

A Joint Effort

*Essential Information
to Prepare for Your
Surgery*



Outpatient **Anterior Hip Replacement**

 **ENLOE**
HEALTH

Set Yourself Up For Success

BEFORE SURGERY, DO THE FOLLOWING:

- Read this booklet.

- Identify a care partner who meets the requirements listed in the **Preparing Yourself** section of this booklet.
 - Share this booklet with your care partner.
 - Review the **Care Partner Checklist** on page 2 with your care partner.

- Gather important paperwork listed in the **Important Paperwork** section.

- Complete the shopping list on the last page.

- Attend Enloe Health's **A Joint Effort** class. You are required to attend in person with your care partner.
 - Your surgeon's office will help you schedule the class.
 - Bring this booklet with you to the class.

Before surgery, an Enloe Health Joint Replacement liaison nurse will call you to gather needed information, go over your hospital stay, answer questions and more. You may also reach out to a nurse directly by calling one of these caregivers:

Kristin Davidson, RN
Liaison Nurse
530-332-5474

Flora MacNeil, RN
Liaison Nurse
530-332-5470



Care Partner Checklist

CARE PARTNER, USE THIS CHECKLIST TO BEST HELP YOUR LOVED ONE BEFORE AND AFTER SURGERY.

- Plan to stay with your loved one continuously for at least four days (96 hours) after discharge and plan to offer daily assistance after that. Your loved one should always have easy access to a portable phone when home alone.
- Bring payment for any needed prescriptions. A pharmacy is located inside Enloe Health Medical Center for your convenience.
- Plan for transportation to and from appointments and to assist with needed errands for two to eight weeks (or longer if not cleared to drive by the surgeon).
- Use a whiteboard or notepad to track the last doses of pain medication. Consider organizing medications into daily pill storage containers to help your loved one take medications as prescribed.
- Review your loved one's exercises and encourage him or her to practice them before surgery. Learn and practice them yourself, too. Encourage daily exercises after surgery with the appropriate number of reps and duration. Written instructions will be provided.
- You may need to help your loved one with his or her compression stockings for three to four weeks.

ASK YOUR LOVED ONE IF YOU CAN HELP WITH THESE TASKS BEFORE SURGERY:

- Prepare the household by removing potential tripping hazards, such as throw rugs, electrical cords and household clutter.
- Arrange for assistance with pet and child care. Your loved one will not be able to babysit, walk the dog, clean the cat box, etc. Pets may also present a tripping hazard. If pets will interfere with receiving home health physical therapy, other arrangements will need to be made during this time.
- Find a creative way to carry items from room to room while safely using a front wheel walker. Consider using a walker bag or basket, reusable grocery bag, box, or apron.
- Fill the refrigerator and freezer with easy-to-prepare meals and snacks. Place frequently used pantry and cabinet items between waist and shoulder level.
- Prepare frozen water bottles for the cold-therapy machine. The machine will accommodate four 16.9-ounce plastic water bottles with shrink-wrapped labels only.
- Ensure prescriptions for usual medications are filled before surgery. Don't forget to purchase stool softeners and laxatives, like Colace and Senna.



Shopping List

BEFORE YOUR SURGERY, BE SURE YOU HAVE:

- Eight to 12 16.9-ounce plastic water bottles
(shrink wrap label only; no paper labels)
- Stool softeners
(e.g., Colace or the generic equivalent)
- Laxatives
(e.g., Senna or the generic equivalent)
- Frozen or prepared meals

OPTIONAL OCCUPATIONAL THERAPY AIDS

- Dressing stick
- Reacher
- Leg lifter
- Long-handled shoe horn
- Sock aid

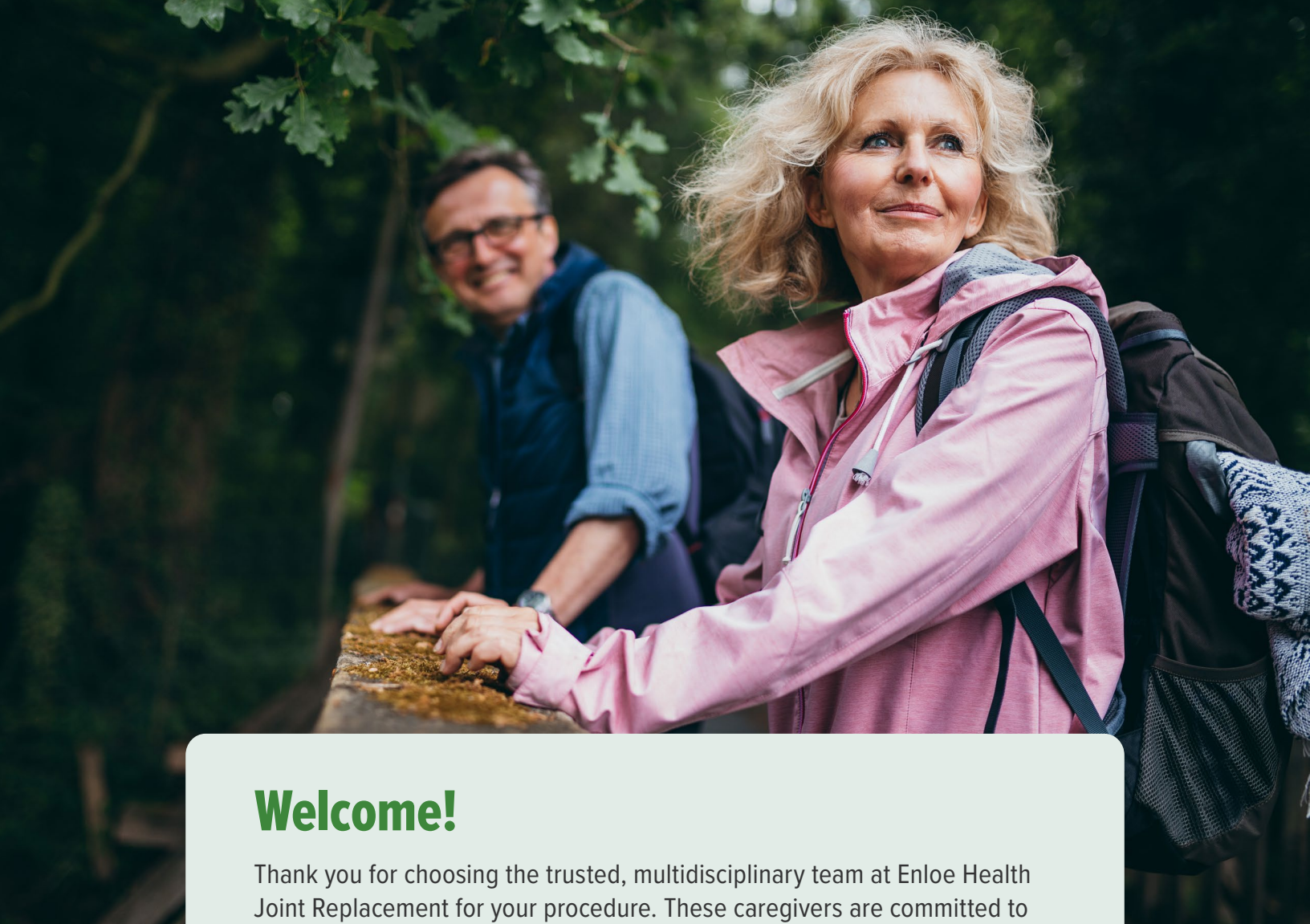
OPTIONAL MEDICAL EQUIPMENT

- Shower chair or tub transfer bench
- Toilet riser with handles



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Welcome!

Thank you for choosing the trusted, multidisciplinary team at Enloe Health Joint Replacement for your procedure. These caregivers are committed to you and will work to help restore your mobility, so you can get back to the activities you enjoy. You will be a vital part of your care team. That's why caregivers will help you become an active participant. In the meantime, use this booklet to learn:

- How to prepare for your surgery
- What to expect before and after surgery
- Valuable exercises that will help you recover
- Important precautions to keep in mind
- And more

If you have questions, please contact your surgeon's office or the Joint Replacement liaison nurse at 530-332-5470 or 530-332-5474.

