

arizonaspecialtyhospital.com



Patient Pathway to **RAPID RECOVERY**

Joint Replacement Surgery



Welcome to Arizona Specialty Hospital!

Hello!

You've made the decision to have joint replacement surgery. So what happens next?

At Arizona Specialty Hospital, our experienced doctors and staff members will be with you at every step of your journey to a successful surgery and recovery.

We understand that the more you know about what happens before, during and after your surgery, the easier the experience will be on you, your family, and any other caregivers.

This patient workbook includes helpful information you'll need to achieve a positive surgical result, including:

- How to prepare for surgery
- What to expect on surgery day
- How to successfully recover at home

You are our valued patient. You are also a very important member of our care team. If you need anything, just ask. We will be here to help.

Thanks again for choosing Arizona Specialty Hospital.

Warmly,

Barbara McWilliams, CEO

Contact Information

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Arizona Specialty Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Arizona Specialty Hospital is a facility in which physicians have an ownership or investment interest. The list of physician owners or investors is available to you upon request.

Information presented in this material has been reviewed and approved by the Governing Board or Medical Executive Committee (MEC) of the facility. The Governing Board and MEC are comprised of physicians and leadership and oversee patient safety, quality assurance, performance improvement, and compliance with the applicable requirements of accrediting agencies, and state and federal laws. This material was developed in consideration of local community healthcare standards and practices.

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FINANCIAL CONSIDERATIONS

Understanding Fees

At Arizona Specialty Hospital, we help you understand how much your surgery will cost and how much you will have to pay out of your own pocket.

Here's what you need to know:

Hospital:

- Your surgeon will give us specific procedure codes so we can estimate our charges for your procedure
- One of our insurance verifiers will contact your insurance company and find out how much they will pay
- Facility fees include the cost of using our facility, our staff, and any medical supplies we use during your surgery
- If you are seen by the in-patient hospital physician, (e.g., if you stay overnight and in some cases for same-day discharges) your insurance will also be billed by the hospitalist

Surgeon:

- You will receive a separate statement from your surgeon's office for their services
- Please contact their office to find out how much of the surgeon's charges you may have to pay yourself

Anesthesia:

- You will receive a separate statement from the anesthesiologist
- The anesthesiologist and anesthesia providers are not employees of Arizona Specialty Hospital
- Please contact them directly if you have any questions about their services

Physician Assistant:

- If your surgeon uses a First Assistant (FA), you may receive a separate bill for the FA's services
- Please ask your surgeon if they will use a FA for your procedure
- FA services may be shown on your estimate of benefits statement

Lab Work:

- If you need to have lab work done before or after your surgery, you may receive a separate bill from the lab company
- Please contact them directly if you have any questions about their services

Feel free to
contact us at:

602-797-7700

Medical Equipment:

- Costs for any equipment or devices recommended for use during your recovery are not included with your hospital fees
- Your nurse navigator and surgeon will help you decide if you need to buy any equipment to help with your recovery

Questions to Ask Your Insurance Company

1. Is the anesthesiologist or anesthesia group in my network?
 - a. If the answer is no, is there a process to follow to receive full benefits because this is the anesthesia group that the surgeon uses?
2. Does my policy cover *outpatient physical therapy care*?
 - a. How many sessions are covered in a calendar year?
 - b. What is my co-payment for each visit?
3. Does my health insurance cover *home physical therapy care*?
 - a. How many sessions are covered in a calendar year?
 - b. What is the co-payment for each visit?
4. Does my policy cover durable medical equipment?
Is there a co-payment?
 - a. Walker or cane _____
 - b. Raised toilet seat _____
 - c. Shower chair _____
 - d. Bedside commode _____

PREPARING FOR SURGERY

The Team Approach

At Arizona Specialty Hospital, our team is focused on helping you and your family get ready for your joint replacement surgery. You'll receive support from every member of your care team — before, during and after surgery.

Support for Family Members and Caregivers

You'll want to choose a family member, close friend, or caregiver to help you before your surgery and throughout your recovery. This person will become an important member of your support team. Ways they can help include driving you to the hospital, helping you move around the house after surgery, meal planning, and much more.

Before your surgery, it's a good idea to:

- **Review *this workbook*** with your family, friends and caregivers
- **Introduce your doctor** to the key members of your support team
- **Attend a *physical therapy (PT) session*** together so the therapist or nurse can help family members learn how to help you at home

You'll want to choose a family member, close friend, or caregiver to help you before your surgery and throughout your recovery.



The #1 Way to Prevent the Spread of Germs!

Preoperative Work-Up

Most arrangements for the tests will be made through either our hospital or your surgeon's office. They may include one or more of the following:

- Laboratory tests
- History/physical examination
- X-rays
- Dental clearance (within 6 months)
- Screening for MRSA (Methicillin Resistant Staphylococcus Aureus)
- Other evaluations if you need them

Lowering Your Risk of Infection

Arizona Specialty Hospital follows a comprehensive program to help reduce your risk of developing an infection after surgery. This includes bacterial infections like MRSA.

What is MRSA?

Specific bacteria — called Methicillin Resistant Staphylococcus Aureus or MRSA — are organisms that may cause an infection after an operation.

Patients who are most likely to get this infection already carry MRSA organisms in or on their nose, hands or skin (without symptoms) before surgery.

You will need to take special precautions to prevent these organisms from entering your incision after surgery.

How to Prevent MRSA Infection

You may receive an Iodine nasal swab in the preoperative area that will help to remove bacteria that can reside here. This will help to decrease the risk of infection.

Preoperative Skin Preparation

Preparing your skin is an important first step toward preventing infection. Two days before your surgery date, your doctor would like you to shower with a special soap called Chlorhexidine Gluconate (CHG). This soap helps remove as many germs as possible to help prevent infection around your surgical site.

