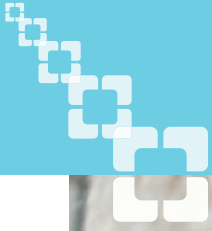


# Total Joint Replacement Guidebook





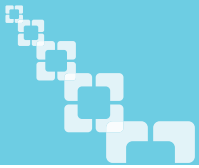
## WELCOME!

Thank you for choosing Cleveland Clinic for your total joint replacement surgery. Your hip or knee replacement surgery will be performed by one of the most experienced orthopedic surgical teams in the United States. Our commitment is to ensure that each patient and their family members receive the best possible care. We believe that you play an invaluable role in your successful recovery. That's why our goal is to involve you in your **plan of care**, every step of the way - from education before your surgery to plans for when you leave the hospital.

This guide is designed to give you the important information you need to achieve the best outcome from your joint replacement surgery. This guide will help:

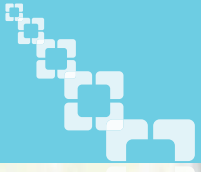
- Prepare you for your upcoming surgery
- Walk you through your hospital visit
- Provide basic exercises for you prior to surgery
- Inform you on what to expect before, during and after surgery
- Explore your physical therapy needs before and after surgery
- What to do to continue your successful recovery at home

In addition to this book, it is highly recommended that you attend a Total Joint Education Class virtually or in person at one of our available locations to review information and to have your questions answered. Ask your surgeon's team about our Total Joint Education Classes.



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## OVERVIEW

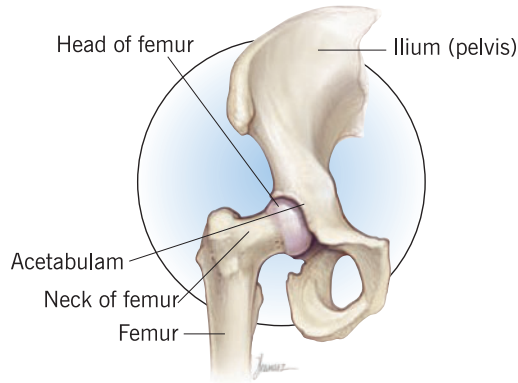
### HIP REPLACEMENT

The hip joint helps us to keep our balance and supports our weight in all of its movement. The hip is a “ball and socket” joint that is found on the upper end of the leg bone (femur). It has a rounded head and fits into a socket in the pelvis to form the hip joint.

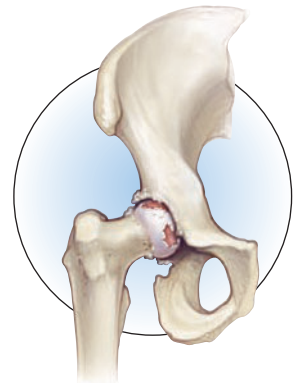
During total hip replacement surgery, the damaged part of the hip is removed and replaced with implants. The top part of the femur is replaced to provide you with smooth, pain-free movement. Your surgeon selects the implants that are best for you.

The expectation is that most total hip replacement patients will go home the same day as their surgery. In some cases, patients may stay overnight if specific health criteria are not met based on their overall health status. This is part of your plan of care and will be discussed with your surgeon prior to surgery.

