

TEAM RAMC ORTHOPEDICS

GAME CHANGERS



TOTAL KNEE REPLACEMENT

ABOUT YOUR SURGERY APPOINTMENTS

Bring this binder and your medication list to all appointments.

Name _____

Surgical Procedure _____

Date of Your Surgery _____

Pre-surgery appointment with family physician date and time _____

Nasal Swab/Culture date and time _____

MRI Appointment date and time (if indicated) _____

Total Joint Education Class _____

Date _____

Time _____

Location _____

My Coach(s) _____

Every time you talk with a health care provider **ASK THESE 3 QUESTIONS**

1

**What is
my main
problem?**

2

**What do
I need
to do?**

3

**Why is it
important
for me to
do this?**

When to ask questions

You can ask questions when:

- You see a doctor, nurse, pharmacist, or other health care provider.
- You prepare for a medical test or procedure.
- You get your medicine.

What if I ask and still don't understand?

- Let your health care provider know if you still don't understand what you need.
- You might say, "This is new to me. Will you please explain that to me one more time?"

Who needs to ask 3?

Everyone wants help with health information. You are not alone if you find things confusing at times. Asking questions helps you understand how to stay well or to get better.

Ask
Good Questions Me³
for Your Good Health

I Institute for
Healthcare
Improvement



TOGETHER FOR SAFER CARE

To learn more, visit ihi.org/AskMe3

Ask Me 3 is a registered trademark licensed to the Institute for Healthcare Improvement. IHI makes Ask Me 3 materials available for distribution. Use of Ask Me 3 materials does not mean that the distributing organization is affiliated with or endorsed by IHI.

Write your health care provider's answers to the 3 questions here:

1. What is my main problem?

2. What do I need to do?

3. Why is it important for me to do this?

Asking these questions can help me:

- Take care of my health
- Prepare for medical tests
- Take my medicines the right way

I don't need to feel rushed or embarrassed if I don't understand something. I can ask my health care provider again.

When I Ask 3, I am prepared. I know what to do for my health.

Your provider *wants* to answer 3

Are you nervous to ask your provider questions? Don't be. You may be surprised to learn that your medical team wants you to let them know that you need help.

Like all of us, health care providers have busy schedules. Yet they want you to know:

- All you can about your condition.
- Why this is important for your health.
- Steps to take to keep your condition under control.

Bring your medicines with you the next time you visit a health care provider. Or, write the names of the medicines you take on the lines below.

Like many people, you may see more than one health care provider. It is important that they all know about all of the medicines you are taking so that you can stay healthy.

Ask Me 3[®] is an educational program provided by the Institute for Healthcare Improvement / National Patient Safety Foundation to encourage open communication between patients and health care providers.



TOGETHER FOR SAFER CARE

Ask
Good Questions
for Your Good Health **Me3[®]**

TABLE OF CONTENTS



Welcome Letter	1
Important Contact Information	2
Services and Conveniences	3
Focus on Family and Friends	4
Your Care Team	5 - 6
Total Knee Replacement	7 - 11

BEFORE SURGERY

Important Checklists	12 - 13
Medical Evaluation	14
Nasal Swab	15
Staph & MRSA	16
Medications Before Surgery	17
Herbs, Supplements and Vitamins.....	18
Shower Instructions	19 - 21
Anesthesia Recommendations	22
Preparing for After Surgery	23

THE HOSPITAL EXPERIENCE

Safe Surgery Plan	24
Care Information	25
Anesthesia Information	26
Managing Your Pain	27
Pain Relief Options	28
Pain Relief Strategies	29
Managing Your Pain after Joint Replacement Surgery	30
Menu of Pain Control and Comfort Options	31 - 32
Fall Prevention	33
Blood Clot Prevention	34
Knee Precautions After Surgery	35
Discharge Planning.....	36
Adaptive Equipment	37

RECOVERING AT HOME

When to Call Your Surgeon	38
Safety After Surgery	39
Infection	40
Medications After Surgery.....	41
Nutrition	42
Rehab After Surgery	43 - 48
General Exercise Guidelines	49
Exercises	50 - 53
Advanced Exercises After Surgery	55 - 56
Antibiotic Recommended Following Partial/Total Joint Replacement.....	57
Discharge Expectations	58
Calendar.....	59

Reedsburg Area Medical Center
2000 North Dewey Avenue
Reedsburg, Wisconsin 53959

608-524-6487 • www.ramchealth.com

A LETTER FROM OUR PRESIDENT

Dear Patient,

Welcome to Reedsburg Area Medical Center (RAMC). Our hospital's mission is to provide care that is "beyond the expected."

As President of our hospital, I highly value the physician's role as the patient's advocate. The physician makes decisions based on the best interests of you, the patient, which enables our facility to provide quality care that leads to higher patient satisfaction.

Our surgical area is light, airy and modern, offering you, as well as your family members, a comfortable and private environment. All of us here at RAMC are deeply committed to providing you the highest quality of care, in a safe and friendly environment. We will do everything possible to make your stay as pleasant as it can be, while providing the finest in healthcare services.

As a patient, you play a vital role in making your hospital stay a safe one by becoming an active, involved and informed member of your own healthcare team. I encourage you to:

- Speak out if you have any questions or concerns;
- Pay attention to the care you are receiving;
- Educate yourself about your condition including the medications you are taking; and
- Participate in all decisions about your treatment.

Thank you for choosing Reedsburg Area Medical Center for your healthcare needs. I offer you my best wishes for a full and complete return to health.

Sincerely,



Robert Van Meeteren
President/CEO
Reedsburg Area Medical Center



IMPORTANT CONTACT INFORMATION

Reedsburg Area Medical Center.....524-6487

RAMC Orthopedics.....768-3903

Pre-Surgery Coordinator/Anesthesia.....768-6221

Insurance Questions768-6255

Billing Questions last names beginning in A-K 768-6209

last names beginning in L-Z 768-6208

Social Services/Discharge Planning.....768-6225

Rehabilitation Services.....768-6120

SERVICES AND CONVENIENCES

Hospital Hours

The hospital is open to visitors from 6:00 am to 8:30 pm. After hours requires using the security call system on the wall inside ER entrance.

Parking

Parking is available in front of the hospital. At RAMC Orthopedics, located at the Specialty Group, parking is available in front of and at the side of the building.

Handicap Parking

Several areas near the hospital entrances have been designated for handicap parking. Please notify the front or volunteer desk if you are unable to find parking to fit your needs.

Vending Area

There are snacks and soda vending machines as well as a microwave near the dining room (Sunshine Café) on the first floor of the hospital. The Vending Area is open 24 hours.

Shops

Our Gift Shop, managed and staffed by RAMC volunteers, offers gift items for all ages. Also available are a nice selection of flowers, snack items and local newspapers. Some adaptive equipment is also available.

Sunshine Café

For visitors, Reedsburg Area Medical Center has a full service dining room offering a delicious variety of nutritional food choices including a salad bar and snack foods.

- The Sunshine Café hours are:
Every day 8:00 a.m. - 2:00 p.m.
- We offer *Room Service* dining for inpatients so you can order your meals whenever it is convenient for you.

RAMC Community Pharmacy

Reedsburg Area Medical Center Community Pharmacy is conveniently located on the RAMC campus within the Physicians Group. Patients can fill new prescriptions in the pharmacy so they don't need to stop on the way home. And the convenient hours make it easy to call in and pick up refills.

(608) 524-6177

- Hours:
Monday-Friday 8:30 am - 6:00 pm
Saturday 9:00 am - 1:00 pm
Sunday 9:00 am - 12:00 noon

RAMC Viking Pharmacy

Located inside Viking Village Foods, this is another convenient option for your prescription needs.

(608) 524-6868

- Hours:
Monday-Friday 8:00 am - 7:00 pm
Saturday 9:00 am - 5:00 pm
Sunday 9:00 am - 5:00 pm

Tobacco/Nicotine/Vaping/Weapon-free Campus

The entire medical center campus is tobacco/nicotine/vaping and weapon-free.

Consumer Advocate

Consumer Advocate/Marketplace Specialist, Denise Sobczak, can assist you with Medicare, insurance, EOBs (Explanation of Benefits), consumer resources, and more. This is a *complimentary* service. Denise is available Monday - Friday. Appointments are not required, but are encouraged. Call (608) 768-6132.

FOCUS ON FAMILY AND FRIENDS

Waiting Area/Wi-Fi

The Surgery waiting room provides comfortable seating for television viewing and a view of the outdoors. All areas in the hospital are WI-FI, computer accessible for your convenience. There are additional seating areas on the second floor, adjacent to a hallway where family can stretch their legs with a walk. The elevator is conveniently located nearby as well.

Restrooms

Restrooms are located throughout the facility. Please ask a staff member or volunteer for assistance in locating one.

Pager

Your family and friends will be provided a pager at the ACU nurses station that will alert them to any updates and when your surgery is over.

When the pager sounds, family should check in at the ACU nurses station where they will be escorted to a private area to review the surgical findings with your surgeon.

The pager transmits throughout the hospital, Sunshine Café, waiting rooms and clinic areas next door, allowing family to move about while you are in surgery. If family leaves the premises while you are still in the operating area, they are asked to inform the ACU nurses station.

Since family members are not allowed in the recovery room area, they will be directed to the waiting room on the inpatient unit until you are settled into your hospital room. Nursing staff will notify them when you are able to receive visitors.

