

Guide to Total Joint Replacement

Hip and Knee Edition

Please bring this book with you to all appointments regarding your joint replacement.



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SURGERY APPOINTMENT AND INSTRUCTIONS

Date of Surgery: _____

IMPORTANT! Do not eat or drink anything after midnight the night prior to surgery.

Check In: The day before your surgery, you will receive a call to inform you of your check in time. When you arrive, please check in at Registration inside the Outpatient entrance.

Post Surgery Appointments: You will have appointments at two weeks, six weeks, three months and nine months. Your next appointment will be scheduled at your follow up visit.

Post Surgery Exam: You will meet with Kathy Ervie, PA-C at Orthopedics two weeks after your surgery.

Date: _____ Time: _____

Pre-Op: Schedule Appointment as Soon as Possible by calling Outpatient Surgery at 660.890.7209, Monday–Friday from 8 a.m.-3 p.m.

Date of Pre-Op: _____ Time: _____

Check in at Registration located inside the Outpatient entrance.

Please bring Your Guide to Total Joint Replacement With You to This Appointment

- Arrive 15-30 minutes before appointment time.
- You will meet with a nurse to discuss your medical history, surgery, medications, receive lab work and tests to ensure clearance for surgery and meet with a member of the Therapy Services team.
- Have a current list of medications or bring medications in original bottles.
- Bring a list of your questions.
- Bring your insurance card. If you are a work comp or motor vehicle accident patient, you will need to supply billing information. (Claim number and/or billing address.)

Robotic Assisted Surgery (Lower Extremity CT Required)

Date of CT Scan: _____ Time: _____

Radiology will call and schedule your CT scan. Please call the Orthopedics office if you have not received a call within five days.

If you have any questions or need to reschedule surgery, please call the Orthopedics office at 660.890.8443.

Business hours are Monday–Friday, 8 a.m.–5 p.m. Messages left after 3 p.m. may not be returned until the next business day. For urgent concerns after normal business hours, please call 660.885.5511.

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WELCOME

At Golden Valley Memorial Healthcare (GVMH), we are dedicated to providing you our Golden Standard of Care.

This begins with knowing you, both inside and outside our facilities. Our patients are not just patients. They are members of our community — our families, friends and neighbors. It is understanding how to best care for you and treating you with the highest level of personal care, compassion and friendliness.

We have highly trained medical experts, a full-range of primary and specialty care services and conveniently located facilities.

Ranked as one of the top quality and safest hospitals in the U.S., GVMH has a high-tech 56-bed hospital, 24/7 emergency department and four multi-specialty clinics located in Clinton, Osceola, Warsaw and Windsor, as well as an outpatient treatment center and cancer center.

Thank you for trusting us with your care.

MEET YOUR HEALTHCARE TEAM



James Womack, MD
Orthopedic Surgeon

Dr. Womack received his Doctor of Medicine from the University of Oklahoma College of Medicine, in Oklahoma City, Okla., where he graduated fifth, with distinction, out of his class of 150 students. He completed his residency at the University of Kansas, Department of Orthopaedics.

Womack is also board certified by the American Board of Orthopaedic Surgery and a Fellow of the American Association of Hip and Knee Surgeons.

Why I am Golden

I became a physician to help patients live a better and healthier lifestyle. Orthopedics allow me to do this in a variety of ways, from fixing patient fractures to helping alleviate pain both surgically and non-surgically. This allows my patients to be more active and sustain a better quality of life. Life is too short to let pain get in the way.



Kathy Ervie, MPAS, PA-C
Physician Assistant

Kathy Ervie received her Master of Physician Assistant Studies from the University of Nebraska Medical Center in Omaha, Neb. and her Bachelor of Science of Physician Assistant Studies from Butler University in Indianapolis, Ind.

She is also board certified by the National Committee of Certification of Physician Assistants.

Why I am Golden

I became a Physician Assistant to provide compassionate care to those in time of need. As a Physician Assistant working in Orthopedics, I am honored to provide specialty care to our community. I value the opportunity to get to know my patients and partner with them to achieve their lifestyle needs and goals.

JOINT REPLACEMENT AT GOLDEN VALLEY MEMORIAL HEALTHCARE



Thank you for choosing Golden Valley Memorial Healthcare for your total hip or knee joint replacement. This guide was developed to help you understand and prepare for your joint replacement experience. Information will be shared to inform you about how to get ready for surgery, how we will work with you during your hospital stay and what you will be doing to recover during the weeks after surgery.

Information you read here and learn about during your pre-op education will explain how we care for most patients. We

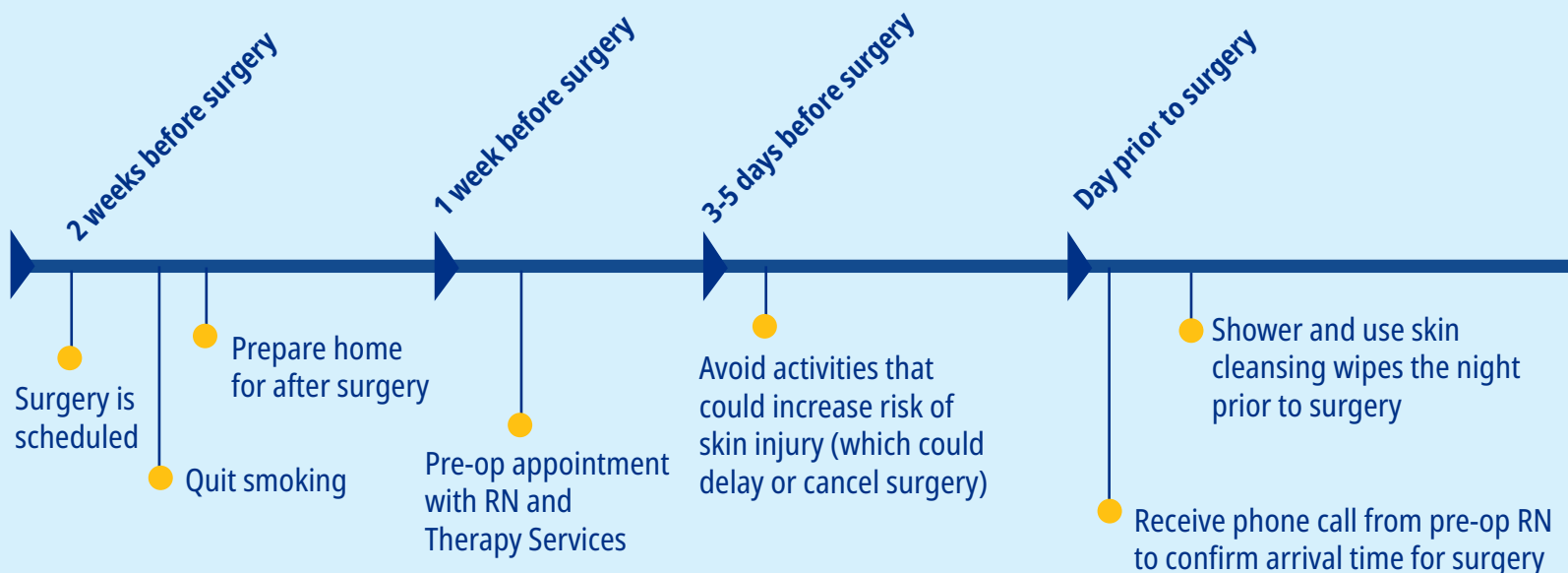
will customize all care to meet your individual needs. We hope this information will help you understand what to expect in the days and weeks prior to and after your surgery.

Our staff is here to answer any questions that you may have about the surgery and to help you be prepared for the experience we will be going through together.

We look forward to helping you recover from your surgery and regain your quality of life.

This guide should never replace the specific advice given to you by your surgeon.

