

# Total Hip and Knee Replacement Discharge Instructions

Preparation for your discharge actually starts the day your surgery is scheduled. Your orthopaedic care team works with your surgeon to ensure a timely discharge.

**Before you are discharged, the following information will be discussed with you and your family or coach:**

## Hip and knee discharge instructions

Part of the discharge process includes the Pre-operative Joint Replacement Class. Your family and/or your coach should attend the class with you. It is important that everyone involved in your recovery fully understands your discharge expectations. Your family member or coach should also be available when your healthcare team shares discharge instructions. This will allow both of you to ask questions and learn together.

## Assistive device and equipment (if applicable):

- Walker with 2 front wheels
- Crutches
- Cane
- Sock aid
- Shower chair/tub transfer bench
- Long-handled shoehorn
- Elevated toilet seat

- Long-handled grabber
- Long-handled bathing sponge
- Other \_\_\_\_\_

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Follow weight-bearing instructions as directed by your surgeon and care team

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Keep your appointments

Resume driving when your surgeon approves

Return to work when your surgeon approves

Return to travel when your surgeon approves

Resume sexual activity when your surgeon approves

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## Incision care at home after joint replacement

Follow your surgeon's care instructions for your specific incision and dressing care. Your nurse will teach you how to take care of your incision and dressing before you are discharged from the hospital.

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**Follow these instructions to help promote healing and avoid infection:**

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Keep your incision clean and dry with the dressing your surgeon instructs you to use after surgery.

Follow your surgeons instructions for showering. It is OK to shower daily once approved, make sure your waterproof dressing remains intact (no water seeping through the edges).

Wash your hands before and after dressing care.

Perform your dressing care in a clean environment.

Do not apply lotion, cream, powder or ointments to the operative leg until directed by your surgeon.

Do not resume smoking as it remains a high risk factor for infection.

Do not shave below the neck until directed by your surgeon.

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**Follow these instructions for 4 weeks following surgery to avoid infection:**

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Pets should not be allowed on your bed.

Use freshly washed/laundered bed sheets weekly or more often if they become soiled.

Put on freshly washed/laundered clothes and pajamas daily.

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**Notify your surgeon if you have any of the following:**

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Separation of incision line at any point

Temperature more than 100.4 degrees F or chills

Increased redness, swelling or warmth of the skin around the incision

More pain at the incision site

Red streaks on the skin near the incision site

Tender bumps or nodules in your armpits or groin

Foul smell from the incision

Excessive blood, drainage or discharge at the incision site

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Please call your surgeon or home health nurse with any questions or concerns.

**Life-long infection prevention**

Infection is a possible complication of joint replacement surgery. Some tests, diagnostic procedures and illnesses can place you at greater risk for developing an infection in your new joint. This is because your new joint is artificial and does not have your body's natural protection against infection. You can accidentally introduce bacteria into your bloodstream in any number of ways. Once in the bloodstream, the bacteria can travel to your new joint and cause an infection, even years later.

This is why it is important to take good care of yourself. An infection could start from a sore throat, urinary tract infection, deep cut or even an ear infection. If you ever have signs or symptoms of an infection such as temperature more than 100.4 degrees F, chills, pain, redness or drainage from any incision or puncture area, call your surgeon or primary care physician.

Tell every physician and advanced care providers that you have an artificial joint, particularly if you are having an invasive procedure.

### **Dental care**

Ask your surgeon about how long to wait after surgery before scheduling any future dental appointments. Dental care after surgery can introduce bacteria into your bloodstream through cuts and trauma to the gums and gum lines. To reduce this risk, some surgeons recommend taking antibiotics before any dental work.

Follow your orthopaedic surgeon's instructions about taking antibiotics before any dental work. Also, make sure to tell your dentist and dental hygienist that you have a new joint.

### **Deep vein thrombosis**

Deep vein thrombosis (DVT) is the formation of a blood clot within a deep vein, commonly in the calf or thigh. The blood clot can either partially or completely block the blood flow in the vein.

