

GUIDE: Prepare for Total Joint Replacement

Lifestyle changes:

- Stop Smoking:** Because smokers have a higher rate of infection and medical complications, it is essential not to smoke. Smoking also delays healing and contributes to increased pain levels after surgery. Ask your primary care provider, call 1-800-QUIT NOW or reference <https://quityes.org/>
- Diabetes Care:** Uncontrolled diabetes is associated with complications related to wound healing and infection. Review your diabetic control with your primary care provider or endocrinologist prior to surgery.

6-8 weeks before surgery:

- Exercise:** Strength and mobility prior to surgery leads to a speedier recovery. We *may* recommend physical therapy prior to surgery to get stronger. Our office may order this as a one-time appointment for a home exercise program or you may attend a couple times a week leading up to surgery at a location of your preference.
- Nutrition:** It is important to eat a balanced diet now to get your body ready for surgery.
- Home Preparation:** Begin to work on “CHECKLIST Prepare for Total Joint Replacement.”
 - Designate someone to stay with you a few days through the first week of recovery. For the first few nights, you should have someone in your home to assist you.
 - Transportation — Establish who will drive you home from the hospital, and who can help you get to post surgery therapy and appointments.
 - Setting up Your home safely.

2-3 weeks before surgery:

- Medical Clearance:** We require medical clearance from your primary care provider. Specialists from your care team may also need to clear you. This could include a cardiologist, neurologist, pulmonologist, or endocrinologist. Your orthopedic surgeon requires the form provided to be completed that lets us know you are medically optimized. Your primary care physician and/or cardiologist must include recommendations when to *stop* blood thinners before surgery and when to *resume* after.
 - A letter, office note or clearance form provided at your PCP or cardiologist appointment must be sent to our office no later than three weeks prior to surgery.**
- Pre-Operative Labs:** Pre-op labs must be completed within 30 days before surgery. Alton Memorial Hospital Outpatient Lab walk-in locations and hours of operation can be found at <https://www.altonmemorialhospital.org/Medical-Services/Laboratory-Services>. Our providers will review and contact you if follow-up is needed.
- Medications:** At your pre-op orthopedic appointment, you were provided a list of medications we require you to stop taking prior to surgery. Please review this list and contact the pre-arrival team at (618) 463-7520 or your primary care provider with any questions.

A Few Days Before Surgery:

- Pack a photo ID and insurance card; pack a prescription card if applicable.
- Pack a complete medication list.
- Prepare to wear home loose-fitting clothes such as drawstring or elastic-band shorts, or pants and a T-shirt. A cardigan or sweatshirt to layer for warmth may be included. You may bring a small bag that can be stored in a pre-operative small locker.
- Prepare to wear home comfortable, non-skid walking shoes and socks. We recommend shoes that are wide enough to allow for some normal swelling. No flip-flops, sandals, or Crocs.
- If you are having a total knee replacement and own a walker, pack it in your vehicle. If you do not, one will be issued before leaving the hospital. Insurance paperwork will be submitted for you.
- Do not shave at or near the area where you are having surgery.

Night Before Surgery:

- You will be called between 3-5 p.m. the day before surgery with your arrival time: _____
- Remove nail polish from your fingernails.
- Do not shave at or near the area where you are having surgery.
- Wash with surgical soap as directed at your surgical consult appointment.
- Do not use lotion or powder.
- Sleep in freshly washed night clothes. Sleep on freshly washed sheets.
- Do not eat or drink anything after midnight. Do not chew gum, eat candy or use lozenges.

Day of Surgery:

Before you arrive at Alton Memorial Hospital:

- Wash again with surgical soap prior to coming to the hospital.
- Do not use lotion, deodorant, makeup, perfume, or aftershave on the day of surgery.
- Take medications that you were instructed to take the morning of your surgery, using just a sip of water.
- Leave at home: jewelry, checks, cash, and all medications. You may need to bring your credit card or debit card to pay for your prescriptions.

Arrive and Check-in at Surgical Services:

- Proceed past the Alton Memorial Hospital main lobby. Near the coffee bar, take the Duncan Wing elevator to Lower Level.
- On the lower level, exit right off the elevator, pass Medical Imaging to Surgical Services check-in.
- Present your photo ID and insurance card; present prescription card if applicable to complete registration.
- You will be directed to your assigned pre-op room, where a family member may sit with you prior to surgery. During surgery, family can wait in the waiting room. It is important your family is in the waiting room when surgery is finished so an update can be given.

