

Total Joint Replacement Guidebook





WELCOME!

Thank you for choosing Cleveland Clinic for your total joint replacement surgery. Your hip, knee or shoulder replacement surgery will be performed by one of the most experienced orthopaedic 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 stay
- Provide detailed exercises for you
- Inform you on what to expect and what to do to continue your successful recovery at home

In addition to this book, it is highly recommended that you attend a Joint Class virtually or in person to review this information and to have your questions answered. See site specific information regarding Joint Classes at the back of the book.



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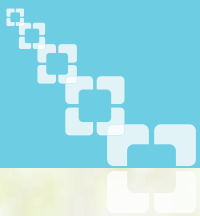
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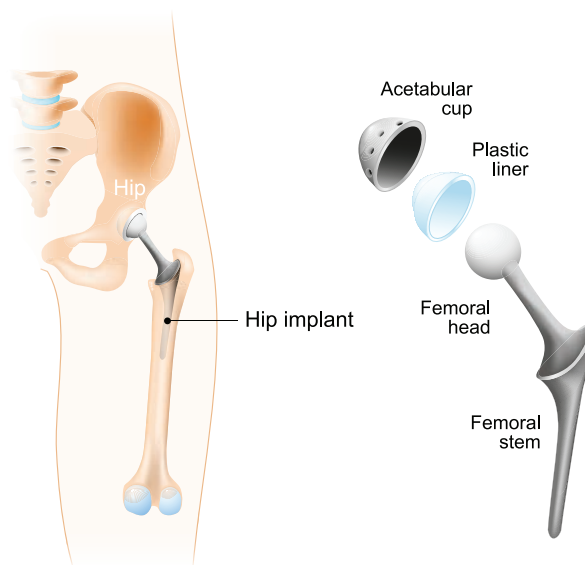
OVERVIEW

TOTAL HIP REPLACEMENT

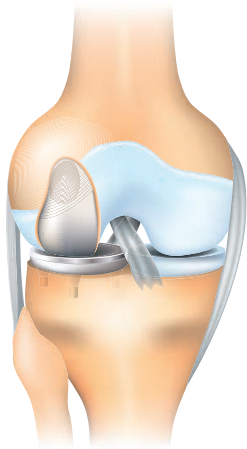
The hip joint helps us to keep our balance and supports our weight in all of its movement. The upper end of the leg bone (femur) has a rounded head (femoral head) that fits into a socket (acetabulum) in the pelvis to form the hip joint.

During total hip replacement surgery, the damaged part of the hip is removed and replaced with implants, called components. The top part of the femur is replaced and the acetabulum with components to provide you with smooth, pain free movement. Your surgeon selects the components that are best for you. If interested, discuss with your surgeon the specifics of the components that will be used for you. Total hip replacement patients may go home the same day as their surgery but may also stay overnight for discharge the following morning. This is part of your **plan of care** and should be discussed with your surgeon prior to surgery.

TOTAL HIP REPLACEMENT (arthroplasty)



PARTIAL KNEE REPLACEMENT



Unicompartamental
knee arthroplasty



Uni knee
implant

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.

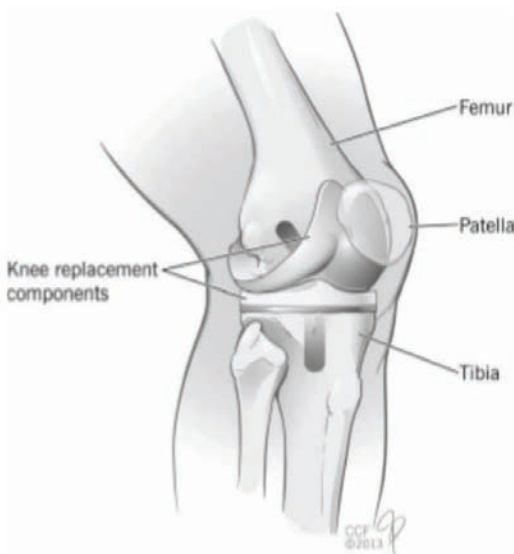
During knee replacement surgery, the damaged part of your knee is removed and replaced with implants (components). Implants are made of various materials. If interested, discuss with your surgeon the specifics of the implant that will be used for you.

