INS OUTS OF OUTS OF OUTS OF OUTS SURGENT SURGERY



SEVENTH EDITION

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This book belongs t	o:
My procedure is:	
My joint class is:	at

A BRIEF HISTORY OF WILLIAMSON MEDICAL CENTER

Williamson Medical Center has been a pillar of our region for over 60 years, with an impressive tradition and commitment to not only providing exceptional healthcare services to hundreds of thousands of patients, but also an overall dedication to the wellbeing of our community.

As our area has grown and evolved into the burgeoning region it is today, so too has Williamson Medical Center developed and advanced its services to meet the needs of the communities it serves.

Ranking in the top 10 percent of hospitals nationwide for overall surgical care and patient safety, Williamson Medical Center is a

sophisticated regional medical center that offers an array of specialized services with the ability to treat and heal the most complex medical conditions. Our medical staff consists of more than 750 highly skilled board-certified physicians who bring a wealth of knowledge, experience and expertise to our region.



Our expansive medical campus now includes, among other things, 22 state-of-the-art operating rooms, including robotic-assisted surgeries; an accredited breast health center; an award winning obstetrics and NICU; comprehensive emergency services for both adult and pediatric patients, a limited-stay childrens unit, outpatient imaging services and an orthopaedic center of excellence at the Bone and Joint Institute of Tennessee.

Learn more at WilliamsonMedicalCenter.org.

THE JOINT AND SPINE CENTER AT WMC

The Joint and Spine Center has been a vital part of Williamson Medical Center since its inception. The brainchild of the late Craig Ferrell, M.D., the center was created in 1998 to be a facility focused wholly on diagnosis, treatment and rehabilitation of joint replacements.

A team of orthopaedic surgeons has carried on Ferrell's legacy by continuing to foster excellence and focusing on educating and informing joint replacement patients before, during and after their procedures.

In 2012, the center began its new Accelerated Recovery Program. This program helps total joint replacement patients like yourself get on an expedited path to recovery that minimizes downtime. It is a multi-disciplinary approach that combines patient education and pre-operative pain control to help you walk just hours after your surgery instead of the next day.

The average hospital stay for a joint replacement has traditionally been three to four days. With the ARP, non-sedating pain medications are given before surgery, which enables a patient to be alert and comfortable enough to be able to begin rehab right away. In most cases, patients are released from the hospital after only one to two days.

In 2017, the Joint and Spine Center received The Joint Commission's Gold Seal of Approval® for Hip Replacement, Knee Replacement and Spine Surgery Certification. The Gold Seal of Approval® is a symbol of quality that reflects an organization's commitment to providing safe and effective patient care. Williamson Medical Center underwent a rigorous onsite review where Joint Commission experts evaluated compliance with specific care standards and surgery requirements for our hip, knee and spine programs.

You should have received an email with a link to view the Joint and Spine class educational videos. Statistics show joint replacement surgeries are more successful with pre-operative education. We ask that you please watch the video of your surgery. For more information about Williamson Medical Center and the Joint and Spine Center, visit WilliamsonMedicalCenter.org/orthopaedics.

BUCHANAN'S CAFÉ

Our wonderful cafeteria, Buchanan's Café is located just off the main lobby. As a patient of Williamson Medical Center, you will be able to use our new room service. During your stay, you will be visited by a room service ambassador who will walk you through the steps to ordering anything from our menu at your convenience between the hours of 7 a.m. and 7 p.m.

Our room service menu features salads, pizzas, hot entrees and grill items, all at no charge to the patient. Visiting family members can also order from the room service menu for an additional charge.

CAFE HOURS

Breakfast: 6:30 - 10 a.m.

Closed: 10 - 11 a.m.

Lunch: 11 a.m. - 2 p.m.

Closed: 2 - 3 p.m.

Grill only: 3 - 5 p.m.

Dinner: 5 - 7 p.m.

Grill only: 7 - 9 p.m.

Closed: 9 p.m. - 6:30 a.m.





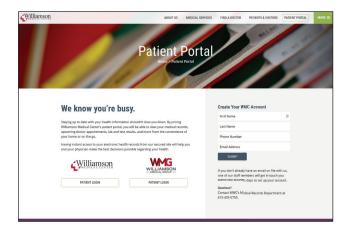
HOTELS IN THE LOCAL AREA

Some area hotels offer discounts for families of medical center patients. Call 615-435-5435 for information, maps and phone numbers. Google and hotels.com are both great resources to locate specific hotels near the medical center.



PATIENT PORTAL

When you are admitted to Williamson Medical Center, you will be given a login to access your health information via our patient portal. During the admission process, you will receive paperwork explaining how to log on to the portal and access your health information.

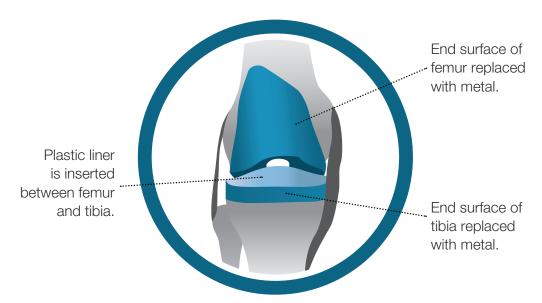


ABOUT YOUR KNEE SURGERY

ABOUT YOUR KNEE REPLACEMENT SURGERY

Healthy Knee - The knee is a hinge joint, formed where the thigh bone and shin bone meet. When the knee is healthy the joint moves freely. This is because the joint is covered by slippery tissue (cartilage) and powered by large muscles.

Results of Damage - The knee can no longer move freely when one or more parts of the knee are damaged. Over time cartilage can begin to crack and wear away. Cartilage cannot repair itself therefore as it begins to wear away the joint bones rub together and become rough, pitted, and irritated. This often results in severe pain and decreased movement of the joint.



KNEE REPLACEMENT PROSTHESIS

- End surface of femur replaced with metal.
- End surface of tibia replaced with metal.
- Plastic liner is inserted between femur and tibia.
- Patella is resurfaced with plastic.
- These artificial components are glued in with cement.

POSSIBLE COMPLICATIONS

INFECTION

- Infection may occur superficially in the wound or deep around the prosthesis. It may happen while in the hospital or after you go home. It may even occur years later.
- Minor infections of the wound are generally treated with antibiotics.
 Major or deep infections may require more surgery and removal of the prosthesis. Any infection in your body can spread to your joint replacement.
- Infection is more likely in people who have diabetes or a weakened immune system.