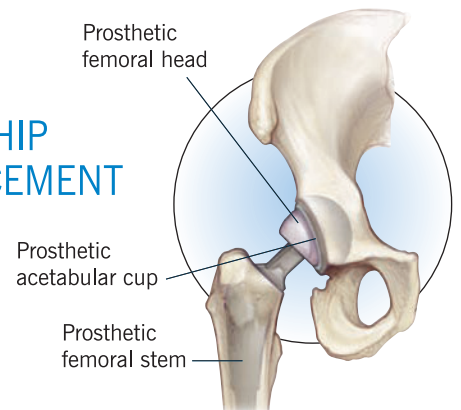
HEALTHY HIP

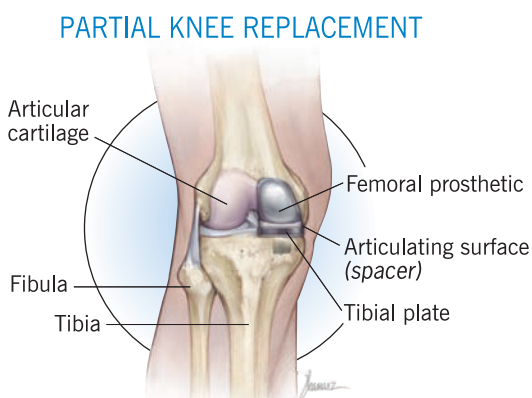
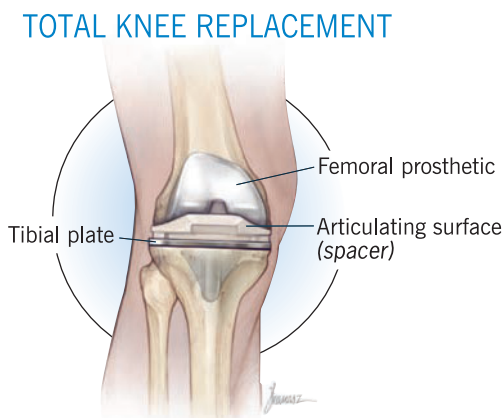
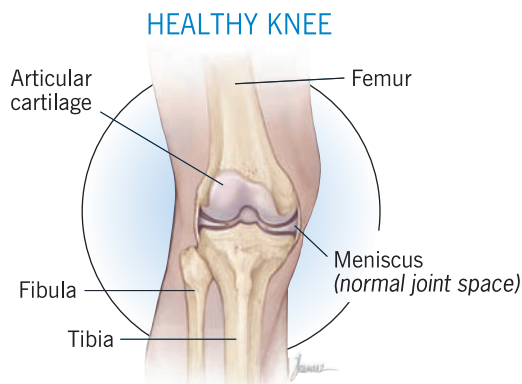


ARTHRITIC HIP



### TOTAL HIP REPLACEMENT





## KNEE REPLACEMENT

The knee joint is the largest joint in the body. This “hinge” joint allows the leg to bend and straighten. The knee joint is located at the meeting point of the thigh bone (femur) and the shin bone (tibia). The knee cap (patella) covers the area where the two bones meet and connects your thigh muscles (quadriceps) to your tibia.

During knee replacement surgery, the damaged part of your knee is removed and replaced with implants. Implants are made of various materials. If interested, discuss with your surgeon the specifics of the implant that will be used for you.

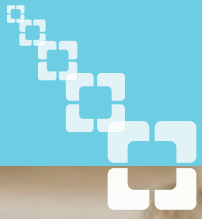
### Total Knee Replacement

This surgery is used when damage is seen throughout the knee. A thin metallic resurfacing component is placed on the end of the thigh bone; the tibia and kneecap are similarly resurfaced. This creates low friction surfaces that allow the knee to move smoothly and without pain. Most of the major ligaments and tendons of the knee are left in place so that the knee can bend and straighten, yet remains steady in position from side-to-side and front-to-back.

The expectation is that most total knee replacement patients will go home the same day as their surgery. In some cases, patients may stay overnight if specific health criteria are not met based on their overall health status. This is part of your plan of care and will be discussed with your surgeon prior to surgery.

### Partial Knee Replacement (or Uni-Compartmental Knee Replacement)

This surgery can be performed when damage is confined to one compartment of the knee and involves replacing the damaged part of the knee bone and cartilage with an implant. Most partial knee replacement patients will be going home the same day as their surgery. This should be discussed with your surgeon prior to surgery.



# BEFORE YOUR SURGERY



## PREPARING FOR SURGERY

Your appointment is set, and you are ready to have your surgery and get back to life. Here are some of the things you can do to prepare yourself for surgery:

1. Complete your medical appointments that are ordered for you. Be an active participant in your plan for surgery.
2. Plan on attending a Total Joint Education Class either virtually or in person.
  - a. The class will provide you with an overview of your surgery, care at home, exercises, equipment, and more. In addition, the class will give you an opportunity to ask questions.
3. Joint replacement surgery is classified as an outpatient procedure. You will need a plan for your aftercare ahead of time. Check your insurance plan to determine coverage and co-pays for all services and treatments. You will also want to arrange for transportation to and from the hospital.
4. You should ask a family member or friend to be with you when you talk with your doctor, help you with any safety measures, and assist you in preparing to go home.
5. You will be contacted to schedule your preoperative appointment. If you are not contacted within 3 weeks of your surgery, please reach out to your surgeon's office directly.
6. For sleep apnea patients who use a sleep apnea device (CPAP), please bring your machine to the hospital, but leave it in the car.
7. Please discuss any use of alcohol, tobacco and/or vaping products and recreational drugs with your primary care physician and surgeon before surgery so we can best meet your care needs. These products should be stopped at least 6 weeks prior to your surgery. Failure to do so can cause complications with your anesthesia and recovery.
8. If you are a MyChart user, please refer to your information prior to surgery. Ensure you have your personal email listed (not your work email).
9. Have a discussion with your physician regarding your currently prescribed medications such as anticoagulants, anti-inflammatory medications, GLP1 (eg Ozempic) and nutritional supplements. Discussion should consist of when to stop taking these medications before surgery and when to start them back up after surgery.
10. Ensure your primary care physician reviews your HgbA1c (if applicable) for diabetes. Poorly controlled diabetes can result in poor wound healing and increased risk of infection.
11. Please ensure you have routine dental care performed more than 1 month before surgery. If you need dental work within 1 month of surgery, please contact your surgeon's office.
12. If you are directed to have prehab physical therapy, please schedule this about 4 weeks prior to your surgery. Ohio: 216-444-6262. Florida - ask your provider for this direct line.
13. Durable Medical Equipment (DME) - You will need a device, such as a walker, to assist you after your surgery. This equipment is called DME. If the hospital does not provide you with these items, you can obtain the necessary equipment needed prior to surgery online, from a local medical supply store, or from a friend or relative. If you purchase or borrow DME in advance please bring it with you the day of surgery, but leave it in the car. Ask your surgeon about the specific DME you need for your recovery.





