



Virginia Mason™  
Orthopedics



# My Total Joint Replacement Journey

*For your information and reference*

# Thank You for Choosing Virginia Mason



Your entire care team looks forward to serving you.

This handbook will help guide you through your total joint replacement experience. Please ask your health care provider if you have any questions about the handbook and bring it with you to your appointments.

You trust us with your most valuable assets — your time and your health. We know that in health care, small moments can carry a lot of meaning. So our focus is on listening carefully to you and

delivering expert care that is worthy of your trust. Virginia Mason is considered to be the best at many things, but our pursuit of being better never stops.

## **We care about safety**

Virginia Mason is a nationwide leader in promoting safety practices. We aim to eliminate every error from our system because that leads to the best care for you. Every one of Virginia Mason's staff members is on the lookout for defects in our care. Please give feedback to your caregivers when you have a question or concern.

## **We want your feedback**

Your comments help us find better ways to meet your needs and those of others. We encourage you to share your thoughts and concerns with the Orthopedic Clinic or the Patient Relations Department.



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# My Health Care Team

All members of your health care team want to help. Good communication is the key to a good surgical experience before, during and after your hospital stay.

**Surgeon** – Your surgeon directs all aspects of your care. Your surgeon’s office is the first place to go with your questions.

**Registered Nurses (RN)** – You will meet with a clinic RN before surgery. These RNs can also assist you with questions after you are discharged. A hospital RN will be your primary caregiver during your hospital stay.

**Medical Assistant** – Works closely with the surgeon and surgery scheduler to coordinate daily clinic schedules as well as communicating messages to and from the surgeon regarding your care.

**Surgery Scheduler** – Works with you to coordinate and schedule appointments for surgery, and follow-up appointments and any other tests as ordered by the surgeon.

**Anesthesiologist** – You may meet with or speak over the phone with the anesthesia department before your surgery date and meet your anesthesiologist before surgery. They will discuss your options for anesthesia and pain control during surgery.

**Physician Assistants (PA)** – PAs are direct extensions of the surgeons. They will be in frequent contact with the nurses who care for you after surgery and will see you daily while you are in the hospital. They will also be involved in your pre and post-operative care.

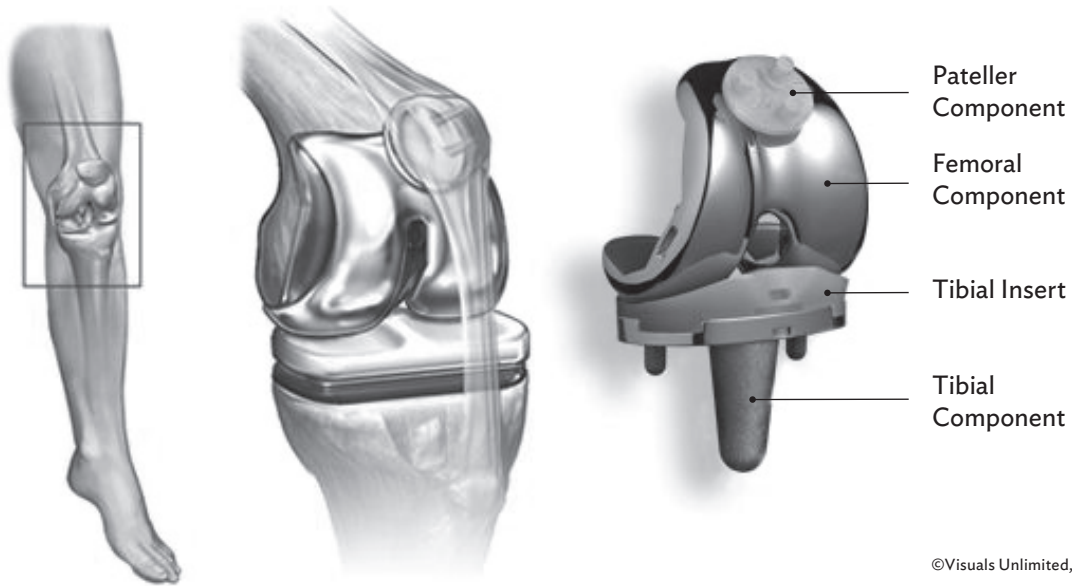
**Patient Care Technicians (PCT)** – PCTs assist your RN in taking care of your physical needs during your hospital stay.

**Physical Therapist (PT)** – A physical therapist will help you learn exercises and activities that will help you to safely regain strength and return to activity after surgery.

**Occupational Therapist (OT)** – An occupational therapist will help you learn how to be as safe and independent as possible with self-care after your surgery (such as bathing and getting dressed).

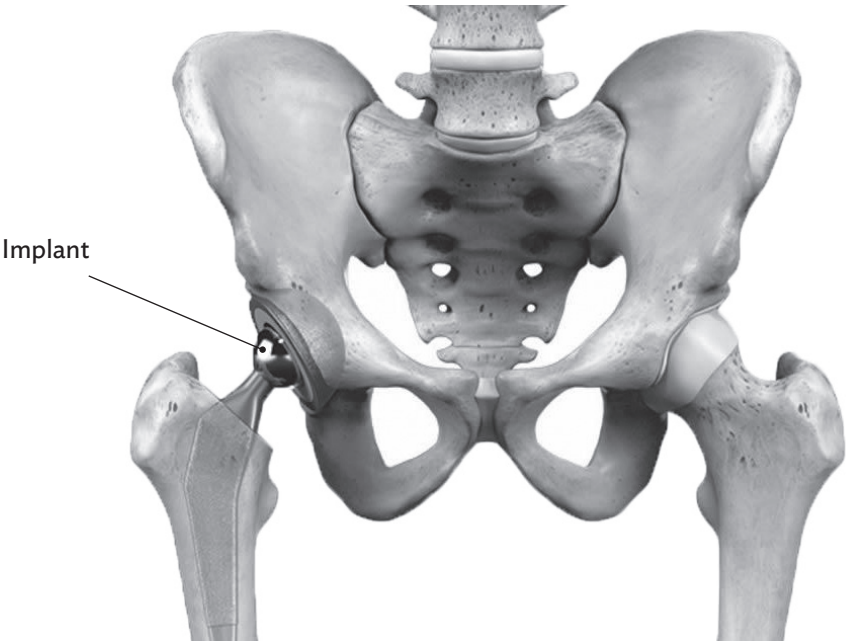
**Social Worker** – A social worker will help you coordinate plans for a safe discharge and transition to home after your hospital stay.

