

TOTAL JOINT REPLACEMENT

Shoulder and Elbow Patient Education Packet Index

• Pre-Surgery Calendar	2
• Contact Information and Addresses	3
• Nutrition	4
• Preparing for Surgery	6
• Home Planning and Preparation	8
• Your Surgical Experience	9
• Recovery - Post Anesthesia Care Unit (PACU)	11
• Discharge Planning	14
• Going Home	15

PRE-SURGICAL CALENDAR

Month: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

This calendar can assist you in your pre-surgical planning. Mark the calendar with your specific dates and times.

You will need to:

- 1) Call your insurance carrier so you are aware of your individual coverage and co-pays, and get authorization as necessary.
- 2) Obtain the date and time of your medical clearance doctor's appointment, if it is needed.
- 3) Obtain date and time of your presurgical testing (PST) appointment.
- 4) Make an appointment for autologous blood donation, if this is something you wish to do.
- 5) Make arrangements to attend the Orange Regional Total Joint Replacement Patient Education Class.
- 6) Complete the medication list to bring to your PST visit.

CONTACT INFORMATION AND ADDRESSES

Orange Regional Medical Center: 845-333-1000

Bone & Joint Center: Nurse Manager 845-333-4150
Program Coordinator 845-333-4152

Orthopedic Surgeon: _____

Primary Physician: _____

Pre-Registration Unit: 845-342-7120

Same Day Surgery Verification of Arrival Time (day of surgery): 845-333-1065

Total Joint Preparation Class: 1-888-321-ORMC (6762)

Inpatient Physical Therapy Director: 845-333-4360

Outpatient Physical Therapy: 845-695-8731

Other Services:

Inpatient Rehabilitation: 845-333-4300

Dietary/Nutrition Director: 845-333-0405

Pastoral Care: 845-333-1014

Case Management Office: 845-333-2178

(Social Services, Discharge Planning, Home Care Questions)

DIRECTIONS

Orange Regional Medical Center Facilities

Orange Regional Medical Center

707 East Main Street, Middletown, New York 10940
845-333-1000

Orange Regional's Community Health Education Center

110 Crystal Run Road, Middletown, New York 10941

NUTRITION

Good nutrition is important before surgery. Eating healthy keeps your body in shape and ready for the task of healing after surgery.

Daily Recommendations

Bread, cereal, rice and pasta – 6-11 servings per day.

Carbohydrates are a fundamental part of most diets. They supply energy and spare protein.

Vegetables – 3-5 servings per day, and fruits – 2-4 servings per day.

A diet rich in vegetables and fruits is one of the best ways to reduce your risk of heart disease and some types of cancer.

Meat, poultry, fish, dry beans, eggs, and nuts – 2-3 servings per day.

Protein is needed to keep your body working properly and to help build new tissue.

Milk, yogurt and cheese – 2-3 servings per day.

Healthy bones need calcium and vitamin D.

Fats, oils and sugars – use sparingly.

Some fat is necessary in our daily diet. However, less fat is better. Although candy, cakes and cookies are delicious, they have little food value.

Key Recommendations for the General Population from the USDA

Adequate Nutrients within Calorie Needs

- Consume a variety of nutrient-dense foods and beverages within and among the basic food groups while choosing foods that limit the intake of saturated and trans fats, cholesterol, added sugars, salt, and alcohol.
- Meet recommended intakes within energy needs by adopting a balanced eating pattern, such as the U.S. Department of Agriculture (USDA) Food Guide or the Dietary Approaches to Stop Hypertension (DASH) Eating Plan.

Food Groups to Encourage

- Consume a sufficient amount of fruits and vegetables while staying within energy needs. Two cups of fruit and 2 1/2 cups of vegetables per day are recommended for a 2,000-calorie intake, with higher or lower amounts depending on the calorie level.
- Choose a variety of fruits and vegetables each day. In particular, select from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables, and other vegetables) several times a week.
- Consume 3 or more ounce-equivalents of whole-grain products per day, with the rest of the recommended grains coming from enriched or whole-grain products. In general, at least half the grains should come from whole grains.
- Consume 3 cups per day of fat-free or low-fat milk or equivalent milk products.

