ORTHOPEDIC AND JOINT PROGRAM
# Orthopedic and Joint Program

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Orthopedic and Joint Program

Call and Confirm

We are pleased to offer the Kearney Regional Medical Center Joint Program Class providing valuable information regarding your pre-operative needs, day of surgery, post-operative recovery and return to home.

Our class is scheduled for the 2nd and 4th Wednesday of every month. The class begins at 6:00pm. and runs until approximately 7:30pm.

---------------------------------------------------------------------------------------------------------------------

Total Joint Class:

________/________/_______ at ____________________

Date Time

Please call Tim Alford at 308-455-3865 or 859-321-9801, or Benjamin Hammond at 308-455-3861 if you would like to attend the KRMC Joint Program Class.

---------------------------------------------------------------------------------------------------------------------

Pre-Admission Testing Date & Time:

________/________/_______ at ____________________

Date Time

Please call 308-455-3620 to schedule your Pre-Admission Testing Appointment.
Introduction to Orthopedic and Joint Replacement Surgery

Thank you for choosing Kearney Regional Medical Center to assist with your upcoming surgery needs. Our goal is to provide exceptional orthopedic care to patients undergoing joint replacement surgery. The expert team of surgeons, nurses, and physical/occupational therapists work to ensure an optimal outcome from surgery individually tailored to fit your needs and lifestyle.

This information program has been developed to help you and your family better understand the steps that will take place before, during and after your joint replacement surgery. From the pre-surgical preparations through the recovery phase, we encourage you to be an active participant in the surgical treatment of your new joint. 

After all, the most important member of your health care team is you!
Orthopedic and Joint Program

The Orthopedic Team

Orthopedic Surgeon

- Performs your surgery
- Visits you in the hospital
- Directs the care team throughout your recovery

Consulting Physician

- Directs your medical care during your hospital stay
- Consultation is ordered by your surgeon when needed

Physician Assistant

- Licensed Physician Assistants assist the surgeon before, during and after surgery

Joint and Orthopedic Nurse Manager

- Responsible for Orthopedic/Joint Surgery Care

Nursing Staff

- Consists of trained and licensed nursing professionals
- Provides personal care during your hospital stay

Physical/Occupational Therapists

- Evaluate your physical capabilities and develops your recovery plan
- Instruct and supervise your exercise and walking program

Case Managers

- Assist with insurance questions, financial planning and care decisions
- Trained professionals who plan your needs after discharge from the hospital
- Prepare for medical equipment needed for your recovery
Orthopedic and Joint Program

What to Expect at the Hospital

**Surgery Time:** One to two hours for one joint and about two to four hours for two joints and/or revision surgery.

**Recovery Room:** Approximately one to three hours. Family members are usually not allowed to visit the patient.

**Average Hospital Stay:** Two to four days for total knee or total hip replacement.

**Bring the following items with you on the day of surgery:**

- **Pajamas, gown, and robes:** You may want to use a hospital gown for the first couple of days because your incision may soil your own pajamas. Long robes are not appropriate and may even pose a hazard to you.

- **Slippers:** The hospital will provide non-skid footies for you, which we will utilize for your therapy sessions. Simple, non-skid slippers are also acceptable.

- **Assistive Devices:** KRMC provides all assistive devices used during your inpatient stay. However, feel free to bring your own assistive devices if you prefer.

- **Clothing:** To participate in therapy, you will need a supply of comfortable pants or shorts, shirts, undergarments, socks, and shoes.

- **Personal hygiene and grooming products:** If you forget something, KRMC will provide basic hygiene products.

**Discharge Planning:** Planning your discharge from the hospital before your surgery will make your return home more comfortable. Someone should stay with you after you go home. Rearrange kitchen, bath, and bedroom so that items will be easily accessible for you. Chair heights should be 21 inches or higher for hip replacements. A case manager will meet with you during your hospital stay to assist with your arrangements to return home.

**Driving:** Your physician will determine the length of time after surgery before you are able to drive safely.
Orthopedic and Joint Program

General Hospital Information

Parking Area
We have a safe, secure and convenient parking area with easy hospital access. Please call 308-455-3600 if assistance is required to and from the parking lot. Handicap accessible parking is available in front of the main entrance.

Waiting Area
Waiting areas are available in the hospital lobby.

