

Joint Camp



Your guide to total
joint replacement.

presented by

 **Kaweah Health**
Joint Replacement Institute

INTRO

Thank you for choosing Kaweah Health Joint Replacement Institute. The purpose of this booklet and the preoperative class is to help you prepare for your upcoming surgery. Your surgeon and the staff of Kaweah Health want you to be comfortable and well-informed during your stay.

Our goal is your speedy recovery. We encourage you to bring this booklet to the hospital for use and review during your post-operative surgery.

Please note: This booklet provides general information only. Your care may vary based on your own medical history and the advice of your physician.



Keeping Pace.

Darin Pace, Kaweah High School principal in Exeter, California is still running and shooting hoops after total knee replacement surgery.

Joint Camp Guide to Total Joint Replacement

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Distinctions and memberships

Designated as a

**Blue
Distinction®
Center+**
for Knee and Hip Replacement

Anthem. 
Health. Join In. Blue Cross

An Independent Licensee of the Blue
Cross Association

blue  **of california**

Blue Shield of California
An Independent Member of the Blue Shield Association

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Pre-surgery Planning

It is very helpful to plan ahead and prepare for your arrival at home after surgery. The following tips can assist you in this process:

- Have someone ready and able to help you at home.
- Go shopping for food and have groceries stocked in the house.
- Prepare meals before surgery and freeze them for availability after surgery.
- Remove throw rugs and secure floor coverings.
- Remove any cords or clutter in the walkways.
- Assure you have good lighting.
- Secure handrails and steps.
- Arrange frequently used items within a safe, reachable distance.
- Plan care for pets. You may want to consider having your pet(s) boarded or watched by a friend or neighbor. They may cause you to trip while walking.

- If you have a two-story home, prepare a place to sleep on the first floor.
- If you are the care provider for young children, a disabled person, or any other person, make arrangements for their care during your hospital stay. Our goal is to return you to the care of your loved ones.

If you require additional assistance after your surgery, we can provide you with a listing of community resources. Home health care may be an option after you get home. These care options will be discussed with you during your stay.

You will use your arms and upper body to move in bed and transfer from bed to chair after surgery. Upper body exercises done before surgery can help strengthen these muscle groups.

Driving directions to Kaweah Health Admissions and Testing Services (KATS)

From 198 East:

Take Central Visalia exit and merge onto Noble Avenue; Turn right on Locust St.; Travel south and turn left on Tulare Ave. Travel one block and turn right on Court St.; Travel south to KATS.

From 198 West:

Take Central Visalia exit and merge onto Mineral King Ave.; Travel one block and turn left on Locust St.; Travel south and turn left on Tulare Ave. Travel one block and turn right on Court St.; Travel south to KATS.

Call (559) 624-6000 for KATS current hours

Kaweah Health Admission and Testing Services (KATS) is located at 1633 S. Court St., Visalia.



Total Joint Replacement Checklists – Getting Ready

Please complete each item on the list and check when done.

Pre-surgery visit to orthopedic doctor

- Bring a list of your current prescriptions and over-the-counter medications including vitamin supplements and herbal medications for your surgeon to review.
- Attend Joint Camp.
- Pre-admission assessment at Kaweah Admission & Testing Services (KATS)
- Get any needed instructions for admission to hospital for surgery.

Follow-up care options available through Kaweah Health

- Home Health
- Private Home Care
- Short Stay Rehabilitation
- Outpatient Therapy

A few days before surgery

- Go to your appointment at KATS (Kaweah Admission & Testing Services).
- Bring your medication list. The nurse will review your medicines.
- You will get a phone call to remind you what time to arrive for your surgery. Staff will answer any last minute questions.
- Make sure you have the chlorhexidine soap and instructions for your skin preparation.
- Pick up prescribed medications and a walker if recommended by your physician.
- Pick up pre-surgery drink if directed.

One day before surgery

- The night before your surgery, shower and use one half of the chlorhexidine soap as instructed.

Morning of surgery

- Take medication as instructed.
- Shower again in the morning using the remaining half of the chlorhexidine soap.
- Brush teeth thoroughly and rinse thoroughly.



Staff will give you chlorhexidine soap with instructions on how to use it.

Total Joint Replacement Checklists – Day of Surgery

Please complete each item and check when done.

What to bring to the hospital

You may wish to bring personal items to use during your hospital stay. You are encouraged to leave valuables at home. Please be aware that you are responsible for any items brought into the facility.

- Current list of medications (prescription, over the counter, vitamins, and herbal medications), dose, how often taken, and time last dose taken
- A good, solid, low-heeled pair of shoes (no open back or strapless shoes)
- Hearing aids
- Glasses
- Dentures or partials
- Loose fitting clothes (for discharge)
- Bathrobe (optional)
- Personal items such as your toothbrush, toothpaste, deodorant, lotion, comb, or brush

NOTE We encourage you to leave personal items of value such as jewelry, purses, wallets, money, credit cards, and electronic devices at home.

Same day after surgery

- MOBILITY:** The evening after your surgery, have someone help you get out of bed, take a few steps, and sit in a chair.
- DIET:** You will get juice or water, and can drink clear liquids as you feel up to it.
- PAIN MANAGEMENT:** You will get medicine to help with your pain. If you are concerned about any of the medicines or are still having pain, talk to your nurse.

Before you leave the hospital, you should have the following:

- Hospital discharge instructions
- A follow-up appointment with your surgeon within 1-2 weeks after leaving hospital
- Any medicine prescriptions you may need
- Walker



Total Joint Replacement Checklists – Days Following Surgery

Please complete each item and check when done.

First day after surgery

- MOBILITY:** Have someone help you sit in a chair for all your meals. Have someone help you walk at least three times in the hallway.
- PAIN MANAGEMENT:** You will get medicine to help with your pain. If you are concerned about any of the medicines or are still having pain, talk to your nurse.
- INCENTIVE SPIROMETER:** To lower the chance of breathing problems after surgery, please use your incentive spirometer. Use it every hour while you are awake, 10 breaths each time.
- URINARY CATHETER:** Your catheter may be removed the day after your surgery. If it is not addressed by your care team, ask them about it.

Second day after surgery

- MOBILITY:** Have someone help you sit in a chair for all your meals. Have someone help you walk at least three times in the hallway.
- PAIN MANAGEMENT:** You will get medicine to help with your pain. If you are concerned about any of the medicines or are still having pain, talk to your nurse.
- INCENTIVE SPIROMETER:** To lower your chances of breathing problems after surgery, please use your incentive spirometer. Use it every hour while you are awake, 10 breaths each time.

It is important to use your spirometer to lower your chances of breathing problems.



For other helpful information visit KaweahHealth.org/Ortho



At Kaweah Health, we support our patients' rights to make informed medical treatment decisions regarding their care. Kaweah Health complies with California laws and court decisions on Advance Health Care Directives. We do not condition or otherwise discriminate against patients based on whether or not they have completed an Advance Health Care Directive. We have formal policies to ensure that patients' wishes about treatment will be followed.



Who makes decisions about my treatment?

Doctors provide you with information and advice about treatment, but you have the right to choose which treatment option(s) will be followed. You can say "Yes" to treatments you want, and "No" to treatments you don't want — even if the treatment that you refuse might improve your health or keep you alive longer.

How do I know what I want?

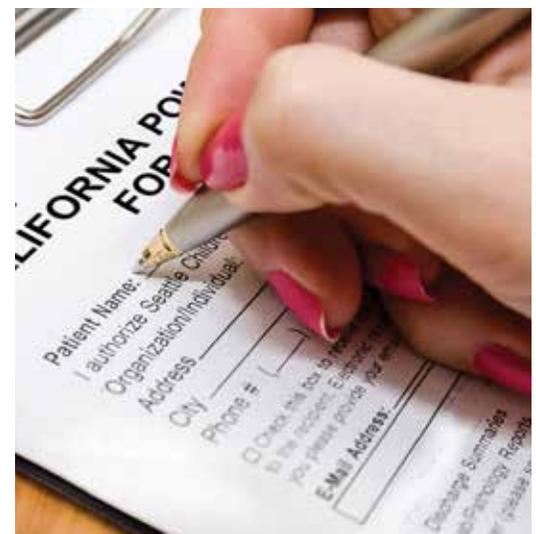
Doctors must tell you about your medical condition, explain what different treatments can do for you, and what side effects they may cause. Your doctor must offer you information about any serious problems that medical treatment is likely to cause.

Often more than one treatment might help you and people have different ideas about which is best. Your doctor can tell you which treatments are available, but he or she can't choose for you. You will ultimately decide which treatments or interventions you agree with and receive.

What if I'm too sick to decide?

If you can't make treatment decisions, your doctor will ask your closest available relative or friend to help decide what is best for you. But sometimes everyone doesn't agree on what to do. That's why it is helpful if you specify in advance what you will want to happen in case you are unable to speak for yourself later. There are several kinds of advance directives you can use to outline your wishes and designate a spokesperson for you.

One kind of advance directive under California law lets you name someone to make healthcare decisions for you when you can't. This form is called a DURABLE POWER OF ATTORNEY FOR HEALTHCARE.



