



# TOTAL JOINT REPLACEMENT SURGERY GUIDEBOOK





### **A PATIENT CENTERED ORGANIZATION**

UI Health is a patient centered organization. Providing safe, high-quality and cost-effective care for our patients is our foremost responsibility. The care of our patients and their families will always be at the heart of our mission.

### **OUR MISSION**

In collaboration with our academic partners, our mission is to advance healthcare to improve the health of our patients and communities, promote health equity, and develop the next generations of healthcare leaders.

# Thank you for choosing UI Health for your Joint Surgery & Care

## This Guidebook is provided to:

- Help you prepare for surgery
- Help you know what to expect in the hospital after surgery
- Offer instruction about how to care for your new joint
- Help you plan ahead for your discharge from the hospital
- Help you know what to expect once you are home

As a leader in patient care, research, and education, we want to make a positive difference in people's lives.

We hope to provide you the best experience before, during, and after your surgery. We developed this guidebook to help you know what to expect. Being ready for surgery, understanding your care, and planning ahead for discharge are important for best results and recovery. Please contact your doctor or nurse if you have any additional questions.

Please bring this guidebook to all your appointments and to the hospital on the day of your surgery.

Thank you for choosing UI Health!

### Your Primary team:

- Surgeon
- Nurse Practitioner or Physician Assistant
- Nurses and nursing assistants
- Occupational Therapist
- Physical Therapist

### Additional team members who may assist:

- Social worker
- Case manager
- Dietitian
- Pharmacist

## LOCATION & PHONE NUMBERS

**UI Health Hospital**  
1740 W Taylor Street  
Chicago, IL 60612

**Orthopedic Clinic**  
312.996.1300

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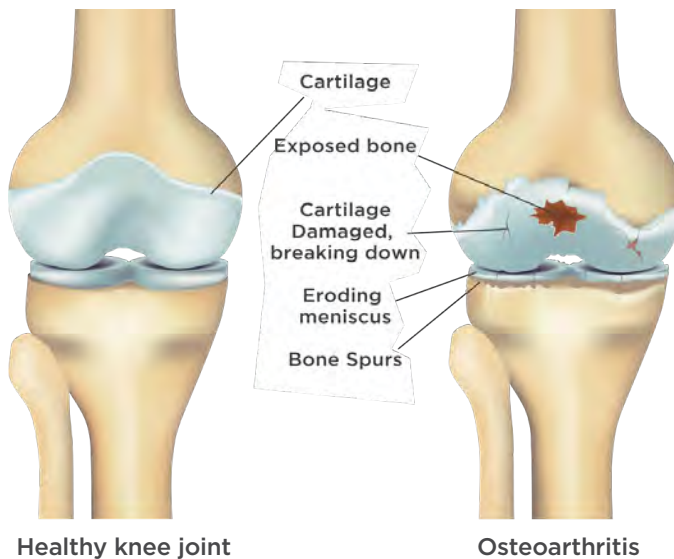
# Frequently Asked Questions

## What is a total knee replacement?

In a total knee replacement surgery, the damaged cartilage on the end of the thigh bone (femur), top of the shin bone (tibia), and back of the knee cap (patella) are removed and replaced with artificial implants.

## What is osteoarthritis?

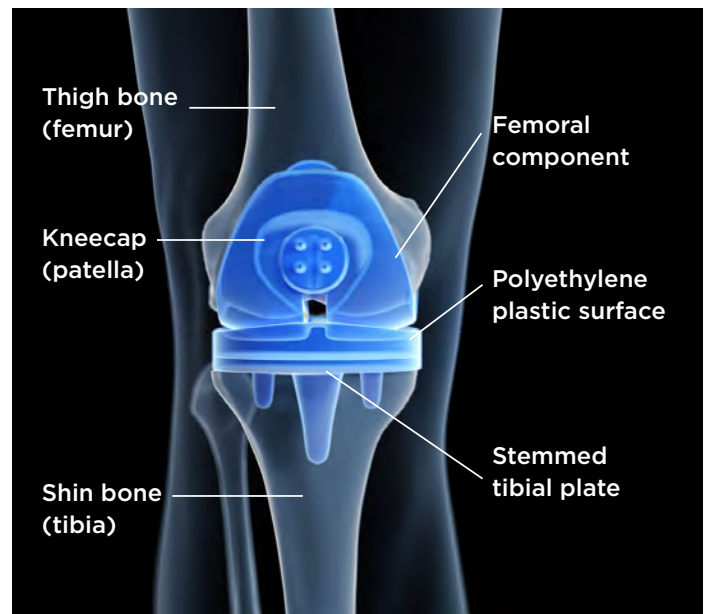
A tough, smooth tissue called cartilage covers the surfaces of the bones in a joint. Cartilage helps cushion the bones and reduces friction in the joint. Osteoarthritis is the wear and tear that destroys the joint cartilage as a result of trauma, repetitive



movement, obesity, or for no apparent reason. Cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion.

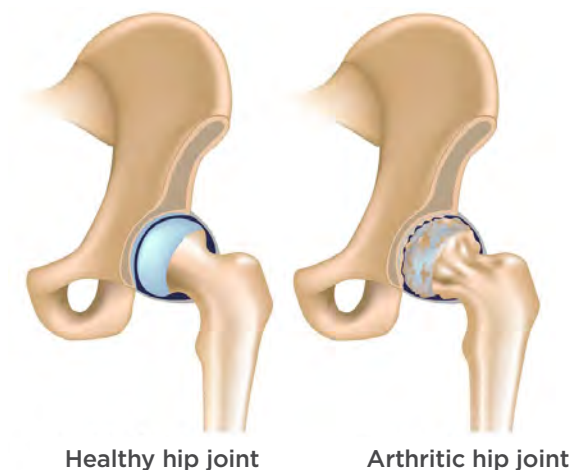
## Why might I need a revision of my previous total knee replacement?

The most common reason for a revision is loosening of the artificial surface from the bone. Wearing of the plastic spacer may also result in the need for a new spacer. Your surgeon will discuss with you the possible complications associated with total knee replacement.



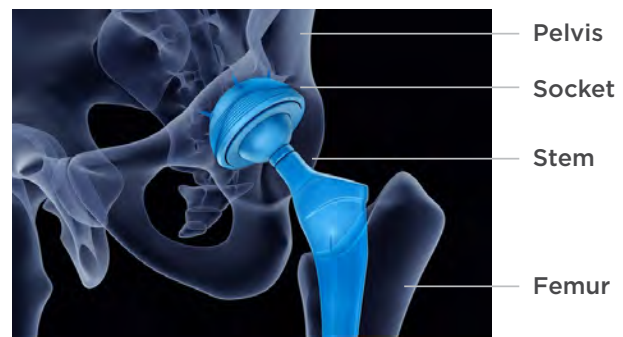
## What is a total hip replacement?

A total hip replacement surgery replaces the upper end of the thighbone (femur) with an artificial ball, as well as resurfaces the hip socket in the pelvic bone with a metal shell and plastic liner.



## Why might I need a revision of my previous total hip replacement?

The most common reason for a revision is loosening of the artificial surface from the bone. Another rare complication is a hip dislocation. Your doctor can usually treat this by moving the hip back into place after giving you pain medicine or anesthetic. You may also need to wear a brace for a while. In a few cases, surgery may be needed to put the joint back in place.



## How long will my new joint last?

All new joints have a limited life expectancy depending on an individual's age, weight, activity level, and medical conditions. Current hip and knee replacement joints are expected to function for at least 10 to 20 years in 90% of patients. Improvements in surgical technique might increase the survival rate of these new joints even longer.

## What are the major risks?

Joint replacement surgery is now very common and well-researched, but there are still risks. Blood clots and infections are two serious complications.

**Blood Clots:** Your surgeon may prescribe blood thinners to help prevent blood clots. Aspirin is a common blood thinner used after joint replacement surgery. Any prescribed blood thinner must be taken as prescribed to help prevent a potentially deadly complication. While in the hospital, you will also have compression devices on your legs which will help circulate blood. You should also perform ankle pumps (see page 8), and walk frequently to help prevent blood clots.

**Infections:** Your surgeon and nurses will instruct you wash your skin with special wipes prior to surgery to help prevent infections (see page 7). Incision care is also critical to prevent infections (see page 8).

## Should I exercise before surgery?

Yes, exercising before surgery can help speed your recovery. Low-impact activities such as walking or pool exercises are ideal.

## Will I need blood?

Blood loss is a part of surgery. If you have a low blood count after surgery, a transfusion may be recommended.

## How long, and where, will my scar be?

Surgical scars vary in length. It will be straight down the center of your knee or along the side or front of your hip, depending on the type of surgery you're having. There may be some numbness around the scar.



## How long will I be in bed after surgery?

Patients should expect to be sitting up and walking the same day as surgery with the help of nurses, physical therapists and occupational therapists. You will also be walking to the bathroom, in the hallways, and working on stairs if needed, also within the first day. The goal is to discharge home from the hospital within one day of surgery.

## Will I have pain after surgery?

Yes. It is common after a major surgery to have pain. Our team will have an individualized medication plan to help you manage pain. Deep breathing exercises, physical and occupational therapy, getting out of bed, changing positions, and even icing may be used to help manage pain.

## Will I need a walker, crutches, or cane?

Yes. You will need to use a walker for at least 2-4 weeks after surgery. If you do not already have a walker, you will receive it in the hospital. You will progress to crutches or a cane 2-4 weeks after surgery.



## Frequently Asked Questions (continued)

### How long will I be in the hospital?

Patients with a knee or hip replacement should plan to discharge home within one day of surgery.

### Where will I go after my discharge from the hospital?

Almost all patients go home after surgery. In rare circumstances, if a patient requires additional inpatient care, the social worker will help arrange for an alternative discharge plan to a skilled nursing facility.

### Will I need help at home?

Yes. For the first several days or weeks you may need someone to assist you with meal preparation, getting groceries, and managing housework. Preparing ahead of time can minimize the amount of help you need. Having the laundry done, house cleaned, yard work completed, clean linens on the bed, and easy-prep or frozen meals ready before your surgery can reduce or eliminate the need for help after surgery.

### Will I need physical therapy when I get home?

Yes. Outpatient physical therapy is often 2-3 times per week, for 2-3 months. You should start outpatient physical therapy 5-7 days after your surgery, and it is best to call ahead before surgery to reserve your first appointment slot within 5-7 days of your surgery date.

This will ensure you can get the earliest appointment possible.

Post-surgical pain may last for several months, and this can be normal. Additionally, your physical therapy sessions and exercises may cause pain as you stretch and strengthen your new joint. It's important to fight through a little short-term pain for long-term gain. However, your pain should not exceed uncomfortable. Keep in mind that movement is safe and will greatly help your recovery.

### How long until I can drive?

You should not drive while taking narcotic pain medications. If the surgery was on your left leg and you have an automatic transmission, you could be driving 2 weeks after surgery. If your surgery was on your right leg, you will be restricted for as long as 6-8 weeks.

### When can I have sexual intercourse?

When deciding to resume sexual activity, ensure you are following all surgery-specific precautions. If you have questions, reach out to your provider.

### Are there any permanent restrictions following surgery?

Yes. It is not recommended to participate in high-impact sports such as running, singles tennis, basketball, or down-hill skiing.



# Before & After Knee or Hip Replacement Surgery

## Four Weeks before Surgery

### Exercise BEFORE surgery



Exercising before surgery can help speed up your recovery. Low-impact activities such as walking or pool exercises are ideal.

### Take iron and vitamins as directed

Before surgery you may be instructed by your surgeon to take multivitamins as well as iron. Iron helps build your blood for surgery.

### Stop smoking



Smoking and nicotine products harm oxygen circulation to your healing joint and is very damaging to healing and recovery.

Smoking can also make it much harder to breathe during your recovery, especially while exercising or working with physical therapy. You will not be eligible for surgery if you test positive for nicotine or illicit drugs. UIH offers tobacco counseling. .

UIH offers tobacco counseling. Call 312-413-4244 to make an appointment.

A national tobacco quit line is 1-800-QUIT-NOW.

### Ahead of surgery, call to make a physical therapy appointment

**If you would like to come to UI Health for your outpatient physical therapy**, you are encouraged to call 312-355-4394 before your surgery to schedule your first appointment. When you call, please mention that you will be a post-surgical patient. This will ensure you can get the earliest appointment possible.

## Ten Days before Surgery

### Stop medications that increase bleeding as directed by your provider



- Stop taking anti-inflammatory medications such as aspirin, Motrin, Naproxen, Vitamin E, etc.

- If you are taking a blood thinner, you will need special instructions from your doctor for stopping the medication.
- If you are unclear about when or if you should stop your medications, contact the ortho clinic.

### Ensure you are getting proper nutrition to prepare your body for surgery



- Eat three healthy and balanced meals per day.
- 50% of your plate should be non-starchy vegetables, 25% of your plate should be lean protein, and the remaining 25% carbohydrates.
- Stay hydrated. Drink at least 8 cups of water per day
- Drink 2 Ensure shakes per day, starting 3 days before your surgery

### Prepare your home for return from hospital



- Clean your home and do laundry.
- Prepare frozen or simple foods that can be easily made.
- Remove throw rugs and tack down loose carpeting.
- Install night lights in bedrooms, bathrooms, and hallways.
- If possible, install a railing on your stairs.
- If possible, pay your bills ahead of the scheduled date.
- Arrange for a ride home from the hospital.
- Arrange for someone to collect the mail and care for pets and loved ones.
- Seek to borrow a raised toilet seat and tub seat from others if possible.
- Plan for someone to help you with shopping, meal prep, self-care, and showering once you return home.

### Prepare your bag for the hospital



- House keys
- Photo ID and Insurance Card.
- Charger for electronic device.
- Loose fitting clothing that is easy to put on, take off, and move in.
- Comfortable flat shoes that allow for a swollen foot, NOT slippers or sandals
- Your walker (if you own one already)
- DO NOT BRING valuables, jewelry, large amounts of money or medications.

# Before & After Knee or Hip Replacement Surgery (continued)

## The Day Before Surgery

### Find out your arrival time



Staff will be calling you between 9AM–2PM regarding your arrival time, location, when to stop eating and drinking, and what medications to take. If you don't receive a call by 2PM, then please call 312.413.SURG (7874) by 4PM.

You may leave a voicemail with your name the best number to reach you.

### Food & Drink

- You will be instructed on when to stop eating and drinking prior to surgery.
- You should continue drinking clear liquids until 2 hours before you arrive to the hospital. This should include 24 ounces of sports drink such as Gatorade (no red or purple) the night prior to your surgery.
- IF YOU HAVE DIABETES: DO NOT drink juice and choose a sports drink with low calorie such as Gatorade G2 or Powerade Zero.

## The Night Before Surgery

### Wash your skin with special wipes

- Your surgeon will require you to wash your skin with the special cloths provided by the clinic. Refer to the instructional hand-out that your surgeon or nurse provided.
- Do NOT use lotion on the leg that will be operated on.

## The Day of Surgery

### Arrive on time



Report on time to the University of Illinois Hospital, 1740 W Taylor Street, to the location you were given.

- No jewelry, no contacts, no makeup.
- Remember you can continue to drink clear liquids up to 2 hours before arriving at the hospital.

### What to expect

Before surgery:

- You will be in a patient area and asked to change into a patient gown.
- Additional blood tests may be done.
- IV fluids will be given through a vein.
- The anesthesiologist will talk to you.

### After surgery:

- You will be taken from the operating room to a recovery room.
- Nurses will check on you frequently.
- You will then be transferred to your hospital room
- Nurses and therapists will be assisting you to sit up at the edge of bed, sit in a chair out of bed, and walk using a walker or crutches.
- You should practice ankle pumps hourly. (See page 8)



### Tubes & machines

Special tubes and machines help you recover after surgery. They may include:

- Catheter (small tube) to help drain your bladder
- Intravenous (IV) line for fluids and medications
- Drainage tube in your leg to release extra fluid
- Compression machine that gently squeezes your calf or foot to prevent blood clots
- Cryotherapy machine (personal ice machine) for your leg

## While in the Hospital

### What to expect

- Plan to discharge home.
- You may have blood tests.
- Your pain medications may be adjusted.
- If still present, the catheter will be removed from your bladder.



- You will be out of bed, up to the bathroom, walking in your room, the hallway, and the stairs, with a walker.
- You will be expected to perform exercises on your own, outside of therapy.
- Your care team of providers, nurses, therapists, social worker(s), discharge planner(s), and others will all be talking with you about your progress and plans to discharge.

### Physical Therapy & Occupational Therapy

- Physical therapy and occupational therapy will both work with you 1–2 times per day after your surgery (in other words, 3–4 separate sessions total).
- You will be walking, working on stairs, and performing self-care and basic home tasks like dressing, toileting, and grooming as part of your therapy sessions.
- You will continue to learn exercises for your new joint, and how to improve its mobility and strength.



## Care Transition Planning

- Social work and care coordination professionals help coordinate your discharge plan and work with you and your insurance.



- Arrange for someone to drive you home.
- You will receive written discharge instructions about medications/prescriptions, outpatient physical therapy, recommended activity, and follow-up visits.
- You will receive a walker if you don't already own one. Any needed bathroom equipment covered by your insurance will also be arranged, but in the instance it is not covered by insurance, you will need to purchase on your own.

### In the rare event that you are unable to safely discharge home after surgery:

- Our social worker will work with you and your insurance to help arrange discharge to a skilled nursing facility supported by your insurance. Please note that depending on your insurance, it can be difficult to be approved for a nursing facility after a total joint replacement.
- If you are a patient who may need to go to a skilled nursing facility after surgery, it is recommended you make a facility selection as well as a backup facility selection, prior to surgery.

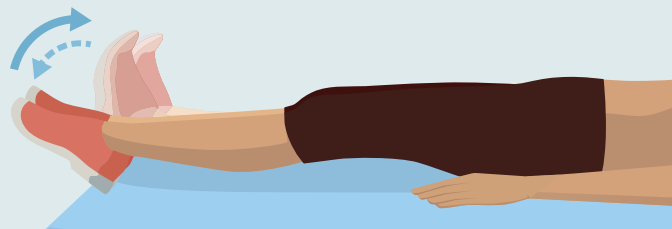
## Preventing blood clots after surgery

Blood clots are a risk after joint replacement surgery. These clots are often found in the deep veins of the thighs and calves and these clots can sometimes break loose and travel to the lungs. These clots are dangerous and can have an effect on your recovery.

### We use the THREE Ms to help prevent blood clots:

- **Medication:** Your doctor may prescribe you a special blood thinning medication, in the form of a daily pill or injection. What you receive is determined by what your doctor believes is best suited for you. You will continue taking this medication after being discharged from the hospital. It is important to take all medications as prescribed.

- **Movement:** Your therapists and nurses will assist you to be walking, changing position, and mastering your exercises to promote blood flow. The more you move, the better for you and your recovery. Performing ankle pumps on your own also helps your legs with blood flow, reducing the risk for clots.



- **Machine:** You will receive Intermittent Pneumatic Compression (IPC) which will squeeze the blood in your legs and prevent it from clotting.



## Same Day, after Surgery

### Sitting up and Standing up

Nurses and therapists will help you at first, until you are independent. You may be taught to use a leg lifter to assist your surgical leg, if needed. When moving to stand, first push off the arm-rest or bed before reaching for the walker.



### Walking

You will start walking with nurses and therapists the same day after your surgery, using a walker or crutches.

# Before & After Knee or Hip Joint Replacement Surgery (continued)

## Same Day, after Surgery (continued)

### Stair climbing

Step up with the “good” knee (stronger leg) first.  
Step down with the “bad” knee (recovering leg) first.



*Up with  
the good!*

*Down with  
the bad!*

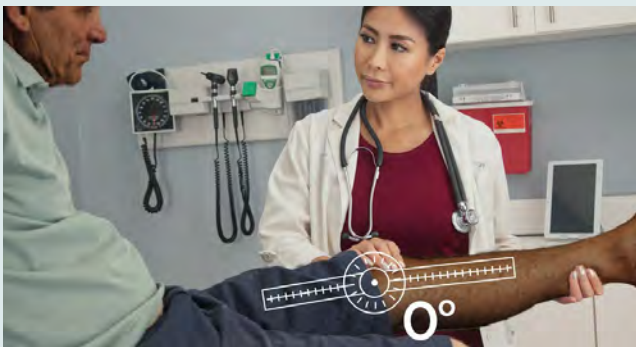
Exercise will become part of your daily routine to regain strength and range of motion. Continue with the exercises you learned in the hospital. You will be instructed by your outpatient physical therapist on additional exercises.



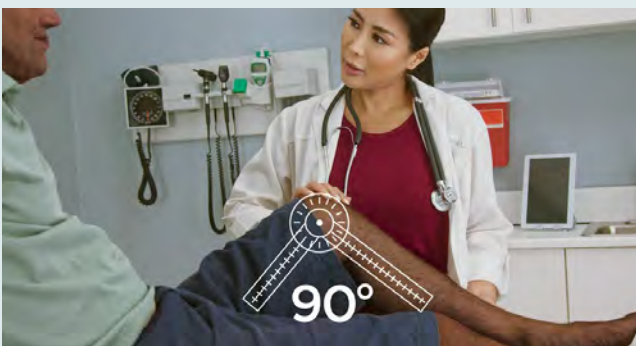
## By Two Weeks after Surgery

### Total Knee Replacement Range of Motion

The goal for knee range of motion by two weeks after surgery is zero degrees of extension and ninety degrees of flexion. Your physical therapist will provide you with a home exercise program upon your discharge from the hospital. Be sure to follow their directions and complete your exercises regularly.



Zero degrees of extension



Ninety degrees of flexion

### Progress with walking

Walking helps build a more normal, comfortable stride. It also keeps you in shape and prevents blood clots. Begin by taking four short walks every day. Gradually increase how far, how long, and how many times you walk. Your physical therapist will instruct you on when to progress to using a cane.

### Returning to activity

Choose a low impact activity to maintain your fitness and the health of your muscles around your new joint.

- Regular 1 to 3 mile walks
- Treadmill walking
- Stationary bike
- Water aerobics
- Regular exercise at a fitness center
- Low-impact sports such as golf, bowling, walking, gardening, dancing, tai chi, etc.

Movement is safe and will only help your progress. Patients who exercise less have been seen to have more pain and disability following surgery.

## At Home after Surgery

### Home Safety

Tips to improve safety at home and prevent a fall:

- Remove throw rugs and tack down carpeting.
- Move electrical cords out of the way.
- If possible, install a rail in the staircase.
- Install nightlights in bedroom, bathroom, hallways.
- Do not wear open-toe slippers or shoes without backs.
- Sit in chairs with arm rests.
- Rise slowly from sitting to avoid getting light-headed.
- Do not lift heavy objects.
- Use an elevated toilet seat for ease of getting up
- Use a tub transfer bench or shower chair for getting in out of the shower/tub and reducing the risk of falling while bathing

### Managing swelling at home

Your knee may be swollen for a few months after surgery. Here are ways to limit swelling:

- 1) Place your leg so it is above the level of your heart for about 20 minutes, 2-3 times a day.
- 2) Ice the area for 10-20 minutes 3-5 times a day. Place a cloth layer between the skin and ice.
- 3) Do ankle pumps to help move fluid out of your leg.

### Managing pain at home

- You will be prescribed pain medication to use at home. With pain well controlled, you will get back to your normal life sooner.
- Use pain medications only as directed and take each dose on schedule, before pain gets severe.
- Wait about 30 minutes after taking pain medications before starting an activity, such as exercise.
- Tell your doctor if the medication doesn't control your pain or you suddenly feel worse.
- Icing and elevating your leg can also help relieve pain.

### Preventing blood clots at home

- After you leave the hospital you are still at risk of developing a blood clot.
- Continue walking and performing the exercises you learned from your physical therapist.
- Your doctor will prescribe medication to help prevent blood clots. A common blood thinner used is Aspirin. It is important to take as prescribed. Your doctor will tell you when to stop this medication — usually between 3 to 6 weeks after surgery.

### Caring for your incision

Follow your provider's instructions to minimize the risk of infection or complications. The bandage used for your incision will be either a non-adherent telfa dressing or, most often, an aquacel dressing. The aquacel dressing has protective coating on it to prevent infection. Follow these steps when you leave the hospital to achieve the best results:

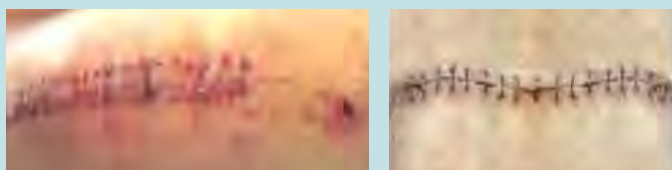
- Refer to instructions provided by your surgeon on how long to maintain the Aquacel dressing.
- Although the dressing appears waterproof, we suggest you cover the area with a plastic bag while showering. Do not take baths or submerge the affected area until cleared by your surgeon.
- After you are instructed to remove the dressing, you may leave the incision open to air. You may choose to place gauze over the incision so that it doesn't catch on your pants.
- Do not scrub the incisions. Pat dry. Do not submerge in water such as a bath tub.
- If you have staples or sutures on your wound, these will be removed at your first doctor office visit, usually about 2-3 weeks after surgery.

## Call your clinic or physician if you notice any of the following:

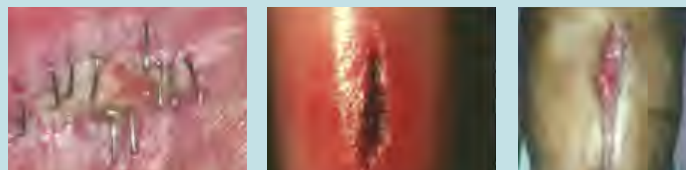
- Significant increasing pain at your incision site that is not relieved with your pain medications and is different from the previous day.
- New or increased redness at the incision
- Excessive or new drainage or foul odor from the incision
- Fever over 101.5 degrees Fahrenheit with two consecutive readings that are at least 4 hours apart

## Orthopedic Clinic: 312.996.1300

Normal healing process below:



Infected incision below:



NONE of information on page 11 or 12 applies to you, if this box has a check mark.



## Hip Replacement Specific Precautions

After a hip replacement, you will need to protect the joint from certain movements to allow it to heal. Movement is good for healing, but excessive movement in certain directions can be harmful. While dislocation after hip replacement is very rare, your surgeon wants you to adhere to the following precautions based on your specific type of surgery to ensure the health of your new joint. Follow the instructions that are checked for you. Your doctor will tell you when it's safe to move without restriction. If you are unsure, contact your doctor.

### Posterior Approach Hip Precautions

THIS SECTION applies to you, if this box has a check mark.

After surgery, there are three positions that you must avoid to protect your hip from dislocation.

**1) Do not bend forward greater than 90°.**

Your back and recovering leg should not form a tighter angle than the OK angle shown at left.



**3) Do not turn your recovering leg inwards.**

Do not pivot on your foot. Take small steps instead. Do not let your toes point inward.



**2) Do not bring your operated leg past the middle of your body (do not cross your legs).**

- Always lie with a pillow between your legs.
- Do not lie on your side without pillows between your legs.



# Anterior Approach Hip Replacement Precautions

THIS SECTION applies to you, if this box has a check mark.

After surgery, there are two positions that you must avoid to protect your hip from dislocation.

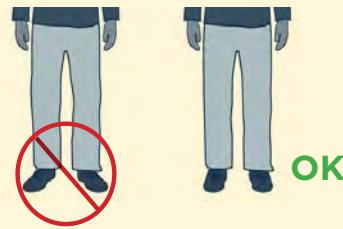
## 1) Do not allow your knee to be positioned behind your surgically replaced hip.

In this example, the left knee has “fallen behind” the surgically replaced left hip joint. **Do not let this happen.** Walk with a limp, if necessary, to keep your knee in front of the replaced hip joint.



## 2) Do not turn your hip out.

Always keep your knees and toes pointing directly ahead, not out to the sides. The direction that your toes are pointing is generally a good indicator of the position of your hip.



## 3) Do not bring your operated leg past the middle of your body (do not cross your legs).

See #2 precaution and diagram, bottom of page 11

# Modified Hip Precautions

THIS SECTION applies to you, if this box has a check mark.

After surgery, there is one combination of movements that poses the highest risk of dislocation – this is a combination of flexion, internal rotation, and adduction. These positions are commonly referred to as “pose avoidance”.

These are the poses to avoid:

1. Do not rise from a chair with your knees together and your hands on your thighs.

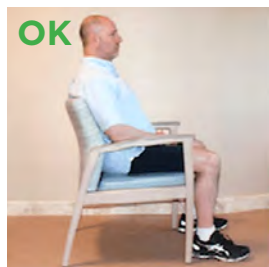


2. Do not reach back behind the outside of your leg to shave your leg or fix your sock

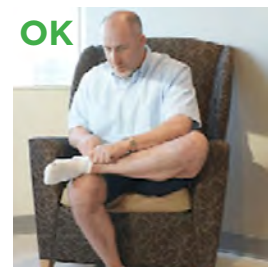


Safe poses after surgery:

1. OK to sit in a chair of comfortable height.



2. OK to cross your ankle over your knee to put on a sock/shoe



# Notes

A series of horizontal dotted lines for writing notes.



Multiple horizontal dotted lines for writing.



For more information, please visit [UHealth.Care](https://www.uic.edu/healthcare)