

Total Hip and Knee Replacement CareMap

Before, during, and after your hospital stay

Before Surgery

At Your Clinic Visit

- We may take X-rays of your affected joint, if needed.
- Your surgeon or physician assistant (PA) will describe the procedure and review this CareMap with you. They will explain possible risks, benefits, problems, other treatment options, and what results to expect.
- We will schedule your surgery, pre-surgery joint replacement class, other provider visits as needed, and follow-up visits after surgery.

What to Do

- Identify a responsible adult who can help you for 10 days after discharge. You should not need 24-hour help during this time.
- Sign up for MyChart.

2 to 4 Weeks Before Surgery

- Attend a pre-surgery joint replacement class (or watch the class online).
- Fill out the forms you were given.



These may include forms for time off work, disability, or other needs. Fax forms to the clinic (206.668.6361) or upload the forms to MyChart.

- Schedule consults as needed. These visits may be with your primary care provider (PCP), internal medicine clinic, pain clinic, or others.

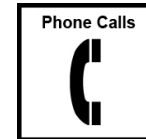


2 Weeks Before Surgery (Pre-Surgery visit with Nurse)

- A nurse will review this CareMap with you to explain what to expect before, during and after surgery.
- A nurse will screen you for bacterial infections (MRSA and MSSA).
- Sign consent forms for the surgery.
- Talk with your surgeon, their PA or the clinic nurse about advance directives such as healthcare proxy, durable power of attorney, and a living will.
- Have your pre-surgery lab tests.
- Complete patient-reported outcomes surveys.
- Schedule physical therapy (PT) visits if your surgeon tells you to do so.

1 to 2 Weeks Before Surgery

- A care coordinator will call you to talk about discharge plans and how you will get to and from the hospital.
- A surgical nurse will call to confirm your health information and what to do before surgery.



5 Days Before Surgery

- Shower daily with the antibacterial soap that was prescribed to you.
- A staff member will call you to tell you your arrival time.
- Follow the instructions from your care team about stopping blood-thinning medicines (anticoagulants).



24 Hours Before Surgery

- Do not shave near or around your surgical site.
- Take a shower with the prescription antibacterial soap.
- Do **not** use deodorant, scents, makeup, or other products after showering.



After Midnight

- Do **not** eat or drink anything unless your surgeon told you to drink clear fluids.

Surgery Day (Day 0)

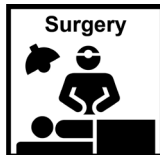
At Home Before Surgery

- Closely follow all instructions you were given about what medicines to take on the day of your surgery. **Your surgery may be canceled if you take medicines we asked you not to take.**
- Take another shower with the prescription antibacterial soap.
- Clean your surgical site well.



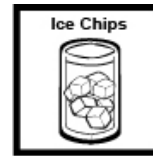
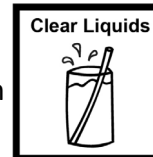
At the Hospital

- Check in at Surgery Registration at your assigned time.
- A nurse will call you to come to the pre-op area.
- We will place an intravenous (IV) tube in your arm. This will be used to give you fluids and antibiotics.
- An anesthesiologist will talk with you about using general anesthesia.
- Your surgeon or PA will mark the surgical site on your body.
- We will give you a heating blanket to keep you warm and help prevent infection.
- The Anesthesiology team will take you to the operating room (OR).



In Recovery After Surgery

- You will wake up in the recovery area.
- Nurses will:
 - Check on you often to make sure you are safe and comfortable.
 - Check your surgical site, breathing, blood pressure, and heart rate.
- We will take an X-ray of your surgical site. You will have compression stockings on your legs to help with blood flow.
- You will have a Foley catheter (tube) in your bladder to remove urine, if needed.
- We will give you medicines through your IV to help with digestion and nausea.
- We will give you clear liquids to sip and ice chips to chew.
- When your doctor says you are ready and a bed is available, you will be moved to your hospital room.