BLEEDING

It is normal to lose blood during knee-replacement surgery. Some people need a blood transfusion during surgery or their recovery in the hospital. You are less likely to need a transfusion if you are not anemic (have a low blood count) before surgery.

Much of the bleeding during surgery comes from the bone that has been cut. A hematoma (bruise) may occur if blood collects around the new knee joint or under the skin after surgery.

BLOOD CLOTS

Blood clots in the leg veins are the most common complication of knee replacement surgery. These clots can be life-threatening if they break free and travel to your lungs. Your orthopaedic surgeon will outline a prevention program which may include blood thinning medications, support hose, inflatable leg coverings, ankle pump exercises, and early mobilization.

POSSIBLE COMPLICATIONS (CONTINUED)

REACTION TO ANESTHESIA

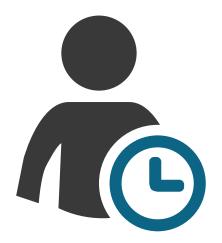
Please let your doctor or anesthesiologist know if you have ever experienced a reaction to medication during a previous surgery.

DAMAGE TO NEARBY BLOOD VESSELS, BONES, NERVES

While rare, injury to the nerves or blood vessels around the knee can occur during surgery. Over time, these nerves may improve, or completely recover.

IMPLANT PROBLEMS

Although implant designs and materials, as well as surgical techniques, continue to advance, implant surfaces may wear down and the components may loosen. Surgery may be needed to revise the joint replacement when the wear or loosening is severe.



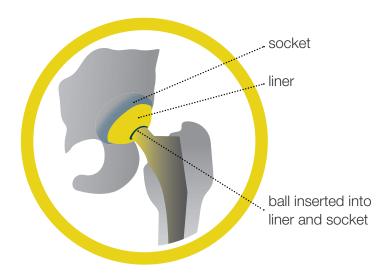
Total knee arthoplasty lasts more than 20 years 80% of the time.

ABOUT YOUR HIP SURGERY

ABOUT YOUR HIP REPLACEMENT SURGERY

Healthy Hip - The hip is a ball-and-socket joint, formed where the rounded head of the thigh bone joins the pelvis. The joint surfaces are covered by cartilage and powered by large muscles. The hip joint bears the full force of your weight, and a healthy hip joint allows you to walk, squat, and turn without pain.

Results of Damage - Movement is difficult and painful when one or more parts of the hip are damaged. Over time cartilage can begin to crack and wear away. Cartilage cannot repair itself therefore as it begins to wear away the joint bones rub together. Stiffness and pain occur when the ball starts to grind inside the socket resulting in damage to the joint.



HIP REPLACEMENT PROSTHESIS

- A socket, which is usually made of strong metal.
- A liner, which fits inside the socket. It is usually plastic, but sometimes ceramic or metal is used. The liner allows the hip to move smoothly.
- A metal or ceramic ball that will replace the round head (top) of your thigh bone.

POSSIBLE COMPLICATIONS

INFECTION

- Infection may occur superficially in the wound or deep around the prosthesis. It may happen while in the hospital or after you go home. It may even occur years later.
- Minor infections of the wound are generally treated with antibiotics.
 Major or deep infections may require more surgery and removal of the prosthesis. Any infection in your body can spread to your joint replacement.
- Infection is more likely in people who have diabetes or a weakened immune system.

BLEEDING

It is normal to lose blood during hip-replacement surgery. Some people need a blood transfusion during surgery or their recovery in the hospital. You are less likely to need a transfusion if you are not anemic (have a low blood count) before surgery.

Much of the bleeding during surgery comes from the bone that has been cut. A hematoma (bruise) may occur if blood collects around the new hip joint or under the skin after surgery.



BLOOD CLOTS

Blood clots in the leg veins or pelvis are the most common complication of hip replacement surgery. These clots can be life-threatening if they break free and travel to your lungs. Your orthopaedic surgeon will outline a prevention program which may include blood thinning medications, support hose, inflatable leg coverings, ankle pump exercises, and early mobilization.

REACTION TO ANESTHESIA

Please let your doctor or anesthesiologist know if you have ever experienced a reaction to medication during a previous surgery.

DAMAGE TO NEARBY BLOOD VESSELS, BONES, NERVES

While rare, injury to the nerves or blood vessels around the hip can occur during surgery. Over time, these nerves may improve, or completely recover.

DISLOCATION

This occurs when the ball comes out of the socket. Although uncommon, the risk for dislocation is greatest in the first few months after surgery while the tissues are healing. If a dislocation occurs, a closed reduction usually can put it back into place without the need for more surgery. In situations in which the hip continues to dislocate, further surgery may be necessary.

LEG-LENGTH INEQUALITY

Sometimes after a hip replacement, one leg may feel longer or shorter than the other. Your orthopaedic surgeon will make every effort to make your leg lengths even, but may lengthen or shorten your leg slightly in order to maximize the stability of your hip.

IMPLANT PROBLEMS

Although implant designs and materials, as well as surgical techniques, continue to advance, implant surfaces may wear down and the components may loosen. Surgery may be needed to revise the joint replacement when the wear or loosening is severe.

Total hip arthoplasty lasts more than 20 years 80% of the time.

PRE-HOSPITAL PLANNING

PRE-HOSPITAL FOR YOUR JOINT REPLACEMENT

WHERE WILL YOU BE GOING AFTER DISCHARGE?

Most of our patients will go straight home with outpatient therapy—that is our goal. Some of you may be going home with home health. A few of you will be discharged to a skilled nursing facility. Your doctor and healthcare team will help make that decision based on your progress.

While you are at Williamson Medical Center the Case Management Department will be working with you and your family to make arrangements for discharge.

PREPARING FOR HOME RECOVERY

Preparing for discharge home before surgery will make less work for your family while you are in the hospital. Some things to take care of are:

- Make arrangements for help after discharge. Ideally, someone should stay with you at night for the first week or so.
- Make arrangements for transportation to and from the hospital.
- You will also need help with getting to therapy, lab appointments, and any follow-up appointments until the doctor gives you the "ok" to drive.
- Stock up on easy-to-prepare foods such as canned, boxed or frozen foods. We also recommend a nutritional supplement drink such as Ensure[®].
- If you need a temporary permit for your car, contact your doctor's office.



FALL-PROOF YOUR HOME

- Remove throw rugs.
- Check for cords, foot stools or other small objects you may trip over, including small animals.
- Consider modifying your bathroom to include a shower chair, gripping bar, or raised toilet.
- When seated, keep things you need such as the remote control or your cell phone close by.