Who can I choose to make treatment decisions when I'm unable to do so?

You can choose an adult relative or friend you trust as your agent to speak for you when you're too sick to make your own decisions. You CANNOT designate your healthcare provider or any employee of your healthcare provider as your agent; however, you CAN designate a friend employed by your healthcare provider, as long as they complete the durable power of attorney for healthcare.

How does this person know what I would want?

After you choose someone, talk to that person about what you want. You can also write down in the DURABLE POWER OF ATTORNEY FOR HEALTHCARE the circumstances when you would or wouldn't want medical treatment. Talk to your doctor about what you want, and give your doctor a copy of the form. Give copies to the person named as your primary agent, any alternative agents, and family members. Take a copy with you when you go into a hospital or other treatment facility.

Sometimes treatment decisions are hard to make, and there may be times when you are unable to communicate for yourself. It truly helps your family and your doctors if they know your wishes ahead of time. The DURABLE POWER OF ATTORNEY FOR HEALTHCARE also gives them legal protection when they follow your wishes.

What if I change my mind?

You can change or revoke any of these documents at any time as long as you can communicate your wishes.

Am I required to complete these forms?

No, completing the durable power of attorney for healthcare is optional. Alternatively, you can choose to inform your doctors and request they record your wishes in your medical chart. You can also verbally share your wishes with your family members, but your treatment wishes will be understood more clearly if you have them in writing.

Will I still be treated if I don't fill out these forms?

Yes. You will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you. Remember that A DURABLE POWER OF ATTORNEY FOR HEALTHCARE allows you to name someone to make treatment decisions for you. That person can make most medical decisions — not just those about life-sustaining treatment — when you can't speak for yourself. Besides naming an agent, you can also use the form to specify when you would and wouldn't want particular kinds of treatment.

How can I get more information about advance directives?

If you would like to learn more about advance directives prior to your surgery, please visit www.ag.ca.gov/consumers/general/adv_hc_dir.htm. Kaweah Health Medical Center also has forms available. Kaweah Health Patient Family Services can also assist you in this process.



Your doctor can record your treatment wishes in your medical chart, but they will be understood more clearly if you provide them in writing.

Your Hospital Experience

Once you arrive in Kaweah Health Medical Center's Ambulatory Surgical Center (ASC), you will be admitted and prepared for surgery. The following is to help you anticipate and better understand each stage of your experience.

Parking for the Ambulatory Surgical Center (ASC) is accessed from West Street between Acequia and Mineral King Avenue.



Before surgery

- **It is very important** that you do not eat or drink anything after midnight on the night before your surgery, unless instructed by your surgeon to drink a carbohydrate drink.
- Your surgeon will let you know which medications may be skipped prior to surgery and which should be taken. If your surgeon advises that you take a medication, please do so with a small sip of water.
- If you are diabetic, please check your blood sugar as you normally would, but be sure to check with your surgeon before taking any insulin or pills.
- You will be given a one-day parking permit to park in the designated Special Services parking area.
- Arrive at the appointed time in Kaweah Health's ASC, located on the first floor of the hospital, accessed from West Street.
- If you are scheduled to arrive after 7:00 a.m., please be reachable by phone in case your surgery time needs to be adjusted. This may happen due to unforeseeable delays or surgeries running ahead of schedule.
- When you are admitted, be sure to communicate to the nurse any medications you took that morning along with your complete medical history.

Day of surgery

- You will be asked to change into a hospital gown and get onto a gurney. There are other patients in the ASC, but curtains will provide for your privacy.
- Because of various risks during surgery, all personal clothing and jewelry must be removed. We will ask that a family member be responsible for your personal items until they can be safely returned to you.
- A nurse will start an intravenous line (IV) in your hand or arm so that fluids and medications can be given to you during and after surgery.
- Once you are prepared for surgery, your family members may rejoin you in ASC until it is time to be taken to the operating room suite.
- Due to special constraints and to decrease noise, visitors in the ASC must be limited to one at a time. Visitors may take turns to accommodate larger groups.
- The anesthesiologist will discuss with you what type of anesthesia is most appropriate for you during the surgical procedure.
- The operating room staffs of Kaweah Health Medical Center follow Universal Protocol for Correct Side/Site Surgery. In accordance with this protocol, the operating room nurse will interview you and verify the correct procedure and side prior to your surgery. The surgeon will then mark their initials on the correct side.
- The nurse will be able to answer any questions or address any concerns you may have.
- When the operating room is ready, you will be taken down a hallway into the suite where your surgery will be performed. It is cool in the surgical suite, and the nurse will provide you with warm blankets as needed.
- If you would like to visit with one of our chaplains prior to your procedure, please notify your nurse, and a call will be made to our chaplain services.

Immediately after surgery

- You will wake up in the Recovery Room.
- Your family will be notified when you arrive in the Recovery Room and again when you are transferred to your room.
- During your stay in the Recovery Room, you will be continuously monitored and cared for by a registered nurse.
- Your IV will have fluids running in and you will receive any needed medications through the IV as well.
- You will have other equipment applied to monitor your vital signs, including a blood pressure cuff, heart, and oxygen monitor.
- You may have a foley catheter draining your bladder.
- You may have a mask or nasal cannula on your face to deliver supplemental oxygen until you are more awake and alert.
- You may have various compression devices on your legs to prevent blood clots due to immobility. These may include tight stockings (TED hose) or alternating leg pressure systems (ALPS).
- You will be discharged from the Ambulatory Surgery Center (ASC) based on discussions with your surgeon.
- If you are not discharged from ASC, you will be admitted to Broderick Pavillion on 3 East or 4 South depending on bed availability.

The Broderick Pavillion features spacious single-patient rooms with ample visitor seating and sleeper chairs.

General vs. Spinal Anesthesia

The anesthesiologist will decide if you receive a general or spinal anesthesia.

General

General anesthesia is a treatment with certain medicines that puts you into a deep sleep so that you do not feel pain during surgery. When you receive these medicines, you will not be aware of what is happening around you. You will be watched closely while you are asleep. Your blood pressure, pulse, and breathing will be monitored.

You will not move, feel pain, or have any memories of the procedure because of this medicine.

Spinal anesthesia

Spinal anesthesia is a treatment where the doctor injects medicine into the fluid surrounding your spinal cord in the lower part of your back. The medicine begins to take effect right away and will not wear off for several hours. Your pulse, blood pressure, and oxygen levels in your blood are checked during the procedure. After the procedure you will have a bandage where the needle was inserted.



Robotic technology.

Kaweah Health's specially trained surgeons use ROSA Knee to personalize the approach to total knee replacement — providing a solution that works for you and your unique anatomy.

Kaweah Health is the only hospital in the South Valley with the ROSA robot technology.



Care After Surgery

What you can expect once you arrive in your room

Upon arrival to the nursing unit, the nursing staff will manage many aspects of your recovery. These will include the following.

Pain control

You will experience discomfort after surgery. The nurses will ask you about your pain. Please describe your pain by using a scale of 0-10 (0 being no pain and 10 being intense pain). Communication of the discomfort you experience is essential. No one can feel the pain except you, so you must describe it. You may also use the following picture to describe your pain.



A pain assessment tool is helpful in letting the nurse determine if your medication is adequately managing your pain.

Pain medication will be ordered and given in the form of a pill, an injection into a muscle, or through an IV (a suspended bag of liquid medication that flows into the arm or hand through a soft flexible tube).

IV pain medication is typically used when oral medication is not adequately managing the pain.

The nurse will frequently assess your pain; however, it is important to let the staff know if your pain medication is not effective. You must tell the nurse when you hurt and need something for the pain. The nurse will not routinely bring in the medication unless you request it. If the medication is not effective the nurse can discuss this with the doctor.

Neurovascular assessment

A neurovascular assessment consists of the following:

- Testing your ability to flex and extend the ankle and toes in your operative leg
- Checking the pulse on top of your foot and behind the inner aspect of your ankle bone
- Asking about numbness or tingling between your first and second toes
- Evaluating the color, temperature, and swelling of your foot

These findings are compared to those on your uninvolved foot. Report any changes in your ability to move your foot or any numbness or tingling to your nurse immediately.

Vital signs

Your vital signs (temperature, pulse, respirations, and blood pressure) will be taken routinely once you return to your room. You may have a blood pressure cuff on your arm that is monitored by a machine.

Intake and output

How much fluid you drink, IV fluids, and urine output will be monitored by the nurses.