Fats

- Consume less than 10% of calories from saturated fatty acids and less than 300 mg/day of cholesterol, and keep trans-fatty acid consumption as low as possible.
- Keep total fat intake between 20% and 35% of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts and vegetable oils.
- When selecting and preparing meat, poultry, dry beans and milk or milk products, make choices that are lean, low-fat or fat-free.
- Limit intake of fats and oils high in saturated and/or trans-fatty acids, and choose products low in such fats and oils.

Carbohydrates

- Choose fiber-rich fruits, vegetables and whole grains often.
- Choose and prepare foods and beverages with little added sugars or caloric sweeteners, such as amounts suggested by the USDA Food Guide and the DASH Eating Plan.
- Reduce the incidence of dental cavities by practicing good oral hygiene and consuming sugar and starch-containing foods and beverages less frequently.

Sodium and Potassium

- Consume less than 2,300 mg (approximately 1 teaspoon of salt) of sodium per day.
- Choose and prepare foods with little salt. At the same time, consume potassium-rich foods, such as fruits and vegetables.

Alcoholic Beverages

- Those who choose to drink alcoholic beverages should do so sensibly and in moderation – defined as the consumption of up to 1 drink per day for women and up to 2 drinks per day for men.
- Alcoholic beverages should not be consumed by some individuals, including those who cannot restrict their alcohol intake, women of childbearing age who may become pregnant, pregnant and lactating women, children and adolescents, individuals taking medications that can interact with alcohol, and those with specific medical conditions.
- Alcoholic beverages should be avoided by individuals engaging in activities that require attention, skill or coordination, such as driving or operating machinery.

Smoking

In preparation for your surgery, it is best not to smoke. If you are a smoker, ask your doctor what would work best for you to help you quit smoking. The longer you are smoke free, the healthier your lungs will be. You will also heal better.



PREPARING FOR SURGERY

Medical Evaluation

You will need to be evaluated to determine your specific risk for surgery. Medical problems that you have can be identified and addressed prior to surgery to help decrease your risk during and after surgery. You will need this evaluation done by your primary physician or by the ORMC hospitalist. Your surgeon's office will discuss this with you.

Pre-Surgical Testing (PST)

An appointment for PST will be made by your surgeon's office. This appointment will be scheduled about two weeks before your scheduled surgery. During this appointment, required tests will be done, and further information will be obtained. **Bring your list of medications with you.**

Insurance Verification

The Orange Regional Pre-Registration Unit will be calling you a few days prior to your PST appointment to verify your insurance and personal information. The Pre-Registration Unit phone number is 845-342-7120. They are open 7:00 a.m. to 7:00 p.m., Monday through Friday.

Medication

Be sure to inform your doctor of ALL your medications, whether prescribed or over the counter. This includes all pain medications so that your pain management needs can be better met after surgery.

In order to minimize the risk of blood loss during and after surgery, you will be asked to stop taking certain medications, as many medications affect blood clotting. Aspirin, ibuprofen, Motrin®, Advil®, blood thinners, anti-arthritis medications, diet

pills, and Monoamine Oxidase (MAO) inhibitors are a few medications that can cause increased bleeding. Some over-the-counter (OTC) herbal medications such as Ginkgo Biloba and vitamins such as vitamin E also affect blood clotting. You should stop taking these types of medications approximately 7 to 10 days before your surgery. Some drugs such as Nardil need to be stopped three weeks before surgery. You will be instructed as to when you should stop taking certain medications.

You will also be instructed on which of your routine medications or new medications you will need to take the morning of surgery.