DENTAL WORK

 If you are also planning dental work such as extractions or periodontal treatments, schedule them well in advance of your surgery. Do not schedule any dental work, including routine cleanings, for several months after your surgery.

WATCH FOR INFECTION

 Notify your doctor if you come down with a fever, a cold or any other illness in the week before the surgery.

EQUIPMENT

While you are at the Medical Center, the Case Management department will be working with you and your families to ensure you have any equipment you need for use at home. Some commonly used home equipment includes raised toilet seats, walkers, crutches, dressing sticks, reachers, shoe horns, and sock aides.

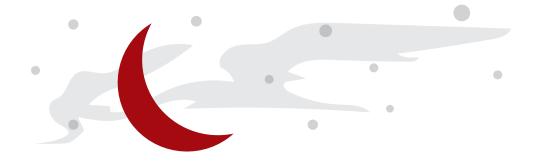
If you already have a walker at home bring it with you to the hospital. A
Physical Therapist will check it for safety and make sure it is adjusted to
the appropriate height.

PACKING YOUR BAG

- Please do not bring jewelry, credit cards, and large sums of money with you. Williamson Medical Center cannot be responsible for any valuable not placed in our safe including cell phones and other electronic equipment.
- Please do not forget to bring your eyeglasses and contacts. We also want you to have any hearing aids, and or dentures.
- Please bring a book or something for you and the family to do while waiting for surgery.
- After surgery you will have swelling at the surgical site, so pack loose fitting clothing that will stretch over the incision site.
- If you have a Living Will or a Durable Power of Attorney for Health Care, bring a copy to place in your chart.
- It is also important that you bring a correct home medication list. Make sure to have accurate and complete information on ALL prescribed, herbal, and over the counter medications you may take. For each of your medications we will need to know how you take it. This includes how much and how often you take the medication and when you took your last dose. If you bring medication bottles your family will need to take them home or we will have to send them to pharmacy until you are discharged.
- If you use a home CPAP machine please bring it with you.

THE NIGHT BEFORE SURGERY

- You will receive a phone call notification of when to arrive on your day of surgery. Get plenty of rest the night before.
- You will be given instructions by your anesthesiologist as to when you are to stop eating or drinking prior to surgery (this includes gum and candy).
- Do not use any tobacco products after midnight on the night prior to surgery.
- If your surgeon has prescribed for you to take Warfarin (Coumadin®) the night before surgery, do not forget to take it.
- Bathe with the special antiseptic soap you were given at your preadmission visit. This will help you prepare your skin for surgery by killing bacteria on the surface of your skin.



THE MORNING OF SURGERY

- You may bathe with normal soap the morning of surgery. When you
 arrive at the hospital, a staff member will wipe you from chin to ankle
 with special antiseptic wipes.
- Wear comfortable, loose-fitting clothes. Do not wear make-up, fingernail polish or jewelry.
- Take medication you were instructed to take by your physician or anesthesiologist with a sip of water.
- Report to Patient Registration. It's very important that you know ahead of time where to go. You will be escorted to a room and asked to change into a gown.
- A nurse will record your vital signs, allergies, home medications and other pertinent information.
- You will be given a hospital gown and a staff member will clean your skin from chin to ankle with infection prevention wipes.
- You will be asked to sign a consent form prior to surgery to allow the surgeon to perform the required surgical procedure. It is important to us that you completely understand your procedure and the risk involved so you are an active partner in your care.
- You may be given pain medication if ordered by your physician.
- From your room, you will be taken to the holding room. There you will
 meet with the anesthesia doctor and other members of your surgical
 team. Your IV will be started.

HOSPITAL STAY

SURGERY

- Depending on our surgery schedule, the amount of time you may be gone from your room will vary. The surgery itself generally lasts 2-3 hours once you are taken from the holding room.
- The operating room nurse will be communicating with your family. If your family members have questions, they may ask anyone at the front desk.
- During your procedure is your family's chance to get something to eat.
 Please have family members notify the nursing staff if they leave and how to get in touch with them should the need arise.

IN THE OPERATING ROOM

Your surgical team will verify your name and surgical procedure. **You are** asleep when:

- A catheter may be inserted into your bladder.
- IV antibiotics are given to prevent infections.
- A drain tube may be placed in your incision site.

POST-ANESTHESIA CARE UNIT (PACU)

From the Operating Room, you will be taken to the Post-Anesthesia Care Unit (PACU), where specially trained nurses will care for you as you recover from anesthesia. At this time your surgeon will contact your family or friends to discuss how the procedure went.

When you wake up in PACU, the nurse will tell you where you are and that your surgery is over. You may experience some blurred vision, dry mouth, chills or nausea from anesthesia. You may also have a sore throat if a tube was placed in your windpipe during surgery. You will experience some pain after surgery, but it is controlled with medication.

As you wake up, your nurse will be checking your bandage and your blood pressure. You will be attached to a heart monitor and oxygen level monitor. It is normal to hear these monitors beep. You will also receive oxygen through a clear tube in your nose. You will stay in PACU for about one hour, depending on the type of anesthesia you were given and your reaction to it.

AFTER SURGERY

IN YOUR HOSPITAL ROOM

- When you are fully awake from anesthesia, you will be taken to your room.
- We encourage family and friends to visit with the patients, at the same time it is important to know that the patients need plenty of rest to heal.
 Please be sensitive to these needs.
- It is important that we watch you closely on the day and night of surgery.
- Vital signs will be monitored hourly for the first 4 hours, then every 2 hours.

You will be getting up the day of your surgery!

- You will have an IV line in your arm to receive fluids and medication until you are eating and drinking fluids well.
- You may have an urinary catheter in your bladder.
- You may have oxygen in your nose and may have oxygen level monitor on your finger.
- Special stockings and /or inflatable leg covering may be used to reduce the risk of blood clots. You may also be given medication to prevent blood clots.
- You will receive both IV and oral pain medication. Some of the medication is scheduled and you will receive it without asking for it. If your pain is not tolerable despite scheduled medications, please notify your nurse.
- Posterior hip surgery patients may have a special abductor pillow between their legs when they return from surgery.
- You may have a drain in your incision site to collect drainage from your surgery.

PAIN CONTROL

WHAT IS PAIN CONTROL?

Pain control is a major priority for you, your doctor and our staff. While it is likely you will have some pain following surgery or while battling an illness, it certainly doesn't have to be unbearable.

Your doctor and nurses will measure your pain and do everything they can to help you stay ahead of your pain.

WHY IS PAIN CONTROL IMPORTANT?

Pain control can help you recover more quickly. By staying ahead of your pain, you need less medication and will have fewer side effects. By doing this, you can focus on walking, breathing exercises and regaining your strength quicker.

HOW ARE WE WORKING TO CONTROL YOUR PAIN?

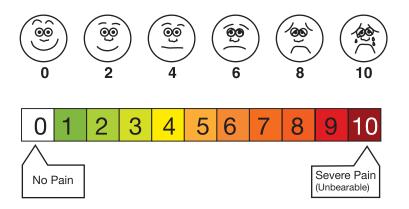
We care deeply about you and your recovery. Williamson Medical Center treats tens of thousands of patients each year, and our goal is for you to be as comfortable as possible while healing takes place.

- Medications given during surgery will wear off. In some cases, a nerve block will be used to control pain, but will wear off in 12-18 hours. It is important to stay ahead of your pain.
- Describe your pain level honestly and accurately so our medical staff can effectively control any pain or discomfort you may experience.
- Your nurse will ask you to rate your pain on a 0-10 scale, with 10 being severe pain. Reporting your pain as a number helps the doctors and nurses know how well your treatment is working and whether to make changes.
- Your nurse will offer descriptive words, such as aching, throbbing, burning or stabbing, to help you describe your pain level.

PAIN CONTROL

WHAT CAN YOU DO TO HELP WITH PAIN CONTROL?

- Ask for pain relief medications at first sign of escalating pain.
 Treating pain early usually brings quicker and better results. Also, it's OK to ask for pain medications before treatments or therapies that are likely to cause pain.
- Practice pain control techniques at home or in the hospital.
 The following relaxation techniques have been found to work well in conjunction with pain medication.
 - » Relaxation: Breathe slowly and deeply while listening to soothing music.
 - » **Distraction:** Read a book, listen to music, watch TV or your favorite movie, or have a conversation with family.
 - » Touch: Asking a friend or family member to stroke your hair or rub your back, shoulders or feet can help take your mind off pain elsewhere on the body.
 - » Visualization: Imagine yourself in a tranquil place, such as the beach or mountains.



KEEPING YOU SAFE AFTER SURGERY

Keeping you safe after surgery is our priority. In addition to the medicines that make you sleepy, falls can be related to unfamiliar surroundings, feeling weak after surgery, or moving around with a lot of tubes attached to your body. **Always call for help!**

PREVENTING PNEUMONIA

- Breathing exercises: Your doctor will order breathing exercises after surgery. It is important for you to breathe deeply to help keep your lungs clear and avoid complications like pneumonia. Bed rest, drowsiness anesthesia and pain often keep you from taking deep breaths.
- An Incentive Spirometer is a device we use to help you take deep breaths. To use the Incentive Spirometer:
 - Just after you exhale normally, put your lips tightly around the mouth piece.
 - 2. Take a slow, deep breath to raise the balls in the meter. Try to hold this deep breath for a few seconds.
 - 3. Repeat this process 10-15 times each hour while awake.

IMMEDIATELY AFTER SURGERY

OFF THE SHEETS, ON YOUR FEET

- You will be on solid foods as tolerated by this day.
- If your oxygen level is adequate, your oxygen will be discontinued.
- Your lab work will be monitored by the staff to make sure your blood counts are within acceptable range.
- Our goal is to have your pain tolerable with oral pain medication; we do
 this to ensure that the oral medication will work well for you at home.
 Always notify your nurse if the pain is not tolerable.
- You will be walking and exercising.
- Physical Therapy and/or Occupational Therapy will work with you.
- Warfarin (Coumadin®) education will be done by your pharmacist for those of you on blood thinners.
- The social worker will be working with you to get any needed equipment and help arrange discharge plans.



FIRST DAY AFTER SURGERY THROUGH DISCHARGE

YOUR TICKET HOME

- Review home exercises and walk
- Practice stairs if applicable
- Continue to monitor blood work
- You will be allowed to shower
- You will be given instructions on the care of your dressing
- The medical team will be working with you to ensure bowel mobility and function is returning after anesthesia
- Pain should be tolerable with the use of only oral pain medication
- Make sure your ride home is available by 2 p.m. on the day of discharge
- Case Management will finalize your discharge plans and ensure you have all the necessary equipment to go home with



PHYSICAL THERAPY

PHYSICAL THERAPY GUIDELINES

TOTAL HIP (POSTERIOR APPROACH)

Your First Therapy Session

A Physical Therapist will see you on the day of surgery. You may feel very weak and/or numb in your operative leg due to the anesthetic needed to perform the surgery; this is very common.

You will likely see two types of therapists during your hospital stay, a Physical Therapist and an Occupational Therapist. Your Physical Therapist will focus on your mobility and strengthening primarily, while your Occupational Therapist will be more focused on your ability to safely perform daily activities (bathing, toileting, dressing, etc.).

Most patients will be allowed to put weight on their leg immediately after surgery; this is known as **Weight Bearing As Tolerated.** In some cases, you may be limited to less weight bearing. If your surgeon has ordered something different you will be clearly notified.

The focus of the first treatment session will be to get up and walk on your new hip. You may also complete some exercises depending on the plan your therapist has developed for you. It is normal to feel a little sleepy, dizzy, or even a little nauseated during this session.

After therapy you may be positioned in bed with your Abduction Pillow (Yellow Wedge) or a standard pillow between your legs in accordance with your surgeon's preference. This is to help you keep your hip in the correct position.

Additional Posterior Hip Therapy Sessions

The remaining therapy sessions will be preparing you to leave the hospital as strong and mobile as possible. Many patients will go directly home from the hospital. Your therapist and your surgeon will recommend the safest option based on your condition after surgery. This will be based on what resources you have available at home and how strong you are when you are ready to leave. Although you may have discharge expectations please keep in mind that your condition may warrant a change in your plans.

Your biggest challenge will be learning to maintain your Hip Precautions:

- Do not bend over past 90 degrees
- Do not twist your new hip inward (pigeon toed)
- Do not cross your legs

Our expectation is that you will sit up in a chair to eat your meals. Being out of bed is important to help your body resume its normal function and help prevent pneumonia.

Ideally, you will be able to remember these without any reminders. Generally, a goal of walking about 150 feet using your walker without anyone physically helping you is appropriate.

The staff at Williamson Medical Center is dedicated to your success after surgery and we look forward to partnering with you to help you reach your goals.

Your physician may leave you with a prescription for additional outpatient physical therapy. A couple of options for you to consider are:

- Williamson Medical Center Outpatient Physical Therapy 1106 Elliston Way, Thompson's Station, TN 37179
- Bone and Joint Institute of Tennessee Rehabilitation Services 3000 Edward Curd Lane, Franklin, TN 37067

POSTERIOR HIP: WHAT NOT TO DO!



DON'T stand with your legs turned inward.



DON'T cross your legs when sitting.



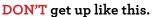
DON'T twist when reaching for objects. Keep frequently used items close.



DON'T pull your blankets up like this. Use your reacher.

POSTERIOR HIP: WHAT NOT TO DO!







DON'T bend way down.





DON'T cross your legs while sleeping. This applies to both hips. Use a pillow between your legs for extra support.

TOTAL HIP (ANTERIOR APPROACH)

Your First Therapy Session

Your first therapy session will be the day of your surgery. You may feel very weak and/or numb in your operative leg due to the anesthetic needed to perform the surgery; this is very common. Your Physical Therapist will focus on your mobility and strengthening.

Most patients will be allowed to put weight on their leg immediately after surgery; this is known as **Weight Bearing As Tolerated.** In some cases, you may be limited to less weight bearing. If your surgeon has ordered something different you will be clearly notified.

The focus of the first treatment session will be to get up and walk on your new hip. You may also complete some exercises depending on the plan your therapist has developed for you. It is normal to feel a little sleepy, dizzy, or even a little nauseated during this session.



Additional Anterior Hip Therapy Sessions

The remaining therapy sessions will be preparing you to leave the hospital as strong and mobile as possible. Many patients will go directly home from the hospital. Your therapist and your surgeon will recommend the safest option based on your condition after surgery. This will be based on what resources you have available at home and how strong you are when you are ready to leave. Although you may have discharge expectations, please keep in mind that your condition may warrant a change in your plans.

You will have some precautions following your hip replacement. After an anterior approach there are two things you need to avoid:

- No resisted extension (moving your leg backward against weight/ resistance).
- Avoid extreme motions, such as bending all the way down to the ground or bringing your leg really far back behind you. These are things you would do in yoga or gymnastics. LET PAIN BE YOUR GUIDE. If it causes extreme pain, stop the activity.

Our expectation is that you will sit up in a chair to eat your meals. Being out of bed is important to help your body resume its normal function and help prevent pneumonia.

Generally, a goal of walking about 150 feet using your walker without anyone physically helping you is appropriate.

The staff at Williamson Medical Center is dedicated to your success after surgery and we look forward to partnering with you to help you reach your goals.

TOTAL KNEE

Your First Therapy Session

Your first therapy session will be the day of your surgery.
You may feel very weak and/or numb in your operative leg due to the anesthetic needed to perform the surgery; this is very common. We will do everything to keep you safe until your strength and sensation improves.

The focus of the first treatment session will be to get up and walk on your new knee. You may also complete some exercises depending on the plan your therapist has developed for you. It is normal to feel a little sleepy, dizzy, or even a little nauseated during this session.

Most patients will be allowed to put weight on their leg immediately after surgery; this is known as **Weight Bearing As Tolerated.** In some cases, you may be limited to less weight based on your surgery and you will be clearly notified if your surgeon has ordered something different.

You should **NOT** rest with a pillow under your knee for several weeks after surgery as it can prevent you from straightening your knee completely.

Additional Knee Therapy Sessions

The remaining therapy sessions will be preparing you to leave the hospital as strong and mobile as possible. Many patients will go directly home from the hospital and have Outpatient Therapy or Home Health. Your therapist and your surgeon will recommend the safest option based on your condition after surgery. This will be based on what resources you have available at home and how strong you are when you are ready to leave. Although you may have discharge expectations please keep in mind that your condition may warrant a change in your plans.

Be aware that therapy will likely increase your pain level and managing this is important to a successful therapy session. You will have pain medication prescribed and ice packs available to help manage your pain. Taking your pain medication regularly, as prescribed, will prepare you to succeed.

The first two months after your knee replacement are the most crucial for your rehabilitation. It is important to diligently work on improving your range of motion in your knee to avoid any future complications. If you don't work hard now to get that motion you may not be able to get it back later. If you follow the plan your doctor and therapist have laid out for you then you will almost certainly succeed.

Our expectation is that you will sit up in a chair to eat your meals, this is important to help your body resume its normal function and help prevent pneumonia. Ideally, you will be able to bend your knee at least 90 degrees and straighten it out to zero degrees when you leave. Generally, a goal of walking about 150 feet using your walker without anyone physically helping you is appropriate. The staff at Williamson Medical Center is dedicated to your success after surgery and we look forward to partnering with you to help you reach your goals.

Your physician will leave you with a prescription for additional outpatient PT. Williamson Medical Center's outpatient physical therapy office is located at Tollgate Medical Plaza in Thompson's Station at 1106 Elliston Way. But we encourage you to find a PT office that is convenient to you.

EXERCISES FOR TOTAL KNEE

The following exercises are those that you can and should do at home 2 to 3 times a day. Please ask your physical therapist before you leave if you have any questions about these exercises.

STATIC STRETCH FOR EXTENSION



Place a rolled towel or pillow under your leg just above the heel. Keep your leg as straight as possible, occasionally pushing your knee down toward the bed. **Hold position for 15 – 20 minutes**

CHAIR KNEE FLEXION & EXTENSION





While seated, place your foot underneath the chair so that your knee is bent. Then, swing your lower leg up to full extension.

Hold 5 - 10 seconds & Repeat 30 times

EXERCISES FOR TOTAL KNEE

STRAIGHT LEG RAISE





Bend your non-operative leg. With your operative leg, pull your foot back and tighten your thigh muscles. Slowly raise your leg to the height of your bent knee, keeping your leg straight. Do not lift your leg higher than your bent knee. Slowly lower your leg back down.

Repeat 30 times

EXERCISES FOR TOTAL HIPS AND KNEES

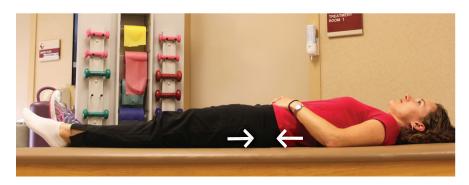
QUAD SETS



Tighten the muscles on top of your thigh; Push your knee down toward the bed or floor.

Hold for 5 seconds & Repeat 30 times

GLUTEAL SETS



Squeeze your buttocks muscles as tightly as possible.

Hold for 5 seconds & Repeat 30 times

EXERCISES FOR TOTAL HIPS AND KNEES

ANKLE PUMPS



Flex your ankles up and down.

