



OLYMPIA
ORTHOPAEDIC
ASSOCIATES PLLC

**KNEE & HIP REPLACEMENT
GUIDEBOOK**



Your Life in Motion.



**OLYMPIA
ORTHOPAEDIC
ASSOCIATES PLLC**

OLYMPIA SURGERY CENTER

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Your Joint Replacement Team

You are joining a team of highly skilled healthcare specialists who have developed this Joint Replacement Program in order to provide a focused, quality, and outcome-based program designed to promote a safe and successful recovery.

✓ Coach: This person is a family member or friend who is willing to support you every step of the way and who can participate fully in activities before surgery and during your recovery. Your coach must be available to assist you a minimum of 3 days and 3 nights after your total joint replacement surgery and physically able to assist you with getting in and out of bed or a chair, and with going to the restroom.

Orthopaedic Surgeon:

Your surgeon is a board certified orthopaedic surgeon who will perform your surgery and oversee your care.

Mid-level Provider:

Mid-level providers are Advanced Registered Nurse Practitioners (ARNP) and Physician Assistants (PA-C) who specialize in orthopaedic care. They may assist during pre-operative care; during your surgery and attend to your post-operative needs.

Medical Assistant:

The medical assistant is a certified technician who will gather vital information from you about your health and symptoms and will assist in documenting

and communicating your needs to the surgical team.

Total Joint Replacement Program Coordinator:

Olympia Surgery Center, Providence St. Peter Hospital, and MultiCare Capital Medical Center have nurses with specialized training who guide you and your Coach through the joint replacement experience. They will be your point of contact to coordinate care and facilitate your Joint Replacement Education Course.

Anesthesiologist:

A board certified physician or Certified Registered Nurse Anesthetist will provide your anesthesia and appropriate medications to keep you comfortable and relaxed during your surgery.

Physical Therapist:

A physical therapist is a licensed rehabilitation specialist who will work with you after surgery to assist in maximizing your recovery through evaluation, education, safety training, strengthening and increasing mobility.

Registered Nurse or Licensed Practical Nurse:

Before, during, and after your surgery you can expect to meet many different nurses who perform many different jobs. Nurses will help prepare you for surgery and will be in the operating room with you throughout your surgery. After surgery, a team of nurses will carry out all orders given by your surgeon, as well as keep you comfortable and safe.



UNDERSTANDING YOUR SURGERY

- Common Causes of Hip and Knee Pain
- Causes of Osteoarthritis
- Symptoms of Osteoarthritis
- Hip Replacements
- Knee Replacements
- Understanding Risks and Expectations
- Outcomes in Recovery
- How to Reduce Your Risks
- Functional Pain Scale



Common Causes of Hip and Knee Pain

Most hip or knee pain is associated with arthritic degeneration, or wear and tear of the inner surfaces (cartilage) of the hip or knee joint. Cartilage is the buffering surface at the end of healthy bone which allows smooth and friction-free motion in the joint.

Like any piece of equipment, normal aging and repetitive use gradually wears down the parts until it comes to a grinding stop. This wearing down is known as arthritis. The word means 'joint inflammation or swelling'. The grind and pain you have noted is called crepitus and is a product of the worn down cartilage.

Osteoarthritis is the most common form of arthritis. It is most commonly found in load-bearing joints such as your hips, knees and spine, but can occur in any joint.

Causes of Osteoarthritis

Normal aging is the most common factor associated with osteoarthritis. Obesity, overuse, injuries, and previous surgeries are also factors contributing to increased arthritic changes. Some arthritis can also be associated with family history.

Symptoms of Osteoarthritis

- Joints that ache and are sore after activity.
- Painful or tight joints after periods of inactivity.
- Joint swelling.
- Stiffness or tightness.
- Loss of motion.
- A grinding or popping - known as crepitus.

Hip Replacements:

When your hip is replaced, the damaged ends of the two bones that make up the hip joint, the femur, and the cup of the pelvis, are removed and replaced with artificial surfaces composed of metal, ceramic, or a

highly compressed plastic. A metal or ceramic ball replaces the top of the femur. A combination of metal, plastic, or ceramic replaces the socket or cup part of the joint. Your surgeon may go through the front (anterior), side (lateral), or back (posterior) of the hip to reach the joint.



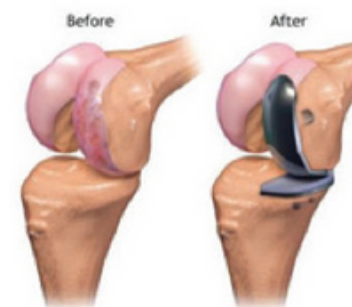
Knee Replacements:

Total: A total knee replacement is a resurfacing of the entire joint. The damaged cartilage and a small amount of bony surfaces are removed

and implants are placed, covering the ends of the bones allowing for smooth motion.

Partial: Your knee has grooves or surfaces that frequently do not wear down equally in the knee. Rather than disrupting healthy portions of bone and cartilage in the unaffected surface, your surgeon may recommend

a partial or "unicompartmental" knee replacement.



Understanding the Risks & Expectations

Olympia Orthopaedic Associates offers joint replacement surgery at Olympia Surgery Center, Capital Medical Center, Providence St. Peter Hospital, and Mason General Hospital. Your surgeon will decide what facility will best serve your needs. Joint replacement surgery is a major surgery, and although advances in technology, medical care and screening have made the procedure very safe and effective, any surgery has potential risks.

