Total Joint Replacement

Your Guide to Hip Replacement Surgery
Your Total Hip Replacement

This book was put together by members of the Orthopedic Health Care Team. We hope that it helps you to learn more about your surgery and how to care for yourself once you go home.

The health care professionals involved in your care include dietitians, doctors, nurses, occupational therapists, physical therapists, case managers, and social workers.

If you receive this book before your admission into the hospital, please bring it with you when you are admitted for your surgery. This is so we can review it with you and answer any questions you may have.

If you have any questions regarding your care, treatments or the teaching we provide, please let us know. We hope you have a good hospital stay with us.
What is Total Hip Replacement?

Total hip replacement is a surgical procedure for replacing the hip joint. This joint is composed of 2 parts: the hip socket (called the acetabulum) and the “ball” or head of the thigh bone (femur).

During the surgical procedure, these 2 parts of the hip joint are removed and replaced with smooth artificial surfaces. The artificial socket is made of high density plastic, while the ball and its stem is made of a strong stainless metal. These artificial pieces are implanted into healthy portions of the pelvis and thigh bones.

When is a Total Hip Replacement considered?

Total hip replacements are usually performed on individuals with severe arthritic conditions. It also may be performed on those who have a hip fracture or bone infections. Many patients are over 55 years old, but the operation may also be considered for younger people. Generally, people are considered for total hip replacements if:

- The pain is severe enough to interfere with their work responsibilities and affects their ability to perform activities of daily living (dressing, bathing, preparing meals, walking, etc.).
- The pain is not relieved by arthritis medications, the use of a cane, or by restricting their activities.
- There is a significant stiffness of the hip.
- X-rays show advanced arthritis or other problems.

What can be expected of the Total Hip Replacement?

A total hip replacement will provide pain relief in approximately 90% of patients. It allows the patient to carry out normal daily activities, and some may even return to sports and hard labor. Most patients with stiff hips will regain near normal motion and nearly all will have some improvement of motion.

Most total hip replacements will last more than 10 years. The long term issue is that the new hip parts (prosthesis) loosen. Less than 50% become painful or require revisions. Loosening of the prosthesis can be related to how heavy and how active a patient is. The total hip replacement is not routinely performed on the very obese, or on young active patients.
Preparing for Your Surgery:
Illness, injury, or surgery can cause changes in your life. Even if your hospital stay is short, things that can be affected during your recovery can include your ability to:

- Bathe or dress
- Cook
- Wash clothes
- Stand or bend
- Do hobbies
- Care for pets
- Care for children and/or an older parent or spouse

Careful planning will help you prepare for these changes and will help make your recovery smoother. The more you prepare before you enter the hospital, the easier it will be after your surgery. We depend on what you tell us about your health, home and interests to help you and your family plan for your discharge. Consider these questions:

1. Can you care for yourself at home?
2. Will you need help with any of the following?

- Bathing/dressing
- Emotional support
- Getting around your home
- Finances
- Transportation
- Preparing meals
- Medications
- Grocery shop/do errands
- Clean
- Climb up and down stairs
- Drive your car
- Play sports
- Cooking
- Cleaning
- Washing clothes
- Climbing up and down stairs
- Driving your car
- Doing hobbies
- Caring for pets
- Caring for children and/or an older parent or spouse

It’s OK to ask for help if you feel any of these items will be a problem for you and your family.

Smoking can have a dramatic effect on the outcome of your surgery. You are encouraged to stop smoking as soon as possible, or at least one week before your operation.

Get Your Home Ready:
One of our goals is to lower the chance of accidents in your home. Here are some simple changes you can make to decrease the chance of falls or injuries. Making these changes before your surgery will help make your recovery smoother.

Keep your walkway paths clear
- Arrange furniture so you can walk around easily.
- Watch for small pets and objects on the floor.
- Wrap up/tape down long electric and telephone cords.
- Remove throw rugs and check for uneven or loose flooring.
- Arrange to have outside paths and walkways cleared of snow and ice.

