

Patient
Guide to
**Joint
Wellness**



Baylor Scott & White
SURGICAL HOSPITAL
LAS COLINAS

Welcome

Thank you for choosing Baylor Scott & White Surgical Hospital Las Colinas and allowing us to assist you in returning to a higher quality of life! The team welcomes you to our Joint Wellness program. We have developed a comprehensive program for the course of your stay.

Our hospital has been certified by The Joint Commission™ as a Center of Excellence for Hip & Knee Replacement. You can rest assured that our interventions and plans of care are based on the most up-to-date evidence and best practice guidelines to ensure your optimal recovery.

You play a key role in ensuring a successful recovery. Our goal is to involve you in your treatment throughout each step of the program. Your care and treatment options will be guided by your own personal goals. Having a family member or friend with you, as your designated joint coach, is highly recommended. Your coach will help speed up your recovery; he/she can help build confidence, offer support, help with your care while in the hospital and once discharged, help meet your goals, improve your results and ultimately help in having a successful surgical outcome.

This booklet is intended to give you all the necessary information for a comfortable, informed and successful surgical outcome.

We appreciate the opportunity to assist you on your road to recovery!

Sincerely,

The Team at Baylor Scott & White Surgical Hospital Las Colinas

We offer Joint Wellness Pre-Op Classes on the 2nd Tuesday (10am-12pm) and 3rd Thursday (6pm-8pm) of each month.

Joint Classes will educate patients and family/friends (Joint Wellness “Coach”) about what to expect after a joint replacement surgery. The class also includes information about how to prepare for surgery, your hospital stay, and the transition home.

GO HERE to sign up for a Joint Class:
Baylorlascolinas.com/joint-wellness-classes/



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Important Appointments

To schedule your Joint Wellness Education class, please call the Physical Therapy Department at (972) 868-4035.

Your Joint Wellness Education class is scheduled at:

Date: _____ Time: _____

To schedule your Pre-Operative Testing appointment please, call Pre-Admission Testing at (972) 868-4000.

Your Pre-Operative Testing is scheduled at:

Date: _____ Time: _____

PLEASE BRING:

- Physician's orders if they have not already sent them over Insurance/Medicare cards and photo ID
- Any copay required by your insurance company
- List of previous surgeries
- All current medication in their original bottles or a list with names and doses
- Emergency contact information and names with phone numbers
- Copy of advance directives if you have them

Your knee/hip surgery is scheduled at:

**Baylor Scott & White Surgical Hospital Las Colinas
400 W LBJ, Irving, TX 75063:**

Date: _____ Time: _____

On the day of surgery, please check-in with the Reception at the South entrance.

PLEASE BRING:

- Insurance/Medicare cards and photo ID
- All current medication in their original bottles

Check-in Date: _____

Your Surgeon: _____

Frequently Asked Questions

What is arthritis and why does my knee/hip hurt?

In the knee joint there is a layer of smooth cartilage on the lower end of the femur (thigh bone), the upper end of the tibia (shinbone), and the under-surface of the kneecap (patella). This cartilage serves as a cushion and allows for smooth motion of the knee. Arthritis forms when this cartilage begins to deteriorate. Over time this cartilage may wear down to the bone. Rubbing of bone against bone causes discomfort, swelling and stiffness.

In the hip joint there is a layer of smooth cartilage on the lower end of the femur (thigh bone) and in the hip socket. This cartilage serves as a cushion and allows for smooth motion of the hip. Again, as the cartilage deteriorates, arthritis begins to form. It too eventually wears down to the bone, causing discomfort, swelling and stiffness.

When should I have this type of surgery?

Your orthopedic surgeon will determine if you are a candidate for the surgery. This will be based on your history, physical exam, X-rays, and response to conservative treatment. The final decision to proceed with surgery is always yours to make.

How long will my new hip/knee last?

We expect most replacement joints to last more than 15 to 20 years. However, there is no guarantee and approximately 10 to 15 percent may not last that long. A second replacement can be done if necessary.

How long does the surgery take?

A knee replacement takes approximately 1.5-2 hours. A hip replacement takes approximately 2-2.5 hours. Please let your family and friends know that this is only the surgery time. The actual time between when your family or friends see you pre-operatively to when you are reacquainted post-operatively, is about double the above listed times. This is to account for surgery prep times, transportation, and general procedures that take time before and after your actual surgery.

What are the major risks?

Most surgeries go well, without any complications. Infection and blood clots are two serious complications. To avoid these complications, we use antibiotics and blood thinners. We also take special precautions in the operating room and with your care after the surgery to reduce risk of infections. The chances of this happening in your lifetime are one percent or less.

How long will I be in the hospital?

Most patients discharge home from the hospital within a short time frame. Currently it is not uncommon for patients to be discharged home safely the following day, and for some cases even on the day of their surgery.

Can a family member stay with me in the hospital?

Yes, a family member or friend can stay with you while you are here but it is not a requirement. All rooms are equipped with recliners for their sleeping comfort.

Will I need blood?

