

- Discuss your specific medications with anesthesiologist or case manager.

## The Day of Surgery

### *Surgery Time*

- Surgery time varies with each individual patient.
- The surgery suite is cold and noisy with metal instruments being placed on metal trays.
- The staff wears “space suits.”
- Premedication makes your mind fuzzy/ your imagination play tricks.

### *PACU Time*

- Approximately 1-2 hours for recovery
- **Note:** After the operation, your family may wait in the lobby to meet with the surgeon. Make sure they check in with the concierge who will keep them updated as to your progress and page them when the surgeon is available.

### *Post-OP Phase*

- You will return to your room in your bed.
- Vital signs are taken every two to four hours, or taken as necessary.
- Your family will be asked to step out into the hall or to the appropriate waiting area during report.
- IV for volume replacement, blood transfusion and antibiotic therapy (2-3 days).
- Hemovac/Constovac for wound draining, (usually for 2 days).

### *Pain Control*

- Pain medications are available for you as needed for pain relief
- Changing your position can ease the pain.
- Iceing the affected area also eases pain
- If you breathe in deeply through your nose and exhale through your mouth, it will ease the pain as well as expand your lungs.
- Relax as much as you can.

## Equipment

### *TED Hose/Compression devices*

- TEDs and compression devices are used to help prevent blood clots in the legs.
- Both need to be removed every eight hours to check skin condition.
- TEDs are worn for approximately six weeks after surgery.
- Compression devices are used while in the hospital.
- A suspension sling may be used.

#### *Abduction Pillow (For Total Hips)*

- An abduction pillow is used to keep the legs separated to maintain proper hip alignment.
- The abduction pillow will be used for approximately six weeks after surgery.
- It is especially important to use at night.
  - Two pillows may be substituted if your physician approves.

#### *Continuous Passive Motion Machine-CPM (Total Knee)*

- The CPM is used to increase the flexion of the knee.
- You will start with 40° flexion and increase slowly every day.
- The CPM is used immediately post op or within the first 24 hours.
- You will have your own on/off control.
- Your bed has to be flat with the head elevated slightly while you are in the CPM
- Be sure to have your knee in full extension before stopping the CPM.
- You are out of the CPM for meals, physical therapy, bathing and turning.
- Remember to take the sheepskin home for Home CPM or to make teddy bears.

#### *Precautions for Total Hips*

- Keep legs apart at all times.
  - Do not turn affected leg inward.
  - Do not bend hip more than 90°.
- 

### **Turning**

#### *For Total Hips*

- Every two hours

#### *For Total Knees*

- While in the CPM, you will be on your back
- For back discomfort, ask staff to assist with taking your leg out of CPM and turning off back

#### *Coughing and Deep Breathing*

- To keep lungs clear
- Every two hours
- Spirometer every hour while awake - 10 breaths

#### *Oral Fluids*

- Post nausea
- Will be gradually increased as tolerated

#### *Voiding*

- Within 8-10 hours post op.
- Possible straight cath every 6-8 hours until voiding on your own
- Possible insertion of an indwelling catheter for 2-3 days

#### *AM LabWork*

#### *Intake and Output (I&O)*

- Started on admission
- Continued 24 hours after IV and/or catheter is removed
- To monitor fluid balance
- Incision site

#### *Blood Transfusion*

- May be given Post op
- Donor specific blood transfusions
- Autologous blood transfusions
- Please call Blood Bank for any questions about donations

---

#### *Confusion*

- Some patients become confused and disoriented after surgery.
- Confusion is secondary to anesthesia, trauma, pain medication, withdraw of alcohol or electrolyte imbalance.
- Confusion will usually pass within 24 to 48 hours.
- The nursing staff will re-orient you as needed.
- Posey vest and soft wrist restraints may have to be used to protect you and your new joint.

### *Gait Training*

- You will be able to bear weight as tolerated unless otherwise instructed by your doctor.
- You will start walking with a walker and advance to an independent gait as you get stronger.
- Go upstairs with unaffected leg first, but come down with the affected leg first. Up with the good/down with the bad (this includes any step or curb).
- When sitting, keep affected leg out in front of you. Sit in firm chairs with arms.

### *Toileting and Dressing*

- No showers or baths until you are advised to do so by your doctor.
- Use toilet extender on your commode at home.
- Dress affected leg first. You will need help with your socks and laces for a while.