Please follow the instructions given to you by your surgeon.

Nicotine and Your Recovery

If you smoke, or use any form of tobacco, you need to know:

Smoking/nicotine may be the single most important factor that leads to complications after surgery!

To lower your risks during recovery, you should stop using all tobacco products at least 6 weeks before your surgery and for at least 6 weeks after surgery. This includes any kind of tobacco or nicotine replacement product, e-cigarettes or chewing tobacco.

Please talk to your doctors today about the best way for you to stop smoking.

Medications

Your health care team will ask about any medications you take. Some drugs can affect anesthesia or cause excessive bleeding during surgery. ***It is important to tell them about all your medications including:***

- Prescriptions medications
- Blood thinners
- Aspirin
- Diabetic medications
- Steroids
- Over-the-counter medications
- Vitamins
- Dietary supplements
- Herbal supplements

Avoiding Alcohol Before and After Surgery

Studies have shown that drinking too much alcohol can have harmful effects on different systems in your body. We know that drinking alcohol also increases your risk for complications after surgery. Negative effects of alcohol include:

- Increased risk of infection
- Increased stress
- Flare-ups of other health problems
- Increased bleeding risk
- Slows the healing process
- Can lead to severe alcohol withdrawal symptoms

Alcohol and Anesthesia

Anesthesia is very safe and most people do not experience serious problems. The type of surgery you have, anesthesia method you receive, and how healthy you are before surgery are factors that can affect how you respond to anesthesia.

If you drink, you need to know that having alcohol in your body during surgery can cause your body to react negatively to the anesthesia medications. This can happen because alcohol increases urination, which can lead to dehydration. Even if you are only mildly dehydrated, it could cause problems with your anesthesia.

REMEMBER: *You must have an open and honest conversation with your surgeon about any nicotine, alcohol, and drugs that you use.* Discuss with your surgeon how to safely decrease alcohol intake and stop drinking three days before your surgery at a minimum.

Finally, you should never drink alcohol while you are taking pain medication or sleep aides.

Be open and honest with your surgeon about nicotine, alcohol, or drug use

Eating Healthy

Eating healthy is even more important when you are recovering from surgery. Your body will burn a lot of energy as it heals. In the weeks before your surgery, start replacing unhealthy foods and drinks with healthier, more nutritional choices. Also, let your doctor know about any weight loss, diet concerns, and stomach or digestion problems.

After surgery, your body needs enough calories and good nutrition to fully recover. Eating the right foods after surgery can lower your risk of infection, speed up healing, and increase your strength and energy.

One of the best ways to eat better is to eat “whole foods.” These are foods that remain as close to their natural form as possible. ***Whole foods like fresh fruits and vegetables, whole grains, and lean protein can help your body heal.***

Assistive Equipment

There are many types of medical equipment that can make it easier for you to move around more safely and comfortably as you recover.

Your surgeon or physical therapist will talk with you about the type of equipment you may need after your surgery. If you already have any of this equipment, please tell us. ***Do not buy any equipment unless your surgeon or physical therapist recommends you get it.***

Your insurance may not cover many of these items. But you can buy them yourself at many chain pharmacies, super centers, and home medical stores. Here’s a list of some of the most common assistive items.

Personal Aids:

- Sling/immobilizer
- Walker with wheels
- Crutches or cane
- Long-handled grabber
- Sock aid
- EZ-slide shoehorn (metal)
- Elastic shoe laces

Bathroom Aides:

- Elevated toilet seat
- Toilet seat riser
- Shower chair
- Grab bar for shower/tub
- Hand-held shower head
- Long-handled bath sponge
- Dressing stick

**Talk to your
physical therapist
before you buy any
medical equipment**

Staying Active

Continue your normal activities for as long as you can until your surgery date. Do not start any new strenuous exercise or activities.

The following exercises will help you prepare for your surgery and recovery. If you experience extreme pain, slow your routine or eliminate the exercise which triggers the increased pain. *These exercises are the first stage of your recovery after surgery, so it is very important that you know them prior to surgery.*



□ Wrist Pronation/Supination

Turn your palm upwards and downwards while your elbow is supported. Avoid moving your shoulder.



□ Wrist Flexion and Extension

Bend your wrist up and down as far as possible each direction.



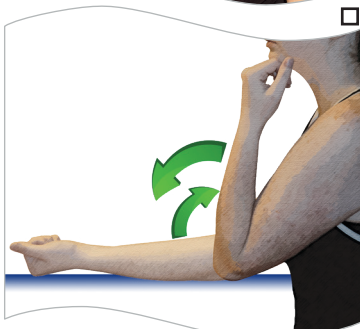
□ Shoulder Blade Pinches

With your arms relaxed or wearing your sling, pinch your shoulder blades down and back towards your opposite hip.



□ Scapula Clocks

Let your arm relax by your side. Roll your shoulder up, back, down, and forward to complete a circle. Initiate the movement with your shoulder blade, not your arm. (You may do this exercise while wearing your sling, following surgery).



□ Elbow Flexion/Extension

Bend and straighten your elbow in each direction as far as possible. Keep your shoulder relaxed.



□ Towel Squeeze

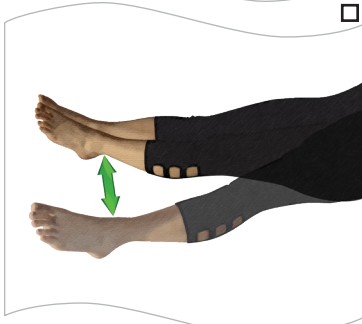
With your forearm resting on a flat surface, gently squeeze a rolled up towel.