Place items that you use often within easy reach:
- A cordless or cell phone.
- Store food and supplies that you use often in cupboards or on counters that are at waist to shoulder level.
- Place clothing that you use often in drawers and closets at waist to shoulder level.

Keep your floor and counter surfaces dry, especially after bathing
- Get a non-slip mat for the bottom of your bathtub and outside of the tub/shower to prevent slipping.
- Make sure spills get cleaned up quickly.

Climbing stairs
- Limit climbing stairs to 1-2 times each day if possible.
- Consider keeping items you will need on the first floor if possible.

Furniture in your home
- To conserve your strength, place a supportive chair in your kitchen, bedroom, bathroom and on stair landing to complete tasks while sitting.
- Add firm pillows or cushions to low chairs. Make sure that your hips will be higher...
**Planning Ahead for Your Discharge**

**Practice what we taught you during your pre-operative visit**
- If you were instructed by a physical therapist, please practice what the therapist taught you.

**Prevent Constipation**
- Bowel movements are important and having one before you enter the hospital will benefit you. Three days before your scheduled admission date, if you find you cannot go on your own, a mild laxative can be taken, such as Milk of Magnesia or Senokot. Call your doctor if these methods do not work.

**Bring the following to the hospital with you:**
- Review this book and bring it with you!
- A pair of non-skid flat shoes, such as oxford or athletic shoes, to use in physical therapy and for walking.
- Loose, comfortable, lightweight clothing (such as shorts and tee shirt) so you can practice dressing skills before you are discharged, and to wear to your physical therapy sessions.

**Prepare before you are admitted to the hospital**
- You will need a thermometer to take your temperature twice daily after you go home.
- If you have any medical equipment at home, such as a walker, crutches, shower bench, check that it is in good working order.
- If you receive home care services, such as a nurse, aide or therapist, we need to know the name of the agency.

**Arrange to have someone:**
- Take you home from the hospital.
- Stay with you for at least a week after you are discharged from the hospital.
- Help with errands and groceries.
- Take you to your doctor’s office.
- Care for a child, spouse, pet or parent while you are in the hospital and once you are discharged from the hospital.

**Plan for meals and groceries after your hospital discharge**
- Many patients find preparing and freezing meals ahead of time helpful.
- Stock up on frozen foods, canned goods, paper products, and personal hygiene products to decrease the need for errands during your recovery period.

**Medications**
Make sure you have an adequate supply of any medications you currently take. This will prevent additional trips to the pharmacy when you return home from the hospital.

**Preparing for your discharge from the hospital**
Our goal is to create a safe discharge plan for you. The health care team will arrange for any services or care you may need once you leave the hospital. Many patients benefit from a short stay at a rehabilitation facility. Please be aware that the cost of medical transportation to a facility will not be covered by your insurance.

If you would like to speak with someone about your discharge plan before you come into the hospital, please call our Continuum of Care Department at 315-464-6161.

Please remember that our relationship with you does not end when you leave the hospital. If any problems occur with any special service we arrange for you after your discharge, please call the Case Management/Continuum of Care Department.

**Other Resources:**
- **Health Connections:** 315-464-8668  Hours of Operation: 24 hours/day
  - **Services:** Upstate’s free and confidential health information, advice and referral service
  - **Web site:** www.upstate.edu
- **Health Information Center:** 315-464-4410, 315-464-7208 (TTY)
- **Health Sciences Library:** 766 Irving Avenue, Syracuse, New York 13210
  - **Services:** Free and confidential medical information services.
  - Lending collection of health materials including books, videos, multimedia CD ROMS, etc. Provides copies of journal articles, pamphlets and newsletters.
  - **e-mail:** HIC@upstate.edu
  - **Web site:** www.upstate.edu/library/hic/
What to Expect

The Day Before Surgery
Most often you can eat your usual diet at supper time, and may eat and drink until midnight. You are not to eat or drink anything after midnight. This is called NPO (nothing by mouth). This includes chewing gum and hard candy because they cause an increase in production of stomach juices. You may brush your teeth, but do not swallow any water.
You will be told when to report to the hospital.