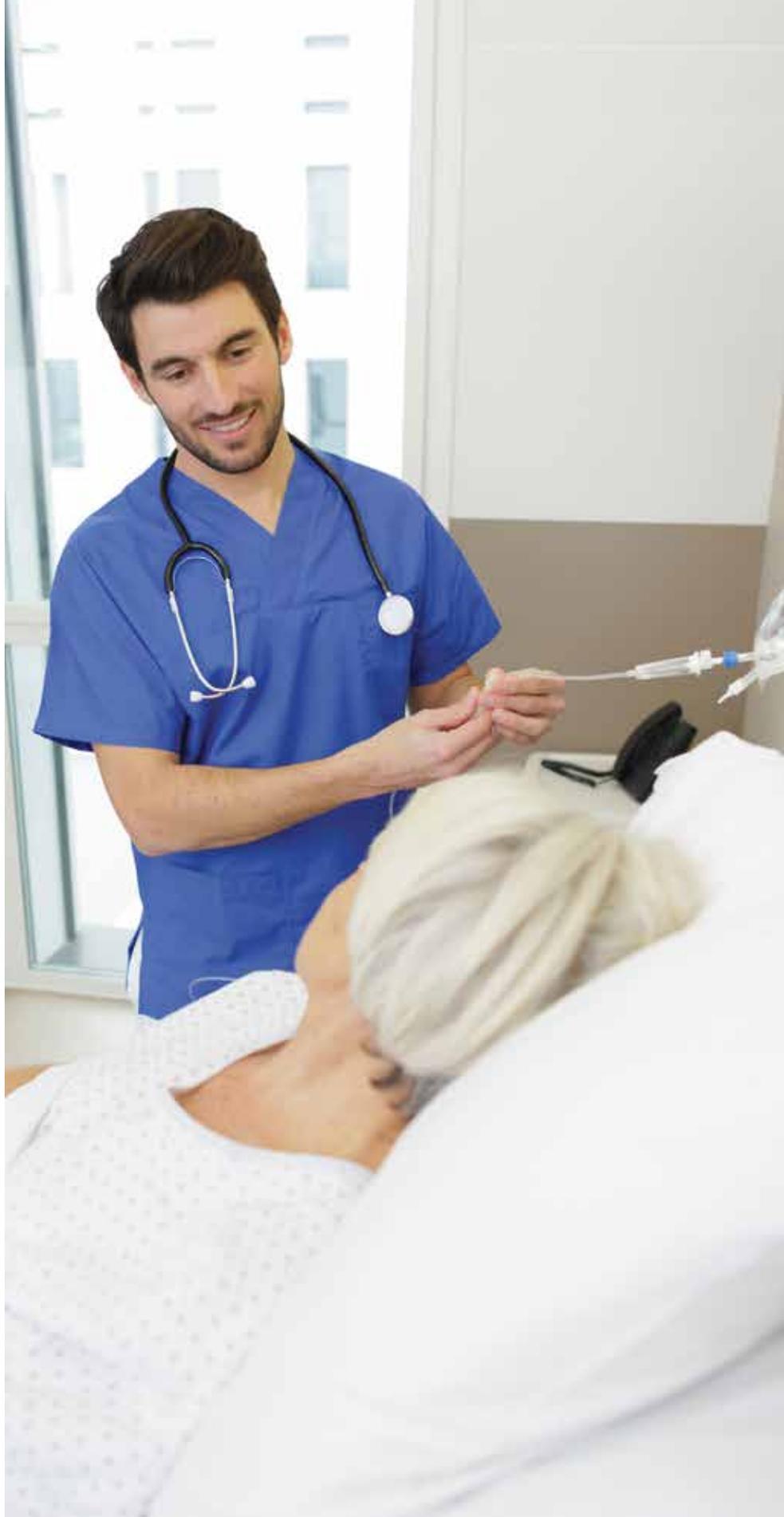
You will have an IV in your arm. The IV bag contains liquid medications. It has a port which allows the nurse to control how fast the medicine is entering your body. If you have a catheter, it will drain your bladder. If you do not have a catheter, you can use a bedpan or urinal. It is important that your family does not empty any urine, as the nurse will still need to monitor everything going in or out of your body.

It is important to know how much fluid you take in by IV and/or how much you drink and compare it with how much urine you put out. We want you to remain in proper balance by not having too much or too little fluid.

Other medication

You will be on a blood thinner to prevent blood clots, which are a risk due to the surgery and immobility. Most commonly used medications are given in pill form.

It is very important to inform the nurse if you are not receiving the daily medication that you take at home. The nurse will follow up with the doctor to determine if you should take the medication during your hospitalization.



Care After Surgery – continued



PROTECTION OF PATIENTS' PRIVACY.

Video recording and use of cell phones is strictly prohibited in patient care areas.

VISITING HOURS

For information on visiting hours and more, go to KawahHealth.org/patients-visitors

Nausea control

You may feel nauseated after surgery. If so, let the nurse know so medication and/or other action can be taken to help make you feel more comfortable.

Constipation

Constipation may occur due to the effects of anesthetic (your bowels may slow down), medications you are taking, reduced activity, and poor appetite. Let your nurse know if you feel you are constipated. There may be an order for a stool softener, laxative, suppository or enema. Your nurse will need to know if you have a bowel movement as well.

Mobilization

It is very important that you move around both before and after surgery. Mobilization helps to speed your recovery by:

- Preventing respiratory complications, such as pneumonia. Mobilization improves breathing and lung expansion. Your doctor and nurses want you to cough and deep breath and use the incentive spirometer every 1-2 hours.
- Improving circulation and decreasing pain.
- Decreasing risk of blood clots.
- Preventing bed sores and skin problems.
- Preventing constipation and activating bowels after surgery.
- Promoting physical and emotional healing through a more rapid return to your normal activities of daily living.

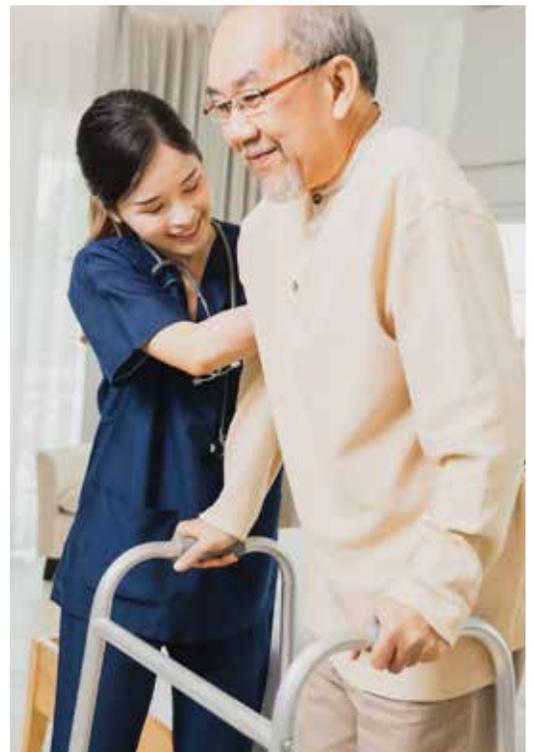
It is very important that you move around both before and after surgery.

General information regarding your hospital stay

INFORMATION: Resource folders are provided to every patient upon arrival to the nursing unit. These contain helpful information regarding pain control, TV channels, phone numbers of nursing supervisors, and the mission and values of Kaweah Health Medical Center.

CARE: Staff is available on the unit 24 hours a day to provide you with the care you will require. Our goal is to provide you with a caring, healing experience. If you have any questions or concerns, please inform your nurse. We are committed to always providing you with very good care and to assist you in achieving a speedy recovery.

PRIVACY: Confidentiality of health care information is important. Your privacy is protected while you are a patient with us. Nothing more than minimal, general information can be given over the phone, such as patient condition. Any other information must be provided by you or your family members.



Surgical Site Infection (SSI)

What you need to know

A surgical site infection (SSI) is an infection that occurs in the same area where you had surgery.

Diagnosis and risk

- The risks for getting SSIs will always be present. However, you can decrease these risks.
- You can often prevent SSIs.

Why do we want to prevent an SSI?

- It may require readmission to the hospital.
- An SSI can spread to other parts of your body.
- Infections slow down your healing.
- If left untreated, an SSI can cause long-term disabilities such as amputations, nerve damage, and organ damage.

Signs and symptoms of an SSI

- Redness and swelling
- Fever (100.5°F)
- Milky or yellow liquid coming out of the surgery wound
- Bad odor
- Painful wound
- Incision that is hot to touch

What increases the risk of an SSI?

- Dirty skin
- Not cleaning the skin with soap and water or other cleansers before surgery
- Dirty physical environment (room, bed, tables, clothes, and anything that surrounds you)
- Having diabetes
- Having an existing infection
- Being a smoker
- Being an elderly adult

Ways to prevent an SSI

- Wash your hands
- Regular bathing
- Keep incision clean and dry
- Avoid regularly touching incision
- Keep pets away from your incision
- Eat a healthy balanced diet
- If diabetic, monitor blood sugar regularly

What to expect after surgery

- Your pay experience may vary.
- As anesthesia wears off, pain may increase.
- Depending on the surgery, you may have some blood at the incision.

What NOT to expect after surgery

- Non-stop bleeding
- New onset of numbness
- Opening incisions
- Constant severe pain
- Blisters

IMPORTANT
If you believe you have symptoms of an SSI, or have any other concerns please contact your doctor.

Going Home

NOTE: If you have symptoms such as severe abdominal pain, chest pain, shortness of breath or other severe problems, call 911 or go to the emergency room.

Things you need to know before you go home

Discuss with your doctor or nurse:

- How to clean the surgical incision and put on dressings and bandages
- Follow-up appointments
- Who to contact if you have questions

If you see signs of infection

- Do not ignore them.
- Call your doctor.

