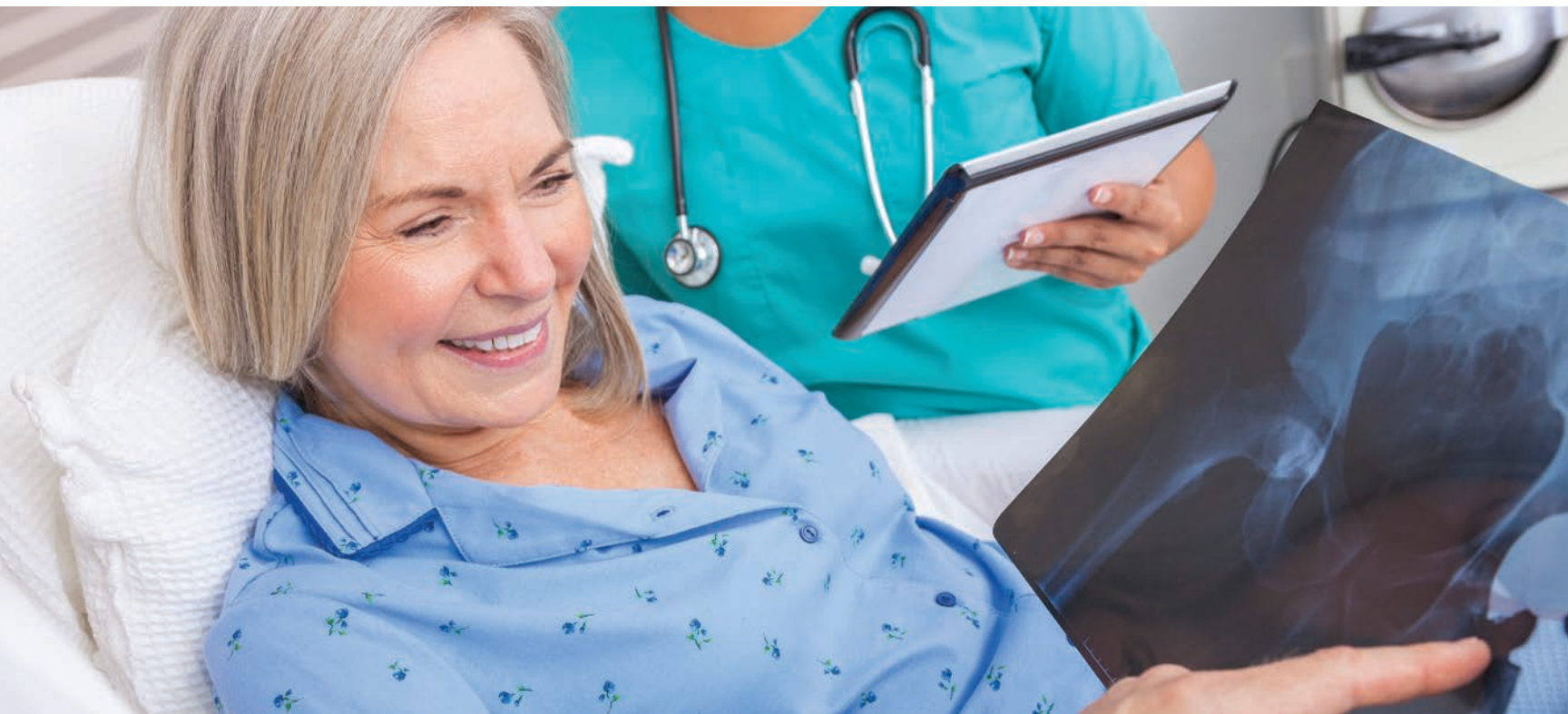


Your Joint Replacement Journey

Thank you for choosing North Memorial Health for your joint replacement surgery. We are dedicated to providing you with the highest quality of care, with the goal of reducing your joint pain, restoring your independence, and getting you back to the activities you enjoy.



 **NORTH**
MEMORIAL HEALTH



The purpose of this guidebook:

Preparation, education, continuity of care, and a pre-planned discharge are essential for optimum results in joint replacement surgery. This guidebook is designed to educate you so that you know:

- What to expect, every step of the way.
- What you need to do.
- How to care for your new joint.