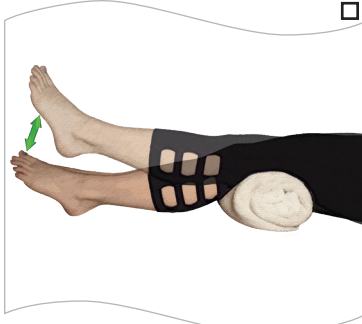
□ Ankle Pumps
Bend ankles to move feet up and down, alternating feet.



□ Gluteal Squeezes
Squeeze buttocks muscles as tightly as possible while counting out loud to 10.



□ Hip Abduction
Keep your toes pointed toward the ceiling. Move your leg out to the side as far as possible. Slowly return to the starting position and relax.



□ Short Arc Quads
Place a rolled towel under your knee. Raise the lower part of your leg until your knee is straight. Hold for 10 seconds.



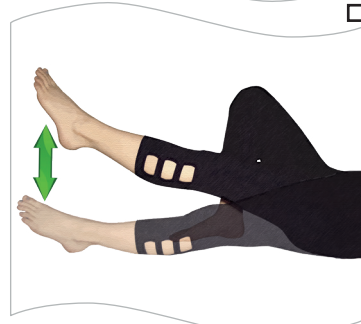
□ Seated Push Ups
With your hands on the arm rests, push yourself up using your arms and hold for a few seconds. Slowly lower your body back into the seated position.



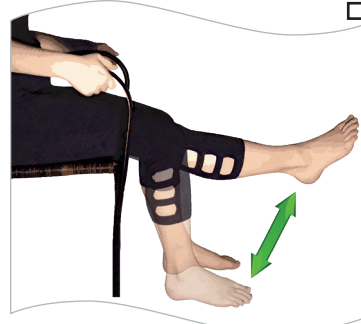
□ Heel Slides
Bend one leg at a time, allowing the foot to be flat on the surface. Keep opposite leg straight.



□ Quad Sets
Slowly tighten muscles on thigh of one leg while counting out loud to 10. Repeat with other leg to complete set.



□ Straight Leg Raises
Bend one leg. Keep other leg as straight as possible and tighten muscles on top of thigh. Slowly lift straight leg 10 inches from bed and hold for 10 seconds. Lower it, keeping muscles tight for 10 seconds. Relax. Repeat with other leg.



□ Long Arc Quads
Straighten one leg and hold it for 10 seconds. Repeat with other leg.



□ Knee Slides
Slowly slide your foot forward in front of you until a stretch is felt in the knee and hold for 10 seconds. Then slide your foot back as far as you can and hold for 10 seconds.

Home Safety

Making your home a safe place to recover is an important part of getting ready for surgery. Your body's mobility will be limited for several weeks. Use this list to help identify things around your home that could cause problems during recovery.

All areas:

- Make sure all areas are wide enough for a walker
- Keep all areas well lit
- Keep the floor clear of clutter, cords, and throw rugs
- Always wear non-slip shoes and never wear socks on tile and hardwood floors
- If you have pets, ask someone to help you feed and care for them

Recovery area:

- Stay on the ground floor of your home for the first few weeks after surgery if instructed to do so by your nurse navigator
- You may have trouble getting in and out of beds that are too high or too close to the floor
- Set up your recovery area so it's comfortable and convenient with:
 - Bathing and grooming supplies
 - Extra clothes, socks, rubber soled shoes
 - Snacks and bottled water
 - Things to read, extra glasses, power strip for charging devices
 - Extra pillows to help you be more comfortable
 - Blanket or throw to cover your body
 - Small container to store your medications
 - Long-handled grabber for reaching objects

Stairs:

- Talk to your surgeon or nurse navigator if you have stairs in your home

Bathroom:

- Don't use bath oils or gels that could cause you to slip in the shower or tub
- Use a shower stool or chair with strong rubber grips on the legs
- Consider installing temporary or permanent hand rails
- Check for water on the floor before stepping in or out of the shower
- Shoulder replacement patients should practice bathroom hygiene and bathing with your non-operated arm *before* you have surgery

Kitchen:

- Try not to kneel, bend, or stretch to reach kitchen items or food
- Decide what type(s) of ice packs you will use and have them ready ahead of time
- Move items that you use the most to counter level
- Keep healthy food, snacks, and water bottles at counter level
- Always watch for water or spills on the floor
- Fix 2 weeks of meals and snacks before your surgery

THE DAY BEFORE SURGERY

Preoperative Phone Call

The day before your surgery, a nurse will call you in the afternoon to answer any final questions and tell you what time to arrive at the hospital.

During this phone call, we will also remind you which medications you can take the morning of your surgery with a small sip of water.

Medications to take the morning of surgery:

What to Bring to the Hospital

Things to bring or do:

- Advanced directives
- Any medical equipment you have been asked to bring
- Loose-fitting clothing with wide leg openings (for hip and knee patients)
- Oversized (two sizes larger than normal), front-button shirt (for shoulder patients)
- Cases for eye glasses, contact lenses, or removable dental items
- Home medication(s) if instructed to bring them by the Pre-Admission Testing Nurse. Prescription medications must be in their original packaging with the pharmacy label

Things to leave at home:

- Valuables like jewelry or electronics

THE DAY OF SURGERY

Preoperative Area

Before surgery, different members of your care team will come in to speak with you and review your medical history and lab reports. You may be asked the same questions more than once. For your safety, all team members need to know about your medical history and health on the day of your surgery.

Nursing Staff

The nurse will help you change into a gown and get ready for surgery.

