



Welcome!

Joint Effort is a philosophy based on the collaborative effort between the patient and the hospital staff. As a part of this philosophy, patients are encouraged to improve their level of wellness before surgery. The information in this binder is designed to help you feel more confident about how to prepare for your surgery, what to expect in the hospital, and what you must do once you are at home. While you are at Midwest Orthopedic Specialty Hospital, our goal is to provide you with the highest quality of care.

You need to:

- Start with a positive attitude.
- Ask a family member or friend to be your coach.
- Read through the binder.
- Attend Joint Effort class prior to surgery.
- Follow the exercises taught in the Joint Effort class.
- Prepare your home ahead of time to make it safe and easy to do everyday activities.
- Begin thinking about/anticipating discharge needs.

In the hospital we have created a unique atmosphere by combining important parts of the wellness philosophy into our patient care. This means that patients as well as staff share the responsibility for the outcome of the surgery. Our staff's commitment to you is that throughout your hospital stay, they will teach you how to manage your pain, how to do your exercise program, and how to care for yourself at home. You and your coach are expected to take part in daily Joint Effort activities.



What is a coach?

A coach is a family member or friend whose role is to encourage and support you as you prepare for surgery and during your recovery.

What are a coach's responsibilities?

- Attend Joint Effort class.
- Support daily Joint Effort activities during your recovery.
- Prior to leaving the hospital, make sure you have arranged for your follow-up visits with your surgeon and therapy.
- Participate in various education activities and ask questions in order to learn how to best recover.

Parking?

No problem. Valet service is available.

Now you can leave the parking to us. Whether you are visiting a patient or coming in for an appointment or procedure, simply pull up to the main entrance and we'll take it from there.

Professional valet drivers will safely park your car and will retrieve it upon your return.

Available Monday through Friday, excluding holidays.

Additional amenities include:

- Wireless internet service.
- Room service.
- Free daily newspaper delivered to your room.
- Cable TV.

"Success is the sum of small efforts, repeated day in and day out."

- Robert Collier

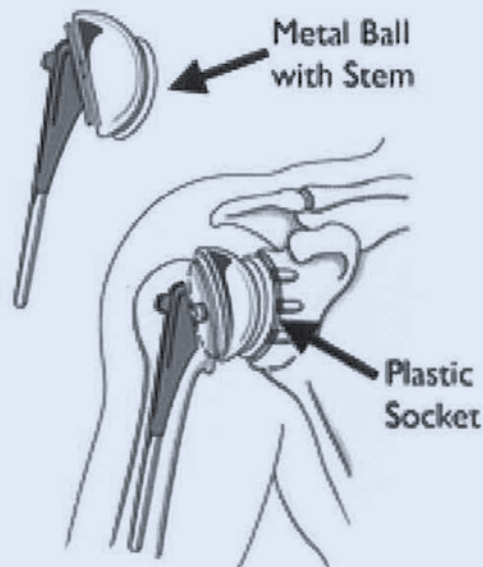
Shoulder Joint Replacement Surgery

Surgeons are able to replace a problem joint with a *prosthesis* or artificial joint. The prosthetic material is designed to function much like a natural joint, **with certain precautions**.

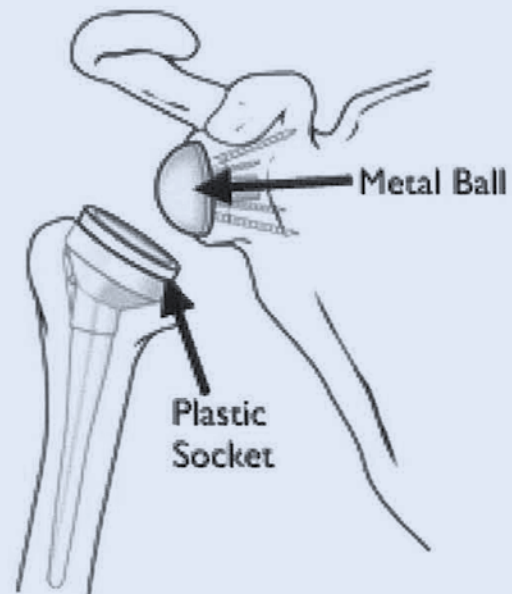
Total Shoulder Replacement

Each prosthesis (artificial joint) is made up of two parts. The humeral component replaces the humeral head, or the ball of the joint. The glenoid component replaces the socket of the shoulder, which is usually part of the scapula.

The humeral component is made of metal. The glenoid component is usually made of plastic and forms the socket. The plastic is very tough and very slick, much like the articular cartilage it is replacing.



Conventional Shoulder Replacement



Reverse Total Shoulder Replacement

Tips for Safer Surgery

Millions of people have surgery each year. Every surgery has risks, but research has shown that some risks can be decreased. What does this mean for you as a patient? It means that your doctors and nurses follow steps for your care to give you a shorter and safer hospital stay. One way you can help lower your risks for surgery is to talk with your doctor about your care before your surgery. Several questions to ask your doctor before surgery are:

If I need antibiotics before surgery, when will I receive the antibiotic and for how long?

Antibiotics are given within 60 minutes before surgery and stopped within 24 hours in most cases. When given properly, antibiotics can greatly lower your chances of getting an infection after surgery.

If hair needs to be removed from the part of my body that is having surgery, how will that be done?

Your doctor or nurse should use clippers to remove hair if needed at the site of your surgery. Using a razor to remove hair before surgery can cause infections because of the risk of leaving small cuts on the skin.

What will you do to prevent blood clots?

Blood clots can lead to heart attacks and strokes. When you have surgery, you are at risk of getting blood clots because you do not move while under anesthesia. The more complicated your surgery, the higher your risk. Your doctor will know your risk for blood clots and the care that will help prevent them, such as giving you the right medicine before surgery.