Partial Knee Replacement (or Uni-Compartmental Knee Replacement)

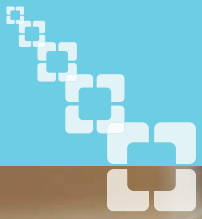
This surgery can be performed when damage is confined to one compartment of the knee and involves replacing the damaged part of the knee bone and cartilage with a prosthesis. Partial knee replacement patients will be going home the same day as their surgery. This should be discussed with your surgeon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

Total Knee Replacement

This surgery is used when damage is seen on both compartments of 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 friction free 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. Total knee replacement patients may go home the same day as their surgery but may also stay overnight for discharge the following morning. This is part of your **plan of care** and should be discussed with your surgeon prior to surgery.



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BEFORE YOUR HOSPITAL VISIT

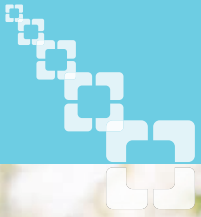


PREPARING FOR SURGERY

Your appointment is set, and you are ready to get your surgery over with, and get back to life, right? We are with you! With a little bit of preparation you can have a smooth transition and increase the success of your treatment.

1. Complete the checklists found at the back of this book
2. Complete your medical appointments and become an active participant in your **plan of care**.
3. Plan on attending the Joint Class either virtually or in person.
 - a. The class will provide you with an overview of your stay, care, exercises, equipment, and more. In addition, the class will give you an opportunity to ask any questions you may have.
4. Joint replacement surgery is classified as an outpatient procedure. Since you will be going home the same day or the day after surgery, you will need to plan for your aftercare ahead of time. Check your insurance plan to determine coverage and co-pays and arrange for transportation.
5. You may want to ask a family member or friend to be with you when you talk with your doctor, help you with these safety measures, and assist you in preparing to go home.
6. A nurse from the doctor's office or hospital will contact you 1-2 weeks prior to your surgery to ensure all medical issues have been identified and addressed. If you have not been contacted at least 7 days prior to surgery, please call your surgeons office.
7. For sleep apnea patients who use a sleep apnea device (CPAP), please bring your machine to the hospital.
8. Please discuss habitual use of alcohol, nicotine products and recreational drugs with your primary care physician and surgeon preoperatively so we can best meet your care needs post-operatively. Failure to do so can cause complications with your anesthesia and recovery.
9. Have a discussion with your physician regarding your currently prescribed medications such as anticoagulants, anti-inflammatory medications and nutritional supplements. Discussion should consist of if and when to stop taking previously mentioned medications prior to surgery and when to restart those medications.
10. Diabetes - In preparation of your surgery, ensure your primary care physician reviews your HgbA1c (if applicable). Poorly controlled diabetes can result in poor wound healing and increased risk of infection.
11. Discuss with your surgeon regarding any dental conditions (infection) you may have prior to your joint replacement surgery.
12. Durable Medical Equipment (DME) - for total hip and total knee patients. As you recuperate at home, most likely you will need durable medical equipment (a walker and/or cane). You can obtain the necessary equipment needed prior to surgery from online, a local medical supply store, or from a friend/relative that has undergone joint replacement surgery. If you purchase or borrow DME in advance – except for raised toilet seats – please bring it with you the day of surgery so you can be trained on proper use.





PREPARE FOR 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 scattered or throw 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 waist and shoulder 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
- Consider modifying your bathroom to include a shower chair, safety bars, stair railings or raised toilet seat
- Ensure you have pet care
- 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
- Fresh bed linens and bath towels for before and after surgery

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:

- Home with home care service and/or home with outpatient rehabilitation. If you feel you cannot go home after surgery YOU MUST speak with your Physician or Care Coordinator prior to surgery as to your options
- Explore insurance coverage/co-pays for equipment, outpatient therapy and home health services
- Please arrange a family member or friend to pick you up on day of discharge

DIET & NUTRITION

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

Here are some tips to follow before and after surgery:

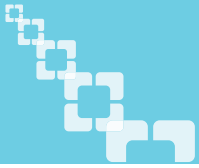
- Drink plenty of fluids and stay hydrated.
- Increase protein intake to assist with wound healing and muscle health
- Eat more fiber to help avoid constipation (often caused by pain medications). Foods that contain fiber include corn, peas, beans, avocados, whole wheat pasta and breads, broccoli, and 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 health care 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 risk of infection, increased risk of falls, that could occur after surgery and affect your recovery. We are here to help you prepare and recover from your surgery as quickly and safely as possible.