Once you are back home

Call your surgeon's office immediately if

- You have a fever higher than 100.5°F.
- Your wound is red, more painful, or has drainage.
- You are nauseated or vomiting and can't keep liquids down.
- Your pain is worse and you cannot control it with the medicines/treatment you were given.
- You are running low on any of your pain medicines.

Avoid Discomfort by Planning Ahead



Reaching your doctor

It is generally easiest to reach someone between 8:30 a.m. and 5:00 p.m. Call early if you think something is not right.

After-hours and on weekends, calls go to the doctor's answering service, and it will take longer for your call to be returned.



Pain medicine: Check every few days to see how much medicine you have remaining, and be sure to call your doctor's office a few days in advance of running out.

References

Centers for Disease Control and Prevention. (2010, December 10). Frequently asked questions about surgical site infections. Retrieved from www.cdc.gov/HAI/ssi/faq_ssi.html

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Retrieved from <http://www.drugs.com/cg/surgical-site-infections.html>

Lab Tests Online. (2014, October 8). Wound and skin infections.

Retrieved from www.labtestsonline.org/understanding/conditions/wound-infections/

Ongoing Care Following Your Total Hip/Knee Replacement

- If you develop calf tenderness, swelling, or redness, notify your primary physician.
- If you develop chest pain or shortness of breath, call 911.
- Notify your surgeon if your temperature goes above 100.5 degrees or your incision swelling increases, becomes red, warm to touch, or drainage is present.
- Continue exercises at home as instructed by Physical Therapy and Occupational Therapy.
- Follow your total hip precautions (i.e. posterior or anterior lateral approach).
- Avoid using bathtubs, pools, and hot tubs until cleared by your physician.
- Don't lift heavy objects.
- Avoid kneeling.
- No driving until approved by your physician.
- Continue medications at home as prescribed by your physician.
- Use a walker or cane for balance and safety.
- Inform your dentist of your total hip replacement. As a precaution, you must take antibiotics prior to any dental care (including teeth cleaning) to prevent infection in your replaced hip.



Notify your surgeon if your temperature goes above 100.5 degrees.

Nutritional concerns following surgery

In general, you need to eat a healthy diet that includes good sources of iron. A healthy diet includes fruits, vegetables, whole grains, fat free or nonfat milk and milk products, lean meats, fish, dry beans, eggs, and nuts. It is also low in saturated fat, trans fats, cholesterol, salt, and added sugars.

Iron in food comes from meats, vegetables, and fruits. Iron from meat, poultry, and fish is absorbed two to three times more efficiently than iron from vegetables and fruits.

In addition to eating foods rich in iron, you can eat foods that help your body absorb

more of the iron. For instance, eating a vegetable that is high in vitamin C, like broccoli, along with a food rich in iron, such as roast beef, will help your body absorb more of the iron from the roast beef. (See table on the following page for Dietary Sources of Iron.)

Sources of vitamin C include broccoli, sweet potatoes, peppers, greens, tomatoes, oranges, strawberries, cantaloupe, orange juice, and other vitamin C fortified juices.



Helpful Equipment

Your physical/occupational therapist can make recommendations for helpful and necessary equipment. Some equipment may require a doctor's order for reimbursement. Equipment can be purchased before discharge at the hospital, or at any medical supply store.

The following can help you at home:

- Long handled sponge
- Long handled grabber/ reacher
- Long shoe horn
- Dressing stick
- Sock aid
- Raised toilet seat / bedside commode
- Shower chair / stool
- Tub transfer bench
- Walker bag / basket / tray
- Grab bars for shower or toilet
- Shoes with Velcro fasteners
- Liquid soap or bar soap on a rope
- Hand held shower hose
- Front-wheeled walkers and bedside commodes are often covered by insurance

Nutrition Therapy for Anemia



After a total hip replacement, Frony Ritter golfs, dances, rides bikes and even takes the stairs.

Iron is a mineral found in food. It is an important part of your red blood cells which is needed to carry oxygen to all parts of your body. You need iron to prevent iron deficiency anemia. If your doctor or health care provider thinks that you have iron deficiency, you might be told to eat more

iron-rich foods. Your health care provider may also prescribe an iron supplement for you.

Which foods are high in iron?

The list below shows the amount of iron in common foods.

FOOD ITEM - STANDARD AMOUNT	IRON (mg)	CALORIES
Clams, canned, drained, 3 oz	2.8	126
*Fortified dry cereals (various), about 1 oz	1.8 to 21.1	54 to 127
Cooked oysters, cooked, 3 oz	10.2	116
Organ meats (liver, giblets), cooked, 3 oz	5.2 to 9.9	134 to 235
*Fortified instant cooked cereals (various), 1 packet	4.9 to 8.1	Varies
*Soybeans, mature, cooked, ½ cup	4.4	149
*Pumpkin and squash seed kernels, roasted, 1 oz	4.2	148
*White beans, canned, ½ cup	3.9	153
*Blackstrap molasses, 1 Tbsp	3.5	47
*Lentils, cooked, ½ cup	3.3	115
*Spinach, cooked from fresh, ½ cup	3.2	21
Beef, chuck, blade roast, cooked, 3 oz	3.1	215
Beef, bottom round, cooked, 3 oz	2.8	182
*Kidney beans, cooked, ½ cup	2.6	112
Sardines, canned in oil, drained, 3 oz	2.5	177
Beef, rib, cooked, 3 oz	2.4	195
*Chickpeas, cooked, ½ cup	2.4	134
Duck, meat only, roasted, 3 oz	2.3	171
Lamb, shoulder, cooked, 3 oz	2.3	237
*Prune juice, ¾ cup	2.3	136
Shrimp, canned, 3 oz	2.3	102
*Cowpeas, cooked, ½ cup	2.2	100
Ground beef, 15% fat, cooked, 3 oz	2.2	212
*Tomato puree, ½ cup	2.2	48
*Lima beans, cooked, ½ cup	2.2	108
*Soybeans, green, cooked, ½ cup	2.2	127
*Navy beans, cooked, ½ cup	2.1	127
*Refried beans, ½ cup	2.1	118
Beef, top sirloin, cooked, 3 oz	2.0	156
*Tomato paste, ¼ cup	2.0	54

Food sources of iron are ranked by milligrams of iron per standard amount; calories are also shown for the standard amount. (All amounts listed provide 10% or more of the Recommended Dietary Allowance (RDA) for teenage and adult females, which is 18 mg/day.)

*These are non-heme iron sources. To improve absorption, eat these with a vitamin C-rich food.

Source: USDA/HHS Dietary Guidelines for Americans, 2005

The Importance of Dietary Fiber and Nutrition

Fiber, a non-digestible material, is also known as roughage or bulk. It is found mainly in fruits, vegetables, whole grains, and legumes, and is best known for its ability to prevent or relieve constipation. Dietary fiber provides other health benefits as well, such as lowering your risk of diabetes and heart disease. Pain medication, anesthesia, iron supplements, decreased activity, and reduced food intake can cause constipation.

It is recommended that you gradually eat foods with more fiber until your daily intake reaches 20-30 grams of fiber.

Fiber works best when it absorbs water, making your stool soft and bulky. Without the added water, you could become constipated.

Drink plenty of water, at least 8 cups every day, if you are not on fluids restriction by your doctor.

So what foods are high in fiber? The list below shows the amount of dietary fiber in several types of foods.

FOOD ITEM	FIBER CONTENTS IN GRAMS
Split peas, cooked, 1 cup	16.3 gm
Red kidney beans, boiled, 1 cup	13.1
Raspberries, raw, 1 cup	8.0
Whole-wheat spaghetti, 1 cup	6.3
Oat bran muffin, medium	5.2
Pear, medium with skin	5.1
Broccoli, boiled, 1 cup	5.1
Apple, medium with skin	4.4
Oatmeal, quick, regular, or instant, cooked, 1 cup	4.0
Green beans, cooked, 1 cup	4.0
Brown rice, cooked, 1 cup	3.5
Popcorn, air-popped, 2 cups	2.3
Whole-wheat bread, one slice	1.9

Source: USDA National Nutrient Database for Standard Reference, 2007



Foods high in fiber

The importance of a balanced diet and the potential need for supplements

A healthy, well-balanced diet is important for all people. You should regularly consume a variety of foods from all the major food groups. Nutritional supplements might be beneficial if you are not getting adequate

nutrition due to poor appetite or difficulty chewing. Weight loss can also indicate lack of nutrition. Your physician may recommend nutritional supplements until your appetite returns to normal.



Making Everyday Tasks Easier

Getting in and out of the car

Getting in and out of a vehicle requires a good deal of bending. The following tips will make it easier, and make riding more comfortable. Your doctor will let you know when your body has healed enough for you to resume driving.