Information

Your family and friends can always check with desk staff for any questions about the waiting room. Sleeper sofas are in each Med Surg patient room for overnight guests.

Dining

If family or friends would like to dine with you in your room, you may order guest trays. Guest trays may be purchased in the Sunshine Café.

Hospitality Center

Our Surgery waiting room and Med Surg Center have Hospitality Centers with complimentary coffee, tea, hot chocolate, soda, juice and light snacks.

YOUR CARE TEAM

Every part of your surgical experience requires coordinated efforts between many departments. Before you even enter the hospital there is a dedicated group of people who are preparing for YOUR arrival. All members of your care team are working to provide you the best possible experience here at Reedsburg Area Medical Center.

You

You are the most important person on the care team. We need you to communicate openly about your needs, your questions and your concerns to other members of the care team so we can all work together towards a safe and successful surgery for you.

Your Surgeon

Your surgeon and his staff oversee all phases of your surgery from the day you decide to have surgery until you are released from their care. Please ask questions about anything you don't understand.

Anesthesia Staff

Our anesthetists are board certified in anesthesia medicine and they work closely with your surgeon to provide you a safe and satisfying surgical experience. Our anesthesia team also works with your surgeon to determine what pain management procedures are the right option for your pain management needs.



Pharmacists

The pharmacy staff at RAMC is here to meet your medication needs while you are at the hospital. They work with the doctors and nurses to make sure that the correct medications are safely delivered to you.

Nursing

You will encounter a highly specialized and knowledgeable nursing staff throughout your stay at RAMC. The pre-op nurses will get you ready for surgery, the surgical nurses assist the surgeon throughout the surgery, the recovery room and post-op nurses will ensure your safety after surgery. You will be cared for by the dedicated nursing staff of the Med Surg (inpatient unit) on the second floor. We also have a trained patient care staff who work with the nurses to meet your care needs.

Spiritual Care

At RAMC your spiritual care is important to us. Please let your nurse know if you would like to meet with your pastor or minister.

YOUR CARE TEAM

Rehabilitation (Physical/Occupational Therapy)

Physical and Occupational Therapy will work with you shortly after your surgery to begin your rehab process and goal of returning home. Therapy may begin as soon as the day of surgery or the day after your surgery. Physical Therapy will work toward helping you regain range of motion, muscle strength, and balance to walk safely with your new joint. You will learn how to use an assistive device such as a walker or cane, which will be needed temporarily after your surgery.

Occupational Therapy will assist in teaching you safe ways to complete your daily activities, such as bathing, and offer ideas to assist you in creating a safe home environment. Adaptive equipment is used to simplify self-care tasks while conserving your energy.

Behind the Scenes

There is a team of other staff members working hard to make your surgery the best experience possible. These include surgery technicians, housekeeping, dietitians, schedulers, maintenance specialists, supply staff and registration staff and volunteers all working together for YOU.



TOTAL KNEE REPLACEMENT

A Normal Knee

Femur (thigh bone)

Healthy Cartilage

Tibia (shin bone)



An Arthritic Knee

Femur (thigh bone)

Diseased Cartilage

Tibia (shin bone)



A Replaced Knee

Femur (thigh bone)

Knee Implant

Tibia (shin bone)



TOTAL KNEE REPLACEMENT

Total joint replacement is one of the greatest orthopedic surgical advances of this century....

During this procedure, an orthopedic surgeon replaces an arthritic or damaged joint with an artificial joint, called a prosthesis. According to the American Academy of Orthopedic Surgeons, there are more than 600,000 knee replacements annually in the U.S.



Some of the conditions that lead to surgery include:

- **Osteoarthritis** in which the cartilage that normally cushions the bones begins to wear down, leaving the bones to rub together while causing pain. Osteoarthritis results from aging and general wear and tear, and occurs most often in the hips, spine, knees, ankles, toes and fingers — the joints that you use most often.
- **Rheumatoid arthritis** occurs when the body's own immune system attacks the synovial lining of the joints that produces synovial fluid. Synovial fluid is a clear, smooth oil-like lubricating liquid that makes it easier for the joints to move. The loss of synovium causes destruction of the joint.
- **Traumatic arthritis** results when the joint wears out because of a previous injury.

Other conditions which cause similar damage and may lead to total joint replacement include **congenital birth defects** and **avascular necrosis** (diseased bone from poor blood supply).

All these conditions result in pain, stiffness, swelling, and the loss of motion that progress over time, affecting your ability to perform activities of daily living.

Living with arthritis involves adjusting to and managing the pain

Although there is no cure for osteoarthritis, conservative measures such as proper diet with weight loss, physical therapy, exercise, therapeutic joint injections, joint protection by wearing a brace, and medications often help to alleviate the pain. When these treatments fail, the answer for many patients is total joint replacement. If joint replacement is recommended, patients can expect significant relief from pain — often dramatically. Motion of the joint will also improve. The extent of improvement will depend on how stiff the joint was before the operation.

TOTAL KNEE REPLACEMENT

What is done during Total Joint Replacement Surgery?

After you have been prepared for surgery and given an anesthetic, the surgeon will make an incision. It is needed to expose the ends of both bones so that the surgeon can reach the areas needed during the surgery. Using special instruments, the damaged ends of the bones are removed and shaped to accept the prosthesis. Bone cement may or may not be used to hold the prosthesis in place, depending on the condition of your bones and the preference of your surgeon.

Total Knee Replacement Options

Joint replacement is also called joint arthroplasty. The surfaces in the joint where the bones meet are resurfaced. There is very minimal to no risk that your body will reject these components. Types of joint replacements available at RAMC include:

- **Total Knee Replacement (TKR, TKA)**
All three components of the knee are resurfaced, usually including the undersurface of the patella (knee cap).
- **Revision of Total Knee Replacement**
A re-operation on a previously performed total knee which has worn out or become loose. Part or all of the previous implant is removed and replaced with a new one.
- **Partial Knee Replacement (Unicompartmental Knee Replacement or Patellofemoral Replacement)** Partial joint resurfacing where one part of the knee is diseased and therefore replaced, and the part of the knee that is not diseased is not replaced.

Types of Incisions

Incisions will be as long as necessary, but as short as possible to ensure proper placement of your prosthesis. Minimally invasive techniques will be used and your surgeon will make the smallest incision possible. For more information please speak with your surgeon.

Most knee replacement patients should expect to be safe to return home within 23 hours after surgery

Make sure family, neighbors, and friends know when you're coming home. Your safety is very important. Someone will need to be with you at your home for one to two weeks to help keep you safe.

TOTAL KNEE REPLACEMENT

Possible complications associated with total joint replacement surgery

There are always risks involved in any surgery and should be discussed with your surgeon. Although joint replacement surgery is quite safe and predictable, you should be aware of the following potential complications which include:

Infection

Certain medical conditions or lifestyles can increase the risk of infection, including obesity, diabetes, nicotine or alcohol abuse, immune suppression, and chronic anemia.

The following precautions will help to reduce the risk of infection:

- Intravenous antibiotics before, during, and after surgery
- Complete any dental work before your surgery.
- Good nutritional intake
- Blood sugar control for diabetics
- Frequent hand washing
- Stop the use of nicotine (smoking, chewing tobacco, vaping products and e-cigarettes).

Blood clots in the legs (DVT: Deep Vein Thrombosis)

This is caused by decreased activity and swelling (1 or 2 in 100 occurrence). You will be treated with a blood thinner to lower this risk. Depending on where the clot is located, you may need to be readmitted to the hospital for intravenous blood thinners.

The most common symptoms are calf pain, swelling and redness.

Blood clots in the lungs (Pulmonary Embolism; PE)

The clot can travel to your heart or lungs causing a heart attack or even death. If you experience sudden shortness of breath and chest pain while in the hospital, contact your nurse. Post discharge, go to the nearest emergency room or call 911. This complication is extremely rare, occurring in approximately 1 in 1,000 patients.

Blood loss requiring a transfusion

- Females over 60 years old are at a slightly higher risk.
- Your surgeon will take precautions during your surgery to minimize blood loss.

Stiff knee

- Do not skip physical therapy sessions or exercises recommended by your surgeon.
- Place a pillow under your heel (not the knee) so that the knee can straighten out more while resting.

TOTAL KNEE REPLACEMENT

Neurovascular Damage

- Rare loss of muscle function. The risk is higher when the joint replacement surgery involves straightening a severely “knock-kneed” knee. Nerve injuries of this type can lead to a “foot drop” or the inability to raise your ankles or toes.
- An area of numbness in the skin surrounding the surgical scar is normal. Over time, this area of numbness may decrease, while a small portion closer to the scar may be permanent. This “superficial” skin numbness does not interfere with the function of the leg or knee.

Loosening of the Prosthesis

This can happen over time and may require a revision surgery to repair.

Abnormal or Heavy Wear

As wear over time may not cause any symptoms, routine x-rays are taken periodically to determine whether replacement of the weight-bearing surface is required.

Reaction of Body to Particles

Osteolysis is an inflammatory response to particle debris in the joint. Osteolysis, or weakening of the bone surrounding the implant, can occur when the implants wear down and your body reacts to the particles. This may lead to loosening of the implants.

Metal Sensitivity

Metal Sensitivity is extremely rare. Your doctor may test on your skin to determine if you have an allergy.

Risks of General Anesthesia

See page 22.