You may need blood after the surgery although the incidence of this occurring is relatively low. You may donate your own blood (if you are able) or use the community blood supply. Bank blood is considered safe, but we understand if you want to use your own.

When will I start my post-operative therapy?

If your surgery is in the morning you will start your therapy the day of surgery. If your surgery is in the afternoon you may start your therapy the following day, but you will be assisted by the nursing staff on the day of your surgery. In order to reduce the risk of complications post-operatively, it is imperative to at least sit or stand at the bedside with the help of the hospital staff.

How active should/can I be?

Research has proven that the sooner and more frequently a joint replacement patient can initiate mobility (walking, exercising, changing position) they increase their strength, balance and coordination. Mobility has been shown to reduce the risk of complications (blood clots, pneumonia, and

constipation), improve outcomes, reduce pain, increase your overall quality of life, and promote the recovery/healing of your new prosthetic.

How often should I be walking around?

Your healthcare team strives to have you up and out of the bed within 3 hours (or less) of your surgery, pending that you are medically stable. Your surgeon and rehab team encourage you to get up and walk at minimum every 3-4 hours. You will be encouraged to be mobile throughout the day to your tolerance.

Can I hurt/damage/harm my new joint by being this active?

The most common side effect of “overdoing it” is muscle soreness, similar to a workout or exercise that you have not done in a while. Muscle soreness dissipates particularly as you continue to be active. Your therapist will guide your activity regimen. In fact, being active actually improves your recovery rate and healing time. You want to avoid bed rest if at all possible or if it is not required.

When can I drive?

It is recommended you wait until you no longer need prescription pain medication and can walk with a cane or less – typically 4 weeks. However this can vary depending on several factors. Your physician will let you know when you can drive.

Will I need help at home?

Yes. During the first several days or weeks after surgery, you will need someone to assist you with housework, meal preparation, transportation, etc. Family and/or friends must be available to help. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens on your bed, and single portion frozen meals will reduce the need for extra help.

When can I shower?

You can shower after surgery if the incision is completely covered by a waterproof dressing. Do not take a bath until your surgeon has cleared you specifically for tub/baths. This will not occur until your incision is completely healed. We recommend using a bench or chair in the shower initially, again with your incision completely covered by the waterproof dressing.

When can I resume sexual activity?

The time to resume sexual activity should be discussed with your orthopedic surgeon.

What physical/recreational activities may I participate in after my recovery?

You are encouraged to participate in low impact activities such as walking, dancing, golf, hiking, swimming and bowling. However check with your surgeon before starting any of these activities.

What items will be sent home with me to use after discharge?

This depends on what has been ordered by your surgeon. It may include any of the following: ice wraps, special ice machines, a walker, an elevated commode chair, and a sample of dressing supplies. Necessary items will be provided prior to your discharge home. These items will be submitted to your insurance provider, but some items may result in an out-of-pocket expense, dependent on your specific benefit plan.

Will I notice anything different about my replaced joint?

Yes, you may have a small area of numbness on the outside of the scar, which may last a year or more and is not serious. Do not kneel until your surgeon has given you their approval. Some patients notice some clicking when they move their knee. This is the result of the artificial surfaces coming together and is not serious. Always check with your surgeon if you have any questions.

Total Knee Replacement Exercises

Exercising after surgery is very important. Exercise brings back your strength and flexibility to walk smoothly and get well faster. You have an early window of opportunity to gain flexibility for normal daily activities before scar tissue stiffens the knee.

You may exercise any time of day but you should perform all exercises 2-3 times a day, 10-20 repetitions for each exercise. Start slowly, and gradually increase the number of repetitions. Exercises should be performed lying on a bed. Do not attempt to get down on the floor after your surgery.

Remember to exercise your arms as well. You will be relying on your arms to help you walk, get in and out of bed and up and down from a chair. Chair push-ups will help!

Ankle Pumps:

Important for circulation, prevention of blood clots and lower leg flexibility.

Position: Sitting or lying down with legs straight.

Exercise: Point toes down then up.



Short Arc Quads

Important for return of muscle strength and early flexibility.

Position: Lie on your back or supported on your elbows. Place a rolled towel under the operative knee.

Exercise: Raise the foot of your operative leg until your knee is completely straight. Be sure to keep underside of knee on towel. Lower heel back to the bed.



Heel Slides:

Important for flexibility.

Position: Lie on back with legs straight.

Exercise: Slide foot of operative leg toward buttock, until you feel a stretch in your knee. Try to bend your knee farther with each repetition.

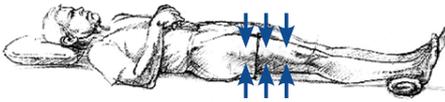


Quadriceps Sets:

Important for circulation, prevention of blood clots and return of muscle strength.

Position: Lie on your back or partially reclined with your legs straight.

Exercise: Tighten thigh muscle of both legs by pushing the back of your knee down onto the bed. Hold 5 seconds. Relax.



Flexion Stretch

Important for knee-bending flexibility.

Position: Sitting all the way back in a chair.