The thought of surgery can be stressful both physically and emotionally. It is normal to feel nervous or anxious. We encourage you to discuss your concerns with your provider's team, your family physician, your physical therapist, and your family. Support of family or friends can make this process so much easier. You will want to identify your "Coach" for this process; someone that can be there not only during the initial days of home recovery, but also part of the training processes leading up to surgery. They will be your extra set of eyes and ears for details and will receive instructions on how to assist you with mobility and home preparation.

Risks of Joint Replacement Surgery

Your Joint Replacement Team will take every measure to minimize the risks and avoid complications. Although rare, the following are some complications that can occur.

Blood Clots:

Blood clots or deep vein thrombosis (DVT) can form when blood cells clump together. These clots can form in a leg vein and become dangerous if they break off and travel to your lung. As a normal preventative measure, patients are placed on a blood thinner after surgery, usually aspirin, and will continue for a period of time during recovery. Additionally, your surgeon may prescribe you sequential compression devices (SCDs). These devices are wraps that are worn on the lower part of the legs and fill with air one at a time. This compression will assist with blood circulation in your lower legs and help prevent the development of blood clots. You should wear your SCD's as much as possible following your surgery especially while you are resting or are inactive.

The most common symptoms of a DVT are pain and swelling in the calf area. This can occur in the operative or non-operative leg. Other symptoms include redness, tenderness, or warmth in the calf.

Coach's Tip

Encourage movement
& walking

Apply ice and elevate

Track medications
& pain levels



Infection:

Infection is very rare in healthy patients having a total joint replacement. During surgery, antibiotics are administered and used to 'cleanse' the bone and surrounding tissue to reduce this risk. Superficial wound infections are usually treated with antibiotics. Deeper infections inside the joint need further assessment, will be treated with more aggressive antibiotics and may require additional surgery.

Nerve or Tissue Injury:

Damage to the surrounding structures, including nerves, blood vessels, and ligaments are possible but extremely rare. More commonly, small surface nerves are cut during surgery. This area of the incision will remain numb or with reduced sensation which lasts 6-12 months. As nerve sensation returns, it may feel itchy, prickling, or burning along the incision.

Slow Wound Healing:

Surgical incisions can sometimes heal slowly. Swelling can contribute to slow healing and can cause the appearance of blisters along the incision. You and your Coach will be instructed on wound care to promote healing and to reduce the risk of infection.

Additional Potential Risks

Swelling:

It is normal to have swelling, also described as inflammation or edema, after surgery. It is the body's natural reaction to strain or trauma. After a hip replacement you will see swelling at the hip joint, thigh, and in the lower leg. Following a knee replacement, swelling can cause increased pain and a

burning sensation in addition to restricting range of motion. Swelling can be managed with frequent movement and elevation of the leg as well as the use of cold therapy.

Bruising:

Bleeding is a natural part of the surgery that is associated with cutting of tissues and bone during a hip or knee replacement. While measures are taken in surgery to control the bleeding, you may notice bruising that shows up as a very dark black and blue coloring. It can start in the upper thigh and extend to the calf, heel, or toes over time.

A tourniquet is used to help slow blood flow during a knee replacement. This can also cause bruising and tenderness in the upper thigh. Bruising may show up immediately after surgery or a few days later and can last for a few weeks. This process is very normal and will resolve on its own.

Limited Mobility/Range of Motion:

Your surgeon checks your joint mobility throughout surgery to assess the glide and movement of the implant. Exercises and movement begin immediately after surgery to improve mobility and reduce other risk factors.

Joint reaction, scar tissue, new trauma or other factors may limit mobility. This will become evident normally within the first 6-8 weeks. Your provider's team and physical therapist will be measuring your range of motion frequently. If there are significant restrictions, your provider's team may discuss a surgical manipulation to release the adhesions or restrictions impairing the motion.

Getting you back to the life you deserve

Outcomes in Recovery

Our goal for any joint replacement surgery is to return you to a higher quality of life, one with increased mobility and reduced pain.

You can generally expect to resume most activities enjoyed prior to the onset of arthritis. Long term studies show that 85-90% of implants are intact and functional after 20+ yrs.

