

Michigan Orthopedic Specialists
21031 Michigan Ave.
Dearborn, MI 48124
313-277-6700

Medical/Cardiac Clearance for:

Name: _____ D.O.B.: _____

Surgery Date: _____ Surgeon: Dr. Finch

Procedure: Total Knee Arthroplasty

Testing/Lab requested for surgery:

EKG, CBC, Chem 7, PTT, PT/INR (must be done within 90 days of surgery date)

Impression:

Recommendation:

☐ stable for proposed surgery

X

Physician signature

Physician Printed Name

Date

Please fax to: 313-216-0176 Michigan Orthopedic Specialists
AND 313-593-8843 Corewell health



21031 Michigan Avenue • Dearborn • MI • 48124

313-277-6700 • www.miortho.com

Eric T. Silberg, MD • Joseph C. Finch, DO • Marc J. Milia, MD • Nilesh M. Patel, MD

Hussein A. Saad, MD • Rakesh Ramakrishnan, MD • Kelley Brossv, DO • Mohamed A. Saad, MD

Daniel P. McCall, DO • Robert E. Meehan, MD • Aaron Seidman, DO

Provider: Joseph Finch, DO

Patient: _____

DOB: _____

1. Staph aureus nasal screening amp probe

Dx: M16.0

Joseph Finch, DO

Instructions:

Where: any walk in lab; no appointment needed

Beaumont

Henry Ford

St. Joes/Marys

U of M

When: 1-2 weeks before surgery

WHAT CAN YOU DO TO HELP?

Preparing or "prepping" skin before surgery can reduce the risk of infection at the surgical site. You will need to shower with an antibacterial soap containing 4% chlorhexidine gluconate.

Common brand names for the soap are **Hibiclens**, Hibistat, Betasept, Apicare. This soap can be purchased over the counter at Walgreens, Walmart, CVS and Target.

Take 3 showers with an antibacterial soap before surgery:

1. 2 nights before surgery _____
2. 1 night before surgery _____
3. Morning of surgery _____

- Do not shave near the site of your operation for at least three days before surgery.
- If you wash your hair, please do so before using the antibacterial wash. You may use your normal, shampoo and conditioner; however, you may not use spray, gel or mousse.
- Apply two tablespoons of the antiseptic antibacterial soap to a wet, clean washcloth (soap does not lather) and wash your entire body from the neck down. Do not use soap near your mouth, eyes, ears, or genitals to avoid irritation to those areas.
- Wash thoroughly, paying special attention to the area where your surgery will be performed.
- Wash your body gently for two to five minutes. Do not scrub your skin too hard.
- Rinse your skin thoroughly.
- Do not wash with your regular soap after CHG is used.
- Pat yourself dry with a clean, soft towel.
- Do not use lotion, cream or powder.
- Dress in clean clothes following your antiseptic shower.

SURGERY DATE: _____

DSC will call the day before with the arrival time

☐

1. Medical Clearance is REQUIRED: due 2 weeks before surgery;

☐

2. Cardiac Clearance is REQUIRED: due 2 weeks before surgery;

☐

3. 2 Weeks before surgery: get your nasal swab; see included prescription

☐

4. Stop these medications one week before surgery:

- **Blood thinners:** Coumadin/Warfarin, Plavix/Clopidogrel, Eliquis, Effient, Brilinta, Pradaxa, Xarleto, Aspirin
- **Anti-inflammatories:** Aleve/naproxen, Arthrotec, Advil/Motrin/ibuprofen, Mobic/meloxicam, Relafen, Voltaren/diclofenac
- **Herbal & vitamin supplements**

You may **continue** Celebrex, Tylenol and blood pressure meds

Additional medications to stop ____ week(s) before surgery: _____

☐

5. 1 Week before surgery: anesthesia nurses will call you. Please call them if you do not hear from them by 2pm the day before your surgery.

☐ Call Sue, Joint Coordinator, from DSC

☐

6. 3 Days before surgery: use over the counter, anti-bacterial **Hibiclens soap** in shower 3 times. See separate instruction sheet.

☐

7. Do not smoke, drink, or eat after midnight the night before surgery. This includes cigarettes, water, coffee, gum, candy, mints, etc. Use clean bedding and pajamas. No pets in the bedroom. OK to brush teeth morning of surgery.

After surgery: Pain medication will be prescribed. For refills, please contact our office 72 hours before your medication runs out— (313) 277-6700. **NO prescriptions will be completed after noon on Fridays or on weekends.**

Dental Work Instructions/Prophylaxis

Before Surgery:

Please complete all dental work, including cleanings, at least **2 weeks prior** to your surgery. Completing dental work **before surgery is preferred**; do not wait until after surgery, as you will be at increased risk for orthopedic joint infection. Post operatively, you must wait 3 months before resuming dental work.

After Surgery:

*****Antibiotics must be taken before **all** dental appointments. This is to prevent your total joint from becoming infected.

***These guidelines are in effect for LIFETIME per Dr. Finch

Antibiotics Instructions:

Have Dr. Finch, your dentist or family doctor order:

Amoxicillin 500mg - 4 capsules one hour prior to procedure

If allergic to penicillin use:

Clindamycin 150mg- 4 capsules one hour prior to procedure

Hip Precautions

- Don't bend your hip past a 90 degree angle.
- Don't cross your legs.
- Don't twist your hip inwards- keep knees and toes pointed upwards.

Following Restrictions

To care for your new hip and keep it from sliding out of position, you'll need to follow a few general rules at first. Your surgeon may recommend some additional restrictions based on your condition and type of surgery.



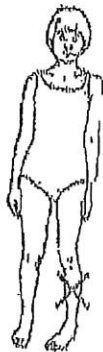
Don't bend your hip more than 90 degrees.



Don't cross your operated leg over your other leg.



Don't turn your operated leg inward (toes on toes).



1. a) Move your toes and ankles up and down.
b) Move your ankle in circles.
Repeat 10 times, every hour.



2. Lie on your back and keep both legs straight. Push your knee down firmly against the bed and squeeze your buttocks together. Hold for 5 seconds then, relax. Repeat 10 times.



3. Lie on your back. Wrap a towel under your thigh. Pull on the towel to bend your operated hip. Maintain this position for 5 seconds, repeat 10 times.



4. Lying down with both legs straight, slide out the operated leg to the side without twisting your foot. Hold for 5 seconds, repeat 10 times.



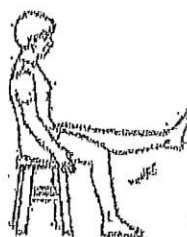
5. Lie down on your back, bend the non-operated leg. Keep your foot flat on the bed. Push down with your foot and elevate buttocks. Hold this position for 5 seconds, then relax. Repeat 10 times.



6. Lie down on your back and place a rolled up towel or firm roll under your knee of your operated leg. Push the back of the knee into the towel in order to get the heel to lift off the bed; then pull toes towards you. Hold this position for 5 seconds. Repeat 10 times.



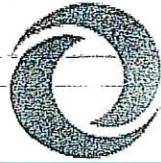
7. In a sitting position, lift foot off the ground and try to fully extend knee. Hold this position for 5 seconds. Repeat 10 times.



