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Missoula Bone & Joint

S u r g e r y C e n t e r



Total Joint Surgery Patient Education

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Missoula Bone & Joint

Quality Care from People Who Care



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Missoula's Leader in Outpatient Surgical Excellence



WELCOME

Thank you for choosing Missoula Bone & Joint Surgery Center for your surgical needs. Joint replacement surgery is truly a life-changing experience for most patients. After a relatively short period of time, you'll be able to re-engage in the active lifestyle that's so important to you. Before you know it, you'll be hiking our beautiful mountains, teeing up on the golf course, or romping in the backyard with your grandchildren. Most important, you'll finally feel relief from the chronic pain you've been experiencing. You can take comfort in the fact that joint replacement surgery is one of the greatest success stories in the history of medicine.

Thanks to your health, fitness, and motivation for a swift recovery, you qualify for outpatient joint replacement surgery. You will benefit from healing in the comfort of your own home.

Missoula Bone & Joint Surgery Center offers the latest in technology combined with a personalized and compassionate approach. Our facility is warm and welcoming, yet houses the most advanced medical systems with state-of-the-art operating rooms and equipment. Your family will appreciate our comfortable reception and waiting areas, and as a patient, you'll appreciate your private suite to recover in after your surgery if you require an overnight stay.

Our reputation for excellent care stems from our commitment to educate you as a patient so that you're able to be an active participant throughout your pre-operative and post-operative care. We know that well-informed patients tend to have a more rapid recovery with better outcomes.

This patient guide provides a general overview of your upcoming total joint surgery and offers details on what you and your family should expect. Please keep in mind that specific treatments are unique for each patient. Your healthcare team is happy to answer questions that aren't addressed on the following pages.

We encourage you to carefully read through this guide and bring it with you to all your appointments.

Total Joint Class

Missoula Bone & Joint Surgery Center offers a thorough program for patients undergoing a total joint replacement and their coaches. We require that you and your coach attend our Total Joint Class.

Our Total Joint Class is designed to provide you with:

- Detailed pre-operative education for both patients and their coaches by specialized nurses and licensed athletic trainers
- Family/friend involvement during your surgery center stay
- This patient guide as a reference to assist with preparation for surgery and the recovery process

Purpose of the Class

Being educated, being prepared, and having a solid plan for going home after your surgery will result in a better experience and better outcome for you.



Utilize this guide as a tool for communication and education. It is specifically designed to help you know:

- How to prepare your home for after surgery
- What to expect before surgery, during surgery and immediately after surgery
- What resources are available to you before and during your recovery
- How to care for your new joint and our recommended follow-up care for your joint

Meet Your Team

At Missoula Bone & Joint Surgery Center, we believe in the importance of truly working together as a team. Below are descriptions of the healthcare professionals and other supporters who will be your “Teammates” before, during and after your surgery.

Your Orthopedic Surgeon

Your orthopedic surgeon is the doctor who will perform your surgery and oversee your care. Along with his team, he will be working with the nurses and post-operative care team to ensure that you are healing properly.

Your Physician Assistant (PA-C)

Your certified physician assistant may assist with your surgery and may meet with you for pre-operative and post-operative appointments.

Your Anesthesiologist

Your anesthesiologist is the doctor who will administer your anesthesia and monitor you during your surgery. Your anesthesiologist will also assess and treat your pain following your surgery.

Your Registered Nurse (RN) Care Coordinator

Your Care Coordinator will help you prepare for surgery by educating you and your coach on what you need to know to have a successful experience from pre-op to your transition back home.

Your Pre-operative and Recovery Room Team

Your team of registered nurses will plan for and provide your pre-operative and post-operative care while at the surgery center.

Your Operating Room Team

Your operating room team is your surgeon, anesthesiologist, physician assistant, registered nurses and certified surgical technologists who will care for you during your surgery.

Your Physical Therapist / Mobility Coach

Your physical therapist /mobility coach will work with you before and after your surgery to assist in your recovery and to help you navigate your post-surgical challenges.

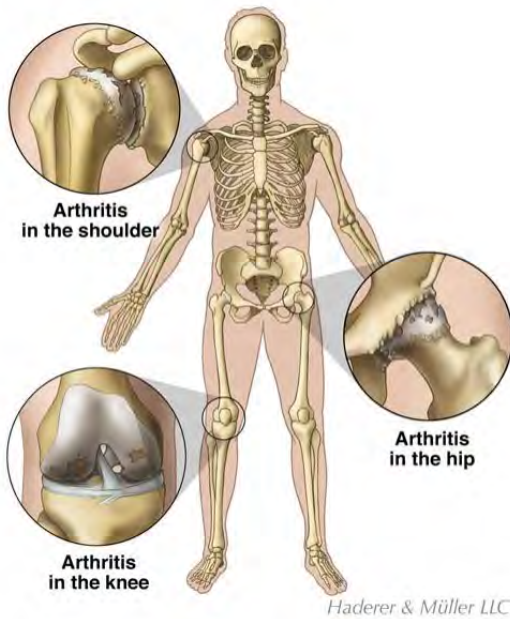
Your Coach



Your coach is the friend or family member who you choose to be by your side. Recovering from joint replacement surgery is a team effort. Your coach's support, encouragement and companionship can make all the difference, not just at the surgery center, but also throughout the weeks before and after your surgery. This should be someone who is willing to support you every step of the way and who can participate fully in activities before surgery and during your recovery. We require that you bring your coach with you to your pre-operative Total Joint class.