How to Reduce Your Risks

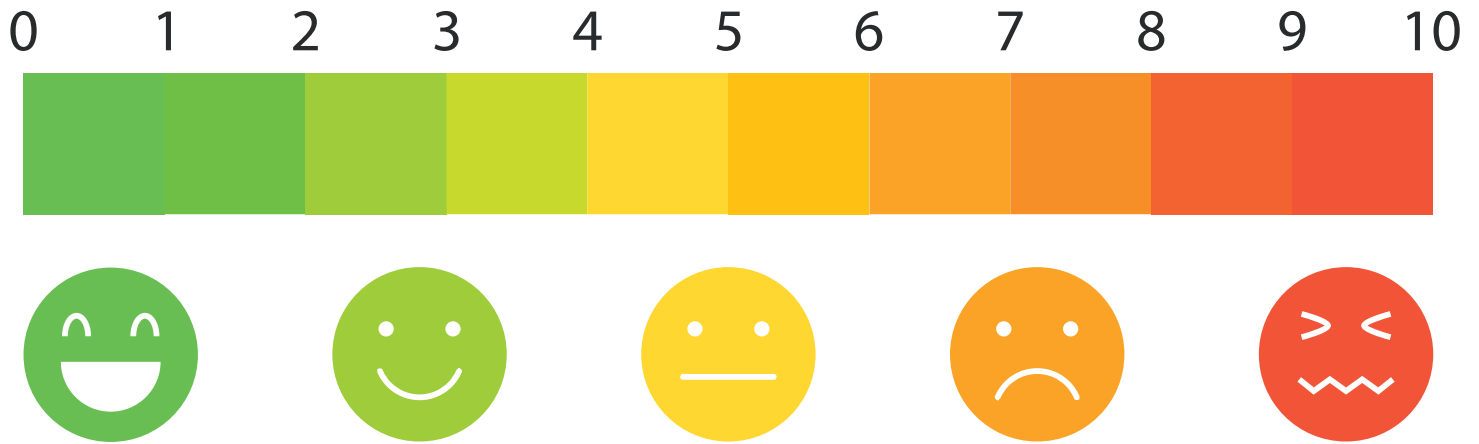
- Maintain a healthy diet.
- Perform exercises and activity as directed by your surgeon and physical therapist. Complete exercises both prior to and after surgery. Include breathing exercises.
- Follow the precautions established by your surgeon. Avoid high impact or balance activities until medically cleared to do so.
- Use good hand washing and wound care techniques.
- Awareness. Look for signs or symptoms of problems. Early prevention and management improves recovery significantly.



Functional Pain Scale

Pain is a very personal experience. It is difficult to describe and even harder to compare with others because of how our body and mind interpret pain. It is unique to us as individuals. Throughout this surgical experience, you will be asked in various ways what your pain levels are. It is important to your recovery, as well as to your peace of mind, to know that pain protocols are in place to maintain a level of comfort for you.

Below is a common pain scale for your review. It includes examples of functional difficulties that may occur with various levels of pain. This helps associate some restrictions in activity to your reported levels of discomfort; so that we may address any discomfort you may experience and direct you in better symptom management. The goal of your postoperative pain should be a level of 1-3 when resting and 4-6 when exercising or working with physical therapy.



0	No pain or discomfort—feeling normal
1-3	Pain is present but doesn't prevent or limit participation in activity. Pain is tolerable—you are used to it
4-6	Deep ache, pain is starting to affect your ability to perform current activity; require rest, pre-occupied
7-9	Unable to do some activities due to pain, difficulty in conversation; you cannot use or move the painful area, are tearful, need to lie down
10	Worst possible pain—unable to speak, have clear thoughts; requires immediate hospitalization

Keep track of your pain levels daily.

PREPARING FOR SURGERY

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- Assistive Devices
- Preparing Your Home
- Medications
- Infection Prevention
- Diet and Nutrition
- Countdown to Surgery

PREPARING FOR SURGERY



Coach's Tip

It will be important for you to be present at preoperative education and training courses.



Preparing for Surgery

These guidelines will prepare you for a more rapid and safe recovery in your quest for improved mobility and health.

To make sure you and your Coach are fully prepared for your joint replacement experience, it is important that you carefully and thoroughly review this and other educational guides given during this pre-operative preparation.

You will be asked to participate in all exams or screenings from various healthcare providers; and it is highly recommended that you review the Joint Replacement Education Class video that to promote success and speed in your recovery. Please call us if you have any questions or concerns regarding this information.

Medical Evaluations and Testing

To promote safety and successful healing, standard screenings are completed to assess your overall health status. These may include physical examinations, imaging, scans, and blood work. Your surgeon's team will provide you with any forms or prescriptions you may need for these assessments.

Communication with your primary care provider or other specialists who care for you is important, and you should contact them as soon as it is determined

that you are a candidate for joint replacement surgery. Any concerns they may have should be brought to the surgeon's attention immediately. OOA will forward your Primary Care Provider summaries of recommendations from your visits and surgical procedure to help update and maintain your medical history.

Help From Your Coach

Your Coach's support can make all the difference, not just at the surgery center but also throughout the weeks before and after your surgery. We strongly recommend that you bring your Coach with you to your pre-operative visits, post-operative visits, and the Joint Replacement Education Class. Recovering from joint replacement surgery is a team effort. Help from family and friends will be necessary for your recovery.

Physical Therapy

The goal of surgery is to restore you to a higher functioning level with less pain. To help facilitate this you will attend physical therapy sessions post-operatively. You will also receive additional resources on exercises and techniques you can do prior to surgery to help facilitate a successful recovery. You should plan on having your coach review these resources with you.

Total Joint Education Video

Another highly informative resource is the Total Joint Replacement Education Video. As with Physical Therapy resources, it is very important that both you and your coach review the video. This Video covers important general information to help prepare you for what to expect before, during, and after your surgery. Our goal is that you complete the video feeling more confident you have the knowledge and understanding of what to expect throughout the entire surgical process. This guidebook serves as the basis for the video, and you should have it with you when you review the video.

This course will review important information to prepare you for the weeks leading up to surgery, your surgery encounter and post-operative care.

Scheduling Your Surgery

Once it has been determined that surgery is your best option, your surgeon will notify the surgery scheduler. They will work to obtain authorization for the surgery from your insurance company. You may also be contacted by a nurse to determine if any of your other health concerns will need to be addressed prior to surgery. After authorization is obtained and you have been determined fit for surgery, the surgery scheduler will contact you to schedule a surgery date and assist with coordinating your other necessary appointments as well.