DVT after joint replacement surgery can occur because of surgical disruption of the soft tissue and/or limited mobility.

Walking and ankle pump exercises increase your blood circulation and improve the ability of veins to move blood through your leg to help you avoid DVT. Your care team will encourage you to walk both during and outside of therapy. Your therapist will show you how to perform ankle pump exercises (see page 41). These exercises involve moving your ankles up and down, and tightening your leg muscles.

### **DVT signs and symptoms**

Because DVT can produce life-threatening complications, it is important for you to know and be able to recognize DVT symptoms.

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The following can be symptoms of DVT. Notify your surgeon or primary care physician if you have any of these changes in either leg:

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Significant swelling in the calf or thigh area

New pain in the calf area or behind the knee

Increased pain with standing or walking

New warmth, redness or tenderness in the calf or thigh

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### **Pulmonary embolism**

The most serious complication of DVT is a pulmonary embolism (PE). A PE happens when a blood clot breaks free from a vein wall and travels to the lung where it blocks an artery. A PE is life-threatening and needs immediate medical attention.

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### **Signs and symptoms of a PE:**

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Rapid heart rate

Sudden onset of chest pain

Sudden unexplained cough or coughing up blood

Shortness of breath

Lightheadedness, dizziness or cold sweats

Feelings of restlessness or anxiety

Sense of impending doom

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### **Anticoagulation medication**

Your surgeon may prescribe an anticoagulant (blood thinner) medication to help prevent blood clots. Your nurse will teach you how to take this medication.

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#### **While you are taking blood thinner medication:**

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Do not drink alcohol.

Do not take any additional over-the-counter medications, vitamins, herbal supplements or dietary supplements unless directed by your surgeon.

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Blood thinner medication can cause bleeding. Watch for signs of abnormal bleeding or bruising.

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#### **Call your surgeon right away if you notice:**

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Red or pink-tinged or dark-brown urine

Blood clots in your urine

Bloody or black, sticky bowel movements

Spitting up blood or brown material that looks like coffee grounds

Red spots on your skin

Bleeding gums

Bleeding of the small vessels in your eyes or face

Prolonged nose bleeds

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### **Compression stockings**

Your surgeon may tell you to wear compression stockings when you go home. Wear these stockings until your surgeon tells you to stop.

Your orthopaedic care team will teach you how to take off and put on the stockings. Make sure to smooth out folds in the material to prevent skin irritation.

### **Pain management and comfort**

It is important that you manage your pain. This way, you can participate in physical therapy and progress with your exercises and daily activity.

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#### **Advice for managing pain:**

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Take your pain medications as directed by your surgeon. With time, you should be able to decrease the amount of pain medication needed.

If possible, schedule to take your pain medication approximately 30 to 60 minutes before your therapy sessions.

Use the cold compression wrap to decrease swelling and increase comfort. Apply the wrap to the affected joint, especially before and after therapy or exercise. Place a barrier between the wrap and your skin for protection. Follow your therapy recommendations on how often to use it.

Change your position frequently.

Notify your surgeon if your pain is not controlled.

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### **Bowel management**

Constipation is possible because of decreased mobility and pain medications.

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#### **To help avoid constipation:**

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Take stool softeners and/or laxatives as directed by your surgeon.

Stay active per your physical therapy guidelines.

Drink fluids and eat foods that are high in fiber.

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Contact your surgeon if you do not have a bowel movement for 3 or 4 days or if you have loose stools.

Arrange for someone to stay with you for at least 1 week after your discharge home to help ensure a safer recovery.

### **Discharged**

Once your surgeon and your orthopaedic care team determine you are ready to be discharged from the hospital, you will start your next level of rehabilitation. You and your orthopaedic care team will discuss your discharge plan. They will design your post-discharge plan to meet your needs.

# Safety precautions

Your orthopaedic care team will teach you safety precautions and positioning. Your incision site and body need time to heal and adjust to your new joint. Your surgeon will tell you when you can resume normal activities.

