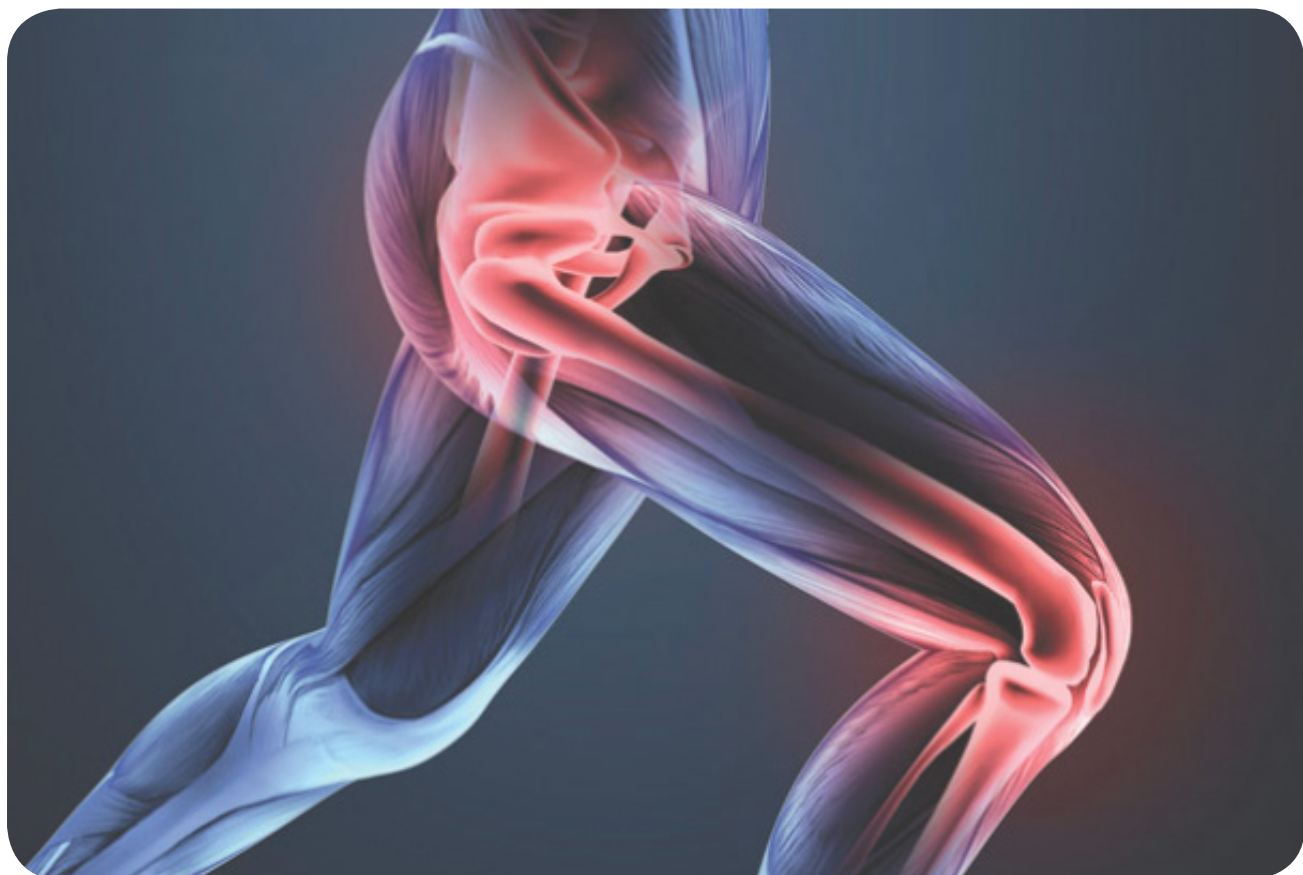

A GUIDE TO YOUR JOINT REPLACEMENT EXPERIENCE



This guide will assist in preparing you for your upcoming joint replacement procedure at UnaSource Surgery Center. Being informed and prepared will be a large factor in your surgery's success.