## PREPARING FOR SURGERY AND RECOVERY AT HOME

Below are simple ways you can prepare your home in advance. These tips will aid you in your recovery after surgery.

- Remove loose rugs.
- Remove clutter so you can move around safely.
- Widen furniture paths to accommodate a walker, or cane.
- Place frequently used objects within reach. Ensure items are within shoulder to waist level.
- Stock up on groceries and day-to-day medical supplies.
- Cook and freeze meals in advance so that you can have ready-made meals handy.
- Ensure you have pet care.
- Consider modifying your bathroom to include a shower chair, safety bars, toilet handrails or a raised toilet seat.
- Make alternate plans for indoor and outdoor maintenance.
- Provide good lighting throughout your home by installing night lights in the bathrooms, bedrooms and hallways.
- Remove loose wires and cords.
- Arrange for help with tasks such as cooking, laundry, housework and shopping.
- Arrange for someone to take you and pick you up from surgery. You will also need to arrange for help for anything that requires you to travel outside of your home.
- It is strongly recommended that someone stay with you for 2-3 days post op.

## PLAN FOR AFTER CARE

Since your plan of care also includes when you are discharged, you will want to discuss discharge options with your surgeon:

- Having home care therapy service and/or home with outpatient rehabilitation.
- Contact your insurance company to determine coverage/co-pays for equipment, outpatient therapy and home health services.
- Arranging for a family member or friend to pick you up after your surgery upon discharge.
- Having a family member or friend help you the first couple days after surgery at home.

## DIET & NUTRITION

To promote healing, eat balanced, nutritious meals with adequate calories and protein. This will enable your body to replenish proteins depleted by the surgery and reduce the risk of complications such as infections or poor wound healing.

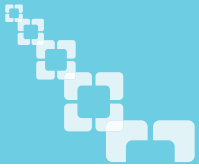
Here are some tips to follow before and after surgery:

- Drink plenty of fluids and stay hydrated.
- Increase protein intake to assist with wound healing and muscle health.
- Eat more fiber to help avoid constipation (often caused by pain medications). Foods that contain fiber include corn, peas, beans, avocados, whole wheat pasta and breads, broccoli, and almonds.
- Eat foods rich in iron, such as lean red meat, dark green leafy vegetables (Caution if taking Coumadin), fortified cereals, raisins, and prunes.
- Eat foods high in Vitamin C to help your body absorb iron. Foods that are high in Vitamin C include oranges, cantaloupe, tomatoes, and broccoli.
- Make sure you are getting enough calcium, which is needed to keep your bones strong. Foods that are high in calcium include milk, cheese, yogurt, dark leafy greens, and fortified cereal.
- It may be beneficial to prepare and freeze meals in advance so that you have ready-made meals handy.



## ALCOHOL USE AND SMOKING/USE OF NICOTINE PRODUCTS

**Alcohol Use** - Before surgery, it is important to be honest with your healthcare providers about your alcohol use. Tell your health care provider how many drinks you have per day (or per week). This information helps determine if you are at risk for alcohol withdrawal or other alcohol-related problems, such as increased bleeding, increased infection, increased risk of falls during your recovery.



## Smoking / Use of Tobacco and Vaping Products

Smoking and vaping cause breathing problems, increases the risk of medical complications, and slows recovery. They also increase the risk of infection and blood clots after surgery and decrease bone and incision healing. If you smoke or vape, you must stop at least 6 weeks before surgery.

## PRE-SURGERY TESTING

Your pre-surgery testing is a separate appointment made 2-4 weeks prior to surgery. This will be your final surgical clearance to ensure you are medically ready for surgery. It is important you make and go to this appointment.

You will be asked to provide medical history and medication information at this time.

