

SIERRA VIEW HIP & KNEE CENTER



**A Comprehensive
Handbook on Complete
Joint Replacement**



SIERRA VIEW
MEDICAL CENTER

INTRODUCTION

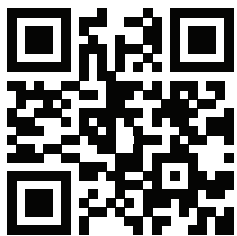
We appreciate your selection of the Sierra View Hip and Knee Center. This booklet has been designed to assist you in getting ready for your upcoming surgery. The medical professionals and the team at Sierra View Medical Center are dedicated to ensuring your comfort and providing you with comprehensive information throughout your hospital stay. Our primary objective is to facilitate an efficient surgical process and promote a full recovery. We strongly recommend that you review and refer back to this booklet so that any questions or concerns can be addressed.

Important Notice: This booklet offers general information solely. The specific care you receive will be tailored to your individual medical history and the guidance provided by your healthcare provider.

Guide to Total Joint Replacement

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Robotic Joint Replacement Surgery

Robotic joint replacement surgery is an advanced method for performing knee and hip replacements with increased precision. By utilizing robotic assistance, the procedure is tailored to the patient's unique anatomy, leading to improved accuracy in alignment and positioning. This technology helps ensure quicker recovery, less pain, and better long-term outcomes.

Many of our partial and total knee and hip replacements will be performed with the use of a surgical robot. We will first obtain a 3D scan of your unique bony and joint anatomy to create a personalized surgical plan. With the assistance of a robotic arm that is controlled by the surgeon and the individualized surgical plan, the robot will assist in executing the bony cuts or reaming, and ensuring proper alignment, balance, and positioning. The precision of the robot allows for a predictable patient experience, including a quick recovery, reduced pain, and a return to your desired physical and emotional quality of life and identity.

There will be a small incision in an area outside the main incision in patients with hip replacements performed with the surgical robot. Total knee replacements will not have a separate incision. There is essentially no difference in the preoperative or postoperative protocols when a robot is used except for getting a CT scan before surgery.





Pre-Surgery Planning

It is very helpful to plan ahead and prepare for your arrival at home after surgery. The following tips can assist you in this process:

- Have someone ready and able to help you at home.
- Go shopping for food and have groceries stocked in the house.
- Prepare meals before surgery and freeze them for availability after surgery.
- Remove throw rugs and secure floor coverings.
- Remove any cords or clutter in the walkways.
- Ensure you have good lighting.
- Secure handrails and steps.
- Arrange frequently used items within a safe, reachable distance.
- Plan care for pets. You may want to consider having your pet(s) boarded or watched by a friend or neighbor. They may cause you to trip while walking.
- If you have a two-story home, prepare a place to sleep on the first floor.
- If you are the care provider for young children, a disabled person, or any other person, make arrangements for their care during your hospital stay. Our goal is to return you to the care of your loved ones. If you require additional assistance after your surgery, we can provide you with a listing of community resources. Home healthcare may be an option after you get home. These care options will be discussed with you during your stay.

You will use your arms and upper body to move in bed and transfer from bed to chair after surgery. Upper body exercises done before surgery can help strengthen these muscle groups.



Total Joint Replacement Checklists

Please complete each item on the list and check when done.

1. Pre-surgery visit to orthopedic Surgeon

- ☐ Bring a list of current prescriptions and over-the-counter medications including vitamin supplements and herbal medications for your surgeon to review.
- ☐ Get any needed instructions for admission to hospital for surgery.
- ☐ Inform Primary Care Physician/Cardiologist of surgery. Please obtain clearances if needed.
- ☐ Stop smoking/using nicotine products 30 days prior to surgery.
- ☐ Plan your transportation home from the hospital. Have a designated, responsible adult to pick you up.
- ☐ Plan a caregiver/support individual who will take care of you during your recovery.

2. A few days before surgery

- ☐ Go to your appointment at Sierra View Medical Center (465 West Putnam Avenue Porterville, CA 93257) for you pre admission assessment. For questions, call (559)788-6060.
- ☐ Bring your medication list. The nurse will review your medicines.
- ☐ You will get a phone call to remind you what time to arrive for your surgery.

3. Staff will answer any last minute questions

- ☐ Make sure you have the chlorhexidine soap and instructions for your skin preparation. Use as directed.
- ☐ Pick up prescribed medications and a walker if recommended by your physician.

4. Morning of surgery

- ☐ Take medication as instructed.
- ☐ Shower again in the morning using the remaining half of the chlorhexidine soap.
- ☐ Brush teeth thoroughly and rinse thoroughly.
- ☐ Do not use any lotion or fragrance spray.
- ☐ Wear comfortable and loose-fitting clothing.

5. After surgery

- ☐ Start post-operative exercises (provided in this booklet) as instructed by your surgeon. If your healthcare insurance has approved an outpatient physical therapy location, please start 2-3 weeks after surgery. Call and confirm your appointment.



Staff will give you chlorhexidine soap with instructions on how to use it.

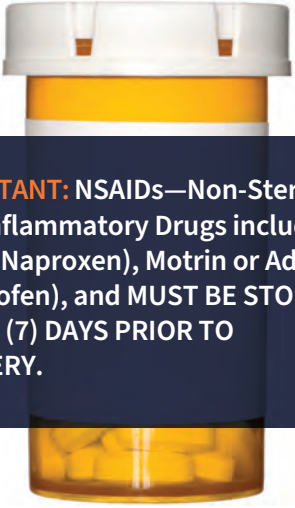
Preparing for Surgery

Weigh-in on Weight: If you are overweight, work on weight loss with your PCP to help improve your long-term outcomes of your new knee and your short-term recovery.

Diabetes: If you are diabetic, work with your PCP or Diabetes specialist to make sure to have your sugars under control and to watch your diet.

Infections: If you develop any kind of infection prior to surgery, such as skin or dental infection or a flu, notify your surgeon immediately.

Heart Healthy: If you have a history of cardiac issues, make an appointment with your cardiologist as soon as you can to rule out any medical or cardiac problems that may interfere with your surgery. Your cardiologist may order additional tests before surgery, so do check in with them ASAP to prevent delays to your surgery. Keep a list of all medications and supplements you take: prescriptions medications, over the counter, and any herbs and vitamins.



IMPORTANT: NSAIDs—Non-Steroidal Anti-Inflammatory Drugs include Aleve (Naproxen), Motrin or Advil (Ibuprofen), and **MUST BE STOPPED SEVEN (7) DAYS PRIOR TO SURGERY.**

Note: You may continue Tylenol, Celebrex, or other narcotics for pain management until the morning of surgery. If you take any of the following blood thinner medications such as Plavix, Coumadin, Xarelto, Pradaxa, Eliquis, or Aspirin, you will be given specific instructions on when and if you should stop prior to surgery. You should also check in with your provider who prescribes these medications.

Home Preparations

Most patients are discharged directly home after their hospital stay. When planning for your transportation back home, try to arrange for a car that will be easy to get in and out of.

Assess the number of stairs at home (going in or going to the bedroom) and other impediments to get in and out of your home. Your hospital therapist will train you on handling stairs. If you live in a multi-level home, plan on creating a sleeping place on the ground level for 1-4 weeks.

Make sure you have enough space to maneuver through doorways and hallways. You should have at least 30 inches of clearance to maneuver your walker.



Pre-Surgery Appointment

Please have ready the following for this appointment: exact medications and supplements you take, past medical and surgical history, contact information of your medical providers (i.e. Primary Care Provider and any specialists).

Week of Surgery

Packing for your Hospital Stay

- Do not bring your own medications as the hospital will provide you with your usual medications
- Important medical devices (i.e. hearing aids, glasses, CPAP machine with settings)
- Comfortable and loose clothing; and personal hygiene items
- Slip-on shoes, closed toe please (No flip flops or open-toed slippers)
- Two forms of identification to check in for surgery: one ID must have your picture and the second ID can be any other card that has your name on it
- You may bring your cell phone, if you wish.
- Leave all of your valuables, including jewelry, wallet and watches, at home.
- If you use a walker or assisted device—leave it in the car you arrive in. Please do not bring your walker/assisted devices to the hospital. Please have your support person bring them back when you are ready for discharge. If you don't have a walker (or crutches).

Two Days Before Surgery

To assist in the prevention of a surgical site infection, Chlorhexidine soap will be provided at your pre-op visit. Please wash with the soap daily 2 nights before—in addition to the morning of your surgery for a total of THREE (3) washes. Avoid using this soap on your face and private genital area. You may also use over-the-counter anti-bacterial soap, if you do not have the Chlorhexidine soap. Do not shave near or at your operative area.

The Day Before Surgery

You may receive a phone call the business day before surgery to confirm arrival time and inform you of any changes to your arrival time. Eat a light meal for dinner with no alcohol. Try to rest and go to bed early.

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT

Please do not have anything to eat or drink after midnight the evening before your surgery (including gum, candy or mints).

Morning of Surgery

Take your routine medication, as instructed, with a **small sip of water**.

The Day of Surgery

Anesthesia Evaluation: After admission, you will move into the pre-operative area where your anesthesiologist will evaluate you. The most commonly used anesthesia is spinal anesthesia, which is administered to block sensation below the waist during surgery. General anesthesia is the second most common type of anesthesia.

You will discuss these options with your anesthesiologist before your surgery.

Advances in anesthetic techniques (nerve blocks and regional anesthesia, less emphasis on narcotics) and rehabilitation make it possible to perform joint replacement procedures with less pain and physiological stress. The operating room time on average takes two hours depending on the severity of the arthritis in your knee. In many cases, a urinary catheter will be inserted while you are in the operating room and usually removed after surgery.

Your Hospital Stay

After Surgery: You will be moved into the recovery area, where you will stay for approximately 1-4 hours. During this time, you will be monitored until you recover from the effects of anesthesia. After that, you will either be taken to your hospital room or work with Physical Therapy in the recovery room before being discharged the same day.

Your Room: Room assignment is based on your medical condition and bed availability on the day of your admission. Your team will try to honor your preference whenever possible. A staff member will show you how to operate your hospital bed and the nurse call system (call button located at your bed-side and on the wall in every bathroom). Many patients will go home on the same day of surgery.

Leaving the nursing floor: For your safety and protection, patients are not allowed to leave the hospital floor unless accompanied by a staff member.