Protecting Your New Joint

Good dental health is important before and after your total joint replacement. Seeing your dentist at least 2 weeks before surgery to have your teeth cleaned and to assure good oral health is an important aspect of your pre-operative care. An untreated oral infection before surgery could place you at risk for infection in your new total joint after surgery.

After surgery, it is usually recommended to take antibiotics before any cleaning or dental work so that the antibiotics are ready to go to work as bacteria are released into the blood stream at the time of dental care. Your dentist or orthopedic doctor will prescribe these antibiotics. The antibiotics are taken within an hour of the dental appointment. Be sure to inform your dentist of your plan to have a total joint replacement so that this information can be added to your chart. Your orthopedic doctor will recommend how many years you will need to take antibiotics prior to your dental care or when having any other invasive procedure such as a colonoscopy.

Metal Allergy

If you are allergic to metal (usually nickel) be sure to notify your orthopedic doctor. A special implant will be ordered that does not contain nickel. A metal allergy may be exhibited by a rash, redness, swelling or itching when in contact with metal.

Preventing Infection

Anything we can do to decrease the possibility of post-operative infection is important.

- A culture swab will be taken from your nasal passages before your surgery to determine if you harbor any staphylococcus bacteria. If you do, a special nasal antibiotic ointment called bactroban/mupirocin will be ordered for you to apply to your nasal passages several days before your surgery.
- Showering and cleansing with antibacterial soap starting several days before surgery will help remove unwanted bacteria from your skin. You will be given written instructions on this process, including when to shower, when to change clothes and when to use clean linens and towels.

- Before surgery DO NOT SHAVE the surgical area. Refrain from shaving for about 1 week before surgery. Shaving scrapes away layers of skin causing an opening for bacteria to enter the skin thereby increasing the possibility of infection. If needed, staff in the operating room will use clippers to remove any unwanted hair.
- Hand washing is an important way to prevent the spread of bacteria. Everyone coming in and out of your room will be washing their hands. Visitors should also wash their hands upon entering and leaving your room. Hand sanitizers are mounted outside and/or inside your hospital room. Bringing in your own hand sanitizer to place at the bedside is recommended for your personal use.



HOME PLANNING AND PREPARATION

It is a good idea to prepare your home for your hospital discharge before you go to the hospital.

Recommendations

- Remove all throw rugs, loose rugs, electrical cords and clutter from hallways/walking areas. These pose a risk for falling.
- Check for burned-out light bulbs. There is less danger of tripping over something if the area is well lit.
- Check your cabinets for items you routinely use and place them at a level where you will not need to bend or reach too high to get them.
- Install safety bars in the shower and near stairs if necessary.
- Purchase a handheld shower hose for bathing. Consider a shower bench so you are able to sit in the shower.
- Have a cart with wheels available for moving items.
- Prepare an area for supplies you will need such as a telephone, TV remote control, radio, tissues, medications, reading materials, etc.
- Prepare and freeze meals ahead of time.
- Carry your wireless phone with you.
- Make preparations for pets that may be underfoot.
- Tools such as long-handled graspers and long-handled shoe horns may be provided by your occupational therapist prior to discharge if you need them.
- Medical equipment such as commodes, walkers, canes, etc. will be coordinated through your case manager in preparation for discharge.

Other Things You Might Like to Know

- Yes, you will set off the alarm at the airport.
- Your blood glucose levels may be elevated after surgery.
- Bring your C-PAP or Bi-PAP to the hospital - it fits well.
- The implant is metal but not magnetized. You can have an MRI done.
- Orange Regional Medical Center has Wi-Fi on campus.

Resources

www.ormc.org

www.ormcspineortho.org

www.orthoinfo.org

*If you wish to view a total joint replacement surgery online – google “video” and type in the specific surgery (i.e. knee, hip, shoulder replacement).

YOUR SURGICAL EXPERIENCE

Day of Surgery

Arrive at the hospital on time.