## **Discharge Planning**

### *Help at Home*

- Light housekeeping/ shopping
- Driving
- Meal preparation

### *Pre-repaired meals*

- Frozen dinners, canned foods, simple meals
- 2-3 week supply

### *Furniture Arrangement*

- Pathways wide enough for walker/crutches
  - Remove all throw rugs
- 

### **Total Hips:**

- No low furniture
- No over-stuffed furniture

### *Pets*

- Be aware that pets like to jump up and get underfoot.
- You are unstable when up using crutches or walker

- Keep pets confined when you are up and about
- Enjoy your pet while you are sitting and in a less vulnerable position.

### *Equipment Rental*

- Discharge Planner
  - Walker/Crutches
  - Toilet extender (3-in-One Commode)
  - CPM
  - Consider installing a hand rail in your shower for balance or investing in a shower chair for use in shower or tub (total hips, be aware of height of chair- 19 to 21 inches from seat to floor).
-

**SHARP**

# Is Your Home Safe?



## Home Safety Checklist

*Directions: Read each item in this checklist carefully. Correct any items you think are a problem in your home. Remember, only you can prevent accidents that will prolong your recovery.*

### **Walkways**

- Remove throw rugs to avoid tripping.
- If you cannot remove throw rugs, use rugs with non-skid backing to avoid slipping.
- Make the transition between types of flooring (i.e. wood floor to carpet) as even and secure as possible.
- Avoid waxing wood or linoleum floors.

### **Stairs**

- The rise between steps should be no more than five inches.
- Make sure handrails are well anchored (or install handrails) on both sides of the stairway.
- Non-skid treads can be placed on wooden stairs to prevent slipping.
- Make sure carpeting on stairs is secure.

**Furniture Layout**

- Arrange furniture to keep pathways clear and uncluttered.
- Chairs and tables need to be sturdy and stable enough to support a person leaning on them.
- Avoid furniture with sharp edges and corners.
- If furniture does have sharp edges or corners, pad them.
- Chairs with arm rests and high backs provide more support when sitting and more leverage when getting in and out of the chair.
- Bed/chairs should be 19-21 inches from the floor.

**Lighting**

- Be sure that you have ample lighting to prevent falls and to assure that you can read medication labels and instructions easily.
- Light switches should be immediately accessible upon entering a room.
- Good lighting for hallways, stairs and bathrooms is especially important.

**Medication,**

- Keep medicines out of the reach of children
- Dispose of expired medicines properly – flushing them down the toilet is usually a safe method.

**Sliding Glass Doors**

- Mark sliding glass doors with stickers to prevent someone from walking through them.

**Bathroom Safety****Toilet**

- Use an elevated toilet seat or commode if you need support getting on and off the toilet.
- Install grab bars around the toilet if you need more leverage to get off the toilet.

**Bathtub**

- Install skid-resistant strips or a rubber mat.

- Use a bath seat if it is difficult to stand during a shower or too difficult to get up out of the tub.
- Install grab bars on the side of the tub or shower for balance.
- Install hand-held shower.
- Do not** use the soap dish or towel bar for balance – these can pull out of the wall easily.
- Remove sliding shower door.

### **Doors**

- Avoid locking bathroom doors or use only locks that can be opened from both sides when you may need assistance in the bathroom.

## **Kitchen Safety**

- Store frequently used items at waist level – use a reacher or grabber to avoid standing on a chair or footstool when items are out of reach.
- Mark “on” and “off” positions clearly on the dials of the stove.
- Use the front burners of the stove to avoid reaching over burners (unless there are small children in the house-in that case, use the back burners).
- Make sure pan/pot handles are not over the edge of the stove.
- Slide heavy pans across the stove instead of trying to lift them.
- Keep baking soda near the stove to extinguish small cooking fires.
- Keep a fire extinguisher in the kitchen.
- Make sure the sleeves of your clothing are not loose or dangling while cooking; they could easily catch fire.
- Tables with four legs are more stable than pedestal-style tables.



## How can I save my energy?

### Rest

- Sleep more; you need more sleep after surgery.
- Take a nap in the afternoon.
- Take 5-10 minute breaks during activities.
- While resting (or any activity), change your position every 20 minutes to avoid stiffness.