Please see insert in this guide for contact
numbers for your Team

An Overview of Arthritis



Arthritis is a general term meaning joint inflammation. Osteoarthritis is a specific kind of arthritis and is the most common type affecting nearly 54 million Americans, according to the Center for Disease Control and Prevention (CDC). As we age, the chance of developing osteoarthritis increases, though the severity of the disease is different for everyone. Even people in early stages of life can develop some form of osteoarthritis.

Osteoarthritis (Wear & Tear Arthritis): Osteoarthritis breaks down the cartilage in joints and can occur in almost any joint in the body. It occurs most often in the hand, but is most debilitating in the hips, knees and shoulders. Cartilage covers the ends of bones in normal joints and helps ensure that the joint moves smoothly and bones don't rub together.

Osteoarthritis makes joint cartilage susceptible to damage. Over time, the cartilage may break down and wear away, preventing it from working properly. During this process tendons and ligaments in the joint can stretch, causing pain. The condition is progressive and as the condition worsens, bones can rub together, causing further pain and discomfort. The most common symptoms of osteoarthritis are pain, stiffness, swelling, and deformity.

Other Forms of Arthritis:
There are many other forms of arthritis (secondary arthritis) including post-traumatic, psoriatic, etc. Regardless of the source/cause of arthritis the symptoms and treatments are similar.

Rheumatoid Arthritis: Rheumatoid arthritis is an inflammatory disease that can cause pain, stiffness, swelling and deformity (similar to osteoarthritis). Rheumatoid arthritis affects about 1 percent of Americans, but is much more common in women than in men. This form of arthritis occurs in all age groups.

When arthritis has worn away or destroyed the cartilage that cushions your joint, you may be a candidate for joint replacement surgery.

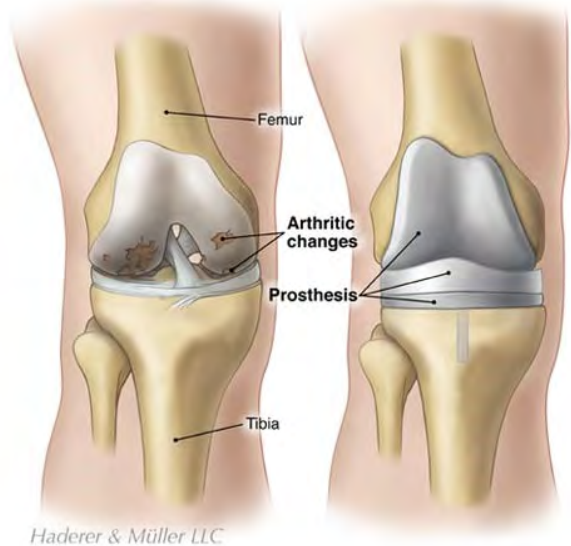
An Overview of Joint Replacement Surgery

Joint Replacement Surgery involves resurfacing the affected joint with an artificial joint made from various combinations of metals, ceramics, and plastics. These materials are biocompatible, meaning they are body friendly. The materials used in your artificial joint are very strong and are designed to last a very long time. Your orthopedic surgeon will consider many factors, like age, bone density and the condition of your bones and surrounding soft tissues when determining the exact kind of joint replacement you'll receive. The technique on how to insert your new joint replacement is also surgeon dependent.

Total Knee Replacement Surgery

When arthritis has worn away or destroyed the cartilage that cushions your knee, you may be a candidate for knee joint replacement surgery.

The knee joint has two surfaces and is a very complex joint that bends, twists, and moves front to back. Total knee replacement is when all the surfaces of the knee are covered with metal and plastic. The metal covers the exposed and rough bone, and the plastic acts as your new cartilage. The metal and plastic implants typically are attached to your bone with cement, but occasionally implants are used where the bone grows into the implant.



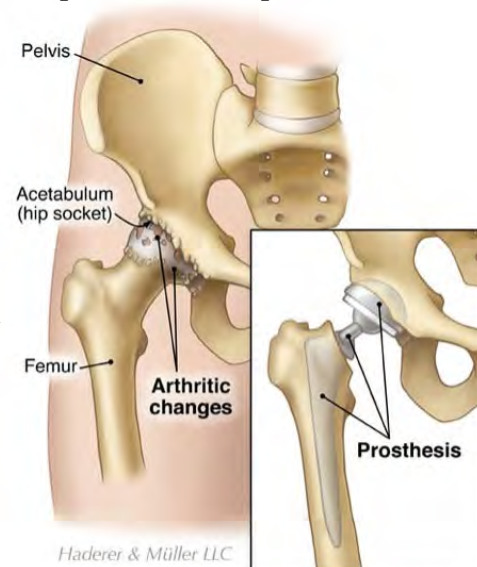
Partial Knee Replacement Surgery

If the cartilage damage in your knee is limited to one or two surfaces, you may be a candidate for partial knee joint replacement. Partial knee replacement is similar to total joint replacement except only one side of the knee joint is resurfaced. Your surgeon can discuss with you if you are a candidate for a partial knee replacement.