IMPORTANT CHECKLIST

2 weeks before surgery

- Stop taking these medications:
anti-inflammatories (ibuprofen, Advil, naproxen, Aleve), aspirin, estrogen supplements, all herbal supplements (including glucosamine and chondroitin and fish oil), all energy and sport drinks, all vitamin supplements, and all weight loss supplements.
- Take other medications as prescribed by your doctor.
- Prepare your home for after surgery. See page 23.
- Caution — Check with your provider:
 - Coumadin and Plavix or any other blood thinners
 - Insulin
 - Prednisone
- Ok to take:
 - Tylenol / acetaminophen
 - Celebrex
- Start Ferrous Sulfate as prescribed by your provider

1 week before surgery

- Begin nasal treatment for Staph aureus and MRSA if instructed by your doctor.
- Stop drinking alcohol.
- Stop taking any street drugs.
- You will receive a call from the Pre-op Coordinator to complete your pre-admission assessment

72 hours before surgery

- Stop taking Erectile Dysfunction medications.

48 hours before surgery

- You will receive a phone call from the Pre-op Coordinator reviewing instructions and providing your arrival time for surgery.

Night before surgery

- Nothing to eat after midnight.
- No smoking, chewing tobacco, vaping products or e-cigarettes.
- Shower or bathe and use CHG liquid soap or cloths. Instructions are on page 20 and 21.

Morning of surgery

- Take meds with sips of water only.
- Brush teeth but do not swallow water.
- Shower or bathe and use CHG liquid soap or cloths. Instructions are on page 20 and 21.

IMPORTANT CHECKLIST

Items to bring the day of surgery

- Binder
- Insurance card
- Toiletries, such as toothbrush, toothpaste, deodorant, comb/brush
- Paperwork: Picture ID, insurance card, proof of legal guardianship/power of attorney if applicable, list of all medications including supplements, herbals and vitamins
- Electric shaver, instead of razor with razor blade, if planning to shave
- Loose fitting comfortable clothes such as shorts, t-shirt, flat rubber-soled shoes, not slippers
- Wheeled walker or crutches that you already have and plan to use. Please label with your name and bring in with you when you arrive for surgery.
- Orthotics or braces you normally wear when walking
- Containers for items such as glasses, contacts, dentures, hearing aids
- CPAP machine if you use one while sleeping at night
- Inhaler, insulins, eye drops
- Pacemaker or defibrillator information

Items to leave at home

- Money, jewelry and any other valuables
- Do not wear makeup. Fingernails must be free of any polish, acrylic or gel. This is where the pulse oximeter is usually placed to measure oxygen levels in your blood and it may not work as well when nails are covered with polish / acrylic.

Optional

- Reading materials
- CD player, mp3 or iPod player with headphones and your favorite music (relaxing music helps with pain control)
- A copy of your Advance Directive if you have one
- Laptop computer and charger
- Cell phone and charger

MEDICAL EVALUATION

Please bring this binder, your insurance card and medication list to all of your pre-surgery evaluations.

A proper medical evaluation helps to reduce the risk of problems that may occur after surgery. These include blood clots, heart attack, stroke, breathing difficulties or infection.

Cardiologist

If you need further evaluation by your own cardiologist or a special test done by a cardiologist, the staff can help arrange for special testing or appointments and will evaluate the results and communicate them to your surgeon.

Primary Care Doctor

Your medical clearance is to be done by your regular physician. Your surgeon's staff and the staff of the Pre-Anesthesia surgery department at RAMC can provide information for your doctor to make sure that all necessary testing is done. This information will be gathered and reviewed by the nurses at the hospital who will consult with the anesthetist for special concerns if needed.



NASAL CULTURE

- A nasal culture is performed to screen for bacteria no more than 30 days before surgery.
- **If you do not have an iodine allergy**, we will screen for MRSA only. If positive, you will receive an additional antibiotic called Vancomycin, through your IV just before surgery.
- **If you have an Iodine allergy**, we will screen for both Staph Aureus and MRSA. If positive, nursing staff will contact you for treatment using an antibiotic nasal ointment called Mupirocin. This ointment is applied in the nose 2 times a day for 5 days before surgery.

STAPH & MRSA

What are Staphylococcus Aureus and MRSA?

Staph is a type of bacteria. It may cause skin infections that look like pimples or boils. Skin infections caused by Staph may be red, swollen, painful, or have pus or other drainage. Some Staph (known as Methicillin-Resistant Staphylococcus Aureus or MRSA) are resistant to certain antibiotics, making it harder to treat.

The information on this page applies to both Staph and MRSA.

Who Gets Staph Infections?

- Anyone can get a Staph infection. People are more likely to get a Staph infection if they have:
 - Skin-to-skin contact with someone who has a Staph infection
 - Contact with items and surfaces that have Staph on them
 - Openings in their skin such as cuts or scrapes
 - Crowded living conditions
 - Poor hygiene

How Serious are Staph Infections?

Most Staph skin infections are minor and may be easily treated. Staph also may cause more serious infections, such as infections of the bloodstream, surgical sites, or pneumonia. Sometimes, a Staph infection that starts as a skin infection may worsen. It is important to contact your doctor if your infection does not get better.

How are Staph Infections Treated?

Treatment for a Staph skin infection may include taking an antibiotic or having a doctor drain the infection. If you are given an antibiotic, be sure to take all of the doses, even if the infection is getting better, unless your doctor tells you to stop taking it.

Do not share antibiotics with other people or save them to use later.

How Do I Keep Staph Infections from Spreading?

- Wash your hands often or use an alcohol-based hand sanitizer.
- Keep your cuts and scrapes clean and cover them with bandages.
- Do not touch other people's cuts or bandages.
- Do not share personal items like towels or razors.

If diagnosed with MRSA tell all your healthcare providers (doctors and nurses) that you have had a MRSA infection.

MEDICATIONS BEFORE SURGERY

The following recommendations are provided to help you manage your medication concerns before surgery. Always check with your prescribing doctor if you are uncertain about any information.



ALL anti-inflammatories

STOP one to two weeks before surgery, including ibuprofen, advil, naprosyn, naproxen, Relafen, arthrotec, daypro, mobic, motrin, Excedrin, iodine, nabumetone, indocin, aleve, diclofenac, piroxicam.



Aspirin

Check with your physician about continuing aspirin if you are taking it to reduce the risk of heart attack or stroke.



Erectile Dysfunction (ED) Meds STOP 72 hours before surgery

Cialis, Viagra, Levitra



Estrogen Supplements

STOP two weeks before surgery
Stop ALL hormone replacements with estrogen (includes Evista).



Coumadin, Warfarin and Plavix

Check with the doctor who monitors these medications about any adjustments needed.



Insulin

For Day of Surgery — Check with the doctor who monitors your insulin about any adjustments needed the day of surgery.



Prednisone

Please tell your surgeon, anesthetist, and family doctor about how much medication you are taking and how long you have been taking it.



Blood Pressure Medications

Special Instructions

You may be given specific instructions from the physician or surgeon about taking your blood pressure meds before surgery. Do not adjust your medication schedule unless instructed to do so.



Tylenol (acetaminophen) products

You may continue to use Tylenol (acetaminophen) or over-the-counter products with Tylenol up until the day of surgery.



Ferrous Sulfate (Iron tablets available over-the-counter)

325 mg, one (1) tablet, twice daily. Begin two (2) weeks prior to surgery as prescribed by your provider.

HERBS, SUPPLEMENTS AND VITAMINS



STOP TWO WEEKS BEFORE SURGERY

Stop All Herbal Supplements

Herbal supplements can interfere with anesthesia or medications that you may be given while you are a patient at RAMC. Stop ALL herbal supplements including Ephedra, Ginseng, Ginko, St. John's Wort.

Stop Energy or Sport Drinks

There are now many soft drinks, energy drinks or sport drinks that have added supplements like Ginseng and high doses of vitamins in them. It is best to stop using these before surgery because of the possibility that the vitamins or herbs may interfere with medications you will receive at RAMC.

Stop All Vitamin Supplements

Vitamins can interfere with your body's ability to stop bleeding and vitamins can react with other medications you may receive the day of surgery.

Stop Taking ANY Weight Loss Supplements (prescription or over-the-counter)

Weight loss supplements contain chemicals that can raise your blood pressure and your heart rate during surgery and may cause lung problems with anesthesia.

Your surgery may be cancelled if you have taken a weight loss supplement containing Phenteramine within two weeks of surgery. Phenteramine (Fen-Phen) can increase your heart rate and blood pressure during and after surgery.

Stop Taking Glucosamine and Chondroitin Supplements

Glucosamine supplements can raise your blood sugar levels.

Ask your surgeon or family physician about any supplements if you are unsure.

SHOWER INSTRUCTIONS BEFORE SURGERY

Cleansing of the skin before surgery can reduce the risk of infection at the surgical site.

At the time your surgery is scheduled, you will be given either:

- CHG* Liquid Soap or
- CHG* Cloths

*CHG is Chlorhexidine Gluconate to reduce the number of bacteria present on your skin.

Refer to pages 20-21 for further instructions.

The day you come into the Surgery Center for your surgery, CHG cloths will be used one more time prior to surgery.

SHOWER INSTRUCTIONS BEFORE SURGERY

TO CLEANSE WITH CHG **CLOTHS** (adolescent and adult)

CHG disposable cloths are moistened with a rinse-free, 2% Chlorhexidine Gluconate (CHG) antiseptic solution.