The Day of Surgery
• Medications that you routinely take should be taken with your doctor’s instructions at their prescribed time with only a small sip of water.
• On the morning of surgery, you may take a shower, brush your teeth, and gargle. Do not drink any water, because you are still NPO (nothing by mouth).
• All jewelry, hairpieces, hair clips, barrettes, dentures and plates, contact lenses, glass eyes and artificial limbs must be removed.
• Makeup and nail polish must also be removed (acrylic nails are acceptable if polish is removed).
• Please leave all valuables at home or with a family member. We advise that this is to include your wedding rings and band.

Pre-Surgical Care Area
• Please let us know if you have new concerns or there has been a change in your health status since your pre-op visit. The pre-surgical area is where we begin to prepare you for surgery. Here you will be asked to wear only a hospital gown into the operating room. Your clothing and other personal belongings can be given to your family or significant other to bring to your hospital room after your surgery is done. Only 2 visitors are permitted in this area.
• Here you will meet the anesthesiologists who will care for you. Any questions concerning your anesthesia, including what type of anesthesia you will have, what medications you will receive, and how your pain will be treated after surgery should be discussed then.

• Your operating room nurse will also meet with you before your surgery. At this time the nurse will check your identity by looking at your name bracelet. He / she will ask your name, what kind of surgery you are having and what allergies you may have.
• An intravenous line (IV) will be started before going to the operating room. It is important that you empty your bladder before you receive medication, and before you receive your IV. The IV is often placed in a vein in the hand or lower arm. IVs are usually used for fluids, medications (e.g. anesthesia, antibiotics, pain medications) and in some cases, blood administration. The IV is securely taped, and should not cause any discomfort. If it does, tell the nurse.
• An elastic stocking may be placed on the non-operative leg. This will help the blood flow in your leg while you are asleep.

Operating Room
You will be taken to the operating room (OR) on a stretcher by the OR staff. The OR staff wear face masks, head coverings and special clothes. It is also necessary to keep the OR cool. If it is too cool, you will be able to have a “warm” blanket. Do not hesitate to ask for a blanket if you are cold.
When the time comes, your OR nurse will check your identity by looking at your name bracelet. The nurse will ask your name and what kind of surgery you are having. The nurse will then help you onto the operating room table. This is a narrow bed, so a safety belt will be used to secure you. Even though everyone may look very busy, ask any questions that you may have. There is a nurse and doctor with you at all times.

Post Anesthesia Care Unit (Recovery Room)
After surgery you will be taken to the recovery room, also called the PACU (Post Anesthesia Care Unit). You will be watched closely and be given medicine for pain. You may have a catheter (small tube) in your bladder to drain urine. You may also have a drain near your incision. You will be moved to your hospital room when you are awake and your condition is stable. Once you are in your hospital room, your family members or a friend will be able to see you.
Managing Your Pain

Pain management is an important part of your care. Good pain control helps your body rest and heal with greater comfort, and helps you feel better faster.

Unfortunately, pain is a common experience after your surgery. Many people experience pain differently and have different results from medications and other pain control methods. We take pride in the care we provide you, and want your stay to be as comfortable as possible.

To help us provide the best pain management for you we will ask you different questions about your pain and how you have handled pain in the past. We will ask you to describe what type of pain you have, where it is, and if there are any times it hurts more than others. You will be asked frequently to rate your pain on a scale of 0-10, “0” being no pain and “10” being severe pain. We recommend you request pain medication when you first become uncomfortable and/or before you are going to do something that you know will increase your pain (getting out of bed, participating in therapies, etc).

The right type of medication and the right amount are the most important factors for your pain control. Some people will take pills by mouth, others will have injections (shots) or intravenous (IV) medications. A Patient Controlled Analgesia pump (PCA) may be used. The PCA pump is programmed to allow you to administer pain medication through your IV. The amount and the interval is based upon your individual needs and treatment plan. The nursing staff will instruct you on how to use it. After your intravenous fluids are discontinued, pills will most likely be ordered for your medication.