Exercise: Slide foot of operative leg under chair as far as possible. Plant your foot on the floor. Then slide your hips forward in the chair, until you feel a stretch in your knee. Hold for 10 seconds. Slide hips back in chair.



Straight Leg Raises

Important for return of muscle strength.

Position: Lie flat on your back with the operative leg straight. Bend non-operative leg so you can place foot flat on the bed.

Exercise: Tighten muscles on front of thigh of operative leg and flex foot toward you. Then lift operative leg 6 inches from the bed, keeping knee locked. Lower leg slowly to the starting position.



Extension Stretch:

Important for knee-straightening flexibility.

Position: Sitting in a chair. Place foot of operative leg on an ottoman or raised support.

Exercise: Press downward against thigh just above the knee, and tighten thigh muscle of operative leg, until you feel a stretch in the back of your knee. Hold 10 seconds. Relax.



Hip Replacement Exercises

Exercising after surgery is very important. Exercise brings back your strength and flexibility to walk smoothly and get well faster. You have an early window of opportunity to gain flexibility for normal daily activities before scar tissue stiffens the knee.

You may exercise any time of day but you should perform all exercises 2-3 times a day, 10-20 repetitions for each exercise. Start slowly, and gradually increase the number of repetitions. Exercises should be performed lying on a bed. Do not attempt to get down on the floor after your surgery.

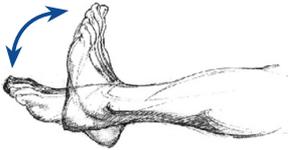
Remember to exercise your arms as well. You will be relying on your arms to help you walk, get in and out of bed and up and down from a chair. Chair push-ups will help!

Ankle Pumps:

Important for circulation, prevention of blood clots and lower leg flexibility.

Position: Sitting or lying down with legs straight.

Exercise: Point toes down then up.

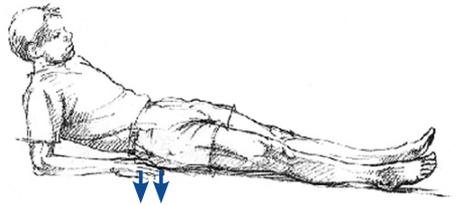


Glute Sets:

Important for circulation, prevention of blood clots and return of muscle strength.

Position: Lie on back with legs straight and slightly apart.

Exercise: Squeeze your buttocks together. Hold for 5 seconds. Relax and repeat.

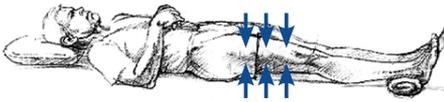


Quadriceps Sets:

Important for circulation, prevention of blood clots and return of muscle strength.

Position: Lie flat on back with legs straight and slightly apart.

Exercise: Tighten thigh muscle of both legs by pushing the back of your knee down onto the bed. Hold 5 seconds. Relax.



Heel Slides:

(Exercise may be modified)
Important for flexibility.

Position: Lie flat on back with legs straight and slightly apart.

Exercise: Slide foot of operative leg toward buttock, until you feel a gentle stretch in your hip.

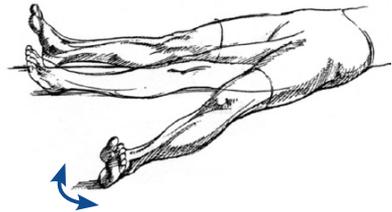


Hip Abduction

(Exercise may be modified or disallowed) Important for return of muscle strength and flexibility.

Position: Lie flat on back with legs straight and slightly apart.

Exercise: Tighten thigh muscle of operative leg. Keep knees and toes pointed up toward ceiling. Slide leg outward, away from non-operative leg until you feel the end of available motion (not stretch).



Posterior Hip Replacement Precautions

Safe Movements and Positions

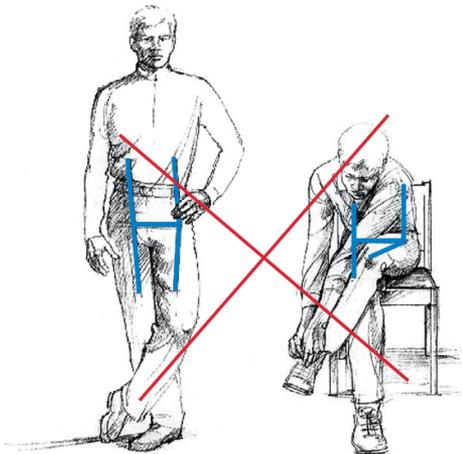
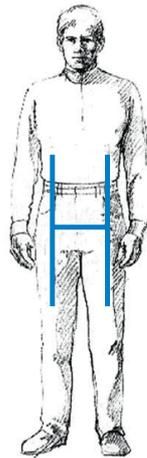
When you go home you will still have to keep your hip in certain positions. You will have to move in ways that are safe. If you don't, your prosthesis can shift out of place. Your doctor will talk to you about how long you have to limit your movements.

Remember Safe Positions by thinking of the letters “L” and “H”, for Love My Hip.