Café
Our café is on the first floor and is open from 7:00 a.m. to 5:00 p.m., offering breakfast items, pastries and a wide variety of sandwiches, soups, and beverages. Vending is available in the lobby waiting area.
Orthopedic and Joint Program

Pre-Surgery Exercise Program
(Pre-habilitation)

Prior to your surgery your physician will prescribe a program of exercises known as pre-habilitation. This program will be reviewed with you by a physical or occupational therapist before surgery. The entire program has been approved by your physician to prepare you for your joint replacement surgery.

Due to the pain and stiffness caused by arthritis, most patients who need a joint replacement have been unable to exercise for a long time. This disability has likely affected you not only physically, but mentally, emotionally and nutritionally. You may have become more dependent on family, friends and neighbors to meet your everyday needs. This extended period of inactivity may cause significant weakness in your legs and arms which can make rehabilitation after joint replacement prolonged and difficult.

This exercise program will give you a head start on breaking out of this cycle of decreased activity. These exercises will prepare you physically and mentally for surgery, as well as help you with the demands of postoperative recovery and rehabilitation. Practicing and performing these exercises daily, prior to surgery, will strengthen your arms and legs and better enable you to achieve a more rapid recovery.

Most of these same exercises will be incorporated into your postoperative therapy program. These techniques will assist you in learning to get in and out of your bed, to a chair and the bathroom with little or no assistance. Having mastered these abilities well ahead of time, you will be able to regain your independence more quickly and return home much sooner.

Remember - the single most important participant in your health care team is you!

Much of the success of your joint replacement surgery depends upon your own motivation and commitment to making a quick recovery.
Orthopedic and Joint Program

**Total Joint Pre-Operative Exercises**

Physical and Occupational Therapy will play a significant part in your recovery after surgery. You may have many questions throughout rehabilitation. This information sheet will help you to answer some of these questions. Please ask your physical therapist to answer any further questions. The Physical Therapy Department at KRMC can be reached at 308-455-3770.

**Activity:** The deterioration of a joint is usually accompanied by pain. As a result of this pain we are less likely to utilize and strengthen an affected joint. Prior to surgery it is important to strengthen an affected joint to the best of your ability. The sooner you start preparing for surgery the easier your rehabilitation will be. Physical/Occupational Therapy may begin on the day of surgery with exercises and assistance with transfers, including getting out of bed. Depending on your surgeon’s specifications, you may be asked to transfer out of bed and ambulate 20 feet with an assistive device two hours after surgery. Please perform the following exercises 1x/day for the 4-6 weeks prior to surgery.

**Exercises:** These exercises are specifically designed for you. Your physical therapist will assist you with the exercises during your stay in the hospital and with additional strengthening and range of motion activities. You will receive Physical/Occupational Therapy two times a day while in the hospital.

**NOTE:** KRMC Orthopedic and Joint Program focuses on a consistent approach to your care both before, during and after your surgery with a goal of excellent patient outcomes and customer service. We enjoy working with several orthopedic specialists who have helped design the Joint Program. Although the overall approach is consistent, each physician has a treatment plan which may include distinct modalities, including the timing of these modalities.
Orthopedic and Joint Program

Total Joint Pre-Operative Exercises

Quad Sets:
Slowly tighten thigh muscles of straight leg while counting out loud to 10. Relax.

REPEAT: _10_ Times _2_ Times a day

Gluteal Squeezes:
Squeeze buttock muscles as tightly as possible while counting out loud for 10 seconds.

REPEAT: _10_ Times _2_ Times a day
Orthopedic and Joint Program

Hamstring Sets:
With one leg bent slightly, push heel into bed without bending knee further. Hold for a count of 10. Alternate legs.

REPEAT: 10 Times 2 Times a day

Straight Leg Raises:
Bend one leg. Keep other leg as straight as possible and tighten muscles on top of thigh. Slowly lift straight leg 10 inches from bed, and hold 2 seconds. Lower it, keep tight for 2 more seconds, and relax.

REPEAT: 10 Times 2 Times a day
Orthopedic and Joint Program

Heel Slides:
Bend knee and pull heel toward buttocks.

REPEAT: ___10___ Times  ___2___ Times a day

Short Arc Quads:
Place a large can or rolled towel under leg.
Straighten leg. Hold ___10___ seconds

REPEAT: ___10___ Times  ___2___ Times a day
Orthopedic and Joint Program

Total Joint Pre-Operative Exercise Guidelines

Walking: A walker or crutches will be needed to help you walk for a few months. The walker should be used in the following pattern:

1. Walker
2. Affected leg
3. Unaffected leg

When going up steps, go up with your unaffected leg first.
When going down steps, go down with the affected leg first.
“Up with the Good, Down with the Bad”

DO’s:

- DO your exercises before surgery and several times a day after surgery.
- DO get out of bed as soon and as much as possible.
- DO communicate with your caregivers openly.
- DO describe your pain accurately. Although pain is an important part of your recovery it may be limiting to your activity levels. Work with your nurses and physicians to control your pain and maintain a level of activity which will enhance your recovery and facilitate your discharge.