Sincerely,

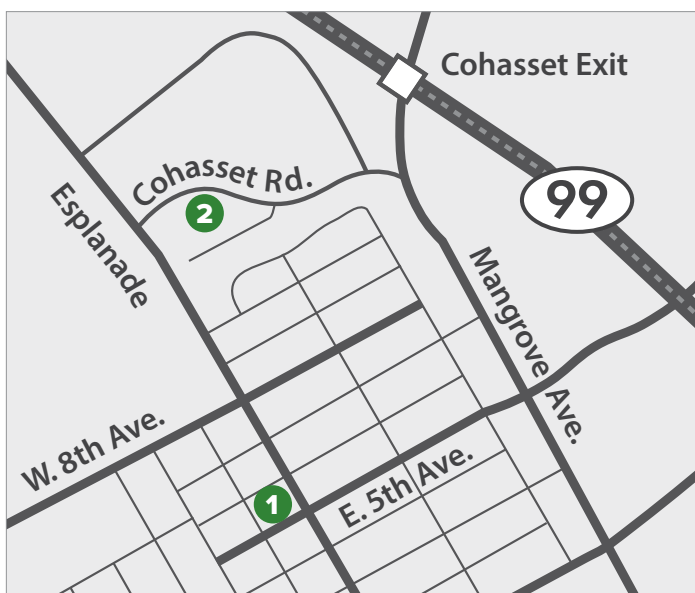
The Enloe Health Joint Replacement Team

About Enloe Health

At Enloe Health, our mission is elevating the health of our communities. We achieve this through our values:

- **SAFETY** – Embracing the shared responsibility of safety for all
- **ENGAGEMENT** – Empowering active participation and ownership of results
- **TRUST** – Fostering trust with competency, character and honesty
- **EXCELLENCE** – Relentlessly pursuing innovative improvement
- **BELONGING** – Cultivating an environment of belonging with compassion, acceptance and respect

At Enloe Health, we embrace Planetree – an internationally recognized not-for-profit organization that partners with health care providers around the world to personalize, humanize and demystify care. In 2018, Enloe achieved Planetree’s highest honor, Gold Certification for Excellence in Patient-Centered Care. We look forward to caring for you.



Our Campuses

Enloe Health Medical Center is located at 1531 Esplanade in Chico. **1**

The Fountain Medical Plaza, where you’ll have some of your appointments, is at 251 Cohasset Road in Chico. **2**

Your Care Team

YOUR JOINT REPLACEMENT CARE TEAM WILL INCLUDE SEVERAL PEOPLE, INCLUDING:

- **You** – You are the most important member of your care team.
- **Our office staff** – These caregivers include reception staff, billers, schedulers and our medical assistants. They will schedule your pre-operative appointments and ensure all the needed clearances are complete before your surgery.
- **Orthopedic surgeon** – This caregiver will perform your surgery and manage your care during your hospital stay.
- **Physician assistant/nurse practitioner** – This caregiver will collaborate with your surgeon to diagnose and treat you before, during, and after your procedure. He or she will also assist your doctor during surgery.
- **Anesthesiologist** – This caregiver will assess you to determine the best anesthesia plan for your surgery and afterward to control any pain or nausea you may experience.
- **Primary care provider** – This caregiver oversees your health care management. He or she will receive information regarding your surgery, hospitalization, and pre- and post-operative tests.
- **Hospitalist** – This caregiver is a hospital-based physician who may follow your care during your hospital stay. He or she will collaborate with your surgeon to meet your needs.
- **Registered nurses** – These caregivers will be involved in all phases of your care before, during and after your hospital stay.
- **The ESPAA team** – These caregivers will coordinate all your pre-operative information gathering and the testing needed before your surgery. Please note you must meet with Enloe’s Surgical and Procedural Assessment Area (ESPAA) team before your procedure.
- **Pre-PACA nurse** – This caregiver will prepare you for your procedure on the day of your surgery. He or she will review your history, start your IV, get the necessary consents signed, answer your questions and more.
- **Circulating nurse** – This caregiver will ask you many of the same questions as your Pre-PACA nurse. This repetition is a requirement and helps ensure your safety. This nurse will also take you to the operating room and remain with you during your procedure.
- **Post-PACA nurse** – This caregiver will be with you in the recovery area. He or she will take your vital signs, manage your pain and nausea, encourage you to cough and breathe deeply, monitor your surgical site, and more.
- **PCU nurse** – This caregiver will assist you once you get to Enloe Health’s Procedural Care Unit (PCU). He or she will monitor your condition, provide medication, communicate with your care team and more. This caregiver’s name and phone number will be on the whiteboard in your room.
- **Charge nurse** – This caregiver is the shift manager. He or she will check on you and can be a resource. His or her name and phone number will also be on your room’s whiteboard.
- **Liaison nurse** – This nurse is your personal resource before, during and after surgery. He or she will help you understand and prepare for your procedure, and will talk to you before surgery about your plan for leaving the hospital. On the day of your surgery, this nurse will greet you in the pre-surgery area and will update your care partner during your procedure. Once you leave the hospital, the nurse will also call you to check on your progress. You will meet this caregiver at Enloe Health’s **A Joint Effort** class. Please call with any questions or concerns.



- **Physical therapists** – These caregivers will collaborate with you after surgery to make sure you’re moving correctly and are able to perform your recommended exercises. You will receive therapy in the hospital and once you return home.
- **Occupational therapist** – This caregiver will visit you to see how well you can complete activities of daily living, like getting dressed, bathing and going to the bathroom.
- **Care partner** – This person is a loved one who will be by your side as your advocate and support person during your surgery and recovery. This person should pay close attention to your care, speak up if something doesn’t seem right, and know your wishes about resuscitation and life support. Your care partner must attend the ***A Joint Effort*** class and all of your pre-operative appointments. This person must also be present on the day of your surgery. He or she will need to stay with you for 96 hours (four days) after surgery, and assist you as needed after that.
- **Case Management team** – This group consists of a nurse, social worker and assistant. These caregivers will help you plan your discharge and will arrange home health physical therapists as ordered by your surgical team.
- **Sterile Processing** – This team plays a critical role in preventing infection by sterilizing, cleaning, processing, assembling, storing, and distributing medical equipment and reusable surgical instruments.

PATIENT COMMENT LINE

Enloe Health has a Patient Comment Line for you to tell us about your experience. You can compliment staff, suggest improvements and more.

The line is accessible 24/7 by calling 530-332-7878. When you call, feel free to leave anonymous comments or provide your name and phone number if you would like us to call you back.

Again, you are the most important member of your care team. That’s why it’s important you:

- Let us know how you’re doing.
- Tell us if you need something specific from your care team.
- Ask questions about anything you don’t understand.
- Share your concerns with a member of your care team.