Please review this booklet, share it with the friends and family members who will be assisting you during recovery, and bring it with you to all events related to your surgery.

UnaSource
Surgery Center

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Joint replacement is a surgical procedure in which the worn, damaged surfaces of the joint are removed and replaced with new artificial parts. Your doctor may consider joint replacement if you have severe pain which limits daily activities and is not relieved with medications, injections, physical therapy, or other treatments. The goal of the surgery is to relieve pain and restore the alignment and function of your joint.

Joint replacement provides the most dramatic relief of arthritis pain available to patients.

Traditionally, joint replacement has been an inpatient surgical procedure. With the introduction of minimally invasive techniques, modern pain relief protocols, improved anesthetic techniques, and rapid rehabilitation, surgeons can perform total joint replacement procedures on an outpatient basis.

OUTPATIENT JOINT REPLACEMENT IS THE SAME AS TRADITIONAL JOINT REPLACEMENT BUT THE PATIENT CAN GO HOME ON THE SAME DAY OF SURGERY. THIS ALLOWS PATIENTS TO RECOVER IN THE COMFORT OF THEIR OWN HOME INSTEAD OF OVERNIGHT IN A HOSPITAL.



With outpatient joint replacement, patients are provided with the support of a visiting nurse and follow-up rehabilitation services. Patients can often return to normal activities quicker and with less pain than with traditional joint replacement surgery.

Other advantages of outpatient joint replacement include:

- Rapid recovery
- Decreased hospital stay
- Improved pain management protocols
- Early mobilization
- Careful home monitoring
- Fewer complications
- Improved outcomes
- Increased patient satisfaction

Joint replacements done at UnaSource:



Uni Compartmental Knee Arthroplasty – either the medial or lateral portion of the femur (thigh bone), tibia (shin bone) and kneecap are resurfaced



Total Knee Arthroplasty – both the medial and lateral portions of the femur (thigh bone), tibia (shin bone) and kneecap are resurfaced



Total Hip Arthroplasty – the ball and socket of the hip joint are replaced



JOINT REPLACEMENT RISKS

As with any major surgery, there are a number of potential complications related to joint replacement surgery. The general risks of joint replacement surgery include: heart attack, stroke, infection, pneumonia, bleeding, blood clot, urinary dysfunction, and nerve or blood vessel damage. This list is not all-inclusive.

Infection

To reduce the risk of a surgical site infection, your nose will be tested for *Staphylococcus aureus* bacteria before surgery and you will be prescribed Mupirocin nasal ointment if appropriate (see page 11). You will also shower with Chlorhexidine Gluconate 4% (CHG) skin cleanser for 2 days before surgery and on the morning of your surgery to reduce the bacteria on your skin (see page 11). On the day of surgery at UnaSource Surgery Center you will receive an antibiotic.

To reduce the risk of a surgical site infection:

- ★ Practice good hygiene during your recovery
- ★ Wash your hands
- ★ Wear clean clothes
- ★ Use clean linens and bedding
- ★ Avoid touching the bandage on your wound

Pneumonia

To reduce the risk of pneumonia:

- ★ Stop smoking now. Smoking increases your anesthesia risks, increases your risk of pneumonia after surgery, and slows tissue repair at the site of your surgery.
- ★ Deep breathe. After your surgery during your recovery, take at least 10 deep focused breaths every hour while you are awake. Try to do this as long as you are taking pain medication.
- ★ Avoid others who are sick, especially those with a cough.

Bleeding

To reduce the risk of bleeding:

- ★ Stop taking anti-inflammatory medications 14 days prior to surgery. Examples of these medications are: Motrin, Aleve, Mobic, Naprosyn, aspirin, etc.
- ★ If you are on blood thinners such as Coumadin (warfarin), Plavix, Xarelto, Eliquis, Lovenox or aspirin – you may need to stop taking these medications prior to surgery. Talk to your surgeon and primary care provider to determine what is best for you.