8. Sit to stand motion: Practice sit to stand motion by using the hand rests of your chair to push off. Progress without using your hands. Repeat 10 times.



Please call 800-633-7377, opt 2 to save a spot at the joint class



Corewell HealthTM

Department of Orthopedics
Corewell Health East-Dearborn

Joint Class 201
2024 Class Schedule

January	Tuesday – 2 nd & 16 th
February	Tuesday – 6 th & 20 th
March	Tuesday – 5 th & 19 th
April	Tuesday – 2 nd & 16 th
May	Tuesday – 7 th & 21 st
June	Tuesday – 4 th & 18 th
July	Tuesday – 2 nd & 16 th
August	Tuesday – 6 th & 20 th
September	Tuesday – 3 rd & 17 th
October	Tuesday – 1 st & 15 th
November	Tuesday – 5 th & 19 th
December	Tuesday – 3 rd & 17 th

Location: Beaumont Learning and Innovation Center
18200 Oakwood Blvd.
Dearborn, MI 48124
(Old St. Martha's Church)
Room #100

Start Time: 6:00pm

Your Guide to
**TOTAL HIP AND KNEE
REPLACEMENT SURGERY**



We have developed this booklet to help you understand and prepare for your procedure.

By becoming informed and involved, you and your designated support person can contribute to the success of surgery.

Please review this booklet and bring it with you to your pre-surgical class and on the day of your surgery.

Thank you for choosing Beaumont for your Orthopedic Surgery.

Important: Please read



Information provided in this booklet is for educational purposes only. It is not intended to replace the advice or instruction of a professional health care practitioner or to substitute medical care.

Please contact a qualified health care practitioner if you have any questions concerning your care.

You have made an important decision to have surgery. But, did you know that the actions you take before your procedure can dramatically influence how you recover after your surgery? By learning as much as you can about your surgery and becoming actively involved in the preparation and recovery periods, you can influence your overall surgical experience. The information contained in this booklet has been designed to help you recover safely and quickly with fewer complications and recover successfully at home.

Expect to sign a consent form to give the surgeon permission to proceed with the procedure. Please do not be shy about talking to your doctor about additional questions or concerns you may have before your procedure.

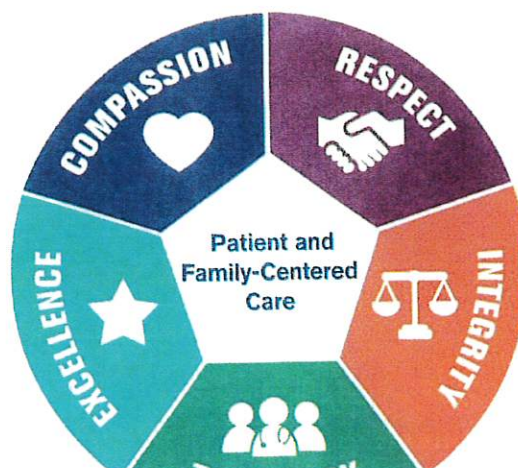


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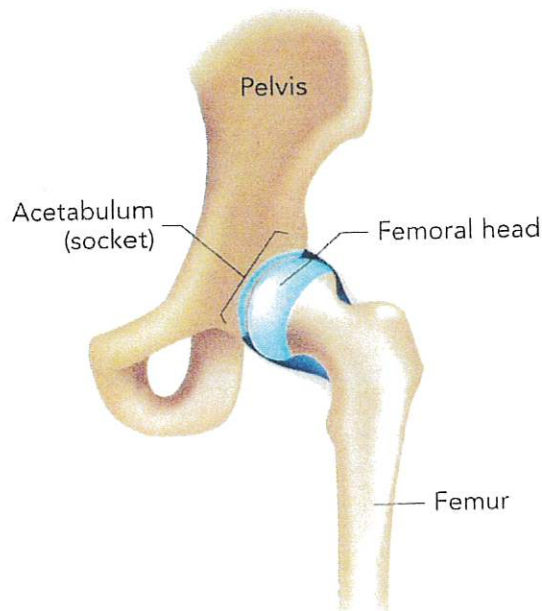
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What is hip replacement surgery?

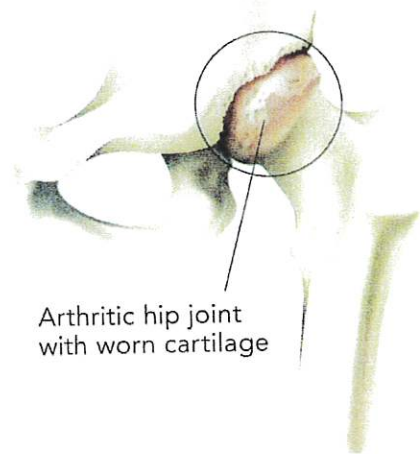
During hip replacement surgery, the surgeon removes the damaged ball of the upper thigh bone (femur) as well as the damaged cartilage from the hip socket. The hip prosthesis consists of a specially designed ball that connects to a stem and is inserted into the femur. A prosthetic cup is inserted into the worn socket.

The prosthesis has a smooth surface that fits together to allow the ball to move easily and comfortably. Today, the stem and metal cup portions of most hip implants are made of cobalt/chromium (vitallium)-based alloys or titanium. The ball portion is polished smooth and is made of the cobalt/chromium-based alloys or ceramic materials. The stem portion of the prosthesis may or may not be cemented into place. Your surgeon will decide what is best for you. The most commonly used bone cement is an acrylic called polymethylmethacrylate bone cement. If bone cement is not used, the implant is covered with a textured coating to allow bone to grow in. The cup portion is not cemented; bone is allowed to grow in and hold it into place, or a screw may also be used. The liner in the cup is typically a durable high-performance polyethylene (plastic).