# TOTAL KNEE REPLACEMENT



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# TOTAL HIP REPLACEMENT



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# Before Surgery

## Patient Reported Outcomes

For most patients, a major joint replacement can greatly improve quality of life and reduce pain. At Virginia Mason, we strive to understand the impact that these surgeries have on your life and how they improve your function. We want to ensure that your experience and outcome is the best that it possibly can be.

One way that we do this is by collecting information from you that helps us understand some details of your day-to-day life, including ability to engage in activities. The questionnaires that will be sent to you prior to surgery and then afterwards provide a way for your team to more completely understand your progress.

Sometimes the questionnaires will not be tied directly to a visit, but they still provide important information to your care team. We review each of these results carefully so that we can provide the most complete assessment of your care. Your team of doctors and nurses will use this information to provide a customized treatment plan and ensure that you return to everyday function with the least amount of pain.

We thank you for being an important participant in your health care team. If you have questions or concerns, please do not hesitate to reach out to us.

## Opioids

(Such as morphine, oxycodone, Percocet, Vicodin, etc.)

Patients who take opioid medications on a regular basis to control pain should expect a more difficult time controlling their pain after surgery than patients who do not take opioids. It is very important for your care team to know the names and dosages of all pain medications you are taking before surgery.

## Nicotine Cessation

**We require that you be nicotine-free for four weeks prior to surgery.** Any source of nicotine such as smoking, chewing tobacco or e-cigarettes delays healing after your surgery and increases your risk of infection. During your hospital stay, you will not be able to use nicotine in any form.

*For support:*

- Tell your surgeon you would like help with quitting smoking.
- Call the Tobacco Quit Line, toll-free at 877-270-7867 or visit [quitline.com](http://quitline.com).

## Plan for Your Discharge

### ***Care Companion***

Regardless of discharge plan, all patients need a Care Companion. Please refer to the Care Companion Agreement document for details. Bring your completed agreement to your pre-operative appointment.

### ***Arrange for Transportation Home***

You will not be able to drive yourself home. Before surgery, you should arrange to have someone available to bring you home when you are ready for discharge from the hospital. If you have any concerns, please notify the Orthopedics Clinic before surgery.

### ***After Your Joint Surgery***

We believe it's important for all patients, care givers and providers to understand the discharge plan well in advance of your surgery.

- Most patients will return home from surgery and continue their recovery with assistance from a Care Companion.
- Some patients need intensified physical therapy or nursing care in their home utilizing Home Health services.
- A few patients will require a stay in a Skilled Nursing Facility (SNF).

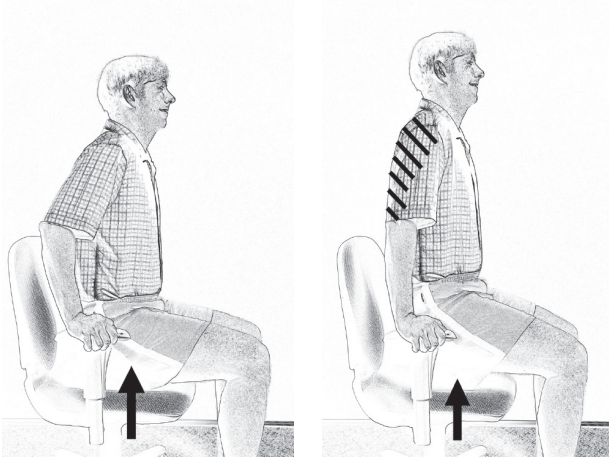
Your care team will help to predict which path is most appropriate for you. The final decision will be made in the hospital. The orthopedics social worker will help you make appropriate arrangements prior to discharge.

***When in need of more support or guidance with planning your discharge, call our orthopedics social worker at 206-583-6578.***

***Healthcare benefits and cost:*** Call your insurance company to verify benefits.

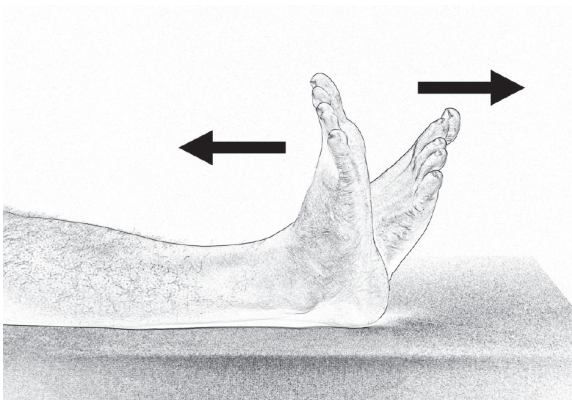
## Exercises

This is a general list of exercises you should do before surgery as ability and comfort allow. You may receive instructions for more exercises if your provider thinks they would benefit you. Based on the physical therapists' instructions, you will do similar exercises during your hospital stay and after surgery. You will meet with a physical therapist prior to surgery to review home safety and exercises.



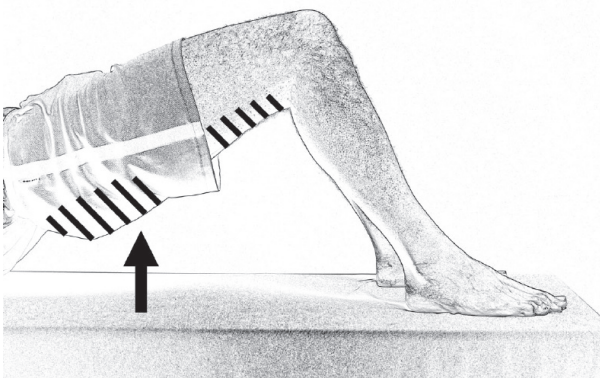
### Seated press up

Sit in a supportive chair that has arms, a back and no wheels. Place your hands on the chair arms and push yourself up as far as you can. Hold for one to two seconds and then slowly lower yourself back to the chair. Do 3 to 4 sets of 10 repetitions.



### Ankle pumps

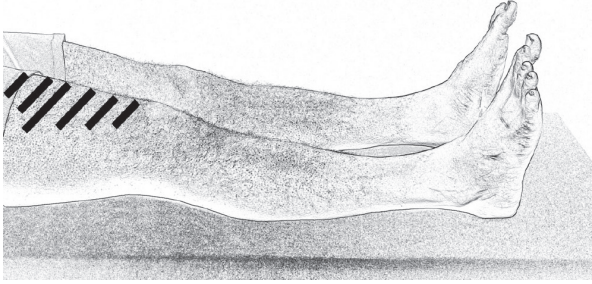
Point your foot down, then pull your foot up. Do 3 to 4 sets of 20 slowly.



