

# Discharge Planning

# Home Health

You may require home health care when you return home following your hip or knee replacement. The choice of a home health provider is yours to make. There may be some restrictions based on your insurance coverage, which you can determine prior to surgery by contacting your insurer.

*Write down any questions you may have for your doctor or nurse:*



# Discharge Planning

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## Discharge Planning Process

The driving philosophy upon which the discharge planning process is built is that the BEST place for patients to be is in their own HOME. For this reason, the staff at NorthShore will work with you to ensure a successful transition to your home following surgery.

Planning for your discharge begins upon admission to the hospital. The care team at NorthShore begins preparing for your discharge home or a skilled nursing facility from the moment you walk through the doors. As such, your care team will be in constant communication with your surgeon regarding your daily progress.

When all discharge criteria are met, your surgeon will discharge you. If you are being discharged to home, expect your home health agency to contact you.

Remember, achievement of good outcomes and function is a partnership of effort. Your role is to actively participate with the care team in rehabilitation, exercise and daily activity.

## Discharge Criteria

The following are general criteria used to assess the appropriateness of your discharge:

- You are medically healthy.
- All rehabilitation goals have been achieved.
- Arrangements have been confirmed with home health services.
- Initial home support is available from a family member/caregiver.

Ultimately, your surgeon will determine when you have met the criteria for discharge. Occasionally, however, adjustments to these plans may need to be made. If your plan of care does change, the discharge planners at NorthShore will be there to support your next transition.

If you are being discharged directly to home following your surgery, please remember, your surgeon has determined based on your pre-surgical status that you are safe to heal in the comfort of your home.

Remember that once you return home, your recovery will be supported through a home care agency that has received specific care instructions for you from your surgeon. They will be there to support you as you begin your return to normal activity.

## Discharge Instructions for Total Knee Arthroplasty

### Medications

- Review medication instruction sheet given to you by your nurse for your prescription medications.
- Take prescription pain medication as directed by your surgeon.
- Do not take anti-inflammatory medications (aspirin, ibuprofen, Aleve, Advil) until approved by your surgeon.

### Diet

- Eat a well-balanced diet.
- A multivitamin capsule each morning for 1 month is advisable.
- Pain medication may cause constipation. We encourage you to drink lots of fluids and increase your intake of fruits and fiber.
- A pharmacist is available for any questions you may have regarding dietary considerations while taking blood thinning medications.

### Incision Care

You will receive instructions regarding incision care prior to discharge from the hospital.

If you notice **any** of the following symptoms of infection, please call the surgeon's office immediately:

- **There is drainage from the incision.**
- **The incision becomes red and very hot.**
- **You develop a fever over 100 degrees.**

### Showers

Check with your surgeon regarding when you may take your first shower following surgery. You should pat the incision dry—do not rub your incision or apply creams or lotions. If you are unsteady standing, you should use a stool or chair.

### Support Stockings

Your surgeon may recommend wearing support stockings following your surgery. The length of time that you will wear them depends on your activity level and the amount of swelling. Most patients wear the stockings for 4 to 6 weeks after surgery. Be sure you are checking for pressure sores on your heels. Report any heel pain, burning, itching, blisters or redness that does not go away to your surgeon or nurse.

### Ankle Swelling

You may get ankle swelling for about 3 months, but it should occur less in the morning. If you lie down during the day and elevate your legs the swelling should go away. If the swelling continues or if you have the swelling in both legs, you should call your surgeon.

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## Blood Clots

**The following symptoms may indicate the formation of a clot. If you notice any of these symptoms, please call your doctor immediately:**

- **Calf is painful and feels warm to the touch.**
- **Persistent swelling of the foot, ankle or calf that does not go away with elevation of the leg.**
- **Chest pain or shortness of breath. (If this chest pain or shortness of breath is sudden or severe, call 911 and seek emergency care immediately.)**

## Walkers/Crutches/Canes

It is important that you use assistive devices for balance as instructed by your surgeon or therapist. By your first post-op visit to the doctor, you may progress from a walker or crutches to a cane as recommended by your surgeon or therapist.

## Daily Activity

Exercise is very important for the success of your knee surgery—but you must avoid the extremes of too little or too much.

- **Do not sit for longer than 30 to 45 minutes at a time.** Use chairs with arms. You may nap if you are tired, but DO NOT stay in bed all day. Frequent, short walks—either indoors or outdoors—are the key to a successful recovery.
- **You will experience discomfort in your operated knee, and you may have difficulty sleeping at night.** This is part of the recovery process. It is important that you do your exercises even though the knee hurts when you move it. 15-20 minutes of icing after exercising often helps decrease the discomfort. The key to a successful recovery is movement—both exercises and walking.
- **Do not sleep with a pillow under your knee. Keeping your knee in one position all night counteracts your physical therapy progress.** If you have been discharged with a foam support, it may be used intermittently throughout the day as needed. Please remove the foam support before going to sleep at night.
- **You should do stairs with support.** Do one step at a time—“good” knee up—“bad” knee down. Use a railing if available.
- **The decision to resume driving your car is usually made by your surgeon between 2½ and 4 weeks after surgery.**

## Lifelong Fitness

The goal of your surgery is a knee that will enable you good motion and the ability to perform your everyday activities without pain. This knee is NOT INDESTRUCTIBLE. Avoid sports or other activities that put a pounding stress on the knee until cleared by your surgeon. It is important to stay as active as you can after recovering from your surgery; talk with your surgeon/therapist about activities and exercises that are right for you. It may or may not be appropriate to return to the exercise routine that you used prior to surgery.

Added body weight puts stress on the knee, so try to maintain a healthy weight.