TIMELINE OF JOINT REPLACEMENT



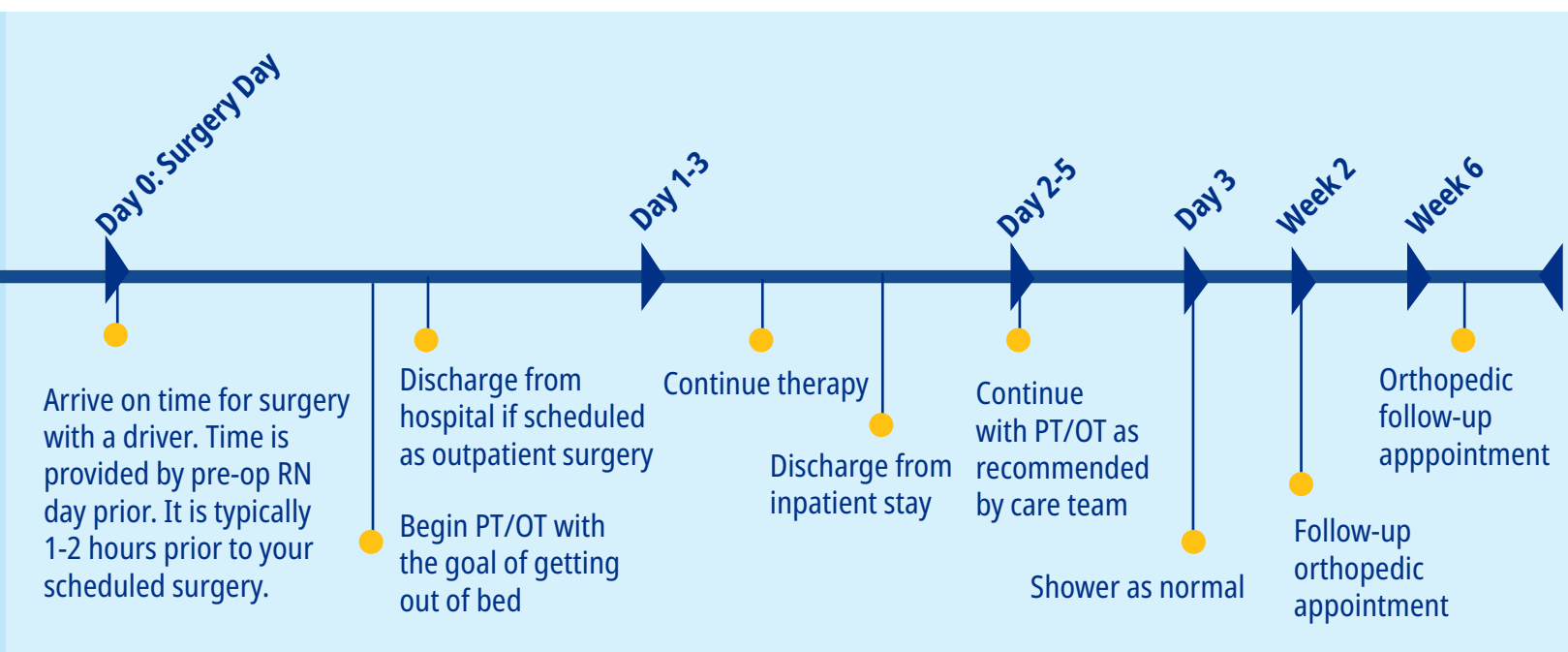
RN: Registered Nurse

PT: Physical Therapy

OT: Occupational Therapy

WHAT IS YOUR ROLE?

- ❑ **Carefully Study all Pages of This Handbook and any Information Provided by the Surgeon**
- ❑ **Get Information:** Ask your healthcare team about your condition and your treatment options. Seek additional information from reliable resources. Take notes during your clinic visits. Ask questions! Request to have information printed or written down.
- ❑ **Give Information:** Provide your provider and nursing staff with a list of ALL medications you take, including non-prescription medications, such as herbal supplements and vitamins. Tell us about any allergies or sensitivities you have.
- ❑ **Attend Pre-op Appointment:** We want you to have a great experience, so this appointment is mandatory to attend prior to surgery. At this appointment, you will meet with a nurse to discuss your medical history, day of surgery, medications, receive lab work and tests to ensure clearance for surgery and meet with a member of the Therapy Services team.
- ❑ **CT Scan for Robotic-Assisted Surgeries:** If you are having a robot assisted surgery, a CT scan will be scheduled prior to surgery. A CT scan will provide detailed pictures of inside your joint to help guide surgery.
- ❑ **Stay Informed and Keep us Informed:** If you have any medical tests or procedures performed outside of GVMH, ask when and how you will receive the results. Do not assume that results are normal if you do not hear from your provider. Call your provider and ask for the results as well as how the results may affect your healthcare.
- ❑ **Prepare for Your Return Home:** Be actively involved in planning your care for the days following surgery. For example: do you have handrails to go up and down steps, pre-plan meals, plan to have family/friend support, plan to have someone drive you to/from surgery and therapy appointments etc.
- ❑ **Attend all Appointments With Your Provider and Therapy Services:** Closely follow the specific instructions you are given.



Before Surgery

BEFORE SURGERY

Attend Pre-op Appointment

Approximately one week prior to your surgery, you will be scheduled for a pre-operative appointment with a nurse. This appointment will take one to two hours. During your visit with the nurse, you will discuss medical history, medications you are currently taking, what medications to take prior to surgery and what to expect the day of surgery. During this time, you will also undergo heart testing, lab work and give a urine sample to ensure you can safely proceed with surgery. You will meet with a member of the Therapy Services team to discuss aspects of rehab prior to surgery, during your hospital stay and after surgery. If applicable (and possible), a CT scan will be scheduled for the same day as your pre-op appointment.

If you are diabetic and take insulin daily, please discuss specific instructions on insulin use the day of surgery with your nurse at the time of your pre-op appointment.

Things to Bring to Pre-op Appointment:

- **Medication list**
- **Information from outside providers (i.e. cardiologist, pulmonologist, etc.)**
 - **Any information from cardiology (heart) is important, specifically pacemaker/defibrillator information**

Blood Sugar Management

If you are diabetic, please monitor your blood sugar closely and make every effort to control it. Poor blood sugar control will affect your healing process.

Stop Smoking

We strongly encourage you to stop smoking prior to surgery. Smoking increases your risk of developing complications with breathing during and after surgery. Smoking also decreases your body's ability to heal, particularly in the healing of your surgical incision.

Medications

All of your medications will be reviewed at your pre-op appointment and your provider will provide you with detailed information on which medications to stop and when. However, if you have any questions regarding your medications, please contact your provider.

Typically you must avoid the use of certain medications one to two weeks prior to your scheduled surgery to decrease risk of blood loss during surgery. Generally these medications include aspirin (or any medication containing aspirin), anti-inflammatory agents, blood thinners and arthritis medications. It may also be necessary to stop vitamins and herbal supplements. Please only stop and start medications as directed by your provider.

Diet/Hydration

Eating healthy is important when preparing for surgery and healing. Iron, calcium and plentiful water intake are especially important following joint replacement surgery.

Foods that are rich in iron include lean red meats; iron-fortified whole grains, including cereal, bread, rice and pasta; vegetables, including broccoli, asparagus and brussels sprouts; chicken; turkey; nuts; and dried fruits such as raisins, prunes, dates and apricots.

Foods that are rich in calcium include yogurt, cheese, milk, calcium-fortified orange juice, instant oatmeal, calcium-fortified cereal, spinach and broccoli.

PREVENTING INFECTION

Infections are passed from one individual to another through a variety of means; many are transmitted through the skin and mouth. In order to reduce the risk of infection, we recommend taking the following precautions:

- Maintain blood sugars if you are diabetic.
- Brush and floss teeth daily.
- Notify surgeon/Orthopedics office of any dental pain, dental procedures or dental infection. Infections can pass easily through the bloodstream during dental procedures and this will minimize your risk after your surgery.
- Tell your provider if you have a history of surgical site infections.
- Notify your dentist of your new artificial joint at your next appointment.
- Take a shower, followed by skin cleansing wipes, the night prior to surgery. (Do NOT shave area.) Do NOT apply any lotions, powders, hair spray or make-up.
- Wash sheets and pajamas and do not sleep with pets the night before surgery.
- Do not allow pets on your bed or near your incision following surgery.
- Use clean linens, wear clean clothes and keep your environment as clean as possible.

Signs of Surgical Site Infection Include:

- Increasing and uncontrollable pain/swelling in your joint after taking pain medication.
- Fever over 101.5° F.
- Increased redness around incision site.
- Drainage of cloudy or foul smelling fluid from your surgical site.

Please call your provider if you have any questions or concerns regarding infection following your surgery.

HOME SAFETY CHECKLIST

- Remove throw rugs to prevent you and your assistive device from getting caught on them.
- Install night lights to light the pathway to your bathroom and minimize your fall risk.
- If your bedroom/bathroom is upstairs, consider moving your bedroom to an area where you will not have to use the stairs for the first one to two weeks.
- Make sure the handrails on any necessary stairways are securely attached to the wall; ensure you have appropriate handrails on stairs into the home.
- Remove or tuck away long cords that you or your assistive device may get caught on.
- Arrange furniture in a way that will allow you to easily maneuver around the house with your walker.
- Place frequently used household items and clothing within reach, between shoulder and waist level.
- Plan to keep a cordless phone or mobile phone at your side if possible.
- Make sure your bed is at a comfortable height.
- Select a sturdy chair with a high back where you can keep your feet elevated following surgery. For your safety, do not use any chairs with wheels on them.
- Find support through family or friends.
- Arrange for someone to stay with you for a few days following surgery and take care of the household chores/ other responsibilities until you are able to resume these activities.
- Make arrangements for the care of any pets. Pets can be tripping hazards/infection risk.
- Find a friend/family member to drive you to/from appointments until you are released by your surgeon to drive. Anticipate to not drive for at least two to four weeks.

ASSISTIVE DEVICES AND ADAPTIVE EQUIPMENT

Following your joint replacement surgery, you will need a walker to manage. We recommend a front wheeled walker to ensure safety and decrease pain during mobility.

You will need to obtain your equipment before coming for your surgery. Our staff can assist you in obtaining the appropriate durable medical equipment (DME).

If you have equipment that is borrowed or has been used in the past, please ensure it is clean and in good repair. Please bring your walker on the day of surgery so staff can make sure it fits you well prior to leaving the hospital.

Refer to the equipment section on local agencies and resources to obtain medical equipment.



Surgery

SURGERY DAY



You will receive a phone call the day before surgery to confirm the time you must arrive. Patients typically arrive one to two hours before surgery. Please be packed and prepared. If you do not receive a phone call by noon the day prior to your scheduled surgery, please call 660.890.7155.

Do not eat or drink anything after midnight the night prior to surgery (no gum, mints, water, etc.)