Assistive Devices

Assistive devices are tools that reduce strain and risk of injury by assisting you with daily activities. They can be helpful by allowing you to be more independent in the weeks following your surgery. Some examples are front wheeled walkers, raised toilet seats, and shower guardrails. These items may only be used for a short time and can be rented or borrowed rather than purchased. If a front wheeled walker has been recommended for you, please bring it with you the day of surgery.

Medications

Your surgical team will review all the medications and supplements you are taking. Some medications and supplements will need to be temporarily discontinued in the weeks or days



prior to your surgery, so it is important that we have a current list of what you are taking. Some medications and supplements thin the blood and can increase the risk of bleeding after surgery, while others may interfere with anesthesia. It is important that you avoid taking any new over the counter medications or supplements in the weeks before surgery. If you are prescribed a new medication or supplement during this time, please let the prescribing provider know that you are scheduled for surgery and let your surgical team know of the new medication. As your surgery nears, you will be contacted by a nurse to review which medications you will need to take on the morning of surgery.

Please refer to the medication handout that was provided to determine what medications and supplements to discontinue prior to surgery. If you are unsure, please reach out to your surgical team for clarification.

Coach's Tip

Encourage multiple light healthy snacks and meals.



Infection Prevention

There are several steps that you can take to help prevent surgical site infections.

Dental Care:

Dental procedures directly prior to and following your joint replacement surgery have been correlated with an increased infection risk. For this reason, all dental work, including cleanings, must be completed at least TWO weeks prior to your surgery. Following your surgery do not make appointments for dental work for at least THREE MONTHS. After you are cleared for dental procedures your surgeon will want you to take antibiotics prior to your dental appointments. Please refer to the dental guideline information sheet for more information.

Shaving:

It is very important that you do not shave or use any hair removal products anywhere near the surgical area for 7-10 days prior to surgery. Studies show an increased risk of surgical site infection associated with shaving. This is attributed to the microscopic cuts in the skin that allow bacteria to enter.

Clean Hands:

Hand hygiene is very important. You will notice your Joint Replacement Team washing their hands or using alcohol-based hand sanitizers prior to making contact with you. We also strongly encourage your family and friends to practice this same policy to prevent the spread of infection.

Illness:

If you become ill with a fever, cold, sore throat, flu, or

any other illness prior to or following your surgery, please contact your surgeon's office.

Skin Problems:

Broken skin or rashes should be reported to the surgeon's office.

Pedicures:

Do not trim your toenails or have a pedicure 7-10 days prior to surgery. Do not apply nail polish. Trimming nails may cause microscopic cuts which can promote infection. Nail beds are good areas for assessing oxygen in our blood, and seeing potential signs of infection or fungus present. Nail polish hides this view and may chip.

Pre-Surgery Bathing:

You will be instructed to shower with an antibacterial or antimicrobial cleanser at home prior to your surgery. Special cleansing wipes may be given to you by your surgeon's office and instructions will be provided. Following your shower, put on clean, fresh pajamas and have clean sheets on your bed. Do not use any lotions, perfumes or powders on the surgical area the day of surgery.

Diet and Nutrition

Eat a healthy diet to promote proper tissue healing and to improve energy. After surgery, you may experience a decrease in appetite due to medication or discomfort. This is normal and should resolve gradually over the following week. Eating small meals or nutritious snacks will assist in reducing the nausea but keep your energy up.

Tips for Preparing Your Home

You and your family may want to consider these tips to help make your home safe and comfortable when you return from your surgery.

- Place a non-slip bath mat for inside your tub/shower.
- Check every room for tripping hazards. Remove throw rugs and secure electrical cords out of the way.
- Determine what items from dressers, cabinets and shelves you will need immediately after returning home. Any items you use often should be moved to counter height to avoid excessive bending or reaching.
- Plan on using a cordless or cell phone. They can be tucked away inside a pocket, carried easily or set within reach.
- Make sure stairs have handrails that are securely fastened to the wall. If you must negotiate stairs to enter or once within your home, please discuss this at your Pre-Hab visit.
- A chair which has a firm back and arm rests is recommended during your recovery. A chair that sits higher will help you stand more easily. Chairs with wheels should not be used under any circumstances.
- In order to minimize cooking, prepare meals in advance and freeze them. Alternatively, you can purchase prepared meals for convenience.
- Install night lights in bathrooms, bedrooms and hallways.
- Avoid activities that carry risk for injury two weeks prior to surgery. Make arrangements for outdoor work such as gardening or cutting the grass for at least two weeks after surgery.
- Do laundry ahead of time and put clean linens on your bed.
- Contact your newspaper provider to request delivery off the ground. For example, in the mailbox or on the porch rail; to avoid bending during the first week or two.
- If you have pets, you may want to consider boarding them for a few days after your return home.
- Since your safety is our primary concern, we require your Coach or other support to stay with you for a minimum of 3 days and 3 nights after surgery or until you can perform activities of daily living independently and safely. Typically this occurs within a week after you return home



COUNTDOWN TO SURGERY

Your countdown to surgery to an improved quality of life and greater mobility is beginning!

Here is a checklist to follow to make sure you are in step with your pre-operative planning.