DO NOT’s:

- DO NOT put a pillow under your knee while resting in bed.
- DO NOT try to get out of bed on your own for a few days.
- DO NOT keep your knee bent all the time.
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Orthopedic and Joint Program

Preparing Your Home for Your Return

It is important to adapt your home for your recovery period. These changes promote your safety at home.

Bathroom

- Elevated toilet seats are necessary for all persons who have had a total hip replacement. It may also be indicated if you have had difficulty getting on and off the toilet.
- Bathing can be accomplished in several ways. You may choose to take sponge baths or, if you have a tub seat and a handheld shower nozzle, you may bathe while seated.
- If the bathroom is not located on the main level of your home, you may need to obtain a portable commode for your recovery period.

Note: Case Management may assist you in locating needed assistive items.

Bedroom

- Having a bed on the main level of your home is recommended for your recovery period. You may need to move a bed to the first floor on a temporary basis.
- Utilize beds with standard mattresses; avoid waterbeds.

Furniture

- Use a straight back chair with arms for sitting. This type of chair assists you in getting from the sitting to standing position.
- Avoid low, heavily-cushioned chairs and couches.

Improving accessibility of items

- Place frequently used pots and pans at waist level
- Remove food items from bottom drawers in the refrigerator
- Arrange clothes and shoes so they are at waist level in drawers or on shelves
- Place towels and other hygiene items at waist level after total hip replacement
Orthopedic and Joint Program

Miscellaneous

- Remove throw rugs from your home as walkers and crutches can become entangled in a rug
- Prepare meals ahead of time and freeze them
- Arrange for laundry, house-keeping, and grocery needs

Following these recommendations should enable you to return to a safer home environment after your hospital stay.

Apply for a temporary Handicap sticker for your vehicle. To do so, contact your local county clerk for application.
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Pre-Admission Testing Information

Please complete this form and give it to the nurse at KRMC on the day of your pre-admission testing. This will allow us to accurately dispense your medications while you are in the hospital.

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PRIOR SURGERIES

____________________________________________________________________

____________________________________________________________________

ALLERGIES

____________________________________________________________________

____________________________________________________________________
Orthopedic and Joint Program

Anesthesia

- All major surgeries require some form of anesthesia. Anesthesia is the administration of a drug or medicine, called an anesthetic, which produces a pain-free state during surgery. It will be given to you by an anesthetist or anesthesiologist.

- If you wear dentures or contact lenses, you will be asked to remove them. An IV line will be started to give medication to prepare you for surgery.

- While in the preoperative area, you will be visited by your anesthesiologist who will ask about your medical, surgical and drug histories. They also need to know if you smoke, drink alcohol or are allergic to any medications. This information is needed to determine the best type of anesthesia for you.

- Be sure to mention if you, or any family members, have had any reactions of complications from a surgery or anesthesia.

NOTE: Do not eat or drink anything after midnight on the night before your surgery unless your doctor specifically tells you otherwise. If you do eat or drink after midnight, your surgery may be postponed or cancelled.
The Day of Surgery - (Post-Op Day 0)

On the day of your surgery, please check in at the registration desk at the time scheduled. Once registration is complete, you will be taken to the surgical area. A registered nurse will update your assessment which was begun during your pre-admission testing (PAT) visit. This is a good time to give the nurse your list of medications from home and a copy of your living will, if you have one. At this time, the nurse will perform various tasks to prepare you for surgery, including starting an IV. Any medications your doctor has ordered will be administered at this time and you will need to sign surgical and anesthetic consent forms. Once you are ready for surgery, a nurse from the surgery department will perform a final check on all paperwork and test results before transporting you to the operating room.

Your family members will be asked to wait in the specified waiting area. The surgeon will visit with your family after your surgery to discuss the results of your procedure.

After your surgery is complete, you will be transported to the Post Anesthesia Care Unit (PACU). Here a registered nurse will monitor your vital signs and physical status, administering pain medication or medication for nausea as needed. Generally, your stay in this area will be at least one to three hours. When you are stable, you will be transferred to the Medical/Surgical inpatient unit on the ground floor.