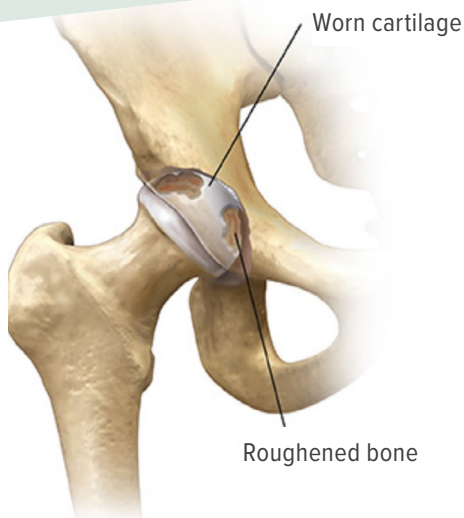
Understanding Hip Replacement

Enloe Health Joint Replacement offers the latest surgical techniques to increase your mobility, including less-invasive techniques that allow you to go home the same day of your surgery. These include:

- Minimally invasive joint replacement surgery, which requires less muscle and tendon dissection
- Anterior approach hip replacement, in which your surgeon accesses your hip joint by entering through the front of your hip and going between the muscles

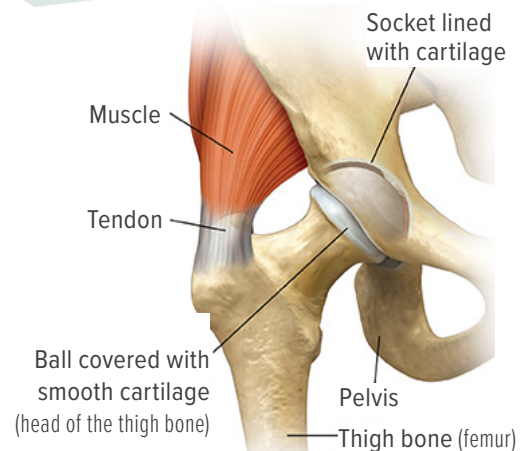
A PROBLEM HIP

In a problem hip, the worn cartilage no longer serves as a cushion. As the roughened bones rub together, they become irregular, with a surface like sandpaper. The ball grinds in the socket when you move your leg, causing pain and stiffness.

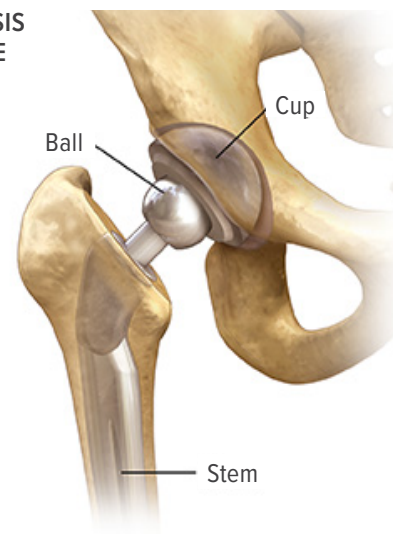


A HEALTHY HIP

In a healthy hip, smooth cartilage covers the ends of the thigh bone, as well as the pelvis, where it joins the thigh bone. This allows the ball to glide easily inside the socket. When the surrounding muscles support your weight and the joint moves smoothly, you can walk painlessly.



PROSTHESIS IN PLACE



A HIP PROSTHESIS

With a prosthesis, an artificial ball replaces the head of the thigh bone, and an artificial cup replaces the worn socket. A stem is inserted into the thigh bone to keep the ball in place. These parts connect to create your new artificial hip. A plastic liner is placed between the metal ball and cup to create a smooth surface for comfortable movement once you heal.

Preparing for Your Joint Replacement

Joint replacement surgery can relieve your pain, allowing you to live a more active lifestyle. Your primary care physician will assess your need for a joint replacement and refer you to an orthopedic surgeon if appropriate. You and your orthopedic surgeon will discuss your treatment options.

If your pain is too great or your mobility is too limited and other treatments no longer help, joint replacement surgery may be an option. If this is the case, you will need several weeks — or months — to prepare, physically and mentally. Use this time to learn as much as you can and plan ahead for the challenges and changes surgery may bring. This will help improve your experience.

REVIEW THE EDUCATIONAL MATERIAL

To prepare for your surgery, review this book with your care partner. You will learn:

- About your care team
- About the preparation process for surgery
- What to expect before and after your surgery, as well as during your hospital stay
- About therapy and exercises to help you recover
- Precautions after surgery
- And more

ATTEND OUR CLASS

To prepare for your surgery, you'll need to attend our ***A Joint Effort*** class. There you'll learn:

- What to expect before, during and after surgery
- About body mechanics
- Helpful exercises
- Tips for recovery
- How to prepare for your return home
- And more

Plus, you'll be able to ask questions and meet others who are having this procedure. **Your care partner must attend this class with you.** Your surgeon's office will register you for this class.

IMPORTANT PAPERWORK

You will see several caregivers, who will ask you the same questions, in the weeks before your surgery. This is done for your safety and to adhere to medical insurance guidelines. Providing your care team with the following information can reduce frustrations and speed up your visits.

Please prepare a list of:

- The doctors you're seeing and the reasons for seeing them; include names, addresses and phone numbers
- Your medical conditions and previous operations
- The medications, vitamins and minerals you take regularly; include the names, dosage and frequency; your doctor may advise you to stop taking certain medications or supplements before surgery
- Any allergies or adverse reactions you've had to medications or anesthesia; include the names of the medications, why you took them and a description of your reaction
- Any dietary allergies or restrictions you have
- Your insurance coverage; include the name of the company, the plan or group number and contact information; review your plan and contact your insurance if you have questions about coverage limits and out-of-pocket expenses

As you're preparing your paperwork, please also provide your surgeon's office with:

- Disability/Family and Medical Leave forms so they can be completed before your surgery
- Information about legal arrangements you have made, such as an Advance Health Care Directive or Durable Power of Attorney for Health Care; bring a copy of these documents with you to the hospital, as they must be witnessed/notarized before your arrival
- The name and telephone number(s) of your care partner

YOUR PRE-ADMISSION SCREENING

A caregiver from the Enloe Surgical and Procedural Assessment Area (ESPAA) will contact you before your surgery. Your pre-admission testing will be done at ESPAA, which is located at:

Fountain Medical Plaza
251 Cohasset Road, Chico, CA 95926

Your pre-admission screening will include a nursing assessment, blood tests, urine sample, chest X-ray and an EKG, as well as other tests as indicated. Results will be provided to your primary care provider and orthopedic surgeon. This appointment will take about an hour. Please come with your:

- Insurance card
- Picture ID
- Advance Health Care Directive (*if you have one*)
- Medication list; include over-the-counter medications, herbs, vitamins, eye drops, inhalers, etc.
- Current medical problems
- Allergies
- Medical and surgical history

When your screening is complete, ESPAA caregivers will provide you with:

- A date and time for your surgery; this is subject to change by your surgeon's office
- When to arrive at the hospital's North Entrance on the day of surgery
- When you can last eat and drink; do not eat anything after midnight on the night before your surgery, unless otherwise instructed
- What medication to take the morning of surgery with water
- Medications you will need to stop (*if applicable*) and when to stop them before surgery

YOUR APPOINTMENT WITH YOUR PROVIDER

You will also see a provider in his or her office before your surgery. During this time, be sure you:

- Know what responsibilities you have to ensure a positive outcome.
- Ask any questions you have and provide any paperwork necessary for disability/family medical leave, DMV disabled placards, etc.
- Understand the potential risks and complications.
- Know what to expect after surgery.
- Discuss what pain medication or blood thinners may be ordered for you.

During your journey, it's also important to notify your surgeon if you:

- Think you have an infection anywhere in your body
- Get a fever, cold or another illness during the week before your scheduled surgery
- **Have dental work scheduled before or after surgery**
- Have a dental emergency, such as a toothache or broken tooth before surgery
- Have a colonoscopy scheduled within three months after surgery
- **Get a cut, rash, scrape or another open wound**
- Have a sensitivity, or allergy to medications, metal (including jewelry and/or dental fillings), latex, tape, and/or anesthetic agents
- Have a history of bleeding disorders, or if you're taking blood thinners, aspirin or other medications that affect blood clotting; you'll need to stop those medications before surgery

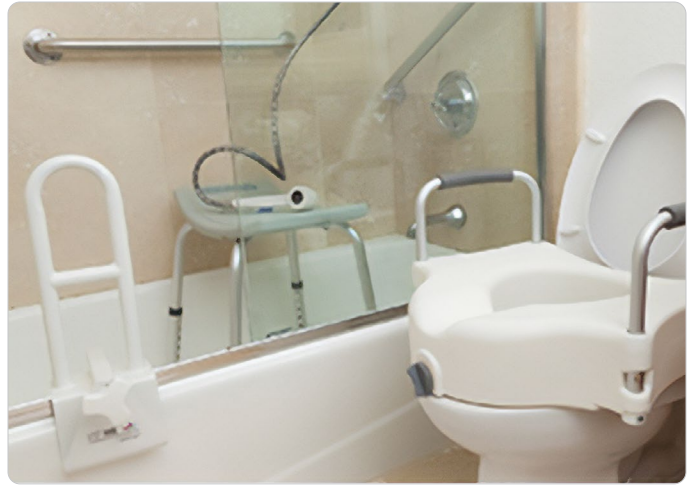
You should also let your doctor know all the medications and herbal supplements you're taking. You may need to stop these.