WHAT TO BRING

- This handbook with any additional questions or concerns you have.
- A list of all medications and dosages, including herbal supplements and over-the-counter medications. Please bring date and time of last dose.
- A list of allergies to foods and medications.
- Loose, comfortable clothing to wear to therapy (t-shirts, shorts, pants, pajamas, underwear).
- Shoes that are comfortable, slip resistant, supportive and easy to put on. No open toe, flip flops, high heels or difficult shoes to put on such as boots.
- Walker
- Cases for contact lenses, glasses, hearing aids, dentures, phone charger, etc.
- CPAP machine, if applicable.
- A copy of your advanced directive, if applicable. (Only if inpatient surgery.)

WHAT NOT TO BRING

- Jewelry
- Valuables
- Large amounts of money
- Credit cards

NOTES

SURGERY DAY (continued)

Before Leaving Your Home

- Dress in clean clothes. (Note: The night before surgery, shower and use your cleansing wipes. Do NOT shave the area around your surgical site prior to surgery.)
- Brush your teeth and rinse with water, do not swallow any water.
- Take only the medications that you were instructed to take during the pre-op visit, with a sip of water.
- Use any breathing medications per inhalation treatments or inhalers.
- Dress in clothes that are clean and loose fitting that can be easily removed.
- Remove all jewelry and leave at home, including rings.
- Remove all fingernail polish and toenail polish.
- Do NOT apply any makeup, perfumes, deodorant or scented lotions. This helps decrease infection risk.

Pre-Operative Procedures

Upon arrival to GVMH, please park in the "O" parking lot and enter through the Outpatient entrance. You will go to the Registration desk to check in. Following registration, we will assist you to the surgery waiting room and let the volunteer know you have arrived. Your driver should accompany you.

- You will be brought into the pre-op area by the outpatient surgery nurse.
 - To prevent errors, you will be asked by each member of our team (that is involved in your care) your name, date of birth, the procedure you will be having and the side/site of your procedure. We take your care and safety seriously.
- Your nurse will verify and update your medical information.
- You will be given three packages of antibacterial skin prep to wipe on your skin, just as you did the prior evening at home. The nurse will help with your back and provide you a hospital gown.
- An intravenous (IV) line will be started and your nurse will start IV fluids for hydration.
- Any hair around the surgical site will be clipped to decrease infection risk.
- An anesthetist will discuss options and plans for sedation. You will be asked to sign a consent for anesthesia.
- To reduce your risk of complications, your nurse will place a compression stocking (TED hose) on your non-surgical leg and a compression sleeve around one or both knees.

Operating Room (OR)

- Prior to being taken to the operating room, an OR nurse will explain the surgery process. A surgical hat will be provided to cover your hair.
- Once you are ready, you will be wheeled back to the OR on the stretcher and your support person will be taken to the waiting room. The surgeon will come to talk with your support person following your procedure.
 - In the waiting room, there is a case-tracking board where your support person may follow you through the surgery progress.
- Once you are in the OR, warm blankets will be provided to make you comfortable and a team member will reconfirm your procedure prior to the start.

Recovery Room

Once surgery is complete, you will be taken to the recovery room. During this time, a nurse and anesthesiologist will closely monitor your condition and level of pain. The length of time in the recovery room is dependent on your specific needs.

SURGERY DAY (continued)

Outpatient Total Joint Replacement

Patients may elect to go home the same day following surgery. After surgery you will go to the recovery room to be monitored then return to the pre-operative area you began in. You will be monitored by a nurse closely for pain, comfort and vital signs the immediate hours following surgery. You may wake up feeling groggy, slightly dizzy and nauseated. You may have pain at the surgical site. These symptoms are common following surgery.

A physical therapist will evaluate you to ensure your safety to return home. The physical therapist evaluation will include walking with a walker, range of motion exercises and stair training, if applicable. As long as your pain or any post-operative symptoms are controlled, you will be able to go home.

Prescriptions will be sent to your pharmacy which will include a pain medication, an antibiotic to be taken for five days and a blood thinner to prevent blood clots. It is important that you take these prescriptions as directed.

Inpatient Total Joint Replacement

For patients being admitted to the hospital, you will be taken to your private inpatient room on our surgical floor. You will meet your nursing team and begin the recovery process. You may wake up feeling groggy, slightly dizzy and nauseated. You may have pain at the surgical site. These symptoms are common following surgery.

Your nursing team will consist of a registered nurse or license practical nurse, with assistance from a certified nurse's aide. These healthcare professionals will be responsible for ensuring you are making progress during your recovery phase and will be in frequently to monitor your vital signs, level of pain and overall comfort in the immediate hours following your arrival to your inpatient room.

A physical therapist and respiratory therapist will visit within one to three hours of your arrival. A hospitalist will likely be consulted as well. A hospitalist will manage and monitor other medical conditions (other than your total joint) during your stay.

You will have IV fluids throughout your first day and night to ensure you are staying hydrated. You will also receive antibiotics through your IV. These are started prior to your surgery and will continue after surgery to help prevent infection.



You will always be at risk for a fall after receiving sedatives and other medications during your stay in the Surgery department. Please do not try to get up by yourself. Always call staff to assist you.

Oxygen

Supplemental oxygen may be used after surgery to help you breathe easier. Usually, it is only needed for the first few hours after surgery. The oxygen is given through a tube placed close to your nose, or with a mask that is placed over your mouth and nose. Your care team will monitor oxygen levels in your blood stream periodically by placing a monitor on your fingertip.

Abductor Pillow

Patients that undergo a total hip replacement will wake up from surgery with an abductor pillow. This is a large, purple A-shaped foam pillow that is placed between the legs to maintain proper alignment of the surgical leg and decrease risk of dislocation. This pillow will be sent home with you to assist in maintaining your hip precautions and reduce dislocation risk for the next 12 weeks.

SURGERY DAY (continued)

Surgical Dressing

The day of surgery, your surgical site will be covered in a bulky dressing, which will be changed the day after surgery. A compression stocking will be placed on your surgical leg the day after surgery. Typically your surgical dressing is a Dermabond Prineo dressing, which is a thin, clear self-adhering mesh (applied during surgery). Your dressing will remain in place for 14 days and is removed at your two week follow-up appointment with Orthopedics. Do not soak or scrub your dressing. Nothing other than a dry bandage should be placed over your dressing. Topical ointments, tape, Vaseline products or any other products will loosen the dressing.

Support Stockings (TEDS)

TED hose will be used after surgery to help increase blood flow and prevent blood clots from forming in your legs. You will wear these stockings for up to six weeks after surgery. Your surgeon will tell you when you may stop wearing these. If you must remove the TED hose to wash them, only take them off for short periods of time during the day when you are up moving around.

Blood Thinners

Blood thinners will be administered either orally or by injection. Your provider will determine the method that is best for you and monitor appropriately.

Sequential Compression Devices (SCDs)

SCDs are special calf wraps attached to an air pump that inflate and deflate to improve circulation in your legs, which helps prevent blood clots. SCDs will be placed on your legs while you are in bed during your hospital stay. Once you are home, you will no longer need these; increased mobility will help prevent blood clots.

Incentive Spirometer

Respiratory Therapy will visit the day of surgery to discuss the proper use of an incentive spirometer. An incentive spirometer is a small, hand-held device that helps you to breathe deeply, allowing your lungs to expand more fully and to prevent breathing complications after surgery. It is very important that you use an incentive spirometer at least 10 times every hour while you are awake.

Diet

Food will be introduced slowly during your immediate recovery phase. Your nursing care team will advance your diet to regular foods as you are able to tolerate more food without any problems of nausea. It is normal to experience a loss of appetite in the first several days after surgery. It is important that you do your best to eat a well-balanced diet during this time to maintain strength and improve the healing process.

Nausea

Some patients experience nausea and vomiting after surgery. Generally, this is the result of anesthesia and other medications. These symptoms usually go away after the first day. Your provider can order medication to help reduce or eliminate these symptoms. Eating something with oral pain medications can help decrease nausea as well. Please notify nursing staff prior to surgery if you have a history of nausea/vomiting following surgeries in the past.

Constipation

After surgery, it is very common to experience constipation. Pain medication, decreased activity and changes in diet are all factors that contribute to constipation or changes in your normal bowel pattern. Stool softeners are usually given to you daily. It is important to increase water intake and remain active to help decrease constipation.

PAIN MEDICATION AND PAIN CONTROL

Staying Ahead of the Pain

Pain medication is ordered PRN, or “as needed.” This means it is not a scheduled medication, but instead to be taken when needed, following the time parameters. It is up to each patient to ask the nurse for pain medicine prior to the pain becoming unbearable.

Pain Scale

Total joint replacement surgery is usually painful. While you are in the hospital, you will be asked to rate your pain on a scale from 0-10 in order to help us adjust your medications if needed. A sample of the pain scale is shown below with a score of 10 for the worst pain you can imagine and a score of 0 for no pain at all. Together we will work toward the best way to control pain after surgery.



0

NO HURT



2

HURTS LITTLE BIT



4

HURTS LITTLE MORE



6

HURTS EVEN MORE



8

HURTS WHOLE LOT



10

HURTS WORST

IV Medications

We may use IV medications to help supplement pain control during the first 24 hours after surgery. These medications will start working faster, but do not tend to work as long.

Oral Medications (Pills)

Pills are generally more effective than shots of medication for managing pain after surgery. While they may take longer to start working, they last longer. There are two main types of pain medications that we provide patients after surgery: anti-inflammatory medications and narcotic pain medication. We will work to find the right balance between the medication strength for pain control and clear thinking so you can participate well with therapy.