Remember, this is just a guide. Your care team may add to or change any of these recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your guidebook as a handy reference.

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North Memorial Health offers an exciting and innovative way of caring for you. Here, patient education and support begins as soon as your joint replacement surgery is scheduled and continues through the entire procedure, recovery, and beyond.

At North Memorial Health, you will be supported by an excellent and compassionate team of experts dedicated to empowering you to achieve your best health.



Before Your Surgery

Preoperative Education:

At least **two (2) weeks prior to your scheduled total joint surgery**, we ask that you watch a 10-minute educational video to prepare you for surgery. This video will include education around:

- What to expect during your stay.
- How to prevent postoperative complications.
- Information about assistive devices.
- Discharge planning.
- Questions and answers.

This video can be found by visiting northmemorial.com/jointsurgery

At the end of this video, **please fill out the form to ensure that we know you completed this preoperative education.**

If you have questions, contact your joint replacement care coordinator.

Prior to your surgery:

- Begin preoperative exercises
- Make an appointment with your primary care physician for your preoperative history and physical
- Have any laboratory tests completed
- Make arrangements to have someone scheduled to stay with you for at least the first 3-4 days, following discharge from the hospital
- Check your MyChart* for questionnaires you may be required to complete

*If you do not have a North Memorial Health MyChart account, visit northmemorial.com/mychart or call (763) 581-7899.



Please scan to access MyChart

Exercise Before Surgery

Starting your preoperative exercises prior to surgery, can help speed up your recovery. The exercises listed on this page are ones that your physician may instruct you to start doing now and continue until your surgery. You should be able to do them in 15-20 minutes, and it is typically recommended that you do all of them twice a day.

Also, remember that you need to strengthen your entire body, not just your legs. It is very important that you strengthen your arms by doing armchair push-ups because you will be relying on your arms to help you get in and out of bed, in and out of a chair, to walk, and to do your exercises postoperatively. **Stop doing any exercise that is too painful.**

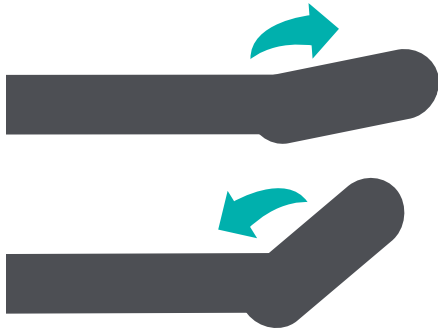
Preoperative Joint Exercises

- Ankle Pumps.
- Quad/Gluteal Sets.
- Abduction and Adduction.
- Heel Slides.
- Straight Leg Raises.
- Arm Chair Push-ups.
- Seated Knee Extension Stretch.



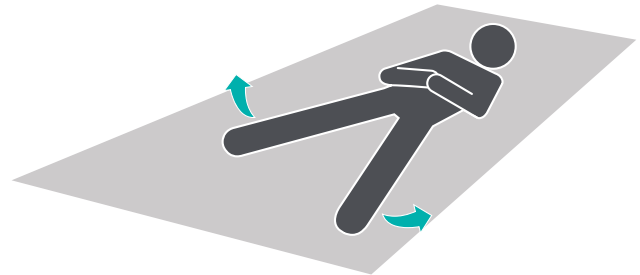
Exercise Before Surgery

Perform 10-15 reps of each exercise 1-2 times a day. Increase reps as tolerated up to 20 reps of each exercise. Exercises may be done lying down or in a seated position.



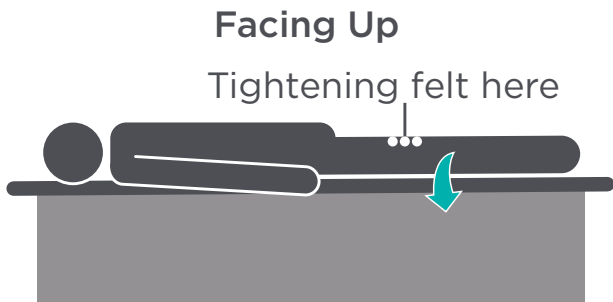
ANKLE PUMPS

Gently point toes up towards the ceiling and down towards the surface. Do both ankles at the same time or alternate. Perform slowly.