Repeat 30 times

HEEL SLIDES





Sliding your heel along the bed, gently bend your knee, keeping your knee aligned and avoiding rotation at your hip. Do not bend your hip beyond 90°.

Repeat 30 times

EXERCISES FOR TOTAL HIPS AND KNEES

HIP ABDUCTION



Slide your operative leg out to the side, keeping your kneecap pointing toward the ceiling. Gentle slide your leg back toward midline, keeping your kneecap pointing toward the ceiling. Be careful not to cross midline.

Repeat 30 times

SHORT ARC QUADS





Bend your knee over a bolster or pillow. Straighten your knee lifting your heel off the bed and keeping the back of your knee on the bolster. Slowly lower back down.

Repeat 30 times

SELF CARE AND DAILY ACTIVITIES

ADAPTIVE EQUIPMENT

Adaptive Equipment may be used by people with specific precautions or who have difficulty completing self care tasks. Adaptive equipment may be purchased in most pharmacies, medical supply stores, large retail stores, and in the WMC Gift Shop. Adaptive equipment may also be purchased online.

Note: we usually do not recommend adaptive equipment for patients after total knee surgery because we want you to bend your knee as much as possible.



- **1. Reacher:** allows you to reach items on the floor or overhead; may also assist with lower body dressing.
- **2. Long Handled Shoehorn:** helps you slide your heel into your shoe.
- 3. Dressing Aid: helps with pulling on your pants and other various uses.
- **4. Long Handled Sponge:** allows you to wash your lower body without bending over; also can be used to wash your back.
- **5. Sock Aid:** fit your sock onto the tube of the sock aid, and drop it to the floor. While holding the rope handles, slide your foot into your sock.

TOILETING







Using your walker, back up to your toilet or bedside commode; ease yourself down while extending your operated leg. Avoid low or conventional toilet seats: a raised toilet seat or bedside commode frame will allow you to avoid excessive bending of your new hip. Use handicap facilities when using a public restroom.

For toileting hygiene, reach between your legs from the front while seated to avoid hiking your hips. If this doesn't work, consider standing and wiping. You can purchase a device called a toileting aid if you continue to have difficulty. If using a raised toilet seat or bedside commode that has an adjustable height, set the seat height to that of your mid-knee while standing.

TUB TRANSFER WITH TUB CHAIR







Using your walker, back up to your tub chair; sit with your legs outside the bathtub; after sitting, swivel your legs into the bathtub. **Note: consider installing a safety rail in your bathtub for additional safety and stability.**

TUB TRANSFER WITHOUT TUB CHAIR









This is for people with posterior hip precautions. Approach your bathtub with your walker; step in with your non-operative leg; bend your knee (NOT YOUR HIP) on your operative leg and step into the bathtub. **DO NOT SIT IN YOUR BATHTUB UNTIL CLEARED BY YOUR PHYSICIAN.** Note: consider installing a safety rail in your bathtub for additional safety and stability.

CAR TRANSFER







Have the car seat reclined and pushed back. Using your walker, back up to the car; sit with your legs outside the car; after sitting, and swivel your legs into the car. Be careful to not use the car door to support yourself, as it may accidently close on your fingers. Raise the seat up for the drive. Before getting back out of the car, recline the seat back down.

Other considerations:

- Car seats should not be too low; sit on a pillow if needed
- Make sure you can slide easily on the seat material (a plastic bag may help)
- Break up long car rides; stop, get out, and walk every couple hours

USING THE STAIRS





Going UP: Start close to the bottom step. Lead with the stronger leg, if applicable. Next, step up to the same step with the other foot. Both feet should be on the same step. Repeat for additional steps.





Going DOWN: Start at the edge of the step. Lead with the weaker leg. Next, bring the stronger foot down to the same step as the first foot. Both feet should be on the same step. Make sure you bend at the hips and knee to prevent leaning too far forward. Repeat for additional steps.

DRIVING

In most cases it is safe to resume driving when you are no longer taking narcotic pain medications, and when your strength and reflexes have returned to a more normal state; your physician will help determine when you are safe to resume driving.

SLEEPING POSITIONS

Depending on your surgery, you may need to avoid certain sleeping positions or sleep with a pillow between your legs. Ask the nursing staff to help you get comfortable while maintaining any precautions.

SEXUAL ACTIVITY

Depending on your condition, you may be able to resume sexual activity within several weeks after surgery. Please consult your physician about how soon you can safely resume sexual activity.

RETURN TO WORK

Depending on the type of activities you do on the job and the speed of your recovery, it may be several weeks before you return to work. Consider returning to work part time until you are sure you are ready, and don't push yourself. Your physician will advise you when it is safe to resume normal work activities.

OTHER ACTIVITIES

Walk as much as you like once your physician clears you, but remember that walking is not a substitute for your prescribed exercises. Most people can return to an active lifestyle including golfing, bowling, bike riding, swimming, dancing, and tennis. Most physicians discourage high impact activities like jogging and basketball. Discuss your activities with your physician to be sure.

WARFARIN (COUMADIN®) EDUCATION

WARFARIN (COUMADIN®) EDUCATION

Top 10 Things to Remember

- 1. Take Warfarin exactly as directed, at the same time each evening. Notify the anticoagulation clinic if you miss a dose.
- Notify the clinic if your Warfarin tablet changes appearance after refilling your prescription or if anyone instructs you to stop or change your warfarin therapy.
- 3. Look for signs of bleeding or clotting and report them immediately.
- Notify your doctor or anticoagulation clinic of changes in your dietary vitamin K intake, activity level, or medications (including herbal products, vitamins, and over-the-counter medicines, especially antibiotics).
- Call your doctor or anticoagulation clinic if you have a fever, diarrhea, vomiting, or loss of appetite lasting longer than one day.
- 6. Limit alcohol to 1 to 2 drinks per day.
- 7. Get your blood tested when scheduled.
- 8. Tell each of your healthcare providers that you are taking Warfarin, carry a wallet card, and consider getting an ID bracelet or necklace.
- Notify the clinic when you have been scheduled for a surgical, invasive, or dental procedure.
- 10. Tell your healthcare providers (including the clinic) if you are planning on or trying to become pregnant.

FAQs ABOUT WARFARIN (COUMADIN®)

WHAT IS WARFARIN?

Warfarin sodium is an anti-coagulant or "blood thinner." Other names are Coumadin® or Jantoven®.

WHY AM I TAKING WARFARIN?

Anticoagulants, like warfarin, help prevent clots from forming in the blood due to immobility after surgery. These clots can be harmful and sometimes life-threatening.