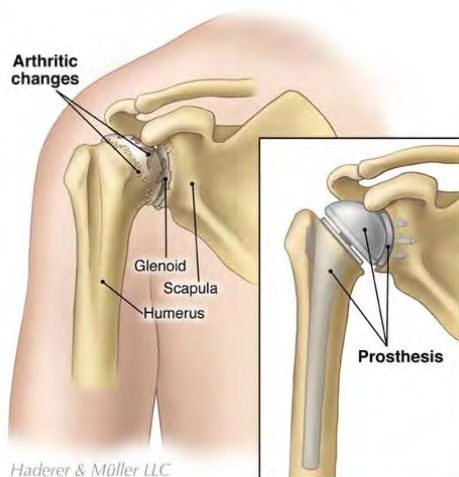


Total Hip Replacement Surgery

The hip is a ball and socket joint. Arthritis in the hip typically affects the cartilage on both the ball and socket. A total hip replacement is when the ball (femoral head) is replaced with a metal or ceramic ball and the socket is resurfaced with a metal cup and plastic liner. The plastic liner acts as your new cartilage.



Total Shoulder Replacement Surgery



The shoulder (like the hip) is a ball and socket joint. Most patients have cartilage damage on both sides of the joint and need a new ball and socket. The implants in shoulder replacements are made of metal and plastic. The rotator cuff muscles around the joint often determine what type of shoulder replacement is best for you. If the rotator cuff muscles are ruptured or not working well, you may need a Reverse Total Shoulder Replacement where the position of the ball and socket are switched.

The Risks of Joint Replacement Surgery

Joint replacement surgery is major surgery and although advances in technology and medical care have made the procedure very safe and effective, there are risks. These risks should be considered carefully before you decide to have surgery. We encourage you to discuss the potential risks with your orthopedic surgeon, primary care provider and your family.



Every measure will be taken by our team of experts to minimize the risks and avoid complications. Although complications are rare, they do sometimes occur. We will do our very best to avoid risks; the most common risks include:

- **Blood Clots:** Blood clots can form in either leg vein and travel to your lungs after joint replacement surgery. Blood clots can be dangerous and a blood clot that travels to the lung (pulmonary embolus) can result in death. Blood clots are more common in older patients, patients who are obese, patients with a history of blood clots, patients who smoke and patients with cancer.
- **Infection:** Infection is very rare in healthy patients having a joint replacement. Patients with chronic health conditions, like diabetes, and patients who have suppressed immune systems are at increased risk of infection. Obese patients and smokers are at a higher risk for infection.
- **Nerve, Blood Vessel and Ligament Injuries:** Damage to the surrounding joint structures, including nerves, blood vessels and ligaments, are possible but extremely rare. Commonly, there is numbness adjacent to the incision, which may or may not resolve with time.
- **Pain/Persistent Pain:** Surgical site pain can be expected. After your surgery your team will work closely with you to minimize and control your surgical site pain. It is unrealistic and impossible to be “pain free” during the recovery phase of your surgery. Your pain should subside as you progress through your recovery. Some patients may have persistent pain after the joint replacement. Persistent pain can be for many reasons.
- **Bleeds/Hematoma:** Bleeding into or around the joint can occur either immediately after surgery or at a later time. This is accompanied by acute pain and swelling and is sometimes confused with infection. The need for a blood transfusion is now extremely rare with joint replacement surgery. Patients on blood thinners before and after surgery are at a higher risk of bleeding.
- **Loosening of the Joint:** Over the long term, loosening of the artificial joint is a risk associated with joint replacement. Loosening of the joint usually results in pain and may require further surgery.
- **Limited Range of Motion:** Within a day of surgery, you will begin exercises to help improve the flexibility of your joint. Your ability to move your joint after surgery often depends on your motion before surgery. Even after physical therapy and an extended recovery period, some people are not able to gain full mobility of the joint. Stiffness can be seen in any joint, but is most common in knee replacement.
- **Dislocation (Hip and Shoulder Only):** A patient’s hip or shoulder may move out of place after surgery (pop the ball out of the socket). If this occurs, your surgeon or an emergency room physician can often sedate you and put the hip or shoulder joint back into place. In very rare cases, surgery may be required to put the hip or shoulder back into the socket.