- Be sure to have a current, up to date list of your prescribed medications including dose and frequency, over-the-counter (OTC) medications, herbals, vitamins, and all supplements.
- Allergies to medications, foods, dyes, latex and environment.
- Surgical and medical history.
- Name and phone number of your pharmacy
- Name and phone number of your primary care physician and any specialist, i.e. cardiologist, urologist, etc.

The best way to share your history is to sign up for MyChart and update all your medical information. MyChart will become a very useful tool for you to have all your medical records at your fingertips and it is the easiest way to communicate with your provider.



## SHOWERING

The human body has all types of bacteria and germs that live on the skin. Your incision will break that waterproof barrier and removing bacteria from your skin will decrease the risk of infection. Before your surgery, your body needs to be cleansed with Chlorhexidine Gluconate (CHG) wipes or soap to remove bacteria. You can purchase the soap online or in stores. Many surgeon's offices will provide CHG wipes. If you did not receive these wipes, please contact your surgeon's office. Follow all instructions given to you by your surgeon's office.

## NIGHT BEFORE SURGERY

- Do not eat after midnight (or when instructed to stop).
- Get a good night's rest.
- Complete your surgical shower/scrub per instructions.
- Follow your surgeon's hydration protocol, which should have been provided to you. If you did not receive this information, please contact your surgeon's office.

# PRE-SURGERY EXERCISES

Conditioning your body prior to undergoing joint surgery is an important step toward improving your strength and contributing to a successful postoperative recovery. Patients who exercise before joint replacement surgery have several advantages. There are exercises shown below that you can start performing now to help you get familiar with them prior to your surgery.

## You will be stronger before surgery.

People with arthritis can still exercise. In fact, it has been shown that regular moderate-level exercise does not worsen arthritic pain. An exercise program composed of joint stretching, low-impact resistance training, and aerobic exercise increases joint flexibility, combats fatigue and supports weight management. All are beneficial in building stronger muscles to support your joints.

Scheduling a prehab physical therapy appointment is a big factor to your success post-operatively.

## You will have a faster recovery.

By adhering to an exercise training program before surgery, patients are more likely to spend less time in the hospital, return directly home from the hospital, and reach their goals sooner. Please review and become familiar with the exercises listed below.

## BASIC PREOPERATIVE EXERCISES FOR YOUR HIP AND KNEE

### EXERCISE 1: Supine Ankle Pumps

Lie on your back. Move your foot up and down as shown.



### EXERCISE 2: Seated Ankle Pumps

Sit on a chair. Move your foot up and down as shown.



### EXERCISE 3: Quad Sets

Lie with your legs straight. Try to push your knee downward (You should feel the muscle in the front of your thigh tighten). Hold this position for 3-5 seconds.



### EXERCISE 4: Buttock Squeezes

Lie with your back with legs straight. Squeeze the muscles of your buttocks together.



Source: MedBridge

Additional exercises may be given in your prehab appointment.



# ON THE DAY OF YOUR **SURGERY**



*“Your warmth, careful explanations, instruction and friendliness made me feel safe, secure, and so much less afraid”*

-- patient feedback

## DAY OF SURGERY

- Take medications as instructed by your physician or nurse. If you are unsure about your medications (when to stop use), please refer to your pre-anesthesia appointment After Visit Summary.
- Complete your surgical shower/scrub per your surgeon's instructions.
- No food after midnight
- We encourage you to have clear liquids until you leave home to come to Cleveland Clinic.
- If you are not sure if it's okay to drink, do not drink it.
- If you are nauseated or vomiting, do not drink.

### YES\*

Water

Gatorade / Powerade / Vitamin Water

Clear juice (nothing floating in it)

Coffee / Tea (black or with sugar)

Soda

Jello (without fruit)

You can have 12 oz. liquids until 2 hours before your arrival

### NO

Milk (including soy, almond, etc.)

Cream or non-dairy creamers

Juice with pulp

Coffee / Tea with cream or milk

Protein drinks

Beer, wine, alcohol

Smoothies

Energy Drinks

\*If you are on GLP1 medication, please follow the guidelines provided in your pre-anesthesia appointment

## WHEN TO ARRIVE

The day before your surgery, someone will be contacting you with instructions on what time to arrive at the hospital. If your surgery is scheduled for a Monday, you should receive a call the Friday before your surgery date. Please be advised that your arrival time is at least two hours prior to your scheduled surgery start time, but is subject to change. Make sure your surgeon's office has your most up-to-date information in order to contact you (including a personal email). If you have any questions, please contact your surgeon's office.

## SURGERY SCHEDULE

Upon arrival, you will be greeted by the patient access representative (registration) and complete the registration process.

You will fill out some important preoperative questionnaires, so please be sure to have your glasses if you use them as well as someone to help you if English is not your native language. If you are a MyChart user, we encourage you to fill out your forms ahead of time.

