IMPORTANT DATES

PLEASE BRING THIS BINDER to all appointments and to the hospital on the day of surgery.

Pre-op clearances: ________________________________________________________________
___________________________________________________________
___________________________________________________________

Joint Academy date: ___/___/______ at ___ a.m./p.m.
Location: ____________________________________________________ uofuhealth.org/jointacademy

Surgical date: ___/___/______ at ___ a.m./p.m.
Location: ____________________________ University Hospital
________________________________________ University Orthopaedic Center

Post-op appointments:

1st post-op wound check: ___/___/______ at ___ a.m./p.m.

Physician assistant (or local doctor): ___________________________________________

Schedule your 1st physical therapy appointment: ___/___/______ at ___ a.m./p.m.

2nd post-op appointment No. 2: ___/___/______ at ___ a.m./p.m.

Surgeon: __________________________________________________________

Call ____________________________ for surgery time

Date: ___/___/______ after 2 p.m.
**IMPORTANT NUMBERS**

- Medical questions
- FMLA paperwork
- Prescriptions (refills or new)
- Post-operative wound care

Dr. Peters's M.A. ______________________________ (801) 587-7028  
Dr. Pelt's M.A. ______________________________ (801) 587-5240  
Dr. Gililland's M.A. ___________________________ (801) 587-1244

- Rescheduling surgery
- Insurance authorization
- Joint Academy

**Surgical coordinator:**  
Peters, Pelt, Gililland __________________________ (801) 587-5232

- Discharge planning (including Home Health)
- Medical equipment needs

**Nurse case manager** __________________________ (801) 587-2953

For urgent matters after-hours, from 5 p.m.–8 a.m., Monday through Friday and on weekends, call University Hospital at **(801) 581-2121** and ask to speak to the Orthopedic Resident on-call. They will contact someone from the joint team to assist you.

**Call 911 immediately if you experience any of the following:**

- A severe fall and/or the inability to bear any weight on your leg
- Inability to lift your foot and straighten your knee
- Sudden difficulty breathing, chest pain, or chest pain when coughing
- Shaking chills or a temperature over 101.5 degrees
- Numb, cold, or blue/pale looking toes
PARTNERS IN YOUR JOINT REPLACEMENT

Quality of life means different things to different people. For many, it means spending time with family, enjoying a round of golf, a bicycle ride or the pleasure of a simple walk. Being able to move without pain is an essential part of healthy living.

Arthritis affects over 40 million Americans, or one in eight. Our orthopaedic surgeons have seen arthritis rob people of mobility and independence. They have spent their professional life studying how to combat the effects of arthritis. Total joint replacement is one of the most effective ways to reduce pain and restore mobility for arthritis patients. Through research and surgical advances, we can reliably help people revitalize their quality of life.

The University of Utah Health Care Center for Hip and Knee Reconstruction provides quality orthopaedic care, shortens hospital stays and makes recovery more enjoyable. The combined expertise of the staff has created a program unparalleled in the region.

A relationship between the surgeon, hospital and family is vital to the success of your surgery. Being informed and knowledgeable about every aspect of the surgical and recovery process will make for a more pleasant hospital visit and recovery.

The information provided in this handbook is for you to read prior to surgery. It will help guide you through the surgical process. Your understanding, participation and commitment are important to the success of this procedure.

These educational materials are designed to promote your understanding of the surgical and recovery processes, reinforce key points, and further your knowledge of how to care for your joint. We encourage you to share this information with the important people in your life who will be assisting you throughout this process.

Please bring this handbook to every related appointment including your pre-surgical appointments, Joint Academy, and to the hospital on the day of surgery. As you move through the surgical process, you may receive various instructions, information booklets or copies of forms.

With extensive patient education and a comprehensive continuum of care, our program is designed to ensure that patients have the information, care and support they need every step of the way.
YOUR JOINT REPLACEMENT TEAM

ATTENDING: The doctor who oversees your care and is your surgeon. This doctor oversees fellows and residents as they make decisions in your care.

FELLOW: A medical doctor who has completed specialty training in Orthopaedics (residency). A fellow can function as an attending, but is part of a yearlong program focusing primarily on adult reconstruction. A fellow sees a patient in clinic and then presents the patient to the attending before making a decision in your care. He or she assists the attending in surgery and visits patients while in the hospital.

RESIDENT: A medical doctor completing specialty training in the field of Orthopaedics. Our residents are part of a five-year residency program. The residents working with you will be in year three or five of residency. Residents see patients in clinic and then present these patients to the attending before making a decision in your care. They assist the attending in surgery and visit patients daily while in the hospital.

PHYSICIAN ASSISTANT (PA) A health care professional with licensing and credentials, allowing them to practice under the supervision of a physician (attending). You will be seen by the PA for your first follow-up and yearly follow-up appointments. The PA also assists the attending in surgery.