When you arrive go directly to the main lobby entrance registration desk. You will then be directed to the Surgical waiting room just across from the registration desk. You will be taken to your pre-operative room in the Same Day Surgery Unit and asked to undress and put on a hospital gown.

Your pre-operative nurse will start your intravenous (IV), ask questions and perform a physical assessment. Your surgical site will be identified and marked by your surgeon prior to your surgery. Your Anesthesiologist/Nurse Anesthetist will discuss your anesthesia options with you. Your operating room nurse will greet you and ask you questions. Your IV antibiotics will be started prior to the start of your surgery.

Surgery

The Registered Nurse caring for you in surgery will take you into the operating room on your stretcher. The room is cold, however staff will provide warm blankets for you. Your operating room nurse will be sure your needs are met while you are under his/her care.

Your surgical site and procedure will be verified one last time before you are administered anesthesia. You will receive anesthesia/analgesia as discussed with your Anesthesiologist/Nurse Anesthetist.

- Some of the options are:
 - General Anesthesia - you are totally asleep during the surgery requiring a tube for breathing. You may wake up

with a sore throat after surgery. You will have pain awareness as soon as the anesthesia wears off. Patient Controlled Analgesia (PCA) to manage that pain may be ordered and started in the Post Anesthesia Care Unit (PACU).

- Spinal Anesthesia - a long small bore catheter is placed in the lower spinal area to administer drugs to prevent sensation, movement and pain from about the waist to the toes. Return of movement and sensation occurs while in the PACU.
- Epidural Analgesia - a long-acting, morphine-based pain medication is placed through the spinal needle into the epidural space helping to manage pain for many hours after surgery. Duramorph lasting 18 to 24 hours is usually used. Side effects may include itching and nausea. Often the anesthesiologist will order medications that will be given in the Same Day or Holding areas before surgery to help prevent these side effects. Pain medication is ordered by anesthesia to be given as needed for any breakthrough pain.
- Local "Block" Anesthesia - Often patients receive anesthesia and/or analgesia through a small catheter placed in the neck area in the operating room by the anesthesiologist. The anesthesiologist will discuss this option before your surgery begins. This is an effective way to administer anesthesia during surgery and manage pain during the immediate and first day postoperative periods. Breakthrough pain medication is given if needed.
- IV Sedation - medication that will make you sleep during the procedure.

- Peripheral Nerve Blocks - a catheter is placed near specific nerves depending on the type of surgery to be performed. For example, the anesthesiologist may choose to place a small catheter near the nerve that supplies the front part of the leg for a patient having a total knee replacement or near the nerve in the neck that supplies the shoulder for a total shoulder replacement. The catheter remains in place and is attached to a pump that administers the ordered numbing medication. The catheter will remain in place for 2 days to help manage your post-operative pain. Pain medication is ordered to be given as needed for any break-through pain.

You may have a urinary catheter inserted while you are asleep, which will be in place for 1 to 2 days.

While you are in surgery, your family/friends may wait in the surgical waiting area on the 1st floor. Coffee and tea are available in the surgical waiting areas. Other refreshments are available in the coffee shop or the cafeteria. If your family/friends plan on leaving the hospital, let someone know how they can be reached.

You will be given a card with your individual patient identification number. Give this number to your family/friends so they may get information about you over the phone. Without this number, information about you will not be given to anyone.



RECOVERY – POST ANESTHESIA CARE UNIT (PACU)

- After your surgery, you will be brought to PACU, where you will be closely monitored as anesthesia wears off.
- When you go to PACU, your surgeon will speak to your family to let them know how you are doing.

The nurses will monitor your blood pressure, pulse and respirations; assess and manage your pain; monitor your IV intake, urine output and your dressings; and encourage you to deep breathe, cough, and move your feet and ankles.

Your Postsurgical Experience

When you are ready to leave the PACU, you will be transferred to your room in The Bone & Joint Center, located on the 4th floor.