Preparing Your Home

You and your coach may want to consider these tips to help make your home safe and comfortable when you return from your surgery:

- Purchase a non-slip bath mat for inside your tub/shower
- Consider purchasing a raised toilet seat with grab bars
- Consider purchasing a bath seat or shower bench
- Check every room for tripping hazards
- Remove throw rugs and secure electrical/phone cords out of your way
- Determine what items from dressers, cabinets and shelves you will need immediately after returning home and move these items to counter height to avoid excessive bending or reaching
- Rearrange your furniture to create wide pathways
- Plan on using a cordless phone or cell phone and keep it in your pocket or set it always within reach
- If you must use stairs, make sure they have handrails that are securely fastened to the wall
- If you have pets, you may want to consider boarding them for a few days after your return home to avoid tripping hazards
- A chair which has a firm back, arm rests, and sits higher is recommended during your recovery
- Avoid sitting in any chair with wheels as these can be dangerous
- In order to minimize cooking, prepare meals in advance and freeze them or make arrangements to have meals delivered
- Install night lights in bathrooms, bedrooms and hallways
- Do laundry ahead of time and put clean linens on your bed
- If possible, arrange for someone to help with housework, snow removal and gardening chores
- Arrange for someone to collect your newspaper and mail
- Other hazards can include bedspread corners, spills on the floor, and snow and ice on steps.



Assistive Devices

- You will most likely need a front-wheeled walker or crutches for at least the first week after your surgery
- Your physical therapist will guide you on transitioning from a walker to crutches or a cane
- Be sure to discuss with your physical therapist which device is best for you before you make your purchase
- Durable Medical Equipment (DME) can be purchased from Missoula Bone & Joint

Since your safety is our primary concern, we require that your coach, spouse, family member, or friend stay with you at home after your surgery until you are able to perform activities of daily living independently and safely. Typically, this occurs within a few days or within one week after you return home.

Arriving at Missoula Bone & Joint Surgery Center

On the day of your surgery, it's important that your coach accompany you to the surgery center. We do, however, ask that you limit the number of people who accompany you to no more than two people. Ideally, your coach will remain at the surgery center while you are undergoing surgery. If your coach must leave, he or she should check in with our front desk and provide a contact phone number.



Once you check in at the front desk, you will meet with a pre-operative nurse. We invite your coach to join you for this meeting. The nurse will ask you more health questions, check your vital signs and start your IV.

After the nurse has admitted you, your operating room nurse and your anesthesiologist will meet with you. You will be asked to identify which side is being operated on, and your surgeon will mark the site with a special marker. At this point, you may need to remove your contacts, glasses or dentures if you wear them. You are then ready to enter the operating room. We will ask your coach to wait for you in the lobby.

Your team, including your surgeon, anesthesiologist, nurses and technologists, will be waiting for you once you enter the operating room. Surgery times vary from patient to patient, but most joint replacement surgeries last between one and two hours. After your surgery is completed, your surgeon will meet with your coach to update him or her on your progress.



Before your surgery, your anesthesiologist will examine you, discuss your medical history and determine the best anesthetic plan for you. Your anesthesiologist will discuss with you the risks and possible side effects of the recommended anesthetic plan. Be sure to let your anesthesiologist know if you've ever experienced difficulties with anesthesia or if you have a history of post-op nausea or motion sickness. Our goal is to keep you as comfortable and as safe as possible. Below is a list of types of anesthesia you may be given:



General anesthesia: This anesthesia is administered through an IV to induce a deep sleep during surgery. Some patients prefer to have little awareness/knowledge of their surroundings during surgery. How alert you desire to be during surgery is between you and your anesthesiologist.

Spinal anesthesia: Spinal anesthesia involves an insertion of medication in an area around your spine that will numb the body from that point and below. Following this procedure, you may not be able to feel or move your legs for a couple of hours. Spinal anesthesia is typically the preferred method of anesthesia for total joint arthroplasty.

Nerve Blocks: A regional nerve block is a general term used to refer to the injection of local anesthesia near nerves for temporary control of pain. Nerve blocks are sterile procedures that are usually performed with the help of an ultrasound machine, which enables the anesthesiologist to view needle placement.

Will I have any side effects from the anesthesia?

Your anesthesiologist will discuss the risks and benefits associated with the different types of anesthesia. Nausea or vomiting often concerns patients going to receive anesthesia. Nausea may be related to the anesthesia you receive, but fortunately is less common now because of advancements in anesthesia. There will be medications available to you to reduce the risk of nausea and also treat the nausea if it occurs after surgery.

After Your Surgery

After your surgery, your anesthesiologist and operating room nurse will transfer you to the recovery room, where you will spend about one to two hours in the care of a recovery room nurse. Your recovery room nurse will check your vital signs frequently and will administer pain medication and nausea medication as needed.

When you are ready, your nurse will provide you with a snack and a drink. Your nurse will check your bandages, check for any drainage from your surgical site, and encourage you to take deep breathes and cough regularly to help prevent chest congestion. They will also apply leg compression pumps on your calves to help with circulation. These pumps will squeeze your legs at regular intervals to help prevent clotting. You may have a special wrap for ice therapy on your surgical site. If you require an overnight stay, your nurse will help transfer you to one of our private suites where you can rejoin your coach.



Once your vital signs are stable and you have regained movement and sensation in your extremities, your physical therapist will come to your room and begin a session. This session will consist of getting in/out of bed, standing, walking and going up and down stairs. Do not try to walk until your nurse or therapist determines you are ready.