If I take medicine for heart disease, should I keep taking it?

Taking certain medicines together can cause problems. Tell your doctor about all the medicines you are taking, including over-the-counter things like aspirin and herbs. Your doctor or nurse will tell you which medicines you should continue to take and which medicines you should stop taking before surgery.

Other Information

- Tell your doctor about your other medical problems such as allergies or diabetes. These problems could affect your surgery and treatment.
- Patients who smoke get more infections. Talk to your doctor about how you can quit smoking.
- If you do not see them do it, ask your caregivers to wash their hands before examining you.
- Speak up if you have questions or concerns. If you don't understand, ask again. It is your body and you have a right to know.

"There is no happiness except in the realization that we have accomplished something."

- Henry Ford



Arm Strengthening Exercises

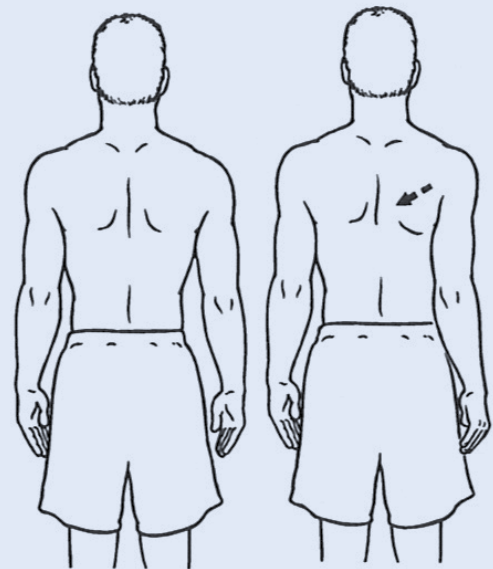
Scapula Clocks

- Roll your shoulder up and back, then down and forward to complete a circle.
- Initiate the movement with your shoulder blade, not your arm.
- Let your arm relax by your side.
- You may do this exercise while wearing your sling.



Shoulder Blade Pinches

- With your arms relaxed or wearing your sling.
- Pinch your shoulder blades down and back towards your opposite hip.



Arm Strengthening Exercises

Elbow Flexion and Extension

- Bend and straighten your elbow each direction as far as possible.
- Keep your shoulder relaxed.



Wrist Pronation and Supination

- Turn your palm upwards and downwards while your elbow is supported.
- Avoid moving your shoulder.



Wrist Flexion and Extension

- Bend your wrist up and down as far as possible each direction.



Towel Squeeze

- With your forearm resting on a flat surface, gently squeeze a rolled up towel.

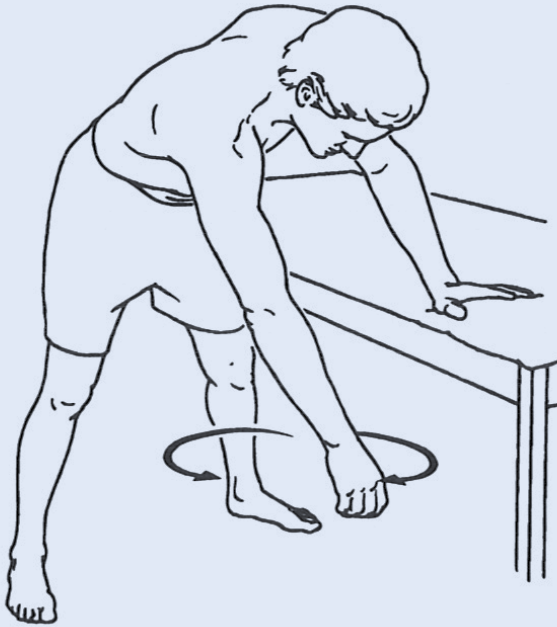


“Every time we fall down and we get up, we are one step closer to success. Even failures make us move forward so don’t be afraid of failures.”

Arm Range of Motion Exercises

Pendulum Exercises

- Bend forward at your waist so your chest is parallel with the floor, while supporting your weight with your good arm on a counter top.
- Rock your body in a circular pattern to move your arm clockwise and then counterclockwise.
- Let your arm relax and respond to your body's motion.
- Do not use your arm muscles to move your arm.



Shoulder CPM

- Your physician will arrange for you to have a shoulder continuous passive motion machine (CPM).
- Plan on spending three to four hours a day in the machine.
- Increase your range of motion numbers as instructed each day to your tolerance.





Mobility

After your surgery, the mobility of your arm will be limited. You will be wearing a sling and will not be able to use your surgical arm. Planning ahead before your surgery to secure assistance with daily activities if needed and preparing your home for your return will make your recovery less stressful and safer.

Please consider the following:

- Plan how you will get around your home with one arm. You will not be able to bear weight through your surgical arm. (Note: if you tend to hold onto furniture when walking in your home, this will be limited after surgery.)
- If you use a walker or cane on your surgical side, you will not be able to use it after your surgery. Consider the use of a different device or limiting your distance. For example, if you use a walker, are you able to use a cane on the non-surgical side? You may want to practice this before your surgery.
- Plan entry into your home and car, including opening and closing doors with one arm.
- Consider how you will transport items in your home with one hand, especially if you use a cane or device.
- Consider what side of the bed you enter and if you can still enter from that side without placing weight on your surgical shoulder, elbow, or hand.
- Practice these activities with one arm prior to your day of surgery.
- If you have stairs in your home and require railings for safety, make sure you have a railing on your good side. You will not be able to hold the railing with your surgical arm.



Activities of Daily Living

Your routine daily activities will become more challenging in the period of time your arm is immobilized or restricted.

Consider practicing these tasks ahead of time with one arm.