### Reduced Effort- Remember the four P's

#### Planning

- Plan your schedule and follow that plan.
- Alternate heavy and light duties.
- Set priorities and schedule top priorities first.
- Plan difficult activities when you have the most energy.
- Allow for frequent rest breaks.
- Allow for frequent rest breaks.

#### Positioning

- Use proper working heights whenever possible.
- Adjust ironing board and sit while ironing.
- Store supplies most frequently used within easy reach (between shoulder and knee height).
- While doing sitting activities, make sure table height is at elbows with shoulders relaxed.
- Eliminate unnecessary bending, reaching and stretching
- Use long-handled dustpans, sponge mops, shoehorns, reachers etc.

#### *Sit whenever possible*

- Sit during daily activities like dressing, shaving, brushing teeth, showering and fixing hair.
- Sit while talking on the telephone, preparing vegetables, etc.

#### Preparation

*Prepare work centers before beginning an activity.*

- Get all necessary materials together to avoid excess traveling.

- Use good lighting, good ventilation, comfortable shoes and loose clothing.
- Mentally and physically relax before starting activities.

Organize work centers; eliminate excess clutter

- Store supplies near point of use.
- *Sink area* – Store soaps sponges, cleaning agents in a carry-all basket.
- *Counter top area* – Keep staples, utensils, spices, bowls, can openers, etc. near working space
- *Stove area* – Have skillets, pots and pans and utensils within easy reach.

### **Protection**

*Protect your joints from excessive strain.*

- Change positions frequently.
- Use both hands whenever possible.
- Use gravity whenever possible (i.e. laundry chutes or slide objects along counter tops instead of carrying them).
- Use modern labor-saving devices) i.e. permanent press, dishwashers, etc.).
- Use wheels to transport (i.e. kitchen cart, laundry cart, etc.).

## Hibiclens Shower

1/2006

**To keep your skin as clean as possible and to help prevent infection, please follow the following instructions:**

- Shower the night before your surgery with the Hibiclens provided for you. In shower, wet skin.
- Turn off water and open packet of Hibiclens.
- Pour Hibiclens onto a wet washcloth.
- Wash body from the neck down.
- **Pay special attention to the area you are having surgery on & scrub for 1-2 minutes.** Ask someone to help you if there are places that are hard to reach.
- Turn on water and rinse.
- Gently dry with a clean and freshly laundered towel.
- **Do not shave any body parts from the neck down.** Shaving can increase your risk of infection when you have surgery.
- After your shower, **do not use any powder, deodorant, perfumes, or lotions** before you have your surgery.
- Wear freshly laundered pajamas to bed that night & sleep on freshly laundered sheets.
- **Repeat Hibiclens** shower the day of your surgery (about 3 hours before going to OR) following the same instructions provided to you.
- Wear freshly laundered clothes to the hospital the morning of your surgery.

## Crutch Instructions

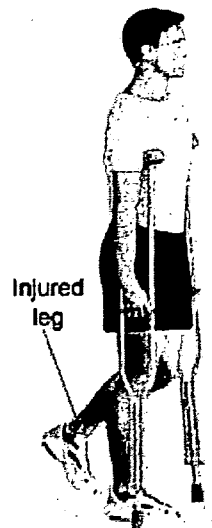
### WHAT YOU SHOULD KNOW:

- Crutches are used to help you walk when you have a hurt foot, leg, or hip. They are also used to give extra balance when you walk. Your caregiver will fit you with your new crutches. He/she will show you how to use crutches the right way. When using crutches, it is important to put your weight on your arms and hands. Do not put your weight on your underarms (arm pits). This could hurt the nerves that are in your underarms.
- Use your crutches only on firm ground. Make sure the rubber tips of your crutches are not split or loose. When using crutches, be careful of ice or snow under your crutch tips. Be careful on wet or waxed floors and smooth cement floors. Small rugs (especially on waxed floors) can slip as you put your weight on the crutches. This can make it very easy to fall. Telephone and extension cords can also catch your crutch and make you fall. Try to stay away from crowds and watch for pets.

### INSTRUCTIONS:

- **Walking:**

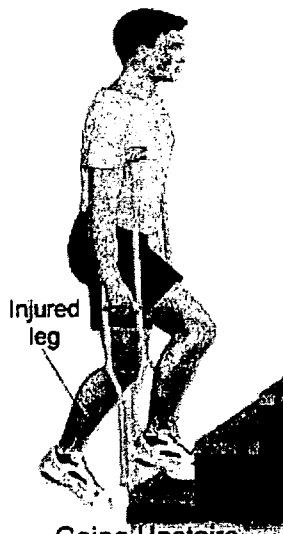
- Place both crutches in front of you at the same time. Put them about 1 inch in front of your toes and 6 to 8 inches to the side of your toes.
- Lean on your hands and not your underarms. The top of the crutches should be about 2 inches (3 fingers side by side) below your underarm.
- Keep your elbows bent as you use the crutches. Keep your injured leg off the floor by bending your knee.
- Take a step with your crutches. Swing your uninjured foot between the crutches, landing heel first.
- If you are using your crutches for balance, move your right foot and left crutch forward. Then move your left foot and right crutch forward. Keep walking this way.



Walking with Crutches

**• Going Up Stairs:**

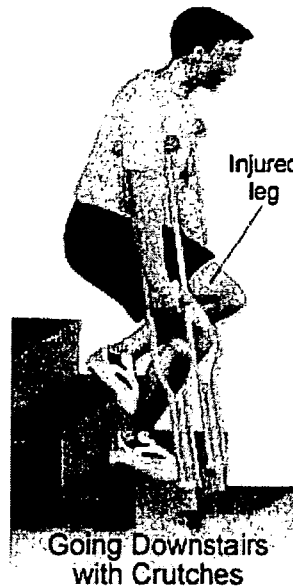
- Face the stairs. Put the crutches close to the first step.
- Push on the crutches with your elbows straight and put your uninjured leg on the first step.
- Bring both crutches on the stair at the same time.
- When using a railing, put both crutches under the other arm.

Going Upstairs  
with Crutches**• Going Down Stairs:**

- Stand with the toes of your uninjured leg close to the edge of the step.
- Bend the knee of your uninjured leg. Slowly lower both crutches along with the

injured leg onto the next step.

- o Lean on your crutches. Slowly lower your uninjured leg onto the same step.
- o Place both crutches under the other arm when using a railing.



- **Sitting In A Chair:**

- o Turn and back to the chair until you feel the edge of it against the back of your legs. Keep your injured leg forward.
- o Take your crutches out from under your arms. Sit while bending your uninjured knee.

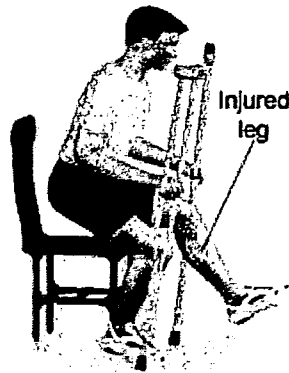


Sitting Down  
With Crutches

- **Getting Up From A Chair:**

- o Sit on the edge of your chair. Put your uninjured foot close to the chair.

- o Push up with your hands using the crutches or arms of the chair. Put your weight on your uninjured foot as you get up.
- o Keep your injured leg bent at the knee and off the floor.



Standing Up  
With Crutches

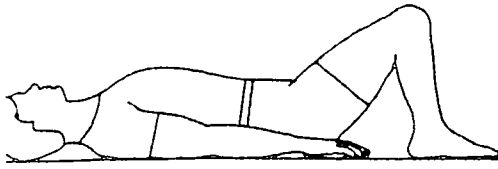
**CALL \_\_\_\_\_ IF:**

- You have questions about how to use your crutches.
- Your crutches do not fit.
- Your crutches break or get lost.
- You have numbness in a hand or arm.

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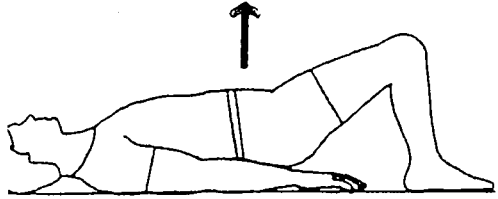
**CRUTCH INSTRUCTIONS - AfterCare(R) Instructions(ER/ED), English  
Printed on Thursday, December 6, 2007 10:34:49 AM**

AROM lumbar bridging (1)



- Lie on back with knees bent.
- Lift buttocks off floor.
- Return to start position.

Special Instructions:  
Maintain neutral spine.



Perform 1 set of 15 Repetitions,  
twice a day.