Blood Clot

Blood clots commonly form in the legs. A blood clot that lodges in the veins of the leg is called a deep vein thrombosis (DVT). To reduce your risk of a DVT, your surgeon will prescribe a blood thinner such as aspirin for you to take after your surgery. You will also be prescribed a sequential compression device (SCD) and stockings to wear on both legs; the SCD will be worn for 2 weeks during times when you are resting at home. UnaSource Surgery Center will give you the SCD on your day of surgery.



To reduce the risk of a blood clot:

- ★ Use the prescribed sequential compression device as instructed.
- ★ Get up and walk; moving around keeps your blood circulating.
- ★ Perform ankle pumps and rotate your ankles clockwise and counter-clockwise every hour while at rest.
- ★ Contract your thigh muscles every hour you are awake.

Urinary or Bladder Issues

After surgery it can be difficult to urinate and your stream may be weak. You may not be required to urinate prior to discharge, however you should be able to urinate within 6 hours after your surgery. Turning on a faucet may help bring on the urge to urinate. Notify your surgeon if you are not able to urinate within 6 hours after your surgery.

Nerve Damage

All patients will notice numbness in the skin around the incision site. The area of numbness usually decreases in size over time.

COMPLICATIONS RELATED TO TYPE OF TOTAL JOINT REPLACEMENT

Knee Replacement

Stiffness: Difficulty with full extension (straightening) or full flexion (bending) of the knee. Sometimes due to the design of the knee implant. The most important predictor of postoperative knee motion is preoperative knee motion.

Instability: Very rare loose sensation in the knee. May be treated over time with bracing and strengthening exercises.



Total Hip Replacement

Dislocation: When the ball of the joint comes out of the socket. Strict adherence to the Hip Precautions outlined on page 21 greatly decrease the risk of dislocation.

Leg Length Inequality: Usually minor and not noticeable during daily activity.



PREPARING FOR OUTPATIENT JOINT REPLACEMENT

UnaSource Surgery Center Joint Replacement Experience Timeline*

*your individual experience may vary

After Case is Scheduled	Complete pre-op assessment online at www.registerforsurgery.com/unasource/patients
4-6 Weeks Before Surgery	An RN from UnaSource Surgery Center will call to review your completed pre-op assessment. An RN from United Physicians may also call you to review health history.
2-4 Weeks Before Surgery	Attend a Joint Replacement Education class at UnaSource Surgery Center.
	Stop taking certain medications as instructed.
2 Weeks Before Surgery	UnaSource Surgery Center Patient Registration will call to verify your demographic and insurance information.
3-5 Days Before Surgery	Begin Muprocin (Bactroban) nasal ointment if prescribed by your surgeon.
2 Days Before Surgery	Start showering with Chlorhexidine Gluconate.
Day Before Surgery	Shower with Chlorhexidine Gluconate.
	UnaSource Surgery Center will call between 3-5pm with your surgery arrival time.
	Do not eat after midnight.
Day of Surgery	Shower with Chlorhexidine Gluconate at home prior to surgery.
	Take the medications you have been instructed to take with only a sip of water.
Day After Surgery	Your home care company will call to set up home visits if not previously arranged.
	A UnaSource Surgery Center nurse will call to follow up.
	Call your surgeon's office to schedule follow-up appointment.
3 Days After Surgery	Remove pain pump catheter, if a pain pump had been used.



Pre Surgical Health Assessment

Once you are scheduled for joint replacement at UnaSource Surgery Center, you need to complete a pre-surgical health assessment for the anesthesiologists who will be caring for you on the day of surgery. You may complete the assessment on-line, at your convenience at: www.registerforsurgery.com/unasource/patients. This should be done as soon as possible.

Joint Replacement Class

You and any support person or family member who will be helping you recover at home after surgery should attend a Joint Replacement Class held at UnaSource Surgery Center. In the class, you will learn:

- How to prepare for your surgery
- What to expect on your day of surgery
- What your recovery plan at home will involve

A calendar with class dates and times is available at:
www.unasourcesurgery.com/joint-replacement

Use this section to write down the questions you'd like to ask during the Joint Replacement Class

Medical Clearance

Your surgeon may require a medical or cardiac evaluation prior to surgery. You should see your primary care doctor and/or cardiologist if this is required. The results of the medical evaluations need to be sent to your surgeon's office.