This process includes:

- Confirming your consent for surgery and anesthesia
- Checking your vital signs
- Starting an IV and giving you any preoperative medications
- Cleaning your surgical site with special soap to help prevent infection

Anesthesia Care Team

All anesthesia care is directed by board-certified anesthesiologists. The type of anesthesia you receive is based on your medical history, your preferences, and the type of surgery you're having. In the preoperative area, your anesthesia provider will talk to you about:

- The risks and benefits of the anesthesia plan for your surgery
- What to expect when going under and waking from anesthesia
- An overview of general anesthesia and the use of a spinal, or nerve block

Multimodal Anesthesia

Multimodal pain management is an important part of caring for surgical patients. This process uses two or more pain relief medications (or techniques) to give you the best levels of pain control. The combination of medications, and how they are given, targets different pain receptors in your body.

Patient benefits include:

- Less nausea, vomiting, and heavy sedation (opioid side effects)
- Eases inflammation and soothes nerves that are injured during surgery

General Anesthesia

With general anesthesia, medications will be injected into your intravenous (IV) line that puts your whole body to sleep. Once you are asleep, a breathing tube in your mouth will help you breathe during surgery. During the operation, you will receive additional medication through your IV and through your breathing tube. This helps you stay asleep throughout the surgery.

Spinal Anesthesia

With spinal anesthesia, a small amount of local anesthetic will be injected into your back, causing your lower body to rapidly become numb. This is a single injection that blocks the pain from the surgical area. You will be awake during the placement of the spinal anesthetic for safety reasons. You may receive some medications through your IV to relax you or minimize any anxiety. You may not be able to move your legs immediately after surgery for a short time.

Regional Anesthesia (Nerve Block)

In regional anesthesia, a specific part of your body is numbed with a medicine injected close to the nerves. The medicine will be injected near the nerves in your arm or neck for shoulder replacement surgery, or in your leg for knee replacement surgery. This medication is very effective for pain management, blocking the message of pain that the nerves are trying to send to your brain.

It is very important to tell your surgeon and anesthesiologist if you are on blood thinners, like aspirin. If you take a prescription blood thinner, you may need additional blood tests to make sure it is safe for you to have regional anesthesia.

Before receiving the regional anesthetic, you may be given a small amount of medication to relax you and reduce any discomfort or anxiety. These medications work well and you probably won't remember any of this process.

Operating Room

A nurse and anesthesiologist will take you to the operating room in a bed and help you move to the OR table. People will be in the room with you getting ready for surgery. Most patients do not remember much after this point. The total time for the surgery will be different for each person.

Recovery Room (PACU)

A nurse will be at your bedside to help you wake up from anesthesia. You will have oxygen to help you breathe and wake up. You may feel sleepy and disoriented during the first hour of recovery. The nurse will be right there to monitor your vital signs, pain, and other side effects of the anesthesia and surgery.

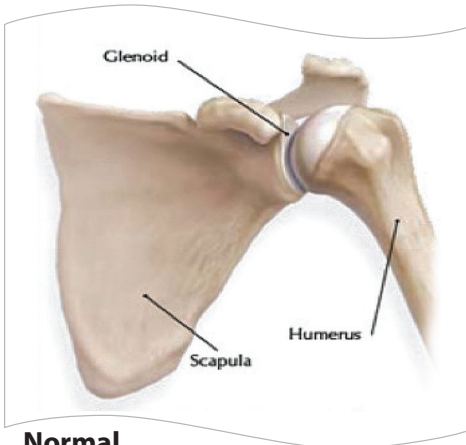
YOUR SURGERY AND RECOVERY

Understanding Shoulder Replacement

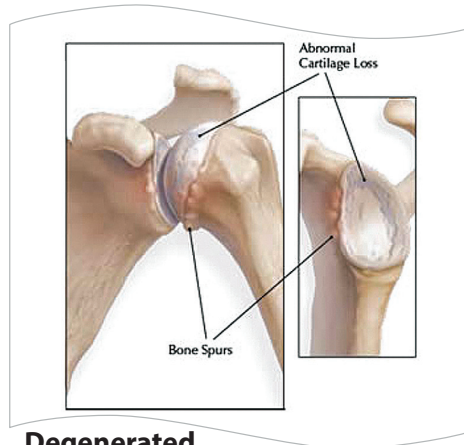
Osteoarthritis, rheumatoid arthritis, or a severe shoulder injury can cause shoulder pain that limits movement and affects the overall quality of your life. Joint replacement involves surgery to replace one or both ends of the bones in a damaged shoulder joint to create new joint surfaces.

Here's what happens during shoulder replacement surgery:

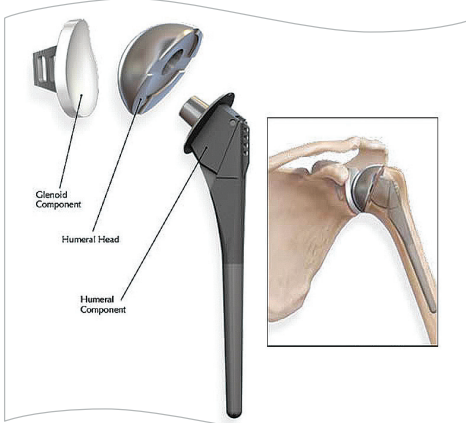
- A small incision will be made on the front or top of your shoulder to access the shoulder joint
- The head of the humerus (ball of your shoulder joint) will be removed and replaced with a round metal implant
- The glenoid (socket of your shoulder joint) will be replaced with a new, plastic socket
- These components are fixed in place with cement or bone ingrowth into porous surfaces
- The incisions are closed with stitches and your shoulder is wrapped with a protective dressing