Before leaving the hospital, you will practice walking, transferring from your bed and a chair, and dressing yourself. If your home has stairs, you will also practice climbing stairs.

These basic tasks require you to use safety precautions to prevent injury to yourself and your new joint.

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## Transfers in and out of bed (Illustration A)

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Back up to the bed until you feel the back of your knees touching it.

Place your operated leg out in front of you.

Reach for the bed with 1 arm and keep the other arm on the walker.

Slowly lower yourself onto the bed.

Scoot back onto the bed as much as possible.

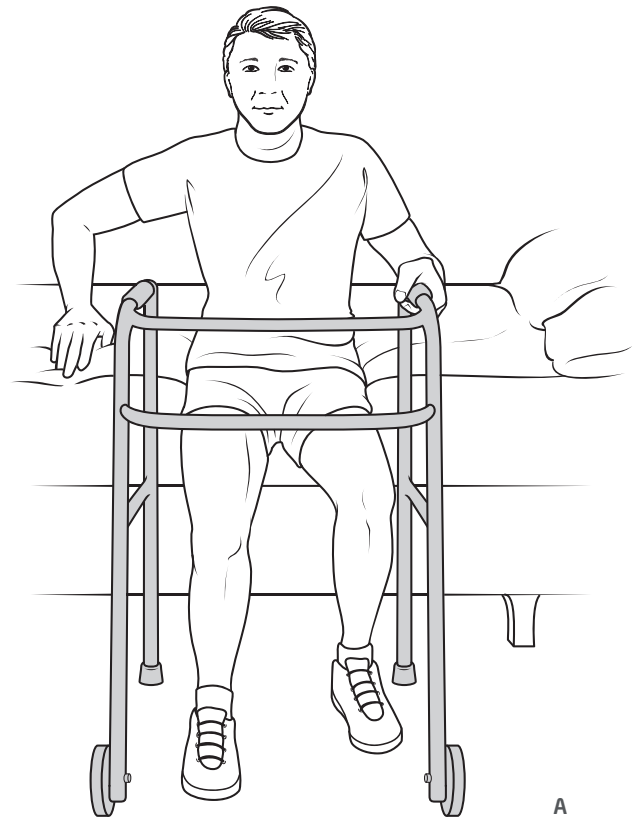
Lift 1 leg at a time onto the bed until both legs are supported.

Continue to move legs to the center of the bed.

Recline back.

To get out of bed, reverse the steps.

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## Transfers into and out of a chair

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### Into a chair (Illustration B)

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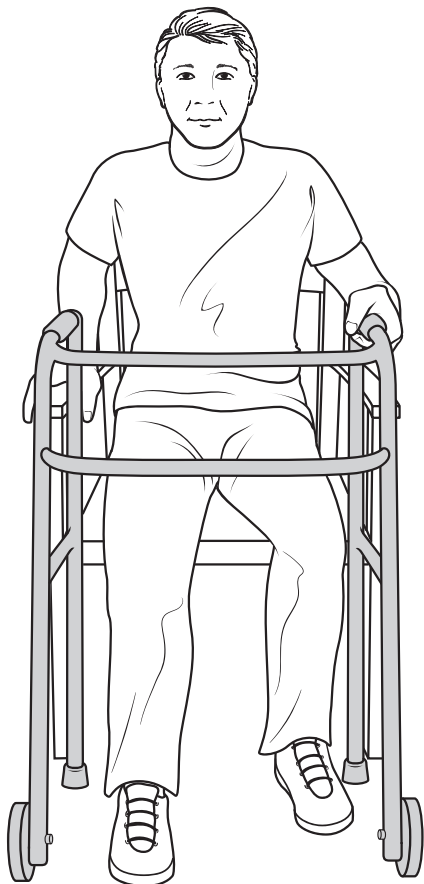
Back up to the chair until you feel the back of your knees touching it.

Place your operated leg out in front of you. If using crutches, move both crutches to 1 arm.