For your safety, always use your call button to request assistance getting out of bed, as unfamiliar surroundings and sleeping medications may contribute to confusion or a possible fall.

Pain Management

Many patients are concerned about the pain that they will have after joint replacement surgery. Please be reassured that your orthopaedic team is committed to helping you manage your pain.

*****Keep in mind, the pain after surgery is SHORT TERM and the majority of oral pain medication will be utilized in the first 2 weeks after surgery.**

Multimodal Pain Management

Your team will use an approach that combines 2 or more pain agents or techniques to optimize your pain control; and therefore uses less opioids (narcotics), which allows for better pain relief and faster recovery. While you should expect to feel some discomfort, advancements in pain control now make it easier for your orthopaedic team to manage and relieve pain.

Pain Scale at the Hospital

The SVMC team will ask you to rate your pain using a 0 to 10 scale:



Neurovascular Assessment

A neurovascular assessment consists of the following:

- Testing your ability to flex and extend the ankle and toes in your operative leg
- Checking the pulse on top of your foot and behind the inner aspect of your ankle bone
- Asking about numbness or tingling between your first and second toes
- Evaluating the color, temperature, and swelling of your foot These findings are compared to those on your uninvolved foot. Report any changes in your ability to move your foot or any numbness or tingling to your nurse immediately.

A PAIN ASSESSMENT TOOL IS HELPFUL IN LETTING THE NURSE DETERMINE IF YOUR MEDICATION IS ADEQUATELY MANAGING YOUR PAIN.

Post-Operative Information

Post-Op Appointment

Your first post-operative appointment will be scheduled 2 weeks after surgery.

Post-Op Medications

Prescription (Rx)

1. Oxycodone (or similar narcotic)
2. Celebrex (Celecoxib) or Mobic (Meloxicam) - NSAID
3. Gabapentin / Neurontin/ Pregabalin - nerve pain relief

Over The Counter (OTC)

4. Tylenol (acetaminophen) pain and fever relief
5. Aspirin 81mg [alternatively Eliquis may be prescribed]
6. Colace (stool softener), Senna and Miralax (laxatives)

Important Information Regarding Your Narcotic Pain Medicine:

The surgeon will provide you with a prescription for your pain pills upon discharge.

If you have a pain management specialist, please see them for refills. Otherwise, your surgeon will provide you with refills up to 2-3 months after your surgery. Provide at least 3 day's notice for refills on your pain medications, but please give us advance notice so there is no delay.

Narcotics are highly controlled substances. Do not lose your prescription or the pills. Early refills will not be provided. NO EXCEPTIONS WILL BE MADE.

Oral Opioids/Narcotics – Do not stop taking the narcotic pain pills abruptly to avoid experiencing withdrawal symptoms. You can wean off the narcotics by slowly increasing the time between each dose. Do not take pain pills with alcohol. **Most patients are able to decrease the daytime amount after 2-3 weeks and then primarily take them at night.**

NSAIDs – you can only take certain anti-inflammatory pills after surgery because you will be taking a blood thinner medication to prevent blood clots for approximately one month such as Lovenox (enoxaparin) injections or Aspirin. Avoid Advil (ibuprofen) or Aleve (Naproxen) until you are off the blood thinner.

Pain Management

Non-Pharmaceutical Interventions

Ice/Gel Packs applied to the knee and other areas of swelling can significantly help decrease the pain and inflammation that occurs as a result of surgery. The team recommends that you continue icing at a minimum of 4-5 times a day for 20 minutes each. Be sure to place a barrier, such as a towel, between your skin and cold pack to prevent freezer burns. You may use ice in a bag or gel packs.

Elevate your surgical leg above the level of the heart several times a day, best to combine when icing and doing your ankle pumps.

Be Active: Get out of bed/off couch or chair several times a day for meals, restroom trips and just to stretch to get some circulation going in the body to promote blood flow and healing.

Don't Over Do It. Especially in first two weeks – allow soft tissues/wound to heal (decrease swelling so that new nutrient-rich blood can reach the tissues to promote healing). Swelling and bruising are a result of the surgery and part of healing process, however, the sooner the swelling subsides, the quicker the recovery.

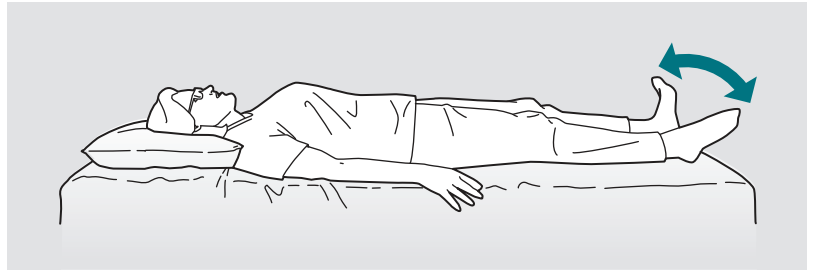


Early Postoperative Exercises

Walking is the best exercise following surgery; make sure to get up 3-4 times a day to go for a short walk around the house. Goal is to walk 1 minute longer than you did the previous day.

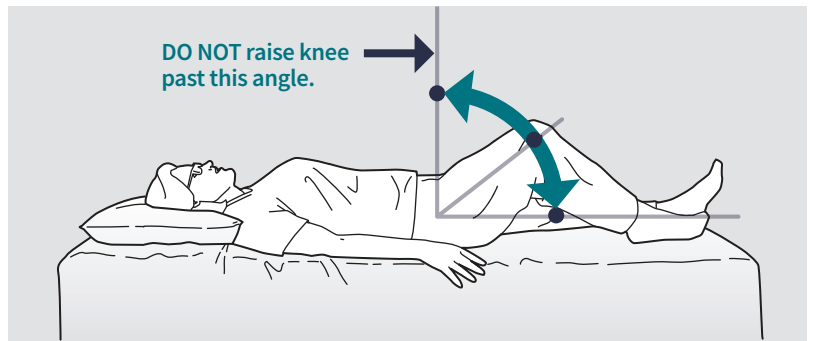
Ankle Pumps

Slowly push your foot up and down. Do this exercise several times as often as every 30 minutes. This exercise can begin immediately after surgery and continue until you are fully recovered.



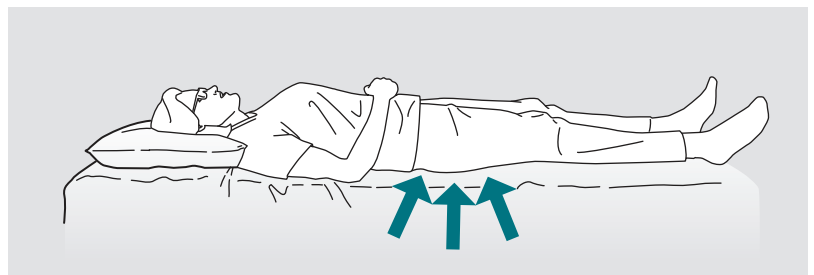
Bed-Supported Knee Bend/Heel Slides

Slide your heel toward your buttocks, bending your knee and keeping your heel on the bed. Do not let your knee roll inward. Repeat 10 times, 3 or 4 times a day.



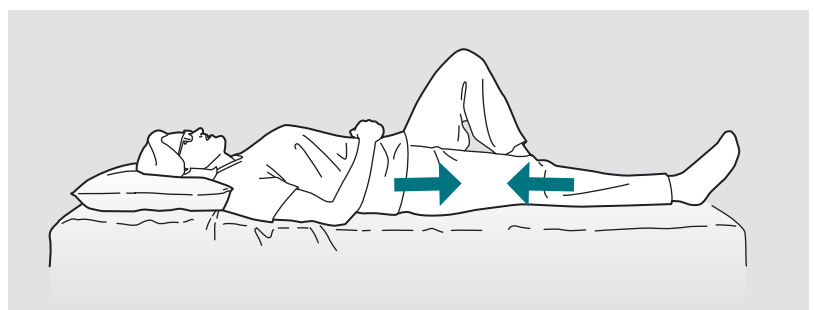
Buttock Contractions

Tighten buttock muscles and hold to a count of 5. Repeat 10 times 3 or 4 times a day.



Quadriceps Set

Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds. Repeat this exercise 10 times during a 10-minute period. Continue until your thigh feels fatigued.





Discharge Planning

Most total joint replacement patients go home after leaving the hospital. Insurance very rarely, if ever, will cover help at home for bathing, dressing, cooking, or cleaning. It is important for you to consider the kind of help you will need and mobilize your friends and family to assist you (with shopping, cleaning, errands, transportation, etc.). Decide ahead of time who will care for you after surgery.

The most HELP is needed in the first 2 weeks:

- Arranging meals that can be stored and frozen, and stocking up on prepared foods will eliminate extra work for your caregiver.
- Plan ahead and arrange for family or friends to drive you home from the hospital. You will be most comfortable in a sedan-type car. Establish someone to stay overnight and be close during the day for the first few days. In addition, you will not be allowed to drive for 2-6 weeks or longer, so you may want to plan transportation to and from your post-surgery appointments.

On average most of our patients go home the same day, but some stay one night.

The hospital discharges most patients the same day. Patients are required to have their ride home available upon discharge.

The staff can help you pack up your belongings. Please send your ride to bring the car to the horseshoe driveway in front of the main hospital entrance 10 minutes before you are ready to leave the hospital. Our Hospitality Service will assist you downstairs in a wheelchair along with your belongings.

Driving

You may start driving as soon as 2 weeks postoperatively if you feel safe and able to avoid an accident, react quickly to slam on the brakes, and exit the vehicle. Do NOT drive if you are taking narcotic pain medication such as oxycodone (Percocet), hydrocodone (Norco), hydromorphone (Dilaudid), or morphine (MS Contin), to name a few.



IMPORTANT

If given an Incentive Spirometer, please use as instructed. This will help exercise your lungs and keep them strong after surgery/anesthesia.

Wound Care

- It is normal to see some (slight) drainage at the top of the dressing for a few days after surgery.
- If the dressing appears completely saturated from drainage or if there is an increasing amount of drainage from the wound over time, contact the Sierra View Hip & Knee Center at (559)788-6081.
- Dressing is sealed and you can shower as tolerated (no soaking or bath for several weeks).