### Bridging

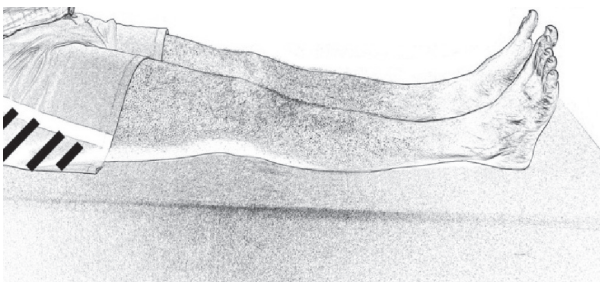
Lie on your back with your knees bent, tighten your buttock muscles and lift your hips off the bed. Hold for one to two seconds and then slowly lower your hips back onto the bed. Do 3 to 4 sets of 10.





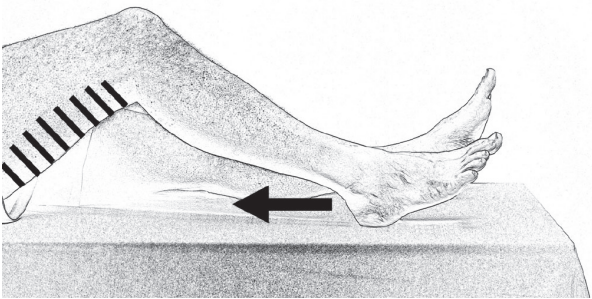
### Quad sets (thigh tightening)

Lie on your back with hips and knees straight. Tighten muscles on top of the thigh, pushing the back of the knee into the bed. Hold for a slow count of five or six, then relax. Do 3 to 4 sets of 10 slowly.



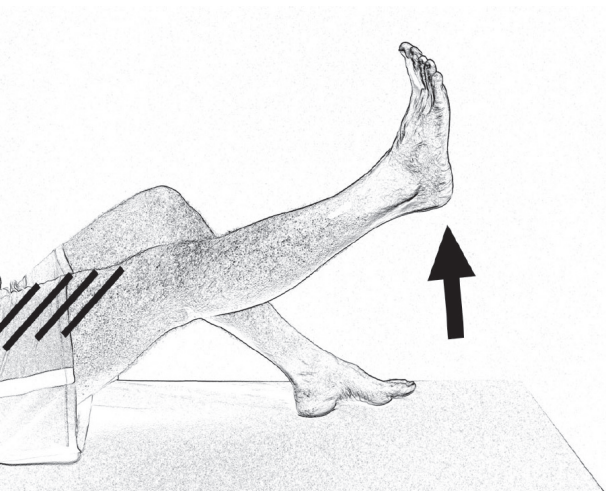
### Gluteal sets

Lie on your back with your hips and knees straight. Squeeze your buttocks together. Your hips will raise slightly off the bed. Hold for a few seconds, then release. Do 3 to 4 sets of 10.



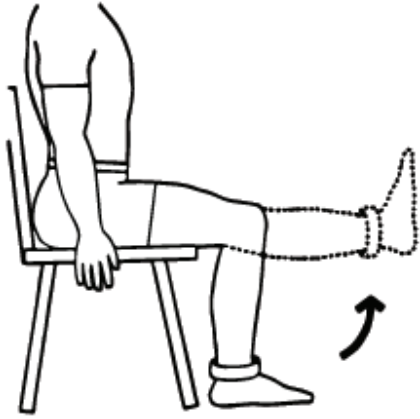
### Heel slide

Lie on your back and slide your heel up toward your buttocks, then slide it back down. Do not lift your heel from the bed. Do 3 to 4 sets of 10 slowly.



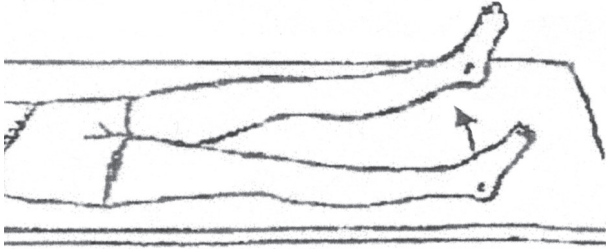
### Straight leg raise

Lie on your back with leg to be exercised straight and the opposite knee bent. Keeping the knee straight, raise your entire leg up off the bed. Slowly lower the leg to the bed and relax. Do 3 to 4 sets of 10 slowly.



**Seated knee extension**

Sitting in a firm chair, slowly lift your foot until your knee is straight. Hold for 5 seconds. Slowly lower foot back down to floor. Repeat 10 to 15 times.



**Straight leg slide**

Keep your knee straight, slide your entire leg out to the side and then back toward the center.



**Standing hip abduction**

Stand and hold onto a kitchen countertop or table. Standing on your non-surgical leg, move the surgical leg outward from your side. While keeping your hip and knee straight, your foot should move outward about 12 inches. Repeat 3 to 4 sets of 10.

## Preparing Your Home

It is important to evaluate your home for safety before your surgery. We suggest you review these recommendations prior to your surgery and make modifications to your home if possible.

### General

- After your hospital stay, you will likely use a walker at home. Before surgery, remove all safety hazards from the paths you'll travel in your home to avoid tripping (for example, throw rugs, phone lines, extension cords and furniture).
- Check to see if there are handrails by the stairs inside and outside of your home. Handrails provide support when going up and down stairs.

### Kitchen

- Are your kitchen shelves so high or so low that they involve stretching, bending or twisting? Reorganize the kitchen so that items you need are within easy reach. This could mean leaving pans on the stove or countertop and a couple of glasses, dishes and mugs on lower overhead shelves.
- Is a high stool or elevated chair available for use at the kitchen counter? This will help while cooking at the stove or preparing foods at the counter.
- Is there a utility cart for easy transport of dishes, utensils and food from the counter to the table? A utility cart is helpful if you are using both hands to walk with a cane, walker or crutches, or for people with balance problems.

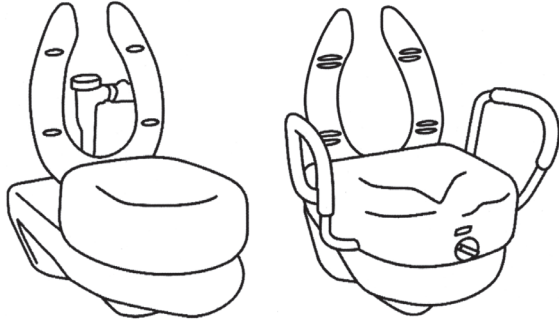
### Bedroom

- Is the bed low enough to sit on to get into bed, but high enough to get out of easily? A bed can be raised by placing an extra mattress on top or by putting wooden blocks under the bed legs. You can also shop online for "adjustable bed risers."

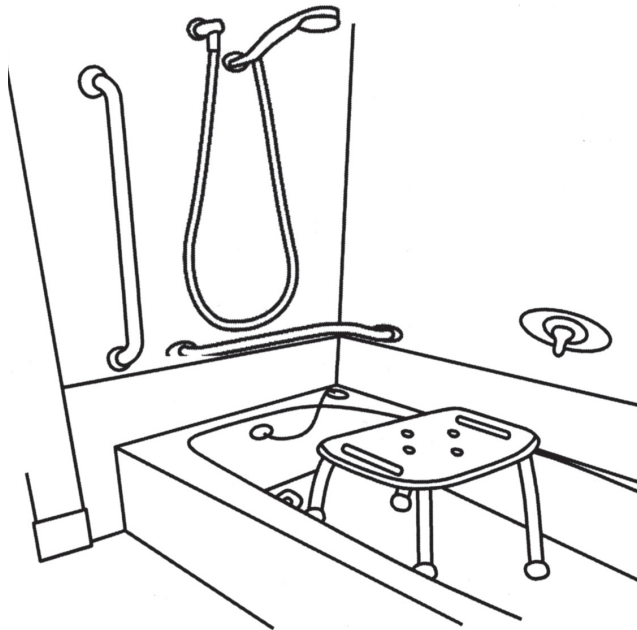
### Bathroom

- Is there a non-skid mat or safety treads in the tub or shower? Rubber bath mats help prevent falls.
- Is a tub or shower stool or grab bar available? Sitting on a seat saves energy and improves safety during bathing.
- Fasten a soap-on-a-rope or a bar of soap tied into the toe of a nylon stocking (or placed in a small mesh bag) high enough that it can be reached without bending. If it drops, don't bend over to pick it up.
- Is there a long-handled brush or sponge? These devices allow you to wash your lower legs and back.

## Medical Equipment



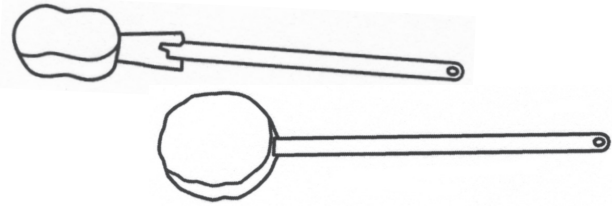
**Raised toilet seat** – Raised toilet seat has wide inner lip for added safety. It fits all toilets. Available with or without arms. Available with or without locking mechanism.



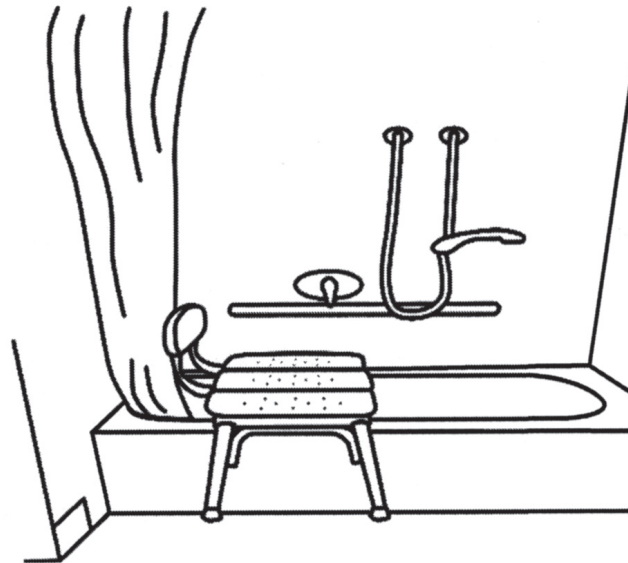
**Bath seat** – Molded plastic with drain holes, rubber feet, and adjustable legs. Available with or without back. Sits inside tub.

**Hand-held showerhead** – Promotes independent bathing. Increases safety by allowing user to shower while seated.

**Grab bars** – Horizontal or vertical. Available in 12", 16", 18", 24", and 32" sizes. Need to be installed into the studs of the wall.

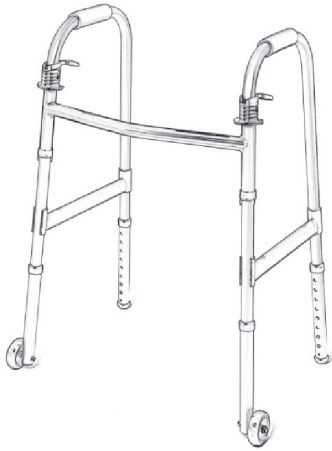


**Long-handled sponge** – Helps with washing lower legs, feet and other hard-to-reach areas.

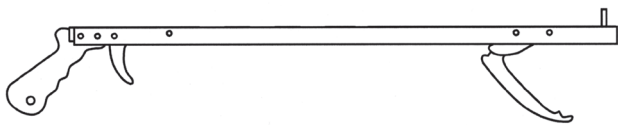


**Transfer bench** – Two legs are outside of the tub. You sit on the outside and scoot your legs over the tub wall. Plastic or padded seat. Adjustable height back and legs. Rubber feet.

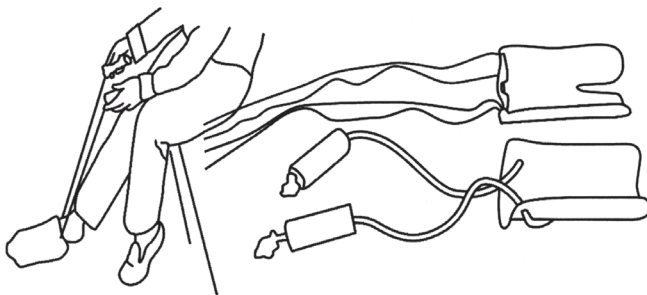
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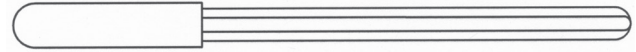
**Walker** – You may use a front-wheeled walker after surgery. A four-wheeled walker is not safe to use at this time. Label your walker with your name. Bring it with you when you come to the hospital for surgery so that we can make sure it fits you properly after surgery. If you do not have a front-wheeled walker, we will help you get one before discharge. Most people use a walker for two to four weeks after surgery.



**Reacher** – Use this for putting on and taking off your pants. It is easier to dress the operated leg first and undress it last. A reacher will also help you pick up lightweight objects from the floor without bending.



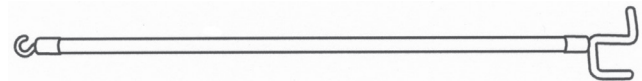
**Sock aid** – Assists with pulling socks on.



**Long-handed shoe horn** – Available in metal or plastic. Allows user to put shoes on without bending.



**Coil shoelaces and elastic shoelaces** – Shoes can be put on and taken off without tying and untying.



**Dressing stick** – Helps with all dressing chores, such as reaching zippers, socks, etc.

### Medical Equipment Resources

Before your surgery we recommend that you check with people or organizations in your community for medical equipment resources you can borrow. For several weeks after your surgery you may need to use a walker and other medical equipment. If you're able to borrow the equipment from a community resource, you won't need to purchase it. In addition to friends and family, we suggest checking with church groups, the American Legion, Rotary Club, senior citizen centers and others that may have medical equipment to lend.

If you need assistance at home, a social worker can help you arrange this. The social worker can be reached at 206-583-6578.

## Nutrition and Diet

Eat a balanced diet before and after your surgery to help you heal. Lots of fluids and foods high in fiber will help to reduce constipation. Iron rich foods will help to rebuild red blood cells, and adequate protein will help tissues heal.

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### HIGH FIBER FOODS

Apple	Chick Peas or Garbanzo beans	Oatbran
Almonds/Almond Butter	Citrus fruit	Peach
Banana	Eggplant or Baba Ghanooj	Pear
Barley	Fiberful Bar (only at Trader Joe's)	Plum
Berries	Flaxseed, ground	Prunes
Black Beans	Hummus	Psyllium seeds or husk, ground
Broccoli	Kidney Beans	
Brussels Sprouts	Lentils	
Carrots	Metamucil®	
Cauliflower	Metamucil® Wafers	
Cereal	Navy and Pinto Beans	
• Cheerios	Nectarine	
• All Bran Bran Buds	Nugo Fiber d'lish bar	
• Nature's Path Smart Bran	Oatmeal	

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### IRON RICH FOODS

Fortified Cereals	Beans and Lentils	White Button Mushrooms
Beef	Dark Leafy Greens	Squash and Pumpkin Seeds
Shellfish	Dark Chocolate	
Dried fruit	Quinoa, cooked	

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### PROTEIN FOODS

Meat, Fish, Poultry	Starches	Milk, Cheese, Yogurt
• Lean ground sirloin	• Mashed potatoes	• Cottage cheese
• Roast	• Fat free refried beans	• Skim mozzarella
• Corned beef	• Baked potato, no skin	• Fat free American cheese
• Pork chop	• Barley	• Fat free cheddar
• Spare ribs	• Baked beans	• Skim milk
• Red snapper	• Kidney beans	• Nonfat dry milk
• Shrimp, boiled	Soups	• Yogurt, light
• Tuna, in water	• Broth	• Eggs
• Salmon	• Low fat creamed	• Tofu
• Flounder	• Chicken noodle	
• Lobster	• Bean, pea or lentil	
• Haddock	• Minestrone	
• Baked ham		
• Chicken		
• Turkey		

# While You Are in the Hospital

## Anesthesia During Surgery

Before surgery you will have an opportunity to talk with a nurse or doctor in the Pre-Anesthesia Assessment Clinic to discuss your anesthetic options. We want you to know what will happen and be comfortable with the plan. The team member who interviews you may not administer your anesthetic, but the information will be available to the person who does.

The anesthesiologist will recommend a combination of anesthesia options to manage your pain. An intravenous (IV) catheter will be used to deliver anesthesia and pain medications during your surgery. Spinal anesthesia is most commonly used for the operation, but spinal anesthesia is not appropriate for everyone. This is why your anesthesiologist will discuss the options that are best for you on the day of surgery. If you get a spinal anesthetic, you will be given medications that will make you sleep through your surgery.

Be assured that no matter what type of anesthetic you choose, there will be an anesthetic provider with you at all times. Your anesthesia team will watch over you with several specialized monitors.

### Before the operation

You will prepare for anesthesia in the Pre-Op Area. Most patients will be given a combination of pills with a small sip of water just before their surgery to help decrease the pain and inflammation of surgery. This combination may include acetaminophen (Tylenol), gaba-

pentin (an anti-nerve-pain medicine), and celecoxib (Celebrex, a non-steroidal anti-inflammatory drug like ibuprofen).

From the Pre-Op Area you will be taken to the operating room. There will be many different staff members moving around in preparation for your procedure. Right before the surgery all of the medical staff will perform a patient safety check and confirm their plan. You will sleep through most of your time in the operating room.

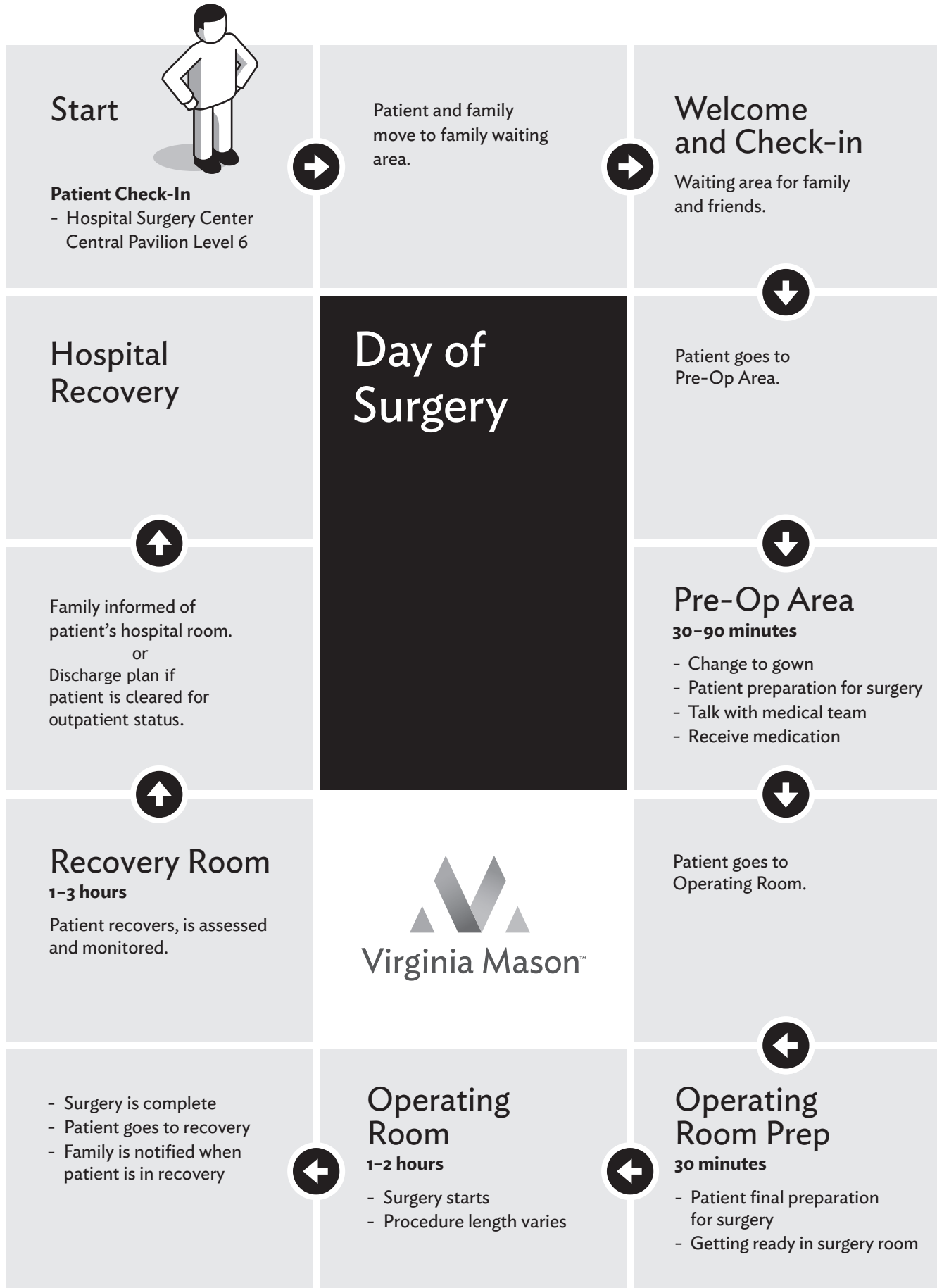
### Immediately after the operation

After surgery, you will be observed in the recovery room for one to three hours and then you may be admitted to a hospital room or discharged, depending on your care plan.

For knee replacements, the anesthesiologist may place a nerve blocking catheter while you are in the recovery room.

### Drain

Your surgeon may opt to insert a drain in the surgical site allowing for any residual bleeding that may occur after your surgery to be collected and removed via a tube and receptacle outside of your body. If you have a drain, The nurses in the hospital will empty and reset this drain receptacle every few hours. Your surgical team will remove the drain before you are discharged from the hospital.





## Instructions for Family During Your Hospital Stay

### During the operation

A family waiting area is located on Level 6 of the hospital. Your family should check in with the volunteer at the desk. This is where the physician will contact your family after surgery. The operation itself takes approximately 1–2 hours, but the entire process of surgical preparation, surgery and time in the recovery room before a patient is cleared from the recovery room and is available for family to visit may be 3–4 hours.

### Visiting policy

We understand that the support of family and friends is beneficial to our patients' needs, so visiting hours are flexible. Please keep in mind that this is a time for recovery and to work with your rehabilitation specialists, advancing your mobility. Visitors may be asked to leave the room temporarily when their presence may distract from patient care.

To support our patients' rest, we ask that you finish your visits by 9 p.m. Please limit visitors to two at a time.

Private rooms allow for a family member or care companion to remain with patient during their hospital stay.



Anyone who visits you in the hospital should wash their hands when they come into your room. Hand-washing is the best way to prevent infection.

### Care Companion

In order to avoid delays in discharge, please have your Care Companion readily available. Please see Care Companion Agreement for duties and responsibilities.

### Children

Children under 14 must be accompanied by an adult. If a child's behavior is disruptive to patients or staff, we will ask that the child leave the unit. Children and adults with known infections, including colds, are encouraged not to come to the hospital.

### Communication between family members and nursing staff

Telephone calls to the nursing station are accepted 24 hours a day. You can reach the Jones Pavilion Orthopedic Unit at 206-625-7373, ext. 64168.

### Hospital Directory

Due to recent changes in privacy laws, we will provide only a condition report to family members if we have the patient's express consent to share health care information. On admission, patients indicate if they want to be part of the hospital directory (which includes their name and location and allows nurses to disclose a condition report). If the patient declines, we cannot verify that a patient is here. We ask that only immediate family members call to inquire about the patient's condition. Others seeking information about the patient's status will be asked to call family members.



## Discharge

You will be ready to discharge from the hospital, once you have achieved the following:

- rehabilitation therapy milestones
- can eat and drink without nausea
- pain is controlled orally

Upon discharge, your physician assistant and nursing care team will discuss with you discharge medications and instructions, incision care, post-operative appointment date and time, and how to best contact your care team.

