

Preparing for and Recovering After Hip or Knee Replacement Surgery



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Patient Name _____

Surgeon Name _____

Surgery Date _____

After surgery, find out what procedures were done.

Ask your surgeon to write them here:

This booklet is intended to provide general information. It is not a substitute for instructions or surgery-specific education provided by members of your healthcare team.

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Welcome

Preparing for surgery can be overwhelming. Everyone is different.

Your surgery team will create a recovery program just for you.

This booklet is based on research that helps everyone recover better and faster after surgery. For example, walking and moving soon after surgery is important. And if you had surgery before, some information may be new or different.

This booklet will help you:

- Get ready for surgery
- Find out what to expect at the hospital
- Plan for recovery in the hospital
- Plan for recovery at home

Near the end of the booklet there are planners and checklists to help you and your family.



Read this booklet as soon as you can.

- Bring this booklet to your appointments and to the hospital.
- Write down any questions to ask your surgical team when you see them. Or call with any questions.

We want you, your family, and friends to understand what to expect so everyone can help you recover.

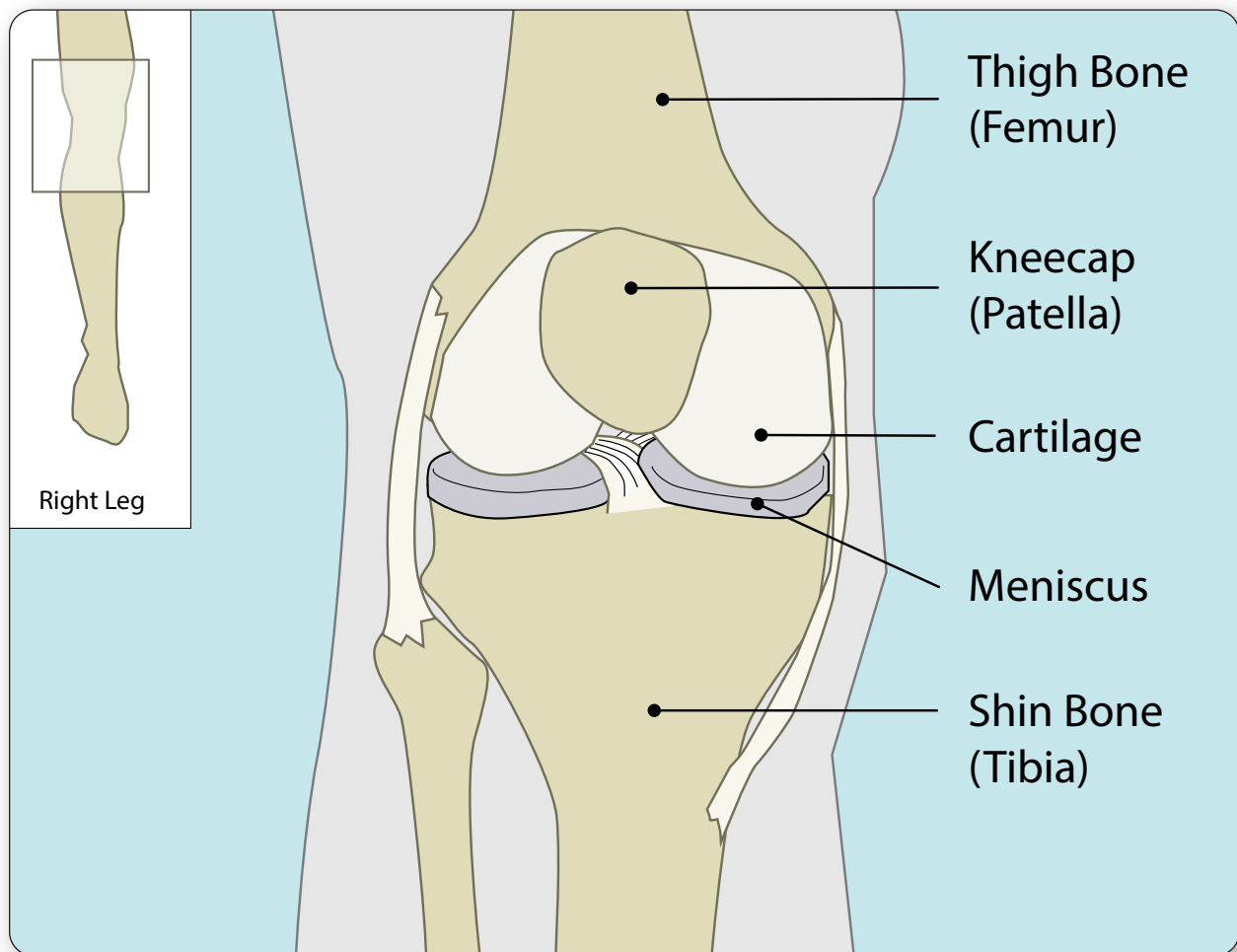
Signed, Your Surgery Team

Your Knee Joint

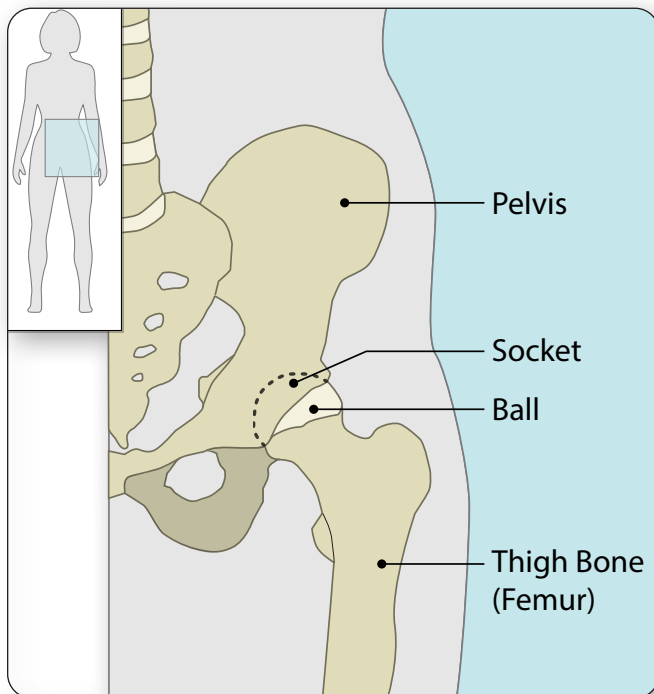
Your knee is made up of three bones.