Reach for the armrests and slowly lower yourself onto the chair. Continue to keep the operated leg in front.

Scoot to the back of the chair.

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B

### Out of a chair

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Scoot forward to the edge of the chair so both feet are on the floor.

Place your operated leg out in front of you and keep it there.

Bend your knee and hip on the non-operated leg and try to keep most of your weight on this leg.

Using your hands on the armrests, push yourself with your arms and non-operated leg to stand.

Do not use a walker to pull yourself up; that may cause the walker to tip and could result in a fall.

If using crutches, move crutches to 1 arm and push to stand with 1 arm on crutches and the other arm on the armrest.

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## Transfers in and out of a car

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### Car transfers (Illustrations C and D)

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Have the driver open the passenger-side front door and make sure the front seat is as far back as possible. You also can have the backrest reclined to maximize your space.

Back up to the car using your walker until the backs of your knees touch the edge of the car.

Place your operated leg out in front of you.

Place 1 hand on the walker and the other hand on the frame of the vehicle.

Slowly lower yourself onto the edge of the seat.

Scoot as far back as possible on the seat.

Turn towards the dashboard (making sure not to bend torso/head forward) as you bring 1 leg into the car at a time. You may need help for your operated leg.

Reposition the seat so that you can wear the seatbelt correctly.

Have the driver close the door for you.

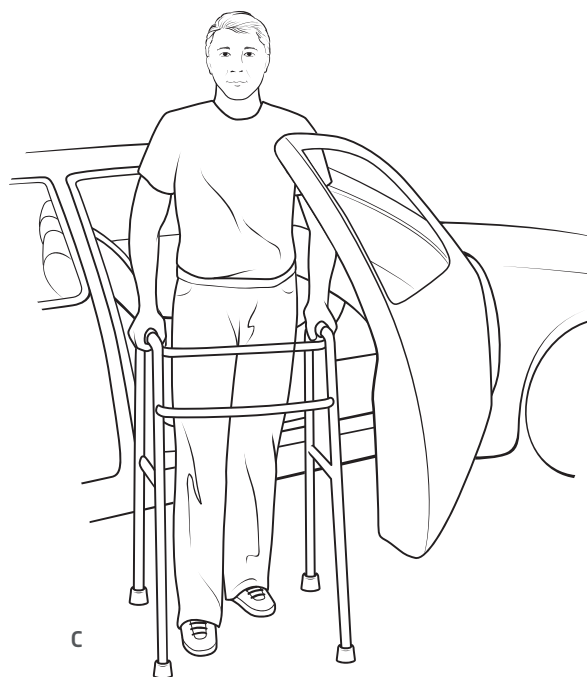
To get out of the car, reverse the steps.

Make sure that your walker is in front of you before you stand.

Use a plastic trash bag on car seats for easier scooting and sliding.

Do not drive until your surgeon gives you permission.

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## Stairs

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### Going up stairs (Illustration E)

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Use crutches or cane in 1 hand and hold onto the railing with the other hand. Support your weight evenly and lift your non-operated leg onto the step.

Bring your operated leg up onto the step and then bring up your cane or crutches.

If there is no railing, use crutches in both arms.

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### Going down stairs (Illustration F)

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Use crutches or cane in 1 hand and hold onto the railing with the other hand.