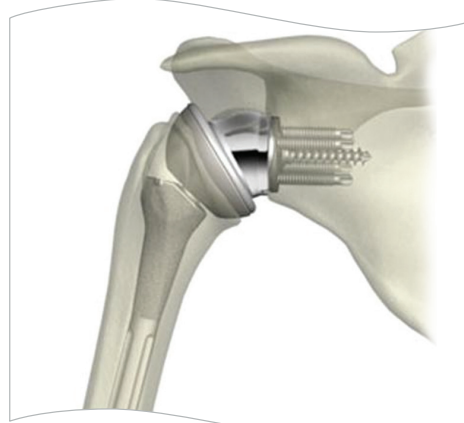
**Normal
Shoulder Joint**



**Degenerated
Shoulder Joint**



**Traditional
Shoulder Replacement**



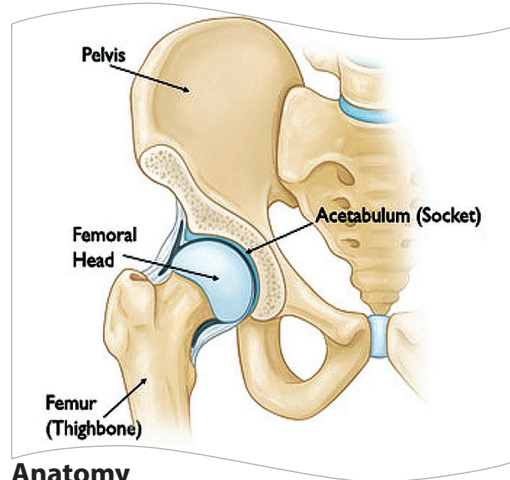
**Reverse
Shoulder Replacement**

Understanding Hip Replacement

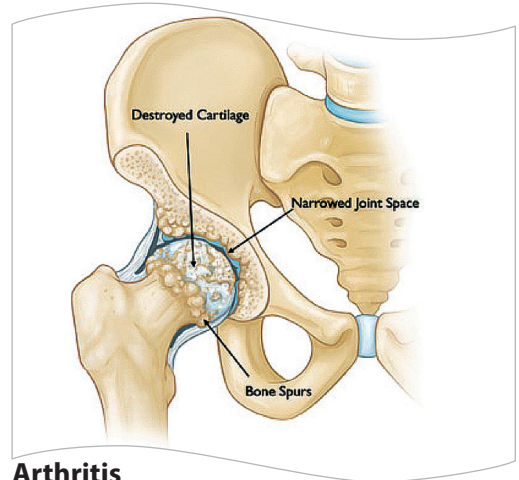
Arthritis or injury can cause severe pain in your hip(s). For many people, hip replacement surgery is the best way to move without pain and improve the quality of their lives.

In hip replacement surgery, the ends of both bones in a damaged joint are replaced to create new joint surfaces. Here's what happens during this type of surgery:

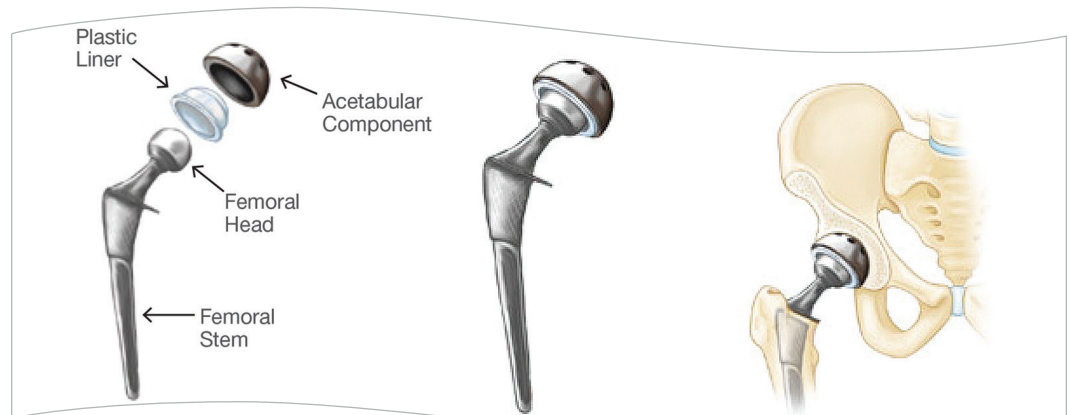
- Your existing ball and socket joint are replaced with an artificial one
- The artificial joint usually includes a metal ball attached to a stem that fits inside the hollow canal of your femur (thigh bone)
- The ball moves with an artificial socket that is fixed to the cup portion of your pelvis, or acetabulum
- These components are fixed in place with cement or bone ingrowth into porous surfaces