- You will be unable to tie your shoes independently. Initially, consider using slip-on shoes, elastic shoe laces, or Velcro closure shoes.
- An extra-large shirt will be easiest when getting dressed. Please bring a large t-shirt, button-up, or zipper shirt with you on your day of surgery.
- When putting on your shirt, dress your surgical arm first, then your head, and finally your non-surgical arm.
- When undressing, you will do the reverse: undress your non-surgical arm, then head, and finally your surgical arm. Practice this prior to your surgery.
- Consider using elastic waist pants and a sports bra to eliminate reaching behind your back.
- Practice bathing and using the toilet with only one arm.
- If you have a sling before surgery, practice taking it on and off with one hand.

What to expect after surgery from therapy.

- You will be asked by physical therapy or nursing staff to walk the day of your surgery.
- Physical therapy will assess your mobility, including your ability to get in and out of bed, walking, and negotiating stairs.
- Physical therapy will review your exercises with you to support your return to your prior level of functioning.
- Occupational therapy will review dressing with one arm, putting on your sling, grooming, bathing, and use of your CPM machine.
- Occupational therapy will review taking care of your home, sleeping positions, and exercises.

Discharge will be the day after surgery before 12:30 pm. Practicing and planning the activities above before your surgery will help to increase your confidence with your discharge plan.



Adaptive Equipment

Occupational Therapists use adaptive equipment to ease activities of daily living and help patients avoid extremes of movement during recovery from surgery. Your therapists will work with you to determine which equipment best meets your needs.

These items are available for purchase at various locations. Your therapists will identify these locations during your pre-operative class and/or hospitalization.

The following items may be recommended during your recovery:

- Feather Reach Reacher, 26" (trigger style)
- Pick-up Reacher Standard (hand grip style)
- EZ-slide shoehorn (metal)
- Long-handled bath sponge
- Spyrolaces (available black or white)
- Elastic shoe laces (available brown or white)

Getting In and Out of a Car

- It is better to sit in the front seat of most cars.
- Have the seat as far back as possible.
- To get into the car, have the front door open and back up against the front seat.
- Slide back on the seat far enough toward the steering wheel so that you have room to turn and get your legs in through the door.
- Once in the car, you can move to the desired position.
- To get out of the car, reverse the procedure used for getting into the car.



Preparing Your Home

There are many things you and your coach can do before surgery to make your recovery less stressful and safer. Think ahead to how you will manage when you return home from the hospital. Use this checklist to help you get ready.

Home Planning Checklist

- Recruit family or friends to assist with laundry, grocery shopping, and transportation for appointments and errands.
 - Pick up throw rugs, tack down loose carpeting, and remove electrical cords and other obstructions from walkways.
 - Provide good lighting throughout the house.
 - Install nightlights in bathrooms, bedrooms, and hallways.
 - Keep electric cords, telephone cords, newspapers, magazines, and other clutter away from walking areas.
- Have comfortable clothes that you can get on and off easily.
 - Move frequently used items in the kitchen, bathroom, and bedroom to countertop level or to middle shelves for easy access.
 - Prepare and freeze meals in advance.
 - Consider buying a portable cordless phone if you do not already have one.
 - Make arrangements for someone to take care of the trash and assist with your laundry.
 - Make arrangements for someone to take care of your yard and pets. Initially, pushing, pulling, and lifting will be limited.
 - Store commonly used items within easy reach to avoid bending or reaching.



Pain Management

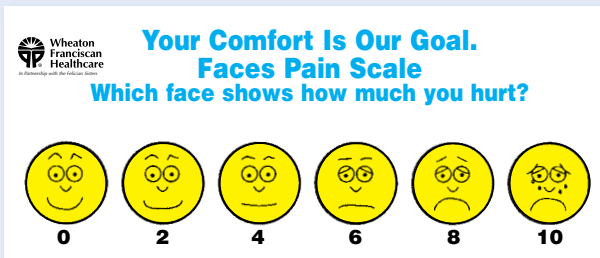
Pain is to be expected after surgery. The pain medication given to you will not take all of your pain completely away but should help to make it possible for you to participate in your recovery. Pain management is a joint effort between you, your nurses, and your surgeon. Unrelieved pain can have harmful effects. Pain can make it difficult for you to take deep breaths, move, walk, sleep, eat, and visit with family or friends. Do not let your pain get out of control, as severe pain is more difficult to treat. It's important for you to stay on top of your pain. Put on your call light and ask for assistance when your pain starts to increase or you are feeling more discomfort.

You may take a combination of pain medication—this allows the medicines to work together and at dosages that minimize side effects. You can also use non-drug pain control methods. A non-drug method (e.g. ice, repositioning, relaxation techniques) can improve the pain relief effects of drugs. You may want to use a combination of measures to get the best pain relief.

Pain Management Tips

How to Help Us Manage Your Pain

- You will be asked to rate your pain on a 0-10 scale. A rating of 0 means you feel no pain at all, 5 means you feel a moderate amount of pain and 10 means you feel the worst pain you can imagine.



- Be sure to let your nurse and therapists know where your pain is located. The staff needs to know if your pain is from your incision or surgical pain, a headache, a backache, etc.
- Use words such as aching, throbbing, burning, stabbing, or pressure to describe your pain. This will help your nurses and surgeon decide which medications are best for you.
- Your nurses and therapists will ask you to rate your pain at rest, with activity, as well as during and after therapy sessions.

Facts You Should Know

- It is easier to control pain when it is mild rather than when it is severe.
- You may not experience total pain relief but you should have a pain rating that you consider acceptable and allows you to rest, deep breathe, do your therapy, and just feel better in general.
- Surgical pain lessens each day as your incision begins to heal.

What about side effects from pain medications?

The anesthesia and pain medicines that you may take during and after surgery are strong medicines. Sometimes people experience side effects like nausea, constipation, light-headedness, itching, or feeling very sleepy.

- Tell your nurses and surgeon if you are experiencing any side effects. Medications are available to help with side effects or adjustments can be made to your pain medications.