CAUTION

- Do not use CHG cloths if you have an allergy or skin irritation to CHG or chlorhexidine. You will need to use an antibacterial soap instead.
- If you develop any itching, redness, burning or irritation of your skin, rinse immediately and do not reapply. You can complete your cleansing with an antibacterial soap.
- Tell your surgeon about a skin reaction.
- DO NOT SHAVE near the site of your operation for three (3) days before your surgery.

The steps below outline the cleansing process and should be carefully followed.

NIGHT BEFORE SURGERY

- Shower or bathe and shampoo as normal. Avoid using hot water.
- Wait at least one (1) hour to ensure skin is dry and cool before you can prep your skin with CHG Cloths.

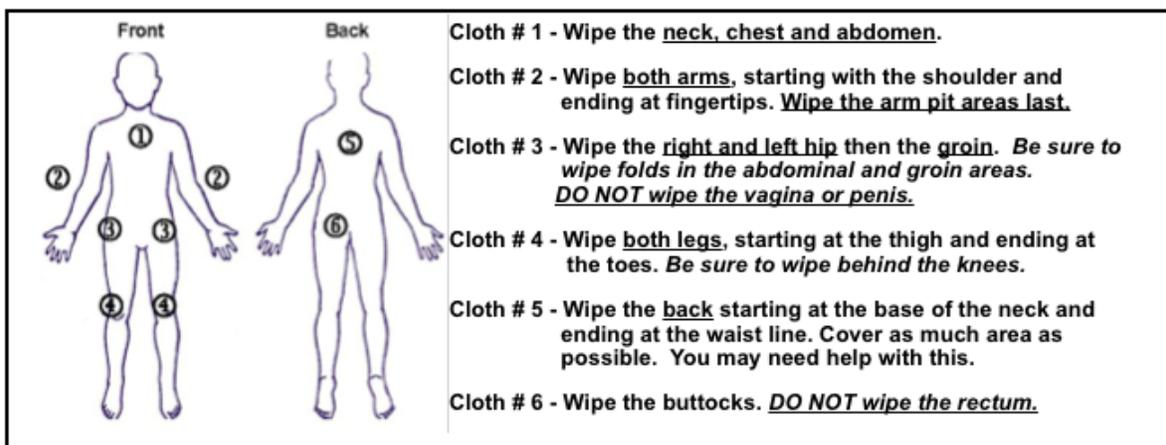
CLEANSE THE SKIN PROCESS

1. Open 3 packs. There are 2 cloths per pack. You will use all 6 cloths.
2. Use one (1) clean CHG cloth to gently wipe each area shown in picture above. Do not use CHG cloths in eyes, ears, or mouth. IF you do rinse area immediately. STOP if skin gets red, itchy or irritated. Rinse areas immediately. Do not use again.
3. DO NOT rinse with water or apply powders, lotions, moisturizers, deodorant, makeup or perfume after prepping your skin. These reduce the benefits of CHG.
4. Allow each area to air dry for one minute. It is normal for the skin to have a temporary "tacky" feel for several minutes after using CHG cloths.
5. Dress in clean loose fitting clothes or sleepwear.
6. Discard used cloths in the trash.

MORNING OF SURGERY

Do not shower, bathe or shampoo unless absolutely necessary.

REPEAT CLEANSE THE SKIN PROCESS above.



SHOWER INSTRUCTIONS BEFORE SURGERY

TO CLEANSE WITH CHG SOAP (adolescent and child)

CHG liquid soap is made from 4% chlorhexidine. CHG liquid soap is used to reduce the number of bacteria present on your skin to reduce your risk of infection.

Two (2) CHG showers are needed before your operation.

One (1) the night before and one (1) the morning of your operation.

If you are unable to shower, use the CHG liquid soap to sponge bathe.

CAUTION

Do not use CHG liquid soap if you have an allergy or skin irritation to CHG or chlorhexidine. You will need to use an antibacterial soap instead.

If you develop any itching, redness, burning or irritation of your skin, rinse immediately and do not reapply. You can complete your pre-operative showers using an antibacterial soap.

Tell your surgeon about a skin reaction.

DO NOT SHAVE near the site of your operation for three (3) days before your surgery.

WHEN TO USE

The night before and the morning of your operation.

HOW TO USE

1. Shower or bathe and shampoo with your usual products.
2. Rinse with warm not hot water.
3. Turn off the water.

4. Open one (1) bottle of CHG soap and use a clean washcloth.

5. Gently rub CHG soap all over your body from neck to toes.

- CHG soap does not make suds.
- Do not rub hard.
- **DO NOT get CHG soap in eyes, ears, mouth or inside your body.** If you do, rinse the area immediately.

6.  **Wait for one (1) minute.** This minute is needed for the CHG to reduce the bacteria on your skin.

7. Rinse and dry with a clean towel.

8. Do not apply powders, deodorant, lotions, moisturizers, makeup or perfume. These will decrease the effect of CHG.

9. Dress in clean, loose fitting clothes or sleepwear.

MORNING OF YOUR OPERATION

Repeat steps 1-9 above using the 2nd bottle of CHG liquid soap.

If you have any questions about preparation for your operation, please call us at 608-768-6221.

ANESTHESIA RECOMMENDATIONS

Nothing to EAT after Midnight

IMPORTANT

An empty stomach protects you from the risk of choking after surgery. This also means no gum, no mints, no hard candies. Your surgery may have to be rescheduled if you have eaten or had something to drink unless instructed to do so by the surgeon, the nursing staff or anesthesia. You may have SIPS of water up to 2 hours before your arrival time.

Stop Smoking / Stop All Tobacco / Nicotine / Vaping / E-cigarettes

Stop Right Away — Smoking and nicotine can increase your risk for infection after surgery and can have a negative effect on your body's ability to heal wounds and bones. This includes smoking, chewing tobacco, vaping products and e-cigarettes.

Alcohol or Street Drugs

Stop seven DAYS before surgery — These substances can interfere with anesthesia and may cause significant side effects as you recover from surgery.

IMPORTANT

Please bring your CPAP machine with tubing and mask with you the day of surgery.

Inhalers

IMPORTANT

Please bring your inhaler to the hospital the day of surgery. The anesthetist will instruct you on how to use it before surgery. Your family can take it back home when your surgery is over.



Pacemaker or Defibrillator

IMPORTANT

Please bring all information about your pacemaker or defibrillator to the hospital.

Call Your Surgeon's Office

Call Right Away

If there are any changes in your health before surgery such as chest pain, the flu, a fever, a skin infection or a new illness.

Do not wear makeup.

Remove any nail covering — nail polish, acrylic, gel or nail dip.

PREPARING FOR AFTER YOUR SURGERY

It is very important to plan ahead for your needs at home after your surgery. Here is a list of things to do before you have your surgery.

Prepare Your Home

IMPORTANT

- Remove all loose scatter-type rugs. These increase your risk for slipping and falling at home. Tape down any loose edges of carpet.
- Find a FIRM chair with arms that you will use after surgery. It is very difficult to get in and out of low and soft chairs or chairs with no arms after surgery. You may need to keep your leg elevated while sitting (after Knee Replacement).
- Minimize clutter that may cause you to trip or stumble.
- Make sure you have handrails in the bathroom near the toilet and in the shower. Check with your surgeon about when he will let you shower after surgery.
- Get your cleaning done before the surgery. You won't have the energy or the interest to clean for a while after your surgery.
- Do your grocery shopping. Plan your meals for two weeks and make sure you have lots of nutritious foods like vegetables and fruits available. If you are usually bothered by nausea after surgery, be sure to have ginger ale, 7 Up or Sprite on hand as well as soda crackers. Gatorade is an easy way to maintain fluids and keep electrolytes balanced.

- Identify a family member or friend who is able to stay with you, for one to two weeks, when you go home from the hospital.
- You may need help with bathing, dressing, even walking for the first few days you are home.

Plan for the Unexpected

IMPORTANT

- Place your surgeon's phone number by the phone. If there is an unexpected problem, it can be difficult to find what you need.
- You can ALWAYS reach someone at RAMC by calling 524-6487.
- Call 911 for any medical emergencies like chest pain, difficulty breathing or significant bleeding.
- Make sure you have the phone # of a family member or friend who can come to your house for any non-emergency needs.
- Be sure you have your regular prescriptions filled and ready for you when you come home after your surgery.

SAFE SURGERY PLAN

YOUR SAFETY IS OUR #1 PRIORITY AT REEDSBURG AREA MEDICAL CENTER

HIPAA

Rest assured all your information is confidential. Your health information is protected under the health information privacy laws.

Hand Washing

Frequent hand washing and the use of handgel is the most effective way to prevent spreading communicable illnesses like colds, flu, skin infections or viruses. Our hand washing policy and hand sanitizer for staff protects YOU the patient as you go through many different areas in the hospital.

Safe Surgery Plan

From the moment you arrive, the staff will begin a process known as our Safe Surgery Plan. This plan is designed to make sure that all the important information about you and your surgery is communicated to all staff involved in your surgical experience.



To Assure You Have a Safe Surgery

- Confirming your name and date of birth throughout the surgery process.
- Identification wrist bands for your personal identification, for significant allergies and for any significant health information.
- Education for you and your family about proposed procedures and care issues for after surgery.
- Explaining procedures and obtaining your permission for all proposed procedures including anesthesia procedures and surgical procedures.
- Repeated confirmation for the correct site for surgery. You will be asked to mark the correct site for surgery with a marking pen on the day of the surgery. Please do not draw pictures or write messages on that limb prior to the day of surgery. This process is repeated several times before your surgery.