SURGERY ORDERED: APPROXIMATELY 6 - 8 WEEKS PRIOR TO YOUR SURGERY

- Notify your primary care provider that a joint replacement surgery has been recommended.
- Obtain medical clearance or other tests as requested by your surgeon's team.
- Choose your Coach and coordinate schedules so they may attend pre-operative appointments and review educational courses, be present with you on your day of surgery, and with you for 3-5 days with you return home.
- Schedule dental appointments so they are completed at least two weeks prior to surgery.

4 WEEKS PRIOR TO YOUR SURGERY

- Complete any lab work or other assessments ordered by your surgeon.
- Complete your pre-operative Joint Replacement Education Class Video.

2 WEEKS PRIOR TO YOUR SURGERY

- **STOP** taking prescription diet medications and herbal medications.*
- Avoid activities that carry risk for injury.
- Start making home preparations.
- Consider who will care for your pet(s).

7-10 DAYS PRIOR TO YOUR SURGERY

- **STOP** taking over the counter blood thinners, aspirin or medications containing aspirin, non-steroidal anti-inflammatory medications such as Ibuprofen, Motrin, Advil, Aleve, and naproxen.
- **STOP** shaving or using hair removal products on your operative leg 7-10 days prior to surgery.
- Do not get a pedicure or paint your toenails 7-10 days prior to surgery.
- Complete any additional testing or labs recommended by your surgeon.
- Notify your surgeon's team if you become ill or develop any skin issues.





4 DAYS PRIOR TO YOUR SURGERY

- Begin to organize the items you will need the day of your surgery.

• What To Bring:

- Wear clean, comfortable and loose-fitting pants that can fit over your bandage.
- Wear non-slip, flat, slip-on shoes with heel support.
- Bring your glasses, not contacts.
- Bring your CPAP machine. **REQUIRED.**
- Your walker with your name on it.
- This guidebook.

- Leave all jewelry and valuables at home.
- Your Coach should also bring items to keep them occupied during their time in the Family Waiting Area.
- Review pre-operative instructions for showering and medications.

THE DAY PRIOR TO YOUR SURGERY

- Fill the new prescriptions given to you by your physician.
Please leave these medications secured at home.
- Change the linens on your bed, have clean towels and clothes.
- Complete house preparations 1-2 days prior to surgery to include grocery shopping, meal preparation and clear walkways.
- Take a shower following specific details provided to you by your surgeon's clinic.
- Do not eat or drink anything after midnight, including gum, mints and candy.
- Get a good night rest!



Coach's Tips

Coach:

Family member or friend who is willing to support you every step of the way and who can participate fully in activities before surgery and during your recovery. Your coach must be physically able to assist you with getting in and out of bed or a chair, and with going to the restroom for a minimum of three days and three nights.

- ✓ Encourage movement & walking.
- ✓ Apply ice and elevate.
- ✓ Track medications & pain levels.
- ✓ It will be important for you to be present for all perioperative education, training videos, and post-operative care provided in the recovery unit on the day of surgery.
- ✓ Pack an extended stay bag, just in case, for both of you, walking device, and this guidebook. You could be waiting a while, so have books & entertainment ready.



YOUR SURGERY

- Surgery Preparation
- Family Waiting Area
- The Operating Room
- Recovery Care
- Managing Your Pain
- Additional Medications
- Criteria to Meet for Safe Discharge Home
- The Trip Home
- Transitioning Home
- Follow-Up Care

Coach's Tip

Bring an extended stay bag, just in case, for both of you, walking device, and this guidebook. You could be waiting a while, so have books & entertainment ready.

Surgery Preparation

After you check in at registration, you will be directed to the surgical preparation area. You will be asked to change into a surgical gown. Your clothes and any items you brought with you will be placed in a bag with your name on it and placed in a cabinet or given to your coach.

Do not bring valuables!

Just before surgery, a nurse will review your medical records, take your vital signs, perform a brief physical exam, clean the surgical site, and make sure everything is in order.

As surgery approaches, a nurse will start an IV. This allows medication and fluids to flow directly into your bloodstream. Your surgeon will order a pre-operative antibiotic and then it will be administered to reduce the risk of infection.

Your surgeon and the anesthesia provider will visit you in the pre-operative holding area prior to surgery. Among other things, your surgeon and anesthesia provider will ask you to identify which leg is being operated on and will mark the surgical site with a special marker.

Your anesthesia provider will outline the methods that your surgeon has prescribed for your pain control throughout surgery and immediately following surgery in recovery.

Family Waiting Area

On the morning of surgery, your Coach will be able to stay with you until you are ready to be transported to the pre-operative area. Due to the limited space and presence of other patients, we ask that you limit family members to no more than 2, and no children.

The Operating Room

Inside the operating room, you will be cared for by your surgeon's team. The total time required for surgery will be different from patient to patient depending on the complexity of your surgery. You can anticipate approximately 1-2 hours on average.

Recovery Care

After surgery, you will be transported to an area called the Post Anesthesia Care Unit (PACU) or recovery room. Your stay in the PACU will depend upon your rate of recovery from the effects of the anesthesia.