After 24 hours, you may remove your outer dressing until you see either stitches, mesh, or tape, as shown in the pictures below. Then:

1. If you have Steri-Strips ONLY (absorbable sutures under skin) or light purple skin glue: ok to shower without dressing if wound is dry. However, try to avoid oversaturation of moisture.
2. If you have Steri-Strips over nylon stitches (on top of skin) OR nylon stitches/staples ONLY: At 5 days you can change your dressing, but you should keep your wound covered with gauze and tape to keep it protected or apply the extra Tegaderm (waterproof dressing) you were given at discharge (this can also be purchased at most pharmacies) until the sutures or staples are removed (approximately 2-3 weeks). While sutures or staples are in the incision, they **should NOT get wet**, so keep covered with Tegaderm while showering.
3. If you have mesh, this is a waterproof layer sealed with glue and internal stitches. You may shower with this on. Remove the mesh at 14 days from surgery (most common).



*** DO NOT apply any Bacitracin or antibiotic ointment of any kind to the wound; this will disrupt the Steri-Strips adhesive. If you do change the dressing:**

If you need to change your dressing:

1. Wash your hands with soap and water before touching the dressing.
2. Remove the dressing carefully. If you need to, soak the dressing with sterile water or saline to help loosen it. Then dry the incision with clean dry gauze. Wipe or pat dry.
3. Apply a new dressing the way your hospital provider showed you.
 - After wound has healed (around 4 weeks post surgery): You may apply creams or ointments on the knee once the stitches are removed and there are no openings of your wound. The following tips can help decrease scar formation:
 - Manually massage the scar tissue – your physical therapist can show you how
 - Apply Vitamin E (or other OTC scar treatments)
 - Avoid sun exposure for 1 year

PETS: Do not allow pets to sleep with you until your wound is completely healed and the sutures/staples are removed. Do not allow pets to lick you or your wounds.

Surgical Site Infection (SSI)

A surgical site infection (SSI) is an infection that occurs in the same area where you had surgery.

DIAGNOSIS AND RISK

- The risks for getting SSIs will always be present. However, you can decrease these risks.
- You can often prevent SSIs.

WHY DO WE WANT TO PREVENT AN SSI?

- It may require readmission to the hospital.
- An SSI can spread to other parts of your body.
- Infections slow down your healing.
- If left untreated, an SSI can cause long-term disabilities such as amputations, nerve damage, and organ damage.

SIGNS AND SYMPTOMS OF AN SSI

- Redness and swelling
- Fever (100.5°F)
- Milky or yellow liquid coming out of the surgery wound
- Bad odor
- Painful wound
- Incision that is hot to touch

WHAT INCREASES THE RISK OF AN SSI?

- Dirty skin
- Not cleaning the skin with soap and water or other cleansers before surgery
- Dirty physical environment (room, bed, tables, clothes, and anything that surrounds you)
- Having diabetes
- Having an existing infection
- Being a smoker
- Being an elderly adult

WAYS TO PREVENT AN SSI

- Wash your hands
- Regular bathing
- Keep incision clean and dry
- Avoid regularly touching incision
- Keep pets away from your incision
- Eat a healthy balanced diet
- If diabetic, monitor blood sugar regularly

What to expect after surgery

- Your pay experience may vary.
- As anesthesia wears off, pain may increase.
- Depending on the surgery, you may have some blood at the incision.

WHAT NOT TO EXPECT AFTER SURGERY

- Non-stop bleeding
- New onset of numbness
- Opening incisions
- Constant severe pain
- Blisters



IMPORTANT

If you believe you have symptoms of an SSI, or have any other concerns please contact your doctor.

Physical Therapy & Occupational Therapy

The Physical and Occupational Therapists (also known as PT & OT) will evaluate you post-surgery while you are in the hospital and help the providers to determine what level of therapy, if any, you will need after you leave the hospital. The hospital PT and OT will work with you to achieve the goals necessary in order to discharge you to home safely. **In general, for the first 2 weeks, you want to rest and allow the wound and soft tissues to heal and avoid any falls.**

There are three options for physical therapy after you leave the hospital

1. Home Physical Therapy: If needed, after you return home, we will arrange for a PT to see you at home 2 to 3 times a week for 2-3 weeks. Your first visit will be within a couple of days after you return home. The home PT will see you until you are no longer home bound and potentially help you wean off the walker to a cane.
2. Outpatient Physical Therapy: Some patients start outpatient physical therapy at 2-3 weeks after they return home from the hospital. Others have in home PT then transition to outpatient PT if needed. The surgeon's office will send your referral for outpatient physical therapy. Once your insurance approves it, the office will notify you. The outpatient physical therapy office will call you to schedule your first post-operative visit. You will see an outpatient PT for 2 times per week for approximately 6 weeks. They can help you wean off your walker to a cane if you have not already done so.
3. No Physical Therapy: Many patients after surgery are able to progress on their own - walking and working on Range of Motion exercises is the best therapy after knee surgery. Gradually returning to activities of daily living will help to regain your strength and function.

Items to Purchase

It may be wise to purchase these items prior to your hospital stay most insurance companies do not pay for these

- Walking aid (walker or crutches)
 - Cane,
 - Raised toilet seat
 - Shower chair
 - Reacher-grabber
 - Dressing stick
 - Sock aid
 - Long handled shoe horn
 - Long handled sponge
- (AMAZON.COM or RETAIL PHARMACY).



Possible Complications of Surgery

The complication rate following knee replacement is low. Serious complications such as knee infection occur in less than 1-2% of patients. Major medical complications such as heart attack, stroke and death occur even less frequently. Although uncommon, when these complications occur, they can prolong or limit full recovery. Contact your team if you suspect any of the following:

Infection

May occur superficially in the wound or deep around the implant. It may happen while in the hospital or after you go home and can even occur years later. Minor infection in the wound is generally treated with antibiotics; for deep infections, removal of the implant may be necessary. Any infection in your body can spread to your knee replacement.

- New fluid draining from the wound
- Opening of the wound
- Flu-like symptoms, including chills & fever greater than 101.3F

DVT (Deep Vein Thrombosis)

Blood clots in the leg veins or pelvis can occur after surgery.

- New swelling of the operative leg, that does not resolve by the morning or after 1 hour of true elevation
- Unexplained pain of the operative leg and medication is not as effective as before
- Unexplained shortness of breath
- You are suddenly very sweaty
- Your heart rate is increased
- Chest pain

Preventing Blood Clots

Be Active! Walking promotes blood circulation, which helps to decrease your risk for getting a blood clot. During the daytime, be sure to get up every 2 to 3 hours and walk across the room; do ankle pumps; wear compression stockings (no longer used in hospital, but okay to use at home); avoid flying 6 weeks if possible; and take your prescribed blood thinner.

Constipation

Constipation may occur due to the effects of anesthetic (your bowels may slow down), medications you are taking, reduced activity, and poor appetite. Let your nurse know if you feel you are constipated. There may be an order for a stool softener, laxative, suppository, or enema. Your nurse will need to know if you have a bowel movement as well.

Other complications include

Loosening and implant wear over years. If this occurs, implants may need to be replaced. Nerve and blood vessel injury, bleeding, fracture (broken bone), skin numbness near incision site and stiffness. In a small number of patients, some pain can continue or new pain can occur after surgery.

Recovery and Milestones

Milestones for Discharge Home

Together with the Sierra View Hip & Knee Center, you will create a plan to meet your goals for a safe discharge home. This plan will include assisting you in obtaining any equipment or other support you may need.

The majority of patients return home on the first or second day after surgery. Below are some goals to consider when preparing for your discharge:

- I understand any surgical precautions I may have after my surgery
- I know how to manage my post-operative symptoms (e.g. pain, nausea, dizziness)
- I can get into and out of bed with minimal assistance
- I am walking the minimum distance for my home setting (with walker/crutches if needed)
- I can manage stairs with assistance
- I understand the use of blood thinner medication prescribed to me
- I have arranged for support upon arrival home
- I know how to manage many of my regular daily activities such as bathing, grooming, and dressing

Surgery Rehabilitation

During your surgery, the surrounding muscles were stretched to insert the prosthesis. It will take approximately 6-12 weeks for these muscles and surrounding soft tissues to significantly improve. In general, it is best to be cautious and avoid any falls.

Best practice involves getting you up out of bed on the same or next day of your surgery. Our staff will assist you with being active. It is beneficial for you to get out of bed and walk several times a day to help decrease the risk of blood clots and increase your quality of life.



NOTE: If you have symptoms such as severe abdominal pain, chest pain, shortness of breath or other severe problems, call 911 or go to the emergency room.



Normal Expectations After Surgery

- Recovering from a total joint replacement varies from person to person.
- You will see the most rapid improvements within the first 3 months after surgery.
- However, improvements can still be seen up to 1-2 years after surgery.

Swelling: blood circulation in the operated leg is sluggish after surgery, gravity will pool swelling down into the thigh, calf and ankle. As you walk more and elevate this will improve. (Swelling on average lasts 6-8 weeks.) However, any swelling that comes with significant changes in your level of pain should be reported to the Sierra View Hip & Knee Center as you could be experiencing a blood clot.

The following are some suggestions on how you can minimize the swelling of your operated leg:

- Walk frequently to promote blood circulation.
- You may wear thigh-high compression stockings or TED hoses. They are not routinely used but are permitted. They can be purchased at a medical store or retail pharmacy. (Start with the lowest compression level 8-15 mmHg, increase to 15-20, then 20-30 if tolerated.)
- Keep your operated leg above your heart frequently when you are sitting or lying in bed.
- Apply a cold pack minimum 4-5 times a day for 15-20 minutes. Be sure to place a thin barrier, such as a towel or T-shirt, between your skin and the cold pack to prevent freezer burns. You may use ice in a bag (be sure to double bag to avoid leak-age) or gel ice packs.

Limping: It is normal to have a limp while in the recovery phase. Strengthening the abduction muscles is important to correct your limp. Walking is the best therapy.

Sleeping: It is common to have difficulty sleeping for the first few months after surgery. You may find it difficult to sleep in your usual favorite sleeping position or that you wake up frequently during the night due to the pain or to take pain medicine. You will return to your normal sleeping patterns as the pain improves. Our team does not recommend sleeping pills once you are home as they can cause dependency.

Please speak to your primary care provider if you feel you need a sleeping pill. For better sleep:

- Avoid daytime naps. Establish routine hours for bedtime at night and waking up in the morning.
- Avoid caffeine and drinking fluids at least 3 hours before bedtime. Avoid alcohol.
- Ask your pharmacist if OTC Benadryl or melatonin/sleepy time tea may help.