The amount of time you spend in recovery will depend on how quickly you recover. Specifically, your nurse, therapist and surgeon will need to determine your pain level and assess your ability to walk with assistance prior to making a decision to send you home.

Most patients will stay for 3-4 hours after shoulder, hip, or knee replacement surgery and go home the day of surgery. Occasionally, unforeseen events may require you to stay overnight. The team at Missoula Bone & Joint Surgery Center will try to help you anticipate this need ahead of time so you and your coach can prepare accordingly.

Early mobilization is key to a successful recovery and being in familiar surroundings at home helps promote your activity. With those two key aspects of your recovery in mind, the discharge plan is for you to go directly home the same day. Occasionally patients will stay overnight but still go home within 23 hours.



You will be released once you have received medical clearance from your surgeon, and your physical therapist has determined that you can safely return to your home.

You will need to have someone drive you home from the surgery center. Before leaving, your nurse will carefully explain your home instructions concerning medications, bandages, therapy, and activities to both you and your coach. Your nurse will also confirm your post-operative appointments with your surgeon.

If your ride home is long, we encourage you to stop and stretch every hour or plan to stay at a local hotel. We also recommend that you ride home in a standard-sized car or mid-sized SUV, as it may be difficult to get into and out of a very low car or high truck.

What to Expect After Surgery

- You may have bruising and swelling that will start at the surgical site and may spread throughout the entire lower extremity. This is to be expected and the severity will vary by patient. Bruising and swelling may continue to increase over the first two weeks after your surgery. Call your surgeon's assistant if you are concerned about the amount of bruising.



- You will feel very stiff and tight in your surgical leg, shoulder or arm.

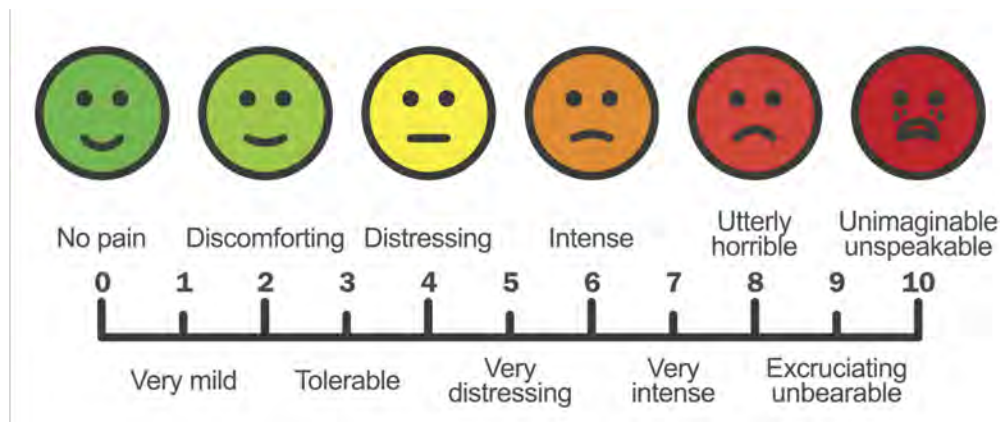
- You will feel tired and your energy level will be decreased.

- You will have pain. You should not expect to be pain free. However, our goal is to keep your pain at a tolerable level. (Please see Managing Your Pain at Home on page 14 for more information about pain control).

- You will likely have difficulty sleeping.

You should not expect to be pain free. However, our goal is to keep your pain at a tolerable level. During surgery, local anesthetics (numbing medicines) are injected into the tissues surrounding your surgical site to help with pain. These medicines often help provide good pain relief for the first day or two after surgery. The effectiveness of the local pain medications and how long it lasts is unpredictable.

Often, the local pain medicines work well and you may not need heavy doses of IV pain medications. IV pain medication tends to make patients very sleepy and we try to avoid IV pain medication whenever possible. We hope to treat your pain safely and effectively with only oral pain medication.



Communication is an important part of helping us manage your pain. It is important to share information with your nurses about any pain you experience. You will be asked to rate your pain on a scale of 0 to 10, with 0 indicating no pain and 10 indicating excruciating pain or the worst pain possible.

Managing Your Pain at Home

- You will be sent home with prescriptions for appropriate oral narcotic medications. You will also be sent home with ice packs or a cold therapy unit to help with your pain.
- Your prescribed pain medication will help to relieve pain, but will not alleviate it completely.
- During the first few days following your surgery, you will have scheduled medication doses. We recommend you set an alarm to remind you when to take your medications.
- If you are feeling overly sedated, you should reduce or stop the narcotic medication.
- You should use ice, elevation and rest in combination with your pain medication to further ease the pain.
- Arrange to take your pain pills approximately 30 minutes prior to doing your exercises to help control the soreness that often accompanies activity in the first few days after surgery.
- Take your pain medications with food to help minimize side effects.