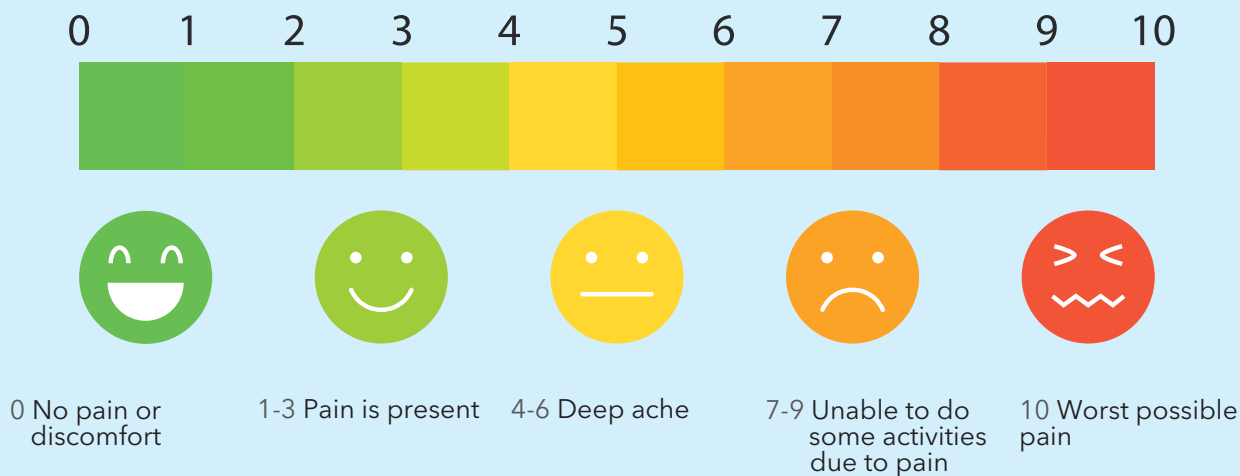
You can expect to have a compression pump on your calves when you wake up. This pump will gently squeeze your legs at regular intervals to circulate blood and to help prevent clotting. If you do not feel the compression, be sure to let your nurse know.

Nurses will check your vital signs; blood pressure, respiratory (breathing) and heart rate. They will also start your ice therapy.

Pain medications will be provided through your IV as needed until you are alert enough to eat and drink.

Nurses will check your bandages, check drainage from your surgical site, and encourage you to cough and take deep breaths. They will begin the process of having you sit upright.

Once you are more alert, the physical therapist will see you and begin gentle exercises and walking. Home activities will be reviewed with you and your Coach. Throughout this activity, we will be monitoring your safety, your pain levels and ability to move with independence.



Managing Your Pain

Pain can be controlled using medication, ice, elevation, rest and movement. Your anesthesia provider will meet with you prior to surgery to outline the methods that your surgeon has prescribed for your pain control throughout surgery; immediately following surgery in recovery; and those ordered for home.

You will likely need some narcotic medication immediately following surgery. This type of medication will enable you to get up and complete necessary movements and exercises which promote rapid healing.

Whereas movement, walking and exercises are important; you must find a balance to this and avoid the ideas that “more is better” or “no pain, no gain” personas. If you attempt more than your body is ready for, your body will have a natural reaction to the excessive activity by causing increased pain and swelling. This tends to cause a cyclical reaction of avoiding activity as you are afraid to trigger pain.

Your body has normal warning signs to let you know when it needs a rest or break. Prior to surgery, there was a certain amount of discomfort that you were accustomed to, therefore you may be slower to react to them.

The amount of pain and discomfort you experience depends on multiple factors. You should expect to have pain through the healing process but will receive pain medication for after surgery. Your surgeon and nurses will

do everything possible to manage your pain and discomfort using medications and other techniques such as cold therapy and repositioning. Communication is an important part of helping us manage your pain. It is important to share information with your nurses about the pain you experience. Be as specific as possible. For example, where is the pain? How often do you feel pain? What does the pain feel like? Is it sharp, dull, aching, or spreading out? On a scale of 1 to 10, where 10 is the worst pain imaginable, how would you rate your pain? Consider your comfort and function level now. At what number on the pain scale can you do your exercises and take rest periods? You will have pain after surgery but it should be manageable. Using the pain scale to communicate with your nursing staff will help manage your pain better and help you to move early and often as you are recovering. Arrange to take your pain medication approximately 30 minutes prior to doing your exercises or physical therapy to help control the soreness that often accompanies activity in the first few days after surgery.

Additional Medications

During surgery, you received IV antibiotics and pain medications. You were given prescriptions to fill for pain medicines and other medications to help with other symptoms to include nausea or constipation. Both symptoms can be managed with medication, good eating habits and food choices.



Criteria to Meet for Safe Discharge Home

There are certain activities and goals that your provider's team will look for that demonstrates you are recovering well and ready to advance towards transitioning home.

This includes:

- Tolerate sitting up in a chair.
- Tolerate small meals and snacks.
- Perform ankle pumps as instructed.
- You are able to urinate.
- Able to cough and take deep breaths.
- Dressings and ice therapy in place.
- Walking and exercises completed safely with physical therapy, with the use of your assistive device.
- Your pain is managed.
- You and your Coach demonstrate proper transfer techniques, and an awareness for safety.

Transitioning Home

You will be ready to go home once you are able to work with physical therapy demonstrating you can walk safely and perform your exercises. Your surgeon will determine when you are ready to discharge home.