Care provided for you is individualized and specific for total joint replacement. White boards on the wall are used to communicate special information, such as your nurse's and doctor's names. Your room is equipped to meet your orthopedic needs.

Intravenous Fluids and Medications

Your IV will remain in place for 1–2 days. You will receive IV fluids until you are able to eat and drink without nausea or until your doctor decides otherwise. You will receive IV antibiotics for the first 24 hours. Your IV access is also used for IV pain medication such as with Patient Controlled Analgesia (PCA) or if you should need a transfusion or other medications.

Eating and Drinking

You will be allowed to eat and drink as soon as you are able to swallow without difficulty. It is

best to start with sips of clear fluids until you are sure you are not experiencing any nausea. Gradually increase your intake until you are able to tolerate solid foods.

Dressings/Bandages

You will have a dressing over your incision to protect your wound and promote healing. Your dressing will be changed on the first or second day after your surgery by your doctor or physician's assistant and then daily until your wound is no longer draining (or as directed by your physician). You will have skin staples in place.

Cold Therapy

Your doctor will order ice application to help decrease bleeding, swelling and pain. Cold therapy is an important part of your care. These cold therapy wraps are yours to take home.

Drainage Tubes

A drainage tube may be inserted into your wound during surgery. This allows blood to be collected and measured after surgery. Collection of drainage also decreases bruising in the surrounding wound tissue and promotes healing. Once you begin to ambulate, the drain and collection device will be removed, usually by the second day after your surgery. There is some discomfort as the drain is being removed.

A urinary catheter may be inserted into your bladder during surgery while you are sedated. This helps the doctors monitor how well your kidneys are working. The catheter is usually removed by the second day after your surgery. You will feel the catheter as it is being removed, but it is not painful.

Sequential Compression Stockings

Sequential compression stockings inflate and deflate automatically, simulating muscle activity that occurs when walking. This assists in the prevention of blood clots, or what is known as

a deep vein thrombosis (DVT). These stockings are worn while you are in bed, until you are fully ambulatory.

Oxygen

After surgery, you may receive oxygen through a tube (nasal canula) under your nose. This is usually supplemental (unless you have other respiratory difficulties) and is common practice during the postoperative period. An oxygen monitor, called an oximeter, will be placed on your finger when your vital signs are taken.

Blood Transfusion

If your blood count is too low, your surgeon may decide that you need a transfusion. Your blood will be drawn daily by the lab to monitor your blood count and other blood chemistry.

Anticoagulation

Prevention of blood clotting is important after total joint replacement. Different medications are used for anticoagulation. These medications may be injected or taken by mouth, depending on the type of anticoagulant your physician orders. Your blood will be drawn daily for a bleeding time and your anticoagulation therapy will be adjusted according to these results if you are on an oral blood thinner. You may need to continue taking an anticoagulant when you go home. Most patients need this medication for about one month after discharge. If you are on Coumadin, you will need to have blood drawn at least weekly when you go home to evaluate the effectiveness of the anticoagulant. Be sure you understand which of your doctors will be overseeing your anticoagulation therapy when you go home. It may be your primary physician or your orthopedic surgeon.

Pain Control

Your report of pain is very important in the management of your post-operative pain. You will be asked to rate the intensity of your pain through the use of a pain scale of 0 to 10. (0 is no pain,

10 is the most severe pain you could imagine.) You will also be asked what your acceptable pain score is. Knowing that post-operatively 0 is not attainable, a score between 3 and 4 is an attainable and acceptable score for most patients. Once you have attained your acceptable level of pain, it is best if you obtain medication again when your pain level starts to rise. Asking the nurse for pain medication at regular intervals is helpful for many patients, especially for the first few days. Do not allow your pain to get severe. Treat the pain as it begins to increase. Clinical practice shows if you maintain pain control, it takes less medication and less time to manage the pain. Remember that pain medication is not automatically given. You must request medication when you need it. The communication between you and your nurse is very important. Relaxation and diversion are also helpful in decreasing pain

Bring a CD player, headphones and music to help you with this relaxation and diversion. Reiki therapy may be helpful in managing your pain. If interested, let your nurse know. Reiki brochures are available.