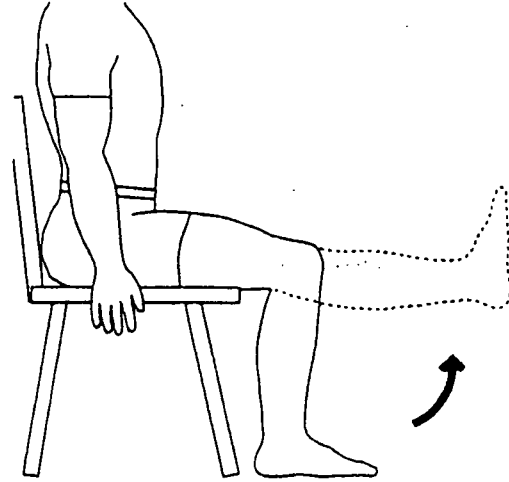
Perform 1 repetition every 4 Seconds.  
Rest 1 Minute between sets.

ROM knee ext (LAQ) sit

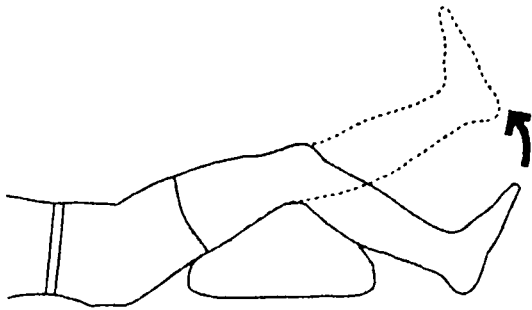
Sit, with involved leg bent to 90 degrees, as shown.  
Straighten leg at knee.  
Return to start position.

Perform 1 set of 15 Repetitions,  
twice a day.

Perform 1 repetition every 4 Seconds.  
Rest 1 Minute between sets.



AROM knee ext (SAQ) sit



- Sit, with involved leg bent to 45 degrees, supported with a pillow, as shown.
- Straighten leg at knee.
- Return to start position.

Perform 1 set of 15 Repetitions,  
twice a day.

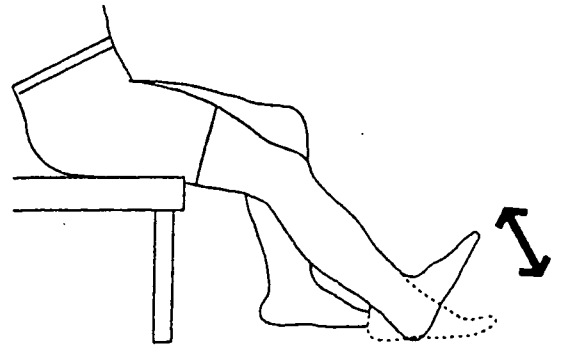
Perform 1 repetition every 4 Seconds.  
Rest 1 Minute between sets.

ROM ankle DF/PF (not elevated)

Sit with knee at 45 degrees as shown.  
Move foot up and down as shown.

Perform 1 set of 15 Repetitions,  
twice a day.

Perform 1 repetition every 4 Seconds.  
Rest 1 Minute between sets.



Order By: PHYSICAL THERAPIST Signature: \_\_\_\_\_

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AROM hip abd uni supine

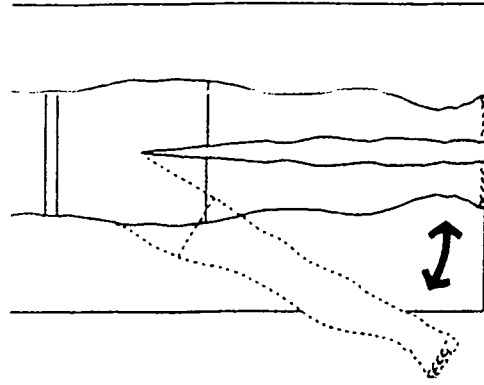
- Lie on back on firm surface, legs together.
- Move leg out to side, keeping knee straight.
- Return to start position.

Special Instructions:

Use a pillow case to reduce friction.

Perform 1 set of 15 Repetitions,  
twice a day.

Perform 1 repetition every 4 Seconds.  
Rest 1 Minute between sets.