Smoking/Use of Nicotine Products - Smoking causes breathing problems, increases the risk of medical complications, and slows recovery. Smoking also increases the risk of infection and blood clots after surgery and decreases bone and incision healing. If you smoke, you must stop smoking at least 4-6 weeks before surgery.

PRE-ADMISSION TESTING

A nurse will contact you prior to your surgery to ensure all medical issues have been identified and addressed prior to your surgery.

You will be asked to provide medical history and medication information at this time. The phone call may be completed much quicker if you gather the following information before the call:

- 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, any supplements
- Allergies to medications, foods, dyes, latex and environmental
- Surgical and medical history
 - You might find it useful to fill in the Patient Information form at the back of this book so all the required information is in one place. The best way 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.



- Name and phone number of your pharmacy
- Name and phone number of your primary care physician and any specialists, i.e. cardiologist, urologist, etc.

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) to remove bacteria. This soap is available online or in your local drugstores.

See the handout for more detailed washing instructions.

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

PRE-SURGERY EXERCISE PROGRAM

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 in this book 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 exacerbate arthritic pain. An exercise program composed of joint stretching, low-impact resistance training, and aerobic exercise increase joint flexibility, combat fatigue and support weight management. All are beneficial in building stronger muscles to support your joints.

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 in this book.

PREOPERATIVE EXERCISES FOR TOTAL HIP, TOTAL KNEE, AND PARTIAL KNEE

EXERCISE 1

Ankle Pumps

Move your foot up and down as shown.
May be performed lying down or sitting.



EXERCISE 2

Quad Sets

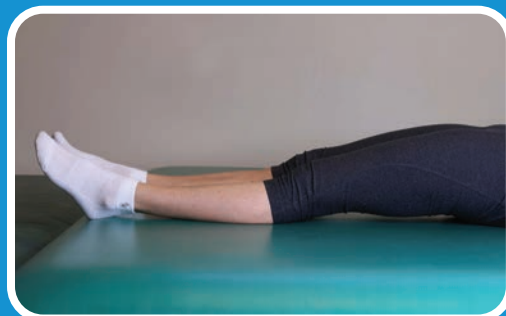
Lie with your leg straight. Try to push your knee downward. (You should feel the muscle in the front of your thigh tighten).
Hold this position for 3-5 seconds.



EXERCISE 3

Buttock Squeezes

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





ON THE DAY OF YOUR SURGERY



"Your warmth, careful explanations, instruction and friendliness made me feel safe, secure, and so much less afraid."

DAY OF SURGERY

- Take medications as instructed by physician or nurse
- Complete your surgical shower/scrub per 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 ok 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)

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

WHEN TO ARRIVE:

Prior to your surgery a member of our team will be contacting you with instructions on what time to arrive at the hospital and what medications to take the morning of surgery. If your surgery is scheduled for a Monday, you may receive a call on 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. 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), provide contact information and complete the registration process.

You will fill out some important preoperative questionnaires so please be sure to have you glasses if you use them and someone to help you if English is not your native language.

Day of Surgery Schedule:

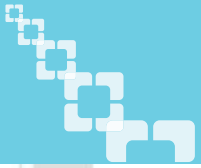
**Estimate only. Times may vary.*

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

4-9 Hours: Total Wait Time
for Family/Friend



You will then be escorted to our PRE-OPERATIVE SURGICAL SUITE, where you be prepped for surgery, meeting with your surgeon, anesthesiologist and surgical team.