Anatomy



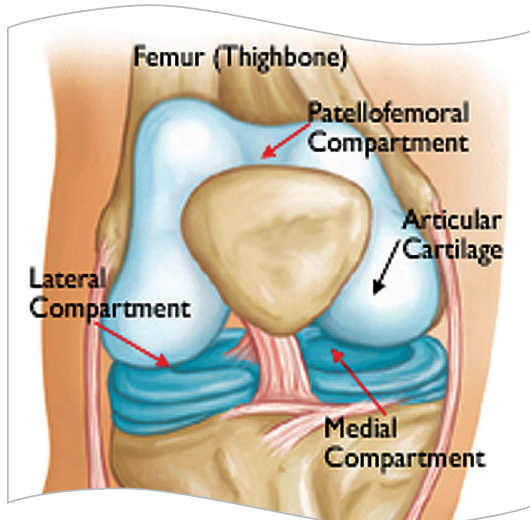
Arthritis



The Components and Replacement

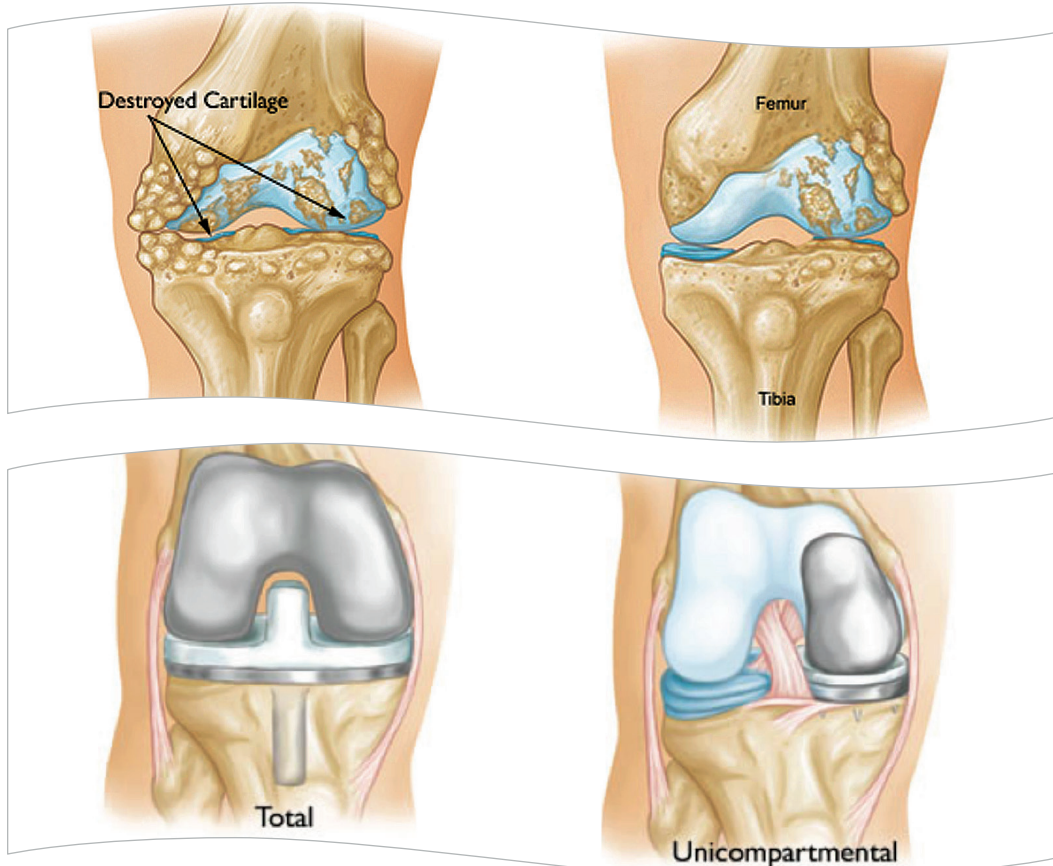
Understanding Knee Replacement

Your knee is one of the largest joints in your body. It is essential to performing everyday activities, including walking and sports. Arthritis or an injury can cause severe pain in your knees. For many people, knee replacement surgery is the best way to move around without pain and improve the quality of their lives.



Your knee is divided into three major compartments:

- The medial compartment (the inside part of the knee)
- The lateral compartment (the outside part)
- The patellofemoral compartment (the front of the knee between the kneecap and thighbone)

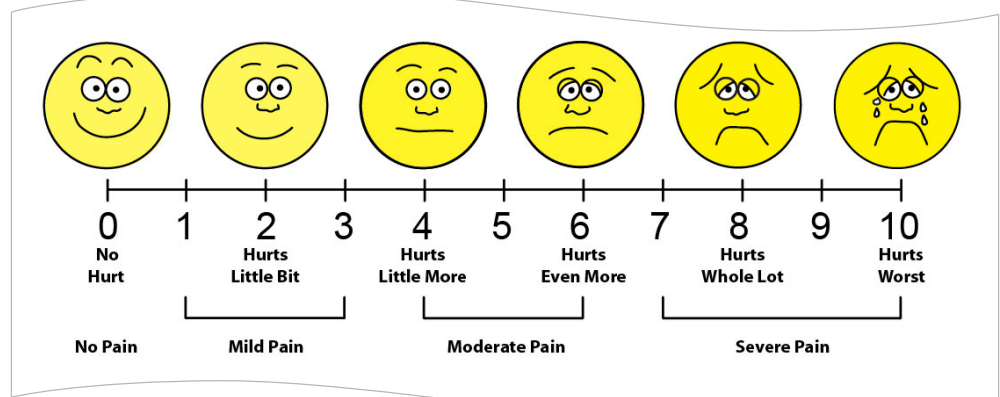


In knee replacement surgery, one or both ends of the bones in a damaged knee joint are replaced to create new joint surfaces. Here's what happens during this type of surgery:

- A metal prosthesis resembling the normal shape of the femur in the knee joint is placed over the end of your femur bone
- The top of the tibia bone is replaced with a metal plate with a small stem that reaches down into the bone
- The femoral component articulates with a specially shaped polyethylene tibial insert that attaches to the tibial plate
- All these components are inside the joint to preserve the normal capsule and major stabilizing ligaments on the sides of your knee
- Generally, the bottom side of the kneecap, or patella, also is resurfaced with a polyethylene implant
- These components are fixed in place with cement or bone ingrowth into porous surfaces

Pain Assessment and Management

The best way for our team to help you manage your pain is by clearly communicating how bad it hurts. If you are feeling any pain, please let your doctor or nurse know right away.



You will need to be as clear as possible about your pain. For example, we need to know:

- Where are you feeling pain?
- How often do you feel pain?
- On a scale of 0 to 10, where 10 is the worst pain you can imagine, how would you rate your pain?
- Is there anything that makes the pain go away?

It is important to understand that you will be in some kind of pain after surgery. The goal of pain management is a tolerable level of pain to meet your functional goals, not to eliminate all pain. Please tell your nurses when you are uncomfortable. Pain medications will be available. If staying overnight, you will need to request pain medication when needed.