Managing your pain at home

- Use a combination of methods such as change your position, apply an ice pack, rest, or take your medication. The different management measures that you learn in the hospital can also work for you at home.

"To climb steep hills requires a slow pace at first."

- Shakespeare

Nerve Block

What is a nerve block?

A nerve block is a special type of IV inserted by an anesthesiologist prior to your surgery. The nerve block IV catheter is inserted in your shoulder area near your neck in the arm in which you are having surgery. A type of numbing medicine or anesthetic is run in this IV. This medication is very effective for pain management since it blocks the message of pain that the nerve is trying to take to the brain.

What can I expect?

You can expect your shoulder and arm to be very numb or tingling and heavy for a good part of the first day. Wear your sling as directed and be sure to protect your arm from cold and pressure.

The nerve block catheter will be connected to a ball of numbing medicine that will run over three days to help control post-operative pain. While at home you will have an adjustable dial to control how much numbing medicine will be delivered by the catheter as prescribed by your anesthesiologist.

As the initial medication wears off, you will notice more movement and sensation in the shoulder and arm. When you begin to experience discomfort, take your pain medication before it becomes severe and adjust the dial on your pain pump as directed.

When will this be removed?

The nerve block catheter will be removed 3 days after your surgery. You will be discharged with the nerve block catheter and instructed in its care and removal.

Your discharge nurse will tell you the day and time the catheter should be removed. Have a family member, friend, or your “coach” help you remove it. Simply remove all the tape, and gently pull the catheter from the skin. You may place a Band-Aid over the insertion site. The catheter tubing and medicine ball can be thrown away in the trash.

Will I receive other pain medicine?

The nerve block gives you anesthetic medicine which helps the discomfort in your shoulder and arm. Because some people may still experience discomfort after surgery, oral medicine is also prescribed to help manage pain.

How do I ask for a nerve block?

Most patients having shoulder surgery will likely receive a nerve block. An anesthesiologist will attempt to contact you prior to your surgery to speak with you and answer any questions you may have. Not every patient is a candidate for a nerve block; the anesthesiologist will assess this the morning of your surgery.

If you have any other questions about the nerve block, please ask your doctor or nurse.

Managing Your Pain

What is the best time to take pain medicine?

It's always best to take pain medicine as soon as you feel pain. Do not wait or try to "tough it out." For pain that is constant, or expected (such as right after surgery), it is best to take pain medicines on a schedule to prevent pain. For pain that comes and goes, you can take pain medicine "as needed."

How can I manage side effects of pain medicines?

If you have a side effect, it does not mean you have to stop the medicine. You will get more information about the side effects of your pain medicine. Common side effects are:

- **Constipation:** This can be prevented or treated with stool softeners and bowel stimulants. Drink plenty of fluids (eight to ten glasses daily) and eat foods high in fiber such as fruit, bran, and cereals.
- **Nausea or Vomiting:** This usually goes away within a few days and can be prevented or treated with other medicine.
- **Drowsiness:** Usually goes away within a few days. Drinks containing caffeine such as coffee, tea, or cola may be helpful. For your safety and the safety of others, do not drive or use machinery if you are drowsy. Talk with your doctor or nurse if you have questions.

How can I take pain medication safely?

The most important thing you can do is to talk with your doctor, nurse, and pharmacist about your pain medicine.

- Tell us about previous drug reactions and allergies.
- Tell us about conditions such as stomach ulcers, kidney or liver problems, and bleeding problems.

- Tell us about all other medicines you are taking.
- Take your medicine exactly as it is prescribed. If the pain medicine does not work as you want it to, talk to your doctor, nurse or pharmacist.
- Do not drink alcohol or take other drugs that cause drowsiness without telling your doctor or nurse.
- Tell us about side effects right away and get treatment for them.

What are ways other than medicine to help manage pain?

There are many ways to help manage your pain. These other methods may give comfort, reduce fears, or give control over the pain. Your doctor or nurse can talk with you about them. Some of these methods are:

- **Distraction:** Activities such as watching TV or talking with friends
- **Music**
- **Heat or cold**
- **Massage**
- **Rest**
- **Relaxation Exercises:** Breathing methods and muscle exercises
- **Guided Imagery:** Using mental exercises or images for relaxation
- **Exercise**
- **Acupressure:** Pressure at specific body sites to relieve pain
- **Acupuncture:** Needles penetrating the skin at specific body sites to relieve pain
- **Biofeedback:** Informs you through visual and auditory signals about your muscle activity
- **Hypnosis**
- **Education:** Preparation for expected discomfort, like injections or surgery
- **Support Groups**

Managing Your Pain

Common Worries About Pain Medicine

Many people have heard things about pain medicine that worry them, but that are not really true. Talk with your doctor or nurse about any concerns you have. Here are some common worries and the facts about them.

Worry If I take pain medicines (such as narcotics) regularly, I will get addicted.

Fact The chance of addiction is very rare (less than one in 10,000 people) when taking narcotics regularly to manage pain. Addiction is the regular use of drugs to satisfy emotional or psychological needs, rather than for pain relief. Unless you have a problem with drug abuse, you will be able to stop your pain medicine when your pain is less.

Worry If I get sweaty or jittery after I stop a narcotic, it means that I'm addicted.

Fact After you have been taking narcotics for more than several days, your body may be used to the drug. This is physical dependence, not addiction. Withdrawal symptoms, such as sweating or abdominal cramps, can be prevented by gradually lowering the dose of the pain medicine over several days.

Worry If I take my pain medicine before I hurt, I will end up taking too much medicine. It's better to hang in there or tough it out.

Fact If you wait to take pain medicine until your pain gets worse, you might need a larger dose to manage your pain. It's always best to take pain medicines as soon as you feel pain. Do not wait or try to "tough it out."

Worry If I start taking pain medicines now, the medicines might not work for me later when I might have more pain.