Upon waking in the recovery area you may be wearing oxygen in your nose. You will be encouraged to do breathing exercises every hour while you are awake. This is important to keep your lungs clear and avoid complications. Once in your room you will be given a device called an incentive spirometer to help you take these deep breaths. The incentive spirometer is important to use as it will maintain good lung expansion and prevent fluid buildup. Your nurse will assist you as needed.

You may have devices to help prevent blood clots such as compression stockings or pressure pumps. It is important to use these devices as prescribed to prevent complications that blood clots could present.

The nurse will keep track of how much liquid you take in and how much you urinate. Please assist your nurse by letting them know how much you drink. This will be monitored for several days.
Orthopedic and Joint Program

Your surgeon will have Physical Therapy visit you the afternoon of your surgery and you will sit on the edge of your bed and ambulate a short distance the evening of surgery (with assistance).

Your doctor will review your home medications, make alternations as appropriate, and determine when to resume them. If you have any questions or concerns, ask your doctor or nurse. Your nurse will not be able to give any home medications not ordered by the doctor.
The Day after Surgery - (Post-Op Day 1)

You have completed your first night following surgery and are ready for the day ahead. You should expect a day full of activities, encouraging movement and your participation as tolerated.

- Your diet will progress when you are able to take liquids without experiencing nausea and as your doctor orders.

- Your activities today will include Physical Therapy and Occupational Therapy sessions consisting of walking (with assistive devices as needed), exercises and activities of daily living, i.e., bathroom, bed activities, changing clothes, etc.

- Goals for today’s therapy sessions include: walking for short distances with assistive devices and as much independence as tolerated, completed prescribed exercises and sitting up in a chair for periods of time.

- If you have a drain in your incision site it may be removed today or tomorrow. Your doctor will indicate when to remove the drain.

- You will receive continuous intravenous fluids until you tolerate oral fluids.

- Blood will be drawn to help monitor your levels of blood loss from the surgical procedures. Other blood and lab tests will be performed as ordered by your physician.

- Anticoagulants or blood thinners may be ordered by your physician and administered to help in the prevention of blood clot formation.

- You will continue to use compression hose and anti-coagulation stockings/devices to prevent blood clots.
Orthopedic and Joint Program

The 2nd Day after Surgery - (Post-Op Day 2)

By this time you have completed a few sessions of therapy and begin feeling a bit more like yourself. You will begin to prepare for discharge to either home or another rehabilitation setting.

- You will resume your regular diet (as tolerated).

- The nursing staff will administer oral pain medications according to schedule and request.

- You should have a bowel movement prior to discharge from KRMC. For some people this may require the use of a laxative, suppository or enema. Constipation is not uncommon initially after anesthesia and joint replacement. Some patients are placed on a stool softener during their hospital stay to prevent or minimize constipation.

- Lab testing may continue to be necessary to monitor the levels of blood thinner/anti-coagulants.

- Goals for today’s therapy sessions include: completing your exercises with only supervision, walking at least 100’ two times with the appropriate assistive device, standing with minimal assistance, and improving your ability to get in and out of the bathroom, bed and chair.

- Discharge Planning and arrangements for any necessary home equipment will be finalized with the assistance of the Case Management Staff.

- You will continue all activities as previously described until your surgeon and therapists determine you are able to return home. If you are planning on going to a rehabilitation facility or another medical setting following surgery, the physician and case management will assist with these arrangements.
Pain Management

A variety of methods are available for managing post-op pain. The goal of pain management is to help you feel as comfortable as possible. Your pain will be reduced but not totally relieved and you should be able to rest and participate in therapy.

Important points:

- Post-operative pain and discomfort often lasts four to six weeks.
- Post-operative pain is important feedback. Although a necessary part of the healing process, we will help you minimize the impact of your pain.
- You are the expert on your pain.
- Please tell us when you are in pain or are uncomfortable.
- Please ask for and take medication as soon as you feel your pain may be increasing.
- The longer you wait to take pain medicine the worse your pain will be and it may take longer to control.
- Tell us if your pain medicine is not working or if you don’t like the way it makes you feel.
- Unrelieved pain robs your energy and takes away important time you could spend with your loved ones.