- Sit in the car so that your knees are lower than the level of your hips. If the height of the car seat causes your knees to be higher than your hips, use a firm pillow to raise the seat.
- When entering the car, park it several feet away from the curb. Standing on the street, turn your back to the car and give your walker or crutches to your driver.
- Back into the passenger side of the vehicle by placing your right hand on the back of the car seat and your left hand on the car dashboard. While keeping your surgery side leg straight, support your weight with your hands as you lower yourself into the seat.
- Recline seat and move entire seat back to make room for your legs.
- Scoot back until the seat is under your knees.
- Lean back and pivot your legs into the car, being careful to keep the surgery side leg as straight as possible.
- Be patient. Bring your legs into the car by alternately moving each leg a few inches at a time with your hands. Continue slowly until you are facing forward.
- Avoid sitting in cars with low seats. If possible, choose vehicles with higher seating systems, like SUVs or trucks.
- Using an extra pillow/cushion with a plastic bag on top makes it easier to pivot in and out of the car.



Ordinary tasks can become challenges after a total joint replacement. Taking the time to learn these tips will make them easier.



Use a sock aid to avoid stretching and bending.

Putting on pants

FOR TOTAL HIP

- Catch the pant waistband with a reacher or stick and lower the pants to the floor.
- Extend the operated leg so that the pants can slip over this foot first.
- Pull the pants to the knee, then repeat the process for the non-operated leg.
- Do not lift the knee up or twist the leg inward during dressing.
- Pull the pants up over the knees.
- Stand with the walker in front of you and then hike your pants over your hips. Standing to pull up both underwear and pants makes the task easier.
- When undressing, remove clothing from the non-operated leg first.
- Stand only when socks and shoes are on or if you are barefoot. Do NOT stand up on a slippery surface.

FOR TOTAL KNEE

- Sit to dress and place your pants over the operated leg first. If you experience difficulty reaching over your foot, long handled reachers will be helpful. When undressing, take the pants and underwear off the non-operated leg first.

Putting on socks

FOR TOTAL HIP

- Use a sock aid to put your socks on.
- Feed the sock onto the aid so the heel is towards the back and the toe is completely against the end. Do not pull the top of the sock over the top of the aid.
- Lower the aide to the floor using cords, do not bend down
- Point your toes and slide your foot into the aid, pull up on cords until sock feeds completely onto your foot, keeping knee extended
- Use the dressing stick to arrange the sock on your foot
- Talcum powder can help your foot slide better, but don't get it on the floor where it might cause you to slip.

FOR TOTAL KNEE

- Using a footstool when putting on shoes and socks can be helpful. Slip-on shoes or elastic shoelaces in tennis shoes may be helpful during your recovery period. A sock aide may be useful as well.

Putting on shoes

- Use easy slip on shoes with a good rubber bottom and firm heel backing.
- Elastic shoe laces can convert regular shoes into slip-ons.
- A long handled shoe horn may allow you to work on your heel from between your legs instead of reaching around the outside.



Bathing

- Use a long handled brush or sponge to clean the operated leg and avoid twisting or bending. Hand-held shower hoses are also useful.
- Use a non-slip mat and a firmly anchored grab bar. Do not use a towel rack or soap shelf for support.
- Sponge bathing may be recommended until staples are removed and/or standing endurance improves.
- Do not bathe without a bench or stool.
- A stool may be needed for a walk-in shower if your standing endurance or balance is not adequate for a full shower. There must be enough room in the shower for the stool and for extending the operated leg out.
- Adjust water before sitting and use soap on a rope. You can also put a bar of soap in a nylon stocking or mesh bag and tie it to a grab bar.
- Specific methods of transferring in and out of the shower should be worked out with your therapist.
- A bedside commode can also be used as a shower chair if it fits into the shower.



Use a long handle brush or sponge to avoid twisting or bending.



Specific methods of transferring in and out of the shower should be worked out with your therapist.

Making Everyday Tasks Easier – continued

Using the toilet

- Use a raised toilet seat that is clamped on, or a commode chair that sets over your toilet.
- A commode can be used at the bedside. It can be used in a walk-in shower if it is the three-in-one type.
- Back up to the toilet using a walker. Extend your surgical leg, and place both hands on a solid surface (or one hand on a solid surface and the other on the walker) then lower yourself onto the toilet.
- Clean yourself while standing, or lean onto your non-surgical side and reach behind on the operated side.
- Transfer off by doing the above process in reverse, making sure to keep the surgical leg straight. Avoid pulling on the walker.

Cooking and food preparation

- A sturdy, tall kitchen stool may be used at the counter for food preparation.
- Slide bowls, containers, pots, and pans along the counter.
- Use a utility cart to transport items.
- Use an apron with big pockets or a walker bag/ basket/ tray to transport items.
- Use containers with lids.
- Moving your table closer to the counter will allow for shorter trips.
- Cook and bake with smaller containers to decrease weight.
- Cook in a microwave or on your stove's back burners to reduce risk of burns.
- Store refrigerator items at safe, reachable heights and in small, manageable containers.

General recommendations

- Rest often. Do not overexert yourself.
- Use good lighting for a safer environment.
- Sit for tasks longer than five minutes.
- Organize work centers having all necessary supplies for various activities in one location.
- Gather all supplies before starting the task.
- Let gravity help you when possible.
- Slide objects instead of lifting.
- Avoid over-reaching.
- Avoid holding objects such as mixing bowls. Use a damp towel on work surfaces to secure the object in place.
- Analyze the importance of a task. Does it have to be done? Do you have to do it, or can someone do the task for you? Can the task be done more simply?
- Combine tasks when possible. Put on both underwear and pants, then stand to pull them over your hips.
- Do not stand on a wet floor after bathing. Dry off before getting out of the tub or shower, or wear rubber-soled aqua shoes / slippers.
- Avoid swivel or rocking chairs.
- Use a reacher to pick up items from the floor.
- Take out small plastic bags of trash by tying them to your walker.
- Take your laundry to the washer by using a cart or in small loads with a walker bag / basket.
- When opening your oven or dryer, avoid reaching below knee level by using the reacher. Keep a chair next to the dryer and dishwasher to use while unloading. This makes it easier to follow your hip precautions.



After a total knee replacement, former Visalia mayor Jesus Gamboa was able to resume his boxing regimen.

Sex After Joint Replacement

Sexual activity can be difficult during recovery from joint replacement surgery. Patients are encouraged to refrain until fully recovered. If having sex is a personal priority, it is important that you take precautions to avoid injury.

Precautions for hip patients

Patients recovering from anterior or posterior hip surgery have limited options for sexual positions. During sexual activity, it is important that the position of the hip stay the same as if standing or walking with a normal gait. The only position that fits within this limitation, and does not increase risk of hip dislocation, is with both people lying on their sides. The patient should lay on their non-surgery side. One person lies in front of the other. Intercourse is from the back. This makes intercourse possible without widening of the hips, without hip flexion of more than 90 degrees, and without forced or extended pressure on the hip.

Precautions for knee patients

Patients can use any positioning that is comfortable for them as long as it does not include the patient bending or flexing their surgery knee, or having to put pressure on it.



NOTE: If you feel sharp, severe pain at the surgery site during sexual activity, stop. Please consult with your orthopedic doctor if you have questions about sexual activity following joint replacement surgery.



HIP

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Your doctor has probably told you a great deal about your surgery and why you require the procedure. The following offers a helpful review, along with precautions and exercises to aid your recovery.

Why hip replacement?

Hip joints are a part of the body that endure stresses and strains on a daily basis. It is not surprising that after years of use, wear and tear on the bones and tissues can become a painful problem. For many of us, the answer is a hip replacement.

What hip joints do, and how they do it

- They support body weight.
- They move thousands of times a day.
- They allow you to walk, run, jump, crawl, and crouch down
- The hip joint allows the leg to move forward, to the sides, and in a rotating motion. Its structure is a simple ball and socket located between the thighbone (femur) and the hipbone (pelvis). The ball at the top end of the thighbone is called the femoral head. This ball fits into the socket, or acetabulum, which is a part of the pelvis.

The ball glides or moves easily in the socket because of a special tissue called articular cartilage. This tissue covers the ball and lines the socket. In a healthy hip, this allows movement without pain. In a problem hip, articular cartilage has worn away and left the bones unprotected, resulting in pain and stiffness.

Another protection in the hip joint is the synovial lining. It secretes synovial fluid, which acts as a lubricant. This tissue lines the entire hip joint. If the joint becomes worn and inflamed, the lining produces excess synovial fluid, resulting in swelling and damage to the joint.

Any part or all of the hip joint can be damaged to the point that the hip does not function and must be replaced. In recent years, many advances in surgical procedures have proven helpful to people with hip problems.



It is not surprising that after years of use, wear and tear on the hip joint bones and tissues can become a painful problem.

TOTAL HIP • Procedure and Precautions

Hip movement must be limited after surgery to avoid dislocation of the new implant. This section explains the necessary movement restrictions, and offers solutions for performing simple day-to-day tasks. Restrictions should be followed for about three months after surgery, following the advice of your physician.

The procedure

Joint replacement surgery replaces the problem hip with a prosthesis or artificial hip. The basic parts of prostheses are:

- A stem (femoral component)
- A ball (femoral head component)
- A socket (acetabular cup component)

This prosthesis is extremely strong and made of special, long-lasting material which is easily placed inside the body. Your surgeon will choose the right size for your body, and will secure the prosthesis in place by a method which best suits your situation.