Once taken to the preoperative surgical suite:

- 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

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 may be:

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 breathe during surgery. Once the surgery is completed, the breathing tube is removed before you are fully awake. Sometimes the only way you may know that a breathing tube was put in was if you have a slightly sore throat afterwards.

Regional Anesthesia – this type of anesthesia numbs a 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. Regional anesthesia will decrease the amount of general anesthesia and pain medication needed, which will speed up your recovery.

Nerve Block- This type of therapy may be used for total knee replacement and total shoulder replacement. It is the injection of a local anesthetic close to a targeted nerve or group of nerves to lessen pain.

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

Your surgery takes about one to four hours to complete. While you are in the operating room, your loved ones may wait in the surgical waiting room.

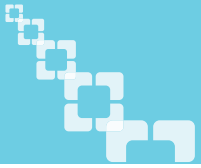
After your surgical procedure is complete, you will be moved from the operating room to the recovery area, PACU. This is where your nurse will be monitoring you closely while you recover from anesthesia, ensuring your vital signs are stable and you are as comfortable as possible. You will be in the recovery area until a bed is available on the inpatient unit or you are discharged home. The surgeon or representative will speak with your family while you are recovering.

Occasionally upon awakening, you may experience dry mouth, nausea, itching, chills or pain. If you are experiencing any of these symptoms, notify your nurse.

After surgery you will notice:

- Circulation aids (air massage wraps) will be applied to your lower legs to prevent blood clots.
- Ice packs or a cooling system may be wrapped around your surgical site to reduce swelling and pain.





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 system 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

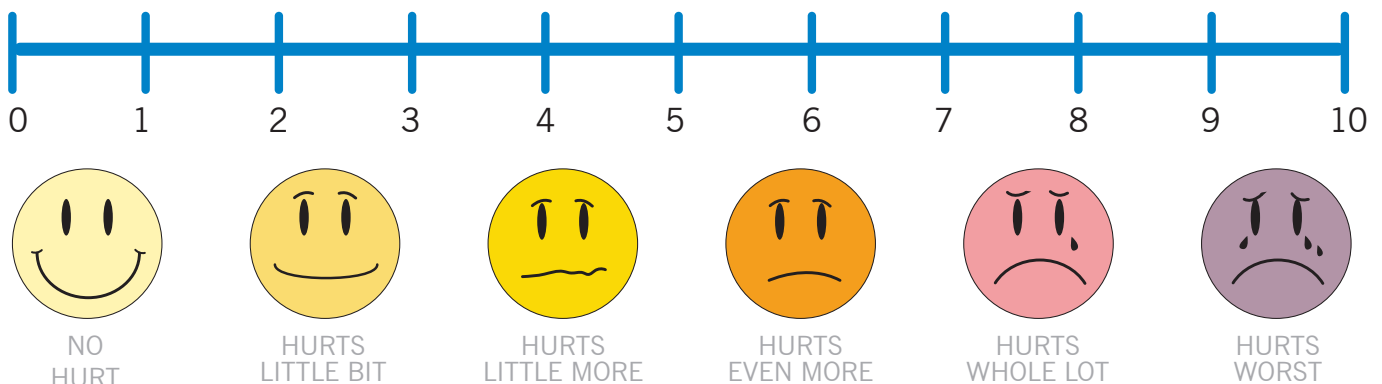
Pain control following surgery is an important part of your post-operative care. A multifaceted approach to manage pain is utilized and we want you to be an active participant in this **plan of care**.

This may include a combination of nerve blocks, oral medications, injections, and IV medications. The goal is to recognize and treat your pain quickly, thus allowing you to participate in the exercise program.

NUMERICAL RATING SCALE FOR PAIN

0 = No Pain

10 = Worst Pain



Usually the oral pain medication is an opioid or narcotic, but whenever possible, an anti-inflammatory medication will be ordered as well. Managing your pain will enable you to progress

with your activities with minimal discomfort.

Controlling pain after surgery is critical. Ask for pain relief while the pain is still tolerable.

PAIN MANAGEMENT FOR ORTHOPAEDIC CONDITIONS

MULTIMODAL (COMBINATION) MEDICATIONS WORK THE BEST.