The Trip Home

Your Coach or other support person is required to drive you home. To make your ride more comfortable, your driver should bring pillows, slide your seat back, and recline the seat slightly. Be sure to use ice as needed. If traveling long distances, you should attempt to change position or try to stand at least every hour. Some of the exercise, such as ankle pumps, can also be performed should you need to sit for long periods of time.

Follow-Up Care

Following your surgery, you will have a follow-up call with a nurse from the surgery center to see how you are recovering. Physical therapy will be prescribed as needed and you will have a postoperative appointment scheduled with your provider's team. Please ensure you have scheduled your first physical therapy appointment PRIOR to surgery.

Follow up assessments will occur with the provider's team initially at 7-14 days and again 6-8 weeks after surgery depending on your progress.



TRANSITIONING HOME

- Activity
- Incision Care
- Diet and Rest
- When to Call Your Surgeon
- Managing Swelling
- Common Signs of Needing Rest or a Break

Activity

- Continue your hip and knee exercises as recommended by your provider's team and physical therapist. Exercises should be performed 2-3 times daily.
- You may bear weight as tolerated on the surgical leg, unless instructed otherwise by your provider's team.
- Get up and walk for 5-10 minutes every hour while awake using your front-wheeled walker for support and safety. Continue to use your assistive device as recommended by your provider's team or physical therapist.
- You may resume driving when you have been cleared by your provider's team or physical therapist, and you are no longer taking narcotic pain medications.



Incision Care

- Keep your incision clean and dry. Typically, a water-resistant dressing is applied to protect the incision allowing you to shower as tolerated after surgery.
- Use regular soap but DO NOT use creams or lotions on your incision until cleared by your provider's team.
- Avoid soaking your incision in a tub bath, hot tub or participating in any water activities until cleared to do so by the provider's team.
- Your dressing should remain intact until your follow up visit with your provider's team. If at any time you are experiencing irritation, redness, blistering, or drainage that is leaking from the dressing, please contact your surgical team. Note: some irritation and redness are expected.
- Wash your hands before touching anywhere around the incision.

If you are unable to reach your surgical team, the Rapid Orthopaedic Care urgent clinic is open daily from 10 am to 5:30 pm for walk-in care. They can be reached at 360.754.7622.

Diet and Rest

- Eat a healthy diet to promote healing. You may experience a decreased appetite after surgery. This is normal and should gradually resolve itself.
- Constipation is common after surgery. It is important to increase fluid and fiber intake.
- It is a good idea to take a daily stool softener while on narcotic pain medication.
- Take rest breaks as needed during the day and get a good night's sleep to support the healing process. However, it is common to have difficulty sleeping after surgery. This will gradually improve.
- You may sleep on your back or on your side with a pillow between your legs for comfort.



When to Call Your Surgeon

A moderate amount of bruising, swelling and redness can be expected after joint replacement surgery. If you experience any of the following, you should contact your surgeon's office.

- A fall.
- Numbness, tingling or burning that persists even after elevating your leg and applying ice.
- Pain not relieved by medication or pain that is getting worse.
- Thick yellow drainage from the incision site or a sudden onset of drainage.
- Inability to do your exercises.
- Excessive swelling that persists.
- Toes that are very cold and not pink.
- Increased redness or blistering around your incision.
- Temperature over 101 degrees F (38.3 degrees C).
- Any unexpected problems, concerns, or questions.

If you need a refill of your pain medication, please call your surgeon's office 8:00 a.m. to 4:00 p.m. Monday through Friday. Please allow 48 hours for your refill. Plan ahead and call before your medication runs out. Medications cannot be refilled on weekends or holidays.

Medication Refill Contact Information:

Eastside Clinic
360.570.3460 x 4190

Westside Clinic
360.570.3460 x 3190

Spine Center
360.570.3460 x 1006



Managing Swelling

It is normal to have swelling following joint replacement surgery. This can occur not only at the surgical site but can be seen in the upper thigh and travel into the foot. Swelling usually peaks around 7 days after surgery.

It is recommended that you elevate the leg and apply cold packs at least every hour for the first week. Applying ice is beneficial as long as swelling or pain is present, whether days or weeks. Heat can promote swelling and bleeding, therefore should be avoided unless instructed otherwise by the surgeon or physical therapist.

Applying Cold Packs:

You may use cold packs to help alleviate pain and reduce swelling throughout your recovery. Apply cold packs for 20-30 minutes at a time. Do not apply ice directly to your skin to help avoid thermal injury or burn.

You can repeat as often as needed allowing 30 minutes recovery/return to normal skin temperature before applying again.

Common Signs of Needing a Rest or Break

- A mild to moderate burning sensation.
- Your movement may start to deviate to avoid a painful area. Examples are when you turn your surgical leg outward and widen in base of support.
- Postural changes such as hunching forward or a slight bend sideways at the trunk.
- You will have given up the idea also that, "you can get it all done in one bout, then spend the day recovering."



Your coach will be helpful in pointing out these signs.



USEFUL INFORMATION

- Helpful Tips
- Life After Joint Replacement



Helpful Tips

- You may shower with the water-resistant dressing in place in 1-2 days or when you feel comfortable doing so.
- Increase your activity as pain and swelling allow.
- Continue use of ice to control pain and reduce swelling.
- Take pain medications as directed.
- Elevate ankle above the knee and the knee above the hip to reduce swelling when not walking or doing your exercises.
- Outpatient physical therapy will begin to further help improve function, walking and reduce swelling.
- Unless otherwise noted, you can bear weight on the affected leg as you can tolerate.
- If you were provided with a nerve block anesthesia it may take an average of 12 - 18 hours to wear off. It is important to move slowly and carefully during this time.
- Most patients use a walker for 1 to 2 weeks.