CARE INFORMATION

As you go through the process of getting ready for surgery, going to surgery and recovering from surgery, you may encounter medical equipment, activities or procedures that are unfamiliar. Please check with your surgeon if you have any questions about the information presented in this section.

Devices

A pulse oximeter is a small clip placed on your finger or sometimes your ear to measure the oxygen carrying capacity in your blood. It helps determine whether you will need supplemental oxygen.

An IV (intravenous) line is a small, sterile, plastic tubing through which fluids and necessary medicines are given. This is started before you go to the operating room.

SCD (Sequential Compression Device) – these are placed on your lower legs during and/or after surgery to promote blood circulation. These may be used alone or in conjunction with compression stockings.

Your blood pressure, temperature and heart rate will be monitored periodically throughout your stay.

During your stay as an inpatient, you might have the following:

Staff will assist you in using a portable toilet called a bedside commode or get you to the bathroom.

Staff may offer you an incontinence pad as nerve blocks may cause you to dribble urine without you knowing it.

Bathing is conveniently accomplished with warm wipes that are cleansing and good for your skin. This method of bathing helps to keep the surgical site and dressing dry. Cross-contamination of bacteria is also reduced. Shampoo caps are also available to freshen your hair and scalp.

ANESTHESIA INFORMATION

Here are some of the most frequently asked questions about anesthesia. If you have other questions, you will be able to talk to your anesthesiologist the day of surgery or may arrange to speak to a member of the anesthesia staff by calling your surgery scheduler.

Can I choose my anesthesiologist?

RAMC has five (5) Board Certified Registered Nurse Anesthesiologists on staff. If you request a certain anesthesiologist, we try to honor your request but cannot guarantee that provider because of schedule changes and emergency surgeries.

Are there different kinds of anesthesia?

Yes, and the type of anesthesia you get depends on your surgery, your surgeon, and your health. The most common types of anesthesia at RAMC include:

- **General Anesthesia:** you are given medication through your IV or may be given an inhaled (gas) anesthetic so that you are completely asleep during the entire surgery.
- **Monitored Anesthesia:** you are given medication through your IV that will make you sleepy during the procedure and you may be given a nerve block to numb your leg for your surgery.
- **Epidural Anesthesia:** a catheter is inserted into the back for continuous medication administration to numb your leg for surgery.
- **Spinal Anesthesia:** a single dose of medication is injected through a small needle into the back to numb your lower body for surgery.

Are there any risks to anesthesia?

All surgeries and anesthesia have some small risk which depends on your health and the type of surgery you are having. You should ask your anesthesiologist about any risks that may be associated with your surgery.

Why is my medical history so important to the nurse anesthesiologist?

Your nurse anesthesiologist needs to know all about your medical conditions as well as any problems you have had with anesthesia in the past so they can plan the best anesthesia care for you during surgery.

Why can't I eat or drink before anesthesia?

It is important to keep your stomach as empty as possible in case you get nauseated or throw up when waking from surgery.

Do you have to stop smoking or drinking before you have anesthesia?

Cigarettes, alcohol and street drugs can change the way an anesthetic medicine works during surgery. Please provide accurate information so we can provide you a safe anesthetic experience.

Are there any side effects from anesthesia?

Some patients may experience nausea, a minor sore throat or muscle pain lasting a day or more after general anesthesia. Please contact your nurse anesthesiologist or surgeon if any of these symptoms last more than a week after surgery.

MANAGING YOUR PAIN

Controlling pain after surgery is important for your recovery. Your surgeon may use different medications to help reduce and control your pain.

- Exparel starts working before you feel the pain—your doctor injects it directly into the surgical site during your procedure.
- Exparel numbs the area around the surgical site.
- It is not a narcotic medication.
- It gives long-lasting pain control, meaning you may need fewer pain medications.

Your Recovery

When your pain is under control, your body can better focus on healing. This is not the time to test your pain tolerance, or grin and bear it. Work with your surgeon, nurse, or physical therapist—your healthcare team—to develop a treatment plan that will make your recovery as speedy and pain-free as possible.

- Follow the postsurgical orders given to you at discharge.
- Be sure to communicate any discomfort you may be feeling to your healthcare team.

PAIN RELIEF OPTIONS

There are many kinds of pain medication or pain management therapies that you may be given while you are a patient at RAMC, which include:

Prescription Pain Medications

Narcotic pain medications are effective for severe pain right after surgery. Many patients worry about addiction to narcotics. If you have not had an addiction problem before it is very unlikely you will develop one from the short use of narcotics after surgery. There are occasionally side effects including nausea or vomiting, itching, sleepiness, slowed breathing or constipation. Talk to your surgeon or nursing staff if you are bothered by these side effects.

Anti-Inflammatories

Some surgeons may order anti-inflammatory medications for you to take after surgery. It is important to take these only as directed and to report any symptoms of stomach pain or gastrointestinal bleeding immediately to your surgeon.

Relaxation/Massage Therapy

Things that help you relax or distract you from your pain have been shown to help decrease pain after surgery and can improve the effectiveness of your pain medications. Deep breathing or things like watching TV, listening to music or turning the lights down can sometimes promote relaxation and decrease pain. Hand or foot massage can also be relaxing and help with reducing your pain. While an inpatient, you will be offered a comfort menu that includes earplugs, eye mask, sound machine and aromatherapy patches.

RAMC also offers mini massages by our licensed massage therapists, as available, during your stay. If you would like this service, please speak with your nurse. Also be sure to request your nightly back rub from the patient care staff.

PAIN RELIEF STRATEGIES

Education

Pain comes from many sources after surgery and has different causes. Here are some types of pain you may experience after orthopedic surgery.

Incisional Pain – this pain is localized to the area where the surgery was done. It usually begins to decrease about 12 to 24 hours after surgery.

Pain from swelling – orthopedic surgery often results in swelling which causes pressure and results in pain. This pain decreases when the swelling goes away.

Muscle Pain – your surgery may cause temporary muscle spasm around the surgical site. Your muscles will gradually adjust to the changes caused by surgery but anything you can do to help the muscles relax will reduce the spasm.

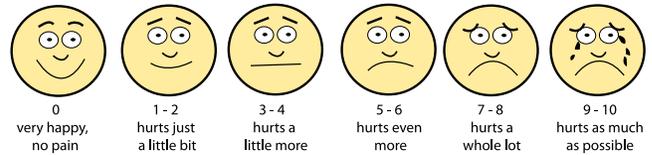
Nerve Pain – some patients may experience nerve pain which is caused by stretching, swelling or pressure on the nerves. Nerve pain is like a toothache and will gradually improve when the nerve calms down.

Teamwork

Finding the best strategies for YOUR pain means we need your participation in the pain management plan.

Communication

It is important to tell us if you are having pain. You will frequently be asked to rate your pain on a scale of 0 to 10.



0 = no pain

10 = the worst pain you can imagine

Most pain medications are ordered by your doctor to be given as you need them at intervals that are safe.

It is important to communicate early about your pain, when the pain starts, so that we can quickly begin the appropriate pain strategies.

Since pain medication may take 10 to 40 minutes to work, plan to ask for pain medication before physical therapy, before breathing exercises and before activities like turning in bed or going home.

Understanding Pain

Everyone experiences pain differently but the goal of pain management is always the same, and that is to reduce your pain so that you may experience a safe, successful and quick recovery from your surgery.

Here are some of the benefits of good pain management:

- Less pain means less stress on your body.
- Your body heals better with less stress.
- You can breathe deeply, cough and move more easily if you have less pain.
- If you are more active after surgery, you can reduce your risks of infection, lung problems, muscle spasm or heart attack.

MANAGING YOUR PAIN AFTER JOINT REPLACEMENT SURGERY

We want you to know that it is normal to have some pain after surgery.

Our goal is to decrease your pain without giving you medications that you may not need. With less pain you will be able to do your therapy and other activities that will help you go home faster.

Pain Management Plan:

- Before you have surgery you will be given medications to help reduce your pain and any nausea after surgery. We will continue some of these same medications afterwards.
- During surgery you will be given medication that will numb the area. This may last up to 12-24 hours and will help control pain.
- Our pain guide is based on 4 **Levels of medications**. You will start out on **Level 1** which will be Tylenol. If you have muscle spasms a medication will be given to help with that.
- If those medications do not work well for you we will move to **Level 2**, which are different medications.
- If you are still having pain we will move to other medications that are in **Level 3**. We want you to know that we will safely try different medications as we try to help you stay comfortable.
- If you still are having pain we may need to move to **Level 4 PCA**, which is a medication pump that allows you to push a button that will give you small amounts of pain medication into your intravenous (IV) line. There are limits to the amount of medication that you can give yourself this way. The machine will not allow you to give yourself too much.
- As you are close to going home we will start to reduce your pain medications so you will be comfortable without having to take many of these medications.

There are many ways that we can help you stay comfortable. Things such as massage therapy, relaxing music, machines that give out a nice scent and sound machines to mask noises, all can be used to help you through your stay with us.

MENU OF PAIN CONTROL AND COMFORT OPTIONS

This Menu of Pain Control & Comfort Options was designed by patients and caregivers to help you and your nurse and/or doctor make pain goal decisions together.

Depending on your individual plan of care, some options may be restricted for a time until your condition improves.

Please discuss your pain control goals and comfort options with your nurse and/or doctor. You know how you're feeling better than anyone, so we hope this menu makes it easier for you to talk to us about your pain control throughout your diagnosis and treatment.