Making Everyday Tasks Easier

Getting in and out of the car

Getting in and out of a vehicle requires a good deal of bending. The following tips will make it easier, and make riding more comfortable. Your doctor will let you know when your body has healed enough for you to resume driving.

- Sit in the car so that your knees are lower than the level of your hips. If the height of the car seat causes your knees to be higher than your hips, use a firm pillow to raise the seat.
- When entering the car, park it several feet away from the curb. Standing on the street, turn your back to the car and give your walker or crutches to your driver.
- Back into the passenger side of the vehicle by placing your right hand on the back of the car seat and your left hand on the car dashboard. While keeping your surgery side leg straight, support your weight with your hands as you lower yourself into the seat.



Putting on pants

FOR TOTAL HIP

- Catch the pant waistband with a reacher or stick and lower the pants to the floor.
- Extend the operated leg so that the pants can slip over this foot first.
- Pull the pants to the knee, then repeat the process for the non-operated leg.
- Do not lift the knee up or twist the leg inward during dressing.
- Pull the pants up over the knees.
- Stand with the walker in front of you and then hike your pants over your hips. Standing to pull up both underwear and pants makes the task easier.
- When undressing, remove clothing from the non-operated leg first.
- Stand only when socks and shoes are on or if you are barefoot. Do NOT stand up on a slippery surface.

FOR TOTAL KNEE

- Sit to dress and place your pants over the operated leg first. If you experience difficulty reaching over your foot, long handled reachers will be helpful. When undressing, take the pants and underwear off the non-operated leg first.

ORDINARY TASKS CAN BECOME CHALLENGES AFTER A TOTAL JOINT REPLACEMENT. TAKING THE TIME TO LEARN THESE TIPS WILL MAKE THEM EASIER.

Making Everyday Tasks Easier – continued

General recommendations

- Rest often. Do not overexert yourself.
- Use good lighting for a safer environment.
- Sit for tasks longer than five minutes.
- Organize work centers having all necessary supplies for various activities in one location.
- Gather all supplies before starting the task.
- Let gravity help you when possible.
- Slide objects instead of lifting.
- Avoid over-reaching.
- Avoid holding objects such as mixing bowls. Use a damp towel on work surfaces to secure the object in place.
- Analyze the importance of a task. Does it have to be done? Do you have to do it, or can someone do the task for you? Can the task be done more simply?
- Combine tasks when possible. Put on both underwear and pants, then stand to pull them over your hips.
- Do not stand on a wet floor after bathing. Dry off before getting out of the tub or shower, or wear rubber-soled aqua shoes/slippers.
- Avoid swivel or rocking chairs.
- Use a reacher to pick up items from the floor.
- Take out small plastic bags of trash by tying them to your walker.
- Take your laundry to the washer by using a cart or in small loads with a walker bag/basket.
- When opening your oven or dryer, avoid reaching below knee level by using the reacher. Keep a chair next to the dryer and dishwasher to use while unloading. This makes it easier to follow your hip precautions.

Using the toilet

- Use a raised toilet seat that is clamped on, or a commode chair that sets over your toilet.
- A commode can be used at the bedside. It can be used in a walk-in shower if it is the three-in-one type.
- Back up to the toilet using a walker. Extend your surgical leg, and place both hands on a solid surface (or one hand on a solid surface and the other on the walker) then lower yourself onto the toilet.
- Clean yourself while standing, or lean onto your non-surgical side and reach behind on the operated side.
- Transfer off by doing the above process in reverse, making sure to keep the surgical leg straight. Avoid pulling on the walker.

Cooking and food preparation

- A sturdy, tall kitchen stool may be used at the counter for food preparation.
- Slide bowls, containers, pots, and pans along the counter.
- Use a utility cart to transport items.
- Use an apron with big pockets or a walker bag/basket/tray to transport items.
- Use containers with lids.
- Moving your table closer to the counter will allow for shorter trips.
- Cook and bake with smaller containers to decrease weight.
- Cook in a microwave or on your stove's back burners to reduce risk of burns.
- Store refrigerator items at safe, reachable heights and in small, manageable containers.

Putting on socks

FOR TOTAL HIP

- Use a sock aid to put your socks on.
- Feed the sock onto the aid so the heel is towards the back and the toe is completely against the end. Do not pull the top of the sock over the top of the aid.
- Lower the aide to the floor using cords, do not bend down
- Point your toes and slide your foot into the aid, pull up on cords until sock feeds completely onto your foot, keeping knee extended
- Use the dressing stick to arrange the sock on your foot
- Talcum powder can help your foot slide better, but don't get it on the floor where it might cause you to slip.

FOR TOTAL KNEE

- Using a footstool when putting on shoes and socks can be helpful. Slip-on shoes or elastic shoelaces in tennis shoes may be helpful during your recovery period. A sock aide may be useful as well.

Putting on shoes

- Use easy slip on shoes with a good rubber bottom and firm heel backing.
- Elastic shoe laces can convert regular shoes into slip-ons.
- A long handled shoe horn may allow you to work on your heel from between your legs instead of reaching around the outside.



Bathing

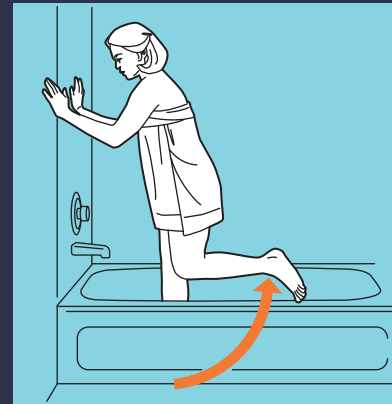
- Use a long handled brush or sponge to clean the operated leg and avoid twisting or bending. Hand-held shower hoses are also useful.
- Use a non-slip mat and a firmly anchored grab bar. Do not use a towel rack or soap shelf for support.
- Sponge bathing may be recommended until staples are removed and/or standing endurance improves.
- Do not bathe without a bench or stool.
- A stool may be needed for a walk-in shower if your standing endurance or balance is not adequate for a full shower.

There must be enough room in the shower for the stool and for extending the operated leg out.

- Adjust water before sitting and use soap on a rope. You can also put a bar of soap in a nylon stocking or mesh bag and tie it to a grab bar.
- Specific methods of transferring in and out of the shower should be worked out with your therapist.
- A bedside commode can also be used as a shower chair if it fits into the shower.



Use a long handle brush or sponge to avoid twisting or bending.



Specific methods of transferring in and out of the shower should be worked out with your therapist.



Sex After Joint Replacement

Sexual activity can be difficult during recovery from joint replacement surgery. Patients are encouraged to refrain until fully recovered. If having sex is a personal priority, it is important that you take precautions to avoid injury.

Precautions for hip patients

Patients recovering from anterior or posterior hip surgery have limited options for sexual positions. During sexual activity, it is important that the position of the hip stay the same as if standing or walking with a normal gait. The only position that fits within this limitation, and does not increase risk of hip dislocation, is with both people lying on their sides. The patient should lay on their non-surgery side. One person lies in front of the other. Intercourse is from the back. This makes intercourse possible without widening of the hips, without hip flexion of more than 90 degrees, and without forced or extended pressure on the hip.

Precautions for knee patients

Patients can use any positioning that is comfortable for them as long as it does not include the patient bending or flexing their surgery knee, or having to put pressure on it.

NOTE: If you feel sharp, severe pain at the surgery site during sexual activity, stop. Please consult with your orthopedic surgeon if you have questions about sexual activity following joint replacement surgery.



Frequently Asked Questions

Your doctor has probably told you a great deal about your surgery and why you require the procedure. The following offers a helpful review, along with precautions and exercises to aid your recovery.

Pre-Surgery

- **Can my family visit me in the hospital?** Yes, our team encourages family to participate. Visiting guidelines can be found at sierra-view.com/visit
- **Do I need to donate blood before surgery?** It is no longer recommended to donate your blood prior to surgery. Recent research shows that shorter surgical times, improved anesthesia techniques, and new medications to prevent bleeding have made needing a transfusion very rare. Further, blood donations before surgery have been shown to increase the risk of needing a blood transfusion.
- **Will my insurance cover the surgery?** Once your surgery has been scheduled, the Sierra View Hip & Knee Center will obtain insurance authorization for the surgery. Contact your insurance company for specific insurance coverage information, including copay and de-ductible costs. If you have any questions about your ability to pay or other financial concerns, call SVMC Financial Counseling at (559)788-6143 or (559)788-6002.
- **Should I get a flu shot before the surgery?** The team recommends at least 2 weeks before surgery, as some patients feel under the weather after the shot (but it is up to you).
- **What kind of assistance will be needed?** Initially, you may need help with cooking, housework, shopping, laundry, bathing, and transportation (especially first 1-2 weeks). Start recruiting family members, friends or neighbors to stock fridge with microwavable meals and to help with chores, and help with medication management.
- **How do I file my disability paperwork?** First, decide if your employer has forms or if you plan on filing for state disability. Then, provide the clinic with the paperwork to file.
- **What do I do with my advance directive paperwork?** To request an advance directive form, contact the SVMC Patient Access Department at (559)788-6004.

Surgery

- **How long is the surgery?** The average surgery time is 30-90 minutes. The time you will be in the operating room is longer due to anesthesia and prep time.
- **How long will I be in the hospital?** Most patients stay only 1 night in the hospital and then go home with family or friends; however, the stay could be longer depending on surgery and recovery. It is rare to be discharged to a skilled nursing facility (SNF). The hospital nurse case manager will work with you to determine safest course for discharge.