- On top is your **thigh bone**: the **femur** [FEE-mer].
- On the bottom is your **shin bone**: the **tibia** [TIB-ee-uh].
- In the middle, is your **kneecap**: the **patella** [puh-TEL-uh].

As shown in the diagram below, between the bones you have a shock absorber, called: the **meniscus** [mi-NIS-kuhs]. The ends of the bones are covered in a smooth material called: **cartilage** [KAHR-til-ij].



Your Hip Joint



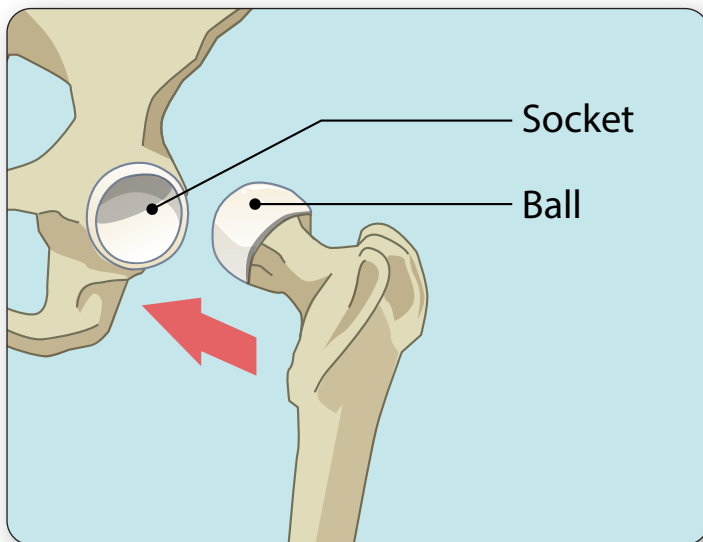
The diagram on the left shows that the hip joint is where two bones meet.

On top is a large bone called the **pelvis** [PEL-vis].

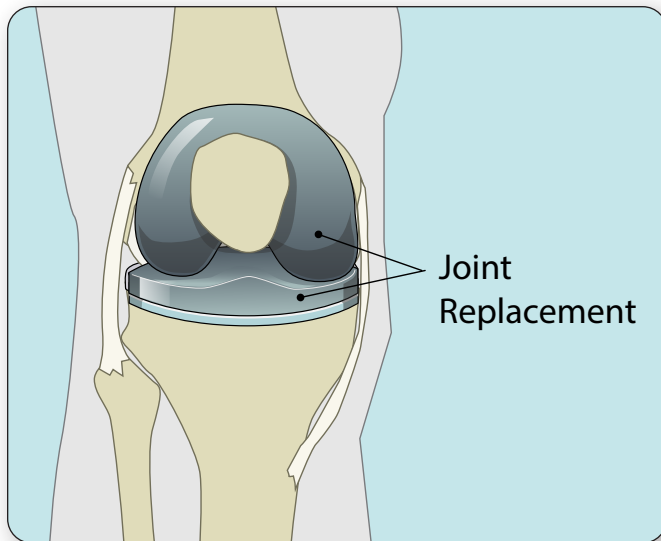
On the bottom is your **thigh bone**: the **femur**.

The top of the thigh bone looks like a ball. The bottom diagram shows how this **ball** fits into a round, cup-shaped area in the pelvis called the **socket**.

The ends of these bones are covered with a smooth material called **cartilage**. This ball-and-socket joint allows your hip to move and bend.



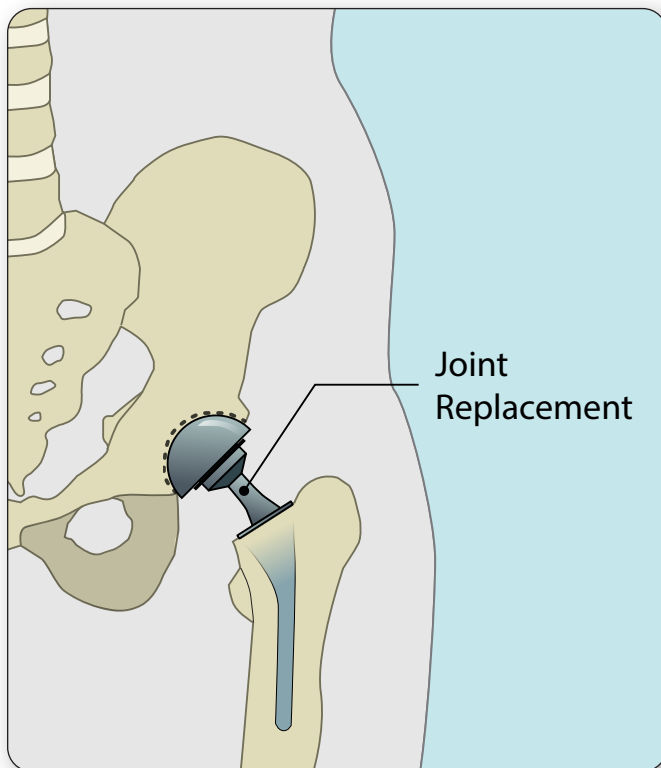
When Is a Hip or Knee Joint Replaced?



A knee or hip joint may need to be replaced, as shown in the diagrams on the left, for many reasons. Over time, aging, high-impact activities and sports, and extra weight can put stress on the knee or hip.

The smooth cartilage on the ends of the bones can become thin and worn out. And one bone can rub on another bone. In the knee, that shock absorber (the meniscus) can also tear. All these things cause pain and stiffness.

You may be told you have **osteoarthritis** [os-tee-oh-ahr-THRI-tis]. This is also called **OA** or “wear-and-tear arthritis.”



Your bones also need blood to stay healthy. And taking a lot of steroids, drinking a lot of alcohol, or other diseases can also affect blood flow to the bones.

Get Ready for Surgery

Before Surgery

Your Surgery Team

Your surgeon will oversee your care. Your team may also include nurses, physician assistants, nurse practitioners, and doctors in training.

During your office visit find out:



- If you need any blood tests
- The date and time of your surgery and presurgery visit, or how these will be scheduled
- What medications you should and should **NOT** take the morning of surgery

IMPORTANT



If you take a blood thinner like warfarin (Coumadin®), clopidogrel (Plavix®), or aspirin, find out if you should stop taking it in the days or weeks before surgery. These medications can cause too much bleeding during surgery.

Get a Dental Checkup



Before surgery, get a dental checkup. It may seem strange, but cavities or problems with your gums can lead to an infection in your new hip or knee. Infections are serious, so get any dental work done **before** surgery.

Losing Weight



If you are overweight, losing any weight (even a few pounds) will help you recover better. For example, losing 1 pound can take 3 to 6 pounds of pressure off of your knees! This takes stress off your new joint and helps it last longer.