Peripheral Nerve Block (PNB)

A PNB is used to block the pain of key nerves in and around the surgical area using a local anesthetic. This type of block can help with pain control and potentially decrease the amount of pain medication that a patient needs during the first 6-12 hours after surgery. A negative effect of PNB is that it can weaken the muscles in the leg and may contribute to a risk of falling in some patients. If you have a PNB, it is important that you do not try to walk by yourself until the effects of the block have completely worn off. Always have a member of your care team (nursing or therapy) walk with you during your inpatient stay.

Ice Therapy

You will receive an ice machine (polar care) following total knee replacement surgery to help decrease swelling and help control post-operative pain. You will go home with your machine and should continue to use it as recommended by your surgeon and therapist.



You may also create an ice pack by following these instructions:

Mix two to four cups of tap water with one to one and a half cups of rubbing alcohol. Place mixture into a one gallon ziplock bag. Remove extra air and then place into another one gallon ziplock bag. Again, remove extra air and place into the freezer until you have a gel-like consistency.

REHABILITATION DURING YOUR HOSPITAL STAY

Participation in Therapy is Vital to the Success of Your Recovery

Regaining Strength and Mobility

Your physical therapist, occupational therapist and nursing care team will assist you with regaining strength and mobility in your new joint.

Therapy on your new joint will start the day of surgery, as ordered by your provider or surgeon. Pain should be expected when you begin any activity after surgery; it is **CRITICAL** that you begin moving as early as possible. Your provider will prescribe pain medications to help decrease pain to a tolerable level to allow you to participate in therapy.

Therapists will teach you how to:

- Safely move around in bed and get into/out of bed
- Stand from a seated position and sit back down again
- Use a walker
- Navigate stairs
- Get into/out of car
- Perform your daily activities such as dressing, bathing, grooming and toileting, as applicable

Nursing staff will reinforce what your therapist has taught you.

Sitting

On the day of surgery, our goal for you is to be out of bed. We will encourage you to be out of bed as much as possible during your stay to decrease risk of post operative complications such as pneumonia and blood clots. If you have a total knee replacement, when sitting or lying still, please keep your knee straight in order to decrease hamstring tightness (back of thigh) and allow for full knee extension (straightening.)

Walking

You will begin walking as soon as a few hours after surgery. Typically, you will be weight bearing as tolerated on your operative leg, meaning your new total joint is stable to place as much weight as you can tolerate on it when you are up out of bed with the use of a walker. If a limitation on weight bearing is ordered by your provider following surgery, a member of your care team will notify you and educate you on what that means.

You will use a walker following your hip or knee replacement. A member of the therapy team will discuss your equipment options.

Stairs

If you have stairs in your home, a therapist will teach you how to properly maneuver these. Remember to go up stairs with your non-surgical leg first, and go down stairs with your surgical leg first.

“UP WITH THE GOOD, DOWN WITH THE BAD.”

Activities of Daily Living (ADL)

Many ordinary self-care activities will require some modification for a period of time after surgery. An occupational therapist will assist with these activities and teach you the proper way to modify them including:

- Dressing yourself, with or without the use of assistive devices such as sock aides, reachers and long handled shoehorns
- Getting in and out of a tub or shower and using a shower seat or tub bench
- Sponge bathing or showering, if applicable
- Toileting

REHABILITATION FOLLOWING DISCHARGE

It is imperative to continue a therapy program after discharge from GVMH to ensure progress is made in the days following your surgery.

Options include:

- Outpatient therapy
- Home health
- Skilled nursing facility
- Inpatient rehabilitation facility
- Swing bed

Most patients return home with outpatient therapy services; however, this decision will be discussed at your pre-operative appointment and at the time of discharge, to make sure the best and safest option is identified for your individualized needs.

Individual rehabilitation options are based on several factors including your:

- Preferences
- Provider
- Insurance
- Progress and health up to the time of discharge
- Home situation and assistance available at home

Discharge

AFTER DISCHARGE



Transportation

Someone must drive you home after discharge. Make sure your driver is available from the day of surgery to three days after surgery, as discharge times may vary.

If you need assistance with a sock aide, reacher, long handled sponge or shoehorn following surgery, a member of Therapy Services will provide these items.



If you are an outpatient total joint replacement, you will be discharged the same day. If you are having an inpatient total joint replacement, typically you will be discharged one to two days following surgery.

You will be discharged home with the following:

- Follow up with physical/occupational therapy in the appropriate setting as applicable
- Prescriptions for pain medication and blood thinners, if needed
 - Long term pain medication use will not be refilled at this time. Please contact your primary care provider for long term pain management
- Instructions for use of TED hose
- Information on how to contact your provider for any questions
- Dressing and showering instructions
- Home exercise program from Therapy Services
- Follow up appointment information

Therapy

Perform home exercise program as directed by Therapy Services three times per day. Please follow up with outpatient physical therapy (if applicable) to ensure progress with your recovery.

Take short walks every one to two hours (or change positions) when awake, in order to decrease stiffness in your new total joint. Always use a walker until otherwise directed by your healthcare provider to reduce risk of falls.

Ice continuously for the first 72 hours when resting. After the initial 72 hours, ice 15-20 minutes on and 15-20 minutes off as needed to help with pain control and reduce swelling. Do not place ice directly on skin to prevent skin irritation.

When resting, please keep your legs elevated in a recliner or on an ottoman to reduce swelling in feet or surgical leg.

If you have a total knee replacement, please remember no pillow underneath your knee to promote good knee straightening.

Blood Clot Prevention

Patients will utilize a blood thinner (as prescribed by physician) and TED hose for six weeks following surgery.

Diet

It is very important that you eat a well-balanced diet when you return home and drink plenty of water. A healthy diet will supply you with proper nutrition to help you heal and restore your strength. You should eat foods high in protein and iron. It is normal if you experience a decrease in appetite for the first week or two after surgery. If you do experience a decrease in appetite, try eating five to six small meals each day.

IMPORTANT SIGNS TO UNDERSTAND

Infection

Infections are an uncommon, but serious complication from a total joint replacement surgery. Please be aware of the signs of infections as listed below so you can seek early treatment.

Signs of Infection

- Increased swelling and redness at incision site
- Change in color, amount and/or odor of drainage
- Increased pain in joint (that is NOT due to increased activity)
- Fever greater than 101.5° F

Preventing Infection

- Wash your hands frequently and wear clean clothing
- Take proper incision care (per surgeon's instructions)

Preventative Antibiotics

- Take preventative antibiotics when having dental work or other procedures (colonoscopy), as recommended by provider or surgeon
- Be sure to tell your primary care provider and dentist that you have had a total joint replacement

Blood Clots/DVT

Blood clots or DVT (deep vein thrombosis) can sometimes occur after total joint replacement surgery. You can reduce the risk of blood clots by taking the following steps:

1. Take blood thinner as prescribed by provider.
2. Wear supportive stockings (TED hose) for six weeks.
3. Get mobile as soon as possible. Move often and do not stay in one position for long periods of time.

Warning Signs of Blood Clots

LUNGS	LEGS
<ul style="list-style-type: none">• Sudden increased shortness of breath• Sudden onset of chest pain• Localized chest pain with coughing, or when taking deep breath	<ul style="list-style-type: none">• Increased tenderness in calf• Redness in your calf• Increased swelling in the thigh, calf, ankle or foot• These signs may occur in only one leg
Call 911 IMMEDIATELY if you are experiencing any signs of the above symptoms.	Call your provider immediately if you are experiencing any of the above symptoms.

DISCHARGE PLAN

Outpatient Therapy

You will go to the clinic two to three times a week for your therapy. Your treatment sessions will be 45 minutes to one hour long. You will need a ride to/from clinic until you are released to drive. GVMH Therapy Clinics are located in Clinton, Osceola, Warsaw and Windsor.

Therapy Services – Clinton

1625 N. Second St. | 660.890.7190

Therapy Services – Warsaw

1771 Commercial | 660.428.1146

Therapy Services – Osceola

675 3rd Street | 417.646.2122

Therapy Services – Windsor

100 S. Tebo St. | 660.647.4000

Home Health Services

Home health services includes physical therapy, occupational therapy, nursing and bath aide (not home chore services.) Therapy will come into your home two to three times per week for approximately one hour sessions. Nursing typically will visit once a week depending upon your medical needs. Home health services are typically only covered by insurance when medically necessary (not when a patient can safely attend outpatient services.)

The following patients will be eligible for home health services:

- Patients that are homebound or have great difficulty leaving the home without assistance or an assistive device
- Patients that would experience a health risk leaving the home

Inpatient Rehab Facility (IRF)

Facility that provides coordinated rehabilitation, social and vocational services to promote return to maximum functional capacity. You must be able to tolerate at least three hours of therapy daily. The amount of daily rehabilitative therapy in an IRF is more intensive than a skilled nursing facility. Most common injuries that qualify for this setting are stroke, brain injury, Parkinson's, Multiple Sclerosis, spinal injury and amputation.

Skilled Nursing Facility (SNF)

Skilled nursing facilities provide medical support, care and therapy after a hospitalization. Twenty-four hour nursing coverage is provided for a full range of skilled needs and medical staff assist the patient with activities of daily living and medication administration. Therapy services are offered five days per week. This is in a nursing home setting where there is a rehab to home unit. The goal is to improve mobility and return home. Typical length of stay is two to four weeks.

Swing Bed Program

Swing bed is provided in a rural hospital setting where a patient requires 24-hour skilled nursing and therapy. This setting will use the same insurance benefits as a skilled nursing facility.