### Day of Surgery Schedule: Once you arrive to the surgical location, here's what to expect

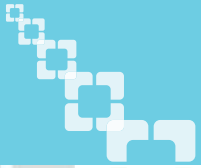
*Estimate only. Times may vary.*

1 - 2 Hours: Prep for Surgery

1 - 4 Hours: Surgery  
(Surgeon or physician assistant will contact family / friend once surgery is completed.)

1 - 4 Hours: Recovery Area

4 - 10 Hours: Total Wait Time for Family / Friend



You will then be directed to the pre-operative area where you will be prepped for surgery, meet with your surgeon, the anesthesiologist and surgical team.

Once taken to the preoperative surgical area:

- You will change into a hospital gown.
- Vital signs will be taken and monitored.
- An intravenous (IV) line will be placed to give you medications and fluids for your surgery.
- Medical history and current home medications will be reviewed.

Your surgical team will confirm the correct surgery and body part site, and mark on your skin with a marker confirming location.

The Anesthesiologist or Nurse Anesthetist will then speak to you about the types of anesthesia that will be used during surgery.

#### Types of Anesthesia that may be used during surgery:

**General Anesthesia** - this type of anesthesia causes you to be unconscious for surgery with the use of medications. After you are asleep, a breathing tube may be placed and connected to a ventilator to help you breath during surgery. Once the surgery is completed, the breathing tube is removed before you are fully awake.

**Regional Anesthesia** - this type of anesthesia numbs the lower part of your body with an injection of local anesthetic. IV sedation will also be given during the administration of the regional anesthesia so that you are not awake during the surgery.

**Nerve Block** - If you are having a total knee replacement, you may receive an injection of a local anesthetic close to a targeted nerve or group of nerves to lessen your pain.

The surgeon and OR team will arrive to discuss your plan of care and obtain your consent.

Most surgeries take about one to four hours to complete. While you are in the operating room, your loved ones may wait in the surgical waiting room.

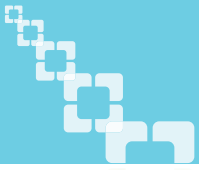
After your surgical procedure is complete, the surgeon or a representative will speak with your family while you are recovering.

You will be moved from the operating room to the recovery area. This is where a nurse will be monitoring you closely while you recover from anesthesia, ensuring your vital signs are stable and you are as comfortable as possible. You will be in the recovery area until you are discharged home. If for any reason you are staying overnight, you will be moved to an inpatient floor.

After surgery you may notice:

- Circulation aids (air massage wraps), ice packs and/or a cooling system around your legs surgical site to reduce swelling.
- Occasionally upon awakening, you may experience dry mouth, nausea, itching, chills or pain. These are common symptoms. Let the nurse know if you are experiencing any of these symptoms so they can help you manage this and make you more comfortable.





## PAIN MANAGEMENT

The goal of pain management is to make you as comfortable as possible. Staying ahead of the pain will make your recovery much more manageable so it is important to ask for pain relief when pain begins and is still tolerable. Please use the scale below to identify your pain level.



Pain control following surgery is an important part of your post-operative care. The goal is to recognize and treat your pain quickly, thus allowing you to participate in the exercise program.

### YOUR TREATMENT PLAN

Pain control following surgery is an important part of your post-operative care. A comprehensive approach to manage pain is utilized and we want you to be an active participant in your plan of care.

A combination of medications, such as a narcotic, acetaminophen, NSAID, and cold therapy, is used for pain management. Please use the medicines, cold therapy, distraction, and movement as prescribed to manage your post-op pain. The medication and other modalities will be discussed in more detail in a joint replacement class and in your hospital discharge instructions.