On the Hospital Unit

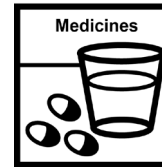
- Nurses will assess you when you arrive and again many times during your stay.
- Every hour while you are awake, we will place ice on your surgical site for 30 minutes. This will lessen inflammation, swelling, and pain.
- At first, we will give you pain medicine through your IV. When your digestion is working again, we will give you pain pills.
- As your body recovers from surgery, you will slowly return to a normal diet.
- Do **not** get out of bed without help from hospital staff. Your nurse will tell you when it is OK for you to move on your own.
- You will have your first PT visit:
 - *Mobility training:* Sitting on the edge of the bed, standing, and moving from bed to chair.
 - *Exercises:* Quad sets, ankle pumps, and gluteal sets. The PT will give you a handout with instructions.
 - *Gait training:* Your PT will help you learn how to walk in a way that will help your recovery.
- If you had a hip replacement, we may review your precautions with you as needed.



Day 1 Until Discharge

Pain Control

- The numbing medicine you received during surgery will last 6 to 12 hours.
- You will receive IV pain medicine until you are ready to take pain pills by mouth. Your doctor will prescribe pain medicines based on your needs. Most patients receive a prescription for opioids for severe pain, to take as needed.
- To help with pain, put ice on the surgical site for 30 minutes on and 30 minutes off.



Medicines

- You will receive a blood-thinner medicine.
- When you are discharged from the hospital, you will receive prescriptions for pain medicines. The prescription will cover about 5 days. If you need a refill, contact the clinic and allow 2 business days to fill the request.

Medical Devices

- If you have a Foley catheter, it will be removed.
- Keep wearing your compression stockings to help with blood flow.

Activity

- You will meet with a PT:
 - *Mobility training*: Moving from bed to a chair, walking, and stair training as needed
 - *Gait analysis*: Your PT will study the way you walk to help with recovery.
 - Your PT will give you exercises to build strength and mobility. You will receive a handout with instructions
- You will do your PT exercises on your own in the evening.
- You will meet with an Occupational Therapist (OT). In this visit, you will:
 - Learn about *durable medical equipment* (DME). This is medical equipment you may use in the home to help you complete daily activities
 - Practice safe toileting
 - Practice getting into and out of a shower stall or tub



Training

- If needed, your care partner will be trained on how to help you with exercises and mobility at home.
- You will be instructed on how to use a walker, cane, or other gait aid device (as needed).



Diet

- Progress to a regular diet, as you are able.



Preparing for Discharge

- Your PT and OT will work with you to make sure you have the right equipment (DME) for your home.
 - A nurse will confirm that you have set up an outpatient PT visit, as needed
- You will be discharged once you can:
 - Walk 100 to 150 feet without help (using devices as needed)
 - Climb stairs
 - Use the bathroom without help

At Home

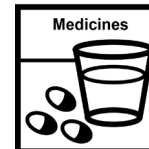
Questions?

Self-care

- Start to slowly decrease (*taper*) your pain medicine. Take it only as needed. Ask your nurse how to do this.
- Apply cold packs 3 to 4 times a day for 20 to 30 minutes at a time. Never put ice directly on your skin. Use a clean cloth between ice and your skin.
- Wear the compression stockings at all times. They will help prevent blood clots. Remove them only to shower. Your surgeon will tell you when you can stop wearing them.
- We will give you instructions for showering.
- Do not lift anything that weighs more than 15 pounds. This is about the weight of 2 gallons of water.
- Ask for help with household chores such as vacuuming, lifting, gardening, making the bed, taking out the trash, and cleaning the floor.

Medicines

- Take your blood-thinning medicine as prescribed to prevent blood clots.
- Take medication as needed for constipation.
- Take medication as needed for nausea.



Physical Therapy (PT)

- Outpatient PT:* If your surgeon advises physical therapy right after discharge, see the PT 2 to 3 days a week for at least 6 weeks.
- Home health PT:* If your surgeon orders this service, it may start within 48 hours of discharge. The PT will visit you 1 to 2 days a week for about 1 to 2 weeks.



Your questions are important. Please call your care team if you have any questions or concerns:

Hip and Knee Center at
UWMC - Northwest: 206.668.6360

For urgent needs when the clinic is closed: Call 206.598.6190 and ask to page the Orthopedic resident on call.

Notes:
