

# Your Hospital Stay

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## The Nursing Unit

Family members/caregivers are allowed to visit with you.

After your recovery in the Post-Anesthesia Care Unit (PACU), you will be transferred to the inpatient nursing unit. Your stay on this unit will begin the post-operative/rehabilitation phase of your recovery.

You will have a bandage covering the incision on your hip or knee. You also will have a urinary catheter and will receive antibiotics. Your nursing team will monitor your vital signs and give you medications for pain and nausea and to prevent blood clots. You will be introduced to therapists who will work with you individually to help you begin your exercise routine and instruct you on precautions following surgery.

### Nursing Assessments and Interventions

Nursing assessments and interventions will include:

- Monitoring your vital signs frequently, including throughout the night
- Checking your incision
- Administering IV fluids and antibiotics
- Checking your urinary catheter
- Checking your oxygen level
- Assisting with an incentive spirometer to prevent pneumonia (10 times per hour while awake)
- Assessing the use of abductor splints for hip patients
- Checking compression devices to prevent blood clots
- Assessing blood clot prevention/administration of oral anti-coagulants/early ambulation



### Physician Assistants

Physician Assistants (PAs) are board-certified advanced practitioners who work with your surgeon and other dedicated medical professionals to help guide your care. PAs are able to interpret labs, make diagnoses, write prescriptions and assist in the operating room. PAs are staffed in the hospital 24 hours a day, 7 days a week. Working closely with your surgeon, a PA will see you each day that you are hospitalized.

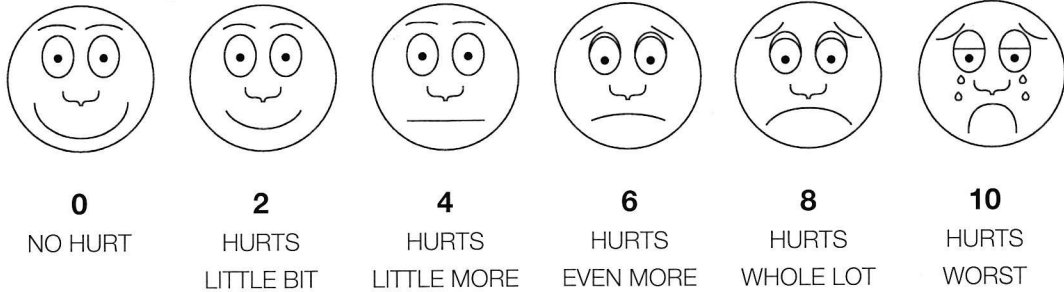
**NOTE: Please do not attempt to get out of bed on your own. After joint surgery, there is a higher risk of falling.**

# Your Hospital Stay

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## Pain Assessments and Management

Communication is an important part of helping us manage your pain. We encourage you to share information with your nurses and doctors about any pain you experience. Be as specific as possible.



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

Some pain will accompany your therapy sessions. Be sure to ask for pain medication 30 to 45 minutes before your scheduled therapy session. This pain will be managed with different oral medications.

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

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# Your Hospital Stay

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## Clot Prevention

The following therapies and medications may be used during or after your surgery to improve circulation and prevent blood clots. This will be at your surgeon's discretion.

- PlexiPulse® boots or sequential compression device (SCD)
- Ankle pumps
- Oral and/or injectable blood thinning medications
- Early ambulation

### At Risk for DVT

DVT stands for deep vein thrombosis. DVT is a disorder in which a blood clot forms in the deeper blood vessels, particularly in the legs. Having orthopaedic surgery increases this risk as does being immobile or inactive.

**Symptoms of DVT in the leg are swelling, redness and pain in the affected leg, usually below the knee. Sometimes the leg is warm to the touch.**

**Symptoms of a blood clot in the lung (pulmonary embolism) are shortness of breath, sudden onset of chest pain, cough and sometimes fainting. These symptoms require immediate medical attention.**

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

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## Questions About Oral Anti-Coagulant Medications (Blood Thinners)

### Why is this drug prescribed?

Oral anti-coagulant medications, commonly known as blood thinners, lower the body's ability to form clots and therefore prevent harmful clots from forming in the blood vessels. These clots can cause serious medical problems because they can move to other parts of your body. For example, if a clot moves to your lung (pulmonary embolism), it can cause a strain to your heart or trouble breathing.

### When should it be used?

Your doctor will determine when you will begin taking your oral anti-coagulant medication. It is important to take your oral anti-coagulants at the same time every day—BE CONSISTENT.

### What special instructions should I follow while using this drug?

Your doctor determines how much oral anti-coagulant you need. Remember that too much oral anti-coagulant can cause you to bleed more, and too little oral anti-coagulant may allow a harmful clot to form.

Upon discharge from the hospital, you will receive instructions specific to the type of oral anti-coagulant your physician prescribes. You should follow these directions carefully, and contact your healthcare provider if you have any questions.

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

Take the missed dose as soon as possible on the same day, but DO NOT take a double dose of oral anti-coagulants the next day to make up for the missed dose. Finally, if you forget to take a dose, tell your healthcare provider.