Comfort items

- Warm compress
- Ice pack
- Warm blanket
- Warm washcloth
- Extra pillow
- Neck pillow
- Pillow to raise your knees or ankles
- Humidification for your oxygen tube
- Saline nose spray (requires a physician order)
- Mouth swab
- Pet Therapy
- Socks
- Extra gown

Comfort actions

- Re-positioning
- Walk in the hall
- Gentle stretching/range of motion
- Visit from Physical Therapy (will require an order from your provider)
- Visit from Massage Therapy (if a therapist is available)

Personal care items

- Lip balm
- Toothbrush/toothpaste
- Dental floss

- Comb/brush
- Hair tie
- Nail file
- Note pad
- Pen or pencil

Relaxation options

- Ear plugs
- Sleep mask
- Stress ball
- Personal ear buds/music
- Aromatherapy patch
- Bible to read
- Sound machine
- Massage
- Catch up on your favorite TV show

How to keep boredom at bay

- Use your personal laptop computer to surf the web or watch a movie. In-room Wi-Fi is available free of charge.
- Use your personal MP3/phone/Ipad to listen to music.
- Book or magazine
- Deck of cards
- Puzzle book (crossword puzzles, word searches, Sudoku)
- Coloring pages
- Free Wi-Fi

For those times when medication is needed

- Talk to your nurse if you think your pain requires medication.
- Ask for your pain medication before the pain returns; ask your nurse when your pain medication is scheduled next.
- Discuss pain medication combinations with your nurse or doctor.
- Let your nurse know after 45 minutes if your pain medication is not working.
- Discuss with your nurse if you have a pain regimen at home that works.

MENU OF PAIN CONTROL AND COMFORT OPTIONS

Not everyone feels pain the same way. Only you know how badly you hurt. We will always work with you to manage your pain.

Our commitment to you:

- We will ask about your pain.
- We will be prompt with helping you
- We understand and treat your pain.
- We care about your pain.

What can I expect from my care team?

Your caregivers will ask you often about your pain. You will be asked to rate your pain on a 0 - 10 pain rating scale. This tells us whether the pain medication your doctor has prescribed is working or if it needs to be adjusted or changed.

When your pain decreases by two to three levels, we are making progress towards your goal.

It may not be possible or safe to eliminate all of your pain. The goal is to keep your pain at a level where you may feel some discomfort but you are able to do activities to help you recover, like sitting in a chair, walking, eating and caring for yourself.

Side effects from pain medications

You may experience some side effects from your pain medication. Some of these include:

- **Nausea** – if you have nausea, inform your caregiver. There are medications which can help. Also, after you leave the hospital, make sure oral pain medications are taken with food.
- **Constipation** – if you have constipation, inform your caregiver. Medications such as laxatives or stool softeners can help you.
- **Drowsiness** – your care team will watch you carefully for this side effect.

In addition to pain medications, we may use other techniques to help manage your pain, like positioning, ice packs, warm packs and relaxation.

Please call for assistance to get out of bed or chair

You are the most important person to help manage your pain. We are here to help you as well.

FALL PREVENTION

Are you at risk?

Because you had surgery and medications, IV tubings, bandages, etc. you are at a greater risk for injury if you would fall.

How we keep you safe:

- We will use screening criteria to assess your risk.
- If you are at risk you will have a yellow wrist band applied. We will also give you special yellow slippers and a hospital gown. These are all items that discreetly notify all hospital staff that you are at risk for falls.
- It is important that you always call for help getting out of bed, a chair, or when toileting.
- When we assist you in getting up and/or walking we will place an assistive belt around you called a gait belt.
- In some circumstances we may initiate other preventive measures to alert staff if your risk increases.
- As you recover we may discontinue fall risk measures.

BLOOD CLOT PREVENTION

This risk of developing a blood clot (DVT — deep vein thrombosis) increases when you have had surgery and are inactive. Therefore, both mechanical and pharmacological (medicinal) measures are taken to reduce that risk. These measures are based on your surgeon's preference.

Mechanical Prevention

- Ankle pumps — your nurse will remind you to pull your toes up toward your chest and point your toes down. This action contracts and relaxes your calf muscles and increases circulation throughout your lower leg.
- Walking — gentle activity such as walking helps to increase circulation. Therapy will help determine when you are ready to walk safely. Be sure to follow any weight-bearing restrictions from your surgeon.
- Sequential Compression Device — this will be wrapped around the lower leg and worn while in bed. Air is pumped into compartments of this wrap which gently compresses the foot or lower leg. This helps to mechanically move the blood along in your veins. This is removed before getting out of bed.

Medication Prevention

- Aspirin may be prescribed daily following surgery. Your surgeon will instruct you on how long to take the aspirin. This will be taken in addition to the SCDS.
- Xarelto may be prescribed daily following surgery. Your surgeon will instruct you on the length of time for treatment.
- Daily small injections of Lovenox may be prescribed right after surgery and continued a few more days after you are discharged to home. Your nurse will instruct you and your family about the process if it is ordered by your surgeon.
- Coumadin (warfarin) may be prescribed daily following surgery. Your surgeon will instruct you on length of time for treatment. You will have lab work associated with the use of this medication.

PRECAUTIONS AFTER SURGERY

DO NOT...

DO NOT lie with a pillow under your knee. This will prevent your knee from stretching straight and will slow your progress and may contribute to a long term restriction in motion and a limp.



NO KNEELING — EVER

Avoid kneeling if possible. This will prevent wear and tear and prolong the life of your new joint.

DISCHARGE PLANNING

In most cases, your insurance or Medicare approves you to stay 23 hours or less. It is common that you will be able to go home after that time, with the right help. If you have the need for continued rehab or care, our Discharge Planning Team will discuss the options available to you. This may include a short stay in our Swing Bed Program or at a skilled nursing facility. The Swing Bed Program is a short-stay program designed to serve those individuals who are in a transition phase of recovery and no longer require acute care services. Your options will be explained to you at that time, if needed.

Your discharge needs for after surgery will be addressed by your surgeon and a team that includes staff from nursing, Social Services, Case Management, Rehab, Dietary, Pharmacy and Respiratory. This team meets often to help plan your discharge. Because you are an important part of this plan, we try to involve you and family members by planning at your bedside. This team will help plan and arrange for the following.

Transportation Home

Getting home after your surgery will require help from family or friends. Consider any movement restrictions that may require larger car or a minivan.

Home Health Needs

You may have special needs for equipment, medications or nursing care.

Insurance

A member of the Case Management and Social Services staff can talk to you about insurance questions related to home care or after surgery care issues.

Appointments

Your post operative follow-up with your surgeon or his staff can be arranged even while you are still a patient at RAMC.

Prescriptions After Surgery

You may need to stop by your pharmacy to pick up prescriptions after surgery.

Rehab

Shortly after surgery you will begin therapy and you will be provided with information on how to continue with this therapy after your discharge home. Once home, therapy through a Home Health agency or coming to RAMC for outpatient therapies are options. If you're unable to return home directly from the hospital, a short rehab stay at a skilled nursing facility, such as our own Reedsburg Area Senior Life Center, or swing bed are other options.

Help at Home

When you return home you may need someone to stay with you for one to two weeks.

WHERE TO FIND ADAPTIVE EQUIPMENT

RAMC Gift Shop
2000 North Dewey Avenue
Reedsburg, WI 53959
608-524-6487, x1091

Wal-Mart
920 Hwy 12
Baraboo, WI 53913
608-356-1765

St. Vincent's
675 South Albert Avenue
Reedsburg, WI 53959
608-524-7714

Wal-Mart
130 Commerce Street
Wisconsin Dells, WI 53965
608-253-3490

St. Vincent's
100 South Boulevard
Baraboo, WI 53913
608-356-4649

Resale Beyond the Expected
502 South Albert Avenue
Reedsburg, WI 53959
608-524-8757

SSM Health at Home
164 Second Street #B
Reedsburg, WI 53959-1678
608-524-2567

Phillips Drug Store
123 East State Street
Mauston, WI 53948
608-847-5949

Walgreen's
1100 East Main Street
Reedsburg, WI 53959
608-524-1228

Amazon
[amazon.com](https://www.amazon.com)

Walgreen's
603 West Pine Street
Baraboo, WI 53913
608-356-1171

WHEN TO CALL YOUR SURGEON

Your surgeon will review your surgical findings and recovery plan with your family or friends after surgery, as able.

The following information is to be used as a guideline only. If you were given specific printed instructions from your surgeon, please refer to those instructions first. You may contact your surgeon by calling Orthopedics at 608-768-3900.

