
- » Remember that medications that contain narcotics can promote constipation. Follow your surgeon's advice for using stool softeners or laxatives such as milk of magnesia if necessary.

BLOOD THINNERS

Blood thinners may be given to help avoid blood clots in your legs. ALWAYS FOLLOW the surgeon's advice regarding blood thinners.

STOCKINGS

- » To keep swelling down and to reduce the chance of blood clots your surgeon may ask you to wear special stockings that compress the veins in your legs. It is important to follow your surgeon's orders.
- » If swelling in the operative leg is bothersome, have your Care Coach help you elevate the leg for short periods of time throughout the day. It is best to lay down and raise the leg above heart level.
- » Notify your physician if you notice increased pain or swelling in either leg.

INCISION CARE

- » Keep the incision dry.
- » It is important to keep your incision covered with a light dry dressing until the staples are removed, usually 10-14 days.
- » You should follow your surgeon's instructions for showering/bathing.
- » If there is increased drainage, redness, pain, odor, or heat around the incision, notify the surgeon immediately.
- » Take your temperature at least once a day and more often if you feel warm or sick. Call your surgeon if your temperature exceeds 101.5 degrees F.

CHANGING THE DRESSING (ONLY IF DIRECTED BY SURGEON)

1. Wash hands before and after changing the dressing.
2. Open all dressing change materials that have been provided for you.
3. Remove stocking and old dressing.
4. Inspect incision for the following:
 - » increased redness
 - » increase in clear drainage
 - » yellow/green drainage
 - » odor
 - » surrounding skin is hot to touch
5. If Betadine® or hibiclens is ordered, take one Betadine® swab or hibiclens and paint the incision from top to bottom. Then turn the swab over and paint the incision from bottom to top. Use remaining swab to paint the drain site.
6. Pick up your dressing or bandage by one corner and lay over incision. Be careful not to touch the inside of the dressing that will lie over the incision.
7. Place one dressing or bandage lengthwise and place the other dressing or bandage crosswise to form a “T” to cover the drain site.
8. Tape dressing in place.

Journal entries and questions regarding body changes, blood thinners, stockings, incision care or dressing changes:

CONTROLLING DISCOMFORT



- » Take your pain medicine at least 30 minutes before physical therapy so that you can exercise comfortably.
- » You will gradually wean yourself off from prescription medication. Over the counter medications will be recommended by your surgeon.
- » Have your Care Coach help you change positions about every 45 minutes throughout the day.
- » Utilizing ice on the affected joint will help decrease discomfort. Remember not to use it for more than 20 minutes at a time each hour. Follow your prescribed program to utilize ice before and after you exercise. A bag of frozen peas works well when wrapped in a kitchen towel!

PREVENTING OTHER POTENTIAL COMPLICATIONS



DISLOCATION - HIP ONLY

Signs of Dislocation

- » Severe pain
- » Rotation/shortening of leg
- » Unable to walk/move leg

Prevention of Dislocation

If your surgeon prescribes these precautions for you, follow these guidelines AT ALL TIMES:

- » DO NOT cross legs
- » DO NOT twist side-to-side
- » DO NOT bend at the hip past 90°

Note: if you are a THA Anterior approach this is not applicable

FALL PREVENTION

OrthoCarolina takes patient safety very seriously. Your OrthoCarolina team will do everything we can to prevent you from falling. You will be evaluated for potential fall risks and placed on “Fall Precautions” if necessary.

Loss of memory/confusion, drowsiness caused by pain medication, nausea, pain, low blood pressure, having an IV site and/or decreased feeling in your legs (possibly due to spinal anesthesia postoperatively) are risk factors that have been identified and will be considered for your safety.

PRECAUTIONS WE TAKE TO HELP PREVENT A FALL:

Remember you are NOT bothering anyone when you ask for help!

- » Do not attempt to get out of bed by yourself.
- » Your Care Coach can help make sure that the nurse call light, phone and your food and drinks are within easy reach. You will be instructed on how to use the nurse call light. A button will be attached on your bed so that you can call for assistance whenever needed.
- » It is important that you wear shoes or socks that fit well and grip the floor. No open back shoes.
- » Your bed will be in a low position with the wheels locked.
- » Hospital staff will check on you frequently.
- » Ask for assistance to go to the bathroom.
- » You and your Care Coach will be educated on how to prevent falls.
- » It is helpful to sit on the side of the bed for a few minutes to be sure you are not dizzy before getting up.

Remember the best outcome occurs when you and your support group and visitors follow the safety rules above.

HIP PRECAUTIONS

To help prevent a hip dislocation the nursing staff will help position you on your non-operative side. Depending on the approach the surgeon takes will determine what precautions are followed. The nurse will help place a pillow between your legs to help prevent dislocation and it is important to follow any other instructions provided by your surgeon.

Additional precautions that will be helpful:

- » Do not cross your legs or ankles.
- » Do not bend from your hip more than 90 degrees (right angle). This happens two ways by bringing your knee up too close to your chest, or by bringing your chest too close to your knee.
- » Do not roll your leg inward (standard total hip).
- » Do not roll your leg outward (minimally invasive hip replacement).
- » Do not sit with your hips higher than your knees.
- » Do not reach forward to the floor from a seated position.
- » No pivoting or twisting on the operative leg.
- » Avoid sitting on low chairs or toilets.

Journal entries and questions regarding potential complications or fall prevention:

TED HOSE / STOCKINGS

You may be asked to wear TED Hose or stockings, if so:

- » To help prevent blood clots from forming you maybe asked to wear TED Hose. These are tight fitting stockings that place mild pressure on your legs to help circulate your blood.
- » To let you skin air out and inspect your skin, you should remove the TED Hose periodically every day
- » Any skin that is discolored or appears bruised should be reported to your surgeon.
- » To understand how long you should wear the TED Hose see your discharge paperwork for your physician's instructions on how long you should wear them after you leave the hospital.