PREPARING YOUR HOME

Before your surgery, you'll need to prepare your home so it's ready for your return. Not sure where to start? These tips can help:

- Borrow a front-wheeled walker and see how well you can maneuver through your home. You may need to rearrange furniture or temporarily change how you use the rooms in your home. For example, you may need to make your living room your bedroom.
- Eliminate tripping hazards by removing throw rugs, securing electrical cables around the perimeter of your rooms and fixing faulty flooring.
- If you have pets, consider coordinating a pet sitter or keeping them away from the area in which you will be walking.
- Consider placing grab bars or a raised toilet in your bathroom.
- Have a firm chair with arms in your designated recovery area.
- Do not use chairs with wheels.
- Place items you use regularly at counter-level, so you don't have to reach up or bend down.
- If you're the cook in your house, make double batches of everything for a week or two before surgery. Then freeze half, so you have ready-made meals when you get home. Or stock up on ready-made foods you enjoy.

You should also shop for items that will make your life easier after surgery. This might include a long-handled shoehorn, a long-handled sponge, a grabbing tool, a footstool and a way to carry items while using your walker – for instance, a walker bag, apron or cargo shorts.



PREPARING YOURSELF

You'll also need to do a few things to prepare yourself for surgery. Start by designating a care partner who will bring you to the hospital, stay during your surgery and recovery, and drive you home. This person must remain with you for at least four nights after surgery. You will also need help with day-to-day tasks, like removing and reapplying your compression stockings. And you will need assistance with transportation for several weeks.

You may also need to:

- Shop for needed supplies, and arrange for someone to help you with pet care, grocery shopping, errands, etc.
- Lose weight.
- Learn and practice your pre-op exercises.
See page 22 of this booklet.
- Wash with special medicated wash (Hibiclens) the night before and the morning of your surgery. Caregivers at your surgeon's office will give this to you at your pre-op appointment.
- Stop smoking and all other forms of nicotine use.

HELP WITH NICOTINE CESSATION

Nicotine delays the healing process. It reduces the size of your blood vessels and decreases the amount of oxygen in your blood. It can also increase your blood pressure and heart rate. That's why it's important to stop using nicotine before you have surgery. If you need help, talk to your care team about available resources and try these tips:

- Decide to quit.
- Limit the areas where you smoke or use nicotine.
- Reward yourself for every day you go without nicotine.
- Remind yourself you can do this. Be positive.
- Take it one day at a time. If you slip up, get back to your decision to quit.

* Ask your surgeon about Enloe Health's Pre-Optimization services if you need assistance with losing weight or stopping nicotine use.



PROVIDED EQUIPMENT

Your surgeon will require you have certain equipment after surgery. These items will be provided to you as applicable:

A front-wheeled walker

- If you have one, it must have only front wheels and be in good working order.
- Do not bring it to the hospital for surgery. We will provide one for you while you are here.
- Have the walker available when you get home and need to get out of your vehicle.
- If you received a walker from your insurance within the last five years, the company will not pay for a new one.
- Physical therapy will help you with adjusting the walker to your height. If you already have a walker at home, the therapist will show you, while you're in the hospital, how to adjust the walker to fit you.
- HELPFUL TIP: Add a basket to the walker to keep items in, such as your TV remote, water bottle, cellphone, etc., during your recovery.



Cold Therapy Device

- You will be provided with a cold therapy device to use after surgery. It will be applied to your surgical area to help to reduce pain and swelling.
- Refer to your surgeon's instructions regarding how much and how long you should use the cold therapy device.
- Keep the protective pad between the cooling pad and your skin to prevent injury.
 - HELPFUL TIP: If the protective pad becomes unusable, place a pillowcase over the cooling pad to help protect your skin.
- HELPFUL TIP: It is recommended to get eight to 12 16.9-ounce water bottles that have plastic labels and no glue. These can be used as ice packs inside the machine to reduce the usage of ice and frequency of refilling. The machine fits four bottles at a time and can be rotated out as needed.

- If the device stops working, call the liaison nurse at 530-332-5470 or 530-332-5474.
- These devices are considered disposable. Please contact the number on the machine to receive a new one if it has been more than three weeks since your surgery.
- If you have a cold therapy device from a previous surgery, you will get a new one to reduce the chances the device will fail.



WHAT TO PACK

When you're getting ready to head to the hospital, be sure to pack:

- Your ID and insurance card
- Advance Health Care Directive or Durable Power of Attorney (*completed/witnessed/notarized before your arrival*)
- Your care partner's phone number(s)
- Your list of medications
- A list of any allergies you have
- Loose, comfortable clothing
- Slippers or shoes with non-skid soles

Leave these items at home:

- Cash and credit cards
- Your medications
- Valuables

COLD THERAPY DEVICE INSTRUCTIONS FOR USE

- 1 Add ice to fill line. Please do NOT overfill. Overfilling will cause overflowing. Using "bricks" of ice, or frozen bottles of water instead of ice cubes or ice chips, will cause the ice to last longer.



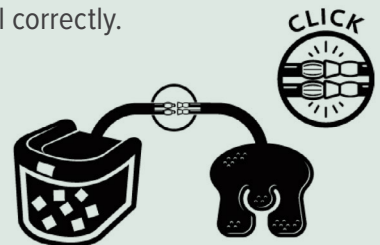
- 2 Add cold water to fill line. Please do NOT overfill. If you add the water first, your unit may overflow as the ice melts. Please add the ice first and then the water.



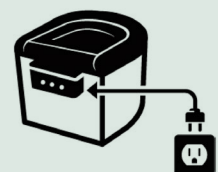
- 3 Place lid on device and make sure the label is facing up. Secure the lid by raising the handle. This will engage the lid locking mechanism.



- 4 Connect the cold therapy hose to the cooling pad. To ensure a reliable connection, snap or click the hoses together into place so the fit is tight and snug. If the connections are not snapped together properly, the hoses may leak or the device may not cool correctly.



- 5 To turn the device on, insert the cord into the connection on the back of the device and plug the power supply into the wall outlet.



OPTIONAL EQUIPMENT TO CONSIDER

Your insurance covers a front-wheel walker if you have not received one within the last five years. Additional devices are not necessary, but you may rent, borrow or purchase additional equipment for comfort. These may include a:

ASSISTIVE DEVICES EQUIPMENT

- Dressing Stick



- Leg Lifter



- Reacher



- Long-Handled Sponge



- Long-Handled Shoe Horn



- Sock Aid



HOME MEDICAL EQUIPMENT

- Tub Transfer Bench



- Shower Chair



- Toilet Riser with Handles



- Bedside Commode
(May be used as a toilet riser)



Optional equipment is not covered by insurance/Medicare.

The Day of Your Surgery

IMPORTANT REMINDERS

Your procedure will take place at Enloe Health Medical Center. On the day of surgery, be sure to take your ordered medication with a sip of water and arrive at Enloe's North Entrance at the specified time.

Please:

- Do not eat or drink anything after the instructed time. This includes gum, mints, cough drops, etc., unless instructed otherwise by your care team.
- Do not drink water while brushing your teeth.
- Do not wear eye makeup or jewelry.

NOTE: Your care partner will be asked to keep your belongings during your surgery until you're in the Procedural Care Unit (PCU). Please leave bulky items in your car.

NORTH ENTRANCE



A Note About Parking

Street parking is limited around Enloe Health Medical Center. However, free valet parking is available from 7 a.m. to 9 p.m. at the Main Entrance on weekdays (excluding holidays). Please note that valet staff members do not accept tips. You're also welcome to park in the Enloe Health Parking Structure, located at 130 W. Sixth Ave.

CHECKING IN (PRE-PACA)

Your care team will call you one business day before your surgery to let you know what time to arrive at the hospital. Please arrive on time. You will check in at the North Entrance and complete the needed forms. Registration staff will ask for your photo ID, insurance card, legal health documents (if complete) and your care partner's contact information. Then you'll wait in the lobby, where a caregiver will meet with you and escort you and your care partner to the pre-surgery area. This area is small, so only one care partner may accompany you. Next, a caregiver will:

- Review your medical history
- Check to see when you last took all your medications
- Place your IV
- Give you pre-op medications
- And more

Use this time to share your needs if your care team is not already addressing them and ask any questions you may have.

Later your **liaison nurse** will be in to see you before you are taken into the operating room. This caregiver will be your contact person for you and your care partner and can answer any questions that arise. After surgery, your surgeon will speak with your care partner. The liaison nurse can also help arrange a phone call to your care partner if he or she is unable to speak with the surgeon in person. This caregiver will also provide your room number to your care partner.

The **circulating nurse** will be with you during your procedure. This caregiver will introduce him or herself in the pre-surgery area and will review your chart to ensure you're ready for surgery. Later, the circulating nurse will take you to the operating room.

Your **orthopedic surgeon** will confirm your surgical procedure and mark your surgical site. This caregiver will also answer any questions you may have and update your care partner when surgery is complete.

Your **anesthesiologist** will do a thorough assessment of your medical history, medications, allergies and sensitivities. Then he or she will explain the sedation that best suits you and how it will be administered. There are several types of anesthesia. These include:

- **General** – This is given through an IV, and acts on your brain and nervous system, putting you into a deep sleep. Your blood pressure, heart rate, breathing and body temperature will be continuously monitored.
- **Regional (spinal)** – This is injected into the fluid surrounding your spinal cord to numb a specific area of your body, without affecting your brain or breathing. It may be combined with other medications for longer-lasting pain control. Because you are conscious, it's normally used along with a general anesthetic.
- **Nerve block** – This is a technique of injecting numbing medication around a group of nerves to numb a specific part of your body. A nerve block is often used in joint replacement surgeries. Because the area of the surgery is numb, you often require less pain medication and sedation during surgery and less pain medication after the procedure. As a result, you usually have fewer side effects, such as drowsiness, nausea and dizziness.

Your anesthesia plan may include a combination — or all — of these. Please speak with your surgeon's office before the day of your surgery if you have questions.



INSIDE THE OPERATING ROOM

As noted earlier, the circulating nurse will take you to the operating room. You'll meet your surgical team and your surgical plan will be reviewed again with you. These repeated checks are safeguards for your safety. Inside:

- The room will be cold. Warm blankets will be provided.
- Your care team will help you relax as members talk you through each step of the anesthesia process. Your anesthesiologist will continuously monitor your heart rate, blood pressure, breathing and blood oxygen during your procedure, which will last about 90 minutes.

Once you're asleep:

- You'll be positioned on the operating table.
- The skin over your surgical site will be cleansed.
- A urinary catheter may be placed; if placed, it can be removed once you are able to safely walk after surgery.

A GLIMPSE INTO THE RECOVERY AREA

When your surgery is complete, you will be taken to the recovery area. No care partners are allowed in this area. A nurse will monitor your condition and manage any pain, shivering or nausea you may experience. This caregiver will encourage you to breathe deeply and cough. You may notice you have:

- Compression devices on your legs
- Cardiac monitoring
- Blood pressure monitoring
- An IV
- And a device on your finger to monitor your blood oxygenation

Your nurse will also apply the cold therapy device to your surgical site. You'll take that device with you to your hospital room and your home when you leave the hospital.

Your surgeon will stop by to speak with you in the recovery area and will speak to your care partner in the lobby of the North Entrance or by phone. You will stay in the Post-PACA Unit for about an hour before your transfer to the Procedural Care Unit (PCU).



YOUR CARE PARTNER

Your care partner is a loved one who will be by your side as your advocate and support person during your surgery and recovery. This person should pay close attention to your care, speak up if something doesn't seem right, and know your wishes about resuscitation and life support.

During Surgery

- Your care partner may wait in the lobby during the surgery. If he or she chooses to do this, the liaison nurse will give your care partner a case number, which can be used to track your progress through surgery. The progress will be displayed on the monitor in the lobby.
- Care partners should take a break from the hospital during surgery. They can use this time to eat or just spend time away, so they are available after surgery.
- Your care partner should always be available by phone. This allows the liaison nurse and surgeon to call with updates. Please ask your care partner to turn off call screening or blocking. Some of these services may block our phone calls.

After Surgery

- Your care partner should accompany you to your room after you leave the post-anesthesia area. The liaison nurse will inform your care partner when he or she can see you in your room.
- When Enloe Health caregivers are providing education, your care partner should listen and ask questions, so he or she knows how you need to be cared for at home.
- Your care partner should not leave once you leave the recovery area, so he or she can listen to all of the post-operative instructions.

INSIDE THE PROCEDURAL CARE UNIT

Your care partner will rejoin you here and stay with you for the remainder of the day. During your time in the PCU, you will receive physical and occupational therapy evaluations, and a nurse will be assigned to care for you until you are cleared to go home.

Your nurse will check on you regularly to:

- Monitor your heart rate, blood pressure, breathing and temperature
- Check your surgical dressing
- Ask you to pump your ankles
- Work with you to control any side effects of surgery you may have
- Advance your diet as appropriate
- And more

PREVENTING BLOOD CLOTS

Anyone who has surgery has an increased risk of developing a blood clot. At Enloe Health, caregivers use several techniques to minimize your risk. These include blood-thinning medications and:

- **Compression stockings (TED hose)** – These are specialized hosiery that help increase your circulation. You will wear these at home according to your surgeon's instructions.
- **Sequential compression devices (SCDs)** – These gently massage your legs by inflating with air. You should wear them whenever you're in your hospital bed.
- **Movement** – One of the most important things you can do to lower your risk is to walk. Physical therapy caregivers will start working with you the day of your surgery and will see you two times a day after that. You should also start doing the ankle pumps you have been taught as soon as you wake up after surgery.

PREVENTING PNEUMONIA

Pneumonia is a risk of surgery. To prevent it, you will be taught to do the following while you are in the hospital and at home:

- Use your incentive spirometer 10 times a day.
- Breathe deeply and cough.
- Slowly move more and more while maintaining precautions.
- Take your medications as directed.

MANAGING YOUR NAUSEA

If you have nausea after your surgery, let your care team know right away. Several things can help, including aromatherapy and medications. You can usually have clear liquids, such as juice, broth and gelatin right after surgery. But your intake will be limited as we monitor any nausea you may experience. As your body starts to function normally, you'll be able to have more liquids and solid foods. Please keep in mind that this progression varies from patient to patient.

MANAGING YOUR PAIN

You will experience some pain after your surgery. You may receive pain medications:

- In the form of a pill that you can request every 4-6 hours as needed
- When administered intravenously (IV), these medications work faster but do not last as long; they're used to treat pain that's not controlled by oral medications

NOTE: Some medications have side effects. These include drowsiness, nausea, vomiting, dizziness, constipation, rash, itching, dry mouth and decreased appetite.

While medications can help control your pain, other methods can help, too. These include:

- Ice, which reduces swelling as well; ice and elevate your leg when you go home
- Physical activity, which can also improve your mobility and mood

- Progressive relaxation, a technique that involves tensing specific muscles, then relaxing them
- Listening to music, which can also help you relax and boost your mood; feel free to bring your favorite music to the hospital
- Deep breathing, which releases muscle tension, relaxes the mind and allows you to focus on something besides pain
- Guided visualization, which helps you see yourself successfully doing something you find challenging; this can also reduce anxiety, improve your confidence and help you cope

People experience pain differently, but it's important to remember:

- You will not be totally pain-free after surgery and during your recovery.
- You will feel more pain once you're home and your nerve block and spinal anesthesia wear off. Be sure to take your pain medication as directed.
- Your goal should be to reduce your pain to a level that allows you to do your physical therapy, exercise, walk as directed and get restorative sleep.