You will be asked to rate your pain on a scale of 0 – 10

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<td>No Pain</td>
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Types of pain medications vary by surgeon:

- Intramuscular (IM) shot: You will be given the prescribed medication as scheduled and/or upon request. Tell your nurse when you are in pain and need an injection.
- Intravenous (IV): You will receive pain medication as ordered by your doctor either at regularly scheduled intervals or upon your request.
- Oral medication: Your pain medication may be changed to pill form once you are able to tolerate fluids.
If you have had a total hip replacement, review these precautions to prevent the dislocation of your new hip:

- Keep your operative hip at a 90 degree or less angle. This is accomplished by not bending forward from your waist more than 90 degrees.
- Do not kneel or bend over.
- Do not move your operative leg across the midline of your body.
- Do not cross your legs at the knees. You will have a pillow between your legs to help remind you of this.
- Sit with your legs approximately one leg-width apart; do not bring your legs together.
- When sitting, standing or lying down, do not point your toes inward.
- Lie on your operative side and keep pillows between your legs to keep the operative hip from rotating inward.
- Continue to use your walker or crutches until your doctor or physical therapist instructs you to do otherwise.
- Avoid twisting at the hip. Move your entire body around when you turn.

By following these precautions, you can reduce the likelihood that the hip joint will dislocate while the muscles are healing and strengthening around it.

IF YOU ARE AN ANTERIOR HIP PATIENT, YOUR PRECAUTIONS ARE MUCH DIFFERENT. YOU WILL NOT HAVE TO WEAR THE IMMOBILIZER. ADDITIONALLY, YOU CAN BEND AT THE WAIST.
Orthopedic and Joint Program

Case Management

KRMC’s Case Management staff consists of registered nurses assigned to every area of the hospital. The Case Manager will work to help identify and assess your needs, discuss resources and benefits that may be available to you, answer pertinent questions about your hospital stay and assist with your discharge plans.

The case manager will review your care with the physician and other members of the health care team in order to determine medical necessity and certify each day of your hospital stay. Depending on your needs and insurance benefits you may qualify for continued care by another health care provider. Any questions you may have about insurance coverage or providers can be addressed by the case manager.

The case manager and your physician will discuss discharge planning needs with you. If additional outpatient services are needed, i.e., home health care, therapy or durable medical equipment (assistive devices), these may be arranged by the case manager. In conjunction with the therapy staff your needs will be evaluated for any necessary durable medical equipment, rehabilitation services, extended nursing care facility or transitional care unit needs. The staff will be available to you and your family throughout your hospital stay.

Case Management staff will be following you after your surgery to identify your needs and assist you in access to resources available to help you during your recovery period.

If you have questions or concerns regarding Case Management needs, please call Stephanie Murphy at 308-455-3807.
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Leaving KRMC after Joint Replacement Surgery

For the next 6 to 8 weeks following your discharge from KRMC, you will continue to heal and recover from surgery. You should balance periods of rest with periods of activity. Do not try to overdo or push your activity level and yourself past the point of pain or exhaustion.

You will be given detailed written discharge instructions for activities and medications. If you do not understand the instructions, please ask the staff before you leave. The Case Management and nursing staff will make a follow-up appointment to check your incision and remove staples (as necessary).

- Continue your exercises as prescribed by your Physical Therapist.
- Use your walker or assistive device for walking unless otherwise instructed by your therapist or physician. You may feel you can walk without your walker but your bones require 6 to 8 weeks to heal properly.
- Walk daily and increase distances allowing for rest in between activity.
- Do not sit for longer than 30 minutes at a time without changing positions or walking. If you do not take breaks, your hip or knee will become stiff or swollen and you may be more prone to blood clots.
- Do not drive until approved by your surgeon.
- Do not resume sports activities until approved by your surgeon.
- Do not shower until approved by your surgeon; please continue sponge baths until otherwise indicated.
- Recruit a family member or friend to help you at home for the first week or two. You may elect to stay with a friend or family member for the first week or two if you are unable to stay alone in your own home.
- If you live in a two-story house, plan on limiting trips up and down stairs by bringing frequently used items to one floor.
- A chair with firm arms is easiest to get out of after surgery.
- Make sure to take up throw rugs and remove obstacles prior to surgery. A nightlight may be helpful to prevent falls.
Orthopedic and Joint Program

Following Discharge from KRMC

Call your physician IMMEDIATELY if:

- You develop a fever greater than 101 degrees
- You experience excessive swelling, redness, warmth or drainage from the operative area
- Your calf becomes numb, difficult to move or painful to the touch
- Your moderate pain becomes severe or constant
- Report exaggerated ankle swelling or pitting edema to your physician

IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR SURGEON’S OFFICE.