Pain medication is available in various forms – nerve blocks, intravenously, by Patient Controlled Analgesia (PCA), epidural, or by mouth.

Let your orthopedic doctor know how much pain medication you needed prior to surgery to manage your pain. This information is important to the surgeon as well as the anesthesiologist so that correct doses can be prescribed after surgery to better manage your pain.

Patient-Controlled Analgesia (PCA)

Your doctor may order a PCA pump. This pump is connected to your IV line and allows YOU to be in control of when you receive pain medication. YOU press the button. This signals the pump to deliver the medication. Most often, there is a continuous small dose rate of medication ordered as well as PCA for optimal pain management. Do not worry, the pump is set to limit the amount of medication received to avoid overdosing.

Be sure to let your nurse know if the PCA is not effective. You may need a different dose of medication to achieve pain control.

The PCA is discontinued based on how well your pain is being managed. It is usually discontinued on the first or second day after surgery.

Oral Pain Medication

You will be given oral pain medication when you no longer need IV or injections for pain control. It is best to request oral pain medication when your pain level starts to increase. Remember not to wait until the pain is severe. Keep in mind that it takes about 20–30 minutes for oral pain medication to start working, and it also takes time for the nurse to check your chart and obtain the medication. The sooner you request pain medication when your pain starts to increase, the better you will manage your pain.

Resuming Your Current Medications

Your surgeon will order your current medications using the list you provided at your presurgical testing visit. Your surgeon will also order other medications such as vitamins, iron, pain medication, laxatives and other medications that may be needed for nausea, indigestion or sleep. **DO NOT BRING YOUR OWN MEDICATIONS TO THE HOSPITAL** except for inhalers or eye drops unless you were told to do so. Any other medications brought from home are taken to the pharmacy for storage, which places them at risk to be forgotten or lost. If you are asked to bring medications in, they will be sent to the pharmacy for identification and labeling and returned to you upon discharge.

Coughing and Deep Breathing

You will be encouraged to take deep breaths and cough after your surgery. This exercise will help keep secretions in your lungs from accumulating. When fluids accumulate, it can cause pneumonia or a condition called postoperative atelectasis. You will be given a device called an incentive spirometer to help with deep breathing. It is

best to use it 8–10 times every hour when awake. Make yourself cough after each use. The respiratory therapist or nurse will show you how to use it.

Constipation

Constipation often occurs when you are taking pain medication and are less active, as in your post-operative period. Drinking plenty of water and other fluids such as prune juice is helpful in preventing constipation. You will be given stool softeners and laxatives routinely. You will also be given a suppository on the first post-operative day to maintain your bowel function. If you are on a special routine to maintain regular bowel function, please inform your doctor so that special orders may be written for you.

Mobility

Mobility helps to prevent complications. Use your overhead trapeze and do ankle and foot exercises as much as possible. You must **MOVE, MOVE, MOVE** as much as you can in bed.

Depending on your specific surgery, you may or may not require physical therapy during your hospital stay. Your surgeon will prescribe exercises and physical therapy when your new joint is ready. If physical therapy is needed during your hospital stay, the physical therapist and/or occupational therapist will come to your room on your first postoperative day. It is best to take pain medication before therapy so that you are able to participate in the session.

Length of Stay

You will be a patient in the Bone & Joint Center until you are ready for the next phase of your recovery. The average length of stay at this unit is two days. The next phase of your recovery will most likely include outpatient rehab. The amount of time needed for this next phase is dependent on your individual needs and progress.

DISCHARGE PLANNING

You need to start thinking about your discharge plan now.