Going Home

You will be released from the hospital on the day of your surgery. Your care team will work with you to ensure you're medically stable and able to manage daily tasks before you head home.

Your surgeon and one of the Joint Replacement physician assistants will assess your readiness to leave the hospital.

Before leaving the hospital, your care team will need to know your pain can be managed with oral medications, and you will need to show caregivers you can do the following safely:

- Your joint replacement precautions
- Independently transfer
- Perform your home exercises
- Walk about 75 feet
- Use the stairs



Recovery at Home

To help your recovery, be mindful after your procedure. These tips are a great place to start:

- Only take recommended medications. Contact your surgeon if the prescribed medicines are not controlling your pain.
- Take your pain medication as directed. Consider taking pain medication before a visit from your home health physical therapist.
- Do your physical therapy exercises as directed, three times a day.
- Elevate your leg above your heart for an hour or more.
- Do not sit with your feet lower than your knees for more than 20 minutes.
- Increase your mobility with precautions.
- Find a balance between rest and physical activity.
- Avoid falls to prevent dislocating your new joint. Use a front-wheel walker to help you get around until your care team clears you to transition to a cane.

REDUCING SWELLING

It's not uncommon to have swelling around your surgical site, into your groin and/or scrotum, and down into your toes on the leg that was operated. In fact, it's normal to have intermittent swelling for up to a year after surgery. To help control swelling:

- Use the cold therapy device provided to you at the hospital.
- Elevate your leg above your heart for at least 1 hour, three times a day. It's best to do this in a reclining position.
- If you received compression stockings, wear them for three to four weeks or until your swelling is gone. You can remove the compression stockings when you're in bed at night. **You will need help getting your compression stockings on and off.**

CARING FOR YOUR DRESSING

An **occlusive dressing** is an airtight and watertight dressing. If your surgeon uses one of these, leave it in place until your follow-up appointment unless directed otherwise. You may shower with it on. Be sure to check your dressing every day after showering.

If your surgeon uses a **non-occlusive dressing**, follow your surgeon's directions for dressing care. Do not shower until after the surgical dressing is removed. Avoid soaking your incision, or having a direct stream of water coming into contact with it.

Let your surgeon know right away if you have drainage from your incision that saturates your dressing or if water gets underneath the dressing. It's also important to contact your surgeon if you have:

- A fever of greater than 101 degrees
- The chills
- Excessive drainage
- Increased redness, swelling or tenderness
- A foul odor coming from your incision

A WORD ABOUT CONSTIPATION

Constipation is common after surgery. Medications, stress, changes to your diet and decreased activity can contribute to it. The condition can cause discomfort and/or pain, and can be a big challenge after surgery. Plan to prevent — rather than treat — constipation.

These tips can help:

- Increase your physical activity as soon as possible after surgery by walking.
- Only use the medication necessary to manage your pain.
- Consider using a non-narcotic pain reliever after surgery.
- Take a stool softener every day for as long as you're taking pain medication. Add a laxative if it has been 24-36 hours since your last bowel movement. Purchase these over-the-counter medications, like Colace, MiraLAX or Senna, before your surgery.

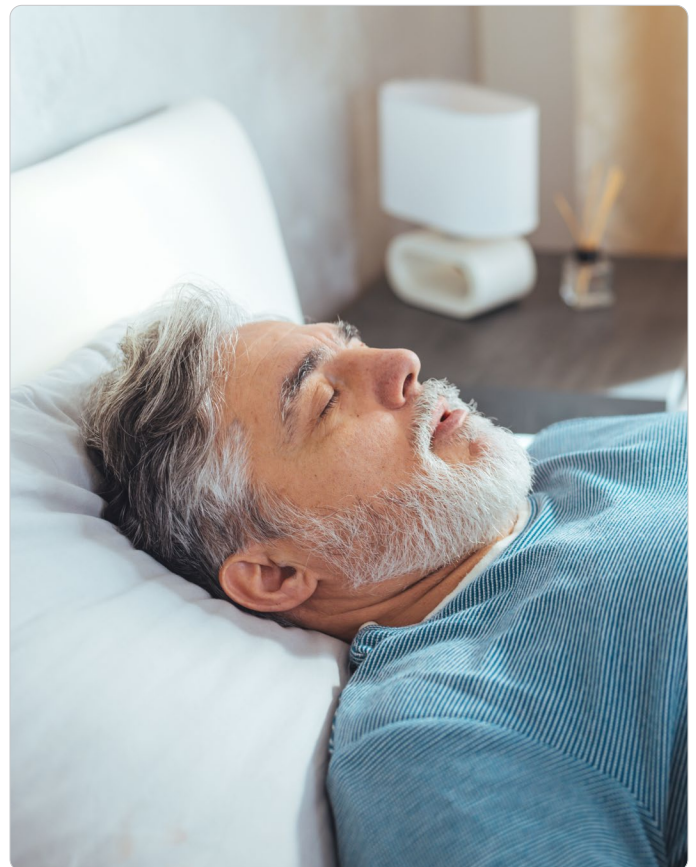
- Drink plenty of water and other non-caffeinated fluids (at least 64 ounces a day), provided your caregiver has not restricted your fluid intake.
- Eat high-fiber foods. These include beans, whole grains, bran cereals, fresh fruits, vegetables, prunes and dried fruits.
- Eat small, frequent meals throughout the day instead of large meals.

If these strategies fail or if your discomfort is severe, seek medical care. Usually a primary care physician is best suited to treat constipation.

SLEEP POSITIONING

You may sleep in any position that is comfortable and allows for the cold therapy device to stay in place. Try to avoid staying in one position for an extended period, to protect your skin. Avoid sleeping on the operated side to minimize swelling.

HELPFUL TIP: Many patients are most comfortable sleeping in a recliner.



PREVENTING INFECTION

As with any surgery, there is a risk of infection. With joint replacement surgery, you will have an implant to which bacteria can attach itself. Bacteria can enter your body through breaks or cuts in the skin that result from future surgical wounds, dental procedures and colonoscopies. There are several things you and your care team can do to minimize your risk.

Before surgery:

- Tell your surgeon's office if you have a rash or any open areas on your skin.
- Shower with Hibiclens, a disinfectant soap, the night before and the morning of your surgery. This soap will be provided to you.

In the hospital:

- Your surgical site will be thoroughly cleaned and prepped.
- You will receive a nasal swab to check for bacteria that may cause infection. If you have this bacteria in your nose, you will receive additional antibiotics to avoid infection.
- You will be prescribed IV antibiotics before, during and after surgery.
- Traffic will be minimized in the operating room.
- Caregivers will adhere to strict sterile techniques during surgery.
- Surgical instruments will go through a strict sterilization process.
- Your implant will be pre-packaged to ensure sterility.

Recovering at home:

- Use proper hand hygiene. To wash your hands correctly:
 1. Wet your hands with clean, running (warm or cold) water.
 2. Apply soap.
 3. Lather your hands by rubbing them together.
 4. Lather the backs of your hands, between your fingers and under your nails.
 5. Scrub for at least 20 seconds.



- Bathe regularly while abiding by wound-dressing directions.
- Follow your wound care instructions.
- Use your incentive spirometer as instructed.
- Have a clean home environment with regular cleaning, dusting and good ventilation.
- Have a healthy, balanced diet to support your immune system and promote healing.
- If prescribed, use your prescribed antibiotics as directed and complete the full course.
- Attend all your follow-up appointments and follow recommendations from your care team.

Contact your surgeon's office before undergoing procedures, such as dental work or colonoscopies.

NOTE: People with immune deficiencies, those who are receiving immunosuppressive treatments and those who suffer from obesity have a higher risk of infection.

