

Your Complete Guide to Joint Replacement Surgery: Preparing, Undergoing, and Recovering



North Carolina
Specialty Hospital

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Are you having a joint replaced? Next are some tips about how to prepare for the procedure as well as what to expect after the surgery.

Surgery Preparation



Pre-Anesthesia Testing (PAT)

Prior to surgery, you will have a meeting or phone call with PAT to discuss:

- All current meds: Due to the increased risk of bleeding, you must reveal if you are taking blood thinners, herbal meds, or nonsteroidal anti-inflammatory drugs (NSAIDs).
- All medical history: Discuss with PAT any allergies, weight issues, diabetes, nutrition deficiencies, high blood pressure, and surgical history.
- Lab work: If you are given a special blood bank bracelet, this must be on your day of surgery to prevent repeat testing.
- Readiness for surgery: Medical clearance is required to determine your readiness for surgery. This may require X-rays, EKGs, etc.
- Smoking history: You must stop smoking at least four weeks before surgery. Discuss with your primary doctor if you need a smoking cessation aid.
- Dental issues: Complete any dental work prior to surgery to reduce the risk of infection. Unhealthy teeth can provide a way for germs to enter your bloodstream, which could cause an infection in your replacement, resulting in more surgeries and even removal of the part.
- Other procedures: Wait 90 days after surgery for any nonessential appointments.

Pre-Surgery

- You and your surgeon will meet and decide on a surgery date, and a coordinator will assist in scheduling your surgery. A two-week follow-up and PT appointments will be made as well.
- A total joint class is offered on the first and third Tuesdays of the month at 2 p.m. at NCSH for patients undergoing total joint replacement. You are encouraged to bring a friend or family member who will act as your coach after surgery.
This class is mandatory; call 919-595-8469 to schedule!

5-7 Days Prior to Surgery

Stop taking:

- Ibuprofen (Motrin, Midol, Advil, or Pamprin)
- Naproxen (Naprosyn or Aleve)
- Celebrex
- Indomethacin (Indocin)
- Diclofenac (Voltaren or Cataflam)
- Nabumetone (Relafen)
- Meloxicam (Mobic)
- Vitamins
- Any herbal supplements or fish oil

You can take Tylenol, but minimize narcotic pain medicine to make it easier to control your pain after surgery.

Equipment and Supplies

Preparation

Equipment you will need:

- Two-wheeled rolling walker (insurance may provide)
- Bedside commode (insurance may provide)
- Adjustable cane

Regular UHC (NOT Medicare UHC) will not provide a bedside commode.

VA or Triwest coverage will require you to obtain the equipment at the VA before surgery.

For Workers' Compensation, please advise your case manager of equipment needs before surgery.

If you have no insurance or are covered by Project Access, you will need to obtain equipment before surgery.

Home Prep

- Have someone dedicated to be with you at the hospital and at home to help you.
- If you have a second-floor bedroom and stairs were difficult for you before surgery, consider making sleeping arrangements on the first floor.
- Arrange a chair with armrests and a place to elevate your leg (recliner, sofa, or coffee table with two to three pillows). Make a "recovery area" with your phone, remote control, pillows, ice packs, water/snacks, and any frequently used items.
- Organize the bedroom, bathroom, and stairs to be clear of rugs or anything that could cause you to trip.
- Arrange your bathroom to accommodate a raised toilet seat (bedside commode).
- Secure handrails if you have them.
- Meal prep for at least a week, with freezer meals, soups, and light meals.
- Consider installing a handrail if there are steps to enter your home and if stairs were difficult for you before surgery.