ABDUCTION AND ADDUCTION

Start with legs together. Slide affected leg out to the side. Keep kneecap pointing toward ceiling. Slide leg back to the other leg. (May do both legs at the same time.)



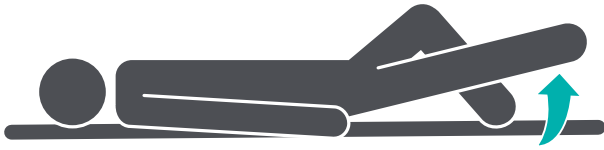
QUAD/GLUTEAL SETS

Slowly tighten thigh muscles by pushing your knees down flat into the surface. As you do this, also squeeze your buttocks together and hold for 2-3 seconds. Relax, repeat.



HEEL SLIDES

Start with legs flat. Bend affected knee and slide heel toward buttocks. Slide heel out and return leg to flat. (May use theraband to assist.)



STRAIGHT LEG RAISES

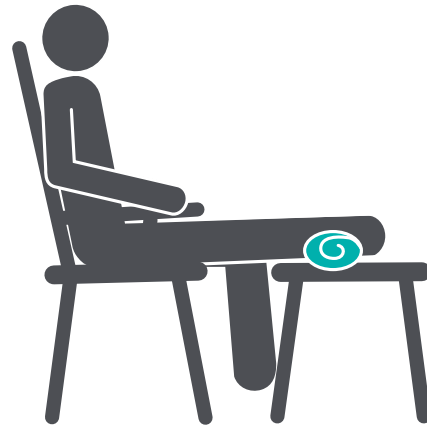
Bend good knee, securing heel on surface. Keep affected leg as straight as possible and tighten muscles on top of thigh. Slowly lift leg 10 inches from the surface and hold for a count of 2. Lower leg back down.



ARMCHAIR PUSH-UPS

This exercise will help strengthen your arms for walking with crutches or a walker. Sit in an armchair. Place hands on armrests. Straighten arms, raising bottom up off chair seat, if possible. Feet should be flat on floor.

Total Knee Replacement Only



SEATED KNEE EXTENSION STRETCH

Prop foot of affected leg up on chair. Put a roll under your ankle. Sit back and try to relax. Do this for 15-30 minutes, 2-4 times per day. You may increase duration as tolerated up to an hour per session.

Preparing for Surgery

MEDICATIONS

Two weeks prior to surgery, stop taking aspirin, vitamin E, fish oil and flaxseed capsules, which may cause increased bleeding.

Prescription Blood Thinners:

If you are taking a prescription blood thinner, you will need special instructions for stopping this medication. Your primary care physician will instruct you about what to do with blood thinners and your other medications.

Anit-Inflammatory Medications:

Three days prior to surgery, stop taking medications such as Motrin, Ibuprofen, naproxen, Mobic, Celebrex, Indomethacin, and Aleve. These medications can cause increased bleeding.

You may continue taking Tylenol (acetaminophen) for pain prior to surgery.

PREPARE YOUR HOME FOR YOUR RETURN FROM THE HOSPITAL

Consider the following:

- Clean, do the laundry and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them in single-serving containers.
- Cut the grass, tend to the garden, and finish any other yard work.
- Pick up throw rugs and tack down any loose carpeting.
- Remove electrical cords and other loose obstructions from walkways.
- Install night lights in the bathroom, bedrooms, and hallways.
- Arrange to have someone collect your mail and take care of pets, if necessary.



STOP SMOKING

It is essential to stop smoking before surgery. Smoking impairs oxygen circulation to your healing joint. Oxygen circulation is vital to the healing process. You will not be able to leave the hospital to smoke during your stay.

Preparing for Surgery

Arrival Time Day of Surgery

A registered nurse will call you one to three days before your surgery date. They will review your medical history, including current medications and allergies, tell you what time you need to be at the hospital the day of your surgery and instruct you on what medications to take the morning of your surgery.

Night Before Surgery

It is recommended you take a shower the evening prior to and the morning of surgery with an anti-bacterial soap.

DO NOT EAT OR DRINK

No solid foods after midnight, the night prior to surgery.