Long Term Acute Care Facility (LTACH)

Long term acute care hospitals provide a higher level of care than skilled nursing facilities and specialize in treating patients requiring complex medical intervention. Patients may require life-sustaining equipment such as ventilators to assist in breathing. Patients who require LTACH need daily provider visits and 24-hour medical and nursing management.

Transportation

TRANSPORTATION ASSISTANCE

HealthTran

Available to drop off or pick up at any GVMH location for any GVMH service
660.890.RIDE (7433)

Fees

- \$5 one way
- \$10 round trip
- Cash payment at time of registration is preferred

Scheduling a Ride

- Call 660.890.RIDE (7433) to request a ride at least 36 hours prior to the desired pick-up time or at the time of appointment scheduling
- Rides scheduled under 36 hours prior to the desired pick-up time are at the discretion of the schedule and availability of transport
- Tell the scheduler if you have mobility concerns or need an escort
- Disclose any health issues that may be harmful to others or yourself

Confirming a Ride

- 24 hours prior to pick-up time, you will be alerted to confirm pick-up time by text or call from 309.226.4450
- You must accept the ride during this call or text to confirm pick-up
- Two additional attempts will be sent to confirm the ride — one per hour. If you do not confirm, the ride will be cancelled

Code of Conduct

- Be ready 15 minutes prior to pick-up time
- Wear a seatbelt
- Follow the transport driver's instructions
- No smoking in the vehicle
- Drivers are not allowed to accept goods or tips

To reschedule or cancel a ride, call 660.890.RIDE (7433)

By choosing to ride with HealthTran, you take responsibility to follow the guidelines and code of conduct. Report a concern by contacting the Missouri Rural Health Association HealthTran at 573.616.2740 or info@morha.org.

OATS Transit

Available to drop off or pick up at any GVMH location for any GVMH service

660.827.2611 or 800.276.6287

Availability

- Monday-Friday
- Earliest appointment time for pick up is 8 a.m.
- Transportation offered to residents of Calhoun, Clinton, Deepwater, Osceola, Warsaw, Windsor and surrounding areas

Fees

- \$1.00 each way for residents of Clinton
- \$2.50 each way for residents of Calhoun, Deepwater, Osceola, Warsaw and Windsor
- Cash payments of the exact amount are preferred
- Debit cards are accepted, but you must call 573.443.7516 (ext. 9006) with your information prior to the ride

Scheduling a Ride

- Call the OATS Transit office at 660.827.2611 or 800.276.6287 to schedule a ride
- An automate response will answer
 - To skip, press 1
 - Provide your name, address and phone number
 - Be prepared to provide the destination address, appointment time and pick-up time
- Please schedule at least 24 hours in advance for early morning and out-of-town rides
- Rides can be scheduled up to three weeks before the appointment date

To cancel a ride, please call 660.827.2611 or 800.276.6287.

Medical Transportation Management

Medical Transportation Management is available for patients who may be eligible for transportation benefits through Medicaid

866.269.5927

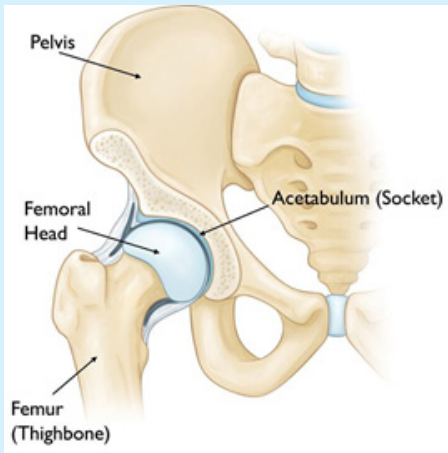
Scheduling a Ride

- Call 866.269.5927 to schedule a ride
- Be prepared to answer the following questions:
 - Name and date of birth
 - Medicaid number
 - Height and weight (if in a wheel chair)
 - Patient address and phone number
 - Destination address and phone number
 - Name and type of provider

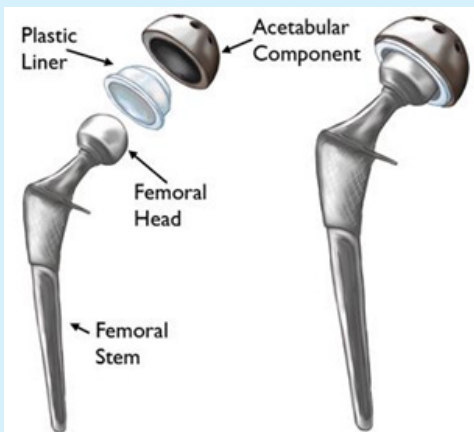
To cancel a ride or arrange to be picked up following your appointment, call 866.269.5944.

Total Hip Replacement

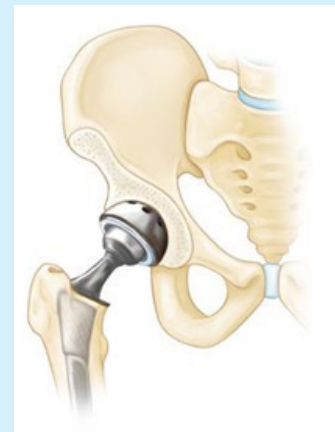
TOTAL HIP REPLACEMENT ANATOMY



Normal anatomy of a hip



Left is a picture of total hip component. Right is a picture following total hip replacement.



On each side of the pelvis (hip) bone is the acetabulum, or socket, of the ball-and-socket joint. The surface of the acetabulum is the only part of the pelvis replaced in hip replacement. The labrum is a ring of fibrocartilage that circles the rim of the acetabulum, deepening the socket. It adds strength to the joint, but limits the range of motion.

The femur, or thigh bone, is the longest bone in the body. The femoral head is the ball in the ball-and-socket joint and fits into the acetabulum. It sits on top of the femoral neck. At the base of the neck is the greater trochanter, which marks the widest point of the hip area in the skeleton.

Cartilage is a tough, elastic, gel-like layer that lines all joints, including the hip joint. It is the natural bearing surface in all joints. Cartilage absorbs the shock of impact and walking and reduces the friction in the joint to allow smooth, pain-free movement. Once injured, cartilage does not heal in adults. With enough injury, progressive deterioration can result in a worn out (arthritic) joint.

Synovial fluid (not shown) is a transparent fluid that lubricates joints such as the hip, much like grease in mechanical, non-living joints.

In hip replacement surgery, the femoral neck is cut and the head is completely removed and replaced with implants that mimic the ball-and-socket joint.

TOTAL HIP REPLACEMENT HIP PRECAUTIONS

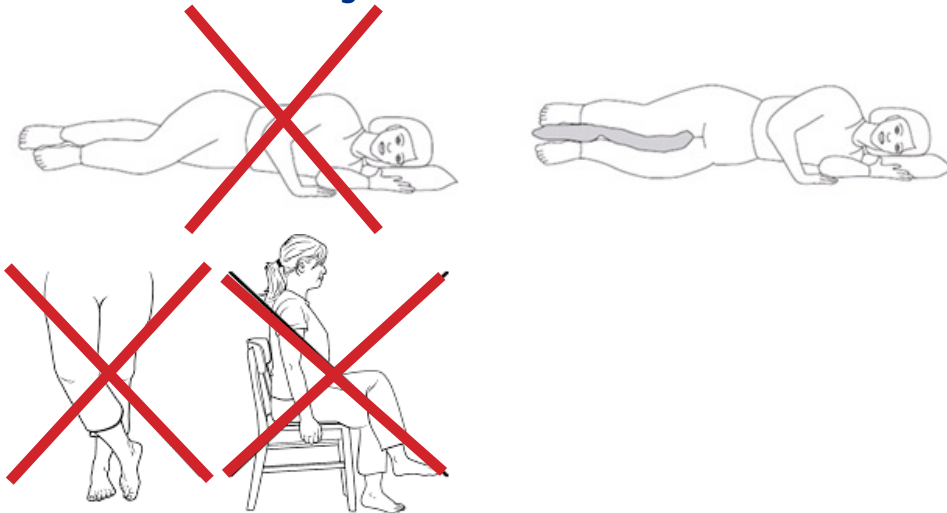
Please have these THREE precautions memorized prior to your surgery. It is essential that you abide by these hip precautions for 12 weeks (or until released by surgeon) in order to avoid dislocation of your new hip. An Occupational Therapist will discuss ways to perform activities of daily living (putting shoes and socks on, getting dressed, etc.) while maintaining your hip precautions.

1. Do Not Bend at Your Hip Greater Than 90 Degrees

- Do not reach forward towards your feet (to pick up something you have dropped).
- Do not bring your knee higher than your hip when sitting (to tie your shoes).
- Do not reach down for objects on the floor.



2. Do Not Cross Your Legs



3. Do Not Turn Your Surgical Leg Inward

- No pigeon toes.
- Do not plant surgical leg and then turn.



TOTAL HIP REPLACEMENT HOME EXERCISE PROGRAM

Medbridge Code: _____

Visit www.golden-valley.medbridge.go.com to access home exercise program via app or internet browser

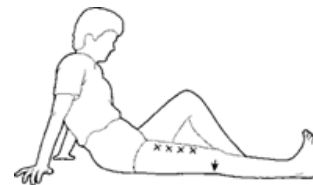
Ankle Pumps

- Keeping legs flat on bed, pull your foot up and down at the ankle.
- Keep legs flat on bed, make circles with you ankles.
- During inpatient stay, perform 10 repetitions per hour.
- Benefits: Improves blood circulation and stretches back half of your leg/calf.



