



Total Joint Replacement

Name: _____

Quick Reference Guide: Preoperative Instructions

Adequately preparing for your surgery will help promote the best outcome for your new joint. Here is a checklist of things to complete before your surgery.

4-6 Weeks Before Surgery

- Complete an Advanced Health Care Directive and bring with you to the hospital
- Have your primary care physician perform a preoperative physical
- Ensure you eat a balanced diet that includes:
 - Protein (at least 20 grams, twice a day)
 - Fiber
 - Other nutrients (i.e. magnesium, calcium, iron, vitamin C and vitamin D3)
- Try to stay as active as you can in the weeks before surgery
- Prepare your home by removing throw rugs, clearing a path so you can safely walk through your home
- Purchase equipment to have in your home to help with recovery:
 - Shower chair, raised toilet seat, removable shower head, rolling walker
- Arrange for someone to be with you for **several days** after you return home (help with driving, cooking, cleaning, appointments, etc.)
- Develop a bowel program to correct issues with constipation **PRIOR** to surgery and continue that program through hospitalization and postoperatively until you resume regular activity.
- Stop blood thinners as directed by your doctor
- Quit smoking **6 weeks** before surgery

The Day Before Surgery

- Avoid excessive caffeine and make sure you are hydrated
- Complete preoperative shower the night before and the morning of surgery
- Nothing to eat or drink after midnight
- Ensure ride is available and ready for transport home from surgery

The Morning of Surgery

- Shower as directed
- You may brush your teeth, gargle, and rinse your mouth with water, avoid swallowing. Do not chew gum, lozenges or drink any liquids.
- No smoking.
- Take only those medications directed with a sip of water.**
- Dress in loose fitting, comfortable clothing

Quick Reference Guide: Your Hospital Stay

Arrival at the hospital

- Arrive about two hours prior to surgery time (a pre admissions nurse will be calling you with your exact arrival time a day or two prior to surgery)
- You will be checked in at registration and taken back to the pre-op holding area

Pre-op holding area (Daystay)

- Preoperative preparation will begin
 - Change into hospital gown
 - Medical review by nurse and doctor
 - IV insertion
 - Anesthesiologist will discuss your anesthesia for surgery and plan for pain control, examples include:
 - Nerve block insertion for knee replacements
 - Spinal anesthesia for hip replacement
- Surgery
 - Once ready, you will be taken to the operating room
 - Average time for surgery ranges from 1-2 hours
 - Family will be instructed where to wait for doctor update

Recovery Room (PACU)

- Once surgery is complete, you will be transferred to the recovery room
- The nurse will monitor your:
 - Vital signs, pain control, surgical incision and how awake you are
- You will be monitored in the recovery room until you are cleared to transfer to a room by the anesthesiologist
- Your family will be notified of your room assignment and when they are able to go to your room

Orthopedic Unit (Tower 3)

- You will be settled in your room by the PACU nurse and your floor nurse
- Your vital signs will be monitored for several hours after surgery
- A physical therapist will complete an evaluation of you (Yes day of surgery!)
 - Our goal is to get you up and **walking** on your new joint as quickly as possible
- Your nurse will monitor your pain closely and medicate with IV/oral pain medications as needed
 - **Make sure to tell your nurse anytime you need pain medication!**
- Your nurse will round on you hourly during day shift and every two hours during night shift
- The Joint Care Coordinator will be checking on you and bringing you a rolling walker, if needed

Quick Reference Guide: Postoperative Instructions

After your surgery, there are a variety of steps and precautions that need to be followed to make sure that you recover fully and as quickly as possible.

Blood Clot Prevention

- You will be instructed to take medication to prevent blood clots. **The standard protocol for anti-clotting management is one baby aspirin (81mg) twice a day for 4 weeks.** Instructions for use and information about any additional or different medication will be provided on discharge. **Do not stop this medication without talking to your surgeon.**

Dressing changes

- **ALWAYS** wash your hands with soap and water before changing your dressings or touching the incision
- Look at the skin around your incision daily and call the office if there are any concerns (redness around the incision, pus looking drainage, wound is open/gapping, increasing drainage of any kind, especially if it had previously stopped draining).
- **DO NOT** apply any ointments to the incision
- **If you are a patient of Dr. Veazey or Dr. Brazeal**
 - Change your dressing every 5 days with Tega+pad (waterproof dressing) provided from the hospital or sooner if you have drainage from your wound. **Please contact the office if you have drainage that lasts longer than 5 days or continues to increase.**
- **If you are a patient of Dr. Iero**
 - **Continue to use SCDs (squeezers) on both legs!**
 - Change your dressing daily. Place 2 new pieces of gauze folded long ways and placed side by side over the incision, then wrap your knee with an ace wrap. **Please contact the office if you have drainage that lasts longer than 5 days or continues to increase.**

Showering

- If you are a patient of Dr. Veazey or Dr. Brazeal
 - You may shower with your waterproof dressing on
- If your are a patient of Dr. Iero
 - Remove dressing and cover the incision with “Saran” wrap or plastic wrap. After your shower, remove wrap and pat dry. Place 2 new pieces of gauze folded long ways and placed side by side over the incision, then wrap your knee with ace wrap.

Constipation

- Constipation after surgery occurs in almost all patients. Continue a stool softener (Colace) twice a day, prunes or prune juice with each meal, along with other products as needed (Miralax, Milk of Magnesia, Fiber, Dulcolax, or other foods that you know have helped keep you regular in the past) until bowel movements are soft and regular. Start them immediately upon discharge. Walking and plenty of water also help regulate bowel movements. Eat food high in fiber (cereals, beans, vegetables, whole grain breads).

Fever

- A low grade fever is normal during the first week following surgery. However, if you experience any temperature above 101.5°F, contact your surgeon's office.

Swelling

- Swelling of the knee and lower leg can increase for 7-10 days after surgery and persist for months.
- Continue to use cold packs for at least four weeks or until it is no longer warm to the touch when compared to the other knee
- Avoid sitting beyond one hour
- Do not use heat (Heat may increase swelling)
- Elevate your leg



Driving

- If you had your **left leg** operated on, you may drive when you are off of narcotic pain medicines and can get in and out of a car - usually in 2-4 weeks.
- If you had your **right leg** operated on, then you can usually drive in 3-6 weeks.
- Your doctor will let you know when it is safe to do so.

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WELCOME AND PURPOSE

Thank you for choosing Orthopaedic Associates at St. Joseph Health for your total joint replacement procedure. The goal of this manual is to prepare you to undergo the surgical experience with confidence and resume an active lifestyle as quickly as it is safe to do so.

This manual will cover the following: how to get ready for surgery, the routine hospital course, rehabilitation criteria, and your surgeon's expectations. We also discuss resources available to resume your normal activities. A successful hip or knee replacement and rehabilitation program can help you move better at work, play, and rest. Your new joint can give you a better quality of life that you may have been limited from for some time.

If you have ANY questions or concerns regarding the Joint Replacement Program, call (979) 776-2978 during regular work hours Monday through Friday 8 a.m. – 5 p.m.

If a medical question or concern arises following surgery, please call your surgical team prior to visiting the Emergency Room.

(979) 731-8888

We do not recommend you go to the Emergency Room or call your private physician until you have attempted to communicate with your total joint replacement team first.



CALL YOUR SURGEON AT THEIR OFFICE IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- Your incision opens
- Your dressing becomes completely soaked with blood
- You have a temperature over 102 degrees
- You have significant increase in swelling of your thigh with increasing pain
- Calf pain

SEEK MEDICAL ATTENTION IMMEDIATELY IF:

- You have a sudden onset of chest pain. This could be a sign that you have a blood clot in your lungs. It could also mean you are having an allergic reaction.
- You fall and injure the hip/knee
- Your toes on the leg operated become cool, blue, or pale in color
- You are confused (can be reaction to narcotic medication, electrolyte imbalance, low oxygen levels)
- You see or hear things that are not real (allergic reaction to narcotic medication)
- You are too dizzy or weak to stand up (low blood pressure or hemoglobin, or reaction to narcotic medication)

MY SCHEDULE FOR SURGERY

SURGERY DATE: _____ **Discharge Date:** _____

Surgeon: _____

Coach: _____ **Phone Number:** _____

Preoperative Appointments:

PCP Preoperative Physical: _____ Date/Time: _____

Cardiology: _____ Date/Time: _____

MRI: _____ Date/Time: _____

Lab: _____ Date/Time: _____

Arthritis Management: _____ Date/Time: _____

Other: _____ Date/Time: _____

Dental exam (schedule if no dental exam within the last six months):

Date/Time: _____

(Appointments required **AFTER** your Surgery)

Postop Clinic appointment:

First Follow-up Date/Time: _____

Second Follow-up Date/Time: _____

Other: _____ **Date/Time:** _____

Other: _____ **Date/Time:** _____

Other: _____ **Date/Time:** _____

Inpatient vs Outpatient

Did you know that knee and hip replacement surgery has improved so much that an inpatient hospital stay is not always required? In certain circumstances, knee and hip replacements are now considered an outpatient procedure by the Centers of Medicare and Medicaid Services (CMS).

If you have people at home who can help you get to follow-up appointments and physical therapy – and if you don't have a history of high risk factors, you may be an excellent candidate for completing your recovery at home. Talk with your doctor about what is right for you.

Please keep in mind that the decision for inpatient and outpatient hospital admission is a complex medical decision based on your doctor's judgment. Your physician may advise inpatient hospital admission based on your recovery status and medical needs. If you are uncertain about your hospital status at any time, be sure to ask your doctor or a hospital representative.

Expected length of stay for a total hip or total knee replacement is 24 hours or less!

Preoperative Educational Material

Please use the provided QR codes for quick links to the online education material, as well as a digital copy of this education booklet. Online you will find an educational video for you to watch prior to your surgery. This video contains lots of helpful information to better prepare you for your surgical experience. The quick reference guides found at the front of this book are also available online.

QR CODE



Tips for the Coach

Each patient having a total joint replacement is **REQUIRED** to have a coach.

Coach Duties

1. Review the education booklet before surgery
2. Look at all education material available online at www.st-joseph.org/jointreplacement
3. Help set up the home for recovery (see page 29)
4. **Prefer coach to be present the entire hospital stay but at minimum must be present during the hospital stay on the day of surgery and starting at 7 am the day after surgery through discharge**
5. Work with the patient during the hospital stay with reminders on:
 - Frequent ankle motion for prevention of blood clots
 - Have patient use incentive spirometer at least 5 times per hour
 - Discuss meal planning arrangements upon discharge from the hospital
 - Remember the need for protein intake at every meal
 - Discuss prevention of constipation before and after surgery
 - Assist with pain control assessment every hour
 - Encourage to be out of bed for all meals and performance exercises
6. Plan to stay with the patient for at least 72 hours after they leave the hospital
7. Help coordinate transportation to physical therapy and doctor visits

Preoperative Reminders

- ___ **Begin preoperative exercise program immediately**
(see page total knee 48 -51, total hip 52 - 58)
- ___ **STOP Anti-inflammatory medications, alcohol, all herbal products one week prior to surgery**
- ___ **STOP smoking two weeks before surgery**
- ___ **Re-organize home environment for safety (see checklist page 29)**
- ___ **Begin diet high in protein one week before surgery**
- ___ **Make arrangements for discharge home the day after surgery**
- ___ **Avoid alcohol one week before surgery (Alcohol can increase bleeding with surgery and can interact with anesthesia and other medications given during your hospital stay)**
- ___ **Use the Hibiclens that has been provided for the pre-op shower**

CHECKLIST FOR PACKING FOR THE HOSPITAL STAY

- ___ This education book
- ___ A list of medications you take
- ___ Cell phone and cell phone charger
- ___ Insurance card/ID
- ___ Loose clothing that allow for swelling and are easy to put on. Loose shorts work great.
Pajama pants needs to be loose enough to pull up over your knee
- ___ Flat, loose walking shoes. No backless shoes, boots, high heels, or slippers
- ___ Containers for dentures and hearing aids labeled with your name
- ___ If you use a CPAP/BIPAP, bring mask, tubing and machine with you.



Do not bring jewelry, cash, credit cards or any valuables. Do not wear contacts. Wireless internet is available at the hospital.

YOUR JOINT REPLACEMENT TEAM

The Joint Replacement Team functions to guide you through the surgery to discharge and the rehabilitation process. You and your coach will need to be an active partner with the team in order to have the very best possible outcome and functioning of your new joint!

Orthopedic Surgeon- Performs the surgery.

Physician Assistant/Nurse Practitioner- Will assist in the surgery and will see you on your post-op visits while in the hospital and at the physician's choice.

Primary Care Physician/Hospitalist- Responsible for your overall health. You will see them for a medical evaluation *prior* to surgery. The hospitalist will see you after surgery to treat any medical concerns only **during** your hospital stay, if your surgeon feels it is necessary.

Total Joint Program Coordinator- A coordinator will be contacting you prior to your surgery to ensure preoperative testing is done, assist in arranging physical therapy once you discharge and to identify concerns that may affect your recovery after surgery. He or she will also be in contact with you during your hospital stay and after discharge.

Physical Therapist (PT)- A physical therapist will teach you how to get in and out of bed, walk with a walker, climb stairs, and do your exercises. We prefer that your coach is present for this training. Upon discharge, you will continue your exercises and a walking program at home.

Occupational Therapist (OT)- An occupational therapist may see you in the hospital and assess your ability for bathing, toileting, dressing, and general activities of daily living. If necessary they will teach you how to do these tasks on your own and can provide you with adaptive equipment to help you if needed.

Case Manager/Social Worker/Nurses & Patient Care Techs- These individuals will see you in the hospital for wound care, pain management and help with other needs that you may encounter during your hospital stay, as well as assist you with your discharge plan.

JOINT REPLACEMENT SURGERY 101



Total Knee Replacement Surgery:

During knee replacement surgery, the bones undergo a resurfacing in which metal or ceramic components are placed next to the femur (thigh bone) and tibia (lower leg bone). The components are either cemented or press fit into the bone. A plastic liner is inserted between the two bone components, which allows for smooth, normal motion of the knee. The underside of the knee cap (patella) will also be replaced with a plastic component. Re-aligning the knee allows for correction of bow-legged or knock-knee deformities.

Partial Knee Replacement Surgery:

If the cartilage is worn only on one side of the knee joint, resurfacing a portion of the knee only and leaving the other side untouched, is a partial knee replacement. The procedure preserves the knee joint ligaments and allows for a lower incidence of knee stiffness. Rehabilitation of the knee is the same for this procedure as in a total knee replacement, although patients normally improve in motion more rapidly.

Total Hip Replacement Surgery:

During hip replacement surgery, the acetabulum (cup of the joint located on your pelvis) undergoes a resurfacing in which a metal cup with a plastic liner replaces the arthritic cup. The head of the femur (thigh bone) is removed and a metal stem is placed down the middle of the thigh bone. A new femoral head is fit to this stem, and this articulates with the new cup giving you a whole new joint. The components are generally press fit into the bone, but may occasionally be cemented. Recovery is often so good that many people do not even require outpatient therapy after they go home.

RISKS AND EXPECTATIONS OF JOINT REPLACEMENT

While every precaution is taken by your surgeon and medical team to prevent complications, knee or hip replacement is a major surgery and some undesirable outcomes can still occur.

RISKS:

- Infection
- Blood vessel damage
- Blood clot in the leg or lungs
- Reaction to anesthesia or any medication
- Prolonged stiffness and pain
- Fracture of the femur or tibia
- Nerve damage resulting in foot drop
- Bleeding requiring blood transfusion
- Cardiac events
- Loosening of joint components
- Death

***Patients who are overweight have two to three times the risk of infection, blood clots, and unsuspected complications.**

***Patients who have a Hemoglobin A1C above 7 are at a significantly increased risk for postoperative complications.**

***Patients who smoke are at a significant increase in risk for postoperative complications. Stopping smoking 6 weeks prior to surgery can help decrease these risks.**

EXPECTATIONS:

- Pain relief will gradually improve although it may take one to two years for maximum pain relief after joint replacement. Those patients who continue with their exercise program and advance to a higher level of exercises when able, tend to recover quicker and have better satisfaction with their joint replacement overall.
- Deformities of the knee and hip (bowing, knock-knee, or leg length discrepancy) are often able to be corrected during surgery. Ligament damage causing knee instability that can be corrected is also performed when possible.
- Improved quality of life due to the ability to perform normal activities without pain.
- Realistic activity after joint replacement includes: walking, swimming, golfing, hiking, biking, dancing and other **low-impact** sports.



PREPARING FOR SURGERY

4-6 Weeks Prior to Surgery

Advance Health Care Directive (Living Will)

If you do not have an Advanced Health Care Directive, you may want to complete one prior to surgery. This document explains your health care wishes to the hospital staff. Have this document notarized OR signed by two witnesses BEFORE you come to the hospital. **Bring a copy of the Advanced Health Care Directive to the hospital.**

Preoperative Physical

Your primary care physician will likely perform your pre-op physical. This will be a thorough medical examination with a review of your medical history, examination, lab work, and x-rays as deemed necessary. Not all lab and/or x-ray testing may be covered by insurance but are required as part of the medical clearance for surgery.

Preoperative Education

On the Joint Replacement Program website, you will find preoperative education that is important for you to know. The education will expand on certain areas discussed in this book. Important topics of discussion will include: wound care and dressings, nutrition, prevention of complications (infection, blood clots), pain control, review of exercises (specifically those to start before surgery), methods for icing, use of assistive devices for ambulation and dressing, and coach duties.

Diet and Nutrition

Adequate **PROTEIN** is required for wound healing, prevention of infection, and to gain muscle strength during your recovery. Begin protein intake starting a week prior to surgery and continue after surgery. If you are unable to eat a diet high in protein, you may drink protein supplements (Boost, Ensure), eat high protein bars or add protein powder to foods you can eat. (See list of protein content of foods). It is important to consume at least **20 grams of protein** at least twice a day for two weeks preoperatively and four weeks postoperatively.

Protein Content of Foods - Meat, Poultry, Eggs:

Food (cooked)	Serving Size	Calories	Protein (g)
Chicken, skinless	3 oz	151	28
Steak	3 oz	158	26
Turkey, roasted	3 oz	135	25
Lamb	3 oz	172	23
Pork	3 oz	122	22
Ham	3 oz	139	14
Egg, large	1 egg	71	6

Seafood:

Food (cooked)	Serving Size (oz)	Calories	Protein (g)
Salmon	3	155	28
Tuna	3	99	22
Shrimp	3	101	20
Lobster	3	76	16
Scallops	3	75	14

Legumes, Grains, Vegetables:

Food (cooked)	Serving Size (cup)	Calories	Protein (g)
Pinto Beans	½	197	11
Adzuki Beans	½	147	9
Lentils	½	101	9
Edamame	½	95	9
Black Beans	½	114	8
Red Kidney Beans	½	112	8
Chickpeas	½	134	7
Black-eyed Peas	½	100	7
Fava Beans	½	94	7
Wheat Berries	½	151	6
Kamut	½	126	6
Lima Beans	½	105	6
Quinoa	½	111	4
Peas, Green	½	59	4
Spinach, cooked	½	41	3

Protein Content of Foods (cont.)

Nuts and Seeds:

Food (cooked)	Serving Size	Calories	Protein (g)
Soy Nuts	1 oz	120	12
Pumpkin Seeds	1 oz	159	9
Peanuts	1 oz	166	7
Peanut Butter	1 Tbsp	188	7
Almonds	1 oz	163	6
Pistachios	1 oz	161	6
Flax Seeds	1 oz	140	6
Sunflower Seeds	1 oz	140	6
Chia Seeds	1 oz	138	5
Walnuts	1 oz	185	4
Cashews	1 oz	162	4

Dairy Products:

Food (cooked)	Serving Size	Calories	Protein (g)
Greek Yogurt	6 oz	100	18
Cottage Cheese (1% fat)	4 oz	81	14
Regular Yogurt (nonfat)	1 cup	100	11
Milk, skim	1 cup	86	8
Soy milk	1 cup	132	8
Mozzarella (part skim)	1 oz	72	7
String Cheese (nonfat)	1 piece (0.75 oz)	50	6

Important nutrients for healthy recovery:

- Magnesium – Lets calcium move into muscle (nuts, beans, peas, milk, and dairy)
- Calcium – makes bones stronger (dairy products, broccoli, canned fish with bones)
- Vitamin D3 – helps body use calcium (liver, egg yolks, salmon, herring, dairy, sardines)
- Iron – make red blood cells (organ/red meat, dried fruit, fish, prune juice, dark green leafy vegetables)-iron absorption is hindered by coffee/tea, calcium and zinc so do not take at the same time – always drink 8 oz. of water when taking iron pills
- Vitamin C – helps promote healing, prevent infection and aids in absorption of iron (oranges, tomatoes, lemon, lime, pineapple, strawberries, green pepper, broccoli, cantaloupe)

High Fiber Eating Plan

Pain medications and surgery can sometimes cause constipation. A high fiber diet can help prevent constipation.

- Fiber is found only in plant foods. Fiber is found in fruits, vegetables, whole grains, dry beans, peas, and nuts
- Add fiber to your diet slowly. If you add fiber to your diet too quickly you may experience gas, cramps, bloating and diarrhea
- Drink at least 6-8 cups of liquid each day as fiber absorbs a large amount of water from your intestines which can lead to constipation
- Physical activity can help with constipation

About Fiber

- There are two kinds of fiber, soluble and insoluble. Most foods with fiber have more of one kind of fiber than the other. A healthy diet includes both types of fiber
- Soluble fiber helps lower cholesterol levels. Soluble fiber is found mostly in oats, barley, beans, citrus fruits, apples, and cabbage-family vegetables.
- Insoluble fiber helps to prevent constipation. It is found in whole wheat products and most vegetables

Making Your Plan Work

- Include Some fiber in each meal and snack
- Slowly work up to 25 to 35 grams of fiber per day, including both soluble and insoluble fiber
- Try adding unprocessed wheat bran (insoluble fiber) or oat bran (soluble fiber) to your diet by adding it to muffins, applesauce, cereal and meat loaf
- Talk with your doctor or dietitian about using a fiber supplement
- If your doctor prescribes a stool softener, use it as directed

FOODS	BEST FIBER CHOICES
<p><u>Breads, crackers, and grains</u></p> <ul style="list-style-type: none"> ● 6 or more servings per day ● One serving (2 grams of fiber) <ul style="list-style-type: none"> - 1 slice of bread - 4-6 crackers - 3 cups popped popcorn - ½ cup pasta, rice, or grains 	<ul style="list-style-type: none"> ● Look for the words whole grain, whole wheat, whole oats or rye flour as the first ingredient on the label ● Barley, millet, bulgur, brown rice and wild rice ● Pastas made with whole wheat ● Popcorn
<p><u>High Fiber Cereals</u></p> <ul style="list-style-type: none"> ● 1 serving each day ● One serving (4-8 grams of fiber): <ul style="list-style-type: none"> - 1/3 to ¾ cup 	<ul style="list-style-type: none"> ● All-Bran, Bran Buds, Corn Bran, Fiber One, Complete Bran Flakes, 100% Bran, Multi Bran Chex, Raisin Bran, Shredded Wheat, or Kashi Go Lean Crunch ● Read package labels for the number of grams of fiber per serving
<p><u>Vegetables</u></p> <ul style="list-style-type: none"> ● 3-5 servings each day ● One serving (2 grams of fiber): <ul style="list-style-type: none"> - 1 cup raw leafy vegetables - ½ cup cooked, canned, or raw vegetables 	<ul style="list-style-type: none"> ● Carrots, broccoli, Brussels sprouts, corn, peas, potatoes with skin, and spinach ● Some high fiber vegetables are also high in vitamin K. Remember to maintain a consistent vitamin K intake if you are taking Coumadin.
<p><u>Fruits</u></p> <ul style="list-style-type: none"> ● 2-4 servings each day ● One serving (about 3-5 grams of fiber): <ul style="list-style-type: none"> - 1 medium piece of fresh fruit - ½ cup cooked, canned, or raw fruit 	<ul style="list-style-type: none"> ● Apples, bananas, pears, oranges, prunes, raisins, berries, figs, dates
<p><u>Dry beans and peas</u></p> <ul style="list-style-type: none"> ● 3 servings each week ● One serving (4-8 grams of fiber): <ul style="list-style-type: none"> - ½ cup cooked or canned beans 	<ul style="list-style-type: none"> ● Kidney, navy, pinto, lima, and garbanzo beans, lentils, split green peas and black-eyed peas
<p><u>Nuts and Seeds</u></p> <ul style="list-style-type: none"> ● 3 servings each week ● One serving (2 grams of fiber) <ul style="list-style-type: none"> - 1 oz. or ¼ cup 	<ul style="list-style-type: none"> ● All varieties of nuts and seeds (like pumpkin, sesame and sunflower seeds) contain fiber

Meat, fish, poultry, eggs, dairy foods, and sweets and fats are part of a healthy diet but are not sources of fiber.

Sample Menu

Breakfast

¾ cup bran cereal	5
1 slice whole-wheat toast	2
1 medium banana	3
1 cup skim milk	0
1 teaspoon margarine	0
1 cup coffee	0

Lunch

2 oz. turkey	0
2 slices rye bread	4
1 fresh pear	5.5
1 cup skim milk	0

Mid-Afternoon Snack

1 medium apple	4.5
12 oz. water	0

Dinner

3 oz. broiled fish	0
1 medium baked potato	4
1 teaspoon margarine	0
1 cup melon	1.5
1 cup skim milk	0

Evening Snack

3 cups popped popcorn	3
12 oz. water	0

Grams of Fiber **37**

Your Meal Plan

Breakfast

Lunch

Mid-Afternoon Snack

Evening Snack

Avoid **ALCOHOL** for one week prior to surgery. Alcohol thins blood and can cause excessive bleeding during or after surgery. Alcohol also interacts with many medications given during your hospitalization.

DO NOT attempt a weight loss program in the immediate pre-operative time period, unless directed by your physician. It is important that your body is not nutritionally compromised in order to better recover from impending surgery.

Meal Preparation

Cook and freeze nutritious meals for easy preparation after surgery. Although you are allowed to stand and prepare meals after surgery, standing for longer periods of time can cause fatigue. Meals on Wheels are available in some communities and can be arranged for you, although there may be a cost to receive them.

Constipation

Develop a bowel program to correct issues with constipation **PRIOR** to surgery and continue that program through hospitalization and postoperatively until you resume regular activity. DO NOT wait for days after surgery to treat constipation. Over the counter fiber supplements, stool softeners, bowel stimulants, are all allowed. (i.e Colace, Pericolace, Miralax, Mag Citrate, Metamucil, prunes/juice). Herbal products within a week **prior** to surgery are NOT allowed.

Exercise before Surgery – Get in Shape!

“Strength is like money in the bank, you can never have enough and it's good to have a little extra when needed”

Try to stay as active as you can in the weeks before surgery. Patients who go into surgery with more strength come out of surgery much better and can progress faster. We recommend doing the exercises on pages 48-58 before surgery.

Assistive Devices and Equipment

After surgery, everyone will use a rolling walker for approximately two weeks, likely followed by a single tip cane for safety with walking. Your insurance will usually cover the cost of a cane or walker (but not both). You may want to borrow one or both from family or friends prior to surgery in order to limit unforeseen cost outlays.

Assistive devices to assist with dressing and bathing are recommended but are NOT paid for by insurance. You may purchase them while at the hospital or purchase/borrow them prior to surgery from a medical supply company, family, friends, VFW, Easter Seals, senior centers, and/or church organizations. If you choose to borrow any equipment, now is a good time to obtain the equipment and practice with it prior to surgery. The following is a list of assistive devices that you may find useful after undergoing total joint replacement:

Cane	Reacher
Handheld shower head	Sock aid
Commode	Long handled sponge
Raised toilet seat	Elastic shoelaces
Grab bars	Long Handled shoe horn
Shower/tub chair	Tub transfer bench
Extra cold pack	Leg Lifter

* Some helpful places to purchase equipment are Amazon, Walgreens, Lowes, Beta Med, Medicare Supply, and Walmart. A rolling walker is preferred for post

surgical rehabilitation. **A walker with 4 wheels (rollater) will not work for safe post surgical ambulation.**

Medications

Please discuss with your physician when to stop your current medications.

Tylenol or any Tylenol-based medication is allowed for pain.

Celebrex may be continued through surgery.

You may continue over-the-counter antihistamines for allergies (Claritin, Benadryl, Tavist), stomach medications (Prilosec, Tagamet, Pepcid, Protonix).

Prescription medications: During your preoperative physical, your physician will review your medications and tell you which ones to discontinue.

DO NOT bring your medications with you to the hospital, prepare a list of those taken that includes name of medication, dosage, time of day taken, and bring the list to the hospital. Include names of medications you have stopped taking in preparation for surgery AND include any allergies or pain medications you have taken in the past that you did not tolerate.

Preventing Infections

Infections can occur for various reasons but some of the most common are through the mouth, skin and bladder. The following recommendations are to lessen the chance of an infection – follow them carefully before and after surgery.

- **Dental examination:** Bacteria can enter your bloodstream through your mouth during dental examinations or when poor oral hygiene exists. **Schedule a dental examination prior to surgery** (but NOT within one week of surgery) **if you have not had a dental exam in the last six months.** Continue to brush and floss teeth regularly. Antibiotics are required one hour prior to **ALL** dental procedures for the rest of your life after joint surgery. Either your dentist or surgeon can prescribe the antibiotic. Do not schedule a routine dental exam within three months after surgery.

All bacterial infections need to be treated before surgery. Your risk of infection increases if you have an active infection at the time of surgery. Therefore, if you have a cough, cold, flu like symptoms, leg cellulitis, diarrhea, or any open skin wounds, have them treated by your medical physician. If present within one week of surgery, contact your surgeon's office – it may require rescheduling of your surgery.

Diabetic patients need to keep blood sugars as close to 100 as possible. A HgbA1c over 7.5 will double your chances of infection, delay wound healing, and increase stiffness of the joint. Your surgeon may reschedule if your HgbA1c is over 7.5.

Patients with immunocompromised health conditions (i.e. rheumatoid arthritis) are at increased risk of infection and delayed wound healing. Certain medications used to control our medical condition may need to be held both preoperatively and/or postoperatively. This will be discussed with you at your preoperative physical.

Notify your surgeon if you have ever had a wound infection after any other surgery. This could place you at higher risk for a wound infection after joint replacement surgery.

Mail

Arrange for someone to pick up your mail until you feel strong and are walking enough to collect mail on your own.

Transportation

You are not allowed to drive for up to six weeks after knee replacement surgery. Make arrangements for transportation home after surgery, for physical therapy appointments, and follow-up doctor appointments.

Smoking

Smoking is known to cause breathing problems after surgery. It also compromises wound healing and increases your chance of infection. Try to decrease smoking or seek methods to stop at least two weeks prior to surgery. Your primary care physician can offer ideas or refer you to a smoking cessation program.

Home Safety Checklist

Preparing your home prior to surgery for safety and convenience will help you in the early recovery period. The following are suggestions:

- ❑ Remove throw rugs to avoid tripping on them
- ❑ Place night lights in the bathroom, hallways, and bedroom
- ❑ Have emergency numbers by the phone for ambulance, fire, and person to notify in the case of an emergency. If possible, use a cell phone that will fit into a pocket and can be taken with you around the house
- ❑ Non-skid mat in your shower or tub and a rubber backed bath rug outside the shower/tub
- ❑ Securely fastened safety rails in the bathroom, beside the toilet, bathtub, and stairways
- ❑ Clear walking paths of any cords or clutter and make them wide enough for use of a walker
- ❑ Bar stools may be ideal to sit on initially instead of low dining room chairs. Do not sit on chairs with wheels/rollers
- ❑ Low chairs, couches and recliners may be more difficult to get up and down. If needed, place a pillow on the seat to make it easier to stand up
- ❑ Be aware of hazards such as small objects, pets, and uneven surfaces
- ❑ Wear slippers or shoes with backs; soles should be rubber for good traction
- ❑ Slide objects along counter rather than try to carry while using a walker
- ❑ Use a Reacher to pick up objects from the floor
- ❑ Use a walker tray to transport objects (food, mail, remote, drink)
- ❑ Hang a tote bag on the walker to carry supplies (phone, remote, mail, reacher)
- ❑ Use a mug with a lid to transport liquids
- ❑ Change positions frequently during the day to avoid stiffness
- ❑ Install a handrail on your stairs if you don't have one now. This will make stair climbing much easier and safer

THE DAY BEFORE SURGERY

Avoid excessive CAFFEINE. Caffeine is a diuretic and stimulant which can cause heart irritability or dehydration during surgery. A cup or two of coffee or one can of soda is allowed, and then switch to decaffeinated beverages. WATER is always the best liquid prior to surgery.

Avoid excessive DAIRY PRODUCTS. Dairy products cause thickening of secretions and makes it harder to cough up secretions from your lungs after surgery.

Appropriate hydration is important for post-operative success. The following is a hydration schedule that will be beneficial to your overall success. Drink eight glasses of water to provide adequate hydration for surgery. Drink 12 oz. of Gatorade at 10:00 pm on the evening prior to the surgery and drink another 12 oz. of Gatorade **one hour** prior to arriving at the hospital for surgery.

Eat three regular high protein meals each containing approximately 20 grams of protein. See pages 18-20 for nutrition information.

NO SMOKING

DO NOT EAT AFTER MIDNIGHT the evening before your surgery.

Begin PREOPERATIVE SHOWER as directed below.

Preoperative Antibacterial Bathing Instructions

Because skin is not sterile, it is important that your skin is as free of bacteria (germs) as possible. Following these instructions will eliminate many of these normal germs and help assure that your skin is as clean as possible for surgery. Report any rashes, infections, open areas, or sores to your surgeon or nurse before your scheduled surgery for further instructions.

IMPORTANT: Do not get a pedicure or manicure before surgery! Nail polish needs to be removed before you go to surgery.

You will need to shower with a special soap called chlorhexidine gluconate (CHG). A common brand name for this soap is Hibiclens, but any brand is acceptable to use. You will be provided with this soap in a liquid form at your preoperative appointment. If for some reason you misplace the cleanser given to you, contact the Joint Replacement Coordinator.

CHG is not to be used by people allergic to chlorhexidine. If you are allergic to chlorhexidine (Hibiclens) use **Ivory liquid** soap for your shower/bath.

Instructions for showering before surgery:

- Shower or bathe the evening before and the morning of your surgery
- Do not shave the area of your body where your surgery will be performed
- Start the shower or bath by washing your hair with your normal shampoo
- Rinse your hair and body thoroughly after washing your hair to remove the soap residue. Do **not** use conditioner or other leave-in styling agents.
- Then apply the antiseptic solution (CHG soap) to a wet clean wash cloth and lather your entire body **only from the neck down**. Do **not** use CHG near your **eyes, ears, or genitalia** to avoid injury to those areas
- Wash thoroughly, paying special attention to the area where your surgery will be performed
- Turn water off to prevent rinsing the soap off too soon
- Wash your body **gently** for five minutes. Do **not** scrub your skin too hard
- Do **not** wash with your regular soap after the CHG is used
- Turn the water back on and rinse your body thoroughly
- Pat yourself dry with a clean, soft towel
- Do **not** use lotion, cream or powder
- Dress in clean clothing and change your bed linens following your shower
- **Do not sleep with pets prior to surgery or allow pets to lick you**

THE MORNING OF SURGERY

Before leaving for the hospital:

- Shower as directed per page 31
- You may brush your teeth, gargle, and rinse your mouth with water, try to avoid swallowing. Do not chew gum, lozenges or drink any liquids
- No smoking.
- **Take only those medications directed to take with a sip of water only.** Do not bring your medications to the hospital unless directed to do so. **Only bring your list of medications.**
- Dress in loose fitting, comfortable clothing.
- If you feel sick – call St. Joseph Health at (979) 776-3777.

ARRIVAL AT THE HOSPITAL

Arrive at St. Joseph Health at the time directed (usually two hours prior to surgery). Enter the Tower lobby and register at the registration desk. See page 46 for a parking map of the campus. You may also park in the parking garage in the patient/visitor area on the first floor.

Once registered, you and your family members will be escorted to the surgical waiting area.

Preoperative Preparation

Pre-op nursing staff will check your medical records, conduct a brief physical exam and take your vital signs (pulse, temperature, blood pressure). An IV (intravenous line) will be established. You will change into a surgical gown (socks may be kept on). If any lab work had not been completed or was abnormal, it may need to be drawn at this time.

Anesthesia: You will be interviewed by an anesthesiologist prior to surgery. He or she will discuss general or spinal anesthesia along with complications of anesthesia and answer your questions about anesthesia.

- If you choose spinal anesthesia you will receive a local anesthesia block in your lower back which will cause loss of sensation below the waist. Sedating medication is also provided during surgery so you will feel relaxed, sleepy, and pain free.
- Adductor Block may be used in knee replacement surgery for extended pain relief. The effect of the block may last up to 55 hours, but you will continue to receive pain medications as needed.

Your Surgery

Your surgeon will stop by and initial your surgical leg prior to surgery. Once all of your questions are answered, and consent for surgery and anesthesia are completed, you will be transferred to the operating room where the operating room staff will take over.

The average time for a total hip or total knee surgery ranges from one to two hours.

Once surgery is complete

You are transferred to the recovery area where your vital signs will be monitored. A postoperative x-ray of your new total joint is taken. Pain medication will be administered as needed through your IV.

You will be taken to your room when the anesthesiologist feels you are stable.

YOUR POSTOPERATIVE HOSPITAL STAY

Nurses visit you frequently once in your room on the orthopedic floor. Your vital signs are monitored along with pain level, nausea, the dressing and drainage.

Physical Therapy

Physical therapy or nursing will help you to stand at the bedside on the day of surgery and even help you walk if you are able. After this, they will see you twice a day starting the day after surgery. Once in the morning and again in the afternoon if needed. They will teach you how to get in and out of bed and a chair, how to use a walker, climb stairs and complete your exercises. Exercise is a very important part of a successful outcome following knee or hip replacement. For those undergoing a total knee replacement it is important to know that there is a “golden period” of 6-12 weeks to restore the flexibility in your knee after surgery. To get the best possible outcome, you need to keep doing your exercises during this “golden period”. For those undergoing a total hip replacement surgery, the best thing you can do is walk regularly with physical therapy while in the hospital. Therapy will start exercises with you in the hospital and it is **YOUR** job to keep doing them at home. If you stop doing them too soon or don’t do them often enough, you may not get the best outcome possible. We do not recommend getting out of bed on your own while in the hospital until either physical therapy or nursing tells you to do so. You will be able to walk household distances with a walker by the time you return home. See your exercise program on page 48.

Occupational Therapy

If needed, an occupational therapist (OT) may see you starting the day after surgery to educate and demonstrate assistive devices for toileting, dressing, and bathing and to determine if you need them at home. Generally these types of assistive devices are not paid for by insurance. By the time you return home, you should be able to independently dress, toilet and bathe yourself.

Hip Precautions:

If you underwent a total hip replacement then you will have hip precautions depending on the surgical approach. The vast majority of patients who undergo total hip arthroplasty at St. Joseph Health will have the following hip precautions:

- ★ **DO NOT CROSS YOUR LEGS OR BRING YOUR SURGICAL LEG ACROSS THE MIDLINE OF YOUR BODY**
- ★ **DO NOT TWIST YOUR LEG TO TOE IN OR TOE OUT POSITIONS**
- ★ **DO NOT PIVOT ON YOUR SURGICAL LEG**
- ★ **DO NOT RAISE YOUR KNEE ABOVE THE LEVEL OF YOUR HIP (BREAK 90 DEGREE OF HIP FLEXION)**

Surgical Dressing

After surgery, you will have an ace wrap on your knee if you've had a knee replacement. The ace wrap dressing will be removed as instructed by the doctor. If you've had your hip replaced, you will have either a "waterproof" dressing or gauze and tape. The dressings are variable, the nurse will review dressing change needs prior to discharge.

Drain Tube

A drain **MAY** be placed at the time of surgery. If you have one, it will be removed the morning after surgery by the nursing staff. It is normal for this site to bleed for a couple of days after the drain is removed.

Foley Catheter

A catheter **MAY** be placed in your bladder at the time of surgery. If one is placed, it will be removed the morning after surgery. Once the catheter is removed, you must urinate within six to eight hours or the catheter may need to be replaced.

Lab Work

Blood will be drawn around 5 a.m. while in the hospital to monitor hemoglobin, protime (how thin blood is), and electrolytes.

Oxygen/Respiratory Therapy

After surgery, you may receive oxygen through a nasal cannula in your nose. Your oxygen level will be routinely checked by placement of a probe on your finger. Cough and deep breathe frequently to prevent lung congestion after surgery. You will be instructed on the use of an incentive spirometer to help prevent lung congestion. Use the spirometer at least 10 times every hour while awake.

Antibiotics/Intravenous Fluids

You will receive IV fluids until you are tolerating a diet and have received a course of antibiotics to help prevent infection. The IV is removed at the time of discharge.

Blood Clot Prevention

Sequential Compression Device (SCD's) will be placed on both legs after surgery. They must be worn whenever you are in bed. Move your ankles and toes frequently to promote blood circulation. You will receive medications while in the hospital to help prevent blood clots. This may be either a pill or a shot. On discharge from the hospital you will be instructed on **medication(s) you are to take for prevention of blood clots**. The medication(s) are to be continued for four weeks or as instructed.

Diet

Some loss of appetite is common after surgery and can last up to a month. Your pain medication can cause continued nausea or loss of appetite and may need to be discontinued if this occurs. You will start with a clear liquid diet after surgery and advance as tolerated. Eat small amounts of healthy foods that are high in protein at least three times a day.

Foods recommended:

Fruits: Canned fruits, applesauce, and bananas

Vegetables: Canned or cooked vegetables only

Protein: Eggs, baked chicken

Breads: Crackers, toast with jelly or dry (no butter), breads, potatoes, rice, rice cereal

Dairy: Low-fat yogurt, sherbet

Snacks: Pretzels

Drinks: Fruit juice, soda, broth

***Liquids that contain fat, such as milkshakes, may be tolerated and can provide needed calories*

Food not recommended (for the first day following surgery only):

- High fat or fried foods
- Foods with strong odors
- High fiber foods
- No fresh fruits and vegetables

Drink eight glasses of water daily unless instructed otherwise.

PAIN MANAGEMENT

Pain Control

Expect to have pain after knee or hip replacement surgery. Every individual experiences different kinds and amounts of pain. The nursing staff do not automatically give you pain medication, but will frequently ask you about your pain. Pain medication will decrease your pain, but is not likely to allow for NO pain. You will be asked to use the following pain scale when rating your pain, which assists the nursing staff to determine the right type of pain medication to administer.

Pain Scale: rate the intensity of pain from 0-10 with '10' being the highest amount of pain you could imagine.

Read and follow these guidelines:

1. Prior to surgery, find the name of pain medications that did and did not agree with you if you have taken them in the past.

Note: Names of pain medication that may be ordered for pain control after surgery are:

- **Tylenol**
- **Tramadol**
- **Hydrocodone (Norco)**
- **Toradol**
- **Fentanyl**

2. Never take a pain pill from nursing staff without asking the name of the medication.
3. Pain pills are NOT automatically given to you. You must ask the nurses for pain medication.
4. Never take a pain pill on an empty stomach. Always have a snack on your bedside stand.
5. Reassess your pain level every hour while awake. Do this by moving your surgical leg, then rate pain by the scale listed above. Pain from 0-4 is normal and to be expected. When your pain goes over 4, tell your nurse so you can discuss options for pain control, even if you received a pain pill one or two hours ago.



6. Other pain management techniques:

- Apply a cold pack to your knee or hip frequently for approx 20 minutes at a time
- Elevate your entire leg on three to four pillows (under the ankle not the knee). This will help reduce swelling and inflammation which is contributing to your pain. (See picture on page 51)
- Change position frequently, do not sit for more than one hour at a time
- Deep breathing with the incentive spirometer
- Take frequent walks (with therapy or nursing) to alleviate and prevent increasing stiffness and always walk with assistance
- Relaxation therapy – close your eyes and focus on a soothing time or place

We recommend you take your pain medication 30 minutes prior to your physical therapy session while in the hospital **and at home**. Even though you may still have pain with your exercises, the pain medication will allow you to do better with your exercises and will relieve the pain quickly once the exercises are done. The nurses and therapists work together in timing of pain medication. Once at home, you will need to take pain medication approximately 30 minutes before you plan to perform your exercises.

ON THE DAY OF DISCHARGE

Anticipate returning to your home the day after surgery if you meet discharge criteria. You will be ready to return home once you are able to safely walk household distances, be able to climb a few stairs, are able to get into and out of bed and a chair on your own, have demonstrated understanding of your exercise program and are considered medically stable. Be sure to take all belongings, dentures, electronics and chargers home with you.

Medications

You will receive a list of medications you are to take at home. A prescription for pain medication and possible medication to prevent blood clots will be provided. The prescription may be filled at your local pharmacy.

Appointments

Be sure to keep all appointments scheduled. **Refer to page 10 for all your postoperative appointments.**



These appointments will also appear on your discharge paperwork.

Appointments with your **surgeon**: If your surgeon has a satellite clinic in or near your home town, efforts are made to schedule those appointments at the satellite clinic if possible.

Appointments with **physical therapy**: If you are attending therapy sessions as an outpatient, the Joint Replacement Team will schedule the first appointment on your behalf.

DISCHARGE INSTRUCTIONS FOR TOTAL JOINT REPLACEMENT

After your surgery, there are a variety of steps and precautions that need to be followed to make sure that you recover fully and quickly as possible. The instructions will be reviewed with you just before you leave the hospital. **It is recommended to have your family member or coach present when discussing these instructions.**

Take your medications as directed by your physician. Call if you think your medication is not helping or if you feel you are having side effects. You will be provided with a list of medications. Bring that list with you to your follow-up medical appointments.



Anti-clotting Medications: You will be instructed to take medication to prevent blood clots. **The standard protocol for anti-clotting management is one baby aspirin (81mg) twice a day for 4 weeks.** Instructions for use and information about any additional or different medication will be provided on discharge. Do not stop this medication without talking to your surgeon.

Opioid Medications (narcotics): Used to treat pain. Opioid medications stop nerves from sending and receiving feelings of pain. Some examples include: Hydrocodone, codeine, and tramadol. Some opioid medications have two names, both a brand name and a generic name. Read the labels and prescription instructions carefully.

You may experience more side effects if you use more than one narcotic to treat your pain. Common side effects may include drowsiness, confusion, delirium, risks for falls, constipation, nausea, and/or vomiting. Notify your doctor, or nurse in the hospital, if you are having side effects. You may need to have your dose adjusted or medicine changed.

Keep your narcotics in a safe place. Store them in a locked cabinet away from children and prevent others from using it. **Never** share or borrow your medicines with others. Do not drink alcohol while taking narcotics. It can make you sleepy, slow your breathing, or cause you to stop breathing.

As your pain improves, your doctor can decrease the amount of medicine you are taking. If you have been taking narcotics regularly for one to two weeks you may need to decrease slowly to prevent symptoms of withdrawal. Withdrawal symptoms include anxiety, irritability, nausea, hallucinations, headaches, and tremors. Report any withdrawal symptoms to your physician immediately.

Long term use of opioid medicines prior to surgery may cause you to require more medicine to treat your pain. This is called tolerance. It means that after a while your body gets used to the medicine and you may need to make a change to get pain relief. Tolerance is a normal occurrence.

Concerns about “addiction” to narcotics may prevent some patients from taking pain medicine and getting good pain relief. If you have pain and take your medicine as directed, it is uncommon that addiction will become a problem. This is especially true if you have never had an addiction. Tell your doctor or nurse if you have ever had any problems with drug or alcohol abuse before as this may increase your risk of addiction to narcotics. Talk to your doctor or nurse about any fears or concerns you may have regarding pain management.

Fever: A low grade fever is normal during the first week following surgery. However, if you experience any temperature above 101.5°F, contact your surgeon’s office.

Swelling: Swelling of the knee and lower leg can increase for 7-10 days after surgery and persist for months.

- Continue to use cold packs for at least four weeks or until it is no longer warm to the touch when compared to the other knee
- Avoid sitting beyond one hour
- Do not use heat (Heat may increase swelling)
- Elevate your feet above your heart as instructed on page 51. **Sitting in a recliner with leg elevation is NOT proper elevation**

Numbness along the incision: This is normal. It may be temporary or permanent, but **DOES NOT** affect the function of the joint.

Incision care:

- **ALWAYS** wash your hands with soap and water before changing your dressings or touching the incision
- Look at the skin around your incision daily and call the office if there are any concerns (redness around the incision, pus looking drainage, wound is open/gapping, increasing drainage of any kind, especially if it had previously stopped draining).
- **DO NOT apply any ointments or lotion to the incision**

For Dr. Veazey and Dr. Brazeal's Patients:

- Change your dressing every 5 days or sooner if you have drainage from your wound. You will be given a special waterproof dressing from the hospital. **Please contact the office if you have drainage that lasts longer than 5 days or continues to increase.**

For Dr. Iero's Patients:

- Change your dressing daily. Place 2 new pieces of gauze folded long ways and placed side by side over the incision, then wrap your knee with an ace wrap. **Please contact the office if you have drainage that lasts longer than 5 days or continues to increase.**

Bathing and Dressing: You may begin showering the day after surgery. NO tub baths until the incision is 100 percent healed and you can safely transfer into and out of the tub, usually four to six weeks.

For Dr. Veazey and Dr. Brazeal's Patients:

- You may shower with your waterproof dressing on.

For Dr. Iero's Patients:

- Remove dressing and cover the incision with "Saran" wrap or plastic wrap. After your shower, remove wrap and pat dry. Place 2 new pieces of gauze folded long ways and placed side by side over the incision, then wrap your knee with ace wrap.

Constipation: Constipation after surgery occurs in almost all patients. Continue a stool softener (Colace) twice a day, prunes or prune juice with each meal, along with other products as needed (Miralax, Milk of Magnesia, Fiber, Dulcolax, or other foods that you know have helped keep you regular in the past) until bowel movements are soft and regular. Start them immediately upon discharge. Walking and plenty of water also help regulate bowel movements. Eat food high in fiber (cereals, beans, vegetables, whole grain breads).

Physical therapy: you will start seeing your local physical therapist one to two weeks after surgery unless another discharge plan has been made. (Refer to the appointment schedule at the front of this book). You will still be doing most of your rehab on your own at home. Physical Therapy will be guiding you and helping you advance your exercises making sure you are progressing well.

Activity: You are encouraged to walk a greater distance and frequency every day once at home. A short walk every hour is ideal, so use your walker as instructed. Avoid uneven surfaces such as gravel or lawns. If climbing stairs, follow the instructions provided by the Physical Therapy personnel during your hospital stay. Avoid low stools or chairs, ladders, chairs with wheels, and low toilets until you are strong. Using chairs with arms and a firm seat are the easiest to get out of. Low impact activities such as walking, swimming, biking, or elliptical machines are the best exercises for the implant.

Clicking with knee bending after total knee replacement: This can occur from metal and plastic motion with knee replacement surgery, but it is normal.

Lifetime Restrictions: The knee and hip replacement prosthesis are not designed to withstand repeated impact or pounding activities (running or jumping as an exercise).

Traveling: You may travel after surgery as soon as you feel strong enough to do so. Stop every hour and walk for 5-10 minutes when traveling by car to prevent blood clots. The metal in your new joint may activate detectors required for security at airports and federal buildings. Plan extra time when traveling by air as you may be stopped by security and patted down.

Driving: If you had your **left leg** operated on, you may drive when you are off of narcotic pain medicines and can get in and out of a car - usually in 2-4 weeks. If you had your **right leg** operated on, then you can usually drive in 3-6 weeks. Your doctor will let you know when it is safe to do so.

Kneeling: Avoid kneeling for three months after surgery. Kneeling on your incision may never be comfortable, but kneeling will not harm the implant.

Hip Precautions: Hip precautions should be followed for a minimum of 3 months.

- **DO NOT** cross your legs at the ankle or knee
 - Sleep with 1-2 pillows between your leg
- **DO NOT** bend over or bring your knee up past 90 degrees
 - Sit on a pillow for low chairs or while riding in the car to ensure that your knees stay lower than your hips
- **DO NOT** rotate leg inward or outward while laying on back
 - Do not twist the body or hip to turn and reach for items
- No active hip abduction or adduction exercises for 6 weeks.

Sleeping: Most patients have difficulty sleeping a full night initially after surgery. You may take Tylenol PM or use other relaxation techniques that have worked for you. **Knee replacement patients are NOT allowed to place pillows under the knee for six weeks.** (See photo on page 51)

Intimacy: Normally, patients resume sexual activity a few weeks after surgery when they feel comfortable to do so. Your incision, muscles, and ligaments need time to heal.

Maintain Ideal Body Weight: Additional weight increases stress on your joint replacement and could increase wear requiring earlier revision surgery. Normal life expectancy of the knee and hip implants are 20 to 30 years. After eight weeks you are allowed to swim, golf, horseback ride, dance (limit polka), snowmobile, or ride a motorcycle.

Dental Exams: Please notify your dentist that you have a joint implant. You will be required to take oral antibiotics one hour prior to any dental work for the rest of your life to help minimize the risk of infection.

Prosthetic implants: If your implant contains metal it may set off metal detectors in airports and federal buildings.

Remember the metal and polyethylene implant is a manmade product that can wear over time. It is important to return to your surgeon for periodic exams and x-rays to ensure the implant components are in good alignment and the surfaces are wearing well.

CALL YOUR SURGEON AT THEIR OFFICE IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- Your incision opens
- Your dressing becomes completely soaked with blood
- You have a temperature over 102 degrees
- You have significant increase in swelling of your thigh with increasing pain
- Calf pain

SEEK MEDICAL ATTENTION IMMEDIATELY IF:



- You have a sudden onset of chest pain. This could be a sign that you have a blood clot in your lungs. It could also mean you are having an allergic reaction.
- You fall and injure the hip/knee
- Your toes on the leg operated become cool, blue, or pale in color
- You are confused (can be reaction to narcotic medication, electrolyte imbalance, low oxygen levels)
- You see or hear things that are not real (allergic reaction to narcotic medication)
- You are too dizzy or weak to stand up (low blood pressure or hemoglobin, or reaction to narcotic medication)

Appendices

PARKING MAP



Legend:

-  Guest and Patient Parking
-  Medical Staff/Team Member Parking

Frequently Asked Questions

1. **What time do I arrive at the hospital?** A pre-surgery nurse will call you the day before surgery to let you know where to go and what time to report to the hospital.
2. **Showering before surgery.** Use the CHG soap to shower the night before surgery and also in the morning on the day of surgery. (See page 31)
3. **Showering after surgery.** You may begin showering the day after surgery. See page 42 for more detail.
4. **Hospital discharge time.** You will be discharged when you meet the criteria for discharge. There is not a standard time of day this occurs but will likely be late morning. We recommend having a ride available by 11am.
5. **Constipation.** Expect to have some constipation after surgery. Use over the counter products listed on page 43. If you were taking any of these before surgery, resume taking them as soon as you get home.
6. **Diet.** It is recommended to get at least 60 grams of protein per day before and after surgery. This will help with the healing process and prevent infection. See page 18-23 for more details.
7. **Driving.** Driving is usually not recommended for at least 2-3 weeks depending on which leg was operated on. See page 43.
8. **Concerns about your incision.** See instructions on page 42.
9. **Dental Exams.** You need to let your dentist know that you have had a total joint replacement. You will need to take antibiotics one hour prior to any dental work for the rest of your life. Your dentist or surgeon will prescribe the antibiotic.
10. **Kneeling.** Do not try to kneel for the first three months after surgery. Kneeling on your incision may never be comfortable but will not harm your implant.
11. **Traveling.** You are allowed to travel as soon as you feel like it after surgery. We recommend getting up and moving every hour to prevent blood clots. You may set off alarms at the airport so plan for extra time when flying.
12. **Use of the walker.** Most patients wean from the walker around two weeks after surgery. Generally when you are comfortable walking without it, it is OK to wean from it.
13. **Pain Control.** Remember to use the cold pack continually throughout the day as instructed. Take your pain pills as instructed. See pages 37-38 for more details.
14. **Medication refills.** Call your surgeon's office for medication refills. Do not wait until Friday to request refills.

REHABILITATION PROGRAM

EXERCISES, GOALS, AND ACTIVITY GUIDELINES

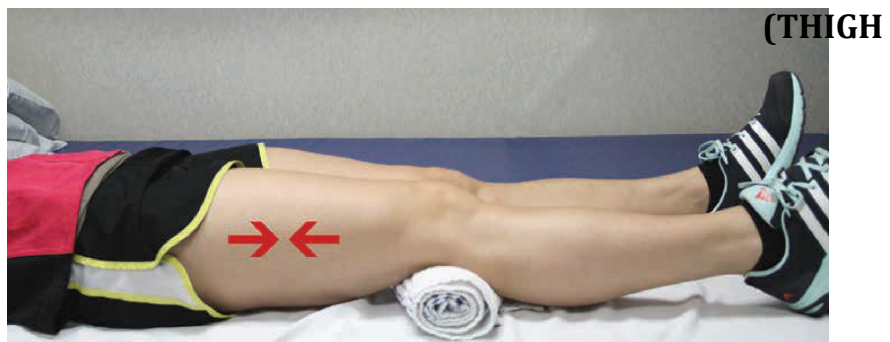
The following exercises are to be started prior to surgery. They are the same exercises you will perform daily while in the hospital and for the first two to three weeks after surgery. You will advance your exercises under the direction of your physical therapist.

PHYSICAL THERAPY

Total Knee Exercise Program

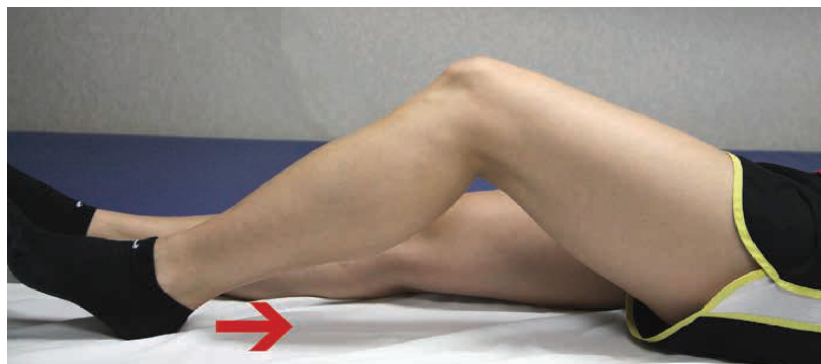
(*IMPORTANT:* Do all exercises two to three times per day)

1. QUAD SETS (SQUEEZES)



Place a rolled towel under the knee on the surgical repaired side. Press the back of your knee downward while tightening the muscles on top of the thigh. Hold this for five seconds. Relax leg. Repeat 10-15 times. Do this exercise two to three times a day.

2. HEEL SLIDES



Bend your surgically replaced knee as far as your pain will allow. You may use a towel or belt to assist with stretching. Hold this for two to three seconds and then straighten the leg. Repeat 10-15 times. Do this two to three times per day. This will be uncomfortable, but as your knee loosens your pain should diminish.

3. SHORT LEG KICKS



Place a large coffee can or a large rolled towel under your surgically replaced knee. Straighten the lower part of the leg. Hold for five seconds. Repeat 10-15 times. Do this two to three times per day. You can bend the opposite leg for support while doing this exercise.

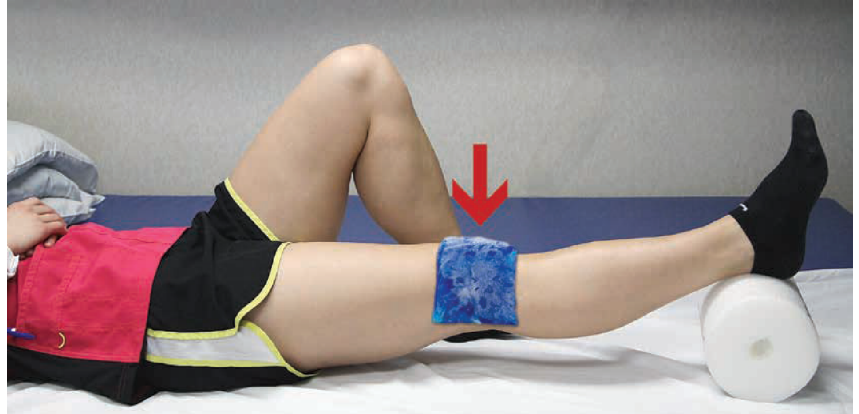
4. STRAIGHT LEG RAISE



You can bend your non-operated leg to take pressure off of your back. Keep your surgically repaired leg as straight as possible while you tighten the muscles on top of your thigh. Slowly lift your leg 8-10 inches from the bed. Hold this for five seconds. Lower leg slowly. Repeat 10-15 times. Do this two to three times per day.

VERY IMPORTANT: Exercises 5, 6, and 7 are very important as they work towards restoring the flexibility of your knee. Work very hard on these last three exercises. Do this three times per day.

5. BACK OF KNEE STRETCH



While lying on your back, put your heel on a large towel roll or coffee can so your entire leg is off the bed. A cold pack or light weight may be placed on the knee to make stretching more intense if needed. Relax leg to allow knee to straighten out and stretch. Hold for 30 seconds at a time for three to five minutes as able. Your pain should not exceed 7/10. This should be done three times per day.

6. SITTING KNEE BENDING AND STRAIGHTENING



7. SITTING KNEE BENDING STRETCH – Choose one of the following methods. You do not need to do both.



While sitting in a chair, put your non-operated leg over the top of your surgically repaired leg. Gently pull both feet back underneath chair as far as you can then hold for 20 seconds. Your pain should not exceed a 7/10. Repeat 10-15 times, three times per day.



Sit in chair and bend sore knee as far as possible with foot flat on floor. Scoot forward to edge of chair to increase the stretch on knee. Hold 20 seconds. Repeat 10-15 reps, three times per day.

Icing and Elevating – It is normal for your knee to be warm and swollen after surgery. Swelling and inflammation cause a lot of the pain you have and can be treated by applying ice over your knee and elevating it on several pillows. General guidelines are to ice and elevate your knee at least 5 times a day until it is no longer warm to the touch. Position pillows so your ankle is higher than your knee. Do NOT allow your knee to bend over the pillows as this can lead to tightness in the back of the knee.



Total Hip Exercise Program:

1. UPRIGHT BIKE



Setup

Begin by sitting on the bike seat and check that it is in the correct position. To adjust the seat, look for a lever or a catch and release knob below the seat. You should be able to reach the pedal at its farthest point with a slight bend in your knee. Place the balls of your feet on each pedal, and make sure to secure the straps over the tops of your feet. You may need to press a "Start" or "Quick Start" button to start the session. Start pedaling your legs.

Tip

Make sure to stay seated upright and keep your movements fluid and controlled. You can increase your resistance using the up and down buttons on the control panel to make your

Movement

You may need to press a "Start" or "Quick Start" button to start the session. Start pedaling your legs, pressing your feet forward and down on the pedals in a circular motion. Continue to bike for 10 minutes. Complete once a day.

(Complete the following exercises once a day, 3 sets with 10 reps each time)

2. STANDING HIP EXTENSION WITH COUNTER SUPPORT



Begin in a standing upright position with your hands resting on a counter. Tighten your buttock muscles and slowly lift your leg backward. Return to the starting position and repeat.



Tip
Make sure to keep your moving leg straight and keep your shoulders and hips facing forward during the exercise. Use the counter to help you balance as needed.

3. MINI SQUATS WITH WALKER AND CHAIR



Begin in a standing upright position in front of a chair with your feet hip width apart and your hands on your walker or on a counter. Your walker should be in the locked position.



Slowly bend your hips, sitting back into a mini squat position, then press into your feet to push back up to standing and repeat.

Tip

Make sure to only squat as low as you can control. Do not let your knees bend forward past your toes.

4. FORWARD STEP UP WITH COUNTER SUPPORT



Begin in a standing upright position with a small step or platform in front of you and your hands resting on a counter.

Step up onto the platform with one foot then follow with your other foot. Return to the starting position and repeat.

Tip
Make sure to maintain an upright posture and use the counter to help you balance as needed.

5. GLUTEAL SETS



Begin lying on your back on a bed or flat surface. Tighten your buttock muscles, hold, then relax and repeat.

Tip
Make sure to not arch your back and do not hold your breath during the exercise.

6. SUPINE BRIDGES



Begin lying on your back with your arms resting at your sides, your legs bent at the knees and your feet flat on the ground.

Tighten your abdominals and slowly lift your hips off the floor into a bridge position, keeping your back straight.

Tip

Make sure to keep your trunk stiff throughout the exercise and your arms flat on the floor.

7. SUPINE HEEL SLIDE



Begin lying on your back with your legs straight.



Slowly slide one heel on the floor toward your buttocks, until you feel a stretch in your knee or upper leg, then slide it back out and repeat.

8. SEATED TABLE HAMSTRING STRETCH



Begin sitting upright on the edge of a table or bed with one leg resting straight on the bed and your other foot on the floor.

Tip

Make sure to keep your knee straight and toes pointing up toward the ceiling. Do not round your back as you bend forward. Place your hands behind you on the table to post you up and maintain your spine in a straightened position.



Keep your back straight. Gently lean forward, hinging at your hips, until you feel a stretch on the back of your leg, and hold.

9. SUPINE SINGLE KNEE TO CHEST



Begin lying on your back with your NON-SURGICAL leg bent and your other leg straight.

Tip

Make sure to keep your back relaxed during the exercise.
*DO NOT pull your knee on the surgical side to your chest



Pull your bent, NON-SURGICAL, knee toward your chest and hold.

10. STANDING GASTROC STRETCH



Begin in a standing position with your feet in a staggered stance, holding onto a stable surface for support.

Tip

Make sure to keep both feet pointed straight forward and flat on the ground during the stretch.



Keeping your back knee straight, push your hips forward. You will feel a stretch in the back of your lower leg.

11. STANDING HEEL RAISE WITH SUPPORT



Begin in a standing upright position holding onto a stable surface in front of you for support.

Tip

Make sure to keep the balls of your feet on the ground and maintain your balance during the exercise.



Slowly raise the your heels off the ground as far as you can, then lower them back to the floor and repeat.

12. STANDING KNEE FLEXION ARM WITH CHAIR SUPPORT



Begin standing with your hands resting on a stable surface.

Tip
Make sure to keep your back straight and maintain your balance throughout the exercise.



Stand on your non-surgical/non-affected leg.

Pick up the foot of your surgical/affected leg and bend your knee as far as you can. Then, lower your leg back to the floor and repeat.

13. SUPINE ANKLE PUMPS



Begin lying on your back with your legs straight.



Slowly pump your ankles by bending and straightening them.

Tip
Try to keep the rest of your legs relaxed while you move your ankles.

Exercises at home



There are exercises to do while lying down and also when sitting in a chair. A bed is preferred for the lying down exercises. A dinette set chair that allows you to pull your foot under the seat usually works best for the sitting ones.

A stationary bike is EXCELLENT therapy after knee or hip replacement surgery. If you have one, you may use it as soon as you feel safe getting on the bike. Begin with the seat **VERY HIGH** and then gradually lower over time as the bending of your knee and hip improves. Use **NO** tension. Start at three minutes per day and progress gradually to 10-15 minutes per day depending on pain and swelling.

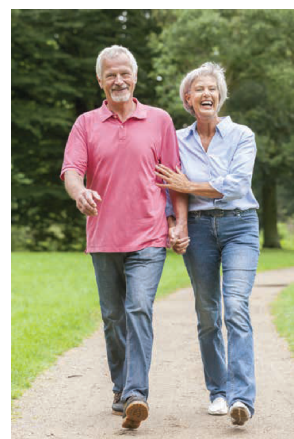
You may walk as much as you tolerate. Gradually increase the distance you walk as pain and swelling allow.

Precautions:

If pain does not subside within two hours following exercise, decrease the number of repetitions until the symptoms subside. Once progress is back to the full number of exercises, then advance from 10 to 20 repetitions for each exercise as soon as possible.

Avoid pivoting or twisting your operative leg.

Treadmills and walking – It is recommended that you wait until your physical therapy appointment (within one week after surgery) before using a treadmill at home. The physical therapist will evaluate if your strength and balance are good enough to use a treadmill. In the meantime, walking in your home several times a day is a very good idea. Make several laps in your longest hallway and try to increase a lap or two per day.



Stairs and Steps using a Front Wheeled Walker

Use a handrail on one side for improved balance and safety. If possible, have someone stand between you and the bottom of the stairs until you feel comfortable doing them unsupervised. They say, **“Up with the good and down with the bad”** will help you to remember which leg to step with. Don’t worry if you step with the wrong leg. It won’t harm your knee but it will hurt a little more.

Upstairs



1. Turn the walker sideways. Place the first two legs on the step above you. Hold the walker with one hand and the handrail with the other.



2. Support your weight between handrail and walker and step up with your good leg.



3. Bring your sore leg up, then lift the walker to the next step.

Downstairs



1. Turn the walker sideways. Place the back two legs beside you. Hold the walker with one hand and the handrail with the other.



2. Support your weight on your good leg. Step down with the sore leg.



3. Support your weight between the handrail and your walker. Slowly bring the good leg down. Then move the walker down to the next step.

Occupational Therapy

1. Driving

Depending on which leg you had surgery on, you may resume driving in 2-3 weeks, if off all narcotics or as instructed by your surgeon.



2. Bathing

- a. You may begin showering the day after surgery. You will be removing the dressing at home on a specific date given to you by your nurse. Please refer back to specific surgeon instructions on page 42.
- b. No tub baths for **six weeks**. You may resume tub baths when your incision is healed, and you have the strength and mobility to get into AND out of the tub safely.

3. Lifting

No repetitive lifting of more than 50 pounds

4. **Possible Equipment Needs** (Your occupational therapist will help you determine your needs. Refer to pages 25.

Doing Tasks for Yourself: The Safe Way

During your recovery from your total joint replacement surgery, you are expected to do whatever you are physically able to do. An occupational and physical therapist will teach you ways to safely complete your everyday daily living tasks, transfers, and mobility/exercises.

Dressing

Underwear and Pants

Sit on the side of the bed or in an armchair. The use of adaptive equipment may make dressing more comfortable and increase the ease.

Put on underwear and slacks first. Use the reacher to grab the waist of the garment. Lower the garment to the floor and slip the pant leg over your recovering leg first. Then do the same for your good leg.

Pull the garment up over your knees. Stand with the walker in front of you and pull up the garment.

When undressing, take the garment off your good leg first while sitting down.

Socks and stockings

Slide the socks/stocking onto the sock aid. Make sure the heel is at the back of the plastic and the toe is tight against the end. The top of the sock should not come over the top of the sock aid.

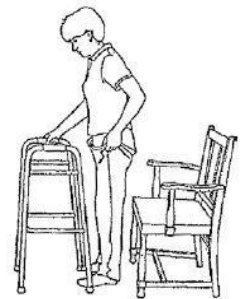
Hold onto the cords and lower sock aid to the floor. Slip foot into the sock and pull it on keeping your toes pointed and foot pointing down.

To remove socks, use the reacher or dressing stick to hook the heel of the sock and push off your foot.

Shoes

Slip on shoes with a closed toe and heel are most convenient to put on. Elastic shoe laces can be used to turn your tie shoe into a slip-on shoe.

You may use the reacher, dressing stick, or long handled shoe horn to put on or take off your shoes.



Using a Toilet

Using a Raised Toilet Seat with Armrests

Back up to the toilet until you feel the back of your legs touching it. Reach back for the armrests and slowly lower yourself onto the toilet, keeping your recovering leg kicked out in front of you.

Reverse the steps when getting up. Use the armrests to push yourself up. Get your balance before reaching for the walker.



Using a Raised Toilet Seat without Armrests

Back up to the toilet until you feel the back of your legs touching it. Kick out the recovering leg and slowly lower yourself onto the seat.

Reverse the steps to get up. Place one hand on the hand grip of the walker and the other on the edge of the toilet seat. Kick the recovering leg out and push up slowly. Get your balance before reaching the other hand onto the walker.



Taking a Shower

The first week after your surgery, it is best to have someone with you to assist with taking showers. Make certain you have your towel and supplies before you get into the shower. To prevent falls, use a shower bench or shower chair. You may begin showering the day after surgery. Refer back to specific surgeon instructions on page 42. Your surgeon will instruct you on when to begin washing your incision.

Do not take a tub bath until your incision is fully healed and you can safely get in/out of the tub.

Walk-in Shower Transfer

Walk to the edge of the shower and turn so you are facing away from the shower stall.

Reach back with one hand and grab the shower chair/bench while leaving one hand on the walker.

Sit down on the chair. Lift legs over the lip of the shower and scoot to the middle of the shower chair/bench.

Reverse steps to exit the shower.



Tub Transfer

You may use your tub for a shower, but don't lower yourself into a tub for a bath until six weeks after surgery or otherwise instructed.

Walk to the side of the tub with your walker. Turn so you are facing away from the tub.

Reach back with one hand for the shower chair/bench. One hand should stay on the walker. (Second person will make sure the chair doesn't move during transfer.)

Sit down on the shower chair/bench. Lift legs over the side of the tub and scoot to the middle of the shower chair/bench.

To get out of the tub, turn your body while lifting one leg at a time over the side of the tub. Stand up outside the tub by pushing off the chair. A second person should be making sure the chair doesn't move while you stand up.



Bed Mobility

Getting out of Bed

Slide your surgical leg to the edge of the bed as you bend your strong leg. Do not roll onto your side. Keep your body straight, supporting yourself with your elbows.

Push with your hands and stronger leg as you lift your buttocks off the bed and move towards the edge. Begin to sit up. Lift your buttocks and pivot towards the edge until both feet are on the ground.

A leg lifter may be helpful if you are having great difficulty moving your recovering leg.



Getting into Bed

Using your walker, back up to the bed until your legs touch it. Kick your surgical leg out and sit down on the bed.

Lean back and slide your buttocks so that one leg is on the bed. You may lower down on your elbows and swing the other leg into bed.

A leg lifter may be helpful if you are having great difficulty moving your recovering leg.



Getting In and Out of a Car

Getting In

A taller vehicle is easier to get in and out of than one lower to the ground. You are safest sitting in the front seat with your seat belt on and seat upright. A garbage bag placed on the seat will make it easier to slide into the vehicle.

- Move the seat back as far as possible
- Stand facing away from the vehicle
- Place one hand on the back of the seat and the other on a secure spot. Kick your sore leg out
- Lower yourself onto the seat and lift legs into vehicle one at a time



Getting Out

Have someone place the walker close by. Lift your legs out of the vehicle one at a time.

Scoot to the edge of the seat and with one hand on the back of the seat and the other in a secure spot, push to stand.



Call Your Nurse, Don't Fall



Fall Prevention is everyone's responsibility. Remember to keep your call bell close at hand and NEVER get up without assistance.

MEDICAL POWER OF ATTORNEY

DESIGNATION OF HEALTH CARE AGENT:

I, _____ (insert your name) Date of Birth: _____ designate the following person as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This medical power of attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

Name _____ Phone: _____

Address _____

This medical power of attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

LIMITATIONS ON THE DECISION-MAKING AUTHORITY OF MY AGENT ARE AS FOLLOWS:

DESIGNATION OF ALTERNATE AGENT:

(You are not required to designate an alternate agent, but you may do so. An alternate agent may make the same health care decisions as the designated agent if the designated agent is unable or unwilling to act as your agent. If the agent designated is your spouse, the designation is automatically revoked by law if your marriage is dissolved.)

If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate the following persons to serve as my agent to make health care decisions for me as authorized by this document, who serve in the following order:

A. First Alternate Agent

Name _____ Phone _____

Address _____

B. Second Alternate Agent

Name _____ Phone _____

Address _____

The original of this document is kept at: _____

The following individuals or institutions have signed copies:

Name: _____

Address: _____

Name: _____

Address: _____

DURATION

I understand that this power of attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

(IF APPLICABLE) This power of attorney ends on the following date: _____

PRIOR DESIGNATIONS REVOKED:

I revoke any prior medical power of attorney.

ACKNOWLEDGMENT OF DISCLOSURE STATEMENT:

I have been provided with a disclosure statement explaining the effect of this document. I have read and understand that information contained in the disclosure statement.

(YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY.)

I sign my name to this medical power of attorney on ____ day of _____ (month, year)

Address: _____

Signature: _____

Print Name: _____

STATEMENT OF FIRST WITNESS.

I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal’s estate on the principal’s death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal’s estate on the principal’s death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of health care facility.

Signature: _____

Print Name: _____ Date: _____

Address: _____

SIGNATURE OF SECOND WITNESS:

Signature: _____

Print Name: _____ Date: _____

Address: _____

Disclosure Statement

INFORMATION CONCERNING *THE MEDICAL POWER OF ATTORNEY*

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

Except to the extent you state otherwise, this document gives the person your name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them yourself. Because “health care” means any treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your agent’s instructions or allow you to be transferred to another physician.

Your agent’s authority begins when your doctor certifies that you lack the competence to make health care decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have had. It is important that you discuss this document with your physician or other health care provider before you sign it to make sure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you

should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need a lawyer's assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

The person you appoint as agent should be someone you know and trust. The person must be 18 years of age or older or a person under 18 years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing home, or residential care home, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider; the law does not permit a person to do both at the same time.

You should inform the person you appoint that you want the person to be your health care agent. You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions who have signed copies. Your agent is not liable for health care decisions made in good faith on your behalf.

Even after you have signed this document, you have the right to make health care decisions for yourself as long as you are able to do so and treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing or by your execution of a subsequent medical power of attorney. Unless you state otherwise, your appointment of a spouse dissolves on divorce. This document may not be changed or modified. If you want to make changes in the document, you must make an entirely new one.

You may wish to designate an alternate agent in the event that your agent is unwilling, unable, or ineligible to act as your agent. Any alternate agent you designate has the same authority to make health care decisions for you.

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS SIGNED IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES. THE FOLLOWING PERSONS MAY NOT ACT AS ONE OF THE WITNESSES:

- (1) the person you have designated as your agent;
- (2) a person related to you by blood or marriage;
- (3) a person entitled to any part of your estate after your death under a will or codicil executed by you or by operation of law;
- (4) your attending physician
- (5) an employee of your attending physician'
- (6) an employee of a health care facility in which you are a patient if the employee is providing direct patient care to you or is an officer, director, partner, or business office employee of the health care facility or of any parent organization of health care facility;
or
- (7) a person who, at the time this power of attorney is executed, has a claim against any part of your estate after your death.

DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES

This is an important legal document known as an **Advance Directive**. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained as to quality of your life if you were seriously ill.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to assist you in completing your advance directive. Brief definitions are listed below and may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital, and family or spokesperson. Consider a periodic review of this document. By periodic review, you can best assure that the directive reflects your preferences.

In addition to this advance directive, Texas law provides for two other types of directives that can be important during a serious illness. These are the Medical Power of Attorney and the Out-of-Hospital Do-Not-Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative, or other advisers. You may also wish to complete a directive related to the donation of organs and tissues.

DIRECTIVE

I _____ recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

_____ I request that I be kept alive in this terminal condition using available life-sustaining treatment.

(THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

_____ I request that I be kept alive in this irreversible condition using available life-sustaining treatment.

(THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

Additional requests: (after discussion with your physician, you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificial nutrition and fluids, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

After signing this directive, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

If I do not have a Medical Power of Attorney, and I am unable to make my wishes known, I designate the following person(s) to make treatment decisions with my physician compatible with my personal values. If a Medical Power of Attorney has been executed, then an agent already has been named and you should not list additional names in this document.)

1. _____

2. _____

If the above persons are not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me following standards specified in the law as of Texas. If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

Signed _____ Date _____

City, County, State of Residence _____

Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as Witness 1 may not be a person designated to make a treatment decision for the patient and may not be related to the patient by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.

Witness 1 _____ Witness 2 _____

DEFINITIONS:

Artificial nutrition and hydration means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach (gastrointestinal tract).

Irreversible condition means a condition, injury, or illness:

- (1) that may be treated, but is never cured or eliminated;
- (2) that leaves a person unable to care for or make decisions for the person's own self and
- (3) that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serious brain disease such as Alzheimer's dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.

Life-sustaining means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificial hydration and nutrition. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

Terminal condition means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

Explanation: Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important persons in your life

Home Health Agencies

Location	Agencies	Phone	Fax
BV & Surrounding Area	A Nurse's Touch Home Health	979-693-3208	979-314-9002
	Angels Care Home Health	979-690-8399	979-571-4434
	Allumine Home Health	979-704-6684	979-7046690
	Enhabit Home Health	979-764-9000	979-764-9001
	Guardian Home Health	979-774-7770	979-778-9435
	Healthquest	979-846-7870	979-691-5781
	Interim Home Health	979-260-1100	979-268-4050
	Standards Home Health	888-671-7007	888-553-7575
	STAT Home Health Huntsville	936-291-1979	936-291-3159
	AccentCare Home Health BCS	979-846-1283	979-693-6787
	AccentCare Home Health Brenham	979-830-0105	979-431-0048
	Traditions Health Care	979-822-5511	979-822-3709
	Alomega Home Health	979-704-6252	979-704-6254
	Golden Years Homecare Specialists Brenham	855-778-7705	979-251-7648
Central Texas			
	Sienna Home Health Tomball	979-364-2320	979-364-2348
	Standards Home Health	888-671-7007	888-553-7575
	AccentCare Home Health	936-447-2900	936-447-2999
	Enhabit Home Health	512-321-3382	512-321-3599
	Royal Star Healthcare Houston	713-589-7019	713-784-0525
	Texas Quality Home Health Marlin	254-803-3000	254-883-3530
	Traditions Health Care Madisonville	936-348-2707	936-348-2927
	First Texas Home Health Marlin	866-999-3555	979-885-4080
	Elara Home Health La Grange	979-968-5400	979-968-5403
	Home Health Care Huntsville	936-291-8439	936-291-8582
	Centerwell Home Health Temple	254-778-6334	
	Centerwell Home Health Waco	254-405-6800	

Houston/East TX	A Pinewoods Home Health Care, Inc Lufkin, Crockett, Groveton	936-544-3637	936-544-2631
	At Home Health Care	903-592-8001	
	Carter Healthcare	888-951-1112	888-622-4329
	East TX Home Health Services Tyler	903-535-6051	936-531-8871
	Enhabit Home Health Houston	281-484-7070	
	Elara Caring Teague	254-739-2600	254-615-0692
	Traditions Health Care Crockett	936-545-0320	936-545-0296
	Traditions Health Care Conroe	936-539-2273	906-539-2275
	Traditions Health Care Galveston	409-766-1062	409-766-1063
	Traditions Health Care Longview	903-663-2331	903-663-4831
	Traditions Health Care Tyler	903-509-4555	903-509-4556
North TX	AccentCare Austin, Dallas, Statewide	800-585-3163	
	Enhabit Home Health Dallas	214-503-7700	

Medicare Skilled Units

Location	Facility	Phone	Fax
Bryan	St Joseph Manor	979-821-7303	979-821-7301
Bellville	St Joseph - Swing Bed	979-413-7400	979-413-7271
Caldwell	St Joseph Manor	979-567-0920	979-567-4811
Caldwell	St Joseph - Swing Bed	979-567-3245	979-567-0616
Madisonville	St Joseph - Swing Bed	936-348-2631	936-348-3125
Navasota	St Joseph - Swing Bed	936-825-6585	936-870-4585
Bryan	Crestview Retirement Community	979-776-4778	979-774-7579
Bryan	Generations Sr. Care & Rehab	979-776-7521	979-774-7118
Bryan	Lampstand Nursing & Rehab	979-822-6611	979-822-0462
College Station	Accel @ College Station	979-272-1000	469-312-3062
College Station	Fortress Nursing & Rehab	979-694-2200	979-696-6205
College Station	Magnified Nursing & Rehab	979-693-1515	979-696-0462
Bellville	Colonial Belle Nursing Home	979-865-3689	979-865-2137
Brenham	Brenham Nursing Home & Rehab	979-836-9770	979-836-1141
Brenham	Focused Care @ Brenham	979-830-7100	979-830-0820
Brenham	High Hope Care Center	979-836-6611	979-836-1078
Brenham	Kruse Village	979-830-1996	979-830-0215
Bremond	Bremond Nursing & Rehab	254-746-7666	254-746-5151
Caldwell	Copperas Hollow Nursing & Rehab	979-567-4300	979-567-4316

Medicare Skilled Units

Location	Facility	Phone	Fax
Centerville	Centerville Health & Rehab Center	903-536-2596	903-536-3225
Columbus	Trucare Living Centers	979-733-0500	979-733-0097
Franklin	Franklin Nursing Home	979-828-5152	979-828-5658
Giddings	Genesis/Oak Manor	979-542-1755	979-542-1991
Giddings	Giddings Residence & Rehab	979-542-3611	979-542-1365
Groesbeck	Groesbeck Nursing & Rehab	254-729-3245	254-729-3788
Groesbeck	Windsor Healthcare Resident	254-729-3366	254-729-3475
Hearne	Crossroads Nursing & Rehab	979-280-0440	979-280-0448
Huntsville	Creekside Nursing Home	936-295-0216	936-291-2907
Huntsville	Focused Care @ Huntsville	936-295-6313	936-295-8112
Huntsville	Huntsville Healthcare Center	936-293-8062	936-291-7384
Katy	Spanish Meadows Skilled Nursing & Rehab	281-394-0088	281-391-8926
Madisonville	Madisonville Care Center	936-348-2735	936-348-6401
Madisonville	Riverwood Healthcare & Rehab	936-348-9097	906-348-9212
Navasota	Navasota Nursing & Rehab	936-825-6463	936-825-6637
Navasota	Golden Creek Health & Rehab	936-825-4043	936-825-3509
Rockdale	Renaissance Villa Nursing & Rehab	512-446-2548	512-446-4277
Sealy	Colonial Belle Nursing Home	979-885-2937	979-627-0780
Waco	Jeffrey Place Healthcare Center	254-772-9480	254-772-2885
INPT REHAB			
Bryan	St Joseph Rehabilitation Hospital	979-213-4953	