When to Call Your Surgeon

- If you are experiencing bleeding that won't stop, call your surgeon immediately.
- If you are concerned about the appearance of your incision (increased redness, etc.), call your surgeon to discuss this.
- If you have a fever over 101.5 degrees, notify your surgeon.
- If you are having side effects from any of your medications such as a rash, itching, nausea or vomiting, call your surgeon immediately.
- If you fall or feel you may have reinjured your surgical area, call your surgeon for instructions.
- If you are feeling constant numbness, swelling or increased pain in the area that had surgery, call your surgeon.
- If you have pain, tenderness, or swelling in your calf (lower leg), call your surgeon immediately.
- **IF YOU ARE EXPERIENCING CHEST PAIN OR SEVERE SHORTNESS OF BREATH, CALL 911.**

SAFETY AFTER SURGERY

- Take your pain medicine with a small snack, such as clear liquid and crackers to help avoid nausea.
- Consider taking an over-the-counter stool softener while you are taking narcotic pain medicine to avoid constipation.
- Wash your hands frequently with soap and water. This includes before and after handling food and especially before changing or touching your dressing.
- Keep your incision clean and dry according to your surgeon's instructions. Do not bathe or soak in a tub, lake or pool until OK with your surgeon.
- Do not apply creams, lotions or ointments to a healing incision. These can inhibit new skin cell growth and/or introduce bacteria.
- You should refrain from any sexual activity that could jeopardize your surgical site for at least six weeks.
- Avoid any non-emergency procedures for three months following your surgery. These include routine dental work, such as dental cleaning and any other routine medical procedures, such as colonoscopy screening.
- Remember that preventative antibiotics one hour before procedures, such as dental cleanings, dental procedures, urological procedures and colonoscopy are recommended for a lifetime.
- Do not drive until your surgeon says it's OK.
- Do not drive while you are still taking narcotic medications as they can make you too sleepy.
- Observe precautions of no kneeling.
- Follow the exercise guidelines given to you by Rehab but do check with your surgeon before starting any new exercise regimens.

INFECTION

Why This May Happen

Infection can occur during surgery or post-operatively.

- Germs may get into the knee joint and cause infection of the knee implant
- Germs may get into the skin and cause a wound infection

The chances of this happening is more likely if you have diabetes, rheumatoid arthritis or if you have frequent infections.

If It Happens To You

Implant Infection:

You may have knee pain, chills, fever, and your implant may become loose.

Wound Infection:

Your wound may become red or painful. It may open and drain pus.

Call your doctor if you experience any of these symptoms.

Procedures and Antibiotics

- During your surgery, antibiotics are used around the incision site.
- It is also recommended that you take preventive antibiotics one hour before routine procedures such as dental cleanings, dental procedures, urologic procedures and colonoscopies.

*This is a **LIFETIME** recommendation.*

Treatment

- Antibiotics
- Surgery may be necessary to clean the skin wound or hip joint.
- For deeper infections, there may be a possibility of revision implant surgery.



Normal Wound Healing



Infected Wound



MEDICATIONS AFTER SURGERY

Prescription Medications

The nursing staff can provide you guidance about resuming your medications after surgery. **Following are some additional recommendations:**

Insulin or Pills for Diabetes

Diabetic patients are advised to check with the doctor who manages their diabetes if they are uncertain how to resume taking their medications for blood sugar after surgery.

Blood Thinners

Patients taking Coumadin, Lovenox, Heparin, Xarelto or any medication prescribed to prevent blood clots should have clear instructions on how to take the medication, how long to take the medication and when to contact their physician.

If you notice blood in your bowel movements or urine, or are having frequent bloody noses, contact your surgeon or physician immediately.

Blood Pressure and Heart Medications

Patients should resume their medications for blood pressure or heart disease unless told otherwise by their cardiologist or physician.

Pain Medications

You may be prescribed some type of pain medication to take at home after your surgery. It is very important to take these medications only as directed.

Types of Pain Medications

Opioids

(Vicodin/Hydrocodone, Percocet/Oxycodone, Oxycontin) – these medications are for severe pain and only to be used as directed. Many patients worry about addiction to these types of medications but addiction is unlikely in patients who have never had a medication addiction problem. These pain medications can cause constipation and drowsiness. Do not drive while taking these medications.

Anti-Inflammatories

(Celebrex, Naproxen/Aleve, Advil/Ibuprofen, Ketorlac/Toradol, Nabumetone/Relafen, Voltaren/Diclofenac) — these medications can be used to manage moderate postoperative discomfort. They are only to be used if directed by your surgeon. These medications can cause bleeding problems and stomach irritation, so they cannot be taken if you are on blood thinners. Check with your surgeon if you have questions.

Muscle Relaxers

(Gabapentin, Flexeril) These medications can be used to manage pain caused by muscle spasms. They are only to be used if directed by your surgeon. These medications may cause drowsiness.

Vitamins/Supplements

You may take your vitamins and other herbal type supplements after surgery unless your surgeon instructs you otherwise.

If you are not sure about medications after surgery, contact your physician.

NUTRITION SUGGESTIONS TO SPEED YOUR RECOVERY AFTER SURGERY

General Guidelines

- Now is not the time to “diet” or lose weight. Even though you may be less active after surgery, do not decrease your food intake. Your body actually needs more calories, protein and other nutrients for healing than you did before your surgery.
- A well-balanced diet including a variety of foods from all of the food groups—fruits, vegetables, grains, protein and dairy—should provide you all that you need for healing.
 - If larger meals are difficult to manage try smaller snacks or meals that include a variety of foods from each food group.
 - If your appetite is poor you may want to consider supplements such as Carnation Instant Breakfast, Boost or Ensure drinks.
- Plan ahead for how you will get snacks and meals after your surgery. Think about how you will be able to get around to prepare these foods or recruit a helper to assist you with meals for a few days.
 - Stock up on easy to make meals and snacks including individual containers of yogurt, fruit cups, healthy frozen dinners (store bought or homemade), canned soups, frozen or canned fruits and vegetables, instant cereals, and protein or granola bars.



iron

Eating foods rich in **iron** after surgery will help to rebuild your supply of red blood cells. Iron is found in lean meats, fish, fortified breads and cereals, beans and green leafy vegetables all with 3-5 mg per serving. Try to get about 15-18 mg per day.

Eating iron rich foods *with* Vitamin C rich foods can help better absorb the iron. Citrus fruits, tomatoes and green peppers are all high in Vitamin C.

calcium

To help rebuild and maintain bone strength as well as muscle contractions, **calcium** intake should be increased during your healing. Try to get 1500 mg per day. Foods rich in calcium include milk, cheese, yogurt, soy products, dark leafy greens and almonds. Milk, cheese, yogurt and soy milk provide the most calcium with over 200 mg per serving!

fiber

Fruits, vegetables and whole grains are great sources of **fiber**. Pain medications and low mobility after surgery can often cause constipation. Eating a diet high in fiber will help alleviate this symptom. Aim for 25 to grams of fiber per day. Be sure to drink plenty of fluids (6 to 8 8-ounce glasses per day). And if you don't usually have that much fiber, work up to it slowly to avoid stomach upset. Good sources of fiber (with 2 or more grams per serving) include whole wheat bread, oatmeal, barley, beans, berries, peas, potatoes with skin, whole fruit with skin, Brussels sprouts, corn, broccoli, cauliflower and spinach.

Protein is essential in the body after surgery both for healing and repairing tissues

protein

as well as for the immune system to fight infection. If the body does not get enough protein from food, it will steal it from our muscles, causing weakness and weight loss.

Aim for a total of 60-90 grams per day. Good sources are lean meats, eggs, low fat dairy products, fish, nuts, seeds and beans with 6-10 grams of protein per serving.

REHABILITATION AFTER SURGERY — TOTAL KNEE

Postoperative Care — Pain Control

- Pain is normal and expected with total knee arthroplasty. Use pain medications 30-60 minutes prior to physical therapy as instructed by physician.
- Iceman is a cooling device applied after surgery to help with pain swelling. Place a towel between your skin and the pad.
- Use ice 15-20 minutes, 3-4 times per day to help control pain and swelling. You can make your own ice packs for use at home. Always use a towel between your skin and the ice bag.
 - Recipe 1: Use 1 cup of rubbing alcohol and 3 cups of water in gallon size zip-lock bag. Double bag it as needed. Store in your freezer.
 - Recipe 2: Pour 1-2 bottles of Palmolive dish soap in ziplock bag. Double bag it. Store in freezer.
 - Option 3: Use a bag of frozen peas.
- Elevate leg to help control swelling. Your leg should be higher than your heart. Use of the stockings and use of ankle pumps will also assist with swelling.

REHABILITATION AFTER SURGERY — TOTAL KNEE

Postoperative Goals:

WEEKS 1-2

Within 23 hours most people are ready to return home. Some people require a short rehab stay prior to returning home. Your therapists and social services will assist with this as needed. **Your goals for this time period are to:**

- Continue to walk with your walker or crutches. The goal is to walk several hundred feet, 2-3 times per day.
- Actively bend your knee to at least 90 degrees and straighten knee to less than 10 degrees from straight.
- Gradually resume your homemaking tasks and self cares.

WEEKS 2-4

You should notice that you are able to do most of your own self cares and be able to get around your home without significant difficulty at this stage. **Your goals for this time period are to:**

- Wean from crutches or walker as able.
- Bend your knee at least 100 degrees and fully straighten knee.
- Be able to shower and dress yourself independently.
- Resume homemaking tasks.

WEEKS 4-6

You will receive less formal therapy at this stage but will need to continue to perform

your home program regularly (two times per day). **Your goals for this time period are to:**

- Be able to walk without a limp with cane or crutch.
- By week 6 you should be able to bend your knee to 120 degrees and fully straighten your knee.
- Begin to progress to stairs with regular pattern (one foot on each step).

WEEKS 6-12

You should be able to resume all of your activities (check with your doctor before return to sport activities). **Your goals for this time period are to:**

- Walk without a cane, without a limp.
- Go up and down stairs normally.
- Bend knee to 120 degrees and fully straighten knee.
- Improve strength to at least 80% of normal.

REHABILITATION AFTER SURGERY — TOTAL KNEE

Personal Care

The need for any lower extremity dressing equipment will be determined during your occupational therapy evaluation and treatment sessions.