Frequently Asked Questions – continued

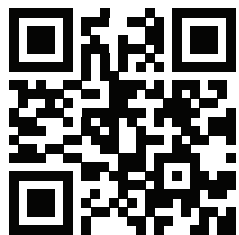
Post-Surgery

- **Will I set off the metal detectors at the airport?** Yes, you will probably set off the security monitors; however, most airports have scanners that can visualize the implant and further inspection is not needed. Be proactive and let them know you have a knee replacement. No letters or documents are accepted or needed.
- **I have trouble sleeping; is this normal?** This is a common complaint following surgery but tends to resolve quickly. Non-prescription remedies include Tylenol PM, Benadryl, or supplement such as melatonin – please consult your pharmacist or primary care provider.
- **I feel depressed; is this normal?** It is not uncommon to have feelings of depression after surgery; this may be due to multiple factors such as limited mobility, discomfort, increased dependency on others, or medication side effects. These feelings tend to resolve as you begin to return to your normal routine. If these feelings persist, contact your primary care provider.
- **I feel constipated, what should I do?** This is a common problem following surgery, usually due to limited activity and side effects of narcotics. Our team recommends taking stool softeners/laxatives such as Senna, Colace and MiraLax; decrease narcotic use; increase fluids; have prunes or prune juice; walk regularly; increase fiber in diet; and avoid straining on the toilet as this can cause you to faint. Your bowel movements may be irregular at first, but they will gradually return to normal. You should have a bowel movement at least once every 3 days. If you go more than 3 days without having a bowel movement, try an over-the-counter laxative such as Milk of Magnesia, Fleets enema, or Dulcolax. Call your primary care provider if you are still unable to have a bowel movement after trying laxatives.
- **Do I need Physical Therapy?** Our team does not require physical therapy (PT), but most of our patients find it helpful. PT can help transition you to a home exercise program and help with gait training – the most important therapy after knee replacement surgery is walking and motion exercises. If you want therapy, it is okay to start outpatient PT 2-3 weeks after surgery if the wound is healed. For OUTPATIENT PT, it is your responsibility to ensure the facility you choose accepts your insurance. Our team suggests picking a location close to work or home.
- **How long will it take to regain my leg strength?** Most patients will notice improvements throughout the rehabilitation process. However, if your arthritis was longstanding and your function was severely limited prior to surgery, it may take up to 1 year before you regain your full leg strength.
- **Should I use ice or heat after surgery?** Ice is very helpful during recovery when there is swelling and warmth around the knee. Use the ice pack 15-20 minutes 4-5 times a day; it is best to combine with elevation (prop pillow(s) under ankle while reclining to decrease swelling and therefore pain in the leg).



Post-Surgery

- **Will I set off the metal detectors at the airport?** Yes, you will probably set off the security monitors; however, most airports have scanners that can visualize the implant and further inspection is not needed. Be proactive and let them know you have a knee replacement. No letters or documents are accepted or needed.
- **When can I drive?** On average, it is 2-4 weeks. Once you are off narcotics, ask the surgeon's permission if you have knee precautions, and you feel safe to react to hit the breaks to avoid an accident.
- **How soon may I travel by airplane?** You should avoid travel on airplane for 6 weeks after surgery. If you cannot avoid airline travel, discuss your plans with your surgeon.
- **Do I need prophylactic antibiotics before routine dental cleanings?** We no longer require antibiotics before routine dental work after a joint replacement, if 6-12 weeks have passed from surgery date; however, if dental procedure is due to infection or more involved, then discuss treatment with dentist and the office. Infections in the mouth can travel to the knee joint.
- **When can I return to work?** In general for a desk job, anywhere from 2-6 weeks, for a more labor-intensive job, it could be 3-4 months.
- **What equipment is needed after surgery?**
 - Ice/Gel pack (suggestion: large 12 x 18 ColPaC from Amazon.com)
 - Walker/Crutches (provided by clinic. Please call 559-788-6081 if you need one)
 - Raised toilet seat / commode (large retail pharmacies carry most of these items)
 - Reacher-grabber (Amazon.com or retail pharmacy) [optional]
 - Shoe horn, sock aid, long handle sponge [optional]

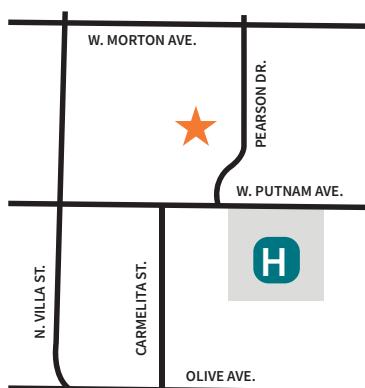


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KNEE

Total Joint Replacement

Total Joint Replacement Program

Your doctor has probably told you a great deal about your surgery and why you require the procedure. The following offers a helpful review, along with precautions and exercises to aid your recovery.

Why knee replacement?

Knee joints are a part of the body that endure stresses and strains on a daily basis. It is not surprising that after years of use, wear and tear on the bones and tissues can become a painful problem. For many of us, the answer is knee replacement surgery.

What knee joints do, and how they do it

- They support body weight.
- They move thousands of times a day.
- They allow you to walk, run, jump, crawl, and crouch down.

The knee joint is a hinge with some rotational ability. This joint glides or moves easily because of a special tissue called articular cartilage, which covers and lines the joint. In a healthy knee, movement is without pain. In a problem knee, the articular cartilage wears away and leaves the bones unprotected, causing pain and stiffness.

Any part of the entire knee may be damaged to the point that the knee does not function and must be replaced. In recent years many advances in surgical procedures have proven helpful to people with knee problems.

The procedure

Joint replacement surgery replaces the problem knee with a prosthesis or artificial knee. The basic parts of prosthesis are:

- Femoral component (thigh bone)
- Tibial component (shin bone)
- Patellar component (knee cap)

The prosthesis is extremely strong and made of special, long lasting material, which is easily placed inside your body.

Your orthopedic surgeon will choose the right size for you and will secure the prosthesis in place by a method that best suits your situation.



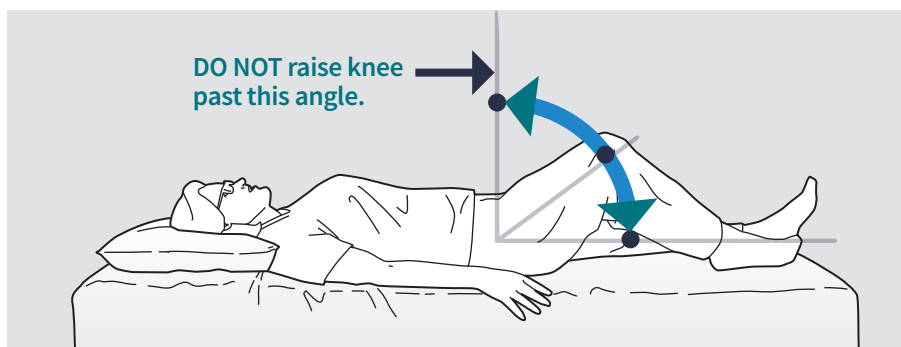
Exercise Protocols

TOTAL KNEE

Bed-Supported Knee Bends

Slide your heel toward your buttocks, bending your knee and keeping your heel on the bed. Do not let your knee roll inward.

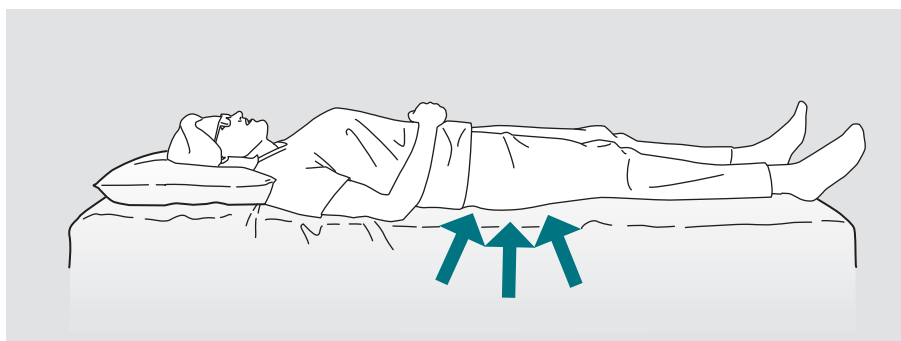
Repeat 10 times, 3 or 4 times a day.



Buttock Contractions

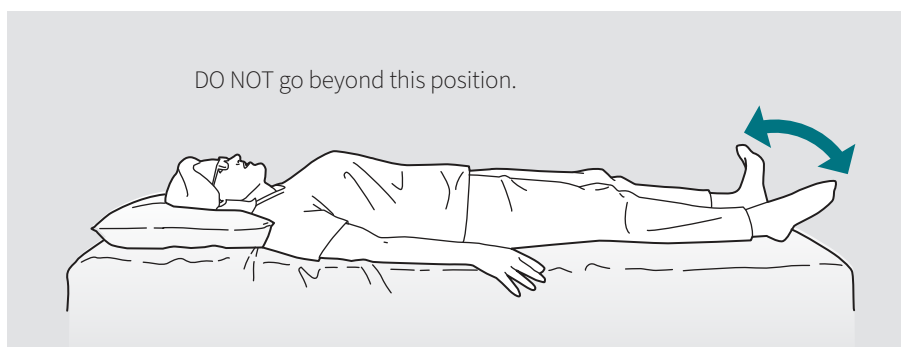
Tighten buttock muscles and hold to a count of 5.

Repeat 10 times, 3 or 4 times a day.



Ankle Pumps

Slowly push your foot up and down. Do this exercise several times every 5 or 10 minutes. This exercise can begin immediately after surgery and continue until you are fully recovered.



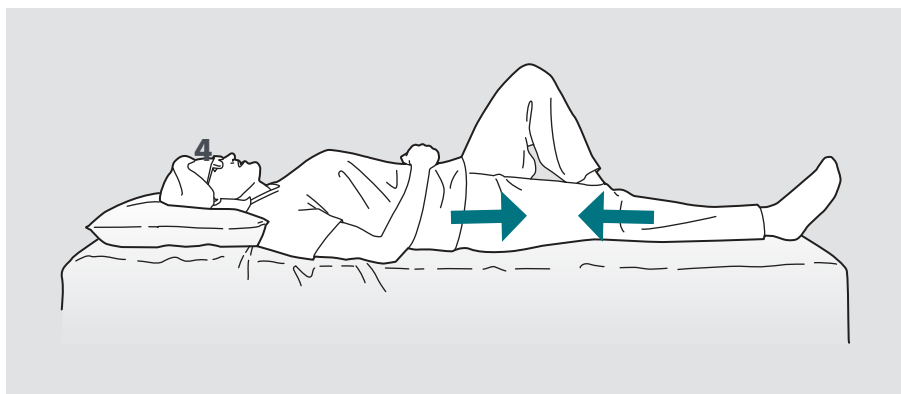
Exercise Protocols

TOTAL KNEE

Quadriceps Set

Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds.