You may have clear liquids up until 4 hours prior to surgery:

- Water
- Gatorade
- Apple Juice
- Black coffee/Tea (NO creamer or sugar)

Not following these instructions could lead to a delay or cancellation of your surgery

Preparations for Day of Surgery

You will be asked to come to the hospital at least 90 minutes prior to your scheduled surgery time. It is important that you arrive on time. If you are late, your surgery may be delayed.

ANESTHESIA

Total joint surgery does require the use of either general anesthesia or regional/spinal anesthesia. Please review "Anesthesia" on page 17 provided by our anesthesia department.



SPECIAL INSTRUCTIONS

- Unless specifically notified, **DO NOT** take medication for diabetes on the day of surgery.
- Please leave jewelry, valuables and large amounts of money at home.
- Please do not bring your medications to the hospital.



Hospital Packing List

- Elastic waist sweats or loose/stretchy shorts that **do not have elastic at the ankles**; short-sleeved t-shirts or button down shirts and undergarments.
- Deodorant.
- Toothpaste and toothbrush.
- Comb and/or brush.
- Well-fitted walking shoes. For discharge, make sure to have supportive shoes that allow for swelling.



During Your Stay

Day of Surgery—What to Expect

Arrival To The Hospital

You will go to the Patient Care Center in preparation for your surgery:

- A nurse will start an IV and assist you with a pre-operative skin prep.
- You will be seen by your surgeon, an anesthesiologist, and nurse anesthetist.

When surgery is over, you will go to the recovery room for one to two hours. Staff will:

- Monitor and manage your pain.
- Monitor your blood pressure.
- Place ice on your operative area.

From the recovery room, you will be taken up to your room. For the remainder of the day, nursing staff will:

- Monitor and manage your pain.
- Place ice on your operative area.
- Get you something to eat and drink.
- Remind you to take deep breaths with your incentive spirometer.
- Help you get out of bed and sit in the chair.

Day After Surgery

You will get up to get dressed and sit in a recliner to eat your breakfast. During the day, you will have:

- Your blood sugar checked, even if you do not have diabetes.
- A visit from your surgeon, physician assistant or a member of their team.
- Your pain monitored and managed.
- Physical therapy.
- Occupational Therapy for total hip replacements.

A family member or friend needs to drive you home. You should receive written discharge instructions concerning medications, physical therapy, activity, etc.

FOLD

Going Home

Caring for Myself at Home

Body Changes

EXAMPLES OF BODY CHANGES:

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day.
- Your energy level may be decreased for up to a month following surgery.
- Pain medication that contains narcotics can cause constipation. Use stool softeners or laxatives, if necessary.

Caring for Your Incision

INSTRUCTIONS FOR CARING FOR YOUR INCISION:

- You will be instructed on how to care for your surgical dressing by the nursing staff.
- Keep your incision dry.
- Always wash your hands well before touching the area around your incision site.
- Unless instructed otherwise, you may shower after surgery, with a waterproof dressing covering your incision. You should not take a tub bath until approved by your surgeon.



Recognizing and Preventing Potential Infections

SIGNS OF INFECTION:

- You notice increased swelling and redness at the incision site.
- There is a change in color, amount and odor of drainage.
- You develop progressively increasing pain that does not improve with the use of ice, elevation, and pain medications.
- You experience a fever greater than 101.5° F.

Call your surgeon if you notice any of these signs of infection.

PREVENTION OF INFECTION:

- Take proper care of your incision, as directed.
- Take prophylactic antibiotics when having dental work or other potentially contaminating procedures.
- Notify your physician and dentist that you have a joint replacement.

Recognizing and Preventing Blood Clots in Legs

SIGNS OF BLOOD CLOTS IN LEGS:

- Swelling in thigh, calf or ankle that does not go down with elevation.
- Pain, heat and tenderness in calf, back of knee or groin area.
- **NOTE:** blood clots can form in either leg.

PREVENTION OF BLOOD CLOTS IN THE LEGS:

- Ankle pumps.
- Walking.
- Blood thinners.
- Staying hydrated.
- When traveling, stop and change positions hourly to prevent your joint from tightening and to help prevent blood clots.

Recognizing and Preventing Pulmonary Embolus

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency and you should **CALL 911** if you suspect that this has occurred.

SIGNS OF A PULMONARY EMBOLUS:

- Sudden chest pain.
- Difficult and/or rapid breathing.
- Shortness of breath.
- Sweating.
- Confusion.