Fact Sometimes, not often, after taking the same medicine for a very long time, your body may become used to that medicine. You may have to take more of it to get the same effect. This does not mean that you are addicted or that you cannot get pain relief. Talk with your doctor or nurse. Some choices are to increase the dose, add another medicine to give more pain relief, or change to another medicine (there are many choices). This is not a problem for most people who take medicine for pain.

Breathing Relaxation Exercise

Relaxation exercises are used to help you control discomfort, anxiety, or restlessness. You can learn this simple breathing exercise and use it when you feel stressed.

1. Breathe in slowly and deeply.
2. As you breathe out slowly, feel yourself beginning to relax. Feel the tension leave your body.
3. Now breathe in and out slowly and regularly. Breathe so you are comfortable.
4. To help you focus on your breathing and to breathe slowly and rhythmically, try the following exercise.
 - Breathe in as you say silently to yourself, "In, two, three."
 - Breathe out as you say silently to yourself, "Out, two, three, four, five."
5. Imagine doing this exercise in a place you find calming and relaxing.

Remember that pain is different for everyone. If you feel that you are not getting good pain relief, you need to ask for help. Your doctor, nurse, and pharmacist will work with you. You have a right to expect good pain management.



Slush Cold Pack

Materials

Ziplock freezer bag
Rubbing alcohol
Water
Towels

Purpose

Pain relief
Decrease swelling

Directions

1. Mix 3 cups water and one cup rubbing alcohol in Ziplock bag.
2. Remove as much air as possible from bag and seal.
3. Freeze overnight in freezer.
4. Place towel over skin of injured body part and then place cold pack over it, followed by additional towel over all.
5. Leave on for 10-15 minutes or to your comfort (maximum of 15 minutes).

Caution

- Do not use cold pack if you have an undiagnosed or contagious skin disease.
- Do not use if you are hypersensitive to cold.
- If the area to be treated has been frostbitten at any time, use extreme caution or do not use at all.
- If any unexpected reaction occurs, inform your nurse, therapist, or doctor immediately.



While on Your Blood Thinner Medicine

A blood thinner medicine may be given to you to prevent blood clots. Inform your physician if you are planning to make any major changes in your dietary habits.

Vitamin K works to help blood clot; therefore, if you eat foods that contain a lot of vitamin K this may work against your blood thinner medicine. It is important to take a consistent amount of vitamin K each day. Eating more or less of these foods can affect the way your blood thinner medicine works.

To make sure it is working as it should, follow these tips:

Foods to Avoid or Limit

Foods very high in vitamin K:

- Kale
- Natto (a Japanese dish containing seaweed)
- Parsley (other than a garnish or minor ingredient)
- Swiss Chard

If you enjoy these foods, you should select 1 serving from this group every day.

(1 serving = 1/2 cup cooked or 1 cup raw)

- Cabbage
- Coleslaw
- Collard Greens
- Garbanzo Beans
- Lentils
- Liver
- Nettle leaves
- Parsley
- Purslane
- Sauerkraut
- Seaweed
- Soybeans
- Soybean oil
- Spinach
- Tomato, green

If you want to enjoy these foods **occasionally**, you should **limit** your serving size.
(less than 1/2 cup cooked or less than 1 cup raw)

Vegetable oils contain very little vitamin K with the exception of soybean oil and to a less extent canola oil. Recommended oils would be olive or peanut oil for cooking.

Alcohol should be avoided.

Green tea and beverages containing caffeine

Drink the same amount of green tea or caffeine-containing beverages daily.

While on Your Blood Thinner Medicine

Foods to Avoid or Limit

Herbs and Herbal Teas

Avoid herbal teas which contain the herbs:

- Tonka beans
- Melilot
- Woodruff

These herbs also may interact with a blood thinner medicine and should not be used without your doctor's approval:

- Chamomile
- Dong Quai
- Feverfew
- Flax
- Garlic Supplements
- Ginger
- Ginko
- Ginseng
- St. John's Wort
- Wheat Grass Powder
- Willow Bark

Vitamin Supplements

It is not recommended to take over 100% of the RDA for vitamins A, D, E, and C.

Do not take a multivitamin such as Centrum Silver that contains vitamin K. This can change how your blood thinner medicine works.

Please check with your doctor if you are taking vitamin supplements.

Blood Thinner Drug Information

This medicine helps prevent harmful blood clots from forming in the blood vessels. It may also prevent clots that have formed from getting larger.

- Take this medication exactly as prescribed. Take it at the same time each day. If you miss a dose for any reason, do not double the next one.
- Don't take any other medication without first checking with your doctor or pharmacist. This includes any natural or herbal supplements or tea. Let all health care providers know that you are taking a blood thinner medicine. It's a good idea to wear a medication-alert bracelet.
- Be sure to get your blood tested as your doctor orders. This is the only way to check if your dosage is correct.
- Do not take the medicine if you are pregnant or planning a pregnancy.
- Protect yourself from injury. Don't go barefoot. Don't trim corns and calluses yourself. Use a soft toothbrush. Wear a helmet when riding a bicycle.
- Shaving with an electric razor is recommended.

Contact your doctor or pharmacist before you take your blood thinner medicine if you have any of these problems:

- Bleeding that doesn't stop in 10 minutes.
- A heavier-than-normal period or bleeding between periods.
- Coughing or throwing up blood.
- Diarrhea or bleeding hemorrhoids.
- Dark urine or black stools.
- Red or black-and-blue marks on the skin that get larger.
- Dizziness or fatigue.
- Chest pain or trouble breathing.
- A serious fall or blow to the head.