Dental Work

If you have not seen a dentist in the past 6 months, make an appointment as soon as possible for a dental exam. You should not have any major dental work or a cleaning in the month prior to your joint replacement surgery or for 3 months after your surgery.

Flu Shot

If you choose to get a flu shot, please make sure it is completed at least 4 weeks prior to the surgery date.

Medications

Stop taking the following medications 14 days prior to surgery:

- Anti-inflammatory (Motrin, Aleve, Mobic, Naprosyn, aspirin, etc)
- Vitamins and Supplements (fish oil, calcium, glucosamine)
- Rheumatologic (Enbrel, Remicade, Methotrexate)

If you are on blood thinners such as Coumadin (Warfarin), Plavix, Xarelto, Eliquis, Lovenox or aspirin – you may need to stop taking these medications prior to surgery. Continue taking pain medication and narcotics, as well as blood pressure, diabetic, and heart medications.

Mupirocin (Bactroban) Nasal Ointment

Your nose will be swabbed to test for Staphylococcus aureus bacteria. Thirty-five percent of the population carry this bacteria in their nose, which can transfer to your skin. Studies have shown that eliminating this bacteria from your nose prior to surgery reduces the risk of a surgical site infection. If your nose swabs test positive for the bacteria – the surgeon's office will provide a prescription for Mupirocin (Bactroban) ointment. The ointment is applied inside the nose, 3 times per day for 5 days.

Chlorhexidine Gluconate 4% (CHG) Skin Cleanser

Showering with this soap has been shown to decrease the bacteria level on your skin which may reduce your risk of a surgical site infection. Plan to purchase the CHG skin cleanser and shower with it the 2 days prior to your surgery and on the morning of your surgery before you leave your home for the Center.



Preparing for Recovery at Home

You must have a support person who will accompany you at UnaSource Surgery Center on the day of your surgery and stay with you for the first few days after surgery. It is ideal that your support person also attends the Joint Replacement Class with you.

You will be going home with a walker. You may consider attaching a basket or bag to the walker as it is not safe to carry items when using it.

Make sure pathways between rooms are clear:

- ☐ Remove doormats and throw rugs
- ☐ Secure floor-level cords
- ☐ Remove clutter from the floors



Pets can be a trip hazard too!

Complete shopping, housekeeping and laundry prior to your surgery date:

- ☐ Put newly laundered linens on your bed the morning of your surgery and ensure you have a supply of clean bath towels – using clean linens and towels may reduce the risk of getting a surgical site infection
- ☐ Move items you will need or frequently use in the kitchen, cupboards & bathroom to waist level for easy access
- ☐ Get a shower chair
- ☐ Get a raised toilet seat
- ☐ Prepare for meals and shop in advance



WHAT TO EXPECT ON YOUR DAY OF SURGERY

Day Before Surgery

UnaSource Surgery Center will call between 3-5pm the day before your surgery to notify you of your arrival time. For those having surgery on a Monday, this call will be made on the Friday prior to your surgery date. You are typically asked to arrive at UnaSource Surgery Center 2 hours prior to your scheduled surgery time. During this phone call, the UnaSource team member will review medication instructions, let you know when to stop eating and drinking, and answer any questions you may have.

Your Surgical Experience

On your day of surgery, the support person accompanying you to UnaSource Surgery Center must be a responsible adult. Wear loose, comfortable clothes and non-skid, sturdy shoes. Do not wear jewelry or contact lenses. Remember to bring:

- Driver's License
- Insurance Cards
- Walker or any other durable medical equipment prescribed by your surgeon

Medications to take before surgery	Medications to stop taking before surgery

After you have registered at the Front Desk, you will be escorted to a private Patient Care room; the person accompanying you will join you after you are admitted. You will meet the anesthesiologist who will talk about the type of anesthesia that will be used during your surgery. Before surgery, the anesthesiologist may provide a peripheral nerve block or insert a pain pump catheter to keep you comfortable after surgery. Also before surgery, you will receive a sequential compression device with stockings that pump air around your calves.