Exercise and maintaining an active lifestyle are important parts of health.

Life After Joint Replacement

Traveling: When traveling long distances, you should attempt to change position or try to stand every hour. It is recommended to wear your sequential compression devices while traveling. Additionally, some of the exercises, like ankle pumps, can also be performed should you need to sit for long periods of time.

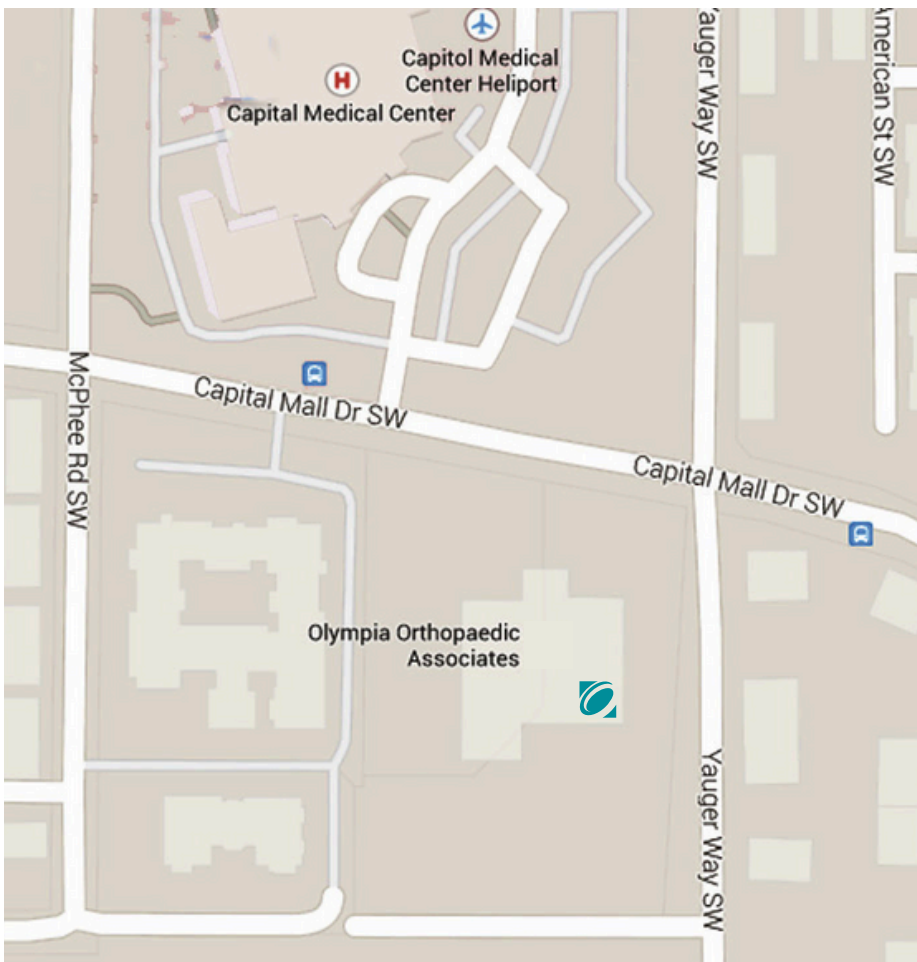
Because your new artificial joint contains metal components, you will likely set off the security systems at airports or shopping malls. This is normal and should not cause concern.

Upon arrival to the security screening area, notify TSA of your joint replacement and they will complete a modified, appropriate screening.

Exercises and Activity: Exercise and maintaining an active lifestyle are important parts of health. Most patients with artificial joints are able to enjoy many activities, though some should be avoided. In general, high impact exercises, like running, jumping, heavy weight lifting, or contact sports, are not recommended. Participating in these activities, or activities like them, may damage your joint or cause it to wear down much more quickly. Low impact activities like bicycling, swimming, walking, gardening, and golf are encouraged.



It has been an honor and
privilege to care for you.
We wholeheartedly 'Thank you'
for your trust in our
skills and for allowing
us to assist you on
this journey.



OLYMPIA SURGERY CENTER

3901 Capital Mall Drive SW, Olympia, WA
98502 Phone: 360.528.8567 • olyortho.com

From Highway 101 South or Highway 8 E

Take exit US-101 N/ SHELTON/ WA-8 W/
ABERDEEN

Take a left over Freeway overpass.

Follow Mud Bay Road up to third light.

Take a right at third stoplight on Yaeger Way.

Follow Yaeger Way to the stop sign.

Continue on Yaeger Way and go straight
through Capital Mall Drive.

Take a right into The Olympia Surgery
Center entrance.

From I-5 North or South

Take Exit 104 off I-5 onto Highway 101.

Take the second exit marked Capital Mall/
Black Lake Boulevard.

Turn right onto Black Lake Boulevard.

Turn left at intersection onto Cooper Point
Road.

Turn left at the second stoplight onto
Capital Mall Drive.

Turn left on Yaeger Way.

Take a right into the Olympia Surgery
Center entrance.



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