If hip or knee pain is the main thing that's kept you from being active, after surgery it should be easier to be active and lose weight as well.



Your Wishes

Most of the time, surgery goes fine. But everyone should make sure their doctor and family know their wishes. If a decision needs to be made about your care during surgery or if you cannot speak for yourself after surgery, your team needs to know who speaks for you. This person is called your healthcare power of attorney or healthcare proxy.

Make sure this person knows what treatments (like cardiopulmonary resuscitation, otherwise known as CPR, an emergency lifesaving procedure performed when the heart stops beating) you would or would NOT want if there was a serious problem.

It's best to create an **advance directive** (living will) to document what you would or would not like done to keep you alive. It's a good idea for everyone to have this and to talk with their family about it. You can change it any time.

- If you have an advance directive, bring a copy to the hospital.
- If you don't have one, we may be able to help you create this before surgery.

Find a sample advance directive form for your state on the internet here:

<http://bit.ly/StateForm>



Two Weeks Before Surgery

Find out how long you will stay in the hospital.

It may be 1 to 2 nights. This may sound quick, but we'll make sure you're ready to go home. Ask your surgeon what to expect.



Friends To Help at the Hospital and at Home

Choose one friend or family member who can be part of your team. They can help you make decisions and manage your care before, during, and after surgery.

If you take care of anyone (like children or an older parent), you'll need help caring for them. If you don't have people nearby who can help you in the first week at home, talk with your team.

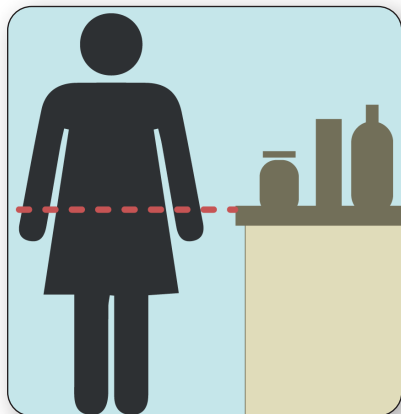


The first 3 days at home

It's a good idea to plan now to have someone stay with you to help with things like meals and to make sure you don't fall.

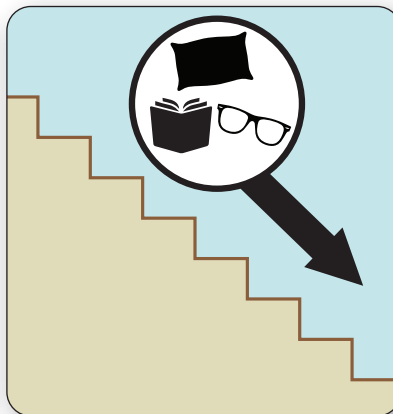
Set Up Your Home

Before you go to the hospital, get your home set up to make life easier when you get back. For example, clean your home. This way it will be easier to get around when you come home.



Put things you use often at waist or shoulder height so they're easy to reach.

Remember to do this in the kitchen and the bathroom!



Bring anything you need during the day downstairs.

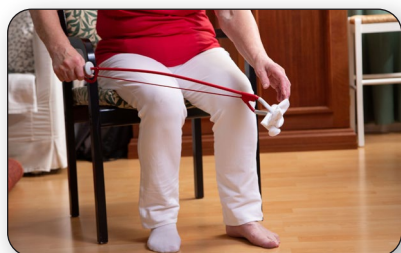
If you usually sleep upstairs, ask if you should put a bed on the main floor.



Buy food that's easy to make and get other supplies. It may be hard to shop when you first get home.



- Get a seat for your toilet to raise the height. This makes it easier to sit and get back up.
- Ask about a **commode chair** (image on left).
- Add pillows to any low chairs.
- Move furniture out of the way so there's enough room to move with a walker.
- Put nightlights in the bathroom and hallways so you don't fall.
- Move any throw rugs so you don't trip on them.



- Use a bag or basket to carry things from place to place as you move around with a walker.
- A “**grabber**” (reacher) with a long handle (image on left) can help you reach or pick things up without bending over.
- A sponge with a long handle is helpful in the shower.
- Some people have grab bars and a handheld shower hose installed in the bathroom, and they may also get a shower stool for sitting in the shower.



Get Strong for Surgery

Eat healthy in the weeks before surgery.

Find out what's best for you or ask to talk with a nutritionist. Protein can help your body heal. It's often good to eat things like chicken, fish, or eggs.



Start physical therapy.

You may be able to have a physical therapist show you exercises to do before and after surgery. If this is available, it can help you get strong and improves blood flow, which helps you heal better and faster.



Stop using tobacco or nicotine.

Smoking, vaping (e-cigarettes), or chewing tobacco can cause serious problems with healing.

Your bones need a good blood supply to heal well. Nicotine limits blood flow and makes it hard for your body to heal after surgery. Studies show that people who use nicotine in the weeks before surgery are more likely to have problems with their heart, lungs, or surgical wounds during or after surgery. And they need to stay in the hospital longer

Your doctor may tell you to stop using any kind of tobacco or nicotine at least 4 to 6 weeks before surgery.

Others should NOT smoke around you in the weeks before surgery. A blood test may be done in the weeks before surgery to measure the nicotine in your blood. This is to make sure it's safe to operate.



Talk to your doctor about ways to stop using nicotine.

The Day Before Surgery



If You Have Sleep Apnea

Let us know if you have sleep apnea. And if you use a CPAP (continuous positive airway pressure) machine at night, bring it with you to use while you're in the hospital.



Find out if you need to use any special toothpaste or mouthwash in the days before surgery.



Eating and Drinking

Your stomach needs to be empty for your surgery. If there's **anything** in your stomach, you could throw up during surgery. If you throw up and anything gets into your lungs, that can be dangerous.



Find out how many hours before surgery you need to stop eating and drinking.

If you had surgery in the past, this may have been longer. Many new studies show it's safe to eat and drink closer to surgery. And people recover better. Find out what your doctors want you to do.

Most people need to:

- Stop eating 6 hours before surgery
- Stop drinking 2 hours before surgery



Showering

The night before surgery, you'll need to take a shower. You may get special soap to help get rid of bacteria on your skin.

How To Shower

1. Put clean sheets on your bed.
2. Get in the shower and wash your hair with your regular shampoo. Rinse the shampoo out of your hair.
3. Once your whole body is wet, turn the water OFF. This way you can make sure you clean every part of your body with the special soap or washcloth.