During your surgery, the responsible adult accompanying you at UnaSource will wait in our Lobby. Refreshments, Wi-Fi, reading materials, television and comfortable seating are available for your waiting guest.

After surgery you will return to your private Patient Care room for recovery and your surgeon will speak with the person accompanying you in our private consultation room.

While you are recovering, the person accompanying you should get any ordered prescriptions ordered filled at the UnaSource pharmacy located in the building adjacent to UnaSource Surgery Center (4600 Investment Drive). Any other pharmacy may not have all of your prescribed medications available.

Once you wake up you will be offered something to drink and a light snack.

Your Team of Professionals

Surgeon	Operating Room Nurse
Physician Assistant	Surgical Technologist
Anesthesiologist	Recovery Nurse
CRNA (Nurse Anesthetist)	Clinical Technician/Nursing Assistant
Pre-Operative Nurse	Physical Therapist

Discharge Planning

A registered nurse will review all of your surgeon's orders and instructions with you and the person accompanying you. You will receive a folder to take home with copies of all the orders and instructions.

If you have a pain pump, the nurse will provide instructions on how to use the pain pump and also how to remove the small catheter at home once the pain pump is empty. The pain pump provides a continuous flow of local anesthesia (numbing medicine) around the nerves close to the surgical site. The pain pump will last for 3 days.

A physical therapist will review the use of your walker, how to use the stairs with your walker, and will also review the exercises ordered by your surgeon. You may put weight on your leg right away. The walker will be used until your surgeon advances you to the cane.

Both knee and hip patients will have a knee brace on and will need to wear the brace until the peripheral nerve block has worn off or the pain pump catheter is removed. **This knee brace is to help prevent you from falling.**

You will be sent home with a sequential compression device and stockings to wear at home for 2 weeks at times when you are inactive. Calf pain, tenderness, redness, or swelling must be reported to your surgeon immediately.

The following medications will be ordered for your recovery at home:

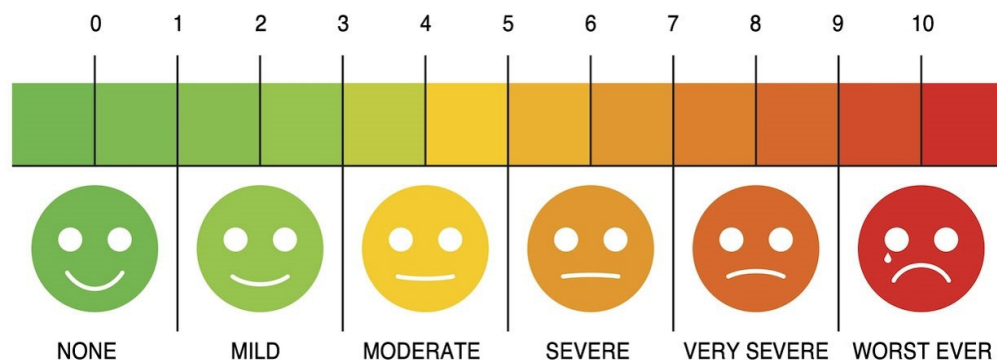
1. Norco 10/325 mg
2. Tramadol 50 mg
3. Mobic 15 mg
4. Colace 100 mg
5. Aspirin, as prescribed by your surgeon
6. Tylenol (if prescribed)



WHAT TO EXPECT DURING RECOVERY

Pain Management

Most people will experience discomfort after surgery and it is normal. The pain scale below will be used to determine your pain level during your recovery at UnaSource Surgery Center and also once you are at home.



The goal of pain management is to lessen discomfort so you can rest, be mobile, and effectively participate in physical therapy. The plan to manage your postoperative pain starts before you even have surgery.