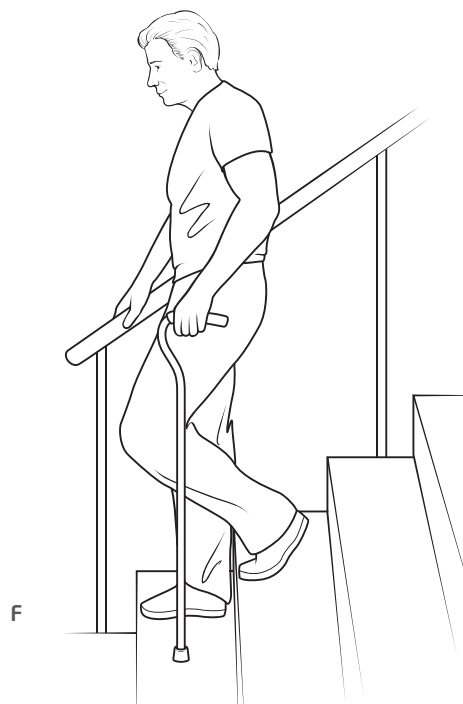
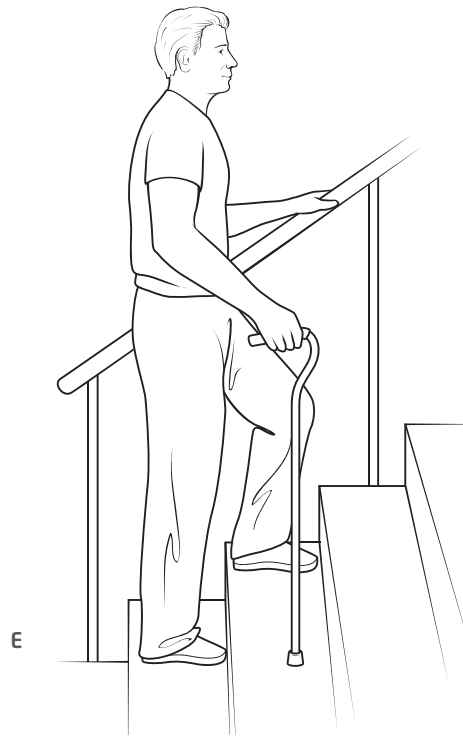
Lower crutches or cane onto the step below.

Support your weight evenly and bring down your operated leg.

Lower your non-operated leg.

If there is no railing, use crutches in both arms.

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## **Bathing and showering**

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### **Tub transfer**

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If your tub is not wide enough for a shower chair, your healthcare team may recommend a tub transfer bench.

Back up to the tub until you feel the back of your knees touching the tub or transfer bench.

Reach back for the shower chair/transfer bench and slowly lower yourself onto the chair or bench, keeping your operated leg out in front.

Sit down on the edge of the chair or bench, continuing to keep your operated leg out in front.

Scoot straight back as far as possible on the chair or bench.

Lift your legs over the lip of the tub 1 leg at a time. Turn to face the faucet.

Turn the water on once you are safely seated.

When your shower is complete, turn the water off and dry yourself before you begin the transfer out of the tub.

To transfer out of the tub, reverse the steps. Lift your legs out of the tub 1 at a time, scoot forward and then, using 1 hand on the chair or bench and the other hand on the walker, push yourself to stand.

Shower only after your surgeon gives you permission.

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### Walk-in shower transfer

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Back up to the shower using your assistive device (Illustration G).

Bend your knee and hip on the non-operated side as you lower yourself onto the shower chair seat or bench, putting most of your weight on the unaffected (non-operated) side (Illustration H).

Lift your legs over the lip of the shower stall and turn to face the shower head (Illustration I).

Turn the water on once you are safely seated. When the shower is complete, turn the water off and dry yourself before you begin the transfer out of the walk-in shower.

To transfer out of the shower, lift your legs over the shower stall 1 at a time and turn toward your walker. With at least 1 hand, push from the chair/bench and raise yourself until standing. Once standing, grab the walker.

Shower only after your surgeon gives you permission.

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### Recommendations for bathing and showering

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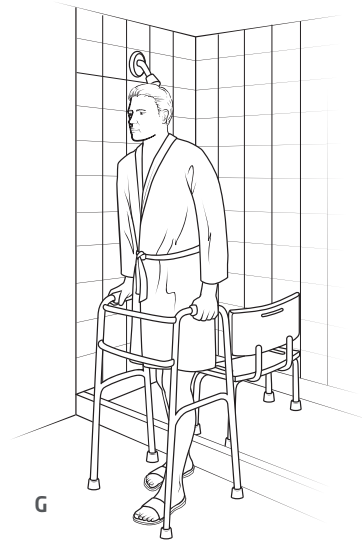
Always have a family member present for safety.