In addition to medications, there are other pain reduction methods that may help you with your pain management. The following can help relieve your anxiety, decrease muscle tension and increase your circulation.

- Relaxation techniques
- Breathing exercises
- Music
- Humor
- Changing positions
- Focusing on pleasant images

Remember, you have the right to ask your health care team to help you manage your pain. It is important for your recovery that your pain be controlled and manageable. You are the best judge of your pain and things that help you, so please let us know what we can do to help you.

Using some of these methods may also help you keep your mind off your discomfort.
After Your Surgery

Because every patient is unique, you may not experience everything listed here.

You will stay in the recovery room until the anesthesia has worn off and your vital signs are stable. We will then take you to the patient care unit.

In addition to receiving all of your usual medications, you will receive medication to:

- thin your blood to prevent blood clots (anticoagulants/blood thinners)
- help relieve your pain (analgesics)
- prevent infection (antibiotics)

We will check how your bowels are working after surgery. Depending on how you feel, you can probably sip fluids and possibly have something to eat.

After surgery your hip will have a dressing placed over your incision. While in bed, you will have a pillow between your legs at all times. Please remember not to cross your legs or bend at greater than a 90-degree angle. Please do not raise the foot of the bed unless approved by your doctor. (See Precautions: page 21)

You may have a wound drain placed near your incision following surgery. This drain will help to get rid of expected drainage.

We will place ice on your hip following surgery to help lessen swelling.

Use your incentive spirometer (see page 18) 10 times each hour while you are awake to help you take deep breaths. It is important that you do your deep breathing and coughing exercises every hour. This helps to prevent lung complications, such as pneumonia.

You will have special stockings on your legs to help circulation and prevent blood clots. Do ankle pumps (step on the gas, then pull your foot up). Tighten your thigh muscles and push your knee down 10 times each hour while you are awake.

The physical therapist will come evaluate you within a few hours after surgery, and will teach you any restrictions or precautions you may have. The therapist will teach you some simple exercises to start to strengthen your muscles and prevent blood clots. The therapist will also assist you out of bed, and you may even be able to walk a short distance. Getting out of bed soon is very important to decrease your risk for complications and help you go home as soon as possible.

After Surgery: Day 1

Your doctors will visit daily to monitor your progress.

We will be checking your vital signs (blood pressure, pulse and respiration) and fluid levels (fluid you drink and how much urine your body makes) regularly. We will be watching for drainage around your incision, increased pain and swelling, and how your legs and toes feel (numbness, tingling, and movement of foot and toes).

We will ask daily if you are passing gas and / or moving your bowels. We will also listen for bowel sounds. These things tell us if you are ready to eat. If you have questions or concerns about your diet, a dietitian is available to see you.

Continue to eat and drink fluids as you are able. If you are eating and drinking well, we will stop your IV fluids today.

Blood samples will be drawn to check your hematocrit (red blood cell count). You may have clotting studies (to check how “thin” your blood is) done daily until we discharge you. This depends on what blood thinner medicine your doctor orders. Other blood studies may be done during your hospital stay depending on your medical history.

You will go to the therapy gym twice for PT sessions. You will practice walking and getting in and out of bed, and do exercises to strengthen your hip.

The occupational therapist will evaluate you today. The therapist will teach you how to use special equipment to dress and bathe yourself.

With assistance, you will get out of bed to sit in a chair frequently. Please remember not to cross your legs or bend at greater than a 90 degree angle at your hip, if recommended by your doctor.

The dressing will remain on your hip and you may still have the wound drain.

The case manager will meet with you to help monitor your progress and review your discharge plan.

You will have special elastic stockings on your legs to help circulation and prevent blood clots. For both legs, do ankle pumps (step on the gas, then pull your foot up). Tighten your thigh muscles and push your knee down 10 times each hour while you are awake.

We will probably remove your PCA machine today (if you are on one). Remember to ask for pain medication. It is helpful to take pain medication about one half hour before you go to physical therapy.
After Surgery: Day 2

Everything from the previous day, plus:

The dressing on your hip will probably be removed today and a smaller dressing placed on your incision, and we will remove the wound drain (if you have one).