- **Do NOT use the special soap on your face.**
- **Do NOT get the soap in your eyes, ears, mouth, nose, or vagina.**

4. Turn the water back on and rinse the soap off.
5. If you have sensitive skin, it may make your skin itch or turn red. If this happens, stop using it and rinse it off right away.
6. Use a clean towel to gently pat your skin dry.
7. Put on fresh, clean clothes.

If you feel itchy or if your skin turns red when you use the special soap, stop using it and rinse your skin off with water right away.

Do NOT put anything on your body like lotion, oils, creams, deodorant, or makeup. This can add new germs to your skin.



Do NOT shave, wax, or remove hair on your legs or any of the hair by your groin (bikini area).

Shaving can cause infections because it creates tiny cuts in the skin. If any hair needs to be removed on or near your hip or knee, we will remove it with an electric hair clipper on the day of surgery.



The Day of Surgery: At Home

Find out if you should shower again.

Your surgeon may want you to shower again in the morning. Or you may be told to use antibacterial wipes to clean your skin. Find out what you should do.



Medications

Remember to find out what medications you should and should NOT take the day of surgery. If your surgical team tells you to take any pills, take them with a sip of water.

Then, leave your medications at home. The hospital will give you any medications you need while you're there.



Juice or Sport Drink 2 Hours Before Surgery

Find out if your surgeon wants you to drink something sweet like apple juice or a sport drink **2 to 4 hours before surgery**. If you had surgery before, this may surprise you. But research shows this is safe and gives your body extra energy to get through surgery.

- Ask your doctor what to drink.
- Most people drink it on the way to the hospital.
- After you get to the hospital, you **CANNOT** have anything else to drink.



IMPORTANT

If you have diabetes, your doctor may NOT want you to drink this, so ask.

Your Belongings

Only bring what you need to the hospital. Leave valuables at home or give them to a friend or family member.

We have towels and gowns for you. But you can bring your own **clean and freshly washed** bathrobe and toiletries.



Computers, tablets, and cellphones are allowed. Bring yours if desired, since there is Wi-Fi (internet access) in the hospital.

We'll do our best to keep things on schedule. Sometimes there are delays and you may have to wait. Bring a book or something to do just in case.

What To Bring

- Your health insurance cards
- A photo ID, like a driver's license
- A list or photos of your prescription medications, including how much you take and how often you take them
- A list of any over-the-counter medications you take regularly (like aspirin, Tylenol®, and allergy medication like Benadryl®, eye drops, etc.)
- Contact information for your primary care doctor
- A way to pay your deductible or copay
- This booklet
- A copy of your advance directive (optional)
- Your CPAP machine, if you use one for sleep apnea
- A book to read or something to do just in case
- Any other important medical information, like allergies to medications, foods, or any kind of metal (like nickel)



If you have problems writing or typing your medication list, you can use a smartphone to take pictures of any medications you take.

You can also ask your pharmacist to print out a list of your prescription medications.



The day of surgery, you'll meet with your anesthesia [an-uhs-THEE-zhuh] providers to:

- Review your medical history
- Review the plan for the medication to manage your pain and help you sleep during surgery (anesthesia)
- Talk about managing your pain after surgery

What To Wear	What NOT To Wear
<ul style="list-style-type: none">■ If you wear glasses or use a hearing aid, be sure to wear them.■ Wear loose, comfortable clothes, like sweatpants.■ Bring shoes that have a closed back and closed toe, like sneakers or tennis shoes.	<ul style="list-style-type: none">■ Do NOT wear any jewelry, including wedding rings, earrings, or body piercings.■ Do NOT bring flip-flops or slippers. It's better to have a shoe with a back that's more secure, so you don't fall.

The Day of Surgery: At the Hospital

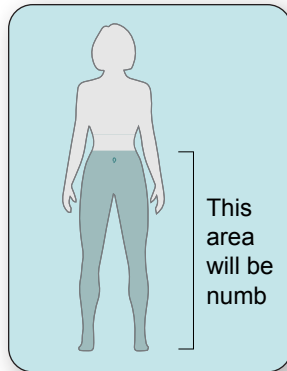
We'll check you in. And a member of your family can go with you to the presurgery area. Surgery takes about 2 to 4 hours, sometimes longer. Ask your surgeon what to expect. During surgery, a nurse will update your family.

Controlling Your Pain

A small **intravenous** [in-truh- VEE-nuhs] tube (an IV) will be placed in your arm for fluids and medications.

You may get general anesthesia. This puts you to sleep. With any kind of anesthesia, you probably won't remember anything about surgery.

Or you may get a "spinal block" (epidural [EP-i-DOOR-uhl]).



With a spinal block, a small IV is placed in the low back to deliver pain medication right to the nerves that sense pain. With this you won't feel anything from your waist down.

- It's very safe and one of the best ways to help manage pain.
- You can also get pain medication through it after surgery.
- You'll also get medication to help you relax or put you into a light sleep.

Medication To Numb the Area

Some numbing medication may also be placed around the joint area. This can help with pain in the hours after surgery.

Opioid Pain Medications (Pain Pills)

Opioids [OH-pee-oids] are strong pain medications. You may have heard of drugs like morphine, oxycodone (Oxycontin[®]), Vicodin[®], Norco[®], and Dilaudid[®]. This kind of medication is used if you need it because:

- It can make people feel sick to their stomach
- It can slow down your recovery
- It can be addictive
- It can make it hard or painful to have a bowel movement or poop (constipation)

Problems like constipation can be painful and serious. So, we'll use other pain medications when possible.

Let us know if you or anyone in your family has an addiction to drugs, including prescription medications or alcohol. This helps us create the best pain management plan for you.

IMPORTANT

We want to manage your pain and help prevent the problems some pain medications cause. Please tell us if you have any concerns about pain medications or pain control.



In the Recovery Room

Most people are in the recovery room for about 2 hours. Once you're awake, you may get water or juice. And the surgeon will talk with your family.

Recovery is different for everyone. It depends on what happened during surgery and on your health before surgery.

- You'll still have a small IV in your arm for fluids.
- You may have a small tube (a catheter) in your bladder. This helps us see how well your kidneys are working by measuring how much urine you make.
- Don't worry if you don't feel like eating. Your doctor will keep an eye on this. And there are ways to give you nutrition if needed.

You'll get a small plastic tube (shown at right) to help you practice taking deep breaths in. This helps prevent serious lung infections, like **pneumonia** [noo MOHN yuh].



If you need to stay in recovery a little longer, we'll help you get up and sit in a chair. **It's important to get you up and moving.** This speeds your recovery and helps prevent problems (like blood clots) and lung infections, like pneumonia.