H Think of your legs and body as forming a capital H. Keep your legs like the bottom part of the H. **Never let them cross.**

H Do's

- Do sit with your feet 3–6 inches apart.
- Do stand up straight with legs straight.
- Do always lie down with a pillow between your legs.



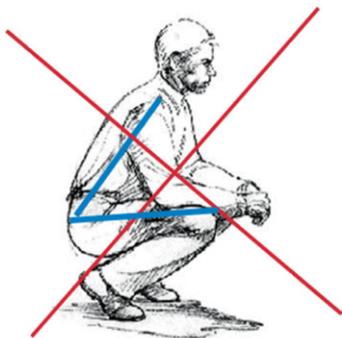
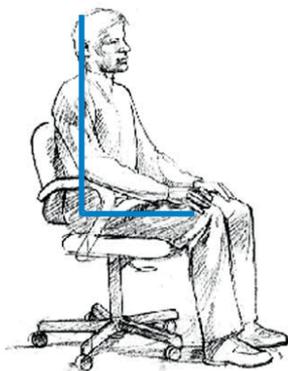
H Don'ts

- Don't cross your legs while lying down or sitting.
- Don't let your legs cross over while standing or exercising.
- Don't let your toes point excessively in or out.

L When you sit or bend, think about the angle your body and legs are making. Think of them as forming a capital L with your hips at an angle. **Never close up the L when you sit or bend.**

L Do's

- Do keep your knees below your hips when you sit. You may need a small pillow to sit on.
- Do use long-handled grippers to get things on the floor or out of your reach.



L Don'ts

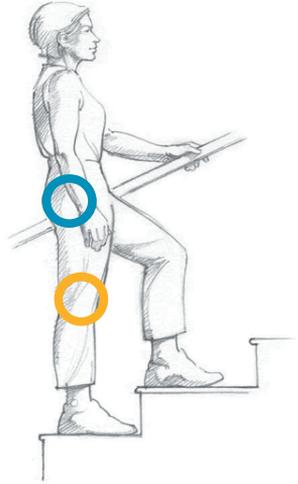
- Don't sit on low stools or chairs.
- Don't bend at the waist or lean too far forward while sitting.

Everyday Living

Climbing Stairs:

Up with the Good, Down with the Bad

- **Do not** use the walker on the stairs.
- Using the handrail for support, start by placing the non-surgical (Good) leg on the first step.
- Bring the surgical leg up to the same stair.
- Repeat until you reach the top.
- **Do not** climb the stairs in a normal foot over foot fashion until your surgeon or therapist tell you that it is safe to do so.

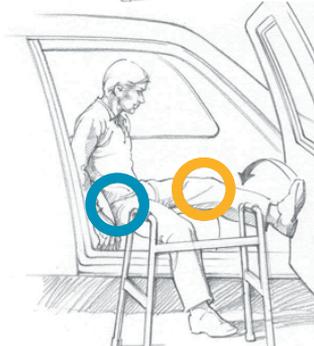
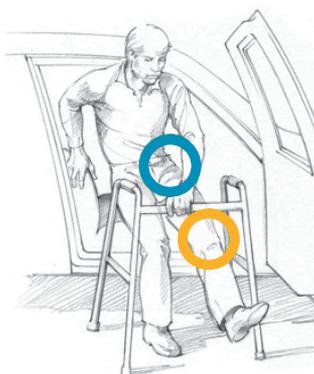


Going Down Stairs:

- **Do not** use the walker on the stairs.
- Using the handrail for support, place the surgical (Bad) leg on the first step.
- Bring the non-surgical leg down on the same stair.
- Repeat until you reach the bottom.
- **Do not** descend the stairs in a normal foot over foot fashion until your surgeon or therapist tells you that it is safe to do so.

Getting In and Out of the Car:

If possible, avoid vehicles that are too high or too low.

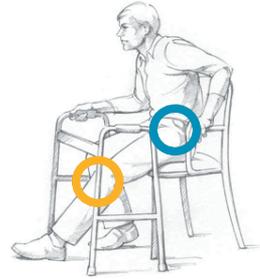


- Move the front passenger seat all the way back to allow the most leg room.
- Recline the back of the seat if possible.
- If you have fabric seat covers, place a plastic trash bag on the seat cushion to help you slide once you are seated. (You may use a firm pillow to raise the seat level, if needed)
- Using your walker, back up to the front passenger seat.
- Steady yourself using one hand on the walker. With the other hand, reach back for the seat and lower yourself down keeping your surgical leg straight out in front of you. Be careful not to hit your head when getting in.
- Turn towards front of car, leaning back as you lift your surgical leg into the car.
- Return the seat back to a sitting position.
- When getting out of the car, reverse these instructions

LEGEND:  knee  hips

Getting In and Out of a Chair:

For the next 12 weeks, it is best to use a chair that has arms.