Anterior vs. posterior hip replacement surgery

The most obvious difference between anterior and posterior hip replacement is the location of the incisions.

Anterior (front)

This approach requires an incision at the front of the hip. It typically starts at the top of the pelvic bone and extends down toward the top of the thigh.

Posterior (back)

This surgery uses a curved incision on the side and back of the hip. The incision curves just behind the greater trochanter (that firm spot you can feel at the outside top of your thigh).

Movement restrictions for posterior hip replacement surgery

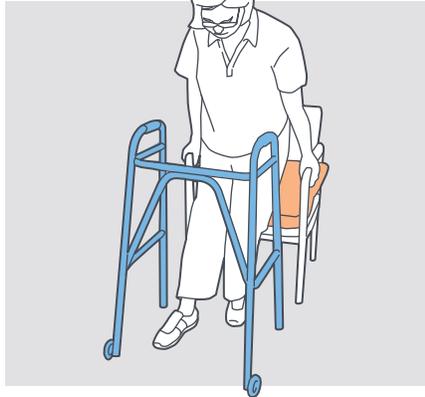
- Do not bend your hip beyond a 90° (right) angle, especially when you sit. Do not sit in low chairs, stools, or toilet seats. Proper seating is at least 21 inches off the floor.
- Do not kneel or squat.
- Do not bend over to touch your feet or pick up things from the floor. For awhile, expect to need assistance from other people or to use special equipment for retrieval of objects and putting on shoes and socks.
- Do not cross your legs. Sleep with a pillow between your legs. Do not lay on unaffected side without a pillow between your legs. (See picture on following page)
- Do not turn your toes inward on your operative leg. When making a turn while walking, turn away from the operative side to avoid twisting your body and operative hip in the wrong position.
- If turning towards your surgery leg, make sure to turn surgery leg first, before shifting body towards walker.



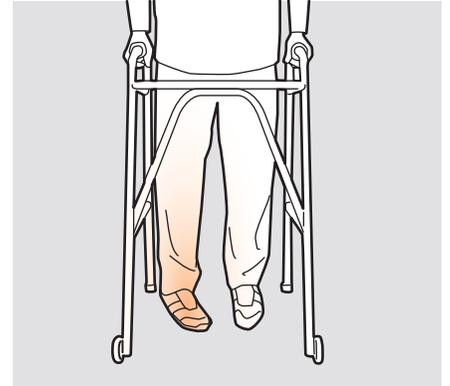
Posterior Hip Precautions



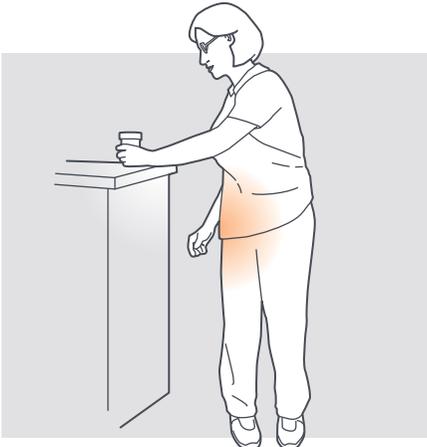
Plan on using a walker for two to four weeks after your surgery.



Raising your seat height with a pillow will make it easier to sit and stand.



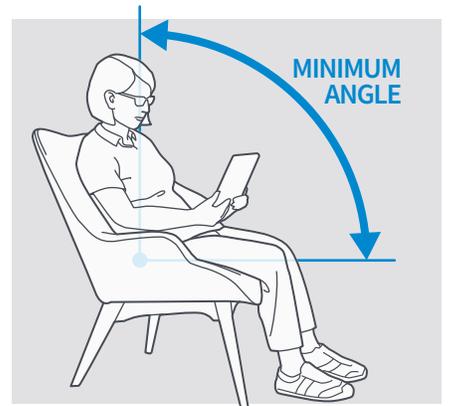
Do not point your foot inward (pigeon toe) on your surgery leg.



Do not twist your upper body toward your surgery leg.



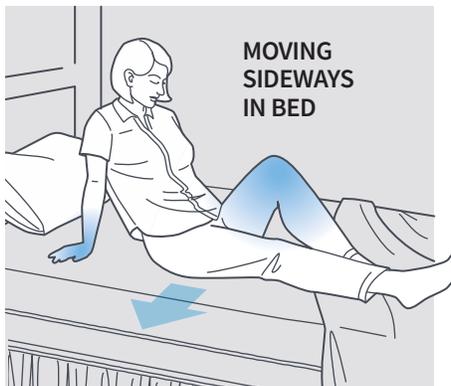
Do not bend at the waist to pick up objects. Use a reacher tool.



Maintain a minimum of 90° (right angle) between your spine and thighs.



Avoid crossing your legs when sitting.



MOVING SIDeways IN BED
With upper body weight on your hands, bend the non-surgery leg and use it to lift and slide your body.



MOVING BETWEEN BED AND FLOOR
Keep weight on the non-surgery leg while gently raising or lowering the surgery leg.

Anterior Hip Precautions

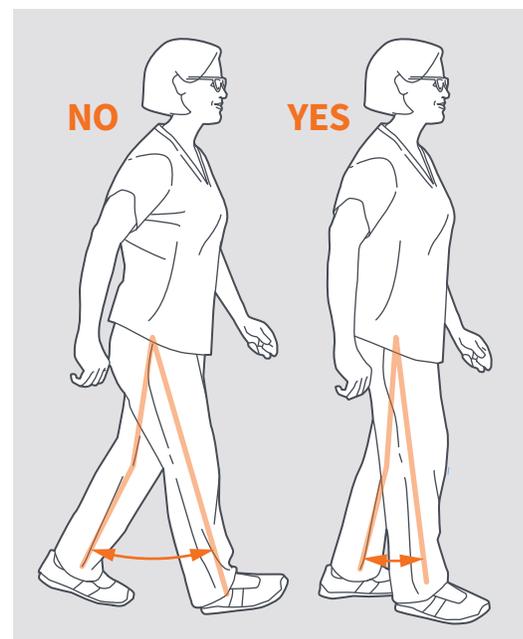
Things to avoid

- Extending your hip past neutral
- Laterally rotating your leg (turning your leg outwards)
- Twisting your body away from your operated hip
- Crossing your legs while standing, sitting or lying down
- Moving your operated leg across the midline of your body
- Laying without a pillow between your legs
- Stretching your hip back when walking. Instead, take short steps and lift your operated leg with your non-operated leg
- Allowing your foot to turn out when lying on your back: To help prevent this, place a pillow next to your hip and leg.

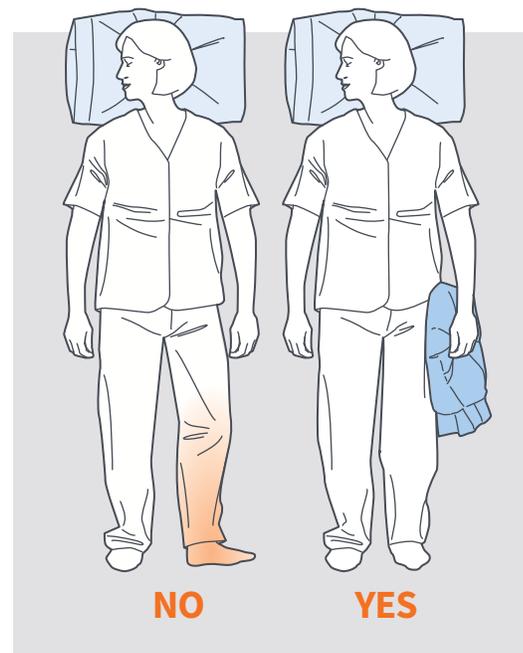
Knowing your limits and being patient with the healing process are key to a faster and fuller recovery.



TOTAL HIP



To avoid injury, limit your stride to very small steps.