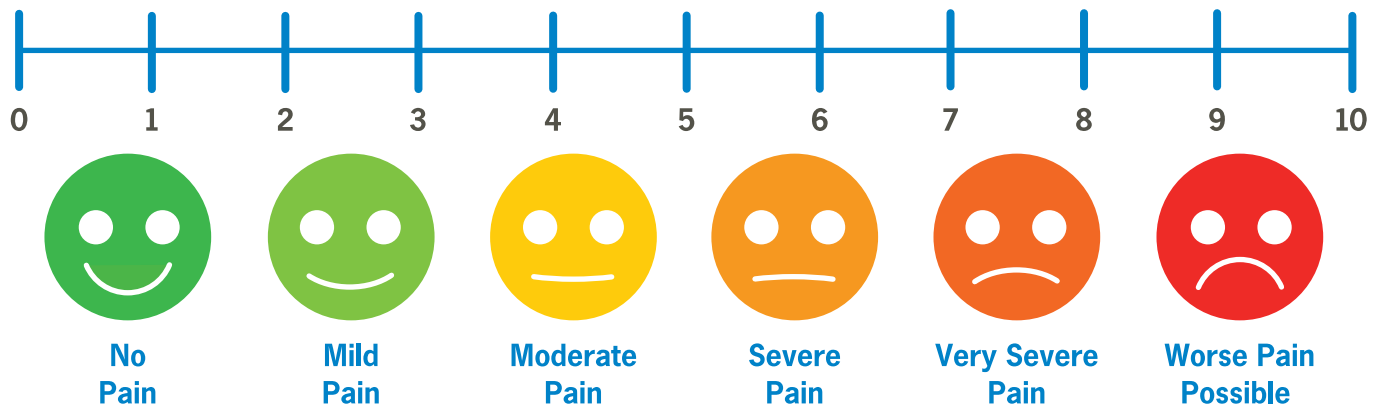
Managing your pain will enable you to progress with your physical therapy and activities of daily living, which allows you to get back to the activities you enjoy sooner. When pain is managed, you will move more, which also decreases complications that result from you limiting your activity because of pain.

If there are medications you are unable to take, please let your care team know.

### NUMERICAL RATING SCALE FOR PAIN

0 = No Pain

10 = Worst Pain





## MEDICATIONS AFTER SURGERY

### ANTICOAGULANTS

will be given to reduce the risk of developing a blood clot.

### ANTIBIOTICS

will be given in the hospital before and after surgery to help prevent infections.

### ANALGESICS

are also known as pain medications, and are used for controlling pain after surgery.

Upon discharge from surgery, the provider may write a prescription for other medications to help with pain management as you heal. These medications may include:

- Opioids like oxycodone, hydrocodone or tramadol
- Non-steroidal anti-inflammatories (NSAIDs) like ibuprofen
- Acetaminophen (Tylenol) - do not take more than 3000 milligrams of Tylenol in a 24 hour period, as this may cause liver problems.

Some prescription and non-prescription medications can have unwanted effects when combined with medications or anesthesia you will receive during your hospitalization. Refer to your discharge instructions on how and when to take your medications.

## PATIENT SAFETY

### FALL PREVENTION

After your joint surgery, all patients are at risk of falling - no matter your age or physical ability.

Post-operatively, ALL patients have muscle weakness to the affected leg. You may feel better and think "I can stand on my own" but find you're very unsteady.

Call for the nurse and use the assistive devices available if you need to get up for any reason.



## DISCHARGE PROCESS AND INSTRUCTIONS

**Ready for discharge?** Certain goals must be met before your final discharge from the hospital or surgery center. Goals for discharge are:

- Surgical and / or medical clearance
- Urinating without difficulty
- Stomach and intestines working properly
- Meet therapy goals for discharge
- Pain is managed

Our case management team will assist with your plan of care by making arrangements for your discharge.

After discharge, it's very important that you follow your surgeon's instructions to a successful postoperative recovery.

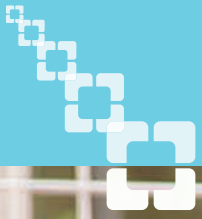
### DISCHARGE INSTRUCTIONS

You will be given written discharge instructions and prescriptions for any medications needed after discharge. A nurse will review these instructions with you and your family. If there is any information that you do not understand, please ask the nurse before you leave.

Once you are discharged, you will be given an exercise program to follow. Based on your needs and insurance coverage, your therapy may be continued either at home or in an outpatient setting of your choice.

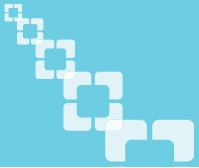
Your next scheduled follow-up visit with your surgeon will be 2 to 6 weeks after surgery.





# AFTER YOUR SURGERY





## AFTER TOTAL JOINT REPLACEMENT

In general, patients do very well after discharge. However, it's important that you contact the surgeon's office if any of the following occur:



- You have increasing pain in the operative site.
- There is new or increased redness or warmth.
- There is new or increased drainage from your incision.
- The operative site is increasingly swollen.
- Your calf becomes swollen, tender, warm, or reddened.
- You have a temperature above 101 for more than 24 hours.
- For total knee replacement, your ability to flex (bend your knee) has decreased or remains the same as when you were discharged from the hospital.
- If you have fallen.
- If you did not receive proper pain medication listed on your after visit summary or discharge papers.

### THE FIRST 48 HOURS AT HOME

- Continued exercise at this early stage is important to achieve the best outcome with your new joint replacement. You will be given an exercise program to continue exercising at home.
- Follow all therapy instructions.
- Resume activity as you gain strength and confidence.
- For total knee replacements, swelling of the knee or leg is common with an abrupt increase in activity. If this occurs, elevate the leg above the level of your heart (place pillows under the calf, not behind the knee joint), and apply ice directly to the knee. You may continue with elevation and icing as needed to help decrease swelling and discomfort.
- For total hip surgeries, there may be specific precautions to avoid instability or dislocation.