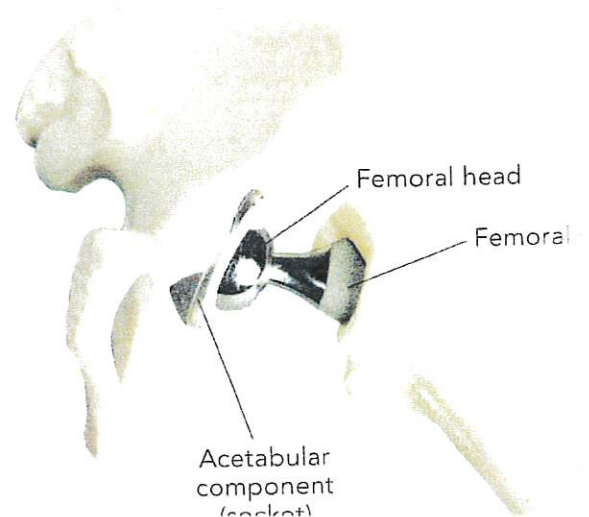
Healthy hip joint



Arthritic hip joint



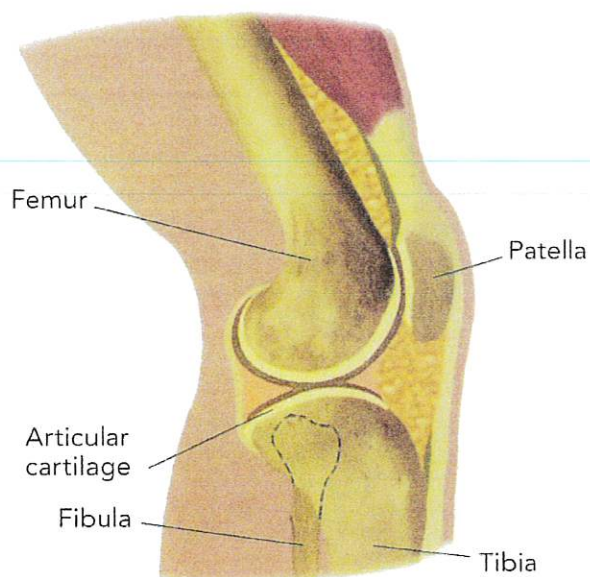
Total hip replacement



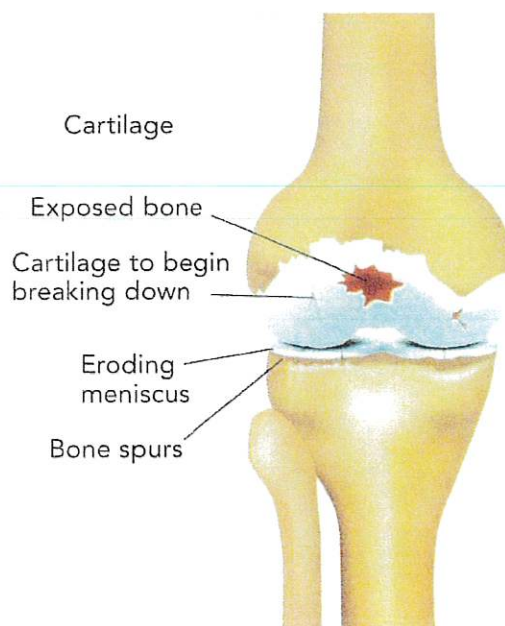
What is knee replacement surgery?

During knee replacement surgery, the damaged portion of the thighbone is shaved off and resurfaced with the femoral component of the artificial joint. The tibial component replaces the upper surface of the shinbone (tibia). A polyethylene plastic button is secured to the inner surface of the patella (kneecap) after it has been resurfaced. A plastic insert is placed on the top of the tibial component; this plastic acts as your new cartilage and allows the knee to bend. The most commonly used is an acrylic called polymethylmethacrylate bone cement. If bone cement is not used, the implant is covered with a textured coating to allow bone to grow in.

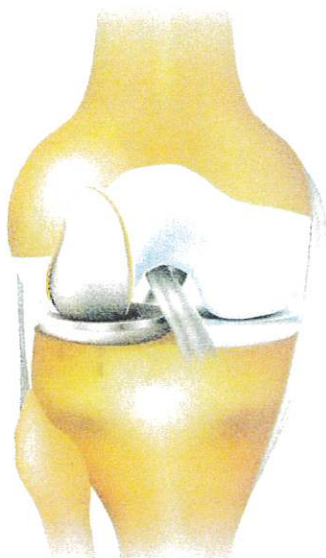
Healthy knee



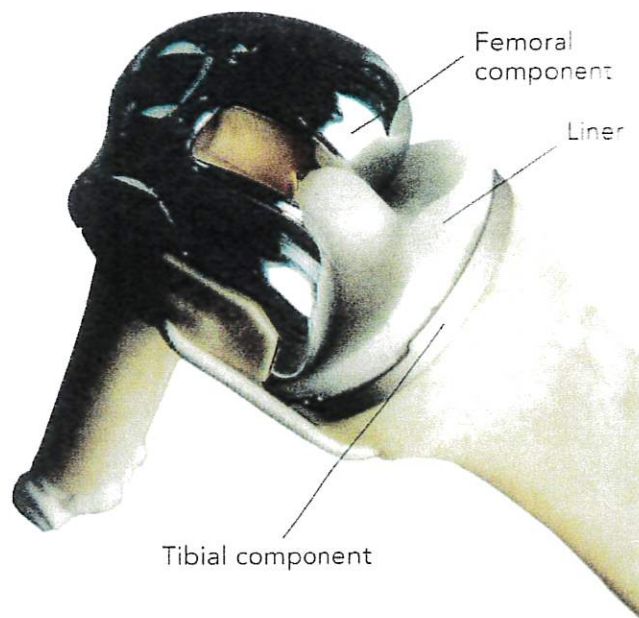
Arthritic knee



Uni/partial knee replacement



Total knee replacement



Your Beaumont surgical experience itinerary*

*Your individual itinerary may vary based on your surgery scheduling.



Timeframe	Major milestones	Completed
Six-twelve weeks before surgery	- Have a medical/physical exam by your primary care physician and a cardiology exam if needed. - Inform other specialists of your upcoming surgery. - Have a dental exam, if you have not done so within the past six months. - Get a flu shot if "in season" (can be done two to six weeks before surgery). - Stop smoking. - Reduce, then stop, any alcohol use.	☐
Four weeks before surgery	- Schedule pre-surgical optimization offerings (see last page for registration instructions). This includes an in-depth health interview, diagnostic testing and educational offerings. - Start pre-surgery exercises (see page 20 for exercises).	☐
Three weeks before surgery	Complete outpatient lab testing (prescription from your surgeon may include blood, urine and nose culture testing) if not attending an optimization clinic.	☐
Two weeks before surgery	- Blood thinners require special instructions. If you are currently on blood thinning medication, please contact the prescribing provider for instructions on when to stop your blood thinners. - Stop taking certain medications as instructed by your surgeon.	☐
One week before surgery	- Receive a phone call from patient registration. - Prepare for phone call from anesthesia pre-screening nurse by filling out your list of medications ahead of time. The nurse will review your medical history and your list of medications with you and they will be entered into your medical record. (use medication list on page 8)	☐
Three to five days before surgery	If a nasal swab was performed, depending on the results, you may be asked to start the appropriate treatment at this time (as directed by your surgeon, see page 7 for instructions).	☐
Two days before surgery	If directed, start showering with chlorhexidine gluconate (see page 9 for instructions).	☐
Day before surgery	- Continue to shower with chlorhexidine gluconate as directed. - Expect a call from the hospital to notify you of your surgery time and arrival time. - Stop eating solid foods at 10 p.m. the evening before surgery. Approved clear liquids may be consumed until two hours prior to your surgical arrival time. See page 9 for more information.	☐
Day of surgery	- Continue to shower with chlorhexidine gluconate as directed. - Take only medications you have been instructed to take, with a sip of water (see page 11). - Report to the hospital at your scheduled arrival time.	☐

Preparing for your surgery: What can you do?

Did you know that the actions you take before your surgical procedure can dramatically improve the success of your surgery and your overall satisfaction with your surgical experience? There are several things **you** can do to accelerate your recovery and get you back to your normal activity level sooner.