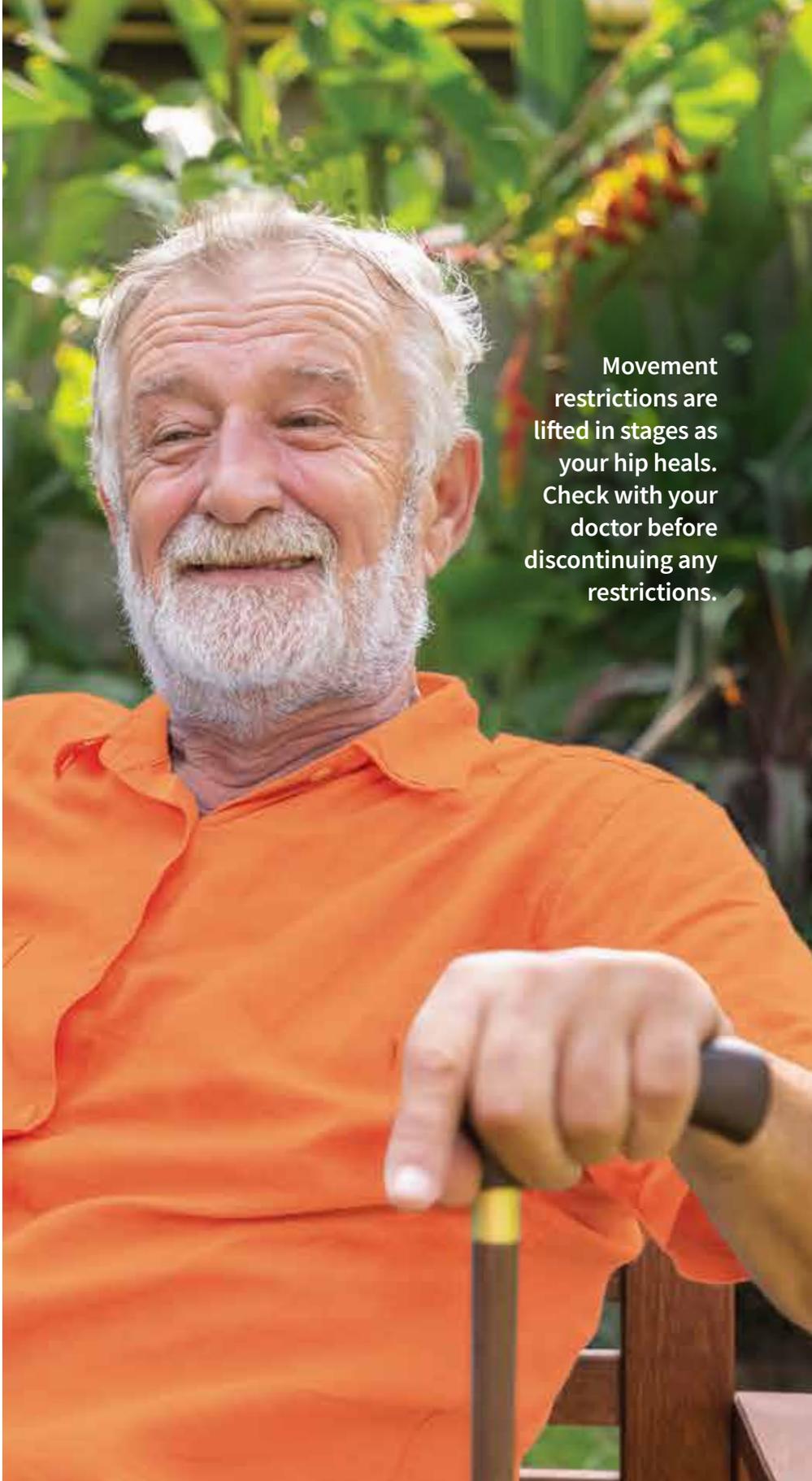


Things to do

- Contact your physician if you have any evidence of infection, often indicated by redness or heat in the joint.
- Do your exercises regularly, 2-3 times per day, per your physical therapist.
- Try to walk as much as possible, beginning with short sessions and progressing as your endurance allows.
- Use your walker, crutches, or cane as directed by your therapist or doctor.

Once you are advised that you no longer need the walker, crutches, or cane, do the following:

- Take small steps and use extra caution when using stairs.
- Increase your activities gradually. Pain will tell you when you are overdoing it.
- Take frequent, short walks rather than long ones.
- Sit on pillows while riding in a car.
- Use a raised toilet seat and shower chair.
- Keep a pillow between your knees when sitting down and sleeping.
- Keep the foot of the operated leg out in front of you when you sit or stand.
- Follow weight bearing precautions as directed by your doctor.
- Use lower body dressing equipment unless someone is doing this for you.



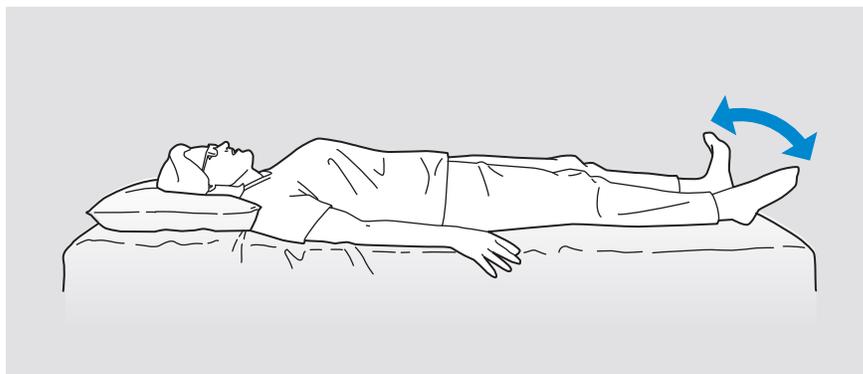
Movement restrictions are lifted in stages as your hip heals. Check with your doctor before discontinuing any restrictions.

Exercise Protocols

TOTAL HIP

Ankle pumps

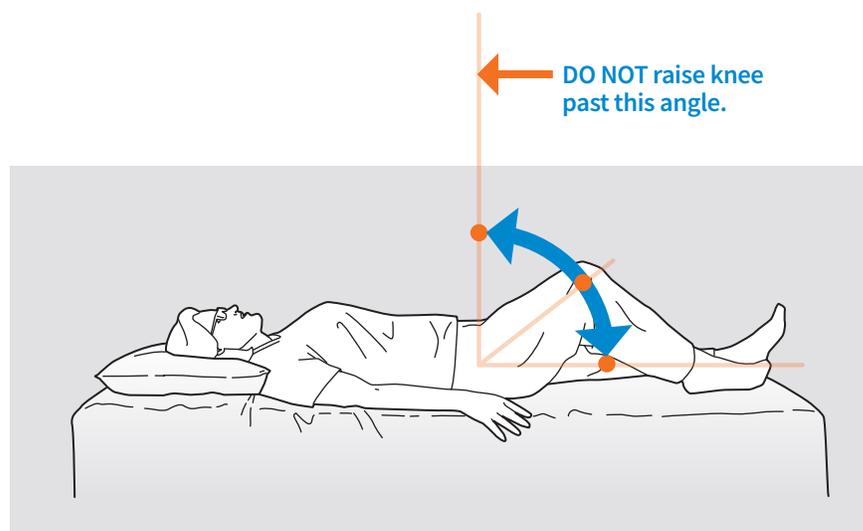
Slowly push your foot up and down. Do this movement several times every 5 or 10 minutes. This exercise can begin immediately after surgery and continue until you are fully recovered.

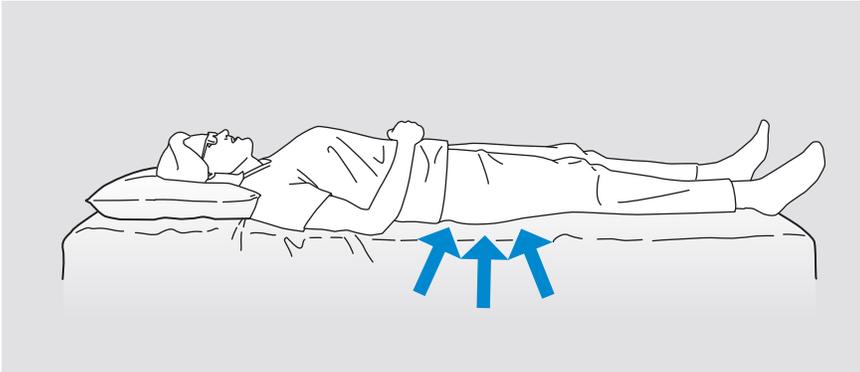


Bed-supported knee bend

Slide your heel toward your buttocks, bending your knee and keeping your heel on the bed. Do not let your knee roll inward.

Repeat 10 times, 3 or 4 times a day

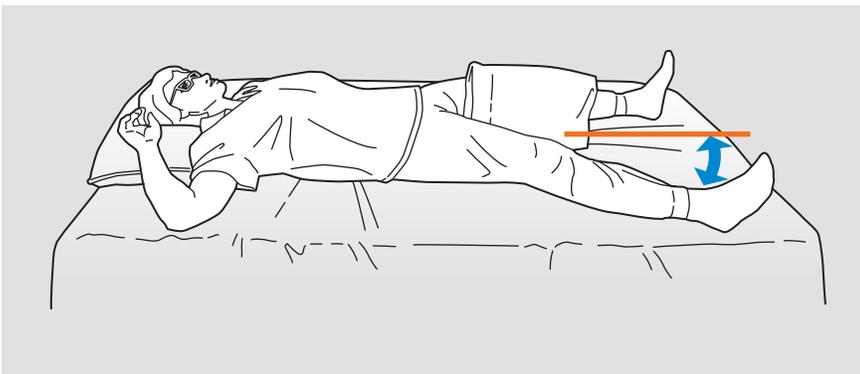




Buttock contractions

Tighten buttock muscles and hold to a count of 5.