- **Acetaminophen + NSAID + narcotic**

– This will allow you to use less narcotics, make you feel better, and have less constipation

FIRST STEP

Rest

Compression

Ice

Elevation if possible

ACETAMINOPHEN

Acute or Postop

– take every 4 hours
– for 3-7 days

Chronic

– take every 8 hours

Maximum

= 3000 - 4000 mg/day

NSAIDS (Nonsteroidal Anti-inflammatory Drugs)

Ibuprofen (Advil, Motrin)

Meloxicam (Mobic)

Naproxen (Aleve)

Celecoxib (Celebrex)

– TAKE ONLY ONE OF THESE NSAIDs at a time
– you can take NSAIDs with acetaminophen - they do not interfere with each other
– confirm with your PCP that NSAIDs are OK to take with your other medical conditions

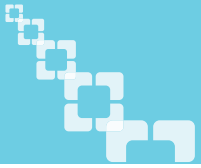
NARCOTICS

Least to most potent

- **Tramadol (Ultram)**
- **Hydrocodone + acetaminophen (Norco)**

- **Oxycodone + acetaminophen (Percocet)**

– TAKE ONLY ONE OF THESE
– you can take narcotics with acetaminophen and NSAIDs (all 3 or any combination)...but
– **WARNING:** you have to add up the total acetaminophen. Do not take more than 3000-4000 mg/day



MEDICATIONS AFTER SURGERY

ANTICOAGULANTS

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

ANTIBIOTICS

will be given 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 script for the medications to help with pain management as you heal:

- Opioids like Oxycodone, Percocet, Hydrocodone
- Non-Opioids like Ultram (tramadol)
- Non-steroidal anti-inflammatories (NSAIDs) like ibuprofen
- Tylenol (acetaminophen)

Some surgeons may or may not allow NSAIDs to be given after surgery or even after discharge because of the increase of risk of bleeding, but this is something to be discussed with your surgeon or nurse.

Another important tip to remember is to make sure you *don't take more than 3-4 grams of Tylenol in a 24 hour period*, this may cause GI upset or 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.

PATIENT SAFETY

FALL PREVENTION

After your joint surgery, all patients are at a very high risk to fall – no matter your age or physical ability.

Post-operatively ALL patients have muscle weakness to affected leg or arm. You may feel better and think “I can stand on my own” but find you’re very unsteady.



DISCHARGE PROCESS AND INSTRUCTIONS

THE DISCHARGE PROCESS

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

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

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

Discharge time is tentatively at 10 AM on day of discharge. Please discuss with your nurse and arrange for a ride to pick you up.

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

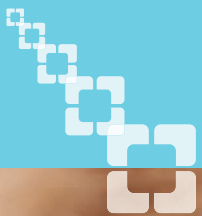
DISCHARGE INSTRUCTIONS

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, your therapy may be continued at home or in an outpatient setting of your choice.

Your next follow-up visit with your surgeon will be 2 to 4 weeks after surgery.



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.

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.

Avoid sitting for longer than 30 to 45 minutes at a time.

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

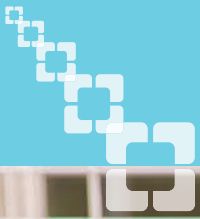
CLIMB STAIRS WITH SUPPORT

Your therapist will work with you on stair training as needed prior to your discharge. Climb one step at a time – “good” leg up - “bad” leg down. Hold on to a railing, if available.

Lying in Bed

When lying on your back, avoid placing a pillow directly under your knee, as this promotes tightness and makes it harder for your knee to straighten. Instead, place a pillow underneath your entire leg or ankle and elevate. When lying on your side, place an extra pillow between your knees and possibly between your ankles, as well. This provides the necessary support and cushions your operated leg in a comfortable position.





DO NOT DRIVE BEFORE YOUR FIRST POST-OP VISIT

The decision to resume driving your vehicle is made by your surgeon.

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

Joint pain may prevent sex or make it less enjoyable before surgery. Pain and stiffness have a direct effect on your ability to enjoy sexual activity and your partner may avoid sex for fear of causing you pain. Sex is an important part of our lives and relationships.