Quad Sets

- Tighten the muscles just above your knee by straightening your knee completely.
- Concentrate on pushing your knee down into the bed. Hold for count of three, relax and repeat.
- Perform 15-20 repetitions.
- Benefits: Improves quadriceps muscle strength and knee extension range of motion.



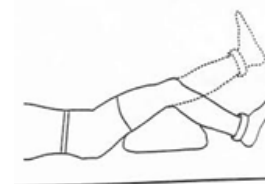
Glute Sets

- Seated or lying down. Tighten your buttocks muscles.
- Hold for three seconds then release.
- Perform 15-20 repetitions.
- Benefits: Improves gluteal muscle strength and surgical hip strength.



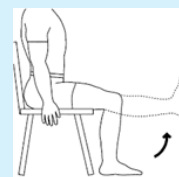
Short Arc Quad

- Bend knee and place a small towel roll/pillow roll under your knee.
- Straighten knee by lifting foot off the bed.
- Hold for three seconds then slowly lower until your foot touches the bed.
- Perform 15-20 repetitions.
- Benefits: Improves quadriceps muscle strength.



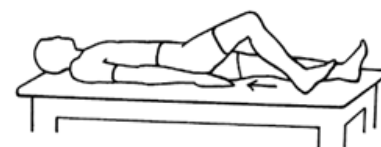
Long Arc Quad

- Seated in chair with knees bent.
- Straighten out surgical knee, lifting foot off floor, then slowly lower down to the floor.
- Perform 15-20 repetitions.
- Benefits: Improves quadriceps strength.



Supine Heel Slides

- While lying on your back, slide the heel of the surgical leg along the bed so that the hip and knee bend, then slide the foot back down. Ensure not to bend hip greater than 90 degrees.
- Gradually try to increase the amount of bend in your knee.
- Perform 15-20 repetitions.
- Benefits: Improves hip muscles and hamstrings.



Supine Hip Abduction

- Lying on your back, keep your surgical leg straight and flat onto bed.
- Slide your surgical leg out away from midline, then slide back to neutral.
- Perform 15-20 repetitions.
- Benefits: Improves strength in side hip muscles to help you get into/out of bed/car.



GOALS AT TWO WEEKS FOLLOWING YOUR SURGERY

1. Participating in therapy in an outpatient or home health setting (whichever was established as a safe plan for you individually.) Expect to participate in physical therapy for approximately four to six weeks following your surgery.
2. Performing home exercise program on your own two to three times per day (outside formal therapy participation at the clinic or with home health.)
3. Ambulation without a limp with or without the use of assistive device.
4. Maintain your hip precautions.

HELPFUL TIPS

1. Perform home exercise program three times per day.
2. Ice continuously when resting for the first 72 hours post-operative. Then perform icing as needed or for 15-20 minutes before/after exercising. Please be mindful to NOT place ice directly on your skin to decrease risk of skin irritation. Place a thin towel/cloth between ice and your skin.
3. Elevation: When sitting, keep legs elevated to reduce swelling.
4. Ambulation: Walk multiple times per day using assistive device as recommended by your therapist to decrease joint stiffness.
5. Maintain hip precautions for at least 12 weeks or until released by surgeon.

NOTES/QUESTIONS TO ASK

Total Knee Replacement

TOTAL KNEE REPLACEMENT ANATOMY

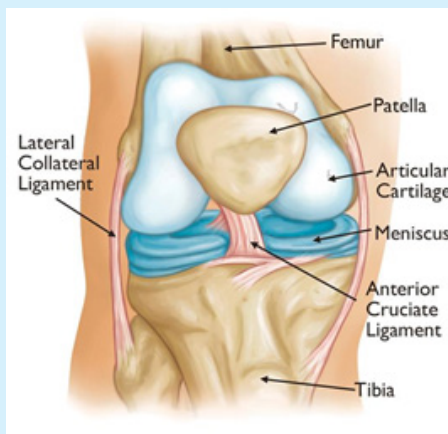
The knee is the joint between the thigh and the lower leg. Unlike the ball-and-socket joint of the hip, the knee is a complex joint, involving many types of movement, such as rotation, sliding and translation of one joint surface relative to the other.

The femur is the longest bone in the body, extending from your pelvis to the knee joint. Commonly known as the kneecap, the patella lies in front of the knee joint. The larger of the two bones of the lower leg, the tibia connects the ankle to your knee. The outer, narrower and smaller bone in the lower leg, the fibula, extends from the knee to the ankle.

Synovial fluid (not shown) lubricates joints such as the knee. This is a natural, biological lubricant to help joint movement, much like grease in a mechanical machine.

Cartilage is a tough, elastic, gel-like tissue that lines all joints, including the knee. Cartilage is the natural bearing surface in joints. Cartilage absorbs the shock of impact and walking and reduces the friction in the joint to allow smooth, pain-free movement. Once injured, cartilage does not heal in adults. With enough injury, progressive deterioration can result in a worn out joint, referred to as arthritis.

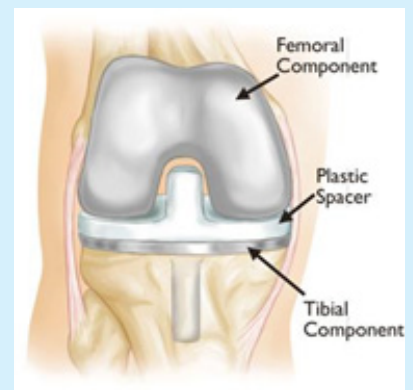
The meniscus is a tough, fibrous cartilage crescent-shaped disk that cushions the bones in the knee joint. Your orthopedic surgeon will remove the damaged cartilage and bone and then position the new implant to restore the alignment and function of your knee.



Normal anatomy of a knee



On the left severe arthritis is shown. On the right shows following a total knee replacement.



TOTAL KNEE REPLACEMENT GOALS

You will continue physical therapy for approximately six to eight weeks following your surgery.

GOALS AT TWO WEEKS FOLLOWING YOUR SURGERY:

1. Participating in therapy in an outpatient or home health setting, whichever was established as a safe plan for you individually.
2. Performing home exercise program on your own three times per day, outside formal therapy participation at the Clinic or with Home health services.
3. Improving knee range of motion (ROM) to:
 - Knee bending (flexion): 90 degrees.
 - Knee straightening (extension): lacking 0 degrees (all the way straight.)
4. Ambulation without a limp with and/or without the use of assistive device. ROM goals throughout your recovery process:
 - Two weeks: full extension to 90 degrees of flexion.
 - Six weeks: full extension to 115 degrees of flexion.
 - Three months: full extension to 120 degrees of flexion with improved quadriceps (muscle on top of your thigh) strength.

RANGE OF MOTION GOALS THROUGHOUT YOUR RECOVERY PROCESS:

- Two weeks: full extension to 90 degrees of flexion.
- Six weeks: full extension to 115 degrees of flexion.
- Three months: full extension to 120 degrees of flexion with improved quadriceps (muscle on top of your thigh) strength.

HELPFUL TIPS

1. Perform home exercise program three times per day.
2. Ice continuously when resting for the first 72 hours post-operative, then perform icing as needed or for 15-20 minutes before/after exercising. Please be mindful to NOT place ice directly on your skin to prevent skin irritation.
3. Elevation: When sitting keep legs elevated to reduce swelling.
 - Please keep your knee in extension (fully straight) when you are sitting still. NOTHING underneath your knee to ensure proper muscle length in order to improve mobility.
4. Ambulation: Walk multiple times per day using assistive device as recommended by your therapist to decrease stiffness in your new joint.
5. Massage: Perform self manual lymphatic drainage massage two times per day to reduce post-operative swelling as needed. Remember to always pull the fluid up towards your heart.

TOTAL KNEE REPLACEMENT HOME EXERCISE PROGRAM

Medbridge Code: _____

Visit www.golden-valley.medbridge.go.com to access home exercise program via app or internet browser

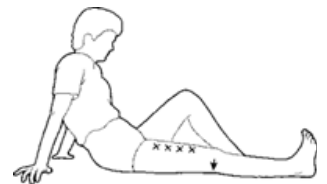
Ankle Pumps

- Keeping legs flat on bed, pull your foot up and down at the ankle.
- Keep legs flat on bed, make circles with you ankles.
- During inpatient stay perform 10 repetitions per hour.
- Benefits: Improves blood circulation and stretches the back half of your leg/calf.



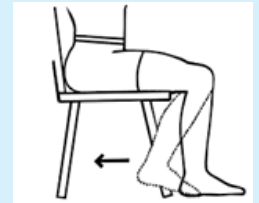
Quad Sets

- Tighten the muscles just above your knee by straightening your knee completely.
- Concentrate on pushing your knee into the bed. Hold for a count of three, relax and repeat.
- Perform 15-20 repetitions.
- Benefits: Improves quadricep muscle strength and knee extension range of motion.



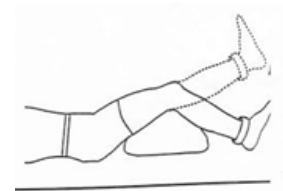
Seated Heel Slides

- Sit in a chair with feet flat on the floor.
- Slide foot of surgical leg as far back as you can tolerate.
- Hold for five seconds then relax and slide foot forward.
- Perform 20 repetitions.
- Benefits: Improves knee flexion range of motion.