Postoperative Care

You have worked hard to get your body ready for surgery and recovery. We want to help you go home as quickly as possible. Depending on the type of surgery you received, your nurse will help you meet the goals relevant to your procedure.

All Joint Replacement Patients

- Be able to move from sitting to standing with a helper standing nearby
- Be able to move yourself from one place to another, including getting on and off the toilet safely with a helper standing by
- Learn to use adaptive equipment to do everyday activities (like getting dressed) with a helper standing by
- Explain to us that you understand how to safely get in and out of a car
- Explain how your recovery may affect your family and how you will answer their questions

Hip and Knee Replacement Patients

- Be able to walk 100 feet using assistive equipment with a helper standing by
- Be able to walk up and down three physical therapy practice stairs with help

TIP: It's helpful to practice these movements at home before you have surgery.

DISCHARGE PLANNING

Going Home After Surgery

At Arizona Specialty Hospital, we understand that the best place for you to recover from joint replacement surgery is at home. That's why we start planning and helping you get ready for discharge well in advance.

Before your care team will allow you to go home, you will need to meet these important conditions:

- You are medically stable
- You have met the postoperative goals set by your care team
- You have set up your postoperative appointment with your surgeon
- You have set up your postoperative physical therapy sessions if ordered by your surgeon
- A family member or caregiver will be there to help when you get home

Staying Overnight at the Hospital

In some cases, your care team will determine that an overnight stay is necessary, your safety and other factors considered. If you do stay overnight, you will be seen by the hospital physician and a physical therapist for evaluations before discharge and recovery at home.

Tips for Recovering at Home

- Be patient – it may be several weeks before you return to most normal activities
- Use a cooling unit or ice pack to help reduce swelling and pain
- Hip and knee patients, elevate your leg as much as possible (knee patients should elevate the entire leg, and do not put a pillow only under the knee)
- Hip and knee patients, wear support stockings (TED Hose) if your surgeon recommends it
- Take prescription pain medication only as directed by your surgeon
- Do not take over-the-counter antiinflammatory medications (aspirin, ibuprofen, Aleve®, Advil®) without your doctor's approval
- Use your assistive devices the way you have been shown
- Eat a well-balanced diet
 - Drink lots of fluids and eat more fruits and fiber
 - Remember the meals you prepared before your surgery
 - Take a multi-vitamin capsule every morning for at least one month

Preventing Surgical Site Infection

- Wash your hands often with soap and water
 - Always wash before touching your incision
 - Have others clean their hands before touching you
- Clean your body (shower) regularly after you are cleared by your surgeon
 - Do not get any water on a traditional wound dressing
 - Pat dry (don't rub) a waterproof wound dressing
 - Do not bathe or soak in the bathtub
 - Do not apply creams or lotions close to your incision

Signs of Infection

Call your doctor if you see any of these signs of infection:

- Pus or drainage
- Bad smell coming from the wound
- Fever or chills
- Redness and hot to the touch
- Pain or sore to touch

Signs of Blood Clots

Call your surgeon right away if you have:

- Pain and swelling in your leg
- Redness and warmth to the touch
- Leg pain that gets worse when you bend your foot
- Leg cramps (especially at night and/or in your calf)
- Skin discoloration
- New shortness of breath or seeing low oxygen levels on a home oxygen sensor

**Call 911
or go to the
closest ER
if you experience
chest pain or
shortness of breath**

Blood Thinners (Also Called Antiplatelet Drugs or Anticoagulants)

Why is this drug prescribed?

Anticoagulant medications, also known as blood thinners, make it harder for your body to form blood clots. Clots that form in your blood vessels can be dangerous if they move into another part of your body. For example, if a clot moves to your lungs (pulmonary embolism), it can cause a strain to your heart or make it hard to breathe.

Aspirin is the most common blood thinner medication. Please follow your doctor's directions for taking aspirin the same way you would for taking a prescription medication.

When should it be used?

Your doctor will let you know when to start taking anticoagulant medication. It is very important that you take this medication *at the same time every day*. Be consistent.

What special instructions should I follow while using this drug?

Your doctor will decide how much anticoagulant you need. Follow your doctor's instructions exactly. Too much of the anticoagulant can cause you to bleed more. Too little of the anticoagulant may allow a harmful clot to form.

When you are discharged from the hospital, you will receive instructions about the type of anticoagulant your surgeon wants you to take. You should follow these directions carefully and contact your doctor's office if you have any questions.

What should I do if I forget to take a dose?

Take the dose you missed as soon as possible on the same day. But DO NOT take a double dose of anticoagulants the next day to make up for the dose you missed. If you forget to take a dose, please tell your doctor.

What side effects can this drug cause?

The most common side effect is a higher risk of bleeding complications.

AFTER JOINT REPLACEMENT

Making a Full Recovery

After surgery, it's important to closely follow your doctor's instructions. Healing the area where you had surgery is the first step toward making a full recovery.

It is normal to feel pain after joint replacement surgery. Take your prescription pain medication as directed by your doctor to help with pain. To help reduce swelling, keep your surgical area iced and/or elevated during the first part of your recovery. You can expect a moderate amount of pain during the first two weeks. After that, you may have mild pain for several more months. This happens as your bones fuse with the implant.

A postoperative appointment will be scheduled one to two weeks after surgery. At this appointment, your stitches will be removed and your doctor will let you know when you can start physical therapy.

You may have more pain during your physical therapy sessions. Schedule your pain medications so that you will be taking the medications 30-45 minutes before physical therapy. In most cases, you will gradually return to normal daily activities around six weeks after surgery.