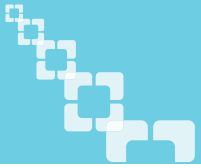
Talking to your partner is very important, clearing the air so you are both more relaxed. Bring any questions, fears or concerns to your doctor, physical therapist or nurse. If you don't ask questions, your health care team will assume everything is fine. After joint replacement surgery the pain and stiffness subsides and you may want to resume sexual activity.

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.

Generally speaking, you should avoid:

- Pressure directly on the implant.
- Kneeling on a replaced knee.
- Supporting your partner on a replaced joint.





AT HOME 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 since discharge.
- 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.

THE FIRST 48 HOURS AT HOME

- Continue your exercise program and increase activity gradually.
- Follow all therapy instructions.
- Resume activity as you gain strength and confidence.
- For total knee replacement, 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.
- 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.
- Depending on the hip approach, there may be specific precautions to avoid instability (dislocation).

WEEKS 1 TO 6 AT HOME

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

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.

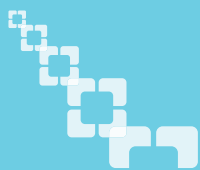
Comply with all Restrictions

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.



ONE YEAR AND FUTURE FOLLOW-UP VISITS

Your next appointment is 12 months after surgery, then once a year unless told otherwise. These appointments give you a chance to discuss any concerns about your total joint replacement or other joints in which symptoms may develop.

LIFELONG FITNESS

The goal of your surgery is to give you a new joint that allows you to perform everyday activities without pain. However, this joint is not indestructible. Avoid sports or other activities that may put stress on the joint until discussed with your surgeon. 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, knee, and shoulder 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.

The symptoms of a blood clot include:

- Pain and / or redness in your calf and leg unrelated to your incision.
- Increased swelling of your thigh, calf, ankle, or foot.
- Increased skin temperature at the site of the incision.
- Shortness of breath and chest pain or pain when breathing.



Surgical Site Infection

A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection.

Some common symptoms of surgical site infection are:

- Increased redness and pain around the area where you had surgery
- Any drainage, in particular, cloudy fluid from your surgical wound
- Fever

Preventing Infection

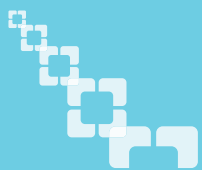
Preventing infection is extremely important for the

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. These procedures include dental procedures as well as others.

Before having any procedures, let the physician or dentist doing the procedure know you have an implant. He or she should provide antibiotics.

If any of these symptoms occur contact your surgeon's office immediately.

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



INFORMATION AND FORMS



PATIENT CHECKLIST

1-4 WEEKS PRIOR TO SURGERY

Preparing you

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

- ☐ Complete your medication profile page to bring to the hospital with you
- ☐ Complete your medical clearances
- ☐ Complete pre-operative lab work
- ☐ Attend the Joint Class
- ☐ Plan for aftercare; discuss options of home health care and/or outpatient rehabilitation with your surgeon. If you feel you cannot go home after surgery YOU MUST speak with your Physician or Care Coordinator as to your options
- ☐ For total hip and total knee patients, obtain a two wheeled, rolling walker
- ☐ Attend a prehab session if scheduled
- ☐ Complete your COVID test
- ☐ Complete Cat Scan if instructed to by your orthopaedic physician
- ☐ Wash with Hibiclens as instructed
- ☐ No Smoking

Preparing your Home

- ☐ Safe proof your house as per page ____
- ☐ 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
- ☐ Arrange for help with tasks such as cooking, laundry, housework, and shopping
- ☐ Ensure you have pet care



What to Bring for Your Hospital Stay

- ☐ 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
- ☐ Comfortable shoes or sneakers, NO Crocs, flip flops, or shoes with a heel
- ☐ 2 sets of loose, comfortable clothing
- ☐ Wear loose fitting stretchable clothing with no/minimal fasteners
- ☐ Personal toiletries
- ☐ CPAP machine
- ☐ Patient guide
- ☐ Cell phone or electronic devices
- ☐ Important telephone numbers
- ☐ Walker if acquired prior to surgery

MEDICATION PROFILE

This form must be completed prior to your pre-admission appointment.
List all medications you currently take. Include all prescriptions, over the counter (OTC) medications, herbals, inhalers, eye drops, insulin, supplements and vitamins.