Preparing the Skin Before Surgery

You can play an important role in your health. We need to be sure your skin is as free of germs as possible before surgery. You will need to wash with special soap at home before coming to the hospital. The special soap is an anti-bacterial skin cleanser containing Chlorhexidine Gluconate (CHG). You can buy the soap over the counter at any pharmacy. If you cannot find it, ask the pharmacist. If you are not able to buy the special soap, a bar of Dial antibacterial soap is acceptable, but much less effective. We recommend showering with the CHG soap daily, starting 2 days prior to surgery.

Shaving should be suspended at least 3 days on legs and underarms.

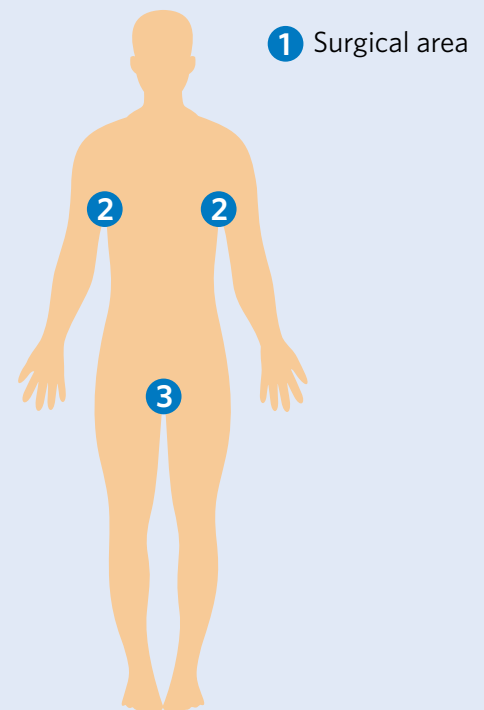
Do not allow your pets to sleep in bed with you for 1 week before surgery and 1 week after surgery.

Instructions for using CHG solution

- First, wash and rinse your hair using your normal shampoo.
- Turn off the shower or move away from the water to gently wash your body.
- Apply the solution to a wet, clean washcloth and lather your entire body from the neck down. Never use the solution near your eyes.

Focus on the area(s) where you will have your surgery first. The areas are marked on the diagram to show you in what order to wash.

1. Wash *surgical area(s)* first.
 2. Wash *under your arms, including folds of skin.*
 3. Lastly, wash *between your legs, groin area, and buttocks.*
- Do not scrub your skin too hard.
 - Rinse using a clean wash cloth or simply rinse the solution off with your hands.
 - Do not wash with regular soap after you have used the CHG solution.
 - Pat yourself dry with a clean towel.
 - Dress with freshly washed clothes.



Date	Shower with soap provided
Day 1 (2 days before surgery) _____	<input type="checkbox"/>
Day 2 (1 day before surgery) _____	<input type="checkbox"/>
Day 3 (Morning of surgery) _____	<input type="checkbox"/>



Your Hospital Stay

Pre-Op: Day of Surgery

Arrive at the hospital two-and-a-half hours before your scheduled surgery time or as instructed by your surgeon. The nursing staff needs this amount of time to complete your preparations for surgery and answer any questions. Your family will be able to stay with you until you are taken to surgery.

Anesthesia and You

The type of anesthesia used is based on your preference and your health. The anesthesiologist will discuss the types of anesthesia and the risks and benefits of each type to you.

General Anesthesia involves receiving medications intravenously (IV) that cause you to fall asleep before surgery. You are then given additional IV medications to maintain the anesthetic until the surgery is over.

Surgery will take approximately 1-1/2 - 2 hours. After the operation is completed, you will be taken to the recovery room, where you will stay for an additional 2 hours.

In the recovery room, your vital signs will be checked (e.g. blood pressure, pulse), and medications may be given to help lessen your pain. Once you are alert and your vital signs are stable, you will be taken to your room on the Orthopedic Unit. Your family and/or coach will be able to see you at this time.

"Do not wait to strike till the iron is hot, but make it hot by striking."

- William B. Sprague

Daily Care Guidelines – Day of Surgery

Tests

- Blood work

Nurses will:

- Closely watch your vital signs (blood pressure, pulse, respirations, and temperature). Vital signs are checked throughout the first night.
- Check your hand and arm for circulation, motion, and sensation.
- Check your surgical dressing.
- Frequently check your level of pain by asking you to rate your pain on a scale of 0 to 10 (0 = no pain, 10 = worst pain possible).
- Turn or reposition you in bed. Pillows will be used for support when turning.
- Ask you to cough and breathe deeply every 1 to 2 hours to keep your lungs clear.

Equipment

- A sling will be applied to your surgical arm to provide support.
- Oxygen
- A breathing exerciser is used every two hours to keep your lungs clear.
- Elastic stockings (TEDs) may be used to help prevent blood clots from forming in your legs.
- External compression devices may be used on your legs and feet to help prevent blood clots.
- Ice packs or Cold Therapy Pads on your surgical site help reduce pain and swelling.
- If you cannot urinate, a tube called a catheter may be placed in the bladder to drain urine.

Medications

- An intravenous (IV) line is placed in your vein so you can receive fluids and antibiotics.
- Pain medication—let your nurse know if your level of pain will not allow you to rest, cough, and breathe deeply.
- The medications you were taking at home may be restarted.
- Laxatives may be used to help you return to your normal bowel habit.
- Start taking a blood thinner.

Nutrition

You will be given a diet that you can tolerate, starting with liquids.

You will:

- Limit your visitors so that you may rest.
- Do your foot and ankle exercises every hour while awake. This will help prevent blood clots from forming in your legs.
- Use the breathing exerciser, cough, and breathe deeply every 1 to 2 hours until you are discharged.

Physical Therapy

Your physician may have the Physical Therapist see you today to start exercises, helping you to stand safely and walk on the unit.

Daily Care Guidelines – Day of Discharge

Until you go home, nurses will:

- Continue to watch your vital signs and check the circulation, motion, and sensation of your surgical arm at regular intervals.
- Check your incision and teach you what to look for at home.
- Continue teaching home care/discharge instructions.
- Ask you to cough and breathe deeply every 1 to 2 hours to keep your lungs clear.