Medical optimization

Your surgeon gets one opportunity to do your surgery right the first time. Please make sure you are in the best health condition possible to reduce the risk of medical and surgical complications. While the risks of surgery will never be zero, medically optimized patients have a significantly lower risk of complications. If you're diabetic, please ensure your blood sugars are controlled.

Optimized health prior to joint replacement surgery include:

- Weight Control
- Smoking cessation
- Alcohol and illicit drug use cessation
- Stable blood pressure
- Control of cardiac risk factors
- Stable chronic health conditions

Your support person



A support person is the most important member of your team. Most patients will go home the day of surgery. You need to have an easily accessible person to do errands and offer support. You will require a support person to drive you home from the hospital as you will be unable to drive.

Pain discussion



Pain is a normal feeling after any surgery.

We will manage your pain using a multimodal approach; using medications and topical cold therapy.

Start exercising



Exercise will help prepare your body for surgery and will help you heal faster. If you already exercise regularly, keep up the good work! Remember, exercise does not have to be strenuous. A daily walk has been shown to be effective in preparing the body for surgery.

We recommend at least starting the exercises in this booklet (see page 20). These will be the exercises that we teach you in the hospital, as well as the exercises that you continue as part of your recovery after discharge. Starting these exercises now will help to strengthen your legs before surgery, which will help in your recovery.

You must stay active in order to maintain muscle mass.

Nutrition



Prior to joint replacement surgery, you should maintain a diet that includes high quality fruits, vegetables, grains, lean meats, fish, poultry and low fat dairy products. If overweight, losing weight prior to surgery will improve your post operative recovery.

Lung health



You may have been provided with an incentive spirometer. This is a simple device which helps you strengthen your lungs. Practice using your incentive spirometer every day before your surgery. Doing so will help reduce your risk for developing lung infections after your surgery.

You will want to bring your incentive spirometer with you on the day of your procedure so that you may continue to use it after your surgery. If you do not have an incentive spirometer, practice taking slow deep breaths at home and practice holding your deep breaths in for a few seconds before exhaling slowly.

Stop smoking



We urge you to stop smoking completely before surgery. Doing so will reduce your risk of infections and complications following surgery. If you need help quitting smoking, please contact your doctor. Stop all nicotine and vaping products at least two months prior to joint replacement surgery.

Nicotine and tobacco greatly impair the body's ability to heal bones and wounds. Smoking cessation information and assistance is also available through Beaumont. Call 800-633-7377 to learn about our Quit Smoking Now class.

Alcohol use



You are encouraged to stop drinking alcohol as soon as possible, or at least six weeks before your surgery. It is important to be honest with yourself and your health care providers about your use of alcohol because it can affect the outcome of your surgery and recovery.

Dental appointments



Have your teeth cleaned and examined by the dentist at least two months prior to surgery.

This will allow time to have any necessary work diagnosed and treatment planned. **You must have no active gum disease, cavities, infections or loose or broken teeth to proceed with joint replacement surgery.** You will need to wait three months after joint replacement surgery to have any routine dental work completed, including cleaning. Inform the dentist of your joint replacement. After surgery, some dental work may require oral antibiotics prior to dental appointments. Please ask your surgeon if this is the case.

Pneumonia, COVID and/or flu vaccines



If you are planning on receiving the pneumonia, COVID and/or flu vaccine prior to surgery, please schedule them at least two weeks before surgery. If you already received the pneumonia and/or flu vaccine, you will be asked the date of the immunization. If you have not received the pneumonia vaccine and are eligible for it, you will be offered this injection after surgery. The flu vaccine will also be offered after surgery during the flu season. If you are scheduled for a joint replacement surgery, there is no evidence that vaccination will interfere with your surgery or recovery.

Pre-surgical education class



A pre-surgical education class has been designed to help you prepare for your surgery. You should plan on attending the class with your support person. **Details on class options and how to register can be found on the back cover of the booklet.** For Hospital sites that do not offer a formal pre surgical education class, you will receive your preop teaching at an optimization clinic.

Scheduling office phone call



You will be notified the day before surgery of your arrival and surgical time. If surgery is scheduled on a Monday, you will receive the phone call on the Friday before. If you have specific questions regarding your scheduled time please call the hospital.

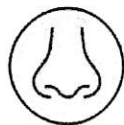
Anesthesia pre-screening phone call



A nurse will call you between one and seven days before surgery to take a health history for the anesthesiologist. The call will include specific questions about your health and readiness for anesthesia, including any medical problems, alcohol or drug use and general overall health information. The nurse will need to know if you have had any problems with anesthesia in the past.

You will be asked to provide a complete list of all medications (prescription and over-the-counter medications, including vitamins, herbal products and inhalers that you use on occasion), as well as the dosage and frequency you use them. The nurse will give instructions regarding what medications and vitamins to stop ahead of time as well as which medications to take the morning of surgery (**please fill in the chart on page 8 in preparation for this phone call**).

Staphylococcus (staph) aureus screen



- Before your surgery, you may be asked to have a nose culture taken. This will be done at the same time as your other pre-operative blood tests. The nose culture will determine if you have the bacteria *Staphylococcus aureus* present in your nose. People who carry this have an increased chance of developing an infection.
- Three to four days after your nose culture is taken, your surgeon's office will notify you if your culture was positive. If you tested positive, you will be called and given directions.
- If you test positive, you may be prescribed medication to decrease your risk of infection.
- If you did not have a nose culture taken, precautions will be taken at the hospital on the day of your surgery to decrease your risk of infection.

Medications



Your surgeon may need to stop some medications that increase bleeding risk, as well as most herbal supplements and vitamins, generally 10-14 days prior to surgery. This information may be included in the information from your surgeon's office. If you are on blood thinning medications for your heart such as Coumadin, Plavix or aspirin, you will need special instructions from the prescribing doctor to safely stop these medications. If you have any questions regarding medicines, please call your doctor.

Your medication list*



It is very important to have an accurate list of all of your medications, including over-the-counter medications (vitamins, herbal supplements, etc.) for your upcoming surgery.

The week prior to surgery, a nurse from the Anesthesia department will be calling you to ask which medications you are taking, so preparing this list prior to the call will assist you in making sure your list is accurate. Your medications will be put into the electronic medical record so your surgeon can review to determine which medications are required after surgery.

Medication name <i>What is the medicine called?</i>	Dose <i>How much do I take?</i>	Frequency <i>How often do I take it?</i>	Reason I'm taking <i>What is the medicine for?</i>	Take medicine with <i>Do I take it with food or water?</i>

*Please bring medication list to the hospital.

Pre-surgical cleansing



As a patient, you play an important role in preparing your skin for surgery. Depending on your surgeon and hospital's preferences, you may be asked to shower before surgery with an antibacterial soap called chlorhexidine gluconate (CHG). If so, please follow the instructions below.* CHG is used as a pre-surgical skin cleanser. It kills bacteria and inhibits the growth of new bacteria. Using CHG as directed will help reduce your chance of developing a surgical site infection. If you are allergic or sensitive to chlorhexidine, you may use an antibacterial soap, like Dial. Shower with CHG soap for two days prior to your surgery and again on the morning of your surgery.

*Instructions for use of the CHG soap:

- Wash your hair with your regular shampoo.
- Wash your face and your genitals (privates) with your regular soap.
- Rinse your hair, face and genitals (privates) completely with water.
- Apply two tablespoons of CHG soap to a clean wash cloth. Do NOT use a bath poof, sponge or loofah.
- Cleanse your body with the washcloth. Be sure to clean the area that will be operated on. Do NOT use CHG soap on the face, eyes, mouth, ears, genitals (privates) or any open wounds.
- Allow the CHG soap to stay on your body for three to five minutes.
- Rinse your body with water.
- Dry your body with a clean towel.
- Wear clean clothes or pajamas daily.
- Wash your bed sheets and sleep in clean sheets on the day you start to shower with CHG.
- Do NOT apply lotions, creams or powders.



Two days before surgery Date: _____	One day before surgery Date: _____	Day of surgery Date: _____
☐ antibacterial shower ☐ wash bed sheets ☐ stop shaving around area that will be operated on	☐ antibacterial shower	☐ antibacterial shower

If not instructed to use CHG soap, you'll be asked to carefully and thoroughly wash your entire body before arriving for surgery, using your regular soap and shampoo. Do not apply lotions or powder after bathing, and do not shave near the site of your operation for at least three days before surgery. In Pre-Op, your body will be wiped with CHG wipes by the Pre-Op staff to decrease the bacteria on your skin and reduce your chance of developing a surgical site infection.

Prepare your home

Follow these steps to help prepare your home for your recovery.

ENTRANCES

- ☐ Remove door mats and all throw rugs.
- ☐ Clear obstacles from the floor.
- ☐ Make a note of thresholds that may not be flush with the floor. They may be a tripping hazard.
- ☐ Install railings, if desired, to assist entry.

KITCHEN

- ☐ Rearrange kitchen cupboards and refrigerator for easy access at walker level.
- ☐ Store frequently used items within reach and choose correct cupboard shelf height for frequently used items.
- ☐ Do not use a gas stove if you are on portable oxygen.

LIVING ROOM/FAMILY ROOM

- ☐ Start thinking about chairs to use after surgery. Consider chairs with arm rests and chairs that have firm cushions and sturdy legs that do not sit too low.
- ☐ Rearrange furniture to allow space for walker and walking.
- ☐ Move low lying objects, such as coffee tables, that may present a tripping hazard.
- ☐ Remove any clutter on floors.

BATHROOM

- ☐ Remove bath rugs.
- ☐ Towel bars and soap dishes should NOT be used as grab bars.
- ☐ Consider placing non-slip strips or bath mat on tub/shower floor.
- ☐ Consider purchasing bathroom aids as they are not covered by insurance.

MISCELLANEOUS

- ☐ Make sure your home has adequate lighting.
- ☐ Use a night light in the bedroom, hallway and bathroom in case you need to get up during the night.
- ☐ Stairways should be well lit and paths should be kept clear.
- ☐ It is NOT safe to carry items (cups, books, plates, etc.) while using a walker. Consider attaching a bag or bicycle basket to your walker.
- ☐ Keep electrical and telephone cords away from walking areas. Keep your cell phone in reach.
- ☐ Have emergency numbers available.
- ☐ Wear comfortable clothing (elastic waist pants or shorts).
- ☐ Wear non-skid shoes with an enclosed heel.
- ☐ Pets: Be careful as pets may present a trip hazard. Additionally, do not allow pets in your bed due to infection risk.

Day of surgery

Are you sick?

If you think you are getting a cold, flu, fever or any other type of illness or infection during the week before surgery, contact your surgeon as soon as possible. It is important that you are in optimal health for surgery. **If you need to cancel your surgery the night before it is scheduled, please notify your surgeon's office and the hospital. Please see page 26 for your hospital phone number.**

My procedure



My scheduled arrival time is _____

My procedure will last approximately _____

My expected date of discharge is _____

Things to bring to the hospital



- | | |
|---|--|
| ☐ This booklet | ☐ Supportive rubber soled walking shoes (lace up or Velcro) |
| ☐ Picture ID | ☐ Personal toiletry items |
| ☐ Insurance card | ☐ Loose fitting comfortable clothes |
| ☐ List of your medications | ☐ Cell phones and chargers (optional) |
| ☐ Respiratory equipment if you use any (CPAP or BiPAP machine) | ☐ Glasses, contacts, dentures or hearing aids if you use them |
| ☐ Pacemaker card | ☐ If you have an implanted device, bring your programmer to turn the device off |
| ☐ Advanced directive | |

Do not bring valuables, jewelry or your own medications (unless instructed to do so by staff).

At home

- Stop eating solid foods at 10 p.m. the evening before surgery unless otherwise instructed by your physician. This includes chewing gum, hard candies, tobacco products and mints. Sips of approved clear liquids may be consumed until two hours prior to your surgical **arrival** time. Clear liquids include: water, black coffee and tea (**no milk or cream**), soda, and juice without pulp.
- Remove all jewelry, including body piercings, hairpieces, hair clips, barrettes, eyeglasses and contact lenses. Any artificial limb must also be removed before surgery.
- Take only the medications that you were instructed to take (with small sips of water).



Take the following medication(s)*:

Do not take the following medication(s)*:

*You will receive a call from a nurse letting you know what medications you can and cannot take before your surgery. At this time, you will also be given instructions on eating and drinking before your surgery.

I must stop eating solid foods at _____

I must stop drinking clear liquids at _____

At the hospital

- After check-in, you will be brought to the pre-operative area. You will meet members of your surgical team.
- For your safety, you will be asked many of the same questions by all the members of your care team.
- You may receive medicine to help you relax.
- There are lounges for your support person to relax in during your surgery.
- We will do everything possible to start your procedure on time. However, there may be instances when delays occur due to emergencies. We apologize for any delays that may occur and appreciate your understanding.



Members of your surgical team

A highly skilled team of professionals has been assembled to care for you during your surgery. They may include:

- Surgeon
- Anesthesiologist
- CRNA (Certified Registered Nurse Anesthetist)
- Pre-operative nurse
- Operating room (OR) nurse
- Recovery room/Post Anesthesia Care Unit (PACU) nurse
- RN (Orthopedic Registered nurse)
- NP (Nurse practitioner)
- NA (nursing assistant)
- PA (physician assistant)

At home, your team member is your support person (coach).

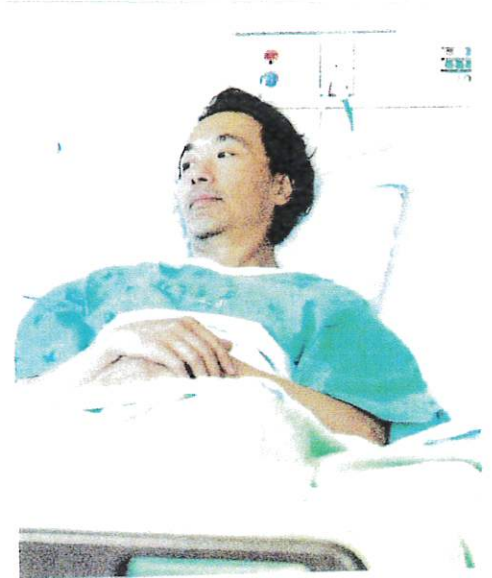
During the procedure

- You will be given medication to make you feel very drowsy, relaxed and comfortable during the procedure. As determined by the anesthesiologist, you may receive either a spinal or general anesthesia.
- You will not feel pain during the procedure.
- Your heart rate, blood pressure, temperature and blood oxygen level will be continuously checked and monitored throughout the procedure.
- Your surgeon will speak to your support person once the procedure is complete.