HOW LONG AM I ON THE WARFARIN?

Most folks will only be on this medication for prevention and will be taking this medicine short-term for generally a month. If you develop a clot or were taking warfarin before your surgery, you will require long-term warfarin.

HOW SHOULD I TAKE WARFARIN?

Warfarin is taken once a day, the same time each day, usually in the evening. You can take it with or without food. You may need to write down how much warfarin you are to take each day to help you remember.



WHAT IF I MISS A DOSE?

- Notify the anticoagulation clinic and make sure to mark it on your dosing calendar.
- Take the missed dose as soon as possible on the same day.
- Do NOT take a double dose of warfarin the next day to make up for the missed dose.

HOW IS WARFARIN MONITORED?

Your body's response to warfarin is monitored by a blood test. This tells the clinic how thick or thin your blood is. Your warfarin dose is adjusted based on the results of this blood test. This blood test is called an INR.

HOW OFTEN IS MY BLOOD TESTED?

When you first start taking warfarin, you may need to get your blood tested twice each week. As your PT/INR become more consistent, blood testing will decrease in frequency. The maximum time between testing is once a month. It is very important that you get your blood tested on the date and time that you are instructed. If you are unable to make a scheduled appointment, it is your responsibility to call and reschedule.

WHERE CAN I GET MY BLOOD TESTED?

- Local Hospital: Many hospitals have walk-in blood draw stations.
- Physical Therapy: Some offer point of care testing in conjunction with your physical therapy appointment.
- At your regular physician's office: Please note sometimes it takes at least 1 or 2 days for the physician to get the result back and be able to forward the result to the clinic.
- **Home Health:** A nurse is able to come to your home and help out with your recovery needs and also draw labs.
- Skilled Nursing Facility: The physician at the facility will adjust your Warfarin (Coumadin®) while you are there.

SIGNS/SYMPTOMS OF MAJOR BLEEDING

If you experience any of these symptoms, call your doctor or anticoagulation clinic, or come to the emergency department immediately:

- Red or dark brown urine
- Red or black, tarry stool
- Vomiting or coughing up blood
- Unexplained bruising
- Frequent nose-bleeds, bleeding gums, or unusual bleeding
- Any bleeding that is continuous or excessive
- If you have a serious fall or if you hit your head
- If you cut yourself and cannot stop the bleeding after 20 minutes

Any sign/symptom of major bleeding needs immediate medical attention. Go to the nearest Emergency Room or call 911.

OTHER FACTORS THAT CAN INTERFERE WITH WARFARIN

BEVERAGES

- Alcohol
- · Cranberry Juice
- · Grapefruit Juice
- Green Tea/Herbal Teas
- **Remember, only 1-2 alcoholic drinks per day and no more than 80z of cranberry/grapefruit juice**

LIFESTYLE CHANGES

- Sudden Smoking Cessation
- Increased Exercise/Starting a New Routine
- Illness (cold/flu/infection)
- Starting a New Diet
- **Pregnancy—Tell your healthcare providers if you are, or are trying to become pregnant.**

FOODS (ESPECIALLY GREEN, LEAFY VEGETABLES)

Broccoli Brussels sprouts Cabbage Coleslaw Collard greens Endive Green scallion Kale Lettuce Liver

Mustard greens Parsley Spinach Sauerkraut Turnip greens Watercress

DISCHARGE

PRESCRIPTION

Upon discharge, make sure you have your prescription for Warfarin (Coumadin®) at home, if not you will need to get it filled at the pharmacy as soon as possible.

Over-the-counter medications to avoid while on Warfarin:

Aspirin (Excedrin, Goody's powders, BC powders)
Ibuprofen (Motrin, Advil)
Naproxen (Aleve)
Herbal Supplements
Vitamin E
Fish oil

LAB CHECKS

You will need to have your PT/INR lab checked on **Monday and Thursday mornings, every week for at least four weeks.** Be sure to take your **lab order form** to the place drawing your blood. This will let the lab know what has been ordered and where to send the results.

Medication instruction: the anticoagulation clinic will call every **Tuesday and Friday.** We will inform you on how many tablets to take and when.

LAB LOCATIONS

You are welcome to visit either of our lab locations for your weekly draws:

Williamson Medical Center

Williamson Tower 6th floor Mon. - Fri.: 6 a.m. - 6 p.m.

Tollgate Medical Plaza

1106 Elliston Way, Thompson's Station Mon. - Thurs.: 7 a.m. - 5 p.m. Fri.: 7 a.m. to 3:30 p.m.

If you are having any problems or concerns, please call the clinic at 615-435-5525.

WARFARIN (COUMADIN®) DOSING CALENDAR

(NOTE: # OF TABS IS BASED ON WARFARIN 5MG TABS RECEIVED PRIOR TO SURGERY)

DATE	DAY of WEEK	DOSE	# of TABS	PROBLEMS / CONCERNS	NEW MEDS STARTED
	_		_		
	Н		Н		

AFTER YOUR DISCHARGE

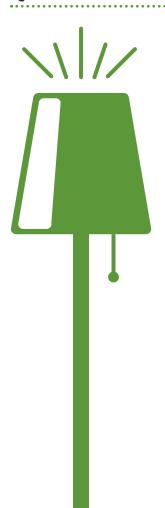
HOME SAFETY

You will be given written discharge instructions and prescriptions for any medications and therapy you may need after you go home. **You will receive a printout of medical instructions with your discharge packet.** We will go over these details with you, but if you have any questions, please feel free to ask before you go home.

For the next six to eight weeks you will continue to heal and recovery from your surgery, so it is important that you take some precautions while recovering at home. Most importantly, you should balance periods of activity with periods of rest. Avoid getting to the point of exhaustion, which may come earlier than you expect.



QUICK TIPS



- Keep rooms well lit.
- Keep items you use often within easy reach.
- Remove throw rugs, and keep electrical cords out of the way to prevent slipping or tripping.
- Watch for small pets or small objects on the floor.
- Use caution when using stairs. We recommend holding onto the railing or another person for support.
- Initially limit the use of stairs, one flight per day.
- If possible, prepare a bedroom on the main living level.
- Store supplies between your waist and shoulder level to make things easier to reach.
- Add firm pillows to chairs to help make getting up easier.

PAIN MANAGEMENT

- You will be prescribed medications for pain.
- Take pain medication ONLY as prescribed.
- Some pain medications contain Tylenol® or Acetaminophen. The maximum recommended daily dose of Acetaminophen or Tylenol is 3000mg per day. Taking over-the-counter Tylenol® or Acetaminophen with these medications can be harmful.