Prescription opioids can be an important part of treatment but also have risks of addiction and overdose, especially with prolonged use. An opioid overdose, can often be marked by slowed breathing, then can cause sudden death. The use of prescription opioids can have a number of side effects that include, but are not limited to:

- Sleepiness/sedation/dizziness/light headedness
- Nausea, vomiting, and dry mouth
- Confusion
- Constipation
- Itching and sweating
- Depression
- Tolerance—meaning you might need to take more of a medication for the same pain relief.
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped. This condition may begin as soon as 8 days after surgery

If you are prescribed opioids for pain:

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your surgeon
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that doesn't involve prescription opioids
 - Talk about any and all concerns and side effects
- Help prevent misuse and abuse
 - Never sell or share prescription opioids
 - Never use another person's prescription opioids
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends and family)
- Safely dispose of unused prescription opioids. Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou)
- Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call the SAMHSA (Substance Abuse & Mental Health Services Administration) National Helpline at





Cold Therapy as Pain Management

Cold therapy is widely used in orthopedics to combat the pain and swelling that happens after surgery. It can also help reduce the need for pain medications and speed up the recovery process.

We recommend using a form of cold therapy about 3-5 times per day for the beginning of your recovery process.

Cold Therapy Unit

Why is Cold Therapy Better Than Ice Packs?

Cold therapy delivers continuous flow through the circulation pads, within a comfortable temperature range that allows for longer-term application. It provides comfortable compression for relieving swelling at the injury site, which aids in the healing process.

How Does the Cold Therapy Unit Work?

Cold therapy units provide continuous flow through a patented method of temperature regulation, utilizing ice and water that is circulated from an insulated fluid reservoir through a pad applied to your post-operative site.

Available to rent or purchase through the DME department

Most insurance companies do not cover cold therapy. Therefore Missoula Bone & Joint does not submit claims to insurance companies for cold therapy. However, your insurance company may reimburse you. Missoula Bone & Joint will provide you with a receipt with codes that you can submit to your insurance, HSA, or flex plan. Medicare can not be billed for cold therapy.

Ice Packs/Cold Gel Packs

- There should be a layer between the skin and the modality (towel, clothing, pillowcase) to avoid burning the skin
- Check for sensation and discoloration of the skin throughout treatment
- You should have the ice applied for 20-40 minutes, then wait at least 1 hour before re-applying to allow the skin and body to warm back up on its own.

PREVENTING BLOOD CLOTS

Surgery may cause the blood to slow in the veins of your legs creating a blood clot.

Blood clot prevention is essential to your health and safety following surgery.

There are several ways to prevent blood clots:

- 1) Take frequent walks. Start with short walks and then build up to long walks.
- 2) Frequently engage in "ankle pumps". This exercise circulates the blood from your legs back to your heart, helping to prevent a clot along with compression socks.
- 3) Avoid sitting with legs dependent (dangling) or below the level of the heart.
- 4) If you are at low risk for blood clots, you will be prescribed 81mg of Aspirin to be taken twice a day for 4 weeks following surgery.
- 5) Be sure to ask your surgeon if you should resume blood thinners you took before surgery.
- 6) Avoid resting or sleeping in a recliner, which will bend your body into a position that promotes blood pooling and clots.

SIGNS OF BLOOD CLOTS IN THE LEGS:

- Swelling in the thigh, calf, or ankle that is not improved when the leg is elevated
- Pain or tenderness in the calf
- Heat and redness
- Note: blood clots can form in either leg!

If you notice any pain, tenderness or swelling in your calf, contact your surgeon right away!

SIGNS OF PULMONARY EMBOLUS:

- Sudden chest pain
- Difficulty breathing / Shortness of breath
- Sweating
- Confusion

If you experience chest pain, difficulty breathing or shortness of breath, call 911 immediately!

Caring for Your Incision & Preventing Surgical Site Infections



You will have a waterproof dressing on your incision, which allows you to shower as long as the dressing is in place and sealed without openings. This dressing should remain in place for approximately 5-7 days, then replace with a new dressing. Ask your surgeon how long you should leave your dressing on.

While the likelihood of infection is low, there are some simple things you can do to reduce your risk even more:

Clean Hands: Hand hygiene is very important. You will notice your caregivers using alcohol-based hand sanitizer when entering your room. You should encourage your family and friends to apply hand sanitizer or wash their hands with anti-bacterial soap. You should also always remember to wash your hands well before and after changing your dressing.

Anti-Bacterial Soap: It's important to use an anti-bacterial soap when you shower or bathe for the two weeks prior to your surgery to reduce bacteria on your skin.

Pre-surgery Bathing: The night before your surgery, be sure to shower with the cleanser provided by your surgeon following his instructions. This will further reduce the bacteria on your skin.

No Lotions/Powders/Salves to the Area Surrounding the incision for 4 weeks after surgery.

Clean, Lightweight Clothes: Do not wear the same clothes every day.

Shaving: It is very important that you do not shave your legs or use any hair removal products anywhere near the surgical area for 1 week prior to surgery. Studies show an increased risk of surgical site infection associated with shaving. This is attributed to the micro scopic cuts in the skin that allow bacteria to enter.

Avoid soaking your incision in a tub bath, hot tub, or participating in water activities until the incision is completely healed, closed, and no longer draining. This typically occurs two to four weeks after surgery.