NUTRITION

Proper nutrition after surgery is essential. Good nutrition will promote optimal healing and boost your immune system, reducing your chances of infection. A healthy, well-balanced diet includes:

- Protein, which you can get from eggs, beans, fish and milk
- Iron, which you can get from red meat, seafood and spinach
- Vitamins and minerals, which you can get from berries, citrus fruit and green, leafy vegetables
- Fiber, which you can get from beans, broccoli, berries, whole grains and apples
- Water; drink at least 64 ounces a day

WHO TO CALL

We are available after you go home. If you have questions about your incision, dressing or medications, if your pain is not controlled, or if you have any concerns, please call your surgeon's office. Caregivers are available any time of the day. If your cold therapy device stops working or you have general questions, please call the liaison nurse at 530-332-5470 or 530-332-5474. The liaison nurse is available Monday through Friday, 7 a.m. to 4 p.m. If no one answers, leave a message, and the nurse will return your call.

Call 911 if you are experiencing signs of:

A heart attack; symptoms include:

- Pain or pressure in your cheek, jaw, left arm or shoulder blade
- A sudden onset of indigestion symptoms
- Shortness of breath or lightheadedness
- A feeling of impending doom

A stroke; symptoms include:

- Facial droop
- Changes in vision, balance or speech
- Trouble controlling one side of your body
- Severe headache

A blood clot in the lung; symptoms include:

- A sudden onset of cough
- A sudden onset of shortness of breath or lightheadedness
- Bloody sputum

RECOVERY TIMELINE

Use this timeline to get a sense of what's ahead. Please note that this is only a guide. Each patient is unique, and your experience may be different.

Day 3

- You will likely experience peak pain.
- Your leg will be swollen and slightly pink. It may feel heavy and warm.

End of Week 1

- You will experience peak swelling.

Week 3

- You will start to develop a routine and anticipate when swelling will occur, when you need to walk, and when you need rest.
- You will likely transition to a cane or walking independently.

Week 6

- Swelling at the end of the day will lessen.
- Begin to apply heat for stiffness.

Month 2

- You may be able to sleep through the night.

Month 3

- You will have improved function.
- You will be able to go about your day, thinking about your joint less.
- You may experience occasional stiffness and sharp pain.

Up to a Year

- You may experience intermittent swelling.

Physical Therapy

DURING YOUR HOSPITAL STAY

The physical therapists and occupational therapists you see during your time at Enloe Health Medical Center will play an important role in your recovery. They will go over precautions to keep in mind, safe equipment to use and how to perform your exercises safely.

Your physical therapy will consist of three phases:

- In-hospital
- Home health physical therapy
- Outpatient therapy (if needed)

An Enloe Health physical therapist will see you soon after your surgery to evaluate your needs. A therapist will also go over your personalized exercise program and clear you for a safe discharge home.

Moving soon after surgery is linked to better outcomes and fewer complications. Expect to get out of bed to sit in a chair, perform your exercises and walk with guidance from your care team.

Your physical therapy team's goal is to teach you proper body mechanics and safe ways to:

- Get in and out of bed
- Move from sitting to standing
- Go from standing to sitting
- Walk
- Go up and down stairs
- Get in and out of a vehicle
- Do your exercises



HOME HEALTH PHYSICAL THERAPY

Your surgeon will order home health therapy for you for about two weeks. You can go directly to outpatient physical therapy if you prefer, but you will need to arrange this with your surgeon's office before the day of your surgery. Therapy must begin within 24 hours of going home from the hospital.

Your therapist will review your joint replacement precautions. This caregiver will go over your exercise program and provide guidance while you resume your normal activities. As you recover and become more active, you may progress to outpatient therapy, as ordered by your surgeon.

You can set yourself up for success when it comes to physical therapy by following these tips:

- Consider taking pain medication (as needed) 30-60 minutes before your exercise session.
- Continue your home exercise and walking program.
- Increase your walking distance as tolerated. Gradually increase your activity level.
- Remember the heel-toe walking pattern, as instructed by your doctor and physical therapist.
- Pace yourself to avoid added pain or swelling. These can make walking, sleeping and exercising more difficult.
- If you overdo it, decrease your activity for the next day or two. Lying down, icing and elevating your leg on pillows above your heart will help reduce swelling.
- Your therapist will show you how to sit and stand from a chair. You should sit in firm chairs with arms. Get up and move around at least once every hour. Do not sit without elevating your leg for more than 20 minutes. This will increase swelling.

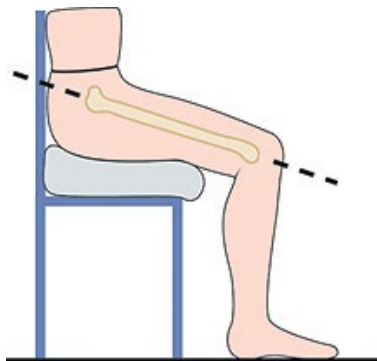
Physical activity is an important part of recovery. It helps improve your mobility, clear your lungs, reduces the risk of blood clots, lessens pain and prevents constipation. Your therapist will give you exercises to stretch and strengthen your legs, and improve your walking and balance. As you recover, the exercises will progress.

Anterior Hip Replacement Precautions

Your new hip has a limited safe range of motion. It can't extend and turn as much as your natural hip, so you will need to move differently after surgery. This will allow your new hip to heal properly and prevent it from dislocating. You may also have to limit the amount of weight you put on your operated leg. Your care team will provide you with precautions to take when lying down, sitting and standing. Follow these until your surgeon advises otherwise.

SITTING COMFORTABLY

- Transferring to and from a seated position is much easier if your knees are lower than or level with your hips.
- Place a firm pillow on the seat of your chair, couch, car, etc., if necessary.
- Use a toilet riser if you want to adjust the height of your toilet.



Comfortable

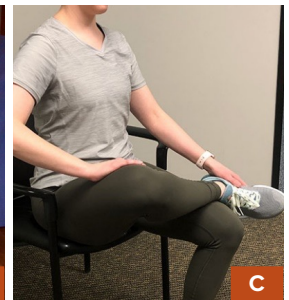


Uncomfortable

MOVEMENTS TO AVOID

Below are some movements to avoid.

- Do not have one leg outstretched behind you and the other leg turned. See A1.
- When reaching for an object on your non-operated side, do not twist with your operated leg turned out and extended. See A2.
- Do not drop your operated leg off the side of the bed. See B.
- When seated, do not sit in a figure 4 position. See C.



IMPORTANT EXERCISES BEFORE & AFTER SURGERY

Exercise to the level you can tolerate. Some patients can't perform exercises before surgery because they're in too much pain. But keep in mind that exercise is part of your recovery and will help speed the healing process. Learn your exercises before your joint replacement. This will make them easier to perform after your procedure.

Ankle Pumps

- Pull your foot upward toward your body as far as possible, then point your toe downward as far as possible.
- Perform one set of 20 repetitions every hour.

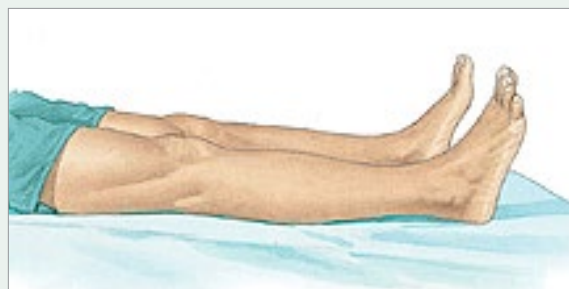
Helpful hint: All shoulder, hip and knee replacement patients should do this exercise. It helps prevent blood clots while you are less active.