Equipment

- Elastic stockings or TEDs.
- External compression devices on your legs or feet to help prevent blood clots.
- Ice packs or cold therapy
- Arm sling

Medications

- Pain medication—let your nurse know if your level of pain will not allow you to rest, cough, breathe deeply, and/or do your therapy.
- Continue taking the medications you take at home, laxatives, and blood thinners.

Nutrition

- You will be given a diet that you can tolerate.
- Drink plenty of water and juice.
- Select high fiber foods from your menu.
- Your appetite may be poor.

You will:

- Receive education on how to care for and discontinue your nerve block.
- Do your foot and ankle exercises every hour while awake.
- Use the breathing exerciser, cough, and breath deeply every 1–2 hours until you are discharged.

- Get dressed in comfortable, loose fitting clothing.
- Walk with assistive device and help.
- Ask any questions you have about how to continue care and recovery at home.
- If needed, use the CPM machine at intervals.

Physical Therapy and Occupational Therapy

- Both therapies will continue to teach you advanced mobility techniques.
- The Occupational Therapist will continue to work with you to complete your ADLs with the use of assistive devices as needed.

The average hospital stay is one day. Read through the discharge information and write down any questions or concerns you have. Make sure you have the answers to your questions before you leave the hospital. The long-range benefit of your surgery depends very much on you and your understanding of how to care for your new joint at home.

To be able to go home you need to:

- Get in and out of bed without help.
- Have your pain controlled with pain pills.
- Get on and off the toilet independently.
- Urinate.
- Bathe and dress yourself.
- Eat and drink.
- Walk independently and safely.
- Go up and down stairs safely.



Discharge Information

Short Term Changes After Surgery

Appetite: Your appetite may be poor for several weeks after surgery. If three meals a day is too much, try eating smaller, well-balanced meals spaced throughout the day.

Sleeping: Sleeping through the night may be difficult when you first return home. You may find it more comfortable to sleep in a recliner. Try not to nap or sleep too much during the day. Stop drinking caffeine 4-6 hours before bedtime.

Energy: You will find that you tire more easily during the first month or two following surgery. Be flexible, stop, and rest when you are tired. Delegate tasks. Don't try to complete a large task all at one time.

Constipation: Pain medication may contain narcotics, which can cause constipation. Eat a diet high in fiber (e.g. bran or oatmeal cereal, prunes, fresh fruits, vegetables, and beans).

Drink 8 glasses of water a day. This should help you to avoid problems with constipation.

Exercise Program: Your therapist will give you a set of exercises to do at home. As you continue to heal, your therapist will tell you when to progress your exercise program. The exercises are intended to help you regain muscle strength and range of motion in your new joint. You must do these exercises faithfully each day, if you are to get the maximum benefit from your joint surgery. You may need to take a pain pill 30-45 minutes before you start exercising. Some amount of discomfort is expected. See the guidelines below under Managing Pain.

Managing Pain: If your pain level is greater than your pain goal, begin to use one or more methods to control your pain; for example, change your position, apply ice pack(s), rest and/or use pain medication as prescribed by your surgeon. Your pain level should decrease as you continue to heal.

Discharge Information

Check Your Dressing Daily

Check your dressing daily and notify your surgeon if you experience any increase or change in appearance of drainage from when you left the hospital.

Follow your surgeon's instructions about when to change your dressing once you are at home.

TEDs or Elastic Stockings

- Wear your TEDs or elastic stockings daily as instructed by your surgeon.
- Wash out your stockings each night.
- Ask your surgeon when you can stop wearing your elastic stockings.

Possible Complications

The occurrence of complications after surgery is low, but serious complications such as infection or blood clots can occur. Call your surgeon or primary care doctor if you notice any of these symptoms.

Signs of Possible Infection

- Increased redness or swelling, increased drainage, and odor from the incision.
- A change in the color of the drainage from pinkish clear to bloody or yellow-white (pus-like in appearance).
- Increase in body temperature over 101 degrees and/or chills that last for more than two days.
- Increased pain at rest and with movement, which is not controlled with your pain medication and other non-drug methods.

Ways to Prevent Infection

- Take proper care of your incision. Keep it dry by taking sponge baths until your doctor says you can shower.
- Avoid skin breakdown on common pressure points (buttocks, tailbone, and heels).
- Prolonged sitting can cause soreness, burning, redness, and blisters on your buttocks or tailbone. To prevent irritation when sitting, change your position often (every 30 minutes) and use a cushion to sit on. It is recommended that you do not sleep in a sitting position.
- Antibiotic protection—tell all your doctors, nurses, and dentists that you had joint replacement surgery and the date. You may need to take antibiotics before dental work such as having your teeth cleaned, genito-urinary procedures or other surgery to prevent infection in your new joint. It is suggested that you wait 3-6 months after your surgery before scheduling any routine procedures. Check with your surgeon first.
- Ask your surgeon when you can stop wearing your elastic stockings.

Travel

Total joint replacements may cause metal detectors to alarm. Tell them you have a joint replacement and they will use a wand device to check you through security.

Driving

You cannot drive right after surgery. Do not drive until told okay by your doctor. Ask your doctor about a handicap parking permit.

Discharge Information

If you develop an open sore or infection (skin infections, sinus infections, tooth abscess, etc.) call your surgeon or primary care doctor at once. All infections need to be treated promptly. Bacteria can travel from one area in the body to another through the bloodstream and can cause an infection in your new joint.

Signs of Possible Blood Clots

- Swelling of the thigh, calf, or ankle that does not decrease with elevating your legs. A clot can occur in either leg.
- Pain, tenderness, warmth, and/or redness in either calf.