10 Signs of Trouble

Call your surgeon if you see any of these signs:

1. Increased drainage or bleeding that won't stop with direct pressure.
2. Redness in or around the wound.
3. A wound tissue that changes from pink to white, yellow or black in color.
4. A foul odor or pus coming from the wound.
5. Increased size or depth of the wound.
6. Increased swelling around the wound.
7. A fever of 101 degrees or shaking/chills.
8. Pain at the wound site that does not go away, even after taking pain medicine.
9. If the wound has split open.
10. If your stitches or staples have come out too soon.

Bowel Function

Another important aspect of joint replacement that requires attention is bowel function. During your recovery the combination of taking narcotics, decreased activity, and dietary changes can lead to constipation. Below are suggestions for how to avoid constipation and have regular bowel movements:

- **Try to take the lowest dose of narcotics to achieve pain relief.** The use of narcotics can slow bowel function and contribute to constipation. Of course we want you to be as comfortable as you can while recovering, but try to limit your use of narcotics (e.g. oxycodone, hydrocodone, hydromorphone) if possible.
- **Drink plenty of fluids and stay hydrated.** Set a goal to drink at least 8 cups of water, juice, or other liquids per day. Staying hydrated will help prevent constipation. You will know you are drinking enough fluids if your urine is clear or very pale yellow.
- **Including plenty of fiber in your diet can help decrease the chance of constipation.** Fruits, vegetables, whole grains, and beans are all great sources of fiber. After surgery, we recommend a stool softener while you are taking narcotics. You may also add an osmotic laxative, such as Miralax. If you have specific questions regarding which stool softener to choose, a pharmacist can assist you with what to purchase.

Please call your doctor immediately if you develop any of the following symptoms:

- Excessive nausea and vomiting
- Tenderness or pain in your abdomen or rectum
- Constipation that worsens or lasts longer than four days



Activities of Daily Living

We understand that you're eager to get back to the activities that you enjoyed prior to your surgery. This section of the guide is intended to help you navigate the transition back to your active lifestyle. Your physical therapist will also work with you to help you manage any difficulties while you regain your mobility.

Walking

Walking is one of the most important exercises you can do after surgery. Establishing safe walking guidelines is part of the post-operative therapy session. Your therapist will also assist you with determining the best assistive device using goals for safety and mobility. When pain resolves and your balance returns, you will not require an assistive device. In addition to walking, remember to perform the listed exercises and any additional exercises assigned by your physical therapist. We recommend you keep using your walker or crutches until you are able to walk confidently without a limp or without needing to lean on a wall or surrounding objects.



Tips for Using Your Walker or Crutches

- ➡ Move your walker or crutches first, then your surgical leg, followed by your non-surgical leg.
- ➡ Walk using a heel-to-toe gait. Stand tall and look ahead (not at the floor), bend your knee to take a step, and keeping your toes pointed straight ahead, set your heel first on the floor.
- ➡ For better balance, stay in the middle of your walker. Don't step beyond the front of your walker

Climbing Stairs

- ◆ Always hold onto the stair railing while climbing stairs.
- ◆ When climbing up the stairs, step up first with the non-surgical leg, and then step up with the surgical leg.
- ◆ When climbing down the stairs, step down first with the surgical leg, and then step down with the non-surgical leg.
- ◆ Remember – Down with the bad, up with the good.



Taking Showers

- ◆ First stand near the shower lip, and then step over the shower lip with your non-surgical leg followed by your surgical leg.
- ◆ Try to avoid excessive bending of your body.
- ◆ If possible, use a hand-held shower and a long handled brush.
- ◆ If possible, install a shower bench or purchase a portable shower/tub chair.
- ◆ Use regular soap but do NOT use creams or lotions on your incision for 4 weeks after surgery.
- ◆ Remember your precautions while getting in and out of the shower.
- ◆ Remember to avoid soaking.



Riding in Cars

We recommend that you ride in a standard or mid-sized car or SUV as it may be difficult to get into and out of a very low car or high truck. Tips for safely getting in and out of cars:

- ◆ Slide the seat you'll be getting into as far back as possible.
- ◆ Ideally, you'll fully recline the seat back.
- ◆ If needed, place a pillow on the seat to raise the level.
- ◆ Back up to the car using your assistive device. Reach back to the car seat or dashboard for support.
- ◆ Slide your surgical leg forward as you sit down on the edge of your seat.
- ◆ Scoot back on the seat as far as possible and lean back as you swing your legs into the car.



Frequently Asked Questions



Where will I go after discharge?

The discharge plan is to go directly home unless you live out-of-town and choose to go to a local hotel. You will want to request an ADA room. A list of local hotel options is included in this packet.

Will I need help at home?

Yes. For the first several days or possibly weeks, you will need your coach to help you with meal preparation, house cleaning and other daily activities. It's ideal if your coach can stay with you for at least a week after your surgery.

What physical restrictions should I expect after surgery?

You will definitely experience limited mobility for the first few weeks after surgery. It's important to carefully follow your physical therapist's instructions and use your assistive device as needed. At the same time, we encourage you to actively exercise your leg that was operated on and keep working to increase your range of motion and ability to bear weight.