In the Hospital Room

You'll go to a hospital room where your family can see you. Usually, a family member or friend can stay with you in the room overnight and sleep in a reclining chair.

- You'll still have a small IV in your arm for fluids.
- To help prevent blood clots, you may have compression sleeves on your legs. These inflate like balloons to keep blood moving.

Find out what medications you'll get while you're in the hospital.

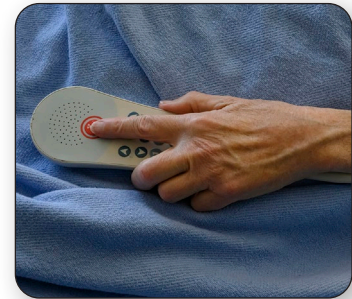
- You'll still get many of your regular medications.
- You may get a shot of blood thinner medication to help prevent blood clots.
- Some of your diabetes, blood pressure, or blood thinner medications may be stopped while you're in the hospital.





Call, Don't Fall!

- Do NOT get up on your own the first time!
- You may be lightheaded and could fall.
- Press the call button. A nurse will help you get up.



Only close friends or family should visit the day of your procedure. You'll still be tired and need rest.



Possible Confusion After Surgery (Delirium)

Sometimes people are confused after surgery. This is called **delirium** [dih-LEER-e-uhm]. It's more common in older people.

With delirium people:

- May not know who or where they are
- May not remember recent events
- May have trouble understanding others
- May be hard to understand
- May not recognize friends and family



Family and friends can help recognize delirium.

Ask those who accompany you to let the nurses know if you seem different or if any confusion is worse than usual.

To help prevent or treat delirium:

- Have a family member or friend bring any glasses or hearing aids you may have.
- Ask a family member or friend to stay overnight when confusion can be worse.
- Have a family member or friend turn the TV off, especially at night so you can sleep.
- Have a family member or friend share photos or familiar objects to help with your memory.

Plan for Recovery in the Hospital

Pain Relief After Surgery

To guide your pain relief, we'll ask you about your pain regularly. You'll still have some pain, but we want to make sure your pain isn't too bad. You should be able to take deep breaths, cough, move, and walk.

Tell us if the medications help your pain. And let us know if the medications make you feel bad in any way. Talking with your healthcare team will help us manage your pain.



To help manage your pain:

- If you have a spinal block (epidural), you may get more pain medication through the small tube in your back after surgery.
- You may get a pain patch to help with pain by the surgical area.
- You'll get medications like acetaminophen (Tylenol®) or ibuprofen (Advil®).
- You may get opioid pain medications as needed.



Focus on things you enjoy. Listen to music, watch a movie, read a good book, or talk to a friend on the phone. These things can help take your mind off the pain.

Soon After Surgery

- About 4 hours after surgery, we'll help you get up and walk.
- Many people start physical therapy the day of surgery.
- We'll help you use the bathroom or a **commode**.
- To prevent blood clots, we'll show you how to keep blood moving in your legs.
- While you're in bed it's good to point and flex your feet and squeeze the muscles in your legs.
- To prevent lung infections (like pneumonia), we'll show you how to take deep breaths every hour or so.



One Day After Surgery

- You'll drink clear liquids.
- A nurse or assistant will help you get out of bed, sit in a chair for meals, and start to walk down the halls.
- If you had a tube to drain urine, that may be removed from your bladder.
- You'll meet with a case manager or discharge planner to figure out if a nurse should visit you at home.
- If you need help getting your strength back at a rehabilitation facility, a social worker will help with this.

Two Days After Surgery

- Most people can eat soft food. You'll eat solid food as you feel up to it.
- If there's a bandage on your wound, it will usually be removed.

Try to be up out of bed most of the day. Walk down the hall at least 3 times a day. Ask for help if you need it.



Three Days After Surgery



Your doctor may order home care

With home care, people with medical training visit you at home to help with medications, teach you how to take care of any wounds, and see how you are doing.

If you need it, every few days a physical therapist will visit you at home to help you move your new joint and build up your strength. He or she will also let your doctor know how you're doing. This is called "home health."



If you are NOT planning to go home from the hospital, let us know. A coordinator can meet with you to discuss your options.

Walking Without a Limp

Before surgery, you probably got used to walking with a limp. This may have caused the muscles in your hip to shorten. With your new joint, even though your legs should be the same length, you may still feel uneven. As you heal, that feeling should go away. And you should be able to develop a normal walking rhythm without a limp.



It can take a while for the limp to go away. If you still have a limp 3 months after surgery, please let us know.

You May Need To Stay in the Hospital Longer

If you feel sick to your stomach or you're throwing up

You'll get medication for this. If you still feel sick, try to eat and drink small amounts throughout the day.

If some urine stays in your bladder

If you can't urinate (pee) a tube (called a "catheter") may be placed to help you go. This will be removed once you can urinate (pee) on your own.

If a lot of blood collects around the hip or knee joint after surgery

If this happens, another procedure may be done to treat it.

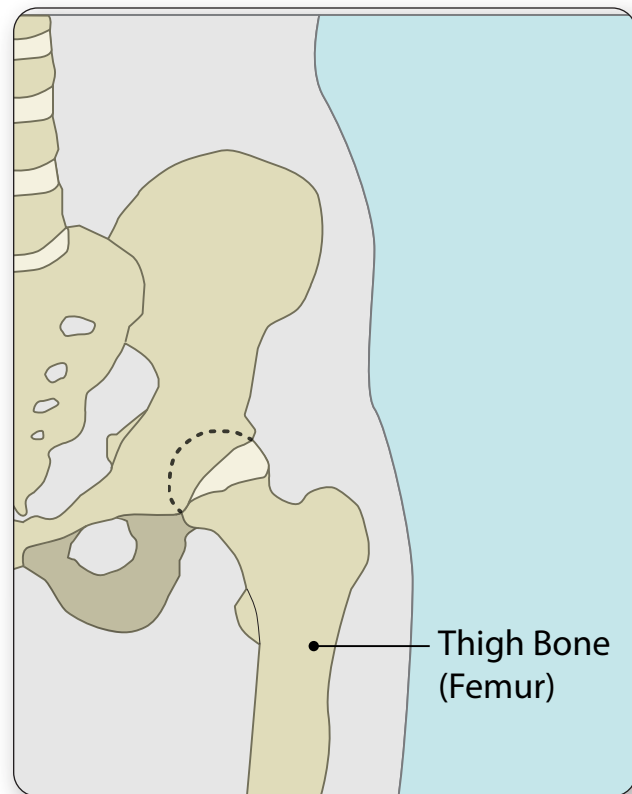
If you get an infection

You'll get medication to help prevent infections. But sometimes people still get an infection after surgery.