Prior to surgery you will receive a peripheral nerve block and/or pain pump that will help keep you comfortable. Additionally, you will receive a “cocktail” of medications before surgery including an anti-nausea medication, Tylenol, and an anti-inflammatory; these medications will also provide pain relief for you after surgery.

You will receive several prescriptions to use at home for pain. A UnaSource team member will review those prescriptions with you. You are encouraged to have the prescriptions filled at the pharmacy adjacent to UnaSource Surgery Center as any other pharmacy may not have all of your prescribed medications available.

At home, you should take the pain medication on a regular schedule and as prescribed so you stay ahead of the pain. It can take some time to get the pain to a tolerable level if the interval between doses is too long. Take pain medication with food to reduce the chance of becoming nauseated.

Placing ice over your surgical site and keeping your surgical site elevated may also lessen discomfort. Use an ice pack for 20-30 minutes 4-6 times per day. Do not place the ice pack directly on skin.

If you have a pain pump and experience intolerable pain you may dial the pump up from 8 (the number set upon discharge) to 12. Set a timer for 2 hours. When the timer goes off after 2 hours, then turn the pain pump dial back down to 10 or 8.

Side Effects from Pain Medications

Nausea: Take pain medications with food to reduce the chance of nausea.

Constipation: Common while taking pain medications. A stool softener such as Colace will be prescribed by your surgeon to minimize constipation. A high fiber diet including prune juice, and increased activity will also help lessen constipation.

Home Health Care and Physical Therapy

- A home health care registered nurse (RN) will contact you to arrange a time to visit you in your home either the day of your surgery or the next day.
- The home health care RN will continue to visit you in your home during the days after your surgery as ordered by your surgeon.
- The home health care RN will check your vital signs and incision at each visit. He or she will also assess your pain and answer any questions you may have.
- You will be contacted by a physical therapist to arrange a visit in your home if ordered by your surgeon.

Moving Around

The peripheral nerve block you received from the anesthesiologist will cause numbness and possible weakness to your surgical leg.

To help prevent falling, it is important that you are cautious when moving around and that you use your walker at all times.

- Wear non-skid shoes
- Keep the knee brace on every time you are up walking
- Ambulate with the walker at all times

Plan on using the walker for 1 – 3 weeks after surgery and then a cane for the next 6 – 8 weeks.

Remember to wear the sequential compression device stockings whenever you are not up and walking. Do NOT walk with the sequential device stockings on your calves - they will slip down to your ankles and create a fall hazard.



Total Hip Replacement Precautions

- ✓ Elevate your leg on your surgical side when resting.
- ✓ Use an elevated toilet seat.
- ✓ Use small steps to the side for turning.
- ✓ Use a shower chair while showering.
- ⊘ Do not step backwards with the surgical leg.
- ⊘ Do not cross your legs at your knees or your ankles.
- ⊘ Do not internally or externally rotate the leg.
- ⊘ Do not abduct (lift your leg to the side) except with Physical Therapy.
- ⊘ Do not lie on your surgical side. When you are lying on your non-surgical side, place a pillow between your legs.
- ⊘ Do not bend your hip past 90 degrees.
- ⊘ No leaning forward while in a sitting position; you will need help putting on your shoes and socks
- ⊘ Knees must not be higher than hips while seated.

Uni and Total Knee Replacement Precautions



- ✓ Elevate your surgical leg when resting.
- ✓ Use a shower chair while showering.
- ⊘ Do not place a pillow under or behind your knee. Instead, place the pillow under your ankle when elevating.
- ⊘ Do not kneel on surgical knee.

Caring for your Incision

- Always wash your hands before and after touching the incision area.
- Wear clean clothing every day and use clean linens.
- If you have an ace wrap around your knee, you may remove it that first evening at home.
- The dressing over your incision should stay on for 5 days. The dressing can get wet in the shower.
- You may shower 24 hours after your surgery, unless you have a pain pump. If you do have a pain pump you may shower when the pain pump is removed, on the third day after surgery.
- When showering after the dressing is removed, you may gently wash over the incision with a mild soap and water.
- Do not bathe in a tub for 2 weeks after surgery, or as directed by your surgeon.
- Do not apply any ointments or creams to your incision unless your surgeon has asked you to do so.
- Some drainage from the surgical site can be expected during the first 7 days after your surgery.

Some swelling and discoloration over or around the incision is normal and usually noticed towards the end of the day. Swelling and bruising may move down the leg and even into the feet.

To minimize swelling:

- Elevate the operative leg on pillows several times a day for 30 minutes each time. Your toes should be above the level of your heart. For total hip replacement, do this by leaning back on the couch or bed so the hip joint is not over-flexed.
- Place ice over the incision as a mild pain reliever.
- Do not use heat as it may cause more swelling.

When to Call the Surgeon's Office



- A temperature above 100.5 F taken at least twice over four hours
- Appearance of red, hot, swollen incision
- A sudden increase or persistent increase in swelling in your surgical leg
- Unusual pain in your calf, knee, thigh or hip
- A calf that becomes swollen, tender, warm or reddened
- New or an increase in drainage from your incision

**IF YOU HAVE SHORTNESS OF BREATH OR CHEST PAIN,
CALL 911 IMMEDIATELY.**

Prescription Tracker

Taking the medications your surgeon has prescribed is an important part of a successful recovery and we recognize that keeping them all straight can be a challenge, so, we have created the table below to assist you. To use the table, first complete it by adding the dosage and frequency of the medication(s) prescribed by your surgeon (this information will be on your medicine bottle). Then, record the date and time as you take each medication. *If any of the information on this table does not match what your surgeon has prescribed, be sure to follow your surgeon's orders.

Medicine	Norco 10/325				Tramadol 50mg						Mobic 15mg	
Rx	___ tablet(s) every ___ hours as needed for pain				___ tablet(s) every ___ hours as needed for pain						___ tablet(s) ___ time(s) per day	
DATE												

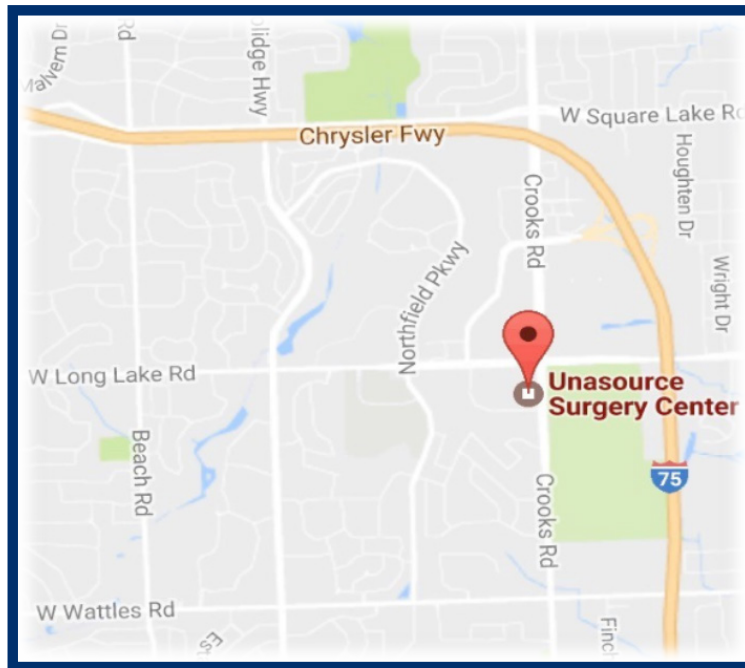
Medicine	Colace		Tylenol 650mg						Aspirin			
Rx	___ tablet(s) ___ time(s) per day		___ tablet(s) every ___ hours as needed for pain						___ time(s) daily (as prescribed)			
DATE												

Pre-op Assessment

Complete your assessment online at:
www.registerforsurgery.com/unasource/patients

Joint Replacement Class

Classes are held at UnaSource from 6:30-7:30pm.
A complete schedule of dates can be found by visiting:
www.unasourcesurgery.com/joint-replacement



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