PREVENTION OF PULMONARY EMBOLUS:

- Reduce risk of blood clots in the legs.
- Recognize a blood clot in leg and call physician promptly.



Medications

Medications at Home

The North Memorial Health Pharmacy is able to fill prescriptions you will need when you leave the hospital.

Talk to your nurse if you would like to fill your prescriptions with us. Your prescriptions can also be sent to the pharmacy of your choice.

Anticoagulation at Discharge

Anticoagulation refers to slowing down the clotting process of your blood. After surgery, to reduce your risk of getting a blood clot, your surgeon may prescribe a blood thinner.

BLOOD THINNERS

You may be prescribed a blood thinner to help avoid blood clots in your legs. You will need to take this medication for approximately four to six weeks, depending on your individual situation. Be sure to take this medication as directed by your surgeon. If you need to take blood thinners when you go home, you will be given additional information when you are in the hospital.

ASPIRIN

Your surgeon may order aspirin once or twice a day for four to six weeks.

LOVENOX®

Some patients will receive Lovenox injections during their hospital stay, but will likely discharge on a daily aspirin for 4 weeks.



Pain Management

- Take your pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to non-prescription pain reliever. You may take two extra-strength Tylenol doses in place of your prescription medication, up to four times per day.
- Change your position every 45 minutes throughout the day.

Medication Disposal

Practicing safe, legal and regular medicine disposals for expired and unused medications helps prevent medicine misuse and abuse. Conveniently dispose of your medications at one of our medication disposal boxes.

Disposal boxes are installed at both North Memorial Health Pharmacy - Robbinsdale and North Memorial Health Pharmacy - Maple Grove. Medications can be placed in disposal boxes during pharmacy business hours. Call your local pharmacy for additional locations near you.

ACCEPTED MEDICATIONS INCLUDE:

- Unused or expired prescription medications.
- Over-the-counter medications.
- Pet medications.



COLD THERAPY

Applying ice or ice products to your affected joint may decrease swelling and discomfort. Place for approximately 20-30 minutes each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack. Mark the bag of peas and return them to the freezer so they can be used as an ice pack again later.

Postoperative Care

Transfers and Ambulation

Standing Up from Chair

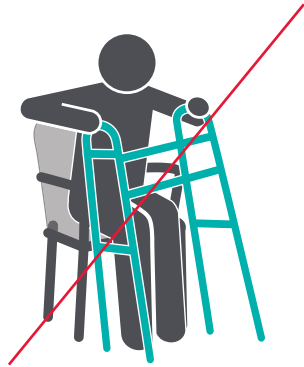
Do NOT pull up on the walker to stand!

Sit in a chair with armrests when possible.

1. Scoot to the front edge of the chair.
2. Push up with both hands on the armrests. If sitting in a chair without armrests, place one hand on the walker while pushing off the side of the chair with the other.
3. Balance yourself before grabbing for the walker.



Proper



Improper

Walker Ambulation - Walking

1. Move the walker forward.
2. Step forward with the operative leg, placing the foot in the middle (front to back) of the walker area. Do not place foot near the front of the walker.
3. Step forward with the non-operative leg, placing the foot even with or ahead of the foot of the operative leg.
4. Take shorter steps so not to over challenge the operative leg initially.



A walker with wheels on front is recommended

Stair Climbing

1. Ascend with non-operative leg first ("up with the good").
2. Descend with the operative leg first ("down with the bad").



Frequently Asked Questions

Frequently Asked Questions About Joint Replacement Surgery

WHAT IS OSTEOARTHRITIS AND WHY DOES MY JOINT HURT?

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Sometimes as the result of trauma, repetitive movement, or for no apparent reason, the cartilage wears down, exposing bone ends. This can occur quickly, over months, or may take years to occur. Cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or many joints.

WHAT IS A TOTAL HIP REPLACEMENT?

A total hip replacement is an operation that removes the arthritic ball of the upper femur (thighbone) as well as damaged bone and cartilage from the hip socket. The ball is replaced with a metal or ceramic ball that is fixed solidly inside the femur. The socket is replaced with a plastic liner that is fixed inside a metal shell to create a smoothly functioning joint.

WHAT IS A TOTAL KNEE REPLACEMENT?