Your foley catheter will probably be removed today (if you have one).

You will go to the physical therapy department twice for walking and exercises. You may also practice climbing stairs. When not in physical therapy, it is important that you do as much as possible for yourself. With help from the nursing staff, walk to the bathroom and in the hallway using your walking aides.

The occupational therapist will meet with you again if you need more practice with dressing or bathing skills.

We will probably remove your PCA machine today (if you are on one). Remember to ask for pain medication. We will encourage you to take pain medication about one half hour before you go to physical therapy.

Continue to eat and drink fluids as you are able. If you are eating and drinking well, we will disconnect your IV for much of the day.

Some patients may be ready to go home from the hospital today. You may be able to go home if you are able to walk and get in and out of bed without assistance. Your medical team will also determine if you are medically stable for discharge.

After Surgery: Day 3

Everything from the previous day, plus:

You will continue physical therapy twice a day until you are discharged. When not in therapy, continue to do as much as possible for yourself. Use adaptive equipment for bathing and dressing. With help from the nursing staff, walk to the bathroom and in the hallway using your walking aides.

Some patients may be discharged to home. Home care services will be arranged, if needed.

If unable to be discharged to home, patients may be transferred to a rehabilitation facility. Many factors determine which rehabilitation facility you go to, including your medical needs, bed availability, and insurance authorization. You will be asked for your preferences, but we cannot guarantee that a bed will be available at your preferred facility at the time of your discharge. Also, please note that medical insurance does not cover the cost of transportation to a rehabilitation facility.

After You Leave the Hospital

If we are discharging you to your home, we may arrange for a physical therapist to visit you. We may also arrange for nursing help if you need it. If you are on the blood thinner Warfarin (Coumadin), we will arrange for a nurse to come to your home to draw your blood.
Prevention of Lung Complications
Coughing, deep breathing, and turning are important to do following surgery. Deep breathing and coughing will help you clear secretions that may have settled in your lungs during surgery. These secretions can cause infections such as pneumonia.

The incentive spirometer we will give you helps you take deep breaths, allowing the air you breathe to reach the lower parts of your lungs. It also helps you cough deeply to move the secretions out of your lungs. This is deeper than just clearing your throat.

You should use your incentive spirometer during your entire hospital stay.

To use your incentive spirometer, place the white mouthpiece in your mouth. Inhale to raise the blue disc to the level of the volume set. Hold your breath for 5-10 seconds and try to keep the blue disc hovering at the level between the two arrows. Exhale. Repeat 10 times every hour while you are awake.

Maintaining Your Hip:
Adaptive Equipment for Use After Surgery
Equipment can help increase your independence with your daily living skills (i.e., bathing & dressing). Using this equipment will help you maintain your hip precautions.

Reacher (left): Use to pick up objects from the floor. You can also use with dressing to put on pants or undergarments. (Place waistband in “jaw” of reacher, and pull over each leg). Always dress operated leg first and undress it last.

Long Handled Shoe Horn (right): Use to put on shoes. Place in heel of shoe and slide foot in (use with elastic shoelaces).

Elastic Shoelaces: Use like regular shoelaces, but leave tied at all times. Be sure to lace through hole in tongue of sneakers.

Long Handled Sponge: Use to wash lower extremities and back. Your doctor will tell you when you can shower or bathe.

Sock Aid: Use to put on socks (left). Follow written instructions which came with the sock aid. To remove socks, use your reacher (right) or long handled shoe horn.

Other Equipment may be recommended. These may include: a raised toilet seat or commode, shower bench and/or tub seat, or possibly a hospital bed. These may not be covered by insurance, and will only be ordered as deemed necessary by you and your healthcare providers.
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Tub / Shower Transfer: Unassisted
Check with your doctor before you shower or bathe. You may want someone to help you when you transfer in and out of tub/shower.

1. Using walker if necessary, back up to transfer tub bench. With one hand on walker and one hand on bench, lower yourself down.
2. While sitting on bench, slide your hips to the inside of tub. Extend operated leg and lift over tub edge.
3. Position yourself for a shower.
4. Reverse the order of these steps to transfer out of the tub / shower.