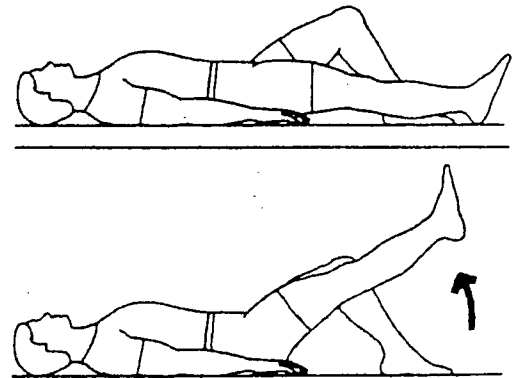


AROM hip flx (SLR) supine knee bent

- Lie on back with uninjured knee bent as shown.
- Raise straight leg to thigh level of bent leg to a count of 3, then lower to a count of 3, keeping back in a neutral position and abdominals tight.
- Return to starting position.

Perform 1 set of 15 Repetitions,  
twice a day.

Perform 1 repetition every 4 Seconds.  
Rest 1 Minute between sets.

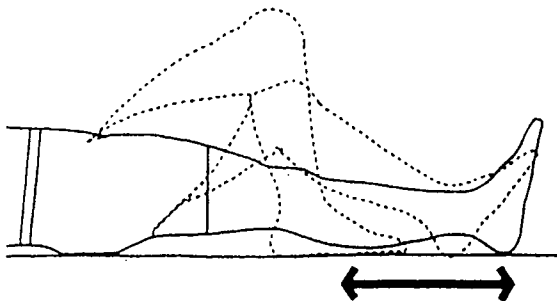


AROM hip/knee flx (heel slides)

- Lie on back with legs straight.
- Slide heel up to buttocks.
- Return to start position.
- Repeat with other leg.

Perform 1 set of 15 Repetitions,  
twice a day.

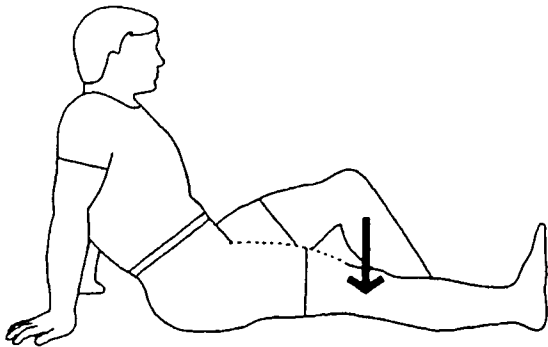
Perform 1 repetition every 4 Seconds.  
Rest 1 Minute between sets.



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Iso knee ext sit (quad sets)

- Sit with leg extended.
- Tighten quad muscles on front of leg, trying to push back of knee downward.

Special Instructions:

Do not hold breath.

Perform 1 set of 10 Repetitions, every hour.

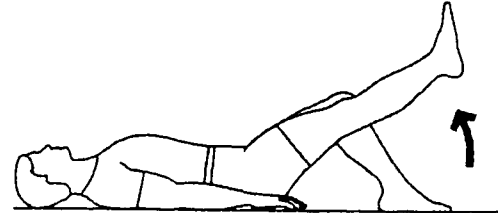
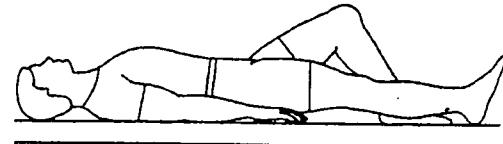
Hold exercise for 5 Seconds.  
Rest 10 Seconds between sets.

AROM hip flex (SLR) supine knee bent

- Lie on back with uninvolved knee bent as shown.
- Raise straight leg to thigh level of bent leg to a count of 3, then lower to a count of 3, keeping back in a neutral position and abdominals tight.
- Return to starting position.

Perform 1 set of 15 Repetitions, twice a day.

Perform 1 repetition every 4 Seconds.  
Rest 1 Minute between sets.

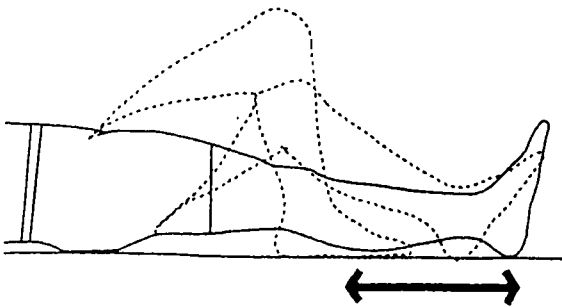


AROM hip/knee flex (heel slides)

- Lie on back with legs straight.
- Slide heel up to buttocks.
- Return to start position.
- Repeat with other leg.