A total knee replacement is really a bone and cartilage replacement with an artificial surface. The knee itself is not replaced, as is commonly thought, but rather an implant is inserted on the bone ends. This implant creates a new, smooth cushion and a functioning joint that can reduce or eliminate pain.

Frequently Asked Questions

HOW LONG WILL MY NEW JOINT LAST, AND CAN A SECOND REPLACEMENT BE DONE?

The most current data suggests that both hip and knee replacements have an annual failure rate between 0.5-1.0%. This means that if you have your total joint replaced today, you have a 90-95% chance that your joint will last 10 years and an 80-85% chance that it will last 20+ years.

WHY MIGHT I REQUIRE A REVISION?

Just as your original joint wears out, a joint replacement may wear over time as well. The most common reason for revision is loosening of the artificial surface from the bone. Wearing of the plastic spacer may also result in the need for a new spacer.

Dislocation of the hip after total hip replacement surgery is a risk. Your surgeon will explain the possible complications associated with total hip replacement.

WILL I NEED BLOOD?

Although uncommon, occasionally you may need a blood transfusion.

AT WHAT POINT WILL I BEGIN ACTIVITY?

The day of surgery, most patients will get up and sit in a recliner. Patients will be walking with a walker the day of surgery or the following day.

HOW LONG WILL I BE IN THE HOSPITAL?

Most patients return home the day after surgery. There are several goals that must be achieved before discharge.

A new surface creates a smoothly functioning joint.

POST SURGERY KNEE



POST SURGERY HIP



Frequently Asked Questions

HOW LONG DOES THE SURGERY TAKE?

The actual surgical procedure typically takes 1 to 1-1/2 hours. The surgical process can take approximately 2 to 2-1/2 hours. This includes anesthesia and surgery prep prior to surgery, and time spent in the recovery room following surgery.

WHO WILL BE PERFORMING THE SURGERY?

Your orthopedic surgeon will perform the surgery. A physician assistant often helps during the surgery.

HOW WILL MY PAIN BE MANAGED FOLLOWING SURGERY?

Treating pain is important for your comfort and recovery. Everyone feels pain differently. There are many ways to relieve pain. Intravenous (IV) medications will be given to you the day of surgery until you are able to tolerate liquids by mouth. Then you will be started on oral pain medications.

Other ways to relieve pain include:

- Positioning.
- Repositioning.
- Cold packs.
- Relaxation.
- Positive thinking.
- Music.



Frequently Asked Questions

Anesthesia

WHO ARE THE ANESTHESIOLOGISTS?

The Operating Room and Post Anesthesia Care Unit (PACU) at the hospital are staffed by Board Certified and Board Eligible physician anesthesiologists. Each member of the service is an individual practitioner with privileges to practice at this hospital.

WHAT TYPES OF ANESTHESIA ARE AVAILABLE?

At North Memorial Health, the anesthesiologist has a vast experience with lower extremity joint replacement surgery. At the present time, 80% of our patients receive a regional/spinal anesthetic for surgery. IV medications are also administered for sedation and relaxation. This approach typically provides excellent intraoperative pain management while minimizing adverse side effects. Furthermore, we are continually evaluating new techniques to improve your overall experience. After reviewing your medical history, your anesthesiologist will fully discuss your options with you on the day of surgery.

WILL I HAVE ANY SIDE EFFECTS?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given, if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses will work with you to manage your pain and make you comfortable. Your discomfort should be minimal, but do not expect to be totally pain-free. The staff will teach you the pain scale (0-10) to assess your pain level.

WHAT WILL HAPPEN BEFORE MY SURGERY?

You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. He or she will also answer any further questions you may have.

You will meet your surgical nurses. Intravenous (IV) fluids will be started and any preoperative medications will be given. Once in the operating room, monitoring devices such as a blood pressure cuff, heart monitor and other devices may be applied for your safety. At this point, you will be ready for anesthesia.

DURING SURGERY, WHAT DOES MY ANESTHESIOLOGIST DO?

Anesthesiologists at North Memorial Health are responsible for medically directing your anesthetic experience. We utilize the anesthesia care team, in collaboration with highly trained nurse anesthetists, in providing your care.

WHAT CAN I EXPECT AFTER THE OPERATION?

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where specially trained nurses will watch you closely. During this period, you may be given extra oxygen and your breathing and heart functions will be observed closely.