## WEEKS 1 TO 6 AT HOME

Our health team members are available to assist you. You or a family member can call your surgeon's office and receive answers to general questions as well as instructions in the event of an emergency. Do not hesitate to call regardless of the issue.

During the first six weeks after discharge, you should be making progress week by week. Most patients are eager to report their progress at follow up visits and are ready to move to the next level in their recovery.

You may have a hard time sleeping the first 1-6 weeks. This is very common and normal.

## WEEKS 6 TO 12 AT HOME

This period after joint replacement is a time of continued improvement. You will probably notice an increase in energy, a desire to do more activities, and a noticeable improvement in your new joint. Please keep in mind that every patient is different and will improve at a different pace. If you are not happy with the pace of your recovery, please contact your surgeon's office to discuss your concerns.

## CONTINUE EXERCISE PROGRAM

Continue to exercise. Many patients stop working with physical therapy during this time. However, exercising is the most important activity to increase strength and leads to the best outcome. Work or home activities should not replace your exercise program.

## Comply with all Restrictions

Although you are feeling back to normal, it is important to understand and follow the restrictions your surgeon discussed with you. Any restrictions are to protect your operative hip or knee as you continue to heal. If you want to achieve a successful outcome, be patient and follow your surgeon's instructions.



## Helpful tips:

- Be realistic and pace yourself and gradually resume activities.
- Increase your walking distance and activities, but not all at once.
- Enjoy the benefits of your total joint.
- Continue to call with any questions or concerns. Our staff is always available to assist you.



## FUTURE FOLLOW-UP VISITS

After your first post-op visit, any subsequent follow up will be determined by your overall health and progress.

## LIFELONG FITNESS

The goal of your surgery is to give you a new joint that allows you to perform everyday activities with less pain. However, this joint is not indestructible. Avoid sports or other activities that may put stress on the joint until discussed with your surgical team. Stay as active as you can after recovering from your surgery. Ask your surgeon or therapist about activities and exercises that are right for you. It may or may not be appropriate to return to the exercise routine that you used before surgery.

An increase in body weight puts stress on the hip and knee, so try to maintain a healthy weight.

## POTENTIAL COMPLICATIONS

### Blood Clots

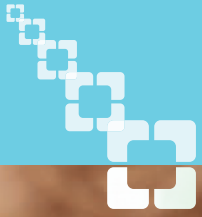
Blood clots are potential complications following hip and knee joint replacement surgery. A blood clot from your leg can travel to your lungs and cause serious health complications. Preventing a blood clot from forming is the best treatment method.

Be sure to complete the entire course of your blood clot prevention medication. Also, talk with your provider about other ways to prevent blood clots from forming.

### The symptoms of a blood clot include:

- Shortness of breath and chest pain or pain when breathing.
- Pain and / or redness in your calf and leg unrelated to your incision.
- Increased skin temperature at the site of the incision.
- Swelling of your thigh, calf, ankle, or foot that does not improve after elevating the leg.

**Contact your surgeon's office if you believe you are experiencing any of the above symptoms**



# TIPS FOR A SUCCESSFUL RECOVERY



*“Everyone I had the privilege of meeting treated me with professionalism, courtesy, dedication, and above all attentiveness. I applaud each of you for your outstanding efforts.”*

After surgery you can expect gradual improvement over the coming months. You should expect less pain, stiffness and swelling, and a more independent lifestyle. Returning to work depends on how quickly you heal and how demanding your job may be on a new joint.

### ICING AND ELEVATION

After a joint replacement, swelling is expected. Swelling can cause increased pain and limit your range of motion, so taking steps to reduce the swelling is important. Continue using ice packs or some form of cold therapy to help reduce swelling.

For knee replacement, you may use pillows to elevate; however, it's important to elevate the entire leg, down to the ankle.

Never put a pillow only behind your knee so your knee is in a bent position. Your knee should be straight when elevated.

How much time to spend with your knee elevated is based on your surgeon's recommendations.

### SCAR TISSUE

After surgery, you will have a scar where the cut was made. Rubbing the scar gently, called scar massage, can help it look and feel better. It can also make it easier to bend and move. You should only start rubbing the scar after it's fully healed and the scabs are gone, which is usually about 4–6 weeks. Always check with your doctor or therapist before you start.

Sometimes, scars can be very sensitive. This means they might hurt, tingle, burn, or feel funny even with a light touch. This can happen because the surgery bothered some tiny nerves in your skin or because the scar is stiff and tight. To help, you can try gentle rubbing, touching it with different textures to get it used to feeling things again, moving and exercising the area, keeping it safe from too much sun, and sometimes using medicine for pain. All of this can help the scar feel better and make it easier to move.

### WALKING AND MOVING AROUND

Walking is important after surgery because it helps to decrease swelling, prevents blood clots, and helps to decrease pain. If instructed to use a walker or a cane, continue to use until instructed by your therapist or surgeon.

Be sure to move around at least every hour while you are awake.

Use chairs with arms to help getting up after surgery. Frequent, short walks—either indoors or outdoors—are the key to a successful recovery.

After Surgery, you should begin a graduated walking program to increase your strength, mobility, and endurance.

### POSITIONS FOR SLEEPING

It is important you follow the recommendations of your surgeon and therapist about how you position yourself for sleeping.

## CLIMBING STAIRS WITH SUPPORT

It is important for your safety to have a rail to hold onto when climbing stairs. Your therapist will work with you on stair training as needed prior to your discharge. Climb one step at a time - "good/nonoperative" leg up - "bad/ operative" leg down. If you do not have railings on your stairs, talk with your therapist prior to surgery or discharge.

## DRIVING

Please follow the guidelines set by your surgeon's office about when you are able to drive.

## LIFTING

Do not lift anything heavy after surgery. Avoid lifting objects in a position where you need to squat or bend. Your surgeon will let you know when it is OK to lift heavy objects.

## SEXUAL ACTIVITY AFTER JOINT REPLACEMENT

You can still enjoy sex after surgery, but will have to make a few changes to protect your new joint while it heals. Most patients feel comfortable resuming sex 4 to 6 weeks after joint surgery. You should begin sexual activity when you feel physically and mentally ready and understand the precautions you must follow to protect your new joint.

Bring any questions, fears or concerns to your doctor, physical therapist or nurse. If you don't ask questions, your health care team will assume everything is fine. Talking with your partner about this is also very important.



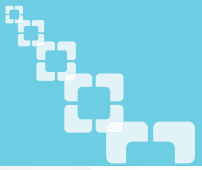


## Preventing Infection

Preventing infection is extremely important for the rest of your life. Your new joint is artificial and does not have your body's natural protection against infection. It is possible to develop an infection in your artificial joint if antibiotics are not taken before certain procedures.

Antibiotics prior to any dental work or other medical procedures are usually provided for a period of time after surgery. Discuss specifics with your surgeon's office at your follow-up visit if you need to have any dental or medical procedure.

**Thank you for choosing Cleveland Clinic for your joint replacement surgery. For questions or inquiries, please call your surgeon's office.**



# CHECKLISTS



# PATIENT CHECK LIST

## 1-4 WEEKS PRIOR TO SURGERY

### Preparing

Below is a checklist to prepare you and your home in advance. These tips will aid you in your recovery after surgery.

- Bring your medication and supplement list to the hospital/surgery center with you.
- Complete your medical clearances if instructed by your surgeon.
- Complete pre-operative lab work.
- Attend a Total Joint Education Replacement Class or sign up for the Total Joint Concierge Clinic.
- Plan for aftercare; discuss options of home health care and/or outpatient rehabilitation with your surgeon.
- Obtain a two wheeled, rolling walker.
- Attend a prehab session.
- Complete a CT Scan if instructed by your surgeon.
- Wash your body with your CHG wipes or soap as instructed.
- No Smoking, Vaping or Drinking.
- No recreational drugs.
- Stay hydrated.
- Be sure to have someone drive you to and from your surgery and care for you 24-48 hours after surgery.

### Preparing your Home

- Prepare your home for recovery as per page 5.
- Stock up on groceries and toiletries.
- Cook and freeze meals in advance so that you can have ready-made meals handy.
- Arrange for help with tasks such as cooking, laundry, housework, and shopping.
- Ensure you have pet care.
- Do not drive until you are medically cleared by your surgeon's office or therapy team.



## What to Bring for Your Surgery

- Photo ID, insurance and pharmacy cards
- Co-payment/deductible payment (if applicable)
- Copy of advanced directives
- List of current medications
- Special medications (eye drops, inhalers)
- Eyeglasses, contacts, hearing aids, dentures (and their storage cases)
- Comfortable shoes or sneakers. **NO** Crocs, Flip Flops, or Shoes with a heel
- An extra set of loose fitting clothing
- Wear loose fitting stretchable clothing with no/minimal fasteners
- Personal toiletries
- CPAP machine (in case you're staying overnight)
- Patient Guide
- Cell phone or electronic devices (and their chargers)
- Important telephone numbers
- Walker, if acquired prior to surgery (leave in car)









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