If the thigh bone (femur), shown in the illustration on the right, breaks during hip replacement surgery

Sometimes small cracks develop in the bone during surgery. These usually heal on their own. A large break is rare. But if it happens, surgical wire is used to hold the bones in place while they heal.

This is more likely when the bones have become weak from arthritis or bone loss, called “**osteoporosis**” [os-tee-oh-puh-ROH-sis].

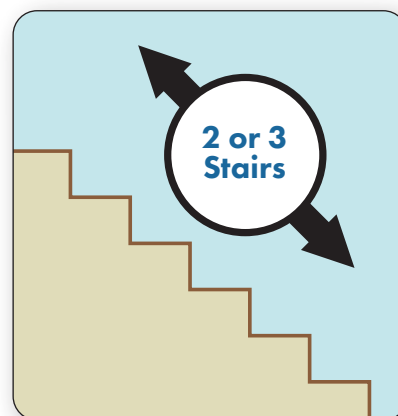


Plan for Leaving the Hospital (Discharge)



We'll help you go home as soon as possible, but sometimes there are delays. You may be ready to leave the hospital when:

- You can walk with a cane or walker
- You can go up and down two or three stairs
- You can urinate (pee)
- You can eat
- You're **NOT** burping or throwing up
- You can do your physical therapy exercises on your own
- Your blood pressure is OK
- You **DON'T** need IV pain medications to control your pain
- Your team thinks you're ready



To help you at home, you'll get:

- Information about your surgery and physical therapy exercises
- Directions about how and when to take medications, like blood thinners
- Directions for wound care
- Prescriptions for any medications you need at home



Prescriptions can be filled while you are in the hospital. Ask if you would like to do this.



Arrange for someone to take you home. If that's not possible, let your healthcare team know so they can help you get home safely.

If you need to go to a rehab center, you may need to wait for an open bed or for insurance to approve it.



Follow-Up Appointment

You'll have a follow-up appointment about 4 weeks after surgery. This should be noted on your: After Visit Discharge Sheet.

Before you leave, ask how your surgery may affect:

- Hobbies and activities
- Driving
- Return to work
- Your sex life
- Medical procedures and dental visits
- Showering
- Sleeping
- Walking and sitting
- Sports
- Eating and drinking
- Travel and security
- Your mood

Issues you may want to ask about include:



Hobbies and Activities

You can get back to most activities soon after surgery. Do things you enjoy. It's good for your mood and well-being.

If you feel tired and worn out at first:

- Take afternoon naps.
- Set small goals. Try to do a little more each day.



When Can I Drive Again?

Do NOT drive until your surgeon says it's OK.

- Most people can drive a car with an automatic transmission 4 to 8 weeks after surgery.
- It may take longer before you can drive a stick shift.

Ask when you can drive again. Pain pills (like opioids) slow down your reaction time.

For your safety and the safety of others, driving while taking opioids is NOT recommended and is illegal in some states.



When Can I Go Back to Work?

Many people go back to work 4 to 12 weeks after surgery.

- If your job involves heavy, physical work, like lifting, talk to your surgeon.
- Ask your employer if there are any rules about when you can return to work.
- If you need a return-to-work form or short-term disability papers, bring them to your follow-up appointment or fax them to our office (see phone and fax numbers at the end of this booklet).



When Can I Have Sex Again?

Intimacy is important. And the point of joint replacement is to improve your quality of life.

If you had hip pain **before** surgery, it may have made it hard or painful to have sex. A hip replacement usually makes it possible to have less pain or no pain during sex.

It's OK to have sex once you feel up to it.

- About 4 weeks after a knee replacement.
- 6 to 12 weeks after a hip replacement. But you still need to be careful, so your new hip doesn't move out of place.

If you have questions or concerns, ask your surgeon or physical therapist. It's important to feel safe and get your questions answered.

No Other Medical Procedures or Dentist Visits in the Months AFTER Surgery

In the months after surgery, it's **STILL** important to prevent infections.

After surgery, do NOT have any dental work done (including tooth cleaning). Ask your surgeon how many months you should wait before seeing your dentist again, even for a checkup or teeth cleaning. Most people need to wait 4 to 6 months. And do NOT have any kind of surgery or medical procedures for 3 or 4 months.



Bacteria can travel through a cut in your mouth or your body to your new hip or knee implant. So, any kind of procedure could lead to an infection in the months after surgery.

To be safe, it's also a good idea to avoid anything like manicures, pedicures, or tattoos. If needles or tools have bacteria on them, this could also lead to an infection.

- Find out if your surgeon thinks you should take antibiotics before any dental work you have in the next few years.
- Call your surgeon's office before dentist appointments.



Always remind any doctor, nurse, or dentist that you had a joint replacement before they schedule or do any kind of procedure, even before they clean your teeth. This way, if you ever have signs of an infection in your mouth, your dentist can give you antibiotics.

Plan for Recovery at Home



If you start to run low on any medications, call your doctor's or surgeon's office a few days before you run out.

Taking Care of Your Surgical Wound

Different types of bandages are used. Find out how and when to change your bandage (also called a "dressing"). The bandage should absorb the blood and fluid draining from the surgical wound.



If you have any surgical staples, these will be removed in a couple of weeks when you see your surgeon for your follow-up visit.



Showering

Ask your surgical team for instruction about bathing.

- Do NOT sit in water (like a bathtub or hot tub). And do not go into a pool, lake or ocean until your doctor says it's OK.
- You can take a shower with your bandage on.
- It is okay to get your bandage wet in the shower.



Urinating

After surgery, sometimes people feel like they still have to urinate (pee). And it may feel like some urine is still in their bladder. This usually goes away in a few days. Please call your surgeon if it does NOT go away, or if you have any pain or burning when you urinate. Pain or burning can be signs of infection in your body.

Sleeping

Good sleep will help you heal and gives you the energy you need for physical therapy. Sometimes pain can make it hard to sleep well. And while opioid pain medications can help with pain, they can also cause problems with sleep.



What CAN Help You Sleep?

Avoid alcohol.

- Even though alcohol can make you feel sleepy, you are more likely to wake up and have trouble sleeping.
- **Do NOT drink alcohol while you're still taking pain medication. It's not safe.**



Avoid caffeine. It will keep you up.

- Only drink a little coffee, tea or soda during the day.
- Do not drink coffee, tea, or soda at night.