Common Precautions and Guidelines

Doing too much too soon can cause damage to your new joint that you may not feel right away. Ask your doctor or physical therapist how much walking or activity is right for you. Here are some common guidelines for when you return home:

All Joint Replacement Patients

Precautions

- Depending on the type of surgery you have, your surgeon may recommend you follow certain precautions
- Your nurse navigator will provide you with detailed instructions, if needed

Sitting

- Sit in chairs with arms
- Don't sit for longer than 30 to 45 minutes at a time, including while riding in a car

Moving

- Exercising and walking are the key to your successful recovery
- It is important that you keep doing your exercises, even if your joint hurts when you move it
- Icing your joint for 15-20 minutes after exercising can help reduce discomfort

Bathing

- Keep the surgical wounds dry and protected while washing

Sleeping

- Talk with your surgeon to clarify when you will be able to sleep on your operative side
- It is normal to have trouble sleeping at night due to pain or discomfort at the surgical site — getting up and moving around may help
- You can nap during the day, but DO NOT stay in bed all day

Driving

- Your doctor will let you know when you can start driving again — normally, that will be 2-4 weeks after your surgery
- You must be off of all narcotic pain medication and have quick reaction time

Shoulder Replacement Patients

Using Your Shoulder Immobilizer (Sling)

- Always wear your sling until your doctor tells you not to
- Your elbow should be in the back portion of the sling pocket
- Your hand should be slightly higher than your elbow – you may need to adjust the sling’s strap
- *Loosen and/or release the sling or immobilizer four times a day* — Gently exercise, move your elbow, wrist and hand to keep them from getting stiff
- When your arm is out of the sling/immobilizer, just let it hang — do not use it
- Try not to move your injured arm as much as possible

Sitting

- Use only your non-operated arm to get out of a chair, bed, toilet or bath

Bathing

- Shower with your operated arm hanging at your side
- You will probably need help washing your non-operative arm for the first few days

Getting Dressed

- You will find it easier to wear clothes that open in the front
- You will need a shirt that is at least 2 sizes larger than you usually wear
- Dress your operated arm first:
 - Sit on the edge of a chair or stand with your arm hanging by your side
 - Slide your operated arm into the garment first using your un-operated arm
 - Once this arm is fully in the sleeve, bring the garment around your back and put the other arm in
- Use your un-operated arm to fasten any buttons or other fasteners
- Once you have dressed your upper body, place your arm back into the sling/immobilizer

Eating

- For the first few weeks, try to eat only with your non-operated hand
- Remember the meals you prepared before your surgery

Sleeping

- You may find it easier to sleep on your back with a pillow under your arm for support
- You may find it more comfortable to sleep in a recliner chair

Hip and Knee Replacement Patients

Stairs

- You should carefully walk up or down stairs with support
- Do one step at a time – “Good leg” up and “bad leg” down
- Always use the railing for support and balance

Sleeping

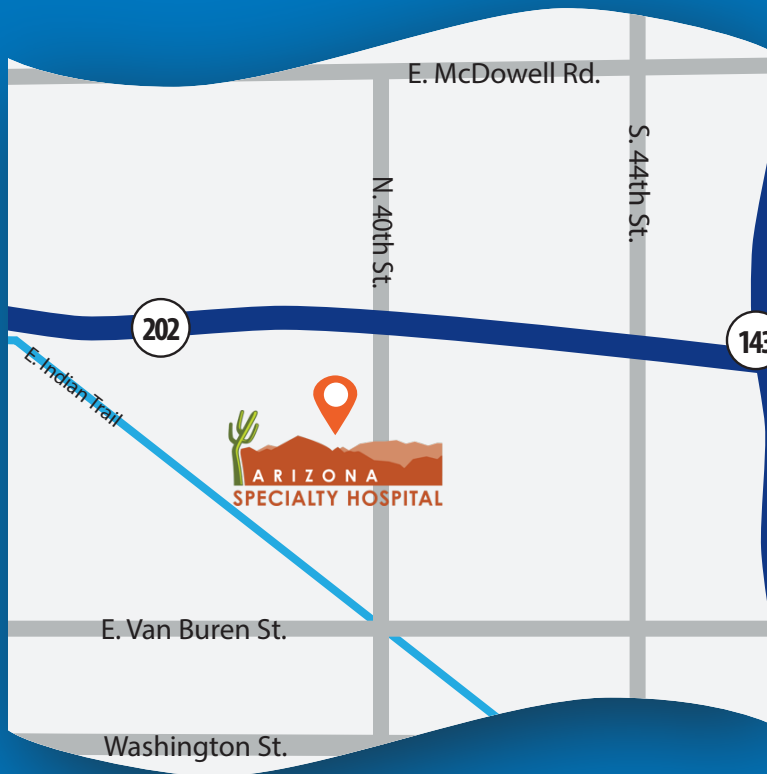
- Do not keep your knee in one position all night — this will undo all your progress in physical therapy
- Do not sleep with a pillow under your knee — if you were given a foam support, you can use it off and on during the day, but be sure to remove it before you go to bed at night

Lifestyle Changes

After joint surgery, most patients can move around without pain and return to most normal activities. But you will need to avoid certain physical activities. For example, activities that put stress on your implant and the bones and tissue around it.

After your joint has healed, you'll be able to enjoy most low-impact activities, including walking, hiking, and swimming. But you'll need to avoid high-impact activities that place a lot of strain on the replacement joint. This includes activities that involve rapid joint rotation like tennis or football, and heavy lifting. Some types of manual labor may also put too much strain on your new joint. ***It is important that you talk to your doctor before you begin any activity that involves your new joint.***

It's also important to stay at a healthy weight to reduce the strain on your implant. If you smoke, try to stop. Not smoking will improve your circulation and help maintain healthy tissue around all your joints.



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