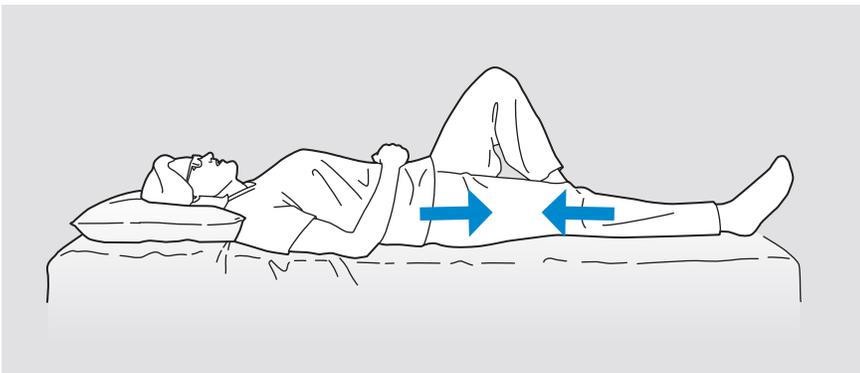
Repeat 10 times, 3 or 4 times a day



Abduction exercise

Slide your leg out to the side as far as you can and then back.

Repeat 10 times, 3 or 4 times a day



Quadriceps set

Tighten your thigh muscle.

Try to straighten your knee.

Hold for 5 to 10 seconds.

Repeat this exercise 10 times during a 10-minute period, or continue until your thigh feels fatigued.



KNEE

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Why knee replacement?

Knee joints are a part of the body that endure stresses and strains on a daily basis. It is not surprising that after years of use, wear and tear on the bones and tissues can become a painful problem. For many of us, the answer is knee replacement surgery.

What knee joints do, and how they do it

- They support body weight.
- They move thousands of times a day.
- They allow you to walk, run, jump, crawl, and crouch down.

The knee joint is a hinge with some rotational ability. This joint glides or moves easily because of a special tissue called articular cartilage, which covers and lines the joint. In a healthy knee, movement is without pain. In a problem knee, the articular cartilage wears away and leaves the bones unprotected, causing pain and stiffness.

Any part of the entire knee may be damaged to the point that the knee does not function and must be replaced. In recent years many advances in surgical procedures have proven helpful to people with knee problems.

The procedure

Joint replacement surgery replaces the problem knee with a prosthesis or artificial knee. The basic parts of prosthesis are:

- Femoral component (thigh bone)
- Tibial component (shin bone)
- Patellar component (knee cap)

The prosthesis is extremely strong and made of special, long lasting material, which is easily placed inside your body. Your surgeon will choose the right size for you and will secure the prosthesis in place by a method that best suits your situation.

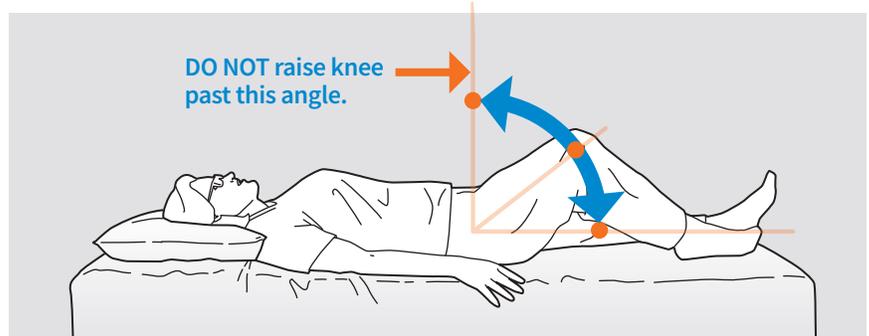


Exercise Protocols

TOTAL KNEE

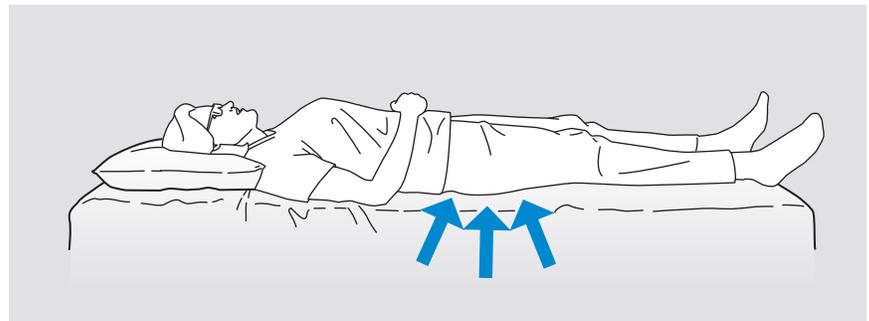
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Ankle pumps

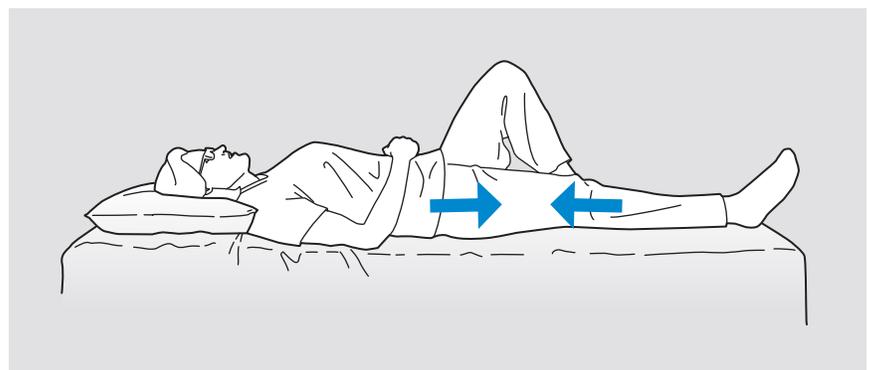
Slowly push your foot up and down. Do this exercise several times every 5 or 10 minutes. This exercise can begin immediately after surgery and continue until you are fully recovered.

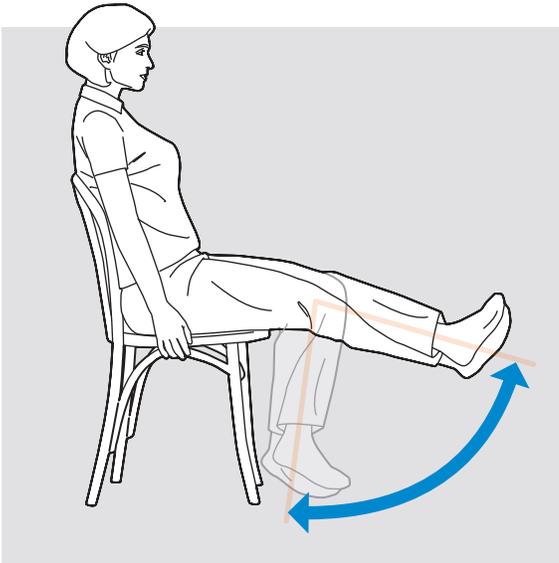


Quadriceps set

Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds.

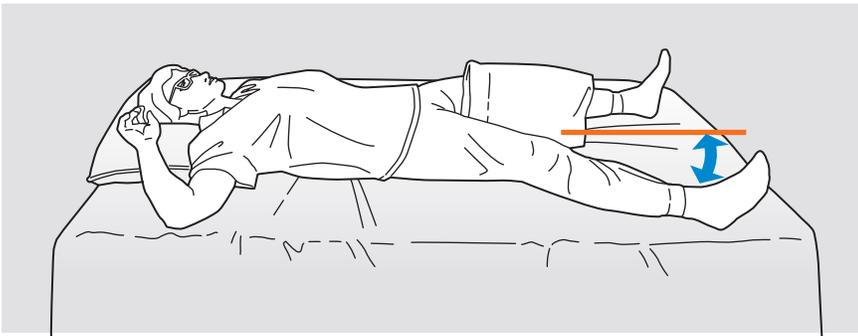
Repeat this exercise 10 times during a 10-minute period, or continue until your thigh feels fatigued.





Seated knee flexion

Sit in a chair that allows your feet to swing freely. Position your buttocks and lower back against the back of the chair. Slowly relax your thigh muscles to allow more bend in your operated knee. Try to pull the foot of the operated leg under the chair to increase the bend in the knee. You can assist by pushing on the front of the operated lower leg with the opposite foot. Repeat 10 times, 3 or 4 times a day.



Abduction exercise

Slide your leg out to the side as far as you can and then back. Repeat 10 times, 3 or 4 times a day.

Preventing Surgical Site Infections

- Always make sure that visitors, including family members, doctors, and nurses, wash their hands before physical contact with you. They must use soap and water or alcohol-based hand rubs.
- Clean your hands regularly. Especially before eating, after using the toilet (bathroom), and before touching and/or cleaning the surgery incision.
- A full body bath is strongly recommended before surgery.
- Do not remove wound dressings without talking to your nurse or doctor.
- Your doctor may order antibiotic(s) before surgery.
- Know the signs and symptoms of a surgical site infection. If you have any signs or symptoms, tell a healthcare worker.
- Keep the dressing clean and dry.
- Do not smoke.
- Eat a balanced diet.
- Diabetics should test/check their blood sugar 3 to 4 times a day (or as told by their doctor).
- Do not allow pet animals to sleep on your bed.
- Make sure that your nurse or doctor explains to you how to take care of the incision.



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