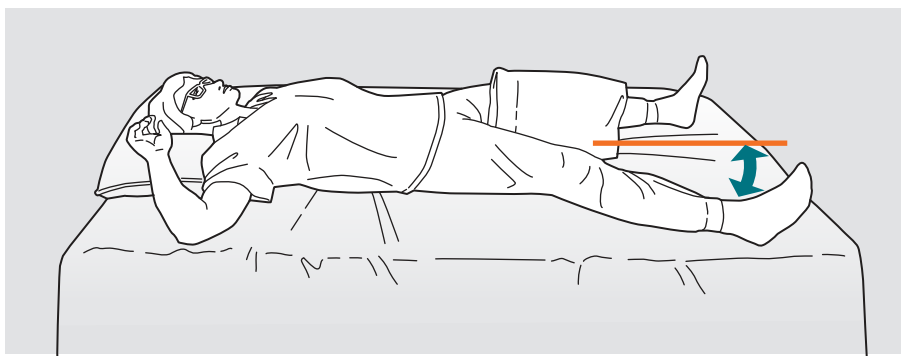
Repeat this exercise 10 times during a 10-minute period, or continue until your thigh feels fatigued.



Abduction Exercise

Slide your leg out to the side as far as you can and then back.

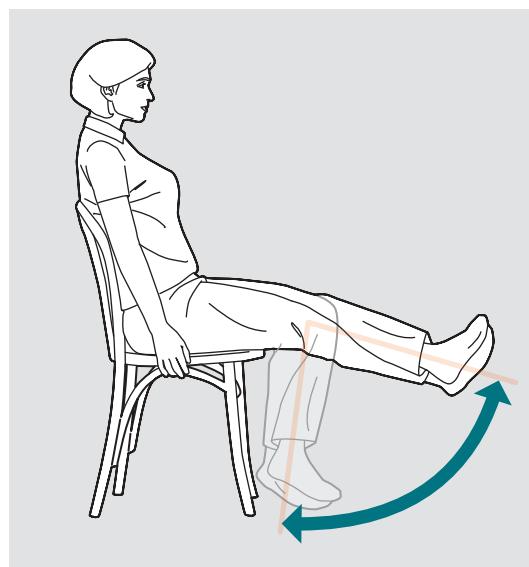
Repeat 10 times, 3 or 4 times a day.



Seated Knee Flexion

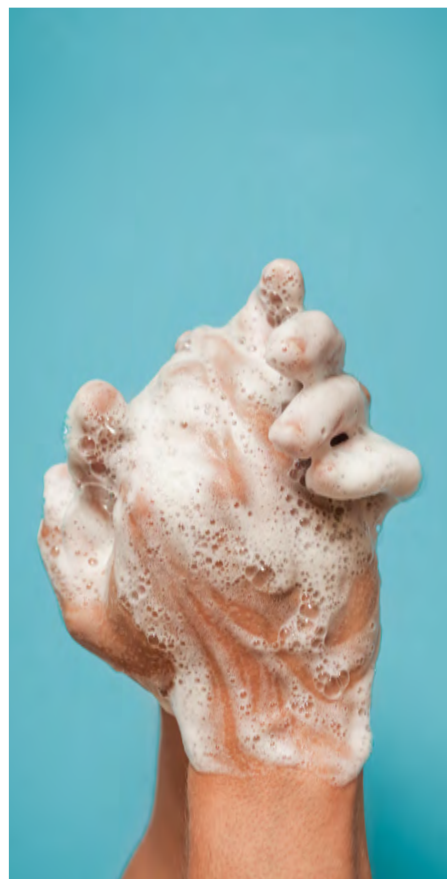
Sit in a chair that allows your feet to swing freely. Position your buttocks and lower back against the back of the chair. Slowly relax your thigh muscles to allow more bend in your operated knee. Try to pull the foot of the operated leg under the chair to increase the bend in the knee. You can assist by pushing on the front of the operated lower leg with the opposite foot.

Repeat 10 times, 3 or 4 times a day.



Preventing Surgical Site Infections

- Always make sure that visitors, including family members, doctors, and nurses, wash their hands before physical contact with you. They must use soap and water or alcohol-based hand rubs.
- Clean your hands regularly. Especially before eating, after using the toilet (bathroom), and before touching and/or cleaning the surgery incision.
- A full body bath is strongly recommended before surgery.
- Do not remove wound dressings without talking to your nurse or doctor.
- Your doctor may order antibiotic(s) before surgery.
- Know the signs and symptoms of a surgical site infection. If you have any signs or symptoms, tell a healthcare worker.
- Keep the dressing clean and dry.
- Do not smoke.
- Eat a balanced diet.
- Diabetics should test/check their blood sugar 3 to 4 times a day (or as told by their doctor).
- Do not allow pet animals to sleep on your bed.
- Make sure that your nurse or doctor explains to you how to take care of the incision.

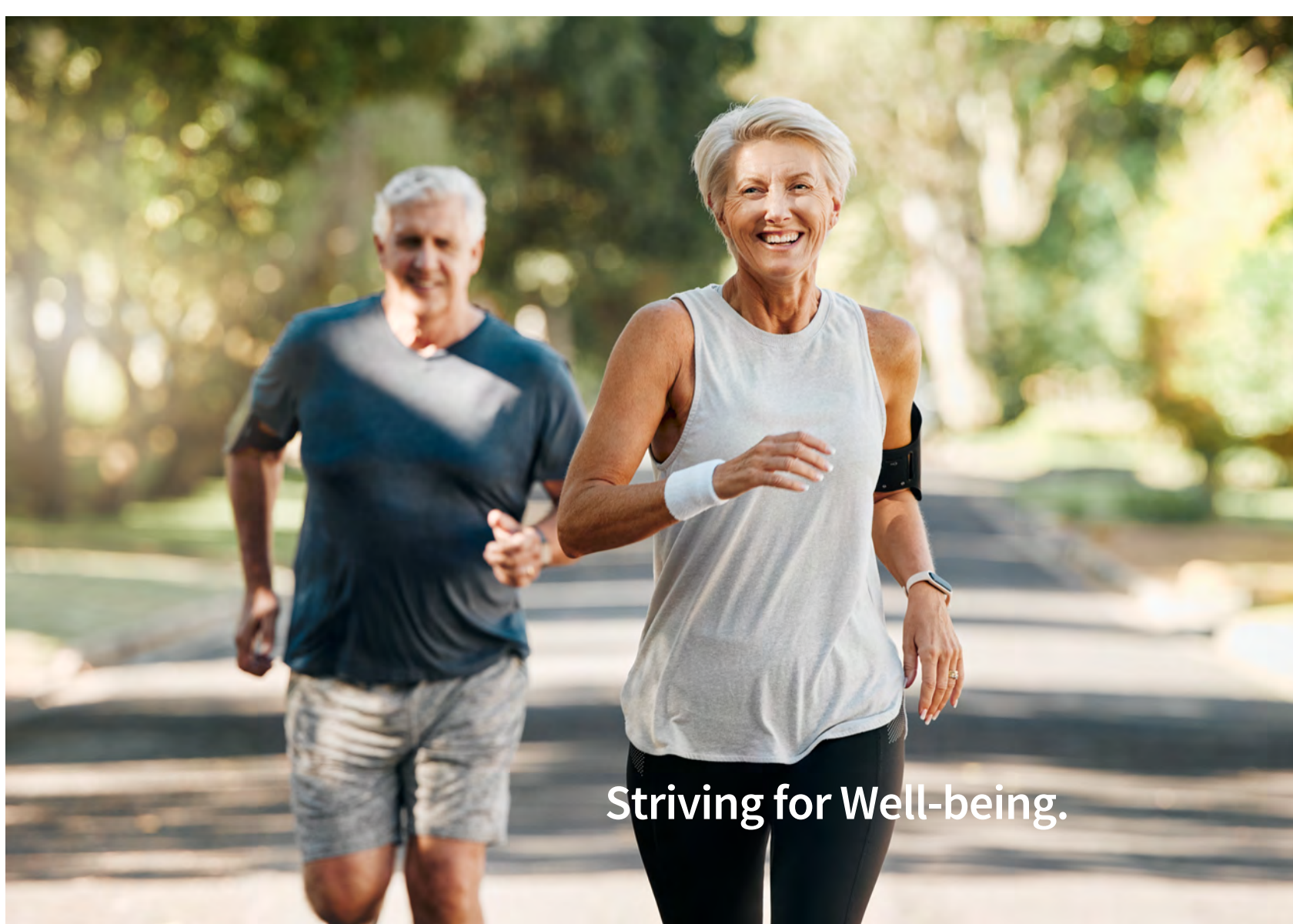


IMPORTANT

If you believe you have symptoms of a surgical site infection, or have any other concerns please contact your doctor.



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HIP

Total Joint Replacement



SIERRA VIEW
HIP & KNEE CENTER

Total Joint Replacement Program

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Why hip replacement?

Hip joints are a part of the body that endure stresses and strains on a daily basis. It is not surprising that after years of use, wear and tear on the bones and tissues can become a painful problem. For many of us, the answer is a hip replacement.

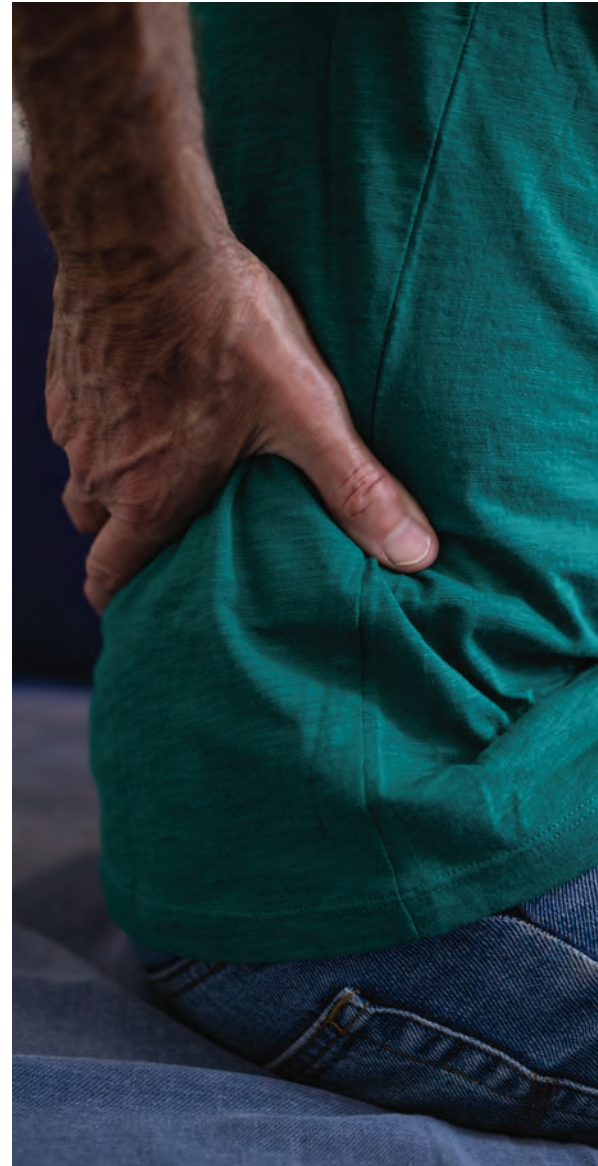
What hip joints do, and how they do it

- They support body weight.
- They move thousands of times a day.
- They allow you to walk, run, jump, crawl, and crouch down
- The hip joint allows the leg to move forward, to the sides, and in a rotating motion. Its structure is a simple ball and socket located between the thighbone (femur) and the hipbone (pelvis). The ball at the top end of the thighbone is called the femoral head. This ball fits into the socket, or acetabulum, which is a part of the pelvis.