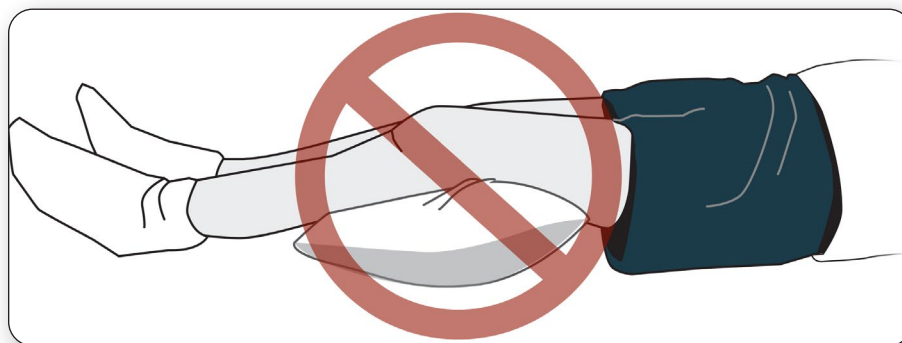
Ask how to use cold packs and to learn about other things you can do to get good rest

How To Sleep in the Weeks After Knee Replacement Surgery

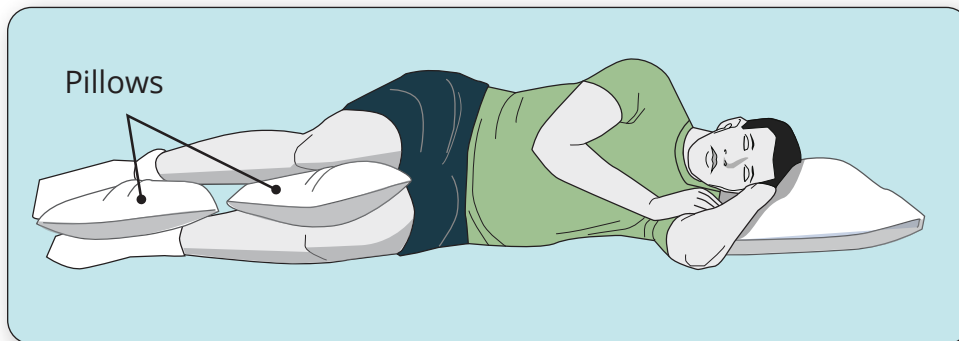
It's best to sleep on your back with your whole leg up on top of two or three pillows.

Try NOT to sleep with a pillow only under your knee.

It's best if your whole leg is supported with pillows. While just one pillow under the knee feels comfortable, it can make it harder to straighten your leg and heal well.



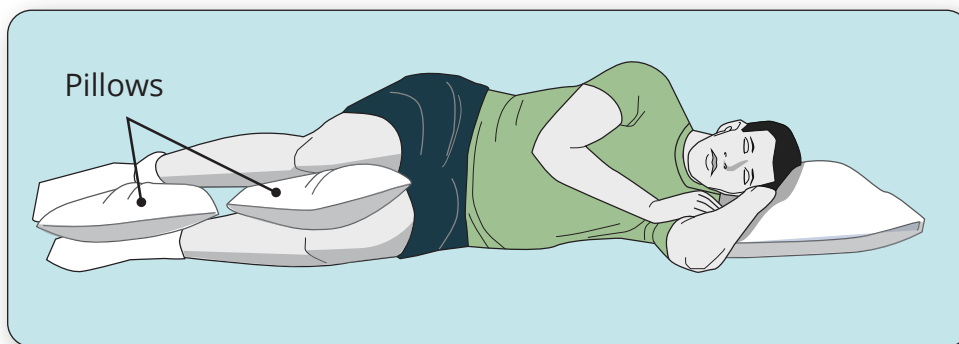
You can sleep on the side you did **NOT** have surgery on. It helps to put two pillows between your knees, ankles and feet.



How To Sleep in the Weeks After Hip Replacement Surgery

It's best to sleep on your back with pillows between your knees.

You can sleep on the side you did **NOT** have surgery on. It helps to put two pillows between your knees, ankles, and feet.



Do NOT sleep on your stomach.

If you sleep on your stomach, your new hip could move out of the place (dislocate). Ask when it's okay for you to sleep on your stomach again.

Walking and Sitting

Walk when you can. You'll be able to walk and do a little more each day as you get stronger.

For the first 3 months, sit for short periods of time and walk for short periods of time. Sitting for too long can also make you feel stiff.

For the first 3 months, it's best to sit in chairs with arms, so you can lift yourself out of the chair.

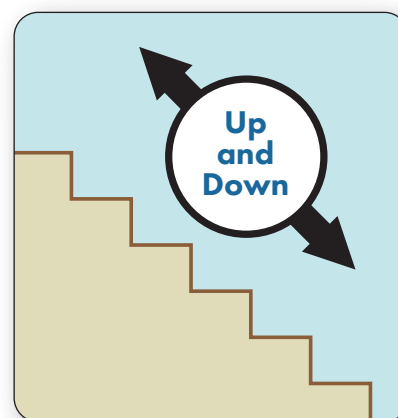
TIP

Stairs

You'll be able to go up and down a few stairs right away. And you'll be able to go up and down stairs between floors in about a week.

When going up and down stairs:

- Have someone help you.
- Use the handrail on the side you did **NOT** have surgery on.
- Go up or down one step at a time.



TIP

If you have pain, slow down!

Pain is your body's way of telling you it's not ready to do something.



Eat Healthy

Your body will heal better and faster if you eat healthy.

Sometimes people don't feel like eating after surgery.

In the days after surgery some foods may taste different and certain smells may make you feel sick to your stomach. If this happens, eat a lot of small meals throughout the day. Over time, you'll be able to eat more.



No Smoking or Vaping

Do not smoke, vape (use e-cigarettes), or chew tobacco for at least 4 weeks after surgery. These limit blood flow and make it hard for your body to heal well. They also make it hard to sleep well.



Sports and Activities

Walking is usually good along with any physical therapy exercises.



- Do NOT run or jog in the weeks after surgery. Talk with your surgeon about when it may be OK for you to start jogging again.
- Find out when you can do other low-impact activities (like swimming, biking, or golfing) in the months after surgery.

Any high-impact sports or activities where you could fall or get hit are off limits for good (permanently).

- **Do NOT** play sports where you could get hit or fall, like football, basketball, hockey, or soccer.
- **Do NOT** take part in rodeos or martial arts, like karate.

Travel and Security

When going through security at the airport or at a building with a metal detector, let them know you have a hip or knee replacement before you go through it. It's not a problem — and they may just use a wand to scan your hip or knee.