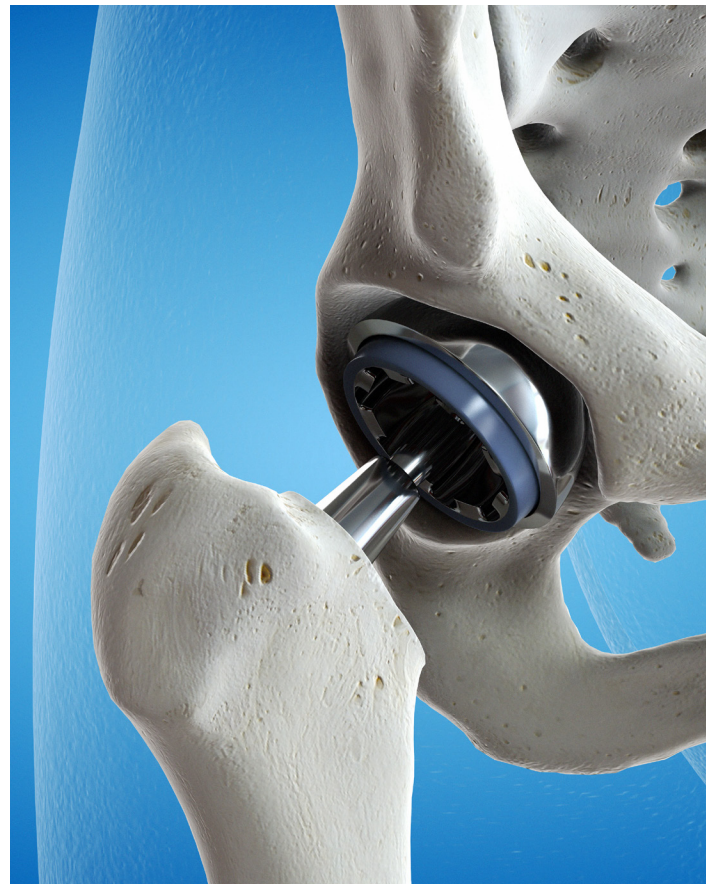
Checklist to Purchase

- Ice packs
- Comfortable, loose clothes for the recovery period
- Sneaker-type slip-on shoes

Packing for the Hospital

- Comfortable, loose clothing
- Sneaker-type slip-on shoes
- Any braces you use
- Toiletries
- Insurance card and driver's license (leave valuables at home)
- CPAP or other device such as "Inspire" (for those with sleep apnea)
- Any home meds **EXCEPT narcotics and supplements**

*** Do not wear makeup or fingernail polish**



Pre-Procedure Tips

4 Days Before Surgery

- Increase fiber intake (fruits and veggies) and water intake to help decrease constipation.
- Have laxatives and stool softeners stocked at home for after surgery.

3 Days Before Surgery

- Familiarize yourself with skin prep to know where to cleanse.
- Ensure you have prepared your recovery area.

1 Day Before Surgery

- Feeling sick? Skin rash or sores? Notify EmergeOrtho at 919-220-5255 or your surgeon's office.
- The night before, do not eat any solids after 10 p.m. From 10 p.m. until two hours before your arrival time, you can have clear liquids such as apple juice, water, Gatorade, Sprite, ginger ale, and black coffee (NO cream or sugar). You may **NOT** have dairy, lemonade, orange juice, or anything with pulp.
- If you eat on the day of the surgery, your surgery will be canceled or delayed.
- If your surgeon gave you a special soap to use before surgery, please do so as directed.

Day of Surgery

- You've made it!
- Check-in at the main reception desk; bring your insurance card and driver's license.
- Please remember that every patient's surgery and times of arrival are different.
- You will go through:
 - Check-In
 - Pre-Op
 - Operating Room
 - PACU
 - Inpatient Unit



Day of the Procedure



Pre-Operative (Pre-Op)

- You will be given an ID bracelet; this is how we identify you and ensure patient safety, which is a top priority.
- “What surgery are you having done today?” We will ask you this multiple times, again, as a safety measure.
- A hospital gown will be given to you, and you will be assisted to a stretcher.
- An IV will be placed to give you antibiotics to prevent infection and medication during the procedure to keep you comfortable. Be patient because sometimes it takes a while to get a good vein.
- Vital sign monitors will be placed on you to check your health. If you have heart issues, an EKG may be performed.

Types of Anesthesia

- **Spinal & Epidural:** Numbing medication that causes your legs to go numb is placed in your lower back. Depending on the medication used, this can last several hours to nearly a day after surgery.
- **Regional Block:** A numbing medicine injection is inserted near the big nerves, causing the arm or leg on the side of the injection site to go numb for several hours.
- **General Anesthesia:** This is given through your IV to make you sleepy. Once you are asleep, a special breathing tube is placed, and more medication is given through the tube during surgery to keep you asleep during the procedure.