USING A “REACHER” OR “DRESSING STICK”

Putting on Pants and Underwear:

- Put your surgical leg in first and then your non-surgical leg. Use reacher or dressing stick to guide waistband over your foot.
- Pull your pants/underwear up to your knees, within easy reach.
- Stand with walker in front of you, making sure to maintain good balance, and pull up your pants/underwear.

Taking off pants and underwear:

- Back up to chair/bed where you will be undressing.
- Unfasten pants and push pants/underwear down letting them drop to the floor.
- Lower yourself down to the chair, keeping your surgical leg out straight if needed.
- With reacher or dressing stick, remove your pants by taking your non-surgical leg out first and then surgical leg.



USING A “SOCK AID” AND “REACHER”

Putting on Socks:

- Slide the sock or stocking onto the sock aid, making sure bottom of sock is on bottom of sock aid.
- Holding onto the strings, drop the sock aid in front of your operated foot.
- Slip your foot into the sock aid and pull it up, pulling sock onto foot.

Taking off socks:

- To take the socks off, use the hook on the reacher or dressing stick. Hook the top of the sock toward the back of the heel and push the sock off your foot.



REHAB AFTER SURGERY

Standing up from a chair:

1. Scoot to edge of chair.
2. Slide surgical leg forward if needed.
3. Push up with both hands from the arm rests. Lean forward. Do not pull up on the walker.
4. After you have balanced yourself, reach for your walker.



Walking:

1. Move the walker forward and make sure all 4 legs are on the floor.
2. Step forward with surgical leg.
3. Push through your hands and step forward with non-surgical leg. Make sure you maintain your weight-bearing status.



REHAB AFTER SURGERY

Stairs:

1. Go up the stairs leading with your non-surgical leg (up with the good).
2. Go down the stairs leading with your surgical leg (down with the bad).
3. Use crutches, cane, or railings to maintain your balance. Your physical therapist will teach you how to perform stairs prior to going home.



REHAB AFTER SURGERY

Getting into the Car with a Walker

When completing a car transfer, think about your size, the size of the front and back seats, and height of your vehicle. Try out the seating situation prior to surgery.

Front Seat

- Move the seat all the way back to allow for as much legroom as possible.
- Recline the seat back if needed, for extra room to complete transfer.
- Back up to the car with walker and find handholds.
- Ease yourself down to the seat and transfer legs into car.
- It may help to enter the car on the side of non-surgical leg.

Back Seat

If unable to bring in your legs using the front passenger seat, consider the back seat.

- Back up to the car with walker and find handholds.
- Ease yourself down to the seat.
- Use your strong leg, your arms, and hands to scoot and slide your body onto the seat.
- Continue moving backwards until your operated leg is totally supported by the seat bench.



GENERAL EXERCISE GUIDELINES

- Exercises should be performed in your bed unless otherwise directed.
- Any exercises that cause increase in back or hip pain should be discussed with your physical therapist.
- Start with 10 repetitions of each exercise unless otherwise stated. Gradually increase this until you can perform 20-30 repetitions.
- Exercises should be performed 2 times a day unless otherwise instructed.
- Take short rest breaks as needed.
- Use slow, steady motions.
- Take slow deep breaths. DO NOT HOLD YOUR BREATH. Counting the repetitions out loud may help you remember to breath.
- Discuss any problems with the exercises with your therapist. Modifications may be needed to be able to perform the exercises.
- Ice after exercise as needed to control any pain.

EXERCISES

Before Surgery Upper Extremity Exercises

These exercises are designed to improve the strength of your arms and upper trunk muscles. You will use these muscles when using a walker or crutches to get around.

1. Sit facing the door with your arm at your side. Keep elbow straight, pull the band back with a slow controlled motion. Hold five seconds and release back towards the door slowly with control.



2. With therapy-band wrapped around one hand, and the other end secured under foot, curl arm up as far as possible toward shoulder.



3. With hands on armrests of chair, push up from chair. Use legs as necessary. Hold five seconds. Return slowly.

EXERCISES

Ankle pumps

Move your feet up and down through the full range of movement available. This exercise helps with circulation to your legs.



Quad sets

Lie on your back, tighten muscles on front of thigh, pressing knee into the bed. This exercise helps strengthen your quad muscles (muscles on top of thigh).



Gluteal Sets

Squeeze buttocks together. Hold 5 seconds then relax. Repeat. This exercise helps strengthen your buttocks muscles which help you stand and get out of bed.



Perform the following exercise on the leg you will be having surgery on.

Hip Abduction and Adduction

Lie on your back. Slide your leg out to the side. Keep toes and knee cap pointed up towards the ceiling. Return to starting point. This exercise is done to help strengthen your inner and outer thigh muscles used to get in and out of bed.



EXERCISES

Perform the following exercises on the leg you will be having surgery on.

Heel slides.

Lie on your bed. Slide heel towards your bottom. Hold 5 seconds then return to the start position. This exercise helps loosen your knee and get good range of motion.



Hamstring Sets

Bend knee slightly and push heel into bed without bending further. Hold 5 seconds. This exercise is done to strengthen the back of your leg to help you walk.



Short Arc Quads

Lie on your back with towel roll or large coffee can under your thigh. Lift foot, straightening your knee. Do not lift your thigh off the roll. This exercise will help strengthen your quadriceps (thigh muscle) to prevent your knee from buckling.



Straight Leg Raise

Lie on your back with knee bent and foot flat. Lift right/left leg 6-12 inches from the bed with knee straight and toes pointed upward. Lower slowly. Rest then repeat. This exercise helps strengthen your thigh muscles to help lift your leg into bed and keep knee from buckling.



EXERCISES

Seated Knee Flexion

Sitting in a straight back chair, cross legs with surgical leg on the bottom. Bend knee back as far as possible. Keep hips on chair. Hold 20 seconds. Plant foot and move your bottom forward on the chair. This exercise will help bend your knee.



Long Arc Quads

Sit with your back against chair. Lift leg until knee is straight. This exercise helps strengthen your thigh muscle and keeps your knee from buckling.



ADVANCED EXERCISES AFTER SURGERY

These exercises should begin as directed by your physical therapist. They will start a few weeks into your recovery. Start on: _____

Prone Knee Flexion Stretch

Bring heel towards buttock until you feel a moderate stretch. Hold 10-30 seconds as tolerated. Repeat 3-5 repetitions. This exercise will help increase your knee flexion and strengthen the muscle on the back of your thigh (hamstring).



Seated Hamstring Stretch

Sit on your bed or couch with surgical leg up on bed and leg extended. Lean forward toward your toes until a stretch is felt. Hold 20-30 seconds and repeat 3-5 times. This exercise will help stretch the muscle on the back of the leg and help get your knee straighter.



Partial Squat

Stand with feet flat on floor and shoulder width apart. Squat as low as possible. Make sure knees do not go past toes. Return to standing position. Use support as needed.



ADVANCED EXERCISES AFTER SURGERY

Marching

Stand by heavy chair or countertop. March in place. This exercise will help strength your hip muscles and help improve your balance.



Step ups:

Put surgical leg up on bottom stair. Attempt to lift yourself up using surgical leg. Use railings as needed to stabilize self. This exercise will help strengthen the muscles in your leg.



ADVANCED EXERCISES AFTER SURGERY

Heel/Toe Raises

Stand holding onto a firm surface. Raise up on toes. Go back on heels. This exercise will help strengthen your calf muscles and help with your balance.



Seated Knee Extension Stretch

Sit on a firm chair with surgical leg elevated on a chair or foot stool with knee straight. Use a 5# weight or bag of rice to help stretch leg straight. Hold 15 minutes. You can use ice on your knee during this stretch. This will help get your knee straight so you can walk without a limp.



ANTIBIOTIC RECOMMENDATIONS FOLLOWING PARTIAL/TOTAL JOINT REPLACEMENT

Routine antibiotic coverage for dental procedures is not required, but will be determined on a case by case basis as directed by your provider.

- Dental Procedures
- Dental Work
- Colonoscopies
- Urological procedures such as cystoscopy TURP, etc.

Please give the medications and dosages listed below to your doctor or dentist so the appropriate antibiotic can be prescribed for you, if indicated. *If you have an allergy to any of the medications listed, be sure to let your doctor or dentist know so an alternative medication can be provided.*

- Cephalexin 2 grams by mouth or Amoxicillin 2 grams by mouth, one (1) hour prior to the dental procedure.
- Patients that are allergic to Cephalexin, Penicillin or Amoxicillin, use Clindamycin 600 mg by mouth one (1) hour prior to the dental procedure.

If you have an obvious infection, it is recommended you seek immediate medical attention to reduce the risk of secondary infection in your joint replacement. That treatment may or may not include an antibiotic prescription.

If you, your doctor or your dentist have any questions or concerns, please feel free to contact your orthopedic surgeon.

DISCHARGE EXPECTATIONS

Upon discharge from the hospital, you may expect to go home with the following *equipment*:

Dr. Kevin Weber

Post-Operative Equipment

- Leg Raiser Upper (LRU)
- Iceman (cooling unit)
- SCDs (if ordered) - provided by representative prior to surgery

Dr. Christopher Dale

Post-Operative Equipment

- Iceman (cooling unit)
- SCDs - provided by representative prior to surgery
- CPM - provided by representative prior to surgery

Your follow-up appointment will be printed on your After Visit Summary (AVS) at the time of discharge.

Physical Therapy out-patient appointments will be set up prior to discharge.



CALENDAR OF APPOINTMENTS AND BLOOD THINNER MEDICATIONS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday