



Cheyenne Regional
Orthopedics

Patient Guidebook for **Joint Replacement**



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On behalf of our healthcare providers, employees and volunteers, we want to warmly welcome you as a patient to Cheyenne Regional Medical Center.

We are dedicated to providing exceptional care to our patients. Our team has comprehensive expertise and specialty training to address the specific needs of the individuals we treat.

We desire for every patient, family member and guest to have a comfortable and pleasant experience. We will be sensitive to your needs and requests, while including you and your family in the decision-making process regarding your care.

Cheyenne Regional has a reputation for high-quality, compassionate care. We continually renew this commitment to advance the art of caring, by offering safe and personalized healthcare for each and every patient.

Cheyenne Regional is an award-winning hospital that focuses on providing the highest quality of care. We utilize state-of-the art technologies for our orthopedic surgeries, and are consistently pushing our innovation to new levels. Here at Cheyenne Regional, our patients are our priority, and we go to great lengths to assure you a great experience.

Once you have been discharged from Cheyenne Regional, you may receive a survey in the mail that asks about the care we provided to you during your stay with us. We ask that you please return the survey, so that we can use your input to improve our care.

Thank you for choosing Cheyenne Regional for your healthcare. We trust that you will experience first-hand our dedication to caring for our patients—from the moment you arrive, throughout your stay and thereafter.

Sincerely,

Robin A. Roling
Chief Operating Officer
Cheyenne Regional Medical Center / Cheyenne Regional Medical Group

Welcome to the Total Joint Center Patient Education Program. The information contained in this booklet is designed to help prepare you for a successful joint replacement surgery, recovery and rehabilitation. We strive to get you back to enjoying your favorite activities in a safe and timely manner!

Our physicians have specialty experience in the treatment of hip, shoulder and knee replacements and post-surgical rehabilitation. Our goal with your joint replacement education is that you will have all of the information necessary to actively participate in your care and have the knowledge to safely care for your new joint. We are confident that you will be pleased with the quality of care during your hospital stay.

Thank you for choosing Cheyenne Regional Medical Center's Orthopedic Services for your healthcare needs. Our physicians and staff look forward to caring for you as you take this important step towards your recovery.

Cheyenne Regional's Mission, Vision & Values

Mission

To nurture and improve the health of individuals and the quality of life for our community.

Vision

To be the preferred healthcare system that our community chooses for all of their healthcare needs.

Values

Caring, Respect, Integrity, Excellence

PRIOR TO SURGERY:

- Medical doctor clearance
- Attend Pre-operative class
- Start Pre-Surgery Exercises now
- Start wellness program/physical preparation
- Select care partner

ABOUT 2 WEEKS PRIOR TO SURGERY (DATES AND TIMES MAILED FROM ORTHOPEDIC OFFICE)

- Bring Insurance information
- Bring Home Medication List/Primary Care doctor's name/preferred pharmacy to pre-admission phone call and pre-admission testing
- Attend final history and physical appointment at orthopedic office with surgeon or physician's assistant (history & physical date)

DAYS PRIOR TO SURGERY

- Start daily body wash (Chlorhexidine)
- Stop all blood thinners (Coumadin, Plavix, Aspirin, Ibuprofen, Xarelto, Pradaxa, Motrin, Celebrex, Mobic (meloxicam), Aleve, anti-inflammatory medications, Vitamin E, fish oil and herbal supplements)
- You may continue to take Tylenol

DAY OF SURGERY

- Final shower with Chlorhexidine
- Admit to hospital
- Bring home medication list
- Bring guidebook/journal
- Have surgery
- Start physical therapy

WHILE IN THE HOSPITAL

- Therapy twice daily (individual and group therapy)
- Pain control

AFTER DISCHARGE

- Go to orthopedic appointment
- Go to medical doctor appointment
- Take blood thinner as directed
- Wear TED hose for 4 weeks
- Do your daily home exercises
- Attend your physical therapy appointments as scheduled
- Participate in your hospital discharge follow-up phone call

AMENITIES

A variety of amenities are provided here at Cheyenne Regional to make your stay more comfortable. If at any point you have a question or are in need of something, do not hesitate to ask your nurse or another member of the staff for assistance. Our goal is to meet all of your needs.

Waiting Room

We provide surgical services to a number of patients each day. Family members and / or friends who accompany patients to surgery have the opportunity to wait for their loved ones to come out of surgery. While waiting, we ask for your help in following these guidelines to ensure your comfort and the comfort of others in the waiting room: Quiet conversation, brief phone calls and eating in designated areas only. Alternately, the main lobby is a comfortable place to relax, make phone calls, have conversations and enjoy a snack.

Food Services

Food and Nutrition Services will provide you with nutritious meals as prescribed by your physician. You will be offered choices from our Room Service Menu that are in accordance with your diet. Special care will be taken to accommodate your cultural, religious and ethnic food preferences. Our staff of registered dietitians is available to assist you with nutrition consultation and education. If you have any questions concerning your meals, diet or nutritional care, please call (307) 432-3663.

Greenhouse Grill

The Greenhouse Grill is located on the first floor of the Patient Tower. The dining service is open to all patients, employees, physicians and guests. We serve breakfast, lunch, dinner and a variety of snack items throughout the day and night.

Guest Trays

Many visitors enjoy the opportunity to share a meal with a patient. For this reason, Cheyenne Regional's Food and Nutrition Services has guest trays available upon request. Guest trays are available for any meal. To order, please call the Greenhouse Grill at extension 3663 or ask your nurse to assist you. Charges must be paid at the time of purchase.

Café 214

The café is located in the main lobby and serves a selection of coffee, tea, pastries and snack items. It is open 6:30 a.m. - 4 p.m., Monday through Friday.

Gift Shop

The Pink Boutique Gift Shop (ext. 7995) is located in the main lobby of the West Campus. It is staffed by Cheyenne Regional Volunteers. A wide variety of gift items are offered—including stuffed animals, boxed candies, fresh flowers and seasonal items—as well as a selection of snacks, including candy bars and gum. Flower arrangements may also be purchased for delivery to a patient's room.

Pastoral Care

The Meditation Chapel at Cheyenne Regional's West Campus is on the sixth floor and is open 24 hours a day for prayer and meditation. At the East Campus, the Meditation Chapel is located on the first floor. People of all faiths are welcome to visit the chapels at any time of day or night. A chaplain is available for you to speak with 24 hours a day. You may ask your nurse to contact the chaplain or you may dial "0" to ask the hospital operator to page a chaplain. At your request, one of our chaplains will contact a clergy member of your faith.

Home Away From Home

The Home Away From Home program offers a limited number of low-cost rooms at the East Campus of Cheyenne Regional Medical Center. These rooms are primarily available to families of patients from outside the Cheyenne area. To enquire about a room, please call (307) 633-7061.

Outpatient Pharmacy

Northstar Pharmacy Infusion 2 is located on the first floor of the West Campus (near the medical office building entrance, by the south parking garage). For your convenience, your prescriptions may be filled here prior to your discharge. The phone number is (307) 637-7920.

Parking

Parking for patients and visitors is available 24 hours a day, seven days a week. Cheyenne Regional is pleased to offer our guests valet parking at the south garage (7 a.m. – 4:30 p.m. / M-F), the Emergency Department entrance (9 a.m. – 9 p.m. / M-F) and at the Cancer Center main entrance (8 a.m. – 4:30 p.m. / M-F). Our friendly valets will park your car, assist you with directions and retrieve your car when you are ready to go home. The service is free and tipping is not necessary.

Smoking Policy

In order to provide care in a healing environment, Cheyenne Regional Medical Center is a tobacco-free facility. Smoking, or the use of tobacco products (including cigarette-like products or electronic cigarettes that produce vapor), on any Cheyenne Regional campus or within a 10-foot perimeter is prohibited. This includes parking structures and parking lots. If you are interested in receiving information about how to quit using tobacco products, please call Wyoming Quit Tobacco at (800) QUIT-NOW.

HOSPITAL CARE TEAM

Physician Staff

The physician who admits you is responsible for directing your care during your stay in the hospital. As the coordinator of your care, your physician should be consulted if / when you have questions or concerns about your condition.

Orthopedic Nurse Care Manager / Navigator

The orthopedic nurse care manager/navigator provides total joint patients with the support needed from the moment you enter our door to 90 days post-operation. This person helps you with your individualized care plan, including comprehensive education, the coordination of care through the different levels of care and a thorough discharge plan. She assures you are achieving your key milestones during the recovery process and assures you have the equipment and medications needed to ensure the best recovery at home.

Operating Room (OR) Staff

The operating room staff is made up of RNs, certified surgical technicians, anesthesia technicians, surgical support aides, perfusionists, certified registered nurse anesthetists (CRNAs) and secretaries. They collaborate to provide a seamless experience in the OR.

Nursing Staff

Made up of professional registered nurses, licensed practical nurses and nurse assistants, the nursing team provides 24-hour nursing care. A nurse manager is responsible for directing and coordinating nursing care on each unit. Please feel free to contact your nurse or the nurse manager if you have questions or concerns during your stay.

Occupational Therapists

Occupational therapists will evaluate your ability to perform normal at-home routines, as well as develop plans to assist with your daily activities. Occupational therapists also teach you about the use of assistive equipment, adaptive techniques and home safety precautions.

Physical Therapists

Physical therapists assess strength and mobility. They will instruct you in walking, climbing stairs and getting in and out of a car safely. A physical therapist will coach you through exercises to improve strength; assist you in learning how to walk with crutches, a walker or a cane and teach you about home safety.

Case Management / Care Management

The Case Management department coordinates services, personalized hospital care, appropriate use of resources and post-hospital care. These functions are aligned with patients' preferences and right to self-determination and choice. Our Case Management team includes RN case managers and medical social workers. They will help you plan for care and services upon leaving the hospital, including informing you of available community resources (nursing homes, rehabilitation facilities, other hospitals and home care agencies). The team will focus on developing a safe discharge plan that meets your needs.

Administrative Rapid Response Team

The Administrative Rapid Response team identifies high-risk patients and those who are at risk or in need of immediate attention. The Rapid Response Team can be reached at ext. 7535.

PATIENT RIGHTS & RESPONSIBILITIES

As a patient at Cheyenne Regional, you have a comprehensive set of rights and responsibilities that will ensure you receive the utmost quality of care and guarantee an excellent experience while being treated at our hospital and clinics. You may request a copy of the Patient Rights & Responsibilities brochure (in English or Spanish) at any time by asking your nurse for a copy.

Speak Up™ to Help Prevent Errors in your Care

To help prevent healthcare errors, patients are urged to Speak Up™! Everyone has a role in making healthcare safe, including doctors, healthcare executives, nurses, healthcare technicians and patients.

The framework of the Speak Up™ program urges patients to:

- Speak up if you have questions or concerns (and if you don't understand, ask again). It's your body and you have a right to know.
- Pay attention to the care you are receiving. Make sure you're getting the right treatments by the right healthcare professionals.
- Educate yourself about your diagnosis, the medical tests you are undergoing and your treatment plan.
- Ask a trusted family member or friend to be your advocate.
- Know which medications you take and why you take them. Medication errors are among the most common healthcare errors.
- Use a hospital, clinic, surgery center or other type of healthcare organization that has undergone a rigorous on-site evaluation based on established state-of-the-art quality and safety standards, such as that provided by The Joint Commission.
- Participate in all decisions about your treatment. You are the center of the healthcare team.

PATIENT PRIVACY

At Cheyenne Regional Medical Center, we take your privacy very seriously. You can be assured that we will take every step necessary to ensure your privacy. You may ask for a copy of our "Notice of Privacy Practices" brochure for more information.

Standards for Privacy of Protected Health Information

According to the federal law called the "Health Insurance Portability and Accountability Act" (HIPAA), you have rights concerning the use of individually identifiable health information. Only individuals with a legitimate "need to know" may access, use or disclose patient information. Protected health information may be released to other covered healthcare providers without patient authorization if used for treatment, payment, healthcare operations or for "the good of the public" purposes as permitted by state and federal laws. Disclosures of protected health information for uses and disclosures outside treatment, payment and healthcare operations require patient authorization.

While receiving care in the hospital, you may ask that your name not be included in the hospital directory. If you've requested not to be listed, people who ask for you will be told, "I have no information about this patient." If you want to receive deliveries of cards and flowers, then you will want your name included in the hospital directory. If you include your name in the hospital directory, your name will also appear on a list for clergy members of your faith.

For a list of other HIPAA privacy rights, please refer to the “Notice of Privacy Practices” document that was given to you during registration.

Questions or Concerns?

At Cheyenne Regional Medical Center, we are committed to providing quality healthcare and patient satisfaction. Our clinical patient representatives are here to assist patients and families, and to ensure your hospital experience is a positive one. Serving as a liaison between our patients, care teams and Cheyenne Regional Medical Center, the clinical patient representatives provide a safe means through which you may express concerns, problems or questions. Each team member is dedicated to fulfilling your needs, and will respond to any concerns or problems that may arise.

If you have questions or need assistance with a concern regarding your care, please contact our Office of Patient Experience at (307) 633-7768. A representative is available Monday through Friday, from 8 a.m. to 4:30 p.m. If you cannot reach one of our clinical patient representatives, please call one of our operators at (307) 634-2273 and ask for the Administrative Rapid Response team.

Patient Grievance Process

You may also address concerns and complaints with the Department of Health Office of Health Licensing and Surveys by calling (307) 777-7123 and / or The Joint Commission Office of Quality and Patient Safety by calling (800) 994-6610.

We want to hear from you! If you have a question, please ask. If you have a concern or recommendation, we would love to hear your insight.

PREPARING YOUR HOME FOR SAFETY

You should plan to be discharged from the hospital on the morning of the second or third day after surgery (approximately). Arrange for someone to be available to assist you for several days as needed (with household duties, etc.).

In order to make your discharge home more comfortable, you may consider some of the recommendations below:

- Purchase foods that are easily prepared, or freeze “heat and eat” leftovers before your surgery.
- Move your toaster, microwave, coffee pot and cooking utensils closer to your dining table and within easy reach to prevent long trips carrying hot food and drinks.
- Rearrange furniture to allow for clear walkways to the kitchen, bathroom and bedroom.
- Remove throw rugs to reduce your risk of slipping or catching the edge of a rug when you are walking.
- Make sure that you have one firm chair that has armrests for you to use. You should NOT sit in a chair that rocks, rolls or swivels. Adding firm pillows to the seats of low chairs will allow you to stand up more easily.
- Place important phone numbers near the phone. Consider having a portable phone (or cellular phone) that you can carry with you when you move around.

Be aware of hazards in your home and correct them prior to your surgery to reduce safety risks. Precautions to consider:

- Move electrical cords out of the way.
- Store items within easy reach.
- Install rails along stairs if needed.
- Have non-skid mats and / or safety bars placed in your bathroom, bathtub or shower.
- THINK before you move (plan activities ahead of time to avoid injuries).
- Call on family, friends, a church group, etc., for help when you need to go to an appointment or want to socialize.

NUTRITION

Nutrition is an important part of the healing process—before, during and after your surgery. Poor nutrition can put you at a higher risk for infection after surgery and delay healing. A balanced diet is advised.

Nutrition Tips

Nutrition aids in the healing process. Eating healthy foods and making nutritious choices can help you mend more quickly. Here are some healthy eating tips:

- Eat a variety of food. Your daily food selection should include whole grain products, fruits, vegetables, low-fat dairy products and lean meats.
- Eat moderate portion sizes of food. If you keep portion sizes reasonable, it’s easier to eat the foods you want and to stay healthy.
- Eat three meals a day. Skipping meals can lead to out-of-control hunger and result in overeating. Healthy snacks can help curb hunger and provide essential nutrients in your daily diet.
- Enjoy at least three servings of low-fat dairy products to provide a rich source of calcium for bone health.
- Protein found in lean meat, low-fat dairy products and eggs will help the healing process.
- Try to avoid simple sugars. Junk food can add extra calories without providing any essential nutrients to help with healing.

If you have questions or concerns about specific diet guidelines, please ask to speak with a registered dietitian. He or she will assist you and answer your questions.

Healthy Snack Ideas:

- Fresh fruits and vegetables
- Low-fat string cheese
- Low-fat cottage cheese
- Low-fat Greek yogurt
- Peanut butter and graham crackers
- V-8® or tomato juice

Your body is affected by what you put into it. By doing your best to eat healthy before and after surgery, you'll improve healing time and your overall well-being.

RISK FACTORS INVOLVED WITH SURGERY

Like any surgery, total joint replacement has certain risks. Some of the factors that put you at a higher risk for having problems after surgery are:

- Being overweight
- Smoking
- Having heart disease, lung disease or diabetes
- Having tooth disease
- Experiencing a recent cold, flu or sore throat

Before your joint replacement surgery, you should decide which, if any, risk factors affect you, and discuss them with your physician.

PREPARING FOR SURGERY

You can take steps prior to surgery that will increase your safety, reduce the risk of getting a surgical-site infection and encourage faster recovery times. Following the recommendations below will highly benefit your surgical experience—before, during and after.

Communicating Your Needs & Covering Bases

- Select a “care partner.” This is a person of your choosing (family member, friend, etc.) who is interested in and available to participate in your care by providing physical, psychological and emotional support. This person will be an integral part of your healthcare team, and he or she should accompany you to as many of your physician / hospital visits as possible.
- Review your insurance benefits for pre-authorization and rehabilitation coverage (including costs associated with outpatient occupational and physical therapy, and the number of sessions that your insurance provider will cover).
- Schedule an appointment with your care clinic or primary care physician before surgery. Your doctor may order blood tests, a chest X-ray and / or an EKG. With the results of the tests, your doctor will advise you of and treat you for any risks that may be identified.
- Talk with your physician about any blood thinners that you are currently taking, including aspirin.
- If you have any problems with going to the bathroom—such as feeling like you need to go often, burning with urination or trouble passing urine—notify your primary care physician.

- Let the surgeon know if you develop a cold or other illness prior to surgery or if you've gotten a cut or scrape anywhere on your skin.
- Artificial joints can provide an environment to harbor bacteria. For this reason, it is important that you are completely free of infection before your surgery.

Screening for Existing Infections

Your surgeon may screen you for infections prior to surgery. A swab will be inserted into your nose to take a culture. The sample will be tested for Methicillin-resistant *Staphylococcus aureus* (MRSA) and Methicillin-sensitive *Staphylococcus aureus* (MSSA). If you test positive for either infection, you will need to use a nasal ointment for five days leading up to surgery. Your doctor will either provide you with a prescription for this medication or call it in to your pharmacy for you to pick up. Testing positive will not delay or cancel your surgery, nor does it mean you have the disease. Many people carry these bacteria in their systems and never show symptoms.

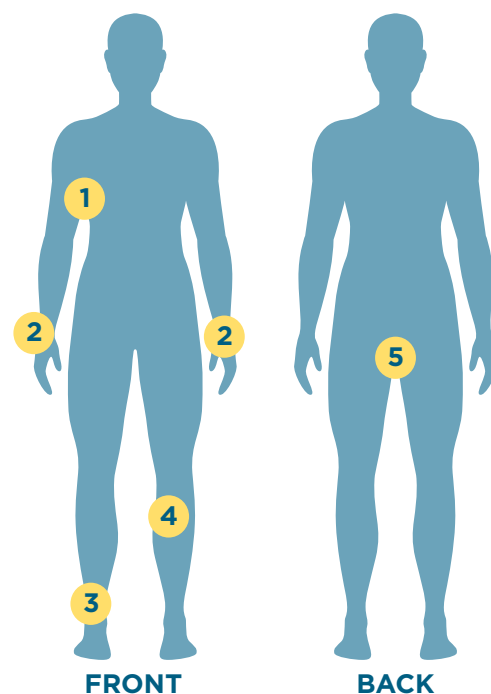
Preventing Surgical Site Infections—You Can Help!

Preventing surgical site infections is an important part of making your transition with a new joint as comfortable as possible. We will do everything that we can, but we cannot do it without your help!

You will be provided with a special chlorhexidine cleansing soap prior to your surgery. This soap can greatly reduce the risk of surgical-site infection when used in the three days immediately before your surgery. A third application will be provided at the hospital prior to surgery. Please follow our recommended steps to make this process as effective as possible.

Instructions for Chlorhexidine Wipes

1. Cleanse the patient's neck, chest and abdomen with the first cloth. Please pay special attention to skin folds. Vigorously scrub skin back and forth for 3 minutes, completely wetting treatment area, and then discard.
2. Cleanse both arms, starting each with the shoulder and ending at fingertips. Be sure to thoroughly wipe the arm pit areas with a saturated cloth.
3. Cleanse the right leg starting with the hip, followed by the groin and then the thigh - ending at the toes. Be sure to wipe folds in the abdominal and groin areas and thoroughly wipe behind the knees.
4. Cleanse the left leg starting with the hip followed by the groin and then the thigh - ending at the toes. Be sure to wipe folds in the abdominal and groin areas and thoroughly wipe behind the knees.
5. Cleanse the patient's back, starting at the base of the neck and ending at the top of the legs. Cover as much area as possible. Assistance may be required.
6. Re-cleanse the surgical site area and pay special attention to skin folds. If you develop itching or a rash, stop use, notify physician and rinse with water.
7. Patients will apply wipes two nights before surgery (2 packets) and they will receive an extra application at the hospital the morning of surgery.



At-Home Hygiene & Surgery Preparation

- You will be given a chlorhexidine-based product to use in your shower at home.
- Be sure to have clean, unused washcloths ready to use with the product.
- Have fresh, clean clothes, linens and bedding available for use after your shower. After changing your linen, please do not sleep with your pets.
- You will use the chlorhexidine on the two nights leading up to your surgery (for a total of two showers / applications).
- If you develop itching or a rash, immediately stop use, rinse area with water and notify your physician.

How to Effectively Wash with Chlorhexidine Cleanser

1. Shower normally using your own soaps and shampoos.
2. Wash all areas of your body, including your surgical site (leg and groin, or arm and armpit), with your regular soap.
3. Completely rinse the soap off of your body.
4. Turn off the water.
5. Apply the chlorhexidine soap to a clean and unused washcloth, and wash your entire body from the neck down, but be sure not to apply the soap to your genital area.
6. Scrub your surgical site for three minutes (from leg to groin, or from arm to armpit), but don't scrub too hard.
7. Completely rinse off the chlorhexidine soap using warm water.
8. Do not use regular soap again during your shower after using the chlorhexidine soap.
9. Pat your surgical site dry, and then dry off the rest of your body normally.
10. Dress in fresh, clean clothes, and use clean linens and bedding after each shower.

Do not use any lotions, powders or perfumes after showers.

Do not shave your legs (or other areas near your surgical site) in the three to five days prior to your surgery. Shaving can cause tiny nicks in the skin that could lead to infection.

By following these simple steps, you can help to greatly reduce your risk of a surgical-site infection!

A nurse from preoperative services will call to tell you what time to arrive at the hospital for surgery. If your surgery is planned for Monday, expect this phone call on Friday.

THE NIGHT BEFORE YOUR SURGERY

- Put clean sheets on your bed.
- Shower normally, using your own soap and shampoo (and rinse well).
- Apply the chlorhexidine product (as instructed).
- Dry off with a clean towel, and put on clean pajamas.
- Wear comfortable clean clothes to the hospital.
- Please do not sleep with your pets

Do not eat or drink anything after midnight (or 8 hours prior to surgery). This includes candy, gum and lozenges. You may eat a light bedtime snack as long as it is consumed more than 8 hours before your scheduled surgery time. The only exception will be the medications that the preoperative nurse tells you to take with a sip of water on the morning of your surgery. You may also need to take your regular medications as prescribed by your doctor.

LEAVING YOUR HOME ON THE MORNING OF SURGERY

On the morning of your surgery, please come prepared:

- Wear comfortable, clean clothes to the hospital.
- You may brush your teeth before you come to the hospital, but do not swallow any water.
- Be prepared to clean yourself with the chlorhexidine wipes again upon arrival to the hospital, prior to surgery. You will be provided with the product at the hospital.

Things to bring to the hospital:

- Insurance card
- Non-expired picture identification card
- Prescription card (if you want to have your prescriptions filled at the hospital before you go home)
- A list of the medications and herbal supplements you're currently taking
- Copies of your living will, medical power of attorney and Wyoming CPR directive
- A set of clean, comfortable clothes for use in occupational therapy
- Personal care items (toothbrush, comb, toiletries, etc.)

Things NOT to bring to the hospital:

- Jewelry
- Valuables (including money)
- Medications
- Electronics (if unattended)

NOTE: The hospital will not be held responsible for lost or stolen items that are left unattended. Thank you for your understanding.

Please remember:

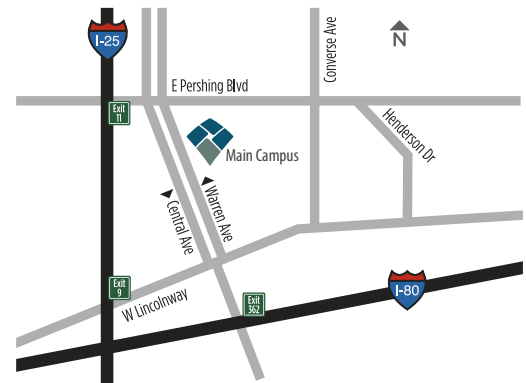
- Remove fingernail polish before surgery.
- DO NOT wear contact lenses to the hospital.
- Wear your glasses and / or hearing aids (bring the cases that you keep them in).
- DO NOT wear makeup to the hospital.

ARRIVAL AT THE HOSPITAL

Please arrive (as instructed) before your scheduled surgery time. Park in the south parking garage, or use the valet parking service. Check in at the admissions / information desk in the main lobby. Once you're checked in, you will be escorted to the Same Day Surgery unit (SDS), where you will be prepared for surgery. We encourage your support person or care partner (family member or friend) to accompany you to the SDS unit.

In the SDS unit:

- Your surgical site will be prepared for surgery.
- An IV will be placed (to be used for fluids and medicine).
- Your surgeon and the anesthesiologist will see you and answer any questions.
- Medicine may be given to help you relax.



Surgery

Most surgeries are completed in one to three hours. After surgery you will be taken to the recovery room, where you will be monitored closely. The doctor will visit your support people in the waiting room while you are in the recovery room, to let them know how you're doing.

The Orthopedic Unit

After you're finished in the recovery room post-surgery, you will be moved to the orthopedic unit. You will remain in this unit until you are discharged from the hospital.

During your stay in the orthopedic unit, you can expect the following:

- Your vital signs—temperature, blood pressure, pulse and respirations—will be checked frequently (including throughout the night).
- You will need to shift positions every few hours while you're in the hospital bed, and your nurse will assist you in doing so. This prevents pressure areas and stiffness in your joints.
- You may require oxygen for a day or two after surgery. Consistent use of your incentive spirometer will help you cough & deep breathe and will assist in decreasing the length of time you'll need oxygen.
- Initially you will be given ice chips, water or soda. Your diet will return to normal as tolerated.
- You may be given an ice bag or cooling device to place over your surgical dressing in order to decrease pain and swelling.

Pain can be described as suffering and / or discomfort anywhere in the body. Most people experience some pain after surgery. Everyone feels pain differently. Your healthcare providers will work with you to control your pain.

Uncontrolled pain can affect you in a number of ways. It can cause problems with your breathing, immune system, digestive system, heart and kidneys. It can also affect how you treat your family and interact with your caregivers.



ARE YOU IN PAIN?

As a patient in this hospital, we take your pain seriously. We will work with you to provide appropriate solutions for any pain and discomfort you experience during your stay.

As a patient at this hospital, you have the right to:

- Ask your doctor or nurse what to expect regarding pain and pain management
- Discuss pain relief options with your doctor and nurse
- Work with your doctor and nurse to develop a pain management plan
- Ask for pain relief (including nerve blocks) when pain first begins
- Help your doctor and nurse to assess your pain
- Tell your doctor or nurse if your pain is not relieved
- Tell your doctor or nurse about any worries you have about taking pain medication

Pain Control Can Help

Proper pain control can help you in the following ways:

- Be more comfortable
- Get well faster (People with good pain control begin walking sooner, breathe more deeply and get their strength back more quickly.)
- Avoid problems (People with good pain control are less likely to develop complications such as pneumonia or blood clots.)

Your physician may prescribe pain medication by-mouth (oral), delivered through your IV, using a pain block injection or a combination of the three. Initially, pain medications are delivered using your IV. Pain pills may be given on the first postoperative day if you are able to tolerate them.

Recent innovations in pain management include pain blocks—a treatment option with fewer side effects and a lower risk of complication than traditional pain medications. The effects of the block are usually immediate, and the reduction in pain for the first 18 – 36 hours after surgery tend to be significant.

In many cases (even with appropriate pain control treatments), pain may not be eliminated completely. However, it can be greatly reduced to a lower, more tolerable level. Pain is best controlled when you take medication (in the prescribed doses) before your pain becomes too severe. You should also make sure to take any pain medications that have been prescribed to you, prior to seeing a physical or occupational therapist for rehabilitation sessions.



In order to ensure a successful recovery, it's important to actively participate in your healing process. Being proactive will decrease your healing time and help ensure a complication-free recovery.

Please follow the recommendations outlined below:

- Report pain when it first begins, and tell your nurse or therapist if your pain is not relieved thereafter.
- Actively participate in your therapy sessions.
- With assistance from the staff, get out of bed two to three times per day, take a walk in the hallway and sit in a chair for meals.
- Change your position in bed regularly, and perform any prescribed breathing exercises (use the incentive spirometer as instructed).
- Do your “ankle pumps” and “quad set” exercises every two hours while you are awake in bed.
- Work on your home exercise program independently two to three times per day in addition to the sessions overseen by your physical and occupational therapists.
- Use the continuous passive motion machine (CPM) if your doctor has ordered it.

Improving Circulation

Good circulation promotes healing. Blood clots can be a risk factor in postoperative joint replacements. To prevent them from forming, we take a number of preventive measures.

Prevention:

- Compression hose (either knee or thigh high) may be put on your legs before or after surgery. These socks keep the blood from pooling in your legs and promote good circulation. Notify your nurse if the socks feel too tight (especially at the top edge) or if you experience any burning sensations under the hose. These should be removed twice daily for one half hour at a time, to assess the skin on your legs and to allow for cleansing of your lower extremities.
- Compression devices that fit around either your foot or your lower leg will be applied after surgery. These devices inflate and deflate to keep the blood circulating in your legs.
- Performing ankle pumps several times an hour will also encourage your blood to keep moving.
- Medication that helps prevent blood clots (blood thinners) will be ordered for you after your surgery. This medicine is given as an oral pill or occasionally as an injection at the same time each day for 14 to 21 days following your surgery.

Please report any signs of a blood clot to your physician. Signs of blood clots include the following:

- Swelling in the thigh, calf or ankle that does not go down with the leg is elevated
- Pain, heat or tenderness in calf, back of knee or groin area (NOTE: Blood clots are not limited only to the leg that was operated on—they can form in either leg post-surgery.)

Pulmonary Embolism

A pulmonary embolism is when a blood clot or blood clots break away from a vein and travel to the lungs. This is an emergency, and you should call 911 immediately if it is suspected.

Signs of pulmonary embolism:

- Sudden chest pain
- Difficult and / or rapid breathing
- Shortness of breath
- Sweating
- Confusion

Prevention of pulmonary embolism:

- Prevent blood clots from forming in legs (with preventive measures).
- If you recognize a blood clot in the leg, call your physician promptly.

Anticoagulants (Blood Thinners)

Blood thinners will be started within 24 hours after surgery and will be continued daily. Types of blood thinners include rivaroxaban (Xarelto), enoxaparin (Lovenox), warfarin (Coumadin) and aspirin. The blood thinner will be delivered via a pill or an injection.

What to expect:

- Possible complications may include bruising, pain and infection.
- You should watch for any signs of bleeding at the injection site. Also monitor your stools for blood when you use the bathroom. Call your physician if this occurs.
- While taking blood thinners, you will be monitored for interactions with other medications, including herbal products.
- Your diet will need to include a consistent intake of Vitamin K.
- Watch for leg swelling, unusual pain, increased warmth, changes in skin color, difficulty breathing, chest pain, loss of feeling and / or confusion. Call your physician if any of these symptoms occur.

Anticoagulants do not prevent clots 100 percent of the time. It is possible that a clot may form even while on this medication, but your risk for one forming is significantly decreased.

After a total joint replacement, some patients may require a blood transfusion. You and your doctor will decide which choice is right for you. You may refuse a blood transfusion.

During Your Transfusion

Tell your doctor or nurse about any unusual feelings or symptoms you have before, during or after your transfusion. The earlier you notify your nurse, the better your chances are for a full recovery if you experience a problem. Any additional questions or concerns about your options regarding blood transfusion should be directed to your doctor.



Physical and occupational therapists will be present to assist you in sitting up on the edge of your bed post-surgery. They will also assist you to walk a few steps within a few hours after surgery.

Therapists will work with you twice daily until you go home or to an inpatient rehabilitation program.

You may experience some weakness or dizziness the first time you sit up. Notify the therapist if you experience these symptoms. Do not try to get out of bed by yourself.



**CALL
DON'T
FALL!**

THERAPY GOALS

Before you are safe to return home, you will need to be able to do the following:

- Safely get into and out of bed by yourself
- Safely sit in and get up out of a chair
- Safely walk a sufficient distance
- Safely go up and down stairs if needed
- Regularly complete your exercise program

Most patients are able to return home approximately two to three days after surgery. Patients who need more therapy and more time to recover may be discharged to another location for rehabilitation. At the time of discharge, options will be discussed with you, your doctor and your case manager or social worker.

Discharge placement may depend on how medically stable you are, your need and ability to participate in therapy, insurance coverage and availability of beds at various facilities. Please read more about placement options in the “Discharge” section of this booklet.

EQUIPMENT

After surgery you may initially require the use of assistive equipment, including a toilet riser, walker, reacher, sock aid, bath seat, tub transfer bench, long-handled shoehorn or long-handled sponge. You may be able to borrow some of these items from a friend or family member. Your insurance may also cover the cost of needed equipment. Your therapist will help you to determine which of these items you will need after your surgery. Some of these items may incur out-of-pocket expenses. Your rehabilitation team will help you to identify where the equipment can be purchased or rented.

Equipment used after a Total Joint Replacement

Your physical therapist or occupational therapist will tell you exactly what you will need to have at home, depending on your individual needs.

These items are NOT typically covered by insurance:



Sock aid



Long-handled sponge, shoe horn, reacher



Tub transfer bench



Shower bench



Toilet riser

Insurance will USUALLY cover one of these:



Walker



Crutches

Continuous Passive Motion Machine

Part of your rehabilitation after a total knee replacement may be using the continuous passive motion machine (CPM). This machine will slowly bend and straighten your leg according to your doctor's orders. If prescribed for you, the CPM will be applied to your leg immediately after your surgery. DO NOT try to "help" the machine as it straightens or bends your leg. Let the machine do the work on its own.

PRECAUTIONS

Total Hip Replacement

When you wake up after surgery, you'll find an abduction pillow between your legs. This pillow maintains your leg in the proper position to prevent dislocation of your new hip joint. Before you're discharged, you will be given some regular bed pillows to use at home. Your nurse will instruct you on how to use them.

Remember:

- Do NOT bend past 90 degrees.
- Do NOT roll operated leg inward or outward.
- Do NOT cross your legs.
- Follow hip precautions for all movement.

Total Knee Replacement

During the rehabilitation / healing period for your knee, you'll need to be extra cautious about your movements and get approval from your physical therapist for any exercise and physical activity that you intend to do.

Remember:

- NO running.
- NO jumping.
- NO kneeling.
- NO twisting.
- NO propping the knee up with a support (pillows, towels, bed rolls, etc.).

DAY OF DISCHARGE

Leaving the Hospital

Discharge usually takes place one to three days after your surgery. Please arrange for someone to pick you up and bring you home from the hospital on the day that you are discharged. If you are being transferred to a rehabilitation unit, we will make all the transportation arrangements on your behalf.

General Information

- Initial recovery takes 6 to 12 weeks; you may feel tired during this time.
- Once you return home, you should rest frequently for the first week.
- Apply ice to your surgery site if you experience swelling and discomfort.
- If you've had a knee replacement, you may elevate your leg, but keep your knee straight. DO NOT place a pillow under your knee.
- You may experience a low-grade fever (lower than 101 degrees Fahrenheit).
- DO NOT drink alcohol while you are taking pain medications.
- DO NOT drive until your doctor approves it (usually 4-6 weeks).
- DO NOT smoke (smoking slows the healing process).
- When walking, use your walker or crutches until your doctor or physical therapist allows you to stop using them.
- You may hear some clicking in your knee (if you've had a knee replacement), which is normal.
- Your new joint may cause metal detectors to go off. You can get a joint replacement wallet card at your doctor's office.

Preparing to Go Home

Most patients are medically stable and able to leave the hospital by the second or third day after surgery. Discharge options include:

- ***Home with Outpatient Physical Therapy***

Individuals who are mobile and able to safely perform daily living activities will be discharged home with orders from the doctor to attend a number of outpatient physical therapy sessions. Initially, assistance from a family member or friend may still be necessary for meal preparation, cleaning, applying compression stockings and / or transportation to physical therapy.

- ***Home with Home Healthcare***

Individuals who are mobile and able to safely return home, but still need some extra assistance at home from a nurse or nurse's aide, will be discharged home with an arrangement for home health care and in-home physical therapy. Home health services visit the home a few times a week. Assistance from a family member or friend may still be necessary when the nurse / nurse's aide is not present.

- ***Inpatient Rehabilitation Options***

Individuals will be discharged to an inpatient rehabilitation facility if they are unable to safely manage at home and require continued therapy or comprehensive nursing care. They must also meet acuity criteria for admission.

Acute Rehabilitation

Acute Rehabilitation facilities provide the most intensive level of care for patients requiring intensive rehabilitation nursing care and an on-site rehabilitation physician. Individuals will have the opportunity to engage in therapy for three hours each day, including physical therapy and occupational therapy. Cheyenne Regional Medical Center has the only Acute Rehabilitation Unit in Cheyenne (located at the East Campus).

Skilled Nursing Facility (SNF)

SNFs are designed to provide comprehensive nursing care and on-site physician services for patients who may need increased medical attention. There are free-standing facilities in the community as well as an in-house unit at Cheyenne Regional Medical Center, called the Transitional Care Unit.

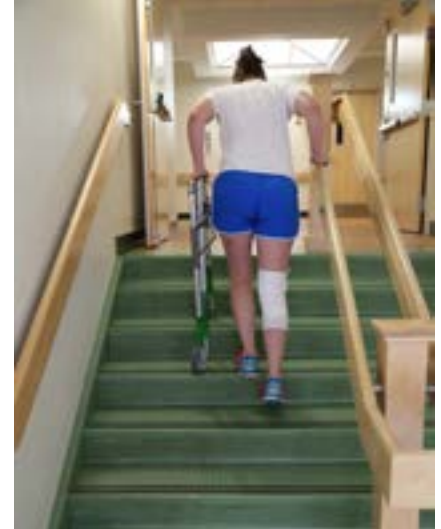
MOVING AROUND SAFELY POST-SURGERY

Before you leave the hospital, a therapist will help you move up and down stairs in a safe manner. Please continue to follow the tips below once you are discharged.

Going UP stairs (using a walker):

1. Fold the walker.
2. If there is a handrail, grasp the rail with one hand, and the walker in the other.
3. Support your weight evenly between the handrail and your walker.
4. Place two legs of the walker on the step above you, and the other two on the step even with you.
5. Step up with your unaffected foot.
6. Get your balance.
7. Straighten your unaffected knee and lift your body weight.
8. Bring your affected leg up to meet the other leg.
9. Repeat.

NOTE: Do NOT hop from stair to stair with the unaffected leg.



Going DOWN stairs (using a walker):

1. Fold the walker.
2. If there is a handrail, grasp the rail with one hand, and the walker in the other.
3. Place two legs of the walker on the step below you, and the other two on the step even with you.
4. Bend your unaffected knee, moving your crutches and affected leg down.
5. Support your weight evenly between the handrail and your walker.
6. Slowly bring your unaffected leg down to meet the other leg.
7. Repeat.

NOTE: Do NOT hop from stair to stair with the unaffected leg.



Tips & Precautions for Using Stairs

- Remember this rule: UP with the GOOD (unaffected leg) and DOWN with the BAD (affected leg).
- Use a handrail when possible, to climb and descend stairs. If there is no handrail, fold the walker and use it on your unaffected side.
- Always use an elevator if one is available.
- Have someone guard you as you learn to use the stairs. The guard will stand below you and hold onto you firmly to assist you if you lose your balance.
- If the stairs are slippery or steep, it may be safer to lift or lower yourself from stair to stair while sitting.

All joint replacement patients need to have regular exercise programs in place for the rest of their lives in order to maintain fitness and the health of muscles around their joints. With the permission and advice of your primary care and orthopedic physicians, you should exercise regularly (three to four times per week). Each session should last at least 20 to 30 minutes.

High-impact activities (including running and singles tennis) may put too much pressure on your new joint and are not recommended. High-risk activities such as downhill skiing are also discouraged because of the high risk for fractures around the joint and damage to the prosthesis itself. If you have any questions or concerns about the type of exercise you wish to engage in, please contact your doctor.

General Recommendations

- Although the risks are very low for postoperative infections, it is important to realize that the risk remains. It is possible for a prosthetic joint to attract bacteria from an infection located in another part of your body.
- If you develop a fever of more than 100.5 degrees Fahrenheit, you should notify your doctor.
- If you sustain an injury (such as a deep cut or puncture wound), you should clean it as well as you can, put a sterile dressing or an adhesive bandage on it and notify your doctor. The closer the injury is to your prosthesis, the greater the risk of infection.
- Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area becomes painful or inflamed.
- When traveling, stop to change positions hourly to prevent your joint from stiffening.
- See your orthopedic surgeon yearly unless otherwise recommended.

Thank You

We appreciate that you have selected to receive your orthopedic care here at Cheyenne Regional Medical Center. We are proud to provide you with quality Orthopedic healthcare.

You are encouraged to begin doing these exercises prior to surgery. If you have questions or concerns (or feel unable to complete any of these exercises), contact your doctor to discuss options and / or alternative exercises.

KNEE & HIP EXERCISES

Ankle Pumps

10 to 20 repetitions, 2 to 3 times daily

- 1) Comfortably sit up or lie on your back.
- 2) Flex your foot, pulling toes toward your body. (Fig. 1)
- 3) Then, extend your toes away from your body. (Fig. 2)

(Fig. 1)



(Fig. 2)



Quad Sets

10 to 20 repetitions, 2 to 3 times daily

- 1) Sit up or lie on your back with one leg straight and the other bent. (Fig. 1)
- 2) With your straight leg, press the back of the knee downward toward the floor. This will tighten the muscle on the top of your thigh. (Fig. 2)
- 3) Hold for 5 seconds.

(Fig. 1)



(Fig. 2)



Heel Slides

10 to 20 repetitions, 2 to 3 times daily

- 1) Prop yourself up or lie on your back with one leg straightened and the other bent. (Fig. 1)
- 2) With your straight leg, slide your heel as far as you comfortably can toward your buttocks, allowing the knee to bend. (Fig. 2)
- 3) Slowly straighten that leg again, and repeat on both legs.

(Fig. 1)



(Fig. 2)

**Hip Abduction / Adduction**

10 to 20 repetitions, 2 to 3 times daily

- 1) Lie flat on your back with your legs straight and touching, and toes pointing toward the ceiling.
- 2) Keeping both legs straight (don't bend the knee), slide the right leg out to the right, and then back to the center. (Fig. 1)
- 3) Repeat with the left leg, switching back and forth for the remainder of repetitions.

(Fig. 1)



Glute Sets

10 to 20 repetitions, 2 to 3 times daily

- 1) Sit up or lie flat on your back.
- 2) Tighten your gluteal / buttocks muscles by squeezing them together. (Fig. 1)
- 3) Hold for 5 seconds.

(Fig. 1)



Straight Leg Raise

10 to 20 repetitions, 2 to 3 times daily

- 1) Lie on your back with one leg straight and the other bent at the knee. (Fig. 1)
- 2) Keeping your straightened leg completely straight, lift your entire leg off the bed. (Fig. 2)
- 3) Gently set it back down.
- 4) Repeat on both legs.

(Fig. 1)



(Fig. 2)



Knee Extension Stretch

Repeat each hour that you are awake.

- 1) Sit in a chair with your leg propped up on another surface (coffee table, stool, another chair, etc.).
- 2) Making sure your knee is not supported by the chair, relax the muscles in your leg, allowing it to straighten completely. (Fig. 1)
- 3) Hold for 5 minutes.

(Fig. 1)



Knee Flexion Stretch

Repeat each hour that you are awake.

- 1) Sit in a chair with your foot close to the base of the chair.
- 2) Scoot your bottom forward toward the edge of the chair as far as you can (your knee will bend and you will feel a stretch). (Fig. 1)
- 3) Hold for 5 minutes.

(Fig. 1)



HIP REPLACEMENT PRECAUTIONS

Posterior Precautions

All of the photos with an "X" designate unsafe movements that may dislocate your new hip before it is healed.

Do NOT bend your hip more than 90 degrees.

(Okay)



(NOT okay)



Do NOT cross your legs.

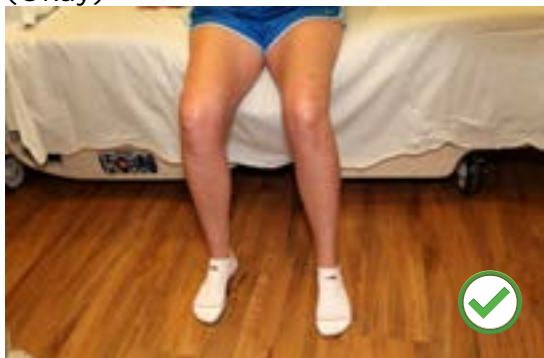
(Okay)



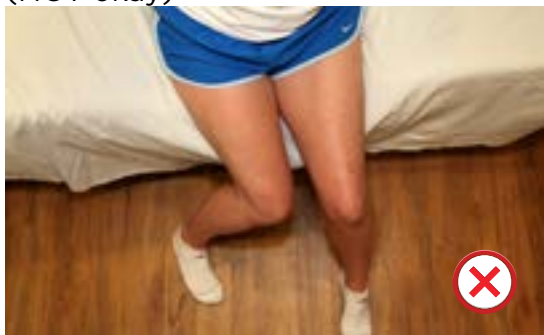
(NOT okay)



Do NOT roll your leg inward (no internal rotation).
(Okay)

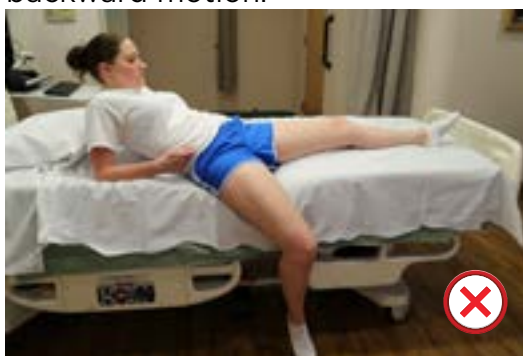


(NOT okay)



Anterior Precautions

NO extreme outward movement or external rotation.
NO extreme movement of the leg in a backward motion.



SHOULDER & ARM EXERCISES

Pendulums

30 seconds, 2 to 3 times daily

- 1) Stand up and lean forward, bending at the hip.
- 2) Letting your arm hang straight down, brace yourself by placing your other hand on a table or other secure surface. (Fig. 1)
- 3) You may also do this exercise sitting down in a chair, by resting your armpit on the arm of the chair and making sure that your arm can swing freely. (Fig. 2)
- 4) Swing your arm gently (as if you are drawing circles on the floor), using the swing to gain momentum. Do not engage the muscles in your arm.
- 5) Swing your arm in a circular motion clockwise and counter-clockwise—forward and backward, and side to side.

(Fig 1)



(Fig. 2)



Elbow Flexion / Extension

10 to 20 repetitions, 2 to 3 times daily

- 1) While sitting down in a chair or kneeling next to your bed, prop your arm up so that it lies flat (palm facing up).
- 2) Bend your arm at the elbow (Fig. 1), and then straighten your arm (Fig. 2).

(Fig. 1)



(Fig. 2)



Wrist Flexion / Extension

10 to 20 repetitions, 2 to 3 times daily

- 1) While sitting down in a chair or kneeling next to your bed, prop your arm up so that it lies flat (palm facing down).
- 2) Bend your wrist back (Fig. 1) and forward (Fig. 2) as far as it will comfortably allow.

(Fig. 1)



(Fig. 2)

**Grip**

10 to 20 repetitions, 2 to 3 times daily

- 1) While sitting down in a chair or kneeling next to your bed, prop your arm up so that it's bent slightly at the elbow.
- 2) Gently squeezing, make a fist with your hand (Fig. 1) then open your fingers as wide as possible (Fig. 2).

(Fig. 1)



(Fig. 2)

**SHOULDER PRECAUTIONS**

NO active movement of the shoulder.

NO external rotation in the shoulder (do NOT turn your shoulder outward).





Cheyenne Regional Orthopedics

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Celebrating **150 Years!**



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YESTERDAY, TODAY AND TOMORROW

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