Use a hand-held shower hose.

Use a long-handled bathing sponge.

Use non-slip strips or a non-slip mat at the bottom of the tub or shower.

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## Toileting

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### Toilet transfer (Illustrations J and K)

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Use a raised toilet seat, bedside commode or other equipment recommended by your therapist.

Back up to the toilet until you feel the back of your knees touching it. Place your operated leg out in front, reach for the armrests and slowly lower yourself onto the toilet.

Bend your knee and hip on the non-operated side as you lower yourself onto the seat, putting most of your weight on the non-operated side. Remember to keep your operated leg straight out, if needed.

Reverse the steps for getting up, using 1 hand on the armrest or sink to push up and the other hand on the walker. Make sure you have your balance before grabbing the walker.

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## Dressing and undressing

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### Underwear and pants

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Sit on the side of the bed or in an armchair. Your therapist will determine if you need adaptive or assistive devices to dress and undress.

Use the long-handled grabber and secure the waist of the underwear or pants with the hook. Lower clothing to the floor with the long-handled grabber and slip the pant leg over your operated leg first (Illustration L). Then do the same for your non-operated leg. (Do this process first with underwear and then repeat with pants before standing.)

Do not lean or bend forward to reach your pants or underwear. Follow your therapist's instructions about how to begin pulling up your underwear and pants.

Pull both the underwear and pants up over your knees. Stand with the walker in front of you, and pull up both the pants and underwear.

When undressing, take the pants and underwear off your non-operated leg first, reverse the steps above and use long-handled grabber to push off pants and underwear.

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### Socks

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If your therapist recommends a sock aid, place your sock over the end of the aid, opposite from the pulls. While holding the pulls, lower the sock and aid to the floor. Place your foot into the sock and pull it toward you until the sock is on your foot and the aid is free (Illustrations M and N).

To take socks or stockings off, use the end of the long-handled shoehorn or the post on the long-handled grabber and push the sock down the calf, over the heel by hooking the back of the heel and then off the foot.

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### Shoes

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If you are unable to bend over to put on your shoes, consider wearing slip-on shoes with backs or use elastic shoelaces.

It may be easier to put your shoe on the operated leg when standing, using your walker for hand support and balance.

Use the long-handled shoehorn or grabber to put on or take off your shoes. Do not use your opposite foot to take off a shoe.

Position your shoe for your operated leg in front of the foot or to the outside of the foot only.

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# Physical therapy

Physical therapy is an important part of your joint replacement recovery. It is your job to do the therapy exercises to ensure your joint reaches the best functioning level. We recommend you work with a physical therapist specially trained in orthopaedics and joint replacement.

The physical therapist will teach you the correct exercises. They will also teach you how and when to increase your exercise time and repetitions. This will help move your recovery along at a safe and beneficial pace.



## **Pain management during therapy**

It is important to have adequate pain management to fully participate in therapy. With time, you should be able to decrease the amount of pain medication that you take.

If your pain level does not decrease after several weeks, talk with your therapist about your pain level and your surgeon\* about your pain level and pain medication.