## STEPS TO GOING HOME

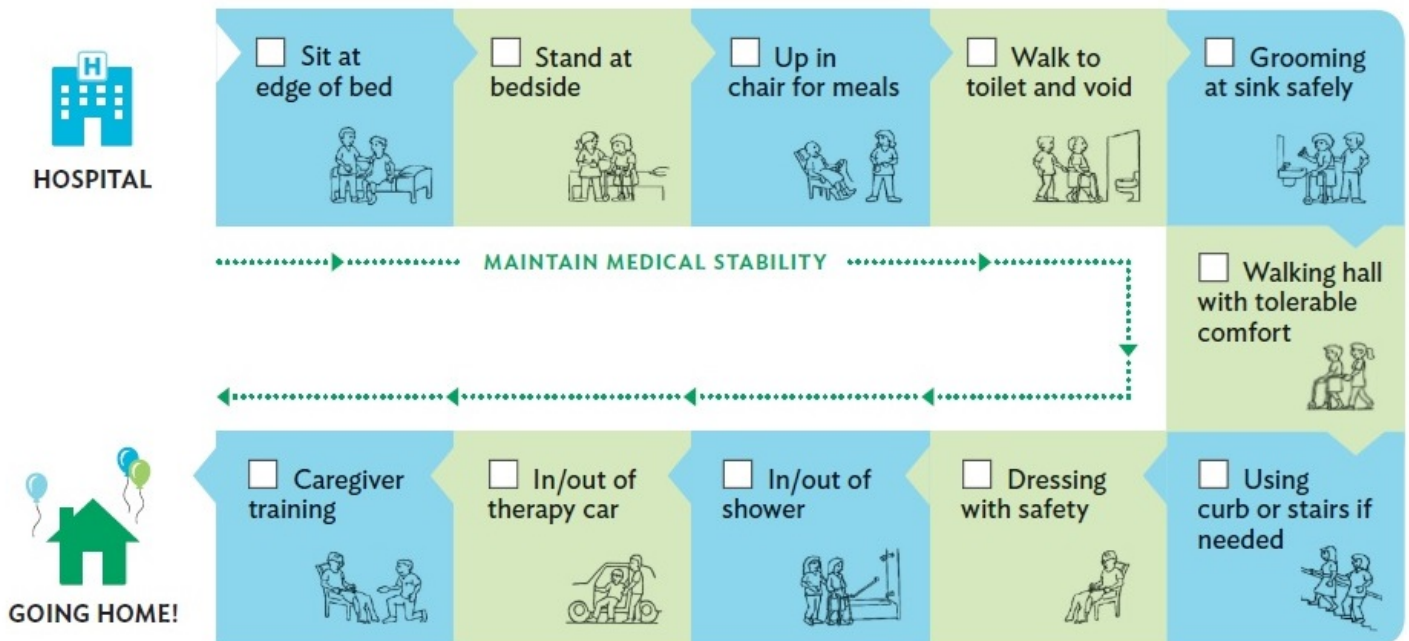


SEE CERNER     THERAPY GOALS MET

# My Recovery Pathway After Joint Replacement Surgery

My personal goal: \_\_\_\_\_

Planning to go home: \_\_\_\_\_



# At Home After Surgery

## Pain Management

- Do not drink alcohol when taking opioids for pain.
- Do not take more than 3000 mg of acetaminophen (Tylenol) per day, as this may harm your liver. Many pain medications (such as Percocet and Vicodin) contain acetaminophen.

### OPIOID REFILL POLICY



We want to partner with you to manage your medication needs. Your requests will be initiated by a nurse, but they require a doctor's authorization.

Opioid prescriptions cannot be "called in". You may pick up a prescription in the clinic — please allow 24 hours. If you'd like your prescription via mail, please allow 3–4 days.

***Medication refill requests after 12 noon on Friday will not be processed until the following Monday.***

## Activity and Safety

You will be up walking soon after surgery, often even on the same day. You will be able to place your full weight on your operative leg. However, it is important to remember that recovery is a process and it will take time to regain strength and mobility. You will use a walker or crutches for approximately two to four weeks. After that, you may discontinue using these devices when you feel comfortable and able to walk with minimal limp. A cane is sometimes helpful as a transitional aid in the subsequent two weeks. Most people are able to walk without assistive devices by four weeks after surgery. By four to six weeks after surgery, many people report feeling better than they did before surgery and by three months, the majority of recovery has taken place. However, even up to a year after surgery you can expect continued improvement.

The two main things guiding your activity after returning home will be comfort and swelling. Your leg will be sensitive and prone to swelling with activity, especially for the first two to three weeks after surgery. You can gradually increase activity as comfort allows, but it is important to monitor swelling. Swelling will follow gravity, so as you spend more time upright, you may experience increased swelling, including in your ankle and foot. If you experience significant swelling, it is time to sit or lay down and elevate your leg: several hours a day are recommended. Additionally, support stockings on the lower leg may be applied to further reduce swelling.

Everyone progresses at a different rate following surgery. The goal is to do slightly more each day in a gradual, stepwise fashion. Going for short walks is an excellent initial activity for regaining strength and mobility. It is important not to overdo it. Because the limb remains

## Activity and Safety *(continued)*

sensitive, excess walking and upright activity can lead to excess swelling and increased pain. So be careful to progress slowly. Elevate the limb as needed. As your recovery progresses, alternating other low impact activities, such as a stationary bike or elliptical machine, is a good way to build strength and endurance without excessively aggravating the limb. More strenuous activities such as hiking, golf, tennis or biking usually are not appropriate until three months after surgery.

Perhaps the most important aspect of increasing activity after surgery is avoiding situations that put you at risk for falls or stumbles. **Falls and stumbles are the biggest contributor to post surgical complications such as fractures or dislocations.** Your muscles will be fatigued after surgery, and it will take time to build strength and endurance. It is important that you avoid situations where your activity level is exceeding the limits of your strength and endurance. These are situations where you are at greater risk of having a fall. It is equally important that you are very thoughtful about your movements, particularly in the first month after surgery. **Avoid impulsive movements.** Before making a movement, take a second to pause and consider the safest way to complete the movement.

Your physical therapist will instruct you on these techniques while you are in the hospital. Depending on the type of joint replacement you undergo, the physical therapist may also instruct you on specific movement restrictions that will be important for progressing safely through your recovery.

**Stairs:** When climbing UP stairs, step with the non-operated leg first. On the way DOWN stairs, step with the operated leg first. Remember, “up with the good, down with the bad.”

**Sitting:** If you can, use a firm chair with arm rests. Do not sit in chairs lower than knee height that will be difficult to rise from. Avoid low sofas, stools and chairs. Do not sit in one position for more than 45 minutes. Frequent walks will help increase your endurance and will help prevent blood clots.

**Bathing:** You should not sit in a bathtub due to the excessive bending to sit on the tub floor. Avoid submerging your incision under water for the first six weeks following surgery. If you can step over the edge of the tub using the correct technique then you can use the overhead shower. A tub bench set at the correct height could also be used in conjunction with a hand-held shower. Your occupational therapist will assist you to find the best option for you during your hospital stay and for after you discharge.

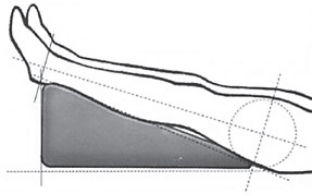
**Sexual relations:** You can resume sexual relations after returning home when it’s comfortable for you to do so. If you have questions about positioning during sexual relations, do not hesitate to ask your doctor or therapist.

**Antibiotics:** Although the risk of infection is very low, the consequences can be extremely serious and can result in the removal of the artificial joint to cure the infection. Artificial joints are susceptible to infection at any time. This may occur months or even years after surgery. This type of delayed infection may result from bacteria circulating through the blood stream and lodging in the area of an artificial joint. If you have evidence of a bacterial

infection elsewhere in your body, it is important you have that evaluated and treated in a timely manner. Examples of this would include a cut on your skin that becomes infected, a dental infection, a urinary tract infection or pneumonia. Viral infections such as a cold or flu are not a threat.

To reduce risk of infection & complication, we recommend you avoid dental & medical procedures for 3 months following your joint replacement surgery.

## Recommendations for Comfort



**Swelling:** You may get swelling in your operated leg. The amount of swelling and how long it lasts

is different for everyone. If your leg swells, you should lie flat and place one to two pillows under your calf. Your leg should be slightly higher than your chest. Do this several times a day for 30 minutes at a time. Swelling should decrease after elevating your leg. If elevation does not decrease swelling, you should call your surgeon's office.