WHAT IF I HAVE QUESTIONS ABOUT MY INSURANCE COVERAGE?

If you have questions about your insurance coverage or medical plan participation by the anesthesiologist, please contact your insurance company for guidance.

Frequently Asked Questions

WILL I NEED A WALKER, CRUTCHES OR A CANE?

Yes, for the first two to four weeks you could require some type of assistive device when you are up moving around. Prior to leaving the hospital, the physical therapist will determine your discharge needs.

ARE THERE ANY PERMANENT RESTRICTIONS FOLLOWING THIS SURGERY?

Yes, high-impact activities, such as running, tennis, and basketball are not recommended. Injury-prone sports, such as downhill skiing, should be discussed with your orthopedic surgeon. Your surgeon will advise you on any post-op restrictions.

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, bowling and gardening, at your surgeon's discretion.

WILL I NEED ANTIBIOTICS PRIOR TO DENTAL WORK AND FUTURE OPERATIONS?

Yes. Discuss the need for antibiotics before these procedures with your surgeon at your follow-up clinic appointment

HOW OFTEN WILL I NEED TO BE SEEN BY MY DOCTOR FOLLOWING THE SURGERY?

You will be seen for your first postoperative clinic visit approximately two weeks following your surgery. Typically, additional follow-up visits are at six weeks, twelve weeks and one year following your surgery.

HOW LONG, AND WHERE, WILL MY SCAR BE?

Surgical scars will vary in length, but most surgeons attempt to keep the incision as short as possible. For total hip replacement surgery, your incision could be along the side of your hip, toward the back of your hip, or toward the front of your hip. For a total knee replacement, your incision will be directly over the top of your knee.

WHAT IS THE APPROXIMATE WEIGHT OF MY PROSTHESIS?

Approximately one pound.

WHERE WILL I GO AFTER DISCHARGE FROM THE HOSPITAL?

Most patients go home after their joint replacement and receive help from a family member or a friend. Some may require home care services for one to two weeks. Some patients may need to go to a transitional care unit for rehabilitation. Your healthcare team will help you with this decision and help you make the necessary arrangements.

WHAT IF I LIVE ALONE?

Depending on your insurance and level of independence, the following options are available:

- You may return home and receive help from a family member or friend.
- You can go home and have a home health service assist you for the first two weeks.
- Occasionally, some people may require a short stay at transitional care unit.

WILL I NEED HELP AT HOME?

You should plan to have someone home with you for at least the first few days. You may need assistance with meal preparation, bathing, dressing, etc. for the first few weeks following your surgery.

Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals can reduce the need for extra help.

Frequently Asked Questions

HOW LONG UNTIL I CAN DRIVE MY CAR?

Your surgeon will talk to you regarding your ability to drive after you have a joint replaced. Your ability to drive depends on which joint you had replaced. You may be able to drive as soon as you are not taking any pain medications. You must be able to safely operate and stop a motor vehicle, especially in an emergency. Check with your doctor first!

WHEN CAN I RETURN TO WORK?

This depends on your profession. Typically, if your work is primarily sedentary, you may return after approximately three to four weeks. If your work is rigorous, you may require up to two to three months off before you can return to full duty. In some cases, more time may be necessary. Your surgeon will advise you when it is safe to return to work.

WILL I SET OFF SECURITY ALARMS?

You may set off security alarms at airports. Due to increased airport security and the fact that cards are not government issued, joint replacement cards are no longer distributed to patients.

WHEN CAN I HAVE SEXUAL INTERCOURSE?

The time to resume sexual intercourse should be discussed with your orthopedic physician.

HOW DOES BILLING FOR HOSPITAL SERVICES WORK?

After your procedure, you will receive separate bills from the surgeon, anesthesiologist, hospital, radiology and physical therapy. Most joint replacement surgeries will be done on an outpatient status (even though you will stay overnight in the hospital). You may want to contact your insurance carrier and ask about your financial responsibility when you have a hospital stay on outpatient stats.





Thank you for choosing North Memorial Health. If you have any questions before your surgery, please contact our Joint Replacement Care Coordinator. Directions to North Memorial Health – Maple Grove Hospital and North Memorial Health – Robbinsdale Hospital can be found on northmemorial.com.