Recovering from your surgery

Waking up

- You will need to stay in the recovery room, where you will be watched until you are alert and your vital signs are stable.
- The length of time you will spend in the recovery room will vary because some individuals take longer than others to wake up after anesthesia.
- Patients coming out of anesthesia react in different ways. You may be sleepy, have a sore throat or feel sick to your stomach. These reactions are normal and will go away as the anesthesia wears off.
- If you will be spending the night, you will be reunited with your support person once you have been brought to your hospital room, where you will be spending the night.
- You will be receiving oxygen through your nose in addition to other monitoring devices.
- You will be offered ice chips and something to drink once you start to wake up. If you can tolerate fluids, you may order food and eat.



The orthopedic unit

Members of the orthopedic unit who will be assisting you in your recovery, may include:

- Registered nurse (RN)
- Nursing assistant (NA)
- Physical therapist (PT)
- Occupational therapist (OT)
- Care manager (discharge planner)
- Advanced practice providers (physician assistant and nurse practitioner)
- Surgeons/doctors

Pain management



When you awake from anesthesia, you will likely experience some degree of pain. Our job is to assess your pain level and treat accordingly. Remember, you just had surgery.

MANKOSKI PAIN SCALE

Pain score	Symptoms
0 (zero)	pain free
1 (one)	very minor annoyance; occasional minor twinges
2 (two)	minor annoyance
3 (three)	annoying enough to be distracting
4 (four)	can be ignored if busy, but still distracting
5 (five)	can't be ignored for more than 30 minutes
6 (six)	can't be ignored for any length of time but can still work and do social activities
7 (seven)	makes it difficult to concentrate; interferes with sleep; still able to function with effort
8 (eight)	physical activity severely limited; can read and speak with effort; experience nausea and dizziness
9 (nine)	unable to speak; crying out or moaning uncontrollably
10 (ten)	either unconscious or wanting to pass out from pain

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After surgery, tell your surgeon or nurse if:



- ☐ Your pain is above 4 out of 10 and isn't getting better with medication
- ☐ You are experiencing negative side effects of the pain medication you are taking
- ☐ You are experiencing a new type of pain
- ☐ You are experiencing nausea or have vomited

Understanding pain after surgery



Most people do experience pain after surgery. The nurses will regularly assess your pain to help determine what type of pain medication may work best. There will be multiple types of pain medication available. The goal of pain medication is to help make the discomfort less so you can effectively participate in physical/occupational therapy. It is important to take the pain medications on a regular basis. Your medical care team will work with you to balance good pain control with the fewest side effects possible. Further information on pain control is available if needed; please ask your nurse if you are interested.

Upon discharge, prescriptions will be given to you for the pain medication that is working the best for you. If unsure of what medicines you are to take after discharge, refer to your discharge paperwork under the Medication section.

Patients also find the non-medication techniques listed below helpful in treating and managing stress, pain and anxiety associated with surgery:

- Calming breaths – slow, relaxed and controlled breathing
- Relaxing the mind
- Meditation
- Guided imagery – bring pictures or a guided imagery CD
- Music – listen to your favorite music
- Comfort item – blanket or pillow

Sleep disturbances are common and normal after joint replacement surgery.

Cold therapy



Cold therapy (ice packs) will be provided to reduce swelling and pain. Cold therapy produces an anesthetic effect when placed on or around your surgical site.

We recommend using ice packs on your surgical site. Most patients perform ice applications at least three times a day for 20-30 minutes at a time. Do not place ice packs directly on your skin/incision, use a clean thin cloth or towel over your site to prevent frostbite. Do this throughout your hospital stay and throughout your recovery.



Common side effects from pain medications and anesthesia



Nausea and/or vomiting

Some people may experience nausea after surgery. To avoid this, it is helpful to always take your pain medications with food, especially foods high in protein. You can order additional snacks when you order your meals or simply bring snacks to the hospital. Snacks that have protein include granola bars, protein bars and peanut butter or cheese crackers. If you do become nauseated, please ask for an anti-nausea medication from your nurse.



Constipation

Almost everyone will experience constipation after surgery. We will begin stool softeners to help minimize this. You should continue to use a stool softener while you are taking pain medications at home as well. You are encouraged drink plenty of water and to eat a high fiber diet, including prune juice, and increase activity to help with constipation.

What should I be doing after my surgery?

Get out of bed



Plan to get out of bed on the day of your surgery and regularly thereafter with assistance. This will help build your muscle strength and prevent complications. You should plan on eating all your meals sitting up in a chair.

Walking



Walking helps you recover faster, stimulates your bowels, prevents blood clots and prevents infections. Staff members will assist you with walking. Plan on walking at least three times a day with assistance. You will always need a member of the health care team to walk with you while in the hospital.

Breathing exercises



Breathing exercises help prevent lung infections. When you are awake, complete your incentive spirometer 10 times per hour. Continue with the incentive spirometer, use every few hours in your home for one week. Goal is 1500ml to 2000ml for pneumonia prevention.

Exercise



A physical therapist and occupational therapist will work with you while in hospital to assist you with your exercises to help strengthen your surgical leg. They will be teaching you exercises to continue at home as part of your recovery. These exercises should be done as instructed by your therapist. They will help in your recovery.

Pain and side effects tracking



Keeping track of your pain will help your medical care team effectively treat and manage your care. Remember to keep track of any side effects you may be experiencing as a result of the pain medication. It is also important to pay attention to the activity you are doing when you experience

Deep vein thrombosis (DVT) prevention



Blood clots or DVTs can occur any time blood flow slows down. They are most commonly found in the legs. Surgery and decreased activity may increase your risk.

Ways to prevent blood clots

- Foot and ankle pumps at least every hour while awake
- Walking short distances frequently, every one and a half hours, get up and walk
- Get up in a chair for all meals
- Pneumatic compression sleeves/devices while in hospital
- Blood thinning medication (anticoagulation therapy) prescribed by your surgeon while in the hospital and after surgery at home

Fall prevention



Falls can happen to anyone. Here are some things you can do in the hospital to prevent a fall from occurring:

- Call for assistance when getting in or out of bed or the chair or to walk to the bathroom. DO NOT attempt to get up and walk by yourself.
- While waiting for assistance, DO NOT attempt to get up.
- Move slowly. Take your time.
- Use non-skid footies or non-skid footwear when out of bed.
- Use your walker for all transfers and when walking.

Exercises to aid recovery



The exercises on the following pages can be done before you come to the hospital if you are able. These will be the same exercises that you will continue while you are in the hospital and when you go home. Do the exercises three times a day. Repeat each exercise at least 10 times and gradually increase the number of repetitions, as tolerated. Avoid any twisting movements or jumps. Do not overwork your knee/hip.