This can cause a sore throat or hoarseness after surgery. Sometimes, the surgeon injects “local” medicine at the end of the procedure to keep the surgical site numb for a few hours to a few days to help with pain relief after surgery.

Up Next: Operating Room (OR)!

- You will be taken from the pre-op to the OR for surgery. We will ask several questions again to verify your identity, such as, “Remember what surgery you are having today?”
- During surgery, a tourniquet may be applied to decrease bleeding. An incision is made, the diseased ends of the joint are removed, and a prosthesis is fitted to you and your bones. The skin is closed and a plastic drain tube may be placed inside the wound to allow for drainage of blood. The incision is covered with a sterile dressing. Once complete, the anesthesiologist will stop the anesthesia, and you will gradually wake up and proceed to recovery.

The anesthesiology department will come and meet with you before your surgery to discuss your history and medications.

Post-Surgical Recovery



Recovery Room (PACU)

- After surgery, you are transferred to the recovery room (PACU), where you are monitored as you awaken from anesthesia. The nurses will monitor your vital signs, keep you comfortable, and monitor the neuro status of your legs.
- Once you are awake, your vital signs are stable, and your pain is controlled, you will be transferred to your private room in the inpatient unit.
- Once you are set up in your room (maybe four to six hours from pre-op), you will be able to see your family.

Inpatient Room

- A typical stay is one to two days, but each patient's recovery differs.
- You will have a hospitalist (doctor who is present during your stay), nurses, and certified nursing assistants who will monitor your vital signs, urine output, and walking ability.
- Nurses will administer all medications and work with you on your pain control regimen.
- A pain control regimen utilizes oral medications, including anti-inflammatory and narcotics meds.
- Lab work may be done during your stay.
- Equipment used includes IVs, a VISI vital sign monitoring system, and compression devices to prevent blood clots.
- You may have drainage tubes at the surgical site if the surgeon deems necessary.

- A urinary catheter may be used during your stay if medically necessary.
- Please remember that it is unlikely that you will have a pain score of "0," but the goal of your care team will be to keep your pain at a tolerable level.
- After surgery, it is important to keep blood circulating within the leg to decrease swelling and prevent blood clots.
- Begin moving your ankles when your legs are no longer numb.
- Begin walking as soon as it is safe (determined by your care team).
- Inflatable devices will be placed on your legs or feet to improve circulation while in bed.
- Anticoagulation meds such as aspirin, Eliquis, Coumadin, or Lovenox will be given. These medications thin your blood and aid in blood clot prevention after surgery.

Physical Therapy (PT)

- PT typically begins when you are medically stable.
- The nursing staff works with PT staff in assisting you to walk. Try to take your pain medication 30 minutes before working with PT.
- PT works on improving strength, mobility, transfers from bed/chair to the bathroom, and walking.
- You will be provided a home exercise program that is tailored to you and your home environment. This helps to ensure you are ready for a safe discharge and that your home is ready for PT. It is important that you do these exercises.

Insurance Plans Accepted*

- BCBS
- Cigna
- Medcost
- Medicare
- Medicaid
- Tricare (Military)
- United Healthcare PPO
- Workers' Compensation

* Not an inclusive list of insurance plans

Discharge Process

- Your joint replacement team will help determine when you are ready to be released/discharged from the hospital.
- If this discharge to home doesn't meet your medical needs, the discharge planner in the hospital will assist in making other arrangements as medically necessary.
- All necessary prescriptions will be written or sent to your pharmacy if you did not get them prior to surgery.
- All instructions will be reviewed with you, and you will receive copies.

Incision Care

Your incision should be kept clean and dry. A waterproof dressing will be applied prior to your discharge, and this will stay in place until your follow-up appointment.

Some drainage is expected. Call your surgeon's office if the drainage soaks past the edges of the bandage, because a new dressing may be needed.

As far as bathing, your bandage is water-resistant and can be worn in the shower. Do not take a bath or soak your surgical site with the dressing. If it does become soaked with water, call your surgeon's office.