Short Arc Quad

- Bend knee and place a small towel roll/pillow roll under your knee.
- Straighten knee by lifting foot off the bed.
- Hold for three seconds then slowly lower until your foot touches the bed.
- Perform 15-20 repetitions.
- Benefits: Improves quadriceps muscle strength.



Hamstring Stretch

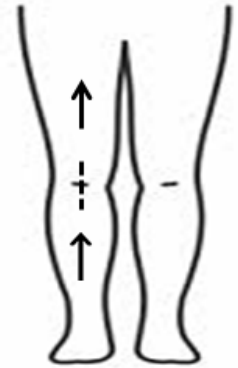
- Sit in a chair with foot resting on a stool.
- Allow gravity to help straighten your knee completely; feeling a stretch in the back of your leg.
- Begin by holding for two minutes then increased to three to five minutes as tolerable.
- Benefits: Improves knee extension range of motion.



SELF MANUAL LYMPHATIC MASSAGE (MLD)

This massage is to help you reduce swelling in your surgical leg. Perform this massage seated in a recliner or lying in bed. This massage is more effective if immediately following you have a rest period with your leg elevated. This massage is also more effective if performed directly on your skin. Spend about 10-15 minutes in total to go through massage steps. Strokes should be light and just enough to move the skin, not with a lot of pressure downwards. Do not massage directly on your incision, go around it.

1. Perform 10 slow shoulder rolls.
2. Perform six to 10 deep breaths. When you breathe in push your belly out.
3. Place a flat hand in your groin area and perform 30 slow circles or for 30 seconds.
4. Place a flat hand on the skin on your thigh and perform small strokes pulling the fluid up towards the groin. Start with the upper half of your thigh pulling fluid towards your groin, then work your way towards your knee. Repeat strokes five to seven times in the same area before moving on to a different area. Lightly stretch the skin with each stroke.
5. Massage the back of the knee with circular strokes 10 times.
6. Massage the lower leg to the groin, light stretching the skin upward towards the groin.
7. Repeat steps one through three.



A therapist will demonstrate and guide you through the self manual lymphatic massage following surgery.

NOTES/QUESTIONS TO ASK

Car and Stair Training

CAR TRANSFER

1. Push the front passenger car seat all the way back and reclined before you enter car.
2. Have the driver park on a flat surface. If getting into a low car, make sure the vehicle is parked far enough away from the curb to allow for stepping down and maneuvering on level ground before attempting to enter the vehicle.
3. Walk toward the car using the appropriate walking device.
4. When close to the car, turn and begin backing up to the front passenger seat. Then sit down with your feet outside of the car. (Placing a plastic bag on a fabric seat may make moving easier.)
5. Slide yourself back onto the seat.
6. Swing your legs into the car. Try to move one leg at a time. Keep your toes pointed upward. (If you have had a hip replacement, be sure not to bend past 90 degrees at your hip.)
7. Adjust the seat for comfort once both legs are in the car.
8. Reverse these steps to get out of a car.

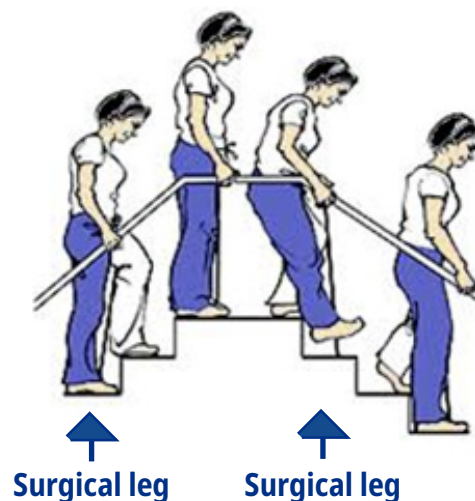


STAIR TRAINING

Go upstairs with your non-surgical leg first.
Go downstairs with surgical leg first.

This will help reduce discomfort when going up and down stairs.

“UP with the good. DOWN with the bad.”



Equipment and Devices

EQUIPMENT AND DEVICE EXAMPLES

Front Wheeled Walker



(Typically recommended after hip or knee surgery)

Four Wheeled Walker



Standard Walker



Hemi Walker



Straight Cane



Quad Cane



Shower Chair



Transfer Tub Bench



Long Handled Sponge



Hand Held Shower Head



Non Slip Bath Mat



Clip On Grab Bars



Grab Bars



Toilet Riser



Commode



Toilet Safety Frame



Long Handled Shoe Horn



Dressing Stick



Elastic Shoe Laces



Reacher



Sock-Aide



To inquire about borrowing equipment in the Clinton area, please contact:

First Baptist Church
209 East Jefferson
Clinton, MO
660.885.2211

If needed, you will be provided with a sock aid, reacher, shoehorn and long handled sponge by a member of our therapy team.

APPROXIMATE PRICE IF YOU BUY EQUIPMENT OUT OF POCKET:

Device	Amazon	Wal-Mart	CVS	Walgreens
Front Wheeled Walker	\$40	\$40	\$90	\$35-80
Four Wheeled Walker	\$80-90	\$65	\$75-90	\$140
Standard Walker	\$35	\$55	\$50	\$90
Single Point Cane	\$10-15	\$10-15	\$35	\$20
Quad Cane	\$25-35	\$20	\$35-45	\$40
Hemi Walker	\$30-35	\$40-60	NA	NA
Commode	\$40	\$60	\$85	\$40-50
Toilet Riser	\$30-50	\$40	\$35-65	\$30-35
Shower Chair	\$30-60	\$40	\$50-65	\$40-50
Transfer Tub Bench	\$55	\$80	\$90+	\$70
Grab Bar, Wall Attachment	\$15-20	\$15	\$15	\$15
Grab Bar, Tub Attachment	\$30	\$25	\$35	\$30
TED Hose, Knee High	\$15	\$15	\$10	\$20
TED Hose, Thigh High	\$20	\$20	\$20	\$20

Reference Information

FREQUENTLY ASKED QUESTIONS

What Material is Used in my Total Joint Replacement?

Cobalt chrome and titanium.

Does my Incision Look Okay?

Please contact the Orthopedics office with any concerns regarding your incision. Call 660.890.8443 as soon as possible. If you leave a voicemail, please allow time for a return call prior to contacting your primary care provider.

How Long do I have to Wear my Compression Stockings?

You should receive a pair of TED hose at discharge from the hospital in order to minimize your risk of blood clots. You will wear these for six weeks following your surgery. Please call the Orthopedics office at 660.890.8443 with any questions or concerns.

Pain Medication

The following information is subject to change per Dr. Womack at any time on a case-by-case basis.

Dr. Womack does not give long term pain medication. After two prescriptions of narcotic pain medication, he will start to step down to a non-narcotic medication.

Norco prescriptions have to be sent by providers electronically to a pharmacy. Please notify the Orthopedics office one to two business days prior to your medication being gone. This will avoid delay in refilling of the medication.

You can take one or two Norco every four to six hours. 40 pills need to last five to seven days. If possible, take one throughout the day and two before bedtime. If able to take ibuprofen, it can be taken in between the Norco doses. Ibuprofen can be taken 600 mg-800 mg three times per day, not to exceed 2,400 mg daily to help decrease inflammation.

When can I Drive?

Typically, you are able to drive when you are no longer taking narcotic pain medication and when you have adequate strength in your surgical limb to safely maneuver the pedals while driving. This typically takes more than two weeks. Please discuss this with your provider or surgeon at your follow up appointment after your surgery. Do not drive without being cleared by your surgeon.

When can I Shower?

When wearing the dermabond prineo dressing, you may shower three days after surgery, otherwise you will be notified of specific showering instructions by your nursing staff at discharge.

How do I get Medical Equipment that I Need?

- First Baptist Church has a loan program in Clinton, MO to borrow medical equipment. Contact them at 660.885.2211.
- You may purchase equipment out of pocket or through your insurance coverage also. Insurance coverage for medical equipment will vary dependent on the insurance plan and equipment needs. Please contact Social Services for inquiring about equipment needs at 660.890.7297.

What is a Medbridge Code?

This code can be used to access your home exercise program electronically. By accessing your home exercise program online, you can view videos of exercises, learn about your condition and track your progress. There are two ways to access electronically:

- Internet browser, go to Golden-Valley.medbridgego.com
- Download “MedBridgeGO” through the App Store or Google Play. Once you are to the app/browser, you will enter your access code to go straight to your individualized home exercise program.

Can I Have Intercourse After my Total Joint Replacement?

Please refer to pages 54-55.

SEX POSITIONS AFTER JOINT REPLACEMENT

You have had joint replacement surgery and your healthcare provider has said it is okay to have sex. You may be wondering what positions are safe and comfortable. These positions should be safe after either a hip or a knee replacement. Try to avoid putting too much pressure on your new joint. Also, take the same care getting out of a position as you did getting into it. If you have had a hip replacement, always keep the joint within a safe range of motion.

For Hip Replacements

After a hip replacement, be sure the knee on the affected side:

- Remains level with or below the hip
- Does not cross the belly button (the body's midpoint)

Setting the Scene

Having sex can be a little easier if you plan ahead. Here are a few tips:

- Take a mild pain medicine about 20 to 30 minutes before sex. This can help prevent minor aches. Do not take medicine so strong that it masks warning pain.
- Have pillows and rolled towels nearby. They can be used for body support.
- Relax. Do a few easy stretches within a safe range of motion.
- The shaded areas in the following images show new joints.