If you notice any of the following, stop exercising and call your doctor:

- Pain or discomfort that is sharp or doesn't go away with rest.
- Rapid joint swelling/**bleeding** from your incision.

Post-Op precautions

Your surgeon may give you precautions to follow after surgery

Knee precautions

- No kneeling
- No twisting
- No pillow under your knee

Hip precautions

You may or may not have hip precautions. Your doctor may have you follow several precautions for three to eight to 12 weeks after surgery while the soft tissue is healing. Adhering to these instructions will help the hip heal safely and help prevent the hip from dislocating.

Your hip precautions may include:

- Don't cross your legs. Do not allow legs to cross the midline of your body.
- Don't excessively rotate your leg inward or outward.
- Don't bend past a 90-degree angle at your hip (angle between torso and thigh).

The following examples provide further details about these precautions by demonstrating different situations in which you will need to modify the way you move and position yourself in order to maintain your hip precautions.

Don't lean or bend forward.



Don't bring your knee towards your chest.



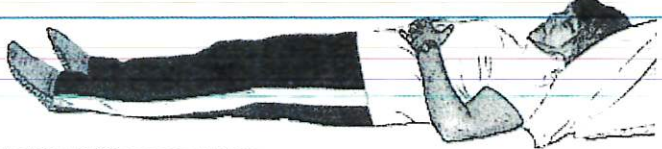
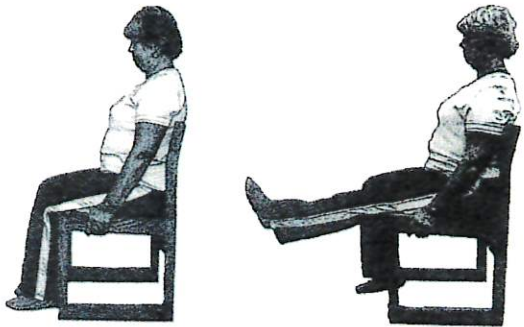
Don't cross your legs at your thigh.



Don't cross your legs at your ankle.



Hip and knee pre and post op exercises

Ankle pump: Bend ankles to move feet up and down, alternating feet.	
Quadricep set: Slowly tighten thigh muscles by pushing knees down into bed. Hold five seconds then relax.	
Knee extension: Place a rolled towel under leg. Straighten knee and leg while keeping leg on roll. Hold three to five seconds. Repeat with other leg.	
Sitting knee extension: Straighten surgical leg and try to hold it for five seconds. Repeat on non-surgical leg.	
Heel slide: In sitting position, bend the surgical leg, pushing your heel backward. In laying position, bend surgical knee and pull heel toward buttocks then repeat on opposite leg.	
Gluteal set: Squeeze buttock muscles. Hold for about five seconds, then relax.	

A physical therapist (PT) will be working with you after surgery to optimize your mobility. The goal of these therapy sessions will include getting in and out of bed, walking and progressing to stair climbing.

An occupational therapist (OT) may be working with you after surgery to assist you with your daily activities, such as bathing, dressing and toileting. The OT will also train you on equipment if needed to assist you during your recovery.

Care management



A member of our care management team will meet with you to coordinate your discharge plan. Every discharge plan is unique and the care management team will work closely with you to assist you with all of your discharge needs. Plan on having your support person in place to spend up to three days with you because home is the best place for you to recover.

Discharge planning



All our surgeons recommend patients go home after surgery. We will need to make sure it is safe for you to go home. You typically will go home the same day, or if warranted the day after surgery.

You will be discharged from the hospital once your surgeon determines that it is safe to do so.

When you are eating and urinating on your own, can safely clear physical therapy with your walker and your pain is reasonably controlled on oral pain medication, you will be ready for discharge home.

You may receive prescriptions or other medication instructions following your surgery. Make sure you understand all medication instructions. If you have any questions, please contact your doctor's office.

If your surgeon recommends home care, a representative from the agency will call you the day after discharge to schedule a home visit. Home care services may include nursing care, occupational and/or physical therapy. Once completed, you may start outpatient physical therapy. All therapies received should include exercising and measurement of the range of motion of your extremities.

- You will need to plan for assistance at home following your surgery.
- You will need a walker for home to help aid in your recovery, the physical therapist and occupational therapist will help to make recommendations for you, and we can order some of the equipment while you are in the hospital, or direct you to a DME, (durable medical equipment location).
- **You will need a family member, friend, or your support person to provide transportation home, as you may not drive yourself home.**

Outpatient physical therapy



You may receive outpatient physical therapy to advance your function and activities per your surgeon's recommendations. This will be determined at your first follow up appointment with your surgeon.

Discharge instructions



- Schedule a follow-up appointment with your surgeon to be seen one to three weeks after your surgery.
- Do the exercises you learned in the hospital and as provided in this book several times a day. Increase your activity level, take frequent short walks with the walker. Avoid wet, rough or irregular surfaces. You may transition to a cane with your surgeon's permission.
- Keep track of your progress, ask your therapist your range of motion (ROM) and continue to track this. If you begin to bend less than you have been, please notify your surgeon's office.
- Knee replacement patients: DO NOT use a pillow directly under your knee when resting, as this could lead to stiffness and contracture. If you wish to use a pillow it may be used under the calf of the surgical leg.
- If you have swelling, elevate your leg above heart level using pillows for 30 minutes three to four times a day. If the swelling continues or is in both legs, call your surgeon.
- Sexual activity may resume when you are feeling more comfortable. Direct any specific concerns or question to your doctor.
- After Surgery, you will be provided one week's worth of pain medication which is often enough for most people. If you feel you need more during your post operative period, please reach out to your surgeons office a few days **BEFORE** you run out of medication to allow adequate refill time.
- Anticoagulant medications or blood thinners are usually prescribed for the prevention of blood clots after any joint replacement surgery. Please continue to take these medications as directed by your surgeon. Refer to your written discharge instructions for clarification.
- At home, over-the-counter stool softeners and/or laxatives are highly recommended until you have returned to your normal activity levels and your bowel patterns have normalized. Constipation is very common following surgery, and preventing it with the use of these medications is strongly advised.
- **Always tell ALL doctors or dentists who care for you now and in the future that you have an artificial joint.** You may need to take an antibiotic before dental care and certain surgical procedures.
- In the future, you may need to take a preventative antibiotic before dental care and certain invasive surgical procedures as ordered by your surgeon.

Things to report to your surgeon's office



Contact your surgeon's office if you experience:

- Uncontrolled pain in the operative site or pain not relieved with your prescription pain medication
- Redness or warmth that is new or increased since discharge
- Drainage from your incision that is new or increased
- An increasingly swollen operative site
- A calf that becomes swollen, tender, warm or reddened
- A sustained temperature over 101.5 degrees for more than 24 hours
- Any openings in your incision
- Burning or urgency when urinating or if your urine has a foul odor
- We want you to avoid emergency room or urgent care visits to reduce the risk of infection. Refer to your hospital advice line or surgeons office for guidance especially if related to uncontrolled pain.