Right Before Surgery:

- A pre-operative room nurse reviews your medications and health history with you, then starts an IV in your arm. An anesthesiologist discusses with you the most appropriate anesthesia and reviews your health history. The orthopedic surgeon meets with you to review the surgical plan and marks the surgical site.
- A nerve block that helps with pain for the first 24-72 hours after surgery may be administered.

During your Surgery:

- Your surgical team will take excellent care of you monitoring your breathing, heart rate, blood pressure, and overall safety throughout your surgery.

Immediately After Surgery:

You wake up in the recovery room, where you spend a minimum of one hour. Specially trained nurses and anesthesiologists monitor your breathing, heart rate, blood pressure and pain. You will have fluid going through your IV following surgery. You will have a dressing, which may feel bulky, over your incision. Swelling is common, so ice or cold therapy keeps the swelling and pain under control.

- When you feel more alert and awake after surgery, your nurse or physical therapist will assist you up.
- You begin to participate in PT/OT as early as the day of surgery or the next morning when having an inpatient surgery. Outpatient surgeries begin outpatient therapy 5-7 days after surgery for total knees while most total hips work through a provided home exercise program. For total shoulders, outpatient therapy is discussed at your two-week follow-up call.

Pain Management:

To gain full use of your new joint, you must follow the therapy plan of care your physical therapist developed with you. Pain after surgery is usually different from the pain you felt before. You are frequently asked to rate your pain on a scale of 0-10. We want you to be as comfortable as possible, some pain is expected while you recover and your mobility progresses.

- Let us know if your pain medication is doing its job or if we need to adjust it.
- Swelling is to be expected, so it is strongly recommended to ice and elevate (above the heart for knees vs. pillow support underneath shoulders) consistently for two weeks. Many patients find it helpful to ice-elevate up to 3-6 weeks after surgery as activity and mobility advance.
- Monitor pain and take medication according to the surgeon's recommendation. It can be helpful to take pain medication 20-30 minutes prior to therapy or exercise sessions to assist in pain control.

Activity:

- Start moving as soon as possible after surgery. Movement encourages breathing and digestion, which also support faster healing. It may hurt to move, but movement and activity decrease pain over time.
- You begin to participate in PT/OT as early as the day of surgery or next morning.
- When discharged home, it is advisable to initially walk with a walker, as needed, short distances once an hour while awake.

Preventing Complications After Surgery:

Blood clots: After surgery, you may take a blood thinning medication. Additional preventative measures may include compression stockings or a pneumatic compression device. We encourage you to paddle your feet and ankles as well as move your legs to keep the blood flowing.

Pneumonia: Deep breathing decreases the risk for pneumonia. An incentive spirometer, provided at discharge, encourages you to breathe deeply. It is recommended to breathe deeply 10 times every hour while awake.

Dental Procedures Following Your Surgery:

Prior to all dental procedures such as cleanings, fillings, root canals etc., notify your dentist of your new joint replacement. Antibiotics are required for dental work following total joint surgeries. Prescriptions can be sent to your pharmacy by our office or by your dentist and taken one hour prior to a dental appointment. If your dentist requires any form to be completed, this can be faxed to our office at 618-463-7607, then we can fax it back. Dental procedures should **not** be performed within three months following a joint replacement unless it is emergent.

Physical Therapy:

- When discharged home, it is advisable to initially walk with a walker for short distances once an hour when awake and perform home exercise program three times a day. Ankle pumps are to be performed throughout the day.
- You will begin outpatient physical therapy approximately one week after surgery for total knee replacements. Most total hips work through a home exercise program. For shoulder replacements, physical therapy will be discussed at your two-week post-op phone call. Physical therapy progresses you at your pace, helping you to gain mobility, strength, and function.
- Initially, steps are performed ONE at a time both up and down. Use the strategy, “Up with the good (nonsurgical), down with the bad (surgical).” This manner reduces stress on your surgical leg. Use a handrail and ask for assistance to prevent falling.
- Ascending and descending steps safely: Stairs will be advanced with outpatient physical therapy as range of motion, strength, and balance improve.

Care for Your Surgical Incision:

Wash hands before surgical dressing change.

Dressing change instructions are outlined in the hospital discharge after visit summary.

DO NOT clean your wound with hydrogen peroxide or treat with Neosporin.

Watch for signs of infection: **redness, warmth, odor, increased drainage or opening of the incision.**

Contact our Office Immediate for any of the following reasons:

- Increased pain
- Red or warm incision
- Opening in incision
- Increased drainage from incision
- Odor from incision
- Increased swelling or redness around incision area
- Inability to put weight on leg
- Increased numbness or tingling of leg
- Painful, swollen, or tender calf muscles
- Cough, fever, or shortness of breath

Call 618-463-7600

Please send images via MyChart of your incision if you are concerned.