How should I position my pillows when resting?

It's important to position pillows properly when you are resting. Knee Replacement Only – You should avoid putting a pillow directly under your knee when sitting or lying down. You should, however, put a pillow under your heel to keep your leg elevated. You should also try to keep your knee straight when you are resting. Hip Replacement Only – Your surgeon may want you to have a pillow positioned between your legs when lying down and sleep on your side or back for comfort. Ask your surgeon.

How important are the recommended exercises and general activity?

For most patients, exercises are critical for a successful recovery. Before surgery, at the total joint classes you will learn home exercises and you will be shown how to successfully navigate the physical challenges you'll face. Walking is one of the most important daily activities after total joint surgery.

When will I be able to drive?

You can probably begin driving at 2-4 weeks after surgery, depending on your surgeon's recommendation. You should not drive while taking narcotic pain medication.

Will I need blood?

The need for a blood transfusion after total joint replacement is rare and donating your own blood is not required or recommended.

When will I be able to get back to work?

Most patients may return to work in some capacity between one and six weeks following their joint replacement surgery. This varies if your job is sedentary or physically demanding. Please consult and discuss this with your surgeon.

How often will I need to be seen by my doctor following surgery?

You will have a follow-up appointment scheduled with your surgeon 10-14 days after your surgery. From that point, the frequency will depend on your progress. Long term follow-up is typically at 1 year, 2 years, 5 years and 10 years, but ask your surgeon as they may have a different preference.

Frequently Asked Questions

What if I am having problems sleeping?

Make sure that your pain is well controlled throughout the day. During the day be careful about taking naps. Try to plan your activities as near normal as possible. If you cannot sleep due to pain, please medicate appropriately. If you continue to have issues, please call your surgeon's office to discuss over the counter sleeping aides or prescription medication to help sleep.

When can I shower or bathe?

You can shower the day after surgery. To ensure that your incision heals properly, we do not want you to bathe or get into a swimming pool until you have seen us in the office. If you have scabs on your incision after that time, you may not get into a pool until it is healed. Use regular soap but no lotion or creams on the incision for 4 weeks.

What about using a hot tub or whirlpool?

Due to heat and bacteria in the water, we do not want you to use a hot tub, steam room, sauna, or whirlpool for 4 weeks and until your incision is fully healed.

When can I restart the medications I was told to stop prior to surgery?

Usually as soon as you go home, but check with your surgeon if there are any medications in question. You will be provided with a list of what medications you should and should not take at discharge. This list applies until your next visit.

Now that I am no longer requiring narcotic pain medication, what can I take if I should experience discomfort?

You may take Tylenol or Extra-Strength Tylenol. If you are already taking a prescription anti-inflammatory, you may not take over the counter medication such as Advil or Aleve.

How do I get through airport security with my artificial joint?

Inform the TSA officer that you have an artificial joint when you get to the security gate.



When should I call my surgeons office?

- ➔ Increased drainage
- ➔ Pain not controlled by pain medication
- ➔ Inability to bear weight on your operative leg
- ➔ Swelling in foot or calf that is accompanied by coolness or decreased sensation in foot
- ➔ Confusion / disorientation

If you experience chest pain, difficulty breathing or shortness of breath, call 911 immediately!

Does my surgery/procedure require pre-authorization?

Many insurance companies require pre-authorization. Prior to any planned procedure our Pre-authorization Department will contact your insurance company to pre-authorize your surgery. We suggest that you contact them also in case additional information is needed. It is our policy to not schedule any workers' compensation procedures prior to authorization being verified.

Will Missoula Bone & Joint bill my insurance company?

As a courtesy we will bill your primary and secondary insurance companies. If your insurance does not respond within 30 days the balance then becomes your responsibility. It will then be necessary for you to contact your insurance carrier regarding reimbursement.

Does Missoula Bone & Joint contract with my insurance company?

We are preferred providers with most insurance companies. However, to ensure that we are contracted with your specific health plan, please contact your insurance company prior to any appointments to verify eligibility and coverage. Our financial counselor will give you an estimated out-of-pocket amount for your surgeon and the surgery center.

What bills can I expect to receive after surgery?

Separate statements will be sent to you for each provider of services. You may receive separate statements from each of the following:

- Surgeon and Surgical Assistant
- Surgery Center
- Neuromonitoring (for spine surgery only)
- Anesthesiologist
- Pathology/Lab
- Durable Medical Equipment (DME) Providers
- Genoa Healthcare Pharmacy (your post-op medications)



Does my insurance company pay for any procedure performed at any facility?

You will need to contact your insurance company for any facility restrictions.

What is included in the surgeon's fee for a surgery/procedure performed?

The surgeon's fee covers the operative charge for your surgery and routine postoperative care for either 10 or 90 days, depending on your procedure. Charges for X-rays, casts, braces, supplies, etc. are not included in your surgery/procedure fee.

If you have any further questions that have not been addressed in this booklet, please feel free to contact our office. Please see the enclosed "Important Phone Numbers" for a list of our contact numbers.