However, call 911 immediately if you have any chest pain, breathing difficulties, confusion or shortness of breath.

Caring for your incision



- Always wash your hands before and after touching your incision. If someone else is caring for your incision, they should always wash their hands before and after care.
- Observe your incision twice daily after your dressing has been removed.
- Call your surgeon if you have:
 - increased or lasting redness, swelling or warmth around your incision
 - drainage that is cloudy, green or yellow
 - a sustained temperature of over 101.5 for more than 24 hours.
- Wash your hands thoroughly with soap and water. Gently cleanse your incision using your bare hand, soap and water. Rinse your incision carefully and then gently pat your incision dry with a clean towel.
- Do not rub or pick at your incision. Limit touching your incision.
- Do not apply lotions, creams or powders to your incision.
- Dress in clean comfortable clothing. Use clean linen on your bed. If drainage is more than a half dollar size, especially more than a week after surgery, please let your surgeon know.
- Hip replacement patients, avoid having elastic bands or tight undergarments that can cause pressure on the surgical site.

Frequently asked general questions



Will I set off metal detectors with my new joint?

Yes, you may. Allow extra time for travel. TSA identification cards are no longer being produced or required.

When can I drive again?

Your surgeon will determine when you are able to drive after surgery. Generally, three criteria must be met: You need to be off of narcotic pain medicines, able to get in and out of the driver's seat comfortably and must have regained your normal reflexes and strength.

Where is the best place for me after my surgery?

The best place for you to go is home, unless your surgeon recommends otherwise.

What can I do to prevent constipation following surgery?

Over the counter stool softeners and/or laxatives are strongly recommended to prevent constipation. Frequent mobility, such as short walks, increasing fluid and fiber intake will help as well.

When may I return to work?

This depends on the type of work. Sedentary work, three to six weeks from surgery, physically demanding work eight to 12 weeks. Your surgeon will guide you in determining this time frame.

My leg is more swollen. What should I do?

Swelling and bruising are a normal part of the healing process, especially after exercise/activity. You may have swelling for three to six months and bruising for one to two weeks. Ice your joint for 20 to 30 minutes at least four times per day. Elevate your leg with your heel above your heart when resting to decrease swelling. If you are concerned about persistent severe asymmetric swelling and/or a blood clot, notify your surgeon.

How do I know if I could potentially have a blood clot?

If you are experiencing a reddened, warm, swollen, or painful calf, this may signal a blood clot. Please report this to your surgeon as soon as possible.

Knee – frequently asked questions



Will I be able to kneel on my new knee?

Yes. Immediately following your surgery, kneeling is not advised. You may do so once incision is fully healed or following surgeon approval. However, kneeling may be uncomfortable to you. This may last up to a year or more.

Will I notice anything different about my knee?

Yes, you may have a small area on the outside of your scar that feels numb. It is normal, not serious, and may last a year or more. You may also feel a soft click while walking; this is normal.

How far can I expect my knee to bend?

Your prosthesis is designed to be fully straight (0 degrees) and bend to approximately 120 degrees. Motion of your knee replacement is affected by motion before surgery.

Will I be able to support my knee with a pillow?

No, pillows may not be placed under the knee during recovery as this leads to stiffness and contractures. If you need to elevate your leg, use a pillow under the calf or ankle, **not under the knee**.

Hip – frequently asked questions



How far should I walk with my new hip?

We recommend you walk around the house for 5-10 minutes every hour during the day. Eventually you will be able to walk and stand for longer periods of time.

What is the best sleeping position to protect my hip?

Lie on your back with a pillow between your legs. This will ensure you do not twist your body during sleep. Do not sleep on your stomach. If you prefer to sleep on your side, it can help to sleep with a pillow between your legs for at least six weeks. Poor sleep patterns after joint replacement are common and can last for several weeks or months.

What chair is best for me after my hip replacement?

Sit in a chair that is higher than the knee. When possible, sit in a firm straight-back chair with arm rests.

When may I return to most activities?

You can expect to return to most activities three to six months after surgery. Discuss specific activities such as high impact exercises, golf, sex, swimming, etc. with your surgeon.

Important phone calls and numbers

Before your surgery, you will receive several phone calls from Beaumont.

Who	Why
Registration	You will provide general contact information and insurance information.
Anesthesia pre-screening nurse	You will provide information regarding your medical and surgical history.
Surgical scheduling office	You will be provided with your surgical time and information regarding where to park and where to go on the day of your procedure.

After discharge, you may receive a phone call to check on your progress/well-being. Your input and partnership is always welcomed to help us improve our processes. We welcome your comments during all stages of your care. Additionally, you will be asked to fill out questionnaires regarding your functional status after surgery.

Important phone numbers

Location	Phone number
Beaumont Hospital, Dearborn 18101 Oakwood Blvd., Dearborn, MI 48124	313-593-7000
Beaumont Hospital, Farmington Hills 28050 Grand River Ave., Farmington Hills, MI 48336	947-521-8000
Beaumont Hospital, Grosse Pointe 468 Cadieux Road, Grosse Pointe, MI 48230	313-473-1000
Beaumont Hospital, Royal Oak 3601 West 13 Mile Road, Royal Oak, MI 48073	248-898-5000
Beaumont Hospital, Taylor 10000 Telegraph Road, Taylor, MI 48180	313-295-5000
Beaumont Hospital, Trenton 5450 Fort St., Trenton, MI 48183	734-671-3800
Beaumont Hospital, Troy 44201 Dequindre Road, Troy, MI 48085	248-964-5000
Beaumont Hospital, Wayne 733155 Annapolis St., Wayne, MI 4818	734-467-4000
Primary care doctor	_____
Surgeon	_____
Pharmacy	_____



Additional resources

recoversex.com

- Parking is free at all Beaumont hospitals.
- Valet parking is available at some sites for a cash fee.

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Pre-surgical optimization



Patients who have scheduled a joint replacement surgery at a Beaumont hospital may be required to attend pre-surgical optimization offerings. In order to obtain the best possible outcome following your surgery, these offerings are designed to ensure all pre-surgical testing is completed, answer common questions about the procedure and provide the information you need to prepare for a successful recovery. This preparation includes an in-depth health interview, diagnostic testing and educational offerings.

You should bring your support person with you to pre-surgical optimization. We recommend you participate in the optimization offerings approximately three weeks prior to your surgery, though you are welcome to do so any time prior to the procedure.

When/where

The pre-surgical optimization offerings will take place at the hospital at which you are scheduled to have surgery. Specific dates and locations will be provided during the registration process.

Registration

Site	Contact information
Beaumont Hospital, Dearborn	800-633-7377 Option #2
Beaumont Hospital, Farmington Hills	947-521-7338
Beaumont Hospital, Grosse Pointe	313-473-6897
Beaumont Hospital, Royal Oak	248-273-8100
Beaumont Hospital, Taylor	313-887-5949
Beaumont Hospital, Trenton	800-543-WELL (800-543-9355)
Beaumont Hospital, Troy	STTAR Clinic 248-964-5012
Beaumont Hospital, Wayne	800-543-WELL (800-543-9355)

Beaumont