Common Side Effects of Surgery

- Swelling is the most common side effect from joint replacement surgery. It increases pain and motion of the joint.
- Rest, Ice, Compression, Elevation (RICE)

Rest: Modify your activity and use a walker.

Ice: Ice the area as much as possible—15 minutes on, 15 minutes off. Do not put ice directly on your skin!

Compression: Compression stockings, which can be purchased at medical stores, may be suggested by your surgeon.

Elevation: As often as possible, use one to three pillows under your entire leg. Keeping your ankle higher than your knee, hip, and chest helps to reduce swelling.



When to Call

Call EmergeOrtho at 919-220-5222 or your physician's office if you have:

- Uncontrolled bleeding
- Blood in urine, stool, or vomit
- Black or tarry stools
- Swelling in leg(s) that does not go away with elevation
- Pain or tenderness in the surgical site area
- Calf pain, warmth, or tenderness
- Fever of 101 degrees Fahrenheit or higher

Call 911 if you have:

- Shortness of breath
- Trouble breathing at rest
- Sharp chest pain or a rapid pulse
- Blood or pink mucus when coughing
- Very low blood pressure or fainting



Post-Op Precautions



Problems such as infections, blood clots in the leg, pulmonary embolisms (clots in the lung), or nerve and blood vessel injuries can occur.

Blood Clots

Deep vein thrombosis (DVT) or blood clots can develop in the leg following knee/hip replacement surgery. This occurs when a blood clot forms in a large vein, often in the leg. Surgery can slow blood flow, and so can lack of movement if you are in bed for a long time.

These clots can be life-threatening if they move to the heart, lungs, or brain.

Symptoms of blood clots:

- Swelling in the legs that doesn't go away with elevation
- Pain or tenderness in the surgical site area
- Calf warmth or redness
- Pain that increases when you bend your foot

Methods to Prevent Blood Clots

Be mobile! Get up and move as soon as possible and keep active when you go home. Ankle pumps as shown below.

Blood Thinner Meds: You will be placed on a medication to thin

your blood. Do not forget to take this med at home.

Compression Devices: An intermittent pneumatic compression device will be placed on you in the hospital to prevent a DVT. These devices apply a gentle squeeze to your legs or feet to promote blood circulation.

Constipation

Another common side effect after surgery is constipation. To help prevent this, follow your surgeon's orders to take a stool softener and/or laxative at home. Drink plenty of fluids and increase fiber consumption (lots of fruits and veggies). Prunes and prune juice have fiber and can relieve constipation. Try to avoid dairy and bananas, as these sometimes cause constipation. Increase your physical activity when safe to do so.

***If you have increasing abdominal pain, nausea, vomiting, or dark or bloody stools, call EmergeOrtho at 919-220-5255.**