Name: _____ Date: _____

Allergies/ Reactions: _____

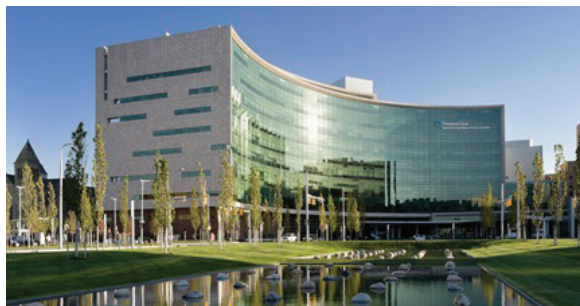
☐ Patient is not taking any medications.

MEDICATION PROFILE

Medication/Supplement	Dose	Frequency	Day of Surgery
Prescribing Doctor _____ _____ Telephone Number _____ _____		<input type="checkbox"/> Once Daily <input type="checkbox"/> Twice Daily <input type="checkbox"/> Three Times Daily <input type="checkbox"/> At Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Take <input type="checkbox"/> Do Not Take
Prescribing Doctor _____ _____ Telephone Number _____ _____		<input type="checkbox"/> Once Daily <input type="checkbox"/> Twice Daily <input type="checkbox"/> Three Times Daily <input type="checkbox"/> At Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Take <input type="checkbox"/> Do Not Take
Prescribing Doctor _____ _____ Telephone Number _____ _____		<input type="checkbox"/> Once Daily <input type="checkbox"/> Twice Daily <input type="checkbox"/> Three Times Daily <input type="checkbox"/> At Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Take <input type="checkbox"/> Do Not Take
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Cleveland Clinic Main Campus

9500 Euclid Avenue
Cleveland, Ohio 44195
216.444.2200



Cleveland Clinic Avon Hospital at Richard E. Jacobs Campus

33300 Cleveland Clinic Blvd.
Avon, Ohio 44011
440.695.4000



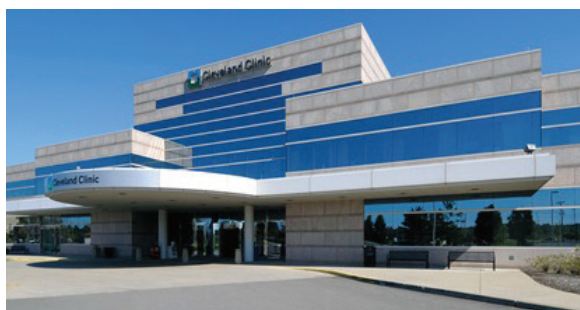
Cleveland Clinic Euclid Hospital

18901 Lakeshore Blvd.
Euclid, Ohio 44119
216.531.9000



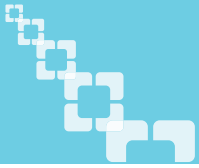
Cleveland Clinic Hillcrest Hospital

6780 Mayfield Road
Mayfield Heights, Ohio 44124
440.312.4500



Cleveland Clinic Lorain Family Health and Surgery Center

5700 Cooper Foster Park Road
Lorain, Ohio 44053
440.204.7400



**Cleveland Clinic
Lutheran Hospital**

1730 West 25th Street
Cleveland, Ohio 44113
216.696.4300



**Cleveland Clinic
Marymount Hospital**

12300 McCracken Road
Garfield Heights, Ohio 44125
216.581.0500



**Cleveland Clinic
Medina Hospital**

1000 E. Washington Street
Medina, Ohio 44256
330.725.1000



OPENING SOON
**Cleveland Clinic
Mentor**

8300 Norton Parkway
Mentor, Ohio 44060



**Cleveland Clinic
South Pointe Hospital**

20000 Harvard Road
Warrensville Heights, Ohio 44128
216.491.6000