If a blood clot develops, you may need to be readmitted to the hospital for treatment. Prompt treatment is important to prevent the more serious problem of pulmonary embolus (a clot that has traveled to the lung).

Ways to Prevent Blood Clots

- Wear your elastic stockings.
- Take your blood thinning medication if prescribed.
- Walk around.
- Avoid sitting for long periods of time.
- Continue doing your ankle pump exercises.

When to Call Your Surgeon

Call your surgeon right away if you have any of the following:

- Increasing shoulder pain
- Pain that is not relieved by medication.
- Pain or swelling in the arm on the side of your surgery.
- Numbness, tingling, or blue-gray color in your arm or fingers on the side of your surgery.
- Trouble breathing.
- Chest pains.
- Fever above 101°F or shaking chills.
- Drainage, oozing, or increased swelling or redness around the incision.
- Unrelieved nausea or vomiting.

Signs of Pulmonary Embolism:

- *Sudden chest pain*
- *Difficult or rapid breathing*
- *Sweating*
- *Constipation*

THIS IS AN EMERGENCY. CALL 911 IF YOU THINK THIS IS HAPPENING TO YOU.



Wheaton Franciscan Rehabilitation Services

Wheaton Franciscan Rehabilitation Services provides a full array of physical rehabilitation programs and services at multiple sites throughout southeastern Wisconsin. We treat individuals of all ages with physical disabilities resulting from injury, disease, or trauma. Our goal is to return each patient to the highest possible level of function, health and well being.

You are about to have a major joint surgery. Expert physical and occupational therapists at Wheaton Franciscan Rehabilitation Services will work with you throughout your recovery to help you meet your goals and get back to the activities you love. As you progress, we will work with you to provide services in the care setting that best meets your needs.

Therapies in the Home

Upon your return home, therapies can be provided in the home if you are unable to travel outside. Our physical and occupational therapists will work with you within your home setting to achieve your highest level of performance and continue your progress on those skills that have been difficult for you.

Wheaton Franciscan Home Health & Hospice

Providing in-home therapy services throughout Southeastern Wisconsin. Services provided 7 days a week, including holidays. INR monitoring performed in home per physician orders. Therapy appointments scheduled day after discharge.

(414) 874-6100

Outpatient Services

Wheaton Franciscan Performance Centers bring Wheaton Franciscan Rehabilitation Services to a large number of convenient outpatient locations. A full range of services and specialty programs is offered, with scheduling that meets your needs.

Wheaton Franciscan Rehabilitation Services

Milwaukee County Locations

Wheaton Franciscan – Brown Deer Campus

YMCA Healthy Lifestyle Village
9252 N. Green Bay Road, Brown Deer, WI 53209
(414) 527-7172

Wheaton Franciscan Healthcare – Franklin

10101 S. 27th Street, Franklin, WI 53132
(414) 325-4850

Wheaton Franciscan Rehabilitation Services – Rawson

7400 W. Rawson Avenue, Suite G13
Franklin, WI 53132
(414) 427-6202

Wheaton Franciscan – St. Joseph Campus

5000 W. Chamber Street, Milwaukee, WI 53210
(414) 447-2208

Wheaton Franciscan – Wauwatosa Campus

201 N. Mayfair Road, Milwaukee, WI 53226
(414) 259-7275

Wheaton Franciscan Rehabilitation Services – Layton

2500 W. Layton Avenue, Suite 160
Milwaukee, WI 53221
(414) 817-5740

Wheaton Franciscan Rehabilitation Services

Medical Arts Pavilion
2025 W. Oklahoma Ave., Milwaukee, WI 53215
(414) 647-7670

Waukesha County Locations

Elmbrook Medical Arts Center

17000 W. North Avenue, Brookfield, WI 53005
(262) 780-4300

Wheaton Franciscan Medical Group – Sussex

N64 W24086 Main Street, Sussex, WI 53089
(262) 785-7720

Racine County Locations

Wheaton Franciscan Healthcare – All Saints

Wheaton Franciscan Performance Center –
All Saints
St. Luke's Health Pavilion
3821 Spring Street, Racine, WI 53405
(262) 687-5300

Wheaton Franciscan Performance Center – All Saints

Atrium, 3811 Spring Street, Racine, WI 53405
(262) 687-5860

Wheaton Franciscan Performance Center – All Saints

6226 Bankers Road, Suites 5 and 6
Racine, WI 53403
(262) 687-7616

Wheaton Franciscan Performance Center – All Saints

2408 Four Mile Road, Racine, WI 53402
(262) 687-5931

Wheaton Franciscan Performance Center – All Saints

1244 Wisconsin Avenue #100, Racine, WI 53403
(262) 687-6550

Wheaton Franciscan Performance Center – All Saints/Racine Family YMCA

725 Lake Avenue, Racine, WI 53403
(262) 633-3051

SC Johnson JMBA Facilities

3901 Highway 31, Racine, WI 53405
(262) 687-5300

Locations subject to change. Visit mywheaton.org for the most current listing.

Total Joint Replacement Program Class Evaluation

Date: _____ Place an X in the box that best describes your feelings about this class.

	strongly agree	agree	disagree	strongly disagree
The registration process was easy.				
The scheduling process was easy.				
The classroom was comfortable and met my needs.				
The class times were convenient.				
The joint replacement binder was informative.				
The handouts will help me remember everything.				
The nurse had a good understanding of what he/she taught and was able to answer my questions.				
The therapist had a good understanding of what he/she taught and was able to answer my questions.				
The information was well organized and understandable.				
I am less nervous now that I know what to expect.				
I would recommend this class to other patients who are considering/planning a total joint replacement.				
The class helped me plan for my care at home after discharge from the hospital.				

What I liked about the class:

What could be improved:

Other suggestions:

Thank you for taking the time to fill out this evaluation which should help us to improve our service to you.