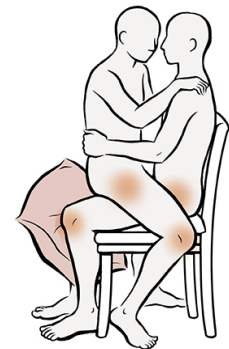
Face-to-Face

- This position works after either a hip or a knee replacement. Being on the bottom is safe for the person with a new joint.
- The partner on the bottom who had surgery keeps their legs apart and turned out slightly. Use pillows to support the legs on the outside.
- Depending on comfort, the person on the bottom can recline propped up on pillows or lie flat.
- If the person has a new hip joint, place pillows between their knees. This keeps the knees from crossing the body's belly button, or midpoint.



Sitting in a Chair

- This position works after a hip or knee replacement. It is a safe position for a person with a new joint.
- One person sits on a straight chair. Their feet are supported or are flat on the floor.
- One partner sits on the other's lap.
- Either position is safe for a person with a new joint.



Person With New Joint Lying and Partner Kneeling

- This lying position works for a person with a new hip or knee joint.
- The person with the new joint lies on the bed on their back, buttocks near the edge of the bed. Both feet should be supported or flat on the floor.
- The partner kneels in front on pillows placed on the floor. The partner's hands are placed on either side of the person with a new joint's body.



Side-Lying Position

- This position works for the person with a replaced knee joint.
- The person with a new hip or knee joint lies on their side, with the new joint on the bottom.
- Use pillows for support.



Person With New Hip Joint Propped on Elbows

- This position is for a person with a new hip joint.
- Person with new hip lies on top of their partner.
- Person with new hip stretches out their legs behind them, with a pillow between the knees.
- Person with new hip supports their weight on their elbows.



For the Partner

If your partner has had a hip replacement:

- Make sure your partner's provider says it is okay to have sex.
- Help your partner stay within a safe range of motion.
- Control the amount and speed of movement during sex.
- Do not put all your weight on your partner's hips.

CAMPUS MAP



1 HOSPITAL

Ground Floor

- Café
- Pharmacy

First Floor

- Administration
- Business Office
- Gift Shop
- Health Information Management/ Medical Records
- Human Resources
- Marketing

Second Floor

- Education
- Intensive Care Unit (ICU)
- Information Technology
- Patient Rooms

Third Floor

- Birthing Center
- Patient Rooms
- Social Services

2 CLINIC

Providers

- Family Practice
- General Surgery
- Geriatric Services
- Internal Medicine
- Pediatrics
- Walk-in Clinic

Specialists

- Ear, Nose & Throat (ENT)
- Eye Services
- Neurology
- Obstetrics/Gynecology/ Women's Health
- Psychiatry & Behavioral Health
- Rheumatology
- Urology

Other Services

- Diabetic Services
- Imaging Services
- Lab Services
- Pharmacy

Additional Services

- Physician's Optical
- Professional Hearing Center Audiologists
- Summers Pharmacy

3 OUTPATIENT

Cancer Center

- Oncology & Hematology

Outpatient Treatment Center

- Bariatric & Metabolic Clinic
- Cardiac & Pulmonary Rehabilitation
- Cardiology
- Dermatology
- Infusion Therapy
- Maternal Fetal Monitoring
- Nephrology
- Neurosurgery
- Pulmonology
- Vascular Clinic
- Wound & Ostomy Clinic

Other Services

- Endoscopy
- Imaging Services
- Lab Services
- Pain Management
- Pulmonary Services
- Registration
- Respiratory Therapy & EKG
- Surgical Services
- Sleep Studies

Additional Services

- The Bistro

4 EMERGENCY

- Emergency Room

5 EAST CAMPUS

- Imaging Services
- Orthopedics
- Podiatry

6 RADIATION ONCOLOGY SERVICES

- Coming Soon

7 WEST CAMPUS

- Ambulance Services
- Therapy Services

8 HOME SERVICES

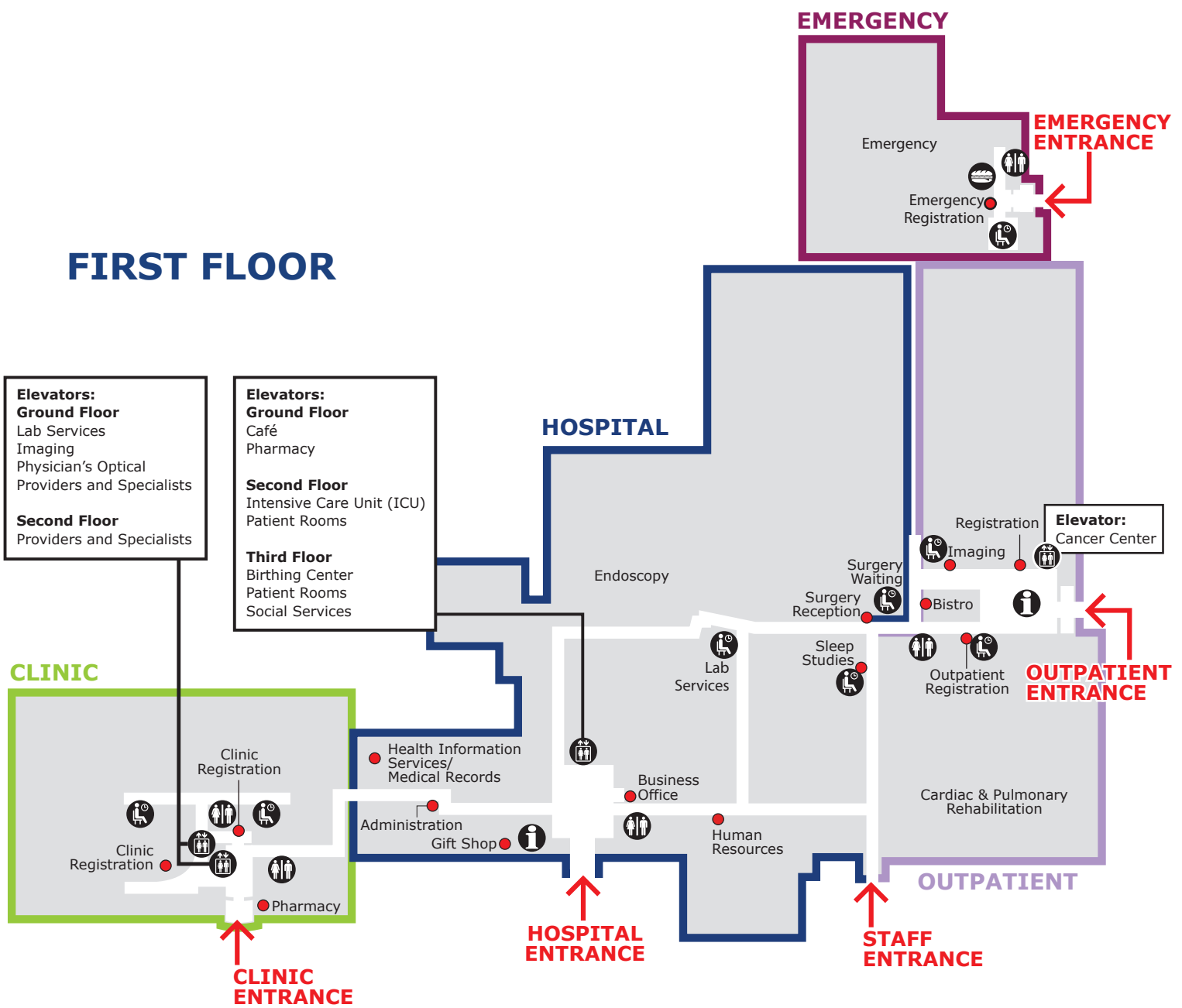
- Home Health Services
- Hospice Services

KEY

V VISITOR PARKING

E EMPLOYEE PARKING

FIRST FLOOR



Elevators:
Ground Floor
 Lab Services
 Imaging
 Physician's Optical
 Providers and Specialists
Second Floor
 Providers and Specialists

Elevators:
Ground Floor
 Café
 Pharmacy
Second Floor
 Intensive Care Unit (ICU)
 Patient Rooms
Third Floor
 Birthing Center
 Patient Rooms
 Social Services

Elevator:
 Cancer Center



MAP KEY

- Information
- Elevators
- Restrooms
- Waiting
- Vending

DEPARTMENT	BUILDING	FLOOR
Administration	Hospital	1
Birthing Center	Hospital	3
Bistro	Outpatient	1
Business Office	Hospital	1
Café	Hospital	G
Cancer Center	Outpatient	2
Cardiac & Pulmonary Rehabilitation	Outpatient	1
Clinic Registration	Clinic	1
Emergency	Emergency	1
Emergency Registration	Emergency	1
Endoscopy	Hospital	1
Gift Shop	Hospital	1
Health Information Services/ Medical Records	Hospital	1

DEPARTMENT	BUILDING	FLOOR
Human Resources	Hospital	1
Imaging	Outpatient	1
Inpatient Registration	Outpatient	1
Intensive Care Unit (ICU)	Hospital	2
Lab Services	Clinic	G
Lab Services	Hospital	1
Outpatient Registration	Outpatient	1
Patient Rooms	Hospital	2,3
Pharmacy	Hospital	G
Pharmacy	Clinic	1
Sleep Studies	Hospital	1
Surgery Reception	Hospital	1
Surgery Waiting	Hospital	1