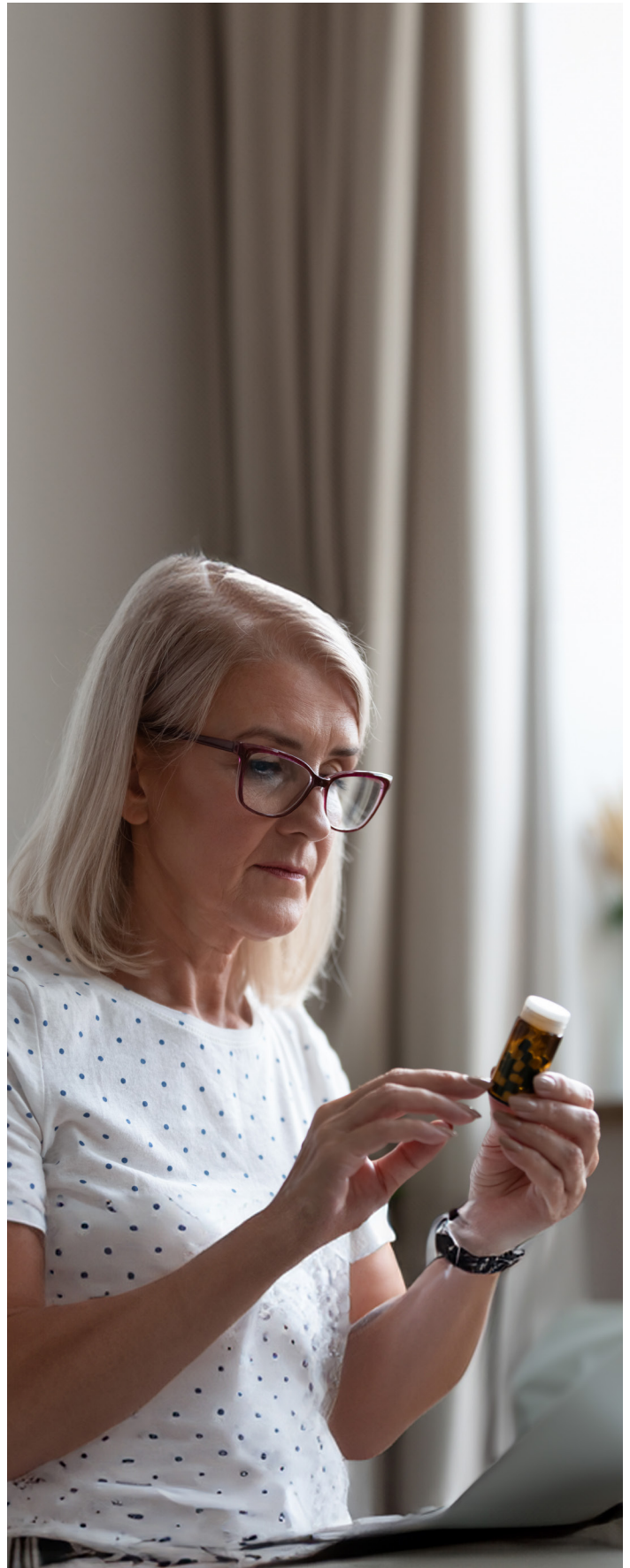
Nausea & Vomiting

Post-op nausea and vomiting can occur, and these are some things to do to prevent it:

- Take medications with food.
- Hydrate and advance your diet slowly to reduce nausea.
- If you are experiencing a diminished appetite, try these tips:
 - Avoid foods with strong odors.
 - Eat low-fat and low-fiber foods first. Try starchy, salty foods like pretzels, potatoes, and crackers.
 - Avoid large meals; eat small amounts more frequently.
 - Drink clear liquids—water, broth, apple juice, sports drinks, etc.—in small amounts at a time.
- Promote relaxation with music and things that calm you.

Medication Types

- **Anti-Inflammatory Meds (NSAIDs):** Take NSAIDs such as ibuprofen (Motrin, Advil), naproxen (Aleve, Naprosyn), celecoxib (Celebrex), meloxicam (Mobic), diclofenac (Voltaren), and aspirin. Check with your surgery team before using these as they can interfere with the blood thinner you may be on and cause bleeding issues. Once you are off the blood thinner, ask your team if you can resume NSAIDs. Side effects may include stomach pain, ulcers, and dark stools, as well as bleeding issues.
- **Tylenol (Acetaminophen):** Acetaminophen is commonly added to several types of prescription pain pills. Make sure you **do not take more than 4000 milligrams of acetaminophen in 24 hours**. If you have liver issues, please consult your doctor for guidance for Tylenol use. In narcotic pain medication, the acetaminophen portion may be called “APAP” on the bottle. Tylenol works differently than narcotics and NSAIDs, so it is usually okay to use it along with the other medications.
- **Narcotics:** Narcotic pain medication does help with the pain, but it does not make it go away completely. If you are having too much pain even after taking your medicine as instructed on the label, call your surgeon. Try to plan out the number of refills needed, because only the surgeon’s office can order these. They need a few days’ notice most of the time.





Undergoing joint replacement surgery is a significant step toward improving your quality of life and regaining mobility. By preparing thoroughly, following your care team's instructions, and staying committed to your recovery plan, you can optimize your surgical outcome and speed up your return to daily activities.

Remember, every patient's journey is unique—stay in close communication with your healthcare providers, and don't hesitate to ask questions or seek assistance when needed. With the right support and preparation, you'll be well on your way to a healthier, more active future.



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