## Northwestern Medicine Therapy Locations

### **Northwestern Medicine Lake Forest Hospital**

1200 North Westmoreland Road, Suite 200  
Lake Forest, Illinois 60045

### **Northwestern Medicine Grayslake Outpatient Center**

1475 East Belvidere Road, Suite 185  
Grayslake, Illinois 60030

### **Northwestern Medicine Glenview Outpatient Center**

2301 Willow Road, Unit L  
Glenview, Illinois 60025

630.933.1500  
TTY: 711

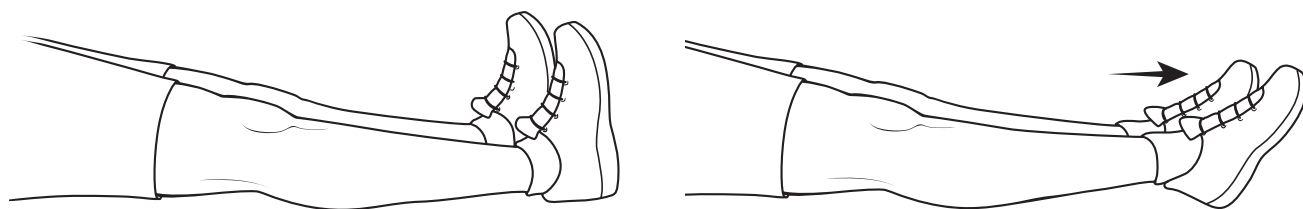
# Exercises

Exercise is very important after your hip or knee replacement surgery. We recommend the following exercises before and after surgery. Your physical therapist may also give you additional exercises not listed in this book. Only do exercises your physical therapist approved.

Begin with 10 repetitions of each exercise at least 3 times a day. Remember, do the exercises on a firm surface. Do not hold your breath while doing these exercises.

## ANKLE PUMPS

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With your legs straight, gently flex and extend your ankles, moving through full range of motion. Repeat 10 times for each leg.

## QUAD SET

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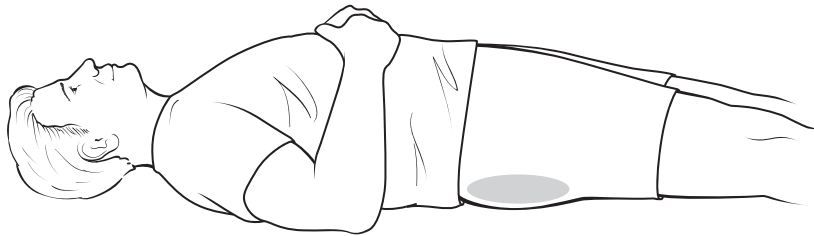


With your legs straight, tighten the TOP of your thigh to make the knee as straight as possible. Hold the contraction and count to 5. Relax. Do not forget to breathe. Repeat 10 times for each leg.



## GLUTEAL SET

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With your legs straight, squeeze your buttocks together and count to 5. Relax. Repeat 10 times.

## SHORT ARC QUAD

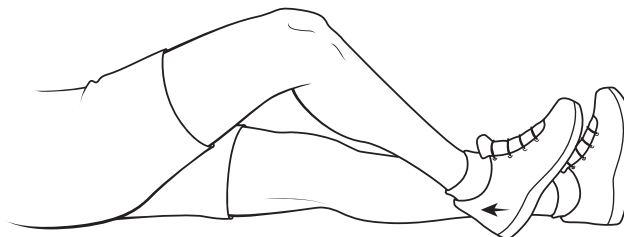
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With a rolled-up towel or pillow under your knee, tighten your thigh to lift your heel off the bed and straighten your knee. Hold for a count of 5. Do not forget to breathe. Slowly lower your leg. Repeat 10 times for each leg.

## HEEL SLIDES

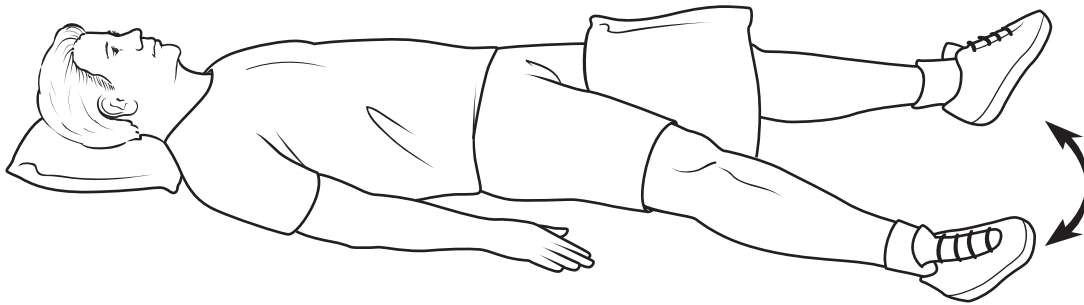
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Lie on your back with your legs straight. Bend your knee by sliding your heel toward your buttocks as far as possible. Your heel should stay on the bed. Hold and count to 5. Slide your heel and leg back to a straight position. Relax. Repeat 10 times for each leg.