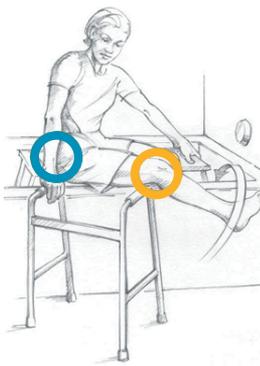
Getting Into a Chair:

- Take small steps; turn until your back is towards the chair.
- **Do not** pivot. Slowly back up to the chair until you feel the chair against the back of your legs. Slide your surgical leg forward.
- Using the arm of the chair for support of one hand while holding the walker with the other hand, slowly lower your body into the chair.
- Move the walker out of the way but keep it within reach.

Getting Out of a Chair:

- Position yourself near the front edge of the chair.
- Place one hand on the arm of the chair and the other hand on the walker, then lift yourself off the chair. Be careful not to twist your body.
- **Do not** try to use the walker with both hands while getting out of the chair.
- Balance yourself before grabbing for the walker and attempting to walk.





Getting In and Out of the Bathtub:

Getting into the Bathtub Using a Bath Seat

- Always use a rubber mat or nonskid adhesive strips on the bottom of the bathtub or shower stall.
- Place the bath seat in the bathtub facing the faucets.
- Back up to the bathtub until you can feel the tub against your legs. Be sure you are in front of the bath seat. Reach back with one hand for the bath seat.
- Keep the other hand on the walker. Slowly lower yourself onto the bath seat, keeping the surgical leg out straight. Move the walker out of the way, but keep it within reach. Lift your legs over the edge of the bathtub, using a leg lifter for the surgical leg, if necessary. Keep your incision dry until the staples are removed and the skin is completely closed.

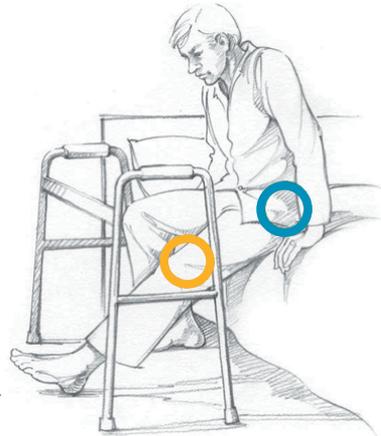
Getting out of the Bathtub Using a Bath Seat

- Lift your legs over the outside of the bathtub.
- Move to the edge of the bath seat.
- Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
- Balance yourself after grabbing the walker.

LEGEND:  knee  hips

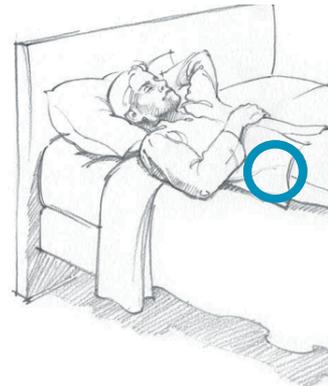
Getting into Bed:

- Back up to the bed and position yourself half-way between the foot and the head of the bed. If you have access to either side of the bed choose the side which will allow you to get your non-surgical leg in first.
- Reaching back with both hands, slowly sit down on the edge of the bed. Move toward the center of the mattress. Silk or nylon bed wear, or sitting on a plastic bag may make sliding easier.
- Once you are firmly on the mattress, move your walker out of the way, but keep it within reach.
- Rotate so that you are facing the foot of the bed.
- Lift your leg and pivot into the bed. When lifting your surgical leg you may use a cane, a rolled bed sheet, or a belt to help with the lifting.
- Move your hips forward towards the center of the bed and lay back.



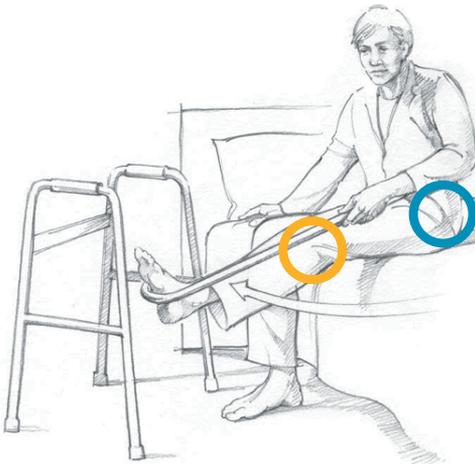
Lying in Bed:

- Position a pillow between your legs when lying on your back (hip surgery).
- **Do not** position a pillow under your operative knee (knee surgery).
- Keep the surgical leg positioned in bed so the kneecap and toes are pointed to the ceiling.
- Avoid letting your foot roll inward or outward. A blanket or towel roll on either side of your leg may help you maintain this position.



Getting Out of Bed:

- If possible, exit the bed from the side that will allow you to lower your surgical leg first.
- Move your hips to the edge of the bed.



- Sit up with your arms supporting you then lower your surgical leg to the floor.
- Next, lower your non-surgical leg to the floor.
- If necessary, you may use a cane, a rolled bed sheet, or a belt to assist with lowering your leg.
- Use both hands to push off the bed. If the bed is low, place one hand in the center of the walker while pushing up from the bed with the other.
- Once you are up and stable, reach for the walker.

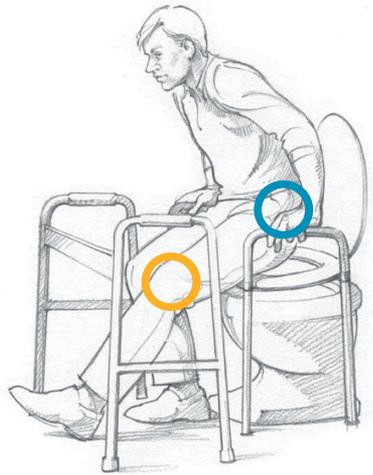


LEGEND:  knee  hips

Using the Toilet:

When Sitting Down onto the Toilet

- Take small steps and turn until your back is to the toilet.
- **Do not** twist or pivot on the surgical leg.
- Back up to the toilet until you feel it touch back of your leg.
- Slide your surgical leg out in front when sitting down.
- If using a commode with arm rests, reach back for both arm rests and lower yourself onto the toilet. If using a raised toilet seat without arm rests, keep one hand on the center of the walker, while reaching back for the toilet seat with the other.



When Getting Up from the Toilet

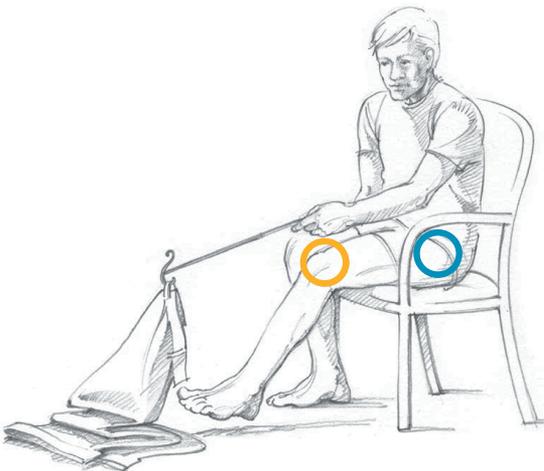
- If using a commode with arm rests, use the arm rests to push up.
- If using a raised toilet seat without arm rests, place one hand on the walker and push off the toilet seat with the other.
- Slide surgical leg out in front of you before standing up.
- Balance yourself before grabbing the walker and attempting to walk.

Getting Dressed:

All lower extremity dressing should be accomplished in the sitting position. You should practice some of these tasks before surgery if possible.

Putting on Pants

- Sit down.
- Use a “reacher” or “dressing stick” to pull on pants and underwear.
- Attach the garments to the reacher. Position the garment by your feet.
- Put your surgical leg in first followed by your other leg.

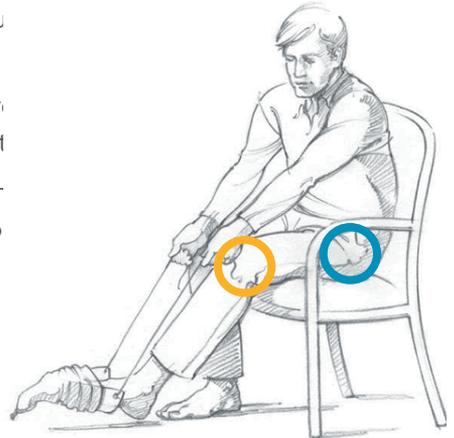


- Bring the reacher towards you guiding the waistband over your feet and up your legs.
- Pull your pants up over your knees, within easy reach.
- Stand with the walker in front of you to pull your pants up the rest of the way.

LEGEND:  knee  hips

Taking off Pants and Underwear

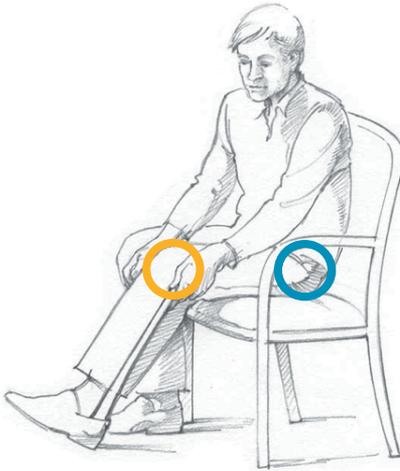
- Back up to the chair or bed where you will be undressing.
- Unfasten your pants and let them drop to the floor.
- Push your underwear down to your knees.
- Sit down onto the bed, keeping you leg straight.
- With the help of the reacher, take y surgical leg out first and then the ot
- Using the reacher can help you rerr pants from your foot and off the flo prevent a possible trip and fall.



Putting on Socks

- Use a sock aid to put on socks.
- Sit on a chair or bed. Slide the sock onto the sock aid.
- Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
- Slip your foot into the sock aid.
- Straighten your knee, point your toe and pull the sock on.
- Keep pulling until the sock aid pulls out.

Putting on Shoes



- Sit on a chair or a bed.
- Use a long-handled shoe horn to put your shoes on.
- Wear sturdy slip-on shoes with Velcro closures or elastic shoe laces.
- **Do not** wear high-heeled shoes or shoes without backs.
- Use the long-handled shoehorn to slide your shoes in front of your feet.
- Place the shoehorn inside the shoe against the back of the heel.
- The curve of the shoehorn should line up with the inside curve of the shoe heel.
- Lean back, if necessary, as you lift your leg and place your toes in your shoe.
- Step down into your shoe, sliding your heel down the shoehorn.

LEGEND:  knee  hips

Pre-Op Checklist

Preparing for joint surgery begins weeks before the actual surgery. To ensure your surgery can be performed as scheduled, you should complete the following arrangements before being admitted to the hospital:

- Donate blood (optional)**
- Get a physical exam**
A physical examination is required within 30 days of your surgical date to assess your overall health and identify any medical conditions that could interfere with your surgery or recovery.
- See the dentist**
An infection can occur if bacteria enters the bloodstream. Inform your surgeon if you have had dental work within one month of your surgery date.
- Review current medications with your surgeon**
- Discuss your pain management plan with doctors**
If possible, fill any prescriptions you need before you are discharged from the hospital.
- Arrange transportation to and from the hospital**
Make arrangements for someone to bring you to the hospital and pick you up when you are discharged. You may also need assistance getting to and from follow-up appointments if you are not yet able to drive yourself.

The Night Before Surgery

You will not be able to eat or drink anything before your surgery. You may need to take some medication, such as blood pressure medicines or pain medicine, before your surgery. Take the medications you have with a sip of water. At your pre-admission testing appointment you will be instructed by the nurse on what medications to take the morning of surgery.

Diet and Exercise

Do your best to be in good physical shape before your surgery. Eat a well-balanced diet. The best exercise for you is daily walking. Always check with your family doctor before starting any workout routine.

Fall Prevention

Prepare your home ahead of time. Remove all items on the floor that could cause you to trip including cords, rugs, or unnecessary items. Place items you will use often in places that you can reach without bending, lifting, or twisting. If you have pets in your home, you should consider making arrangements for them to be away for the first 2-3 days you are home after surgery.

While you are with us we ask that you call for help when getting out of bed and getting to and from the rest room. Please DO NOT get up without assistance.

Stop Smoking

Studies show non-smokers heal easier than do smokers. If you smoke, we strongly encourage you to stop smoking before having surgery. Many products are available to help you quit smoking. Please do not use the nicotine patch or gum. Nicotine slows bone healing. Please contact your primary care provider to talk about your best option.

Day of Surgery

Please arrive two hours before your scheduled surgery time to go through the admission process:

- Enter through the south entrance and the admission clerk will have you sign any necessary paperwork before walking you down to the Pre-Op area.
- The Pre-Op nurse will take vital signs and complete a general health screen.
- There will be several checks to make sure the correct surgery is being done. A “time out” will be performed with the doctor, anesthesiologist, nurse, and patient to review medical history and mark the area to be operated on. The nurse will check the consent form you signed to make sure it agrees with the procedure on the operating room list.
- Once you are transported to the operating room, loved ones will be directed to the waiting area. The medical staff will speak with them when you are out of surgery and in recovery room.

WHAT TO BRING WITH YOU:

- Medication in original bottle
- Personal toiletries i.e toothbrush, toothpaste, soap, brush
- Loose fitting clothing
- Shoes that are easy to put on (no slippers or house shoes)
- Your brace
- A walker if you have one
- Any paperwork you may need including durable power of attorney or insurance cards
- Electronic devices and power chargers

In Surgery

Depending on the procedure, your surgery could take approximately one to four hours (may be longer if more extensive). The people who will be with you in the operating room include:

- **Surgeon(s)**- your doctor(s) who perform surgery
- **Physician assistant/nurse practitioner**- may assist your doctor(s) who will perform surgery
- **Anesthesiologist**- the doctor who gives your anesthesia
- **Surgical technologist**- the person who hands the doctors the tools they need during surgery
- **Circulating nurse**- a registered nurse who oversees the care given in the operating room and brings things to the surgical room
- **Radiologic technologist**- a registered technologist that takes x-rays during your surgery

You may have any of the following during surgery and recovery:

- **Intravenous tube (IV)**- Used to replace fluids lost during surgery, administer pain medicine, or deliver antibiotics and other medications
- **Bladder catheter**- This tube may be placed in your bladder to keep up with your fluid intake and output.
- **Wound drain tube**-This tube may be inserted during surgery to help reduce blood and fluid buildup at the incision
- **Compression stockings and sequential compression wraps**- Compression stockings will be put on your legs to help blood flow. You may also have sequential compression foot or leg wraps that are connected to a machine that inflates them with air to promote blood flow and decrease possibility of blood clots.

After Surgery

Post Anesthesia Care Unit (PACU)

After surgery you will spend at least an hour in the recovery room (PACU). Your blood pressure and heart rate will be monitored closely as the effects of the anesthesia wear off.

Transfer to Post Surgical Unit

Once your surgeon and medical team determine it is safe for you to be transferred from the recovery room, you will be transported to your hospital room.

- You will be able to have liquids and soft foods as tolerated. Keeping your sugar intake low will decrease your risk of postoperative infection.
- The nursing staff will closely monitor your vital signs, urinary output, surgical dressing, and drainage.
- You will be able to have pain medication. All medication will be administered and closely monitored by the nursing staff.
- Physical therapy will assist getting you out of bed with 1-2 hours to promote mobility and independence.

Hospital Routine

Pain Management

You may have an intravenous “pain pump” that allows you to control your own pain medication up to a predetermined dosage. Pain medication may also be administered through IV or pills. You may also have an “On-Q” pump which will directly administer pain medication to the joint.

Moving and Positioning

Until you have been cleared to move independently, a staff member must help you safely get in and out of bed and change positions in bed to help avoid injury to the surgical area.

Your restrictions will depend on the type of joint surgery you have had. Your nurses and physical therapists will educate you on appropriate positioning.

Your nurses and physical therapists will help you practice the safest methods for:

- Getting in and out of bed
- Sitting and rising from a chair or toilet
- Walking with a walker, crutches, or cane
- Putting on and taking off clothing, underwear, socks, and shoes
- Climbing stairs

Diet

Immediately after surgery your diet will consist of clear liquids or soft foods as tolerated, then quickly progress to solid foods. To avoid constipation, try to:

- Request a meal high in fiber with more fresh fruit, vegetables, whole grain cereals, and breads
- Drink at least six to eight eight-ounce glasses
- Increase physical activity as much as you can tolerate

Physical Therapy

The quicker you start moving again, the sooner you will be able to regain your independence. After your initial physical therapy evaluation, you can walk with your nurse or patient care tech.

You will be expected to walk at least three to four times per day.

Upon discharge you will be given written discharge instructions from the therapy department. This will have your precautions and exercises on it for after discharge. At your two-week follow up visit with your doctor, you will find out how long you will need to abide by the precautions.

Your doctor may or may not have you use a brace after your surgery. The length of time that you will be wearing your brace is up to the doctor.

Visitors

Family and friends will be allowed to visit you in the hospital provided they let you get your rest and not interfere with your care.

Discharge

You will be ready to discharge from the hospital when you, independently or with minimal assistance, are able to safely:

- Get in and out of bed
- Walk with or without an assisted device
- Put on and take off your brace, if you are prescribed one
- Transfer on/off toilet
- Ascend/descend stairs

Home Care

The First Two Weeks

- Check with your doctor about special precautions you must take while you are on blood thinning medications.
- Gradually wean yourself from prescription medicine to over-the-counter pain relievers as advised by your doctor.
- Keep yourself hydrated to prevent dehydration and constipation, eat fresh fruits and vegetables, and use stool softeners or laxatives if necessary.
- Use ice to reduce pain before or after exercise. **No heat** over surgical site – can cause increased bleeding or infection.
- It is common to have trouble sleeping; however, try not to nap too much during the day.
- If recommended by your doctor, wear compression stockings given to you in the hospital to control swelling and reduce the risk of blood clots as instructed for as long as your doctor advises.

Incision Care

Be sure to wash your hands thoroughly before and after changing the dressing.

If instructed by doctor, you may shower but do not immerse your incision/bandage. You may have steri strips over the incision. You **MUST** leave these on for two weeks. The surgeon will remove them at your two week appointment.

Complications/When to Call

Call your family doctor if you experience any of the following:

- Blood pressure issues
- Diabetic control problems
- General Medical Problems

My Family Doctor: _____

Phone Number: _____

Call your surgeon if you experience any of the following:

- Temperature greater than 101.4 degrees
- New back, neck, leg or arm pain
- New weakness
- Drainage, bleeding, redness or swelling around your wound
- Opening of the incision
- Difficulty with urination or bowel movements
- Difficulty swallowing, skin rash or excessive itching

My Surgeon: _____

Phone Number: _____

Call 911 or go to the nearest emergency room if you experience any of the following:

- Shortness of breath
- Chest pain
- Calf or leg pain
- Swelling of your leg and calf

Nationally Recognized for Excellence in Orthopedic and Spine Care

Baylor Scott & White Surgical Hospital Las Colinas

At BSW Surgical Hospital Las Colinas, we continually strive to provide the best care and experience for our orthopedic and spine patients and their families. This focus on excellence has allowed us to receive some recognition from leading government and industry groups:

- Center of Excellence for Hip & Knee Replacement
- Joint Replacement Excellence Award™, Health Grades 2017-2019
- Total Knee Replacement 5-Star Recipient, HealthGrades 2013-2019
- Total Hip Replacement 5-Star Recipient, HealthGrades 2017-2019
- Spinal Fusion Surgery 5-Star Recipient, HealthGrades 2018-2019



BSW Las Colinas specializes in providing comprehensive outpatient and inpatient surgical treatment for a wide variety of medical conditions.

To find out more about these awards and what they mean to you, visit our website at baylorlascolinas.com or call 972.868.4000 for an appointment.



BaylorLasColinas.com
972.868.4000 Appointments

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SURGICAL HOSPITAL

LAS COLINAS

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