### What side effects can this drug cause?

Patients taking oral anti-coagulants have an increased risk of bleeding complications.

### Call your healthcare provider right away if you have:

- Bleeding that does not stop from cuts or from your nose.
- Unusually colored urine (dark brown or red) or stool (red or black) when you go to the bathroom.
- More bleeding than usual when you brush your teeth.
- Unusual bruising for unknown reasons.
- Vomiting or coughing up blood.
- More bleeding than usual when you get your menstrual period or unexpected bleeding from the vagina.
- Severe headache, dizziness, weakness or trouble breathing.

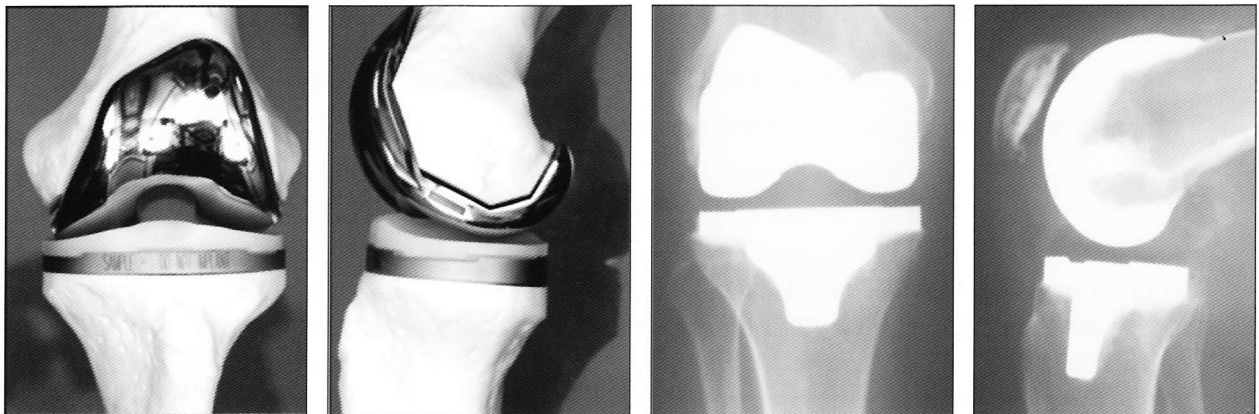
## Understanding Knee Replacement (Total Knee Arthroplasty)

Arthritis or injury can cause severe pain in your knees. Reconstruction of those joints can be the best way to regain function and restore quality of life.

The knee is one of the largest joints in the body and is critical for people to perform everyday activities like walking as well as athletic pursuits. Total joint replacement involves surgery to replace the ends of both bones in a damaged joint to create new joint surfaces.

The knee involves the lower end of the thigh bone—the femur—and the upper end of the shin bone—the tibia. The kneecap—the patella—is in the middle. The ends of these three bones meet and are protected by articular cartilage, which also helps the bones move easily. The menisci are located between the femur and tibia, cushioning the joint and acting as a shock absorber. Ligaments hold the femur and tibia together, providing strength and stability to your knee. The remaining surfaces of the knee are lined with a synovial membrane, which releases a lubricant that prevents friction in the knee. Injury or disease, such as various forms of arthritis, disrupts normal knee function, causing pain and/or mobility problems.

During knee replacement surgery, a metal prosthesis that resembles the normal shape of the femur in the knee joint is placed over the end of the bone. The top of the tibia 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 of these components are inside the joint with preservation of the normal capsule and major stabilizing ligaments on the sides of the knees. Generally, the undersurface of the kneecap, or patella, also is resurfaced with a polyethylene implant. These components are fixed with cement or bone ingrowth into porous surfaces.



*The standard total knee in a plastic model is shown on the left, and X-rays of the knee following surgery are shown on the right.*

## Understanding Knee Replacement (continued)

Surgeons use a variety of instruments to make sure that the leg is straight at the end of the operation. Another surgical goal is to have the knee extend completely (straighten out) and bend (flex) as much as possible to enable stair climbing, getting in and out of a car and sitting comfortably. Like the normal knee, it is important that the main ligaments on the side of the knee provide stability against the knee moving to the side and being unstable.

## Physical Therapy (PT)/Occupational Therapy (OT) for Total Knee Arthroplasty

Physical therapy (PT) and occupational therapy (OT) following your knee replacement surgery are critical components of your recovery, as well as helping you regain range of motion and leg strength. Although there may be more pain felt during and after therapy sessions, remember that in the long run it is necessary for your recovery. Your nurses and doctors will work with you to manage your pain before and after therapy sessions as well as throughout the day and night.

The NorthShore Total Joint Replacement Center has a goal-oriented approach to care, which includes PT and OT specialists working closely with you to accomplish daily goals approved by your doctor. PT may begin as early as the afternoon of the day of your surgery and occurs two times a day until discharge. OT occurs once a day until discharge. PT will continue after you leave the hospital. You are encouraged to have a family member or caregiver attend at least one PT and one OT session to learn what to expect once you go home from the hospital.