Toilet Transfers

Transfer onto the Toilet
You may be provided with a raised toilet seat depending on your ability to move from sitting to standing.

Slowly lower yourself onto the toilet. If you need a walker, use one hand to support yourself on a secure surface (not the walker).

Transfer off the Toilet
Keep your back straight and slowly stand up from the toilet (left) Use at least one hand to support yourself on a secure surface (not the walker).

Precautions
Your surgeon may request that your avoid certain positions after surgery, to decrease your risk of having problems with your hip. Your therapist will tell you if you need to follow these precautions.

Do Not bend your hip beyond 90°.

Do Not rotate your hip inward.

Do Not cross your legs. Keep pillow between your legs while resting.
**General Exercises**

1. Pull foot up as far as you can, then point foot down.

2. Tighten thigh muscle, trying to push the back of the knee down into the bed. Hold 3 seconds.

3. Slide heel along surface, bending knee toward chest. Then return to starting position.

4. With pillow or rolled blanket under knee, straighten knee and raise foot. Hold 3 seconds. Lower slowly.

5. **(Left)** Tighten buttocks muscles. Hold 3 seconds.

6. **(Right)** Slide one leg to the side as if you are making a snow angel. Keep your leg flat on the mat.


8. With hands on chair or counter for balance, stand on one leg. Lift opposite leg to the side. Keep trunk upright and toes pointing forward.

9. **(Left)** With hands on chair or counter for balance, stand on one leg. Lift opposite leg backwards, keeping knee straight. Keep trunk upright and toes pointing forward.

10. **(Right)** With hands on chair or counter for balance, slowly bend knees, as if you are starting to sit in a chair. Keep your knees behind your toes. Slowly return to starting position.
Nutrition
During Hospitalization
The priority is good nutrition to promote healing. Follow these general guidelines:

- Eat a variety of foods.
- Drink plenty of fluids.
- Maintain your weight.
- Be sure to select items on your menu to ensure your food preferences are honored.
- Be sure to include calcium rich foods in your diet (low fat milk, low fat cheese, yogurt, low fat cottage cheese, broccoli).

*If you have questions about your diet, please ask to see the Dietitian during your stay.*

Guidelines for Weight Gain
- Keep nutritious snacks on hand (yogurt, juice, cheese, milk and ice cream).
- Eat several small meals and snack frequently.
- Use high calorie, high protein foods (yogurt, cheese, pudding, ice cream, peanut butter, cottage cheese, Carnation Instant Breakfast drink, for example).
- Eat your favorite foods.
- Add diced meat, cheese or vegetables to sauces, soups and casseroles.

Guidelines for Good Nutrition for Weight Loss
- Cut back on portion sizes.
- Use sugar in moderation.
- Avoid fried foods, rich desserts, whole milk, cheeses made with whole milk, excess salad dressing, gravies and sauces.
- Choose lean meats, low fat milk and cheeses, plain desserts such as angel food cake or fruits.
- Avoid too many sweets such as cakes, pies, cookies, ice cream, candy, soft drinks, donuts and danish.
- Eat at regular meal times
- Avoid eating while watching television, reading or driving. Sit at the table, eat slowly and concentrate on each bite.
-  Try reduced-calorie margarine, mayonnaise and salad dressing.
- Choose plenty of vegetables, fruits and grain products.

*Nutritional counseling is available prior to admission and after discharge by physician referral.*

Discharge Instructions
The patient having a Total Hip Replacement usually has many questions when planning home recovery. Hopefully the Dos, Don’ts and Additional Suggestions listed below will help to answer some of your questions.