Your Mood

Joint replacement surgery usually gives people more movement and freedom. But keep in mind, your body has been through a lot. And it may take a while before you feel like yourself again. You may feel sad or upset. These feelings usually go away as you heal.

- Call friends and family to talk.
- Invite people over to keep you company and help out.

If you feel very sad, overwhelmed, or helpless after surgery, please call your doctor.

It's important for us to know so we can make sure you feel better and recover well.

Planners and Checklists

Planners

- Presurgery Planner
- Recovery Planner

Checklists for Before Surgery

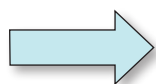
- One Month Before Surgery
- Two Weeks Before Surgery
- A Few Days Before Surgery
- Day Before Surgery
- Day of Surgery

Checklists for Recovery

- After Surgery
- Before You Go Home
- At Home
- Notes

My Presurgery Planner

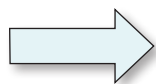
Use this calendar grid to write down important dates.



In the bottom row of the calendar, mark what day of the week your surgery is scheduled for.



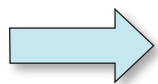
In the top three rows, mark any appointments **leading up to surgery** (for example, anesthesia clinic, primary care doctor visit, etc.). Also write down reminders for things you need to do in the days and weeks before surgery.



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Write your surgery date in the bottom row so you know when to plan ahead.						

My Recovery Planner

Use this calendar grid to write down important dates.



In the top row, add your surgery date on the appropriate day of the week.
Then mark what day you expect to go home from the hospital



Mark any follow-up appointments on the calendar.



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Checklist for Before Surgery

One Month Before Surgery

- Get a copy of your medical records to bring to your appointments.
- Choose who speaks for you if you cannot speak for yourself. Talk with them about your wishes. And create an advance directive: <http://bit.ly/StateForm>
- Meet with your healthcare team to review your medical history.
- Get a dental checkup.
- Eat healthy. Protein (chicken, eggs, fish) can help your body heal.
- Get blood tests done if your doctor orders any.
- If you're overweight, losing ANY weight will take stress off your joint.
- If you smoke, vape, or chew tobacco, work with your doctor to quit in the weeks before surgery.

Two Weeks Before Surgery, Find Out:

- What time to arrive for surgery.
- How long you should expect to be in the hospital.
- If you need to stop any medications the day of surgery.
- How many hours before surgery you need to stop eating and drinking.
- If you should have any kind of juice or sport drink in the hours before surgery.
- If you'll need to pay any kind of copay or fee when you arrive at the hospital.

A Few Days Before Surgery

- Make sure you have any special soap or washcloths for taking a shower.

Set up your home to make life easier when you get back:

- Put things where they're easy to reach.
- Move furniture and rugs out of the way to make sure you can get around with a walker.
- Buy food and other supplies.
- Put nightlights in the hallways so you don't fall.

The Day Before Surgery

- If you were told to take a shower the night before surgery, follow any directions about using any special soap or antibacterial wipes.
- Do NOT** shave your legs or any of the hair by your groin (bikini area).
- Pack clean, comfortable clothes, a bathrobe, and any toiletries.
- Pack your photo ID, a list of your medications, your health insurance card and this booklet.
- Pack a copy of your advance directives (living will), if you have one.

The Day of Surgery

- Pack your CPAP machine if you use one for sleep apnea.
- Take any medications with a sip of water.
- Leave your medications at home.
- Follow instructions on when you should stop eating (usually 6 hours before surgery) and when you should stop drinking (usually at least 2 hours before surgery).
- If you were told to drink juice or a sport drink (like Gatorade®), drink it on the way to the hospital.

Checklist for Recovery

After Surgery

You'll get pain medication. You will have some pain, but talk to your nurses if:

■ **You're worried about taking pain medication**

■ **You still have too much pain**

- We'll help you get up and walk. Do NOT get up on your own the first time.
- You may start physical therapy the day of surgery.
- To help prevent blood clots, regularly point and flex your feet and squeeze the muscles in your legs.
- To help prevent lung infections, we'll show you how to take deep breaths every hour or so.

Before You Go Home, Make Sure You Have:

- Prescriptions for any new medications. You can get these filled at the hospital. Ask a nurse.
- Directions for how and when to take any medications.
- Directions about taking showers.
- Any home healthcare scheduled.
- An appointment to see your surgeon in about 1 month.
- Instructions on when to remove your bandage.
- Guidance on when to call.

At Home

- Walk and do your physical therapy exercises.
- Do NOT smoke, vape, or chew tobacco for at least 4 weeks.**
- Do NOT drink alcohol while you still take any pain medication.**
- Do NOT sit for long periods of time.**

Hospital Information and Contact Numbers

Write down hospital information about instructions, hours, phone numbers, etc., here.

Parking and Check-In

Writed down parking information here.

Visiting Hours

Write down visiting information here.

Contact Numbers

Write down important numbers for the patient here (e.g., physician’s office, main hospital number, operating room).



Print or tear out this version of the checklist to put on your refrigerator or to share with a family member who is helping you.

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- Any home healthcare scheduled.
- An appointment to see your surgeon in about 1 month.
- Instructions on when to remove your bandage.
- Guidance on when to call.



When To Call

If you are worried or have a question, please call. Also let us know if any medications make you feel bad or cause any side effects. If we know, we can help.

Call **RIGHT AWAY**:

- If you have a fever of **101.5 degrees Fahrenheit** or higher
- If the bandage looks soaked with blood
- If your wound is red or more painful
- If the bandage moves and part of the wound is **NOT** covered
- If fluid or pus starts to leak from your bandage or is coming from your wound
- If any fluid coming from your wound smells bad
- If you feel sick to your stomach or you're throwing up
- If your pain is worse and the pain medication doesn't control it enough
- If you have pain or swelling in your foot, ankle, thigh, or calf (back of your lower leg)
- If it's painful or hard to urinate (pee)
- If you have the chills and you're shivering
- If you have pain in your belly (may be constipation)

While you take blood thinners, you could bleed or bruise too much if you get a cut or if you fall.

- Call if you get a cut or something like a nosebleed that doesn't stop bleeding after you put pressure on it.
- Call if a bruise keeps getting bigger. This can be a sign of bleeding under the skin.

Call as soon as you think something is wrong. Don't wait!



Call 911 or go to the Emergency Room:

- **If you have chest pain**
- **If you become short of breath or have trouble breathing**
- **If your hip comes out of the joint and dislocates**

Have the emergency team call us when you are stable.



You can print or tear this sheet out and put it on your refrigerator.



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