For most patients, our goal following your surgery is for you to be discharged on post-operative Day 2. (Definition of post-operative Day 2: If your surgery is on Monday, you will be discharged 2 days after the date of your surgery, or Wednesday.) In some instances it may be determined by your surgeon that a longer length of stay is necessary. In these cases, a plan of care will be developed for you.

We have plenty of equipment in the hospital—such as walkers, canes and crutches—that you can use during your stay.

Please bring loose fitting pants with wide leg openings (no elastic cuffs) or shorts and undergarments. Your surgical leg may be a little swollen, so avoid tight fitting pants or shorts and stiff clothing such as jeans. OT specialists will teach you how to get dressed with your affected knee.

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

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Our objective is to help you return home as quickly as possible. During your stay, your goals, at a minimum, are as follows:

## Physical Therapy Goals:

- Perform bed mobility with minimal assistance for operated limb.
- Sit to stand with stand-by assistance.
- Ambulate 100 feet with appropriate assistive device and stand-by assistance.
- Range of motion for operated knee no more than 10 degrees from full extension.
- Range of motion for operated lower extremity greater than or equal to 60 degrees of flexion.
- Demonstrate home exercise program independently.
- Ascend/descend three PT practice stairs with assistance.

## Physical Therapy Schedule

### **Day 0 (Day of Surgery)**

- If you have an early morning surgery, you may be seen by the physical therapist in the afternoon of surgery.
- Some patients will receive the femoral nerve block, which blocks pain in the surgical limb and also limits muscle function. **DO NOT ATTEMPT TO STAND OR MOVE WITHOUT ASSISTANCE.**
- Generally, the physical therapist will work on range of motion and strengthening exercises, and may progress to standing.
- If you are steady while standing, you may begin to take a few steps.

### **Day 1 (Day After Surgery)**

- The physical therapist will see you twice a day (once in the morning and once in the afternoon).
- If you received a nerve block, expect to feel more pain as it wears off.
- Be sure to ask for pain medication as it is no longer automatically given after the first 24 hours.
- Together with your nurse, you will coordinate your pain medication schedule to receive it 30 to 45 minutes before therapy sessions.
- The physical therapist will help you stand and begin walking with a wheeled walker.
- Your physical therapist will also measure your knee range of motion and instruct you on exercises to help increase range of motion.
- Depending how you are progressing, you may walk in the hallways and try going up and down practice stairs.

### **Day 2 (2nd Day After Surgery)**

- The physical therapist will see you twice a day (once in the morning and once in the afternoon).
- Plan on walking more and continuing to work on range of motion, especially flexion (bending) and extension (straightening) as well as general strengthening exercises.
- The physical therapist will have you practice stairs, perhaps even a full flight of stairs, depending on your home setup.
- If you are doing well and would like, the physical therapist may offer you a cane or crutches instead of the walker.
- The physical therapist will make sure you have the ambulation equipment you need to be discharged.

## Occupational Therapy Goals:

- Perform self care activities such as dressing with adaptive equipment and stand-by assistance.
- Demonstrate understanding of adaptive equipment recommendations.
- Verbalize safe car transfer technique independently.

## Occupational Therapy Schedule:

### **Day 1 (Day After Surgery)**

- The occupational therapist will see you the day after surgery.
- The occupational therapist will assess your ability to perform functional transfers such as getting on/off the toilet and in/out of the shower. Your occupational therapist may make recommendations for equipment that will allow for safe and more independent performance of these activities.
- The occupational therapist will assess your ability to dress and bathe yourself and may make recommendations for assistive devices to improve your independence.
- If family members/caregivers have any questions, please write them down and the occupational therapist can address them before you leave.

### **Day 2 (2nd Day After Surgery)**

- The occupational therapist will see you once today.
- The occupational therapist will continue education and practice for lower body dressing.
- The occupational therapist will instruct you on how to get in and out of a car safely.
- The occupational therapist will review equipment recommendations with you.
- The occupational therapist will address other functional concerns you may have.

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

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# Your Hospital Stay

## Assistive Equipment for Joint Replacement

Listed below are a few of the assistive equipment items commonly used after joint replacement surgery. These items are available from most area drugstores as well as Community Lending Closets. A list of area Community Lending Closets can be found in the back pocket of this book. Please discuss with your nurse if you have any specific equipment needs.

### Personal Aids

- Walker with wheels
- Cane
- Reacher
- Crutches
- Sock aid
- Long-handled shoehorn
- Elastic shoe laces



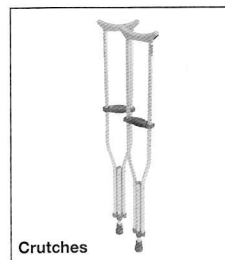
Walker with wheels



Cane



Reacher



Crutches



Sock aid

### Bathroom

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



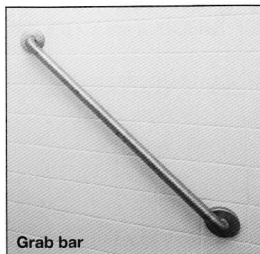
Elevated commode seat



Toilet seat riser



Shower chair



Grab bar



Hand-held shower head



Long-handled bath sponge

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

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