*Please refer to the Precautions Section of this book (page 21).*

**Do:**
- Keep your legs apart and in proper alignment.
- Keep your toes straight ahead or pointing outward.
- Use pillows between your legs when turning in bed for six weeks after surgery. This helps prevent hip dislocation.
- Sit in a chair, such as a firm straight backed chair with arms, which helps maintain good hip alignment and makes standing and sitting easier.
- Use your elevated toilet seat for at least six weeks after surgery.
- Wear loose clothing that allows free movement of your legs. Wear comfortable shoes such as sneakers.
- Continue the exercises you were doing in the hospital as taught by your therapists. Once you return to normal activity, continue to do your exercises 2-3 times a week to keep your leg strong.
- Walk as much as you can but avoid becoming too tired.
- Elevate your leg while sitting or lying.
- Ask your doctor when sexual activity can be resumed.
- Continue to wear your elastic stockings for six weeks after surgery and/or until your first doctor visit. Wear them during the day and take them off at bedtime. You may wish to ask for help when putting the stocking on your operative leg or use your sock aid as instructed.
- Continue with follow-up care after discharge. Call the doctor’s office and schedule an appointment before you leave the hospital. The nursing staff can assist you with this.
- Tell your doctor or dentist that you had hip replacement surgery if you require any of the following: dental work, other surgery, diagnostic procedures, or you think you might have an infection. The doctor may wish to order antibiotics for you before any of these procedures to prevent the possibility of an infection developing in your joint replacement.
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- Keep your incision dry. Don’t apply any lotion or soap to the incision.
- Ask your doctor when you may take a tub bath or shower. Usually no shower or tub baths are allowed until the sutures/staples are removed.
- Take your pain medication 1/2 hour before any activity.
- Call your doctor if you have any questions about your medications, or are unable to take your medications.
- Continue to do your deep breathing and coughing exercises using your incentive spirometer after discharge.

Don’t:
- Drive a car until your doctor says you can.
- Do heavy housework. Get someone to help you.
- Attempt to lift or carry anything over 5 pounds.
- Carry things with your arms when using a walker, crutches or cane.

Pain Medications:
- You will probably receive prescriptions for pain medications for use at home. Take them as directed. Medications that relieve pain can make you sleepy and slow your reflexes and responses. For safety, do not operate a car for 24 hours after taking a pain medication.
- Pain medications are also constipating. You may wish to take a laxative or use a stool softener while taking these medications. Drinking 6-8 glasses of water each day will also help lower the chance of constipation.

Pain Medications:
Anticoagulants are blood thinners that help prevent blood clots. Depending on the medicine your doctor orders upon discharge, you may need to have blood drawn to monitor how thin your blood is.

Stitches / Staples:
Your stitches/staples are usually removed 7-10 days after your surgery.

When to Call the Doctor:
- Let your doctor know right away if you have any loss or change of feeling, or numbness in your legs or toes.
- Call your doctor immediately if you have any pain or tenderness in your calf.
- Call 911 immediately if you have chest pain or difficulty breathing.
- Watch for increased swelling of your leg. If this happens, elevate your leg whenever you are not up walking and call your doctor.
- Check your temperature in the morning and at night. Take your temperature more often if you feel warm. Call your doctor if your temperature is 101° or higher.
- Call your doctor if you have an increase in redness, tenderness, and/or swelling around your incision or joint.
- Call your doctor if you have any new or increased drainage from your incision line.
- Call your doctor if you have an increase in pain around your incision or joint and/or the pain is not relieved with pain medication or elevation of your leg. Your pain should decrease from day to day. If it is getting more severe, call your doctor.
Continuing Your Rehabilitation

Outpatient physical therapy offers continuation of rehabilitation of the new joint with individualized exercise programs for increasing strength, range of motion and mobility. The goal of outpatient therapy is to maximize the function of the new joint and return to or beyond the individual’s previous functional level.

We offer outpatient physical therapy at four locations:

**Institute for Human Performance**
505 Irving Avenue
Syracuse, NY 13210

**Bone & Joint Center**
6620 Fly Road
East Syracuse, NY 13057

**Health Care Manlius**
102 West Seneca Turnpike
Syracuse, NY 13104

**Western Lights**
4671 Onondaga Boulevard
Syracuse, NY 13219

Please call 315-464-6543 to schedule an outpatient physical therapy evaluation a few days before you are discharged from home physical therapy services.