PAIN MEDICATION SIDE EFFECTS

- One of the side effects of pain medication is sedation. Never drive or operate equipment while taking pain medication. Your doctor will tell you when you are able to drive.
- Another side effect of pain medication is constipation. Drinking plenty of
 water and eating a fiber rich diet will help. You may also be instructed to
 take over-the-counter stool softeners such as Docusate (Colace®) while
 you are taking pain medication. Notify your doctor if you are unable to
 have a bowel movement and are having worsening abdominal pain,
 bloating and or unresolved nausea or vomiting.
- If you are still unable to have a bowel movement after taking medication in the situation above you **MUST** let your surgeon know.

WHEN TO CALL YOUR SURGEON

- Increased pain at your incision site
- Edges of the incision are separating or pulling apart
- Severe pain, swelling or redness in either calf or leg
- Redness heat or drainage at the incision site
- Fever over 101.4
- Unresolved nausea, vomiting, abdominal pain or inability to have a bowel movement
- Trouble breathing or chest pain call 911

INCISION CARE/PREVENTION OF INFECTION

- Specific instructions on caring for your incision will be provided by your doctor prior to discharge.
- Showering is ok, but do not soak your incision in tubs, pools or hot tubs.
- Wash your hands! The best way to prevent infection of any kind is good hand washing.
- Do not apply any ointments or creams to your incision unless ordered by your physician.
- Do not rub or scratch at your incision site.
- If you notice any new redness, swelling or drainage, call your physician as these may be signs of infection.

BATHROOM SAFETY

- Use nonslip bathmats on your bathroom floor and in your tub or shower.
- Watch for hazards, such as wet floors.
- Grab bars in your shower or tub should be used for support as you get in and out.
- If able install a hand-held shower hose.
- Sit on a bath bench or shower chair as you bathe.
- Use long-handled sponges to wash hard to reach areas.
- If you had surgery that limits bending, use a commode chair or elevated toilet eat to raise the height of your toilet seat.



ACTIVITY/SAFETY

- Walk every day.
- Do not sit for extended periods of time.
- On long car trips stop frequently and get out and move around often.
- Don't forget to fall-proof your home.
- Continue to use your walker with all activity.
- Follow your physical therapy plan per your therapist's instructions.
- Do not drive until your doctor says it is okay.
- Use a pillow and or cushion on lower chairs.



SPECIFICS ABOUT YOUR KNEE

- Continue the exercise program you learned in the hospital.
- The two most important activities you should do are walking and bending your knee as much as possible.
- Take your pain medication as prescribed, and use ice often.



HOW TO CONTROL SWELLING

Leg swelling is a common occurrence following total joint replacements. Excessive swelling can interfere with your return to normal activity and can even lead to more serious complications, so it is important to prevent it.

Due to inactivity of your joints during and after surgery, blood flow is inhibited and when your legs are continuously in a hanging down position (sitting), swelling occurs. It is important that you are able to recognize the early signs of swelling and take action to prevent and reverse them.

The most important thing you can do to prevent swelling is to lie down with your legs elevated above your heart, keeping in mind any positioning precautions you have been taught. This should be done for an hour in the morning and an hour in the afternoon. This position allows excess fluid to drain from the joint by force of gravity.

Additionally, walking will be your second best defense against swelling. When you walk, your muscles contract and act as a pump that carries excess fluid away from the joint.

Swelling can also be controlled after surgery with compression hose. Generally, compression hose should be worn at all times but can be removed for showering and are machine washable. Remove them when sleeping at night.

- Ice can be used for swelling and pain.
- You will be given ice packs for use at home.
- Ice your knee or hip for 20 to 30 minutes several times a day.
- Never apply ice directly to the skin.

FREQUENTLY ASKED QUESTIONS

DO I NEED TO BUY ICE PACKS?

You will go home with a reusable ice pack.

CAN I WEAR MY OWN CLOTHES?

Yes, make sure it is loose and will go over your incision easily. Do not bring silky clothes as they present a fall hazard.

WHERE CAN I GET THE NEEDED EQUIPMENT?

The case manager will work with you to get your equipment prior to discharge. If you have a walker at home to use, please bring it with you so physical therapy can make sure it fits you properly. There are hip kits available to purchase in our gift shop.

WHAT ABOUT WALKING UP STEPS?

Physical therapy will work with you on steps. If you have a flight of stairs to go up or down, physical therapy will give you more intensive step therapy.

WHEN CAN I DRIVE?

You can drive when okay with your physician and you are no longer taking pain medication. Usually within 3-4 weeks.

HOW LONG WILL I HAVE TO USE THE WALKER?

This varies with each patient but is typically 1 to 2 weeks post-op.

QUESTIONS FOR YOUR DOCTORS AND NURSES

As you go through the joint replacement process, questions may arise. You will have an opportunity to ask questions at the time of your visit with your surgeon and during your pre-admission visit.

We would like you attend **Joint Surgery 101** prior to your surgery. This class is designed to make sure you are armed with all of the information you need for a successful recovery. At this time a team of staff members will be available to answer questions as well. Classes are held each Monday, Tuesday and Thursday with the exception of federal holidays.

Feel free to call or e-mail Frank Jett, R.N., at **(615) 435-6040** or **fjett@wmed.org** with any questions or concerns regarding your pending hospitalization or joint class times.

Should you have questions or concerns once you leave the hospital, please contact your physician.

Physician:		
Physician Assistant: _		
Nurse:		
Physical Therapist:		
NOTES:		

For all medical emergencies, call 911.



- 1. Williamson Medical Center ER Entrance
- 2. Williamson Medical Center Main Entrance 4321 CAROTHERS PARKWAY
- 3. Williamson Tower Medical Office Building Main Entrance 4323 CAROTHERS PARKWAY

Provides access to Williamson Surgery Center and physicians' offices. Please see directory in the lobby for specific office locations.

4. Williamson Tower Medical Office Building Parking Garage Entrance 4323 CAROTHERS PARKWAY

Provides access to the offices inside the Williamson Tower, surgery center and the hospital.

5. WMC Patient Registration Entrance

This is the best entrance for all patients to use. Enter here for pre-registration, pre-admission testing, radiology procedures and day surgery as well as general admissions.

6. WMC Outpatient Imaging 4601 CAROTHERS PARKWAY



WE WISH YOU A SAFE AND SPEEDY RECOVERY!

Please call (615) 435-6040 if you have any questions.