Regular icing is important for helping to reduce pain and swelling after surgery.

**Difficulty sleeping:** You may have post-surgery discomfort and not be able to lie in your normal position. It may be difficult for you to get a good night's sleep for a few weeks. It should get better over time. Try taking small naps if you are able.

**Mood:** Surgery and rehabilitation may trigger unexpected emotions. You may feel tired and frustrated with your progress. This is very common. It is good to talk with someone during this period, such as family members, friends or your orthopedic care team.

**Constipation:** Constipation is the most common complication after total joint replacement surgery. Pain medication and decreased activity after surgery can cause constipation. Take the stool softeners as prescribed for as long as you are on opioids. **Call your doctor's office if you have not had a bowel movement for 48 hours.**

**To prevent constipation:**

- Drink 1½ to 2 quarts of water/fluids each day.
- Eat foods high in fiber.
- Move as much as possible.
- Take the minimal amount of opioid pain medications necessary to maintain pain at a tolerable level, and reduce opioid usage as comfort allows.
- Take the stool softeners you are prescribed at the time of discharge from the hospital.
- If you are becoming constipated try these over-the-counter medications in progression until you have results
  - Milk of Magnesia oral stimulant laxative
  - Bisacodyl suppository laxative
  - Fleets enema

## Symptoms to Report

### **Call the Orthopedics Clinic at 206-341-3000 if:**

- Your wound edges come apart or increasing drainage.
- You get a temperature over 101° F lasting more than a day.
- You have pain in your calf that does not go away or that gets worse.
- There is expanding redness of the skin around the incision.
- There is swelling in your calf, ankle or foot that is increasing and does not reduce with elevation and decreased activity.
- You have questions or concerns about your surgery or medicine.
- You fall and injure your new joint.
- The toes on your surgical leg feel numb, tingle, are cool to touch, or look blue or pale.



### **Call 911 if:**

- You have trouble breathing or chest pain. These may be symptoms of a blood clot in your lung.

# Frequently Asked Questions

## ***After surgery, will my joint be “as good as new?”***

No, artificial joints are mechanical devices that replicate the complex functions of a normal joint. Some low level mechanical symptoms or mild swelling and discomfort might be expected long term. However, overall pain, function, and quality of life are generally greatly improved following joint replacement surgery.

## ***How long will I need to use my walker or crutches?***

You will use a walker or crutches for approximately two to four weeks. After that, you may discontinue using these devices when you feel comfortable and able to walk with minimal limp.

## ***Will I need to use a cane after discarding the walker or crutches?***

It's not usually necessary to use a cane, but it depends on how soon you regain your strength. Your rehabilitation therapist will discuss this with you after surgery.

## ***When can I resume housework?***

As soon as you feel comfortable doing so.

## ***When can I have sexual intercourse?***

As soon as you feel comfortable doing so.

## ***What long term activity restrictions will I have once I have progressed through my recovery?***

The goal of joint replacement is to get you back to enjoying the activities that you enjoy. With few exceptions, most patients achieve that goal. The primary activities we recommend against are high impact activities such as running or jumping activities. These activities can put excessive stress on your implant and lead to earlier wear and tear. Low impact activities such as walking, hiking, elliptical machine, golf, cross country

skiing and biking are all perfectly acceptable. Certain intermediate impact activities may be acceptable if done in a modified fashion. For example, if you play tennis, we encourage doubles rather than singles tennis. If you are a downhill skier, we encourage blue cruising runs rather than black mogul runs. If you have questions regarding a specific activity you wish to return to, ask your doctor.

## ***What will my lifting limits be?***

No heavy lifting whenever possible. No lifting greater than 25 pounds for the first three months after surgery.

## ***How soon can I drive a car?***

You should be able to drive approximately four to six weeks after surgery. At your post-surgery appointment, your provider will discuss with you if you are safe to drive.

## ***When can I shower?***

You can shower after surgery. A waterproof dressing is placed over the incision in the operating room. Don't immerse the incision in a bath or hot tub, and do not scrub the surgical site. Do pat dry.

## ***What will happen with my wound when I leave the hospital?***

In many cases we use dissolvable sutures which do not require removal. In most cases the dressing is simply removed one week after surgery.

## ***Will I go straight home when I leave the hospital?***

Most people discharge to home from the hospital. A care companion is crucial to assist with this transition. If your care team feels that you can go home but you need additional help,



you may be asked to arrange for or hire someone to help with shopping, cooking, or even bathing/dressing and getting into or out of bed. The social worker can provide more information about what your options are. We recommend you call your insurance company to find out what your insurance coverage is for different services. It is important to learn what your deductible and co-payment amounts are as well.

***How long will I have discomfort?***

This is different for each patient. We work closely with you to reduce the amount of pain you experience throughout the process, from surgery through recovery.

***How long do I have to continue doing exercises at home?***

You should continue to do your home exercise program for at least six weeks. Your surgeon will tell you when you can stop.

***When can I travel?***

You can travel as soon as necessary. However, during the first month after surgery, travel should be limited to those trips which are absolutely necessary, such as returning home. If traveling soon after surgery, you should stand, stretch and walk a short distance every hour or so. This will help reduce swelling and stiffness and decrease the risk of blood clots. Most patients find that travel for pleasure is most enjoyable if scheduled beyond three months after surgery.

***What is the best way for me to sit in an airplane?***

You should choose a bulkhead seat for added leg room, but you shouldn't sit next to the emergency exit until cleared by your surgeon. Use folded blankets or pillows to elevate the seat height if needed.

# Contact Information

## **Virginia Mason Orthopedics**

206-341-3000

## **Virginia Mason Hospital**

Jones Pavilion Orthopedics Floor

206-625-7373, x 64168

## **Virginia Mason Pre-Anesthesia Assessment Clinic**

206-625-7373, x 36604

## **Virginia Mason Patient Account Services**

206-223-6601 / 800-553-7803

Contact us if you have any questions about your Virginia Mason bill or any of our financial programs. If you have any questions regarding your insurance benefits or if you would like more information regarding the way your insurance carrier has processed the claims for your services, please contact your insurance carrier directly.

## **Virginia Mason Patient Relations**

206-223-6616

Contact us if you wish to provide us with feedback about the quality of care you receive.

## **Virginia Mason Social Services**

206-583-6578

## **Virginia Mason Spiritual Care**

206-583-6463



[VirginiaMason.org/Orthopedics](https://VirginiaMason.org/Orthopedics)