## HIP ABDUCTION

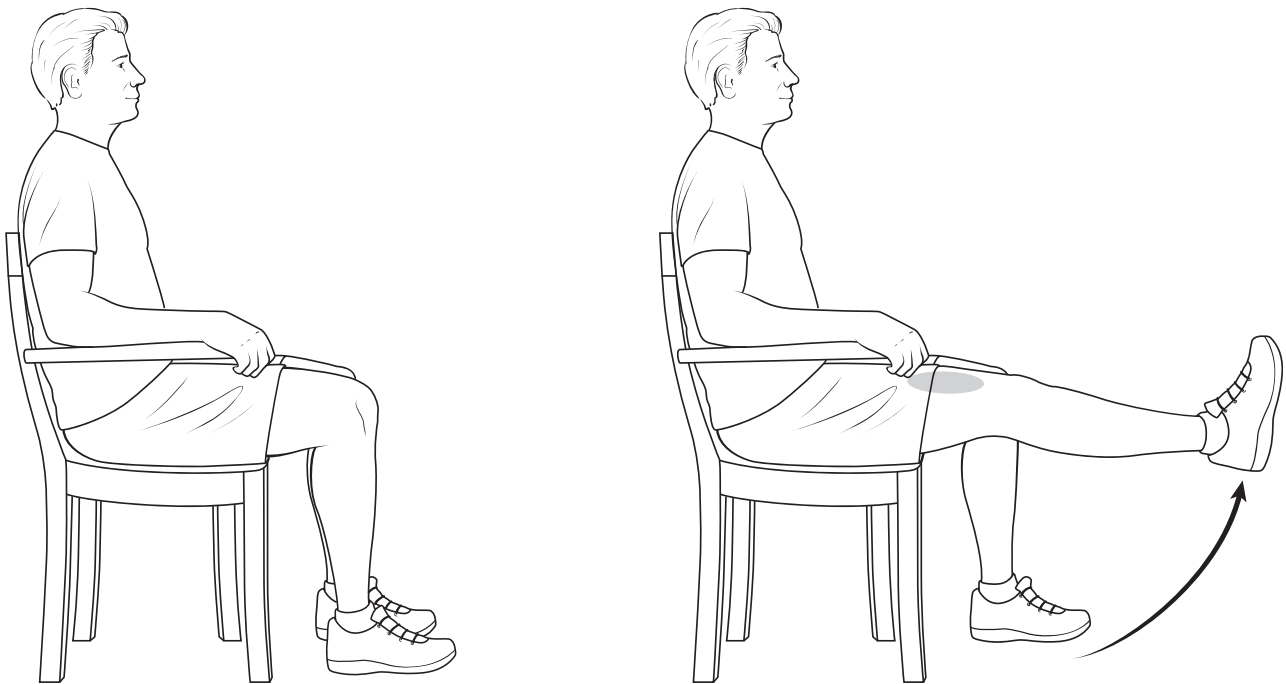
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Lie on your back with your legs straight. Slowly slide your leg out to the side and then back in, as your therapist directs. Your leg should stay on the bed. Do not slide your leg too far inward.

## SITTING KNEE EXTENSIONS

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Sit in a chair with your feet on the floor. Slowly, extend 1 knee as straight as possible tightening the top of your thigh. Hold for a count of 5 and then slowly lower your leg. Repeat 10 times for each leg.

## For Knee Replacements Only

### STRAIGHT LEG RAISE



For **knee replacement patients** only, lie on your back. Tighten muscles on the front of your thigh. Then slowly lift your leg 6 to 8 inches while keeping your knee straight. Then slowly lower your leg. Repeat 10 times each leg.