Perform 1 set of 15 Repetitions, twice a day.

Perform 1 repetition every 4 Seconds.  
Rest 1 Minute between sets.



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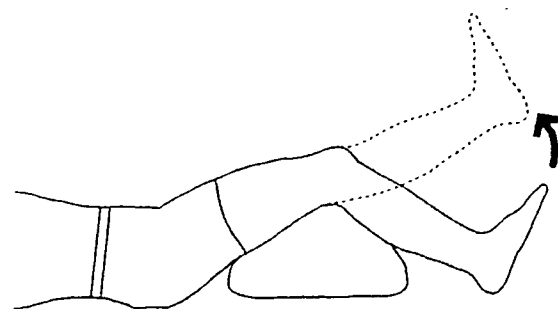
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## AROM knee ext (SAQ) sit

- Sit, with involved leg bent to 45 degrees, supported with a pillow, as shown.
- Straighten leg at knee.
- Return to start position.

Perform 1 set of 15 Repetitions,  
twice a day.

Perform 1 repetition every 4 Seconds.  
Rest 1 Minute between sets.

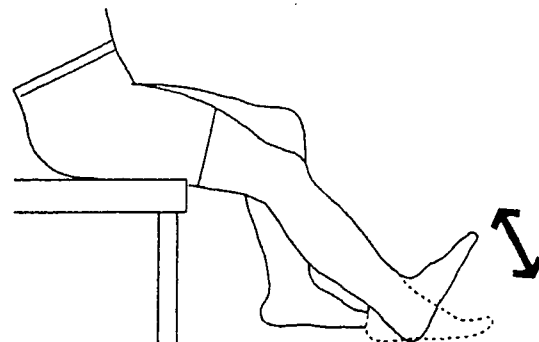


## AROM ankle DF/PF (not elevated)

- Sit with knee at 45 degrees as shown.
- Move foot up and down as shown.

Perform 1 set of 15 Repetitions,  
twice a day.

Perform 1 repetition every 4 Seconds.  
Rest 1 Minute between sets.

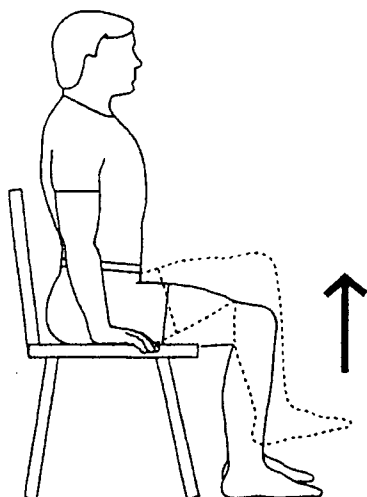


## AROM hip flx alt sit

- Sit in chair with feet on floor.
- Alternately lift left and right knee up and lower slowly.

Perform 1 set of 15 Repetitions,  
twice a day.

Perform 1 repetition every 4 Seconds.  
Rest 1 Minute between sets.

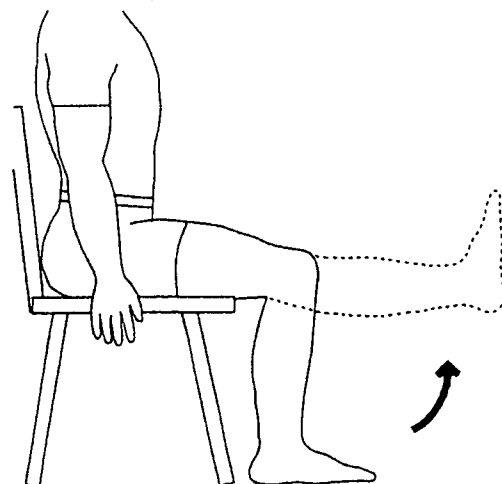


## AROM knee ext (LAQ) sit

- Sit, with involved leg bent to 90 degrees, as shown.
- Straighten leg at knee.
- Return to start position.

Perform 1 set of 15 Repetitions,  
twice a day.

Perform 1 repetition every 4 Seconds.  
Rest 1 Minute between sets.



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*"The staff has made me feel so comfortable — asking questions and planning for my mother's return home."*

*— A grateful Care Partner*

*"I appreciate being included in my husband's care. He is much more relaxed knowing I have been included in the teaching after his surgery."*

*— Another grateful Care Partner*

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