You need to ask yourself: What will work best for me? Do I live alone? Do I have family members who are available to help me? Do my available family members work? Can they drive me to Outpatient Therapy?

Once you decide and when you are an inpatient, the Case Manager will help arrange your plan and for the equipment you will need at home.

If you have any questions, please call the Bone & Joint Center at 845-333-4152.

The Evening Before Your Surgery – You will be notified between the hours of 2 p.m. and 7 p.m. of what time to report to the hospital in the morning.

If your surgery is on a Monday or the day following a Monday holiday, you will be called on the Friday before your surgery.

You may call (845) 333-1065 after 4 p.m. if you do not want to wait.

The Night Before Your Surgery – Unless otherwise instructed, DO NOT eat or drink anything after midnight. This includes water. No hard candy or gum after midnight.

The Morning of Your Surgery – Take ONLY those medications you were instructed to take by your physician and/or PST nurse. Take these medications with a small sip of water.

- You will be instructed to shower using chlorhexidine.
- You may brush your teeth.
- Do not use perfume, powders, creams, heavy make-up, or dark colored nail polish.
- Bring a case for your eyeglasses, contact lenses, hearing aids, and dentures.
- Wear comfortable clothing that is easily removed.
- Wear comfortable, non-skid or rubber soled shoes.
- Bring personal items in bag, but please leave luggage, valuables, money and jewelry at home.

To avoid possible loss, please have your family take your personal belongings with them while you are in surgery. They can be returned to you once you are in your hospital room. Leave your belongings in the car so that your family will not need to carry it around while you are in surgery. Your family can bring all of your belongings to you once they know your room location. If you absolutely need cash, credit cards and other valuables with you, they can be placed in the safe through our Security Department.

GOING HOME

Care of Your Incision

- Your incision and staples should remain dry and clean. Do not get your incision wet until approved by your surgeon. Most patients have staples in place for approximately 10–14 days.
- Do not apply creams, lotions or powders to your incision while the staples are in or drainage is present.
- Do not remove the Steri-Strips.™ They will fall off on their own.

When to Call Your Doctor

- Fever above 101.0°.
- Uncontrolled shaking or chills.
- Increased redness, heat, drainage or swelling in or around the incision.
- Increased pain or significant decrease in motion during activity and at rest.
- Increased swelling, pain or tenderness of the thigh, calf, ankle or foot.
- Abnormal bleeding of any kind, such as increased bleeding from the incision, nosebleed, etc.
- Blood in the urine.

When to Call Emergency Medical Services/EMS

- Difficulty breathing or shortness of breath.
- Chest pain.
- Localized chest pain with coughing or when taking a deep breath.

Showering/Bathing

- You may shower with the approval of your surgeon, usually 3–5 days after surgery.
- No tub baths or swimming until your surgeon approves.

Activity

- Now that the surgery is done, it is your turn to do the work. Your dedication and commitment are essential for your optimal recovery and function. Please follow the exercise plan your doctor and physical therapist have established for you. Your recovery process and continued health depends on good nutrition, rest and proper exercise.

Medication

- Take all medication as prescribed by your doctor. You may need to take your anticoagulation medication for about 4–6 weeks after discharge.
- Discuss all your medications with your physician. Some medications you were on prior to surgery may not be appropriate after surgery.
- Remember to check with your physician before you begin taking any over-the-counter medications or herbals.

Other Important Information

- Inform your dentist that you have had a total joint replacement, as you may need prophylactic antibiotics prior to having your teeth cleaned or other dental procedures. You will need to take antibiotics before any invasive procedure such as a colonoscopy.
- If you have any surgical procedures following your total joint replacement, inform the physician that you have an implant.
- Carry your implant identification card with you, especially when you are traveling. You will receive the card on your first office appointment after discharge or in the mail from your surgeon.
- Swelling is not uncommon after total joint surgery. Ice and finger motion are helpful in decreasing the swelling. If swelling persists, call your doctor.