The ball glides or moves easily in the socket because of a special tissue called articular cartilage. This tissue covers the ball and lines the socket. In a healthy hip, this allows movement without pain. In a problem hip, articular cartilage has worn away and left the bones unprotected, resulting in pain and stiffness.

Another protection in the hip joint is the synovial lining. It secretes synovial fluid, which acts as a lubricant. This tissue lines the entire hip joint. If the joint becomes worn and inflamed, the lining produces excess synovial fluid, resulting in swelling and damage to the joint.

Any part or all of the hip joint can be damaged to the point that the hip does not function and must be replaced. In recent years, many advances in surgical procedures have proven helpful to people with hip problems.



It is not surprising that after years of use, wear and tear on the hip joint bones and tissues can become a painful problem.

Procedure and Precautions

Hip movement must be limited after surgery to avoid dislocation of the new implant. This section explains the necessary movement restrictions, and offers solutions for performing simple day-to-day tasks. Restrictions should be followed or about three months after surgery, following the advice of your physician.

The procedure

Joint replacement surgery replaces the problem hip with a prosthesis or artificial hip. The basic parts of prostheses are:

- A stem (femoral component)
- A ball (femoral head component)
- A socket (acetabular cup component)

This prosthesis is extremely strong and made of special, long-lasting material which is easily placed inside the body. Your surgeon will choose the right size for your body, and will secure the prosthesis in place by a method which best suits your situation.

Anterior vs. posterior hip replacement surgery

The most obvious difference between anterior and posterior hip replacement is the location of the incisions. Many patients will have no precautions.

Anterior (front)

This approach requires an incision at the front of the hip. It typically starts at the top of the pelvic bone and extends down toward the top of the thigh.

Posterior (back)

This surgery uses a curved incision on the side and back of the hip. The incision curves just behind the greater trochanter (that firm spot you can feel at the outside top of your thigh).

Movement restrictions

for posterior hip replacement surgery

- Do not bend your hip beyond a 90° (right) angle, especially when you sit. Do not sit in low chairs, stools, or toilet seats. Proper seating is at least 21 inches off the floor.
- Do not kneel or squat.
- Do not bend over to touch your feet or pick up things from the floor. For awhile, expect to need assistance from other people or to use special equipment for retrieval of objects and putting on shoes and socks.
- Do not cross your legs. Sleep with a pillow between your legs. Do not lay on unaffected side without a pillow between your legs. (See picture on following page)
- Do not turn your toes inward on your operative leg. When making a turn while walking, turn away from the operative side to avoid twisting your body and operative hip in the wrong position.
- If turning towards your surgery leg, make sure to turn surgery leg first, before shifting body towards walker.



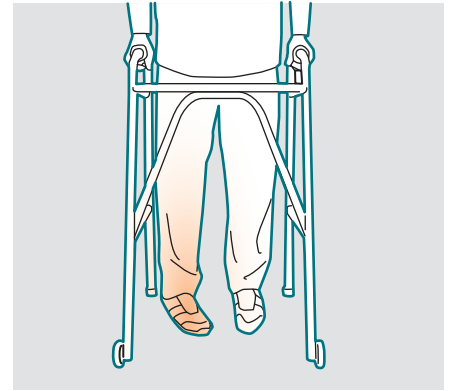
Posterior Hip Precautions



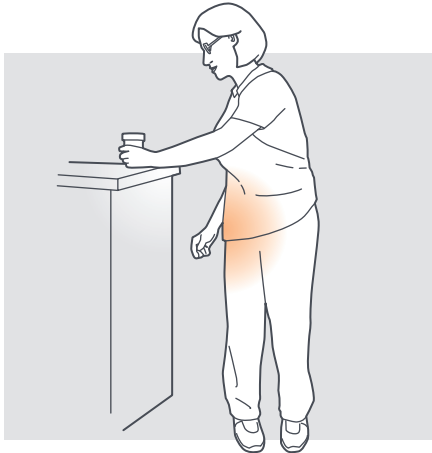
Plan on using a walker for two to four weeks after your surgery.



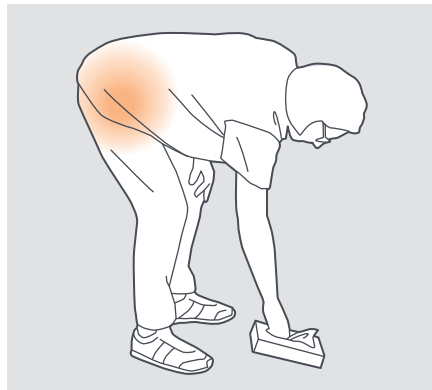
Raising your seat height with a pillow will make it easier to sit and stand.



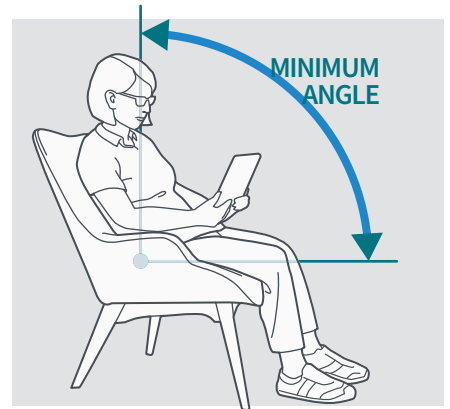
Do not point your foot inward (pigeon toe) on your surgery leg.



Do not twist your upper body toward your surgery leg.



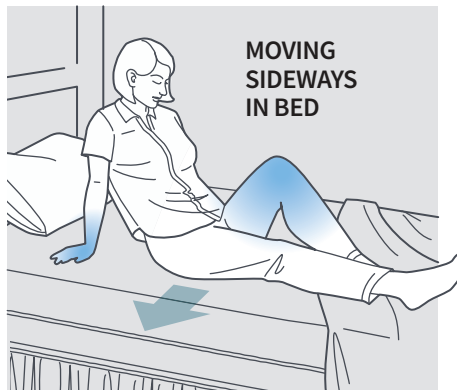
Do not bend at the waist to pick up objects. Use a reacher tool.



Maintain a minimum of 90° (right angle) between your spine and thighs.



Avoid crossing your legs when sitting.

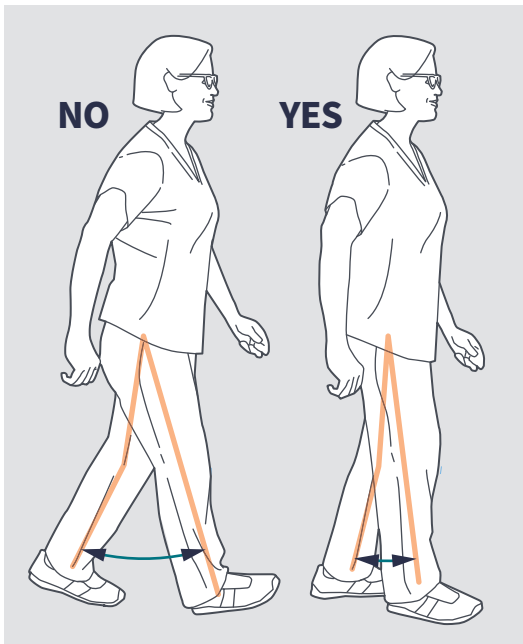


With upper body weight on your hands, bend the non-surgery leg and use it to lift and slide your body.

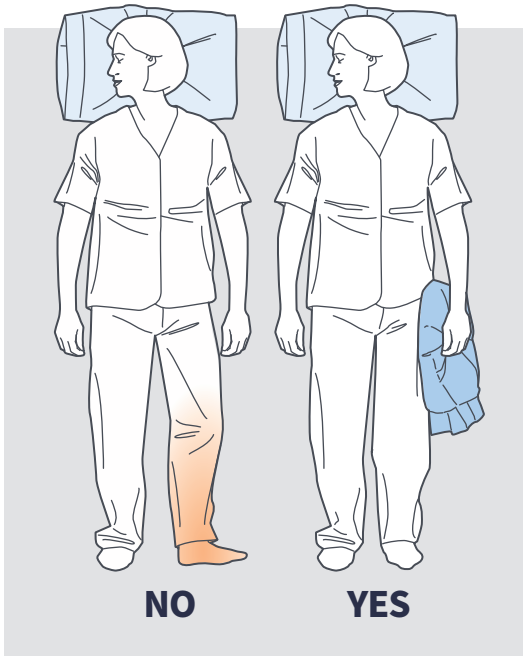


Keep weight on the non-surgery leg while gently raising or lowering the surgery leg.

Anterior Hip Precautions



To avoid injury, limit your stride to very small steps.



Things to avoid

- Extending your hip past neutral
- Laterally rotating your leg (turning your leg outwards)
- Twisting your body away from your operated hip
- Crossing your legs while standing, sitting or lying down
- Moving your operated leg across the midline of your body
- Laying without a pillow between your legs
- Stretching your hip back when walking. Instead, take short steps and lift your operated leg with your non-operated leg
- Allowing your foot to turn out when lying on your back: To help prevent this, place a pillow next to your hip and leg.