Quadriceps Sets

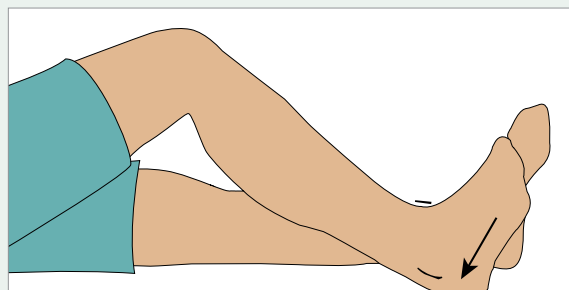
- While lying down with your legs straight, tighten your quadriceps (the front of your thigh) and push your knees downward.
- Hold this for 5 seconds.
- Perform one set of 10 reps three times a day.

Helpful hint: Don't hold your breath!



Hamstring Sets

- Slightly bend your operated leg. Without moving your leg, tighten the muscles on the back of your leg, pushing your heel down into the bed.
- Hold for 5 seconds.
- Perform one set of 10 reps three times a day.



Heel Slides

- While lying down with your legs straight, slide your heel up toward your buttocks as far as possible, then return to the starting position.

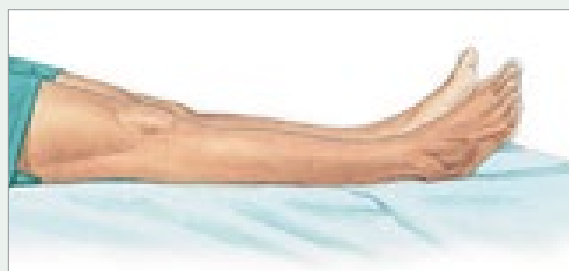
Helpful hint: Putting a clipboard or baking sheet under your heel will make this exercise easier.



Gluteal Sets

- While lying down with your legs straight, or while sitting, tighten your glutes (buttocks).
- Hold for 5 seconds.
- Perform one set of 10 reps three times a day.

Helpful hint: You can also do this exercise sitting in a chair.



HomeCare Services

You may need home health care after your hospitalization. Enloe Health HomeCare's comprehensive team includes registered nurses, licensed vocational nurses, physical therapists, home health aides, speech and language pathologists, occupational therapists, and medical social workers — all supported by our dedicated and caring office staff.

Services may be reimbursed by Medicare, Medi-Cal and health insurers.

Services offered include:

- Medication instruction
- Pain management
- Post-surgical care, observation and assessment
- Disease management, monitoring and instruction
- Wound healing and care
- Physical therapy
- Occupational therapy
- Personal care, such as bathing and dressing
- And more

You, your loved ones or your doctor can begin the process by contacting Enloe Health HomeCare. A physician oversight and approval is needed to initiate a treatment plan.

To contact Enloe Health HomeCare, call **530-332-6050** or visit:

**1390 East Lassen Ave.
Chico, CA 95973**

Home Medical Equipment

Enloe Health Home Medical Equipment provides solutions that promote health, independence and well-being. Services are designed to assist with recovery at home. Caregivers can help with:

- Oxygen/respiratory equipment
- Hospital beds and accessories
- Bathroom/bathing support
- Wheelchairs, walkers, canes and other ambulatory aids
- Bariatric equipment
- 24-hour emergency service and free delivery

To contact Enloe Health Home Medical Equipment, please call **530-332-6086** or visit:

**1390 East Lassen Ave.
Chico, CA 95973**





Outpatient Physical Therapy

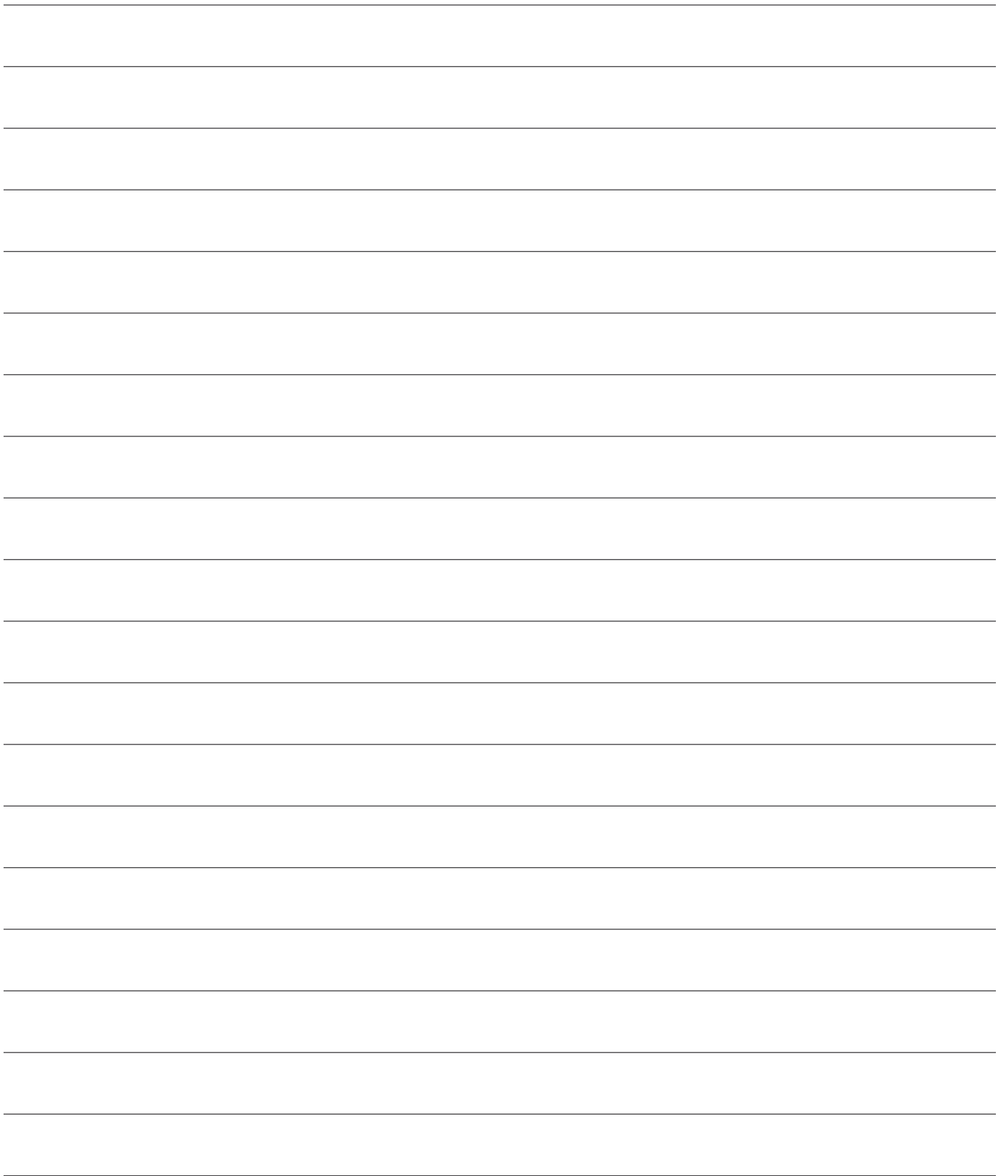
The caregivers you see for outpatient physical therapy – which your surgeon or type of surgery will determine – will continue to progress the exercises you began during your stay at Enloe Health Medical Center. These facilities offer more options, such as exercise equipment, and allow you to rehabilitate in a real-life setting, alongside others who are recovering from similar surgeries.

Caregivers at these facilities will focus on safely increasing the range of motion in your new joint and strengthening the muscles around it. You'll also do balance exercises to help reduce your risk of falling. These caregivers will work to help you:

- Increase your range of motion and strength
- Improve your weight-bearing status
- Improve your balance
- Walk normally
- And to reduce your reliance on assistive device(s)

Your physical therapist will keep in mind any goals you may have, such as returning to golf, swimming or bicycling, to ensure you perform exercises to help you reach those goals. However, it's important to:

- Check with your surgeon and therapist before returning to recreational activities.
- Return gradually and with the guidance of your physical therapist.
- Minimize stress on your new joint.
- Avoid high-impact sports, such as running, aerobics and contact sports.



 **ENLOE HEALTH**

JOINT REPLACEMENT

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