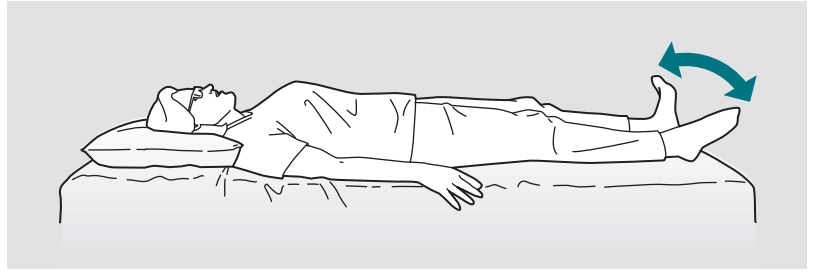


Knowing your limits and being patient with the healing process are key to a faster and fuller recovery.

Exercise Protocols

Ankle Pumps

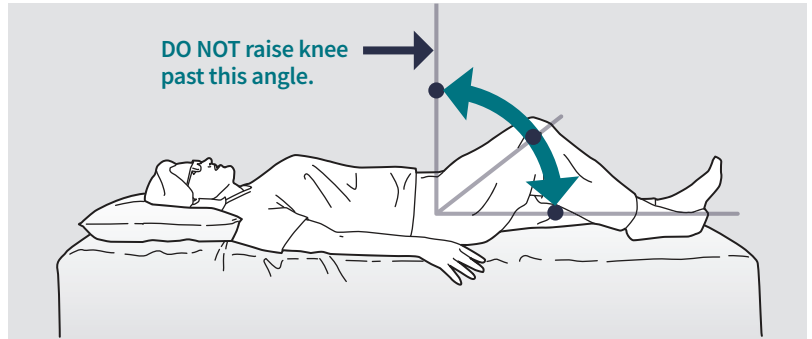
Slowly push your foot up and down. Do this movement several times every 5 or 10 minutes. This exercise can begin immediately after surgery and continue until you are fully recovered.



Bed-Supported Knee Bend

Slide your heel toward your buttocks, bending your knee and keeping your heel on the bed. Do not let your knee roll inward.

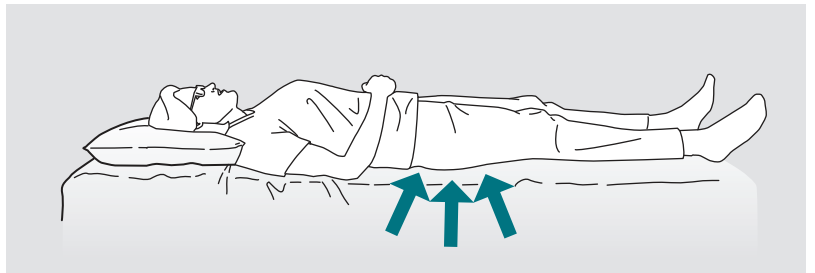
Repeat 10 times, 3 or 4 times a day.



Buttock Contractions

Tighten buttock muscles and hold to a count of 5.

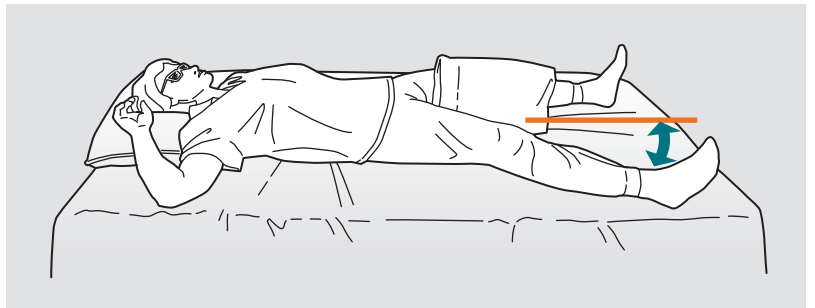
Repeat 10 times, 3 or 4 times a day.



Abduction Exercise

Slide your leg out to the side as far as you can and then back.

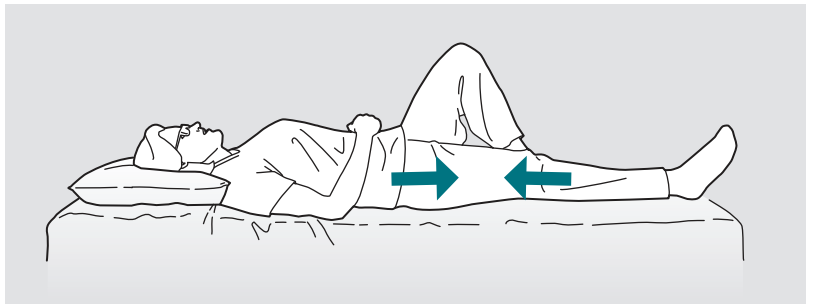
Repeat 10 times, 3 or 4 times a day.



Quadriceps Set

Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds.

Repeat this exercise 10 times during a 10 minute period, or continue until your thigh feels fatigued.



Things to do

- Contact your physician if you have any evidence of infection, often indicated by redness or heat in the joint.
- Do your exercises regularly, 2-3 times per day, per your physical therapist.
- Try to walk as much as possible, beginning with short sessions and progressing as your endurance allows.
- Use your walker, crutches, or cane as directed by your therapist or doctor.

Once you are advised that you no longer need the walker, crutches, or cane, do the following:

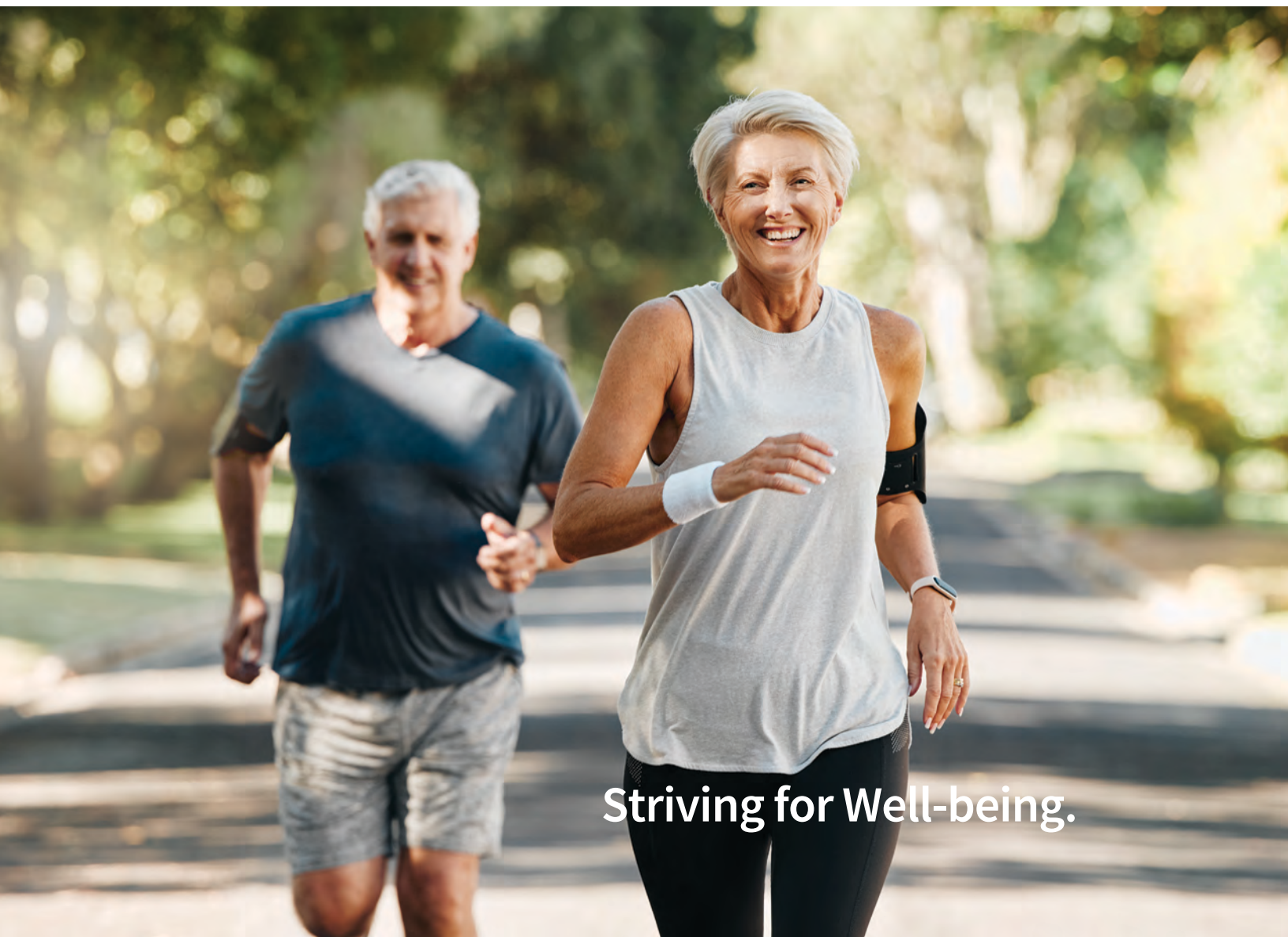
- Take small steps and use extra caution when using stairs.
- Increase your activities gradually. Pain will tell you when you are overdoing it.
- Take frequent, short walks rather than long ones.
- Sit on pillows while riding in a car.
- Use a raised toilet seat and shower chair.
- Keep a pillow between your knees when sitting down and sleeping.
- Keep the foot of the operated leg out in front of you when you sit or stand.
- Follow weight bearing precautions as directed by your doctor.
- Use lower body dressing equipment unless someone is doing this for you.



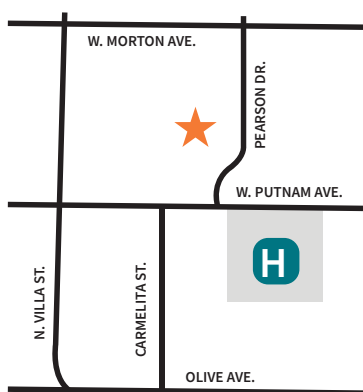
MOVEMENT RESTRICTIONS ARE LIFTED IN STAGES AS YOUR HIP HEALS. CHECK WITH YOUR DOCTOR BEFORE DISCONTINUING ANY RESTRICTIONS.



SCAN TO LEARN MORE INFORMATION
or visit sierra-view.com/hipandknee



Striving for Well-being.



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