REGISTERED NURSE (RN) A health care professional with licensing to discuss medical questions with you and direct your care under the supervision of the surgeon and team.

CLINICAL RESEARCH COORDINATOR (CRC) A trained team associate who coordinates all research efforts, including research design and approval, consent, data interpretation, writing manuscripts, and presenting and publishing research projects.

Certified Medical Assistant (CMA) A Certified Medical Assistant is responsible for processing insurance and work-related paperwork, medication refills, physical therapy prescriptions, appointments and various questions about your care.

From left: Christopher E. Pelt, MD; Christopher L. Peters, MD; Harold K. Dunn, MD; and Jeremy M. Gililland, MD.
BEFORE SURGERY

INSURANCE AUTHORIZATION

Our surgical coordinator will notify your insurance company of your upcoming surgery. We will make every effort to pre-authorize your surgery, and to provide any requested information to your insurer.

We are pleased to offer the services of a University of Utah Patient Financial Advocate to provide an estimated cost for your surgery, to assist you with billing questions, and/or establish a payment plan if you are uninsured.

Financial advocates:
University Orthopaedic Center (801) 587-5374
University Hospital (801) 581-2957

SURGICAL CODES

CPT procedure codes:
Total hip arthroplasty (THA) 27130
Total knee arthroplasty (TKA) 27447

Other: ________________________________

ICD-10 diagnosis codes:
Left hip arthritis: M16.12
Right hip arthritis: M16.11
Left knee arthritis: M17.12
Right knee arthritis: M17.11

Surgery dates are subject to change, pending insurance authorization

Thank you for choosing University Orthopaedic Center for your orthopaedic needs.
PLANNING FOR DISCHARGE BEFORE SURGERY

Following hospital discharge, most patients have a home health care agency visiting their homes. Your home health nurse and physical therapist will help ensure the safest possible transition to home. If necessary, they will be available to check your warfarin levels and assist you with your physical therapy program.

We strongly encourage you to identify 3 home health agencies and check with your insurance to ensure your agencies are covered. Case management will discuss this in detail a week prior to your procedure.

1. 

2. 

3. 

OUTPATIENT CARE

Some patients may begin outpatient physical therapy soon after their discharge, so it is a good idea to identify your preferred physical therapist and schedule an appointment now, so you can be seen on or after your first follow up appointment after surgery. The University of Utah has several Physical Therapy locations to serve you in the Greater Salt Lake Area.

1. 

2. 

A note about skilled nursing or rehabilitation facilities: Our preference is for patients to return home after surgery, but under certain circumstances you may need to spend a short amount of time at a skilled nursing facility. The vast majority of our patients have a safe and confident return home after their hospital stay. Your care team will alert you if we believe you may need this type of nursing care.
OPTIMIZING YOUR HEALTH

QUIT ALL NICOTINE AT LEAST 6 WEEKS BEFORE AND 6 WEEKS AFTER SURGERY

Nicotine decreases the blood supply to your surgical site and slows down the entire healing process. If you continue to use nicotine, your surgery may be cancelled.

AVOID ALCOHOL 48 HOURS BEFORE SURGERY

MEDICAL CLEARANCE

A visit to your Primary Care Physician (PCP) within 3 months prior to surgery for a general health check-up is recommended. We want to give them the opportunity to ensure that any health concerns have been addressed before proceeding with your surgery with as little additional risk as possible. If you have other significant medical conditions you will need to see relevant specialists for medical management prior to surgery. All medical clearances must be received by our office at least 2 weeks prior to surgery, or your procedure may be postponed. If you have multiple medical problems, you may need to obtain these medical clearances prior to obtaining a surgery date.

DIABETES

Ensure your blood sugar is well controlled before AND after surgery. If you are diabetic, your Hemoglobin A1C must be well controlled, keeping daily blood sugar at or below 150. It is also important to ensure good control of glucose levels after surgery to help ensure a good recovery.

CLEARANCES NEEDED

PCP within 3 months: ____________________________

Specialist: ____________________________

Specialist: ____________________________

Specialist: ____________________________

When you have been evaluated by the appropriate physicians, please have the physician’s office fax the information to our office. Fax to (801) 587-7111 (Attention: your surgeon).

You have unlimited resources!

- Your doctor can give you medicine to help you handle the withdrawal during your hospital stay.
- Your nurse is at the bedside to help you quit smoking.
- These helplines and websites are available for support 24 hours a day: 1-800-QUIT-NOW (784-8669) becomeanex.org smokefree.gov utah.quitnet.com waytoquit.org

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PROCEDURES BEFORE SURGERY
Do NOT get a steroid injection in the joint we will be replacing within 12 weeks of your surgery. Injections too close to your date of surgery will increase your chance of infection in the joint.

DENTAL WORK
Dental cleaning and especially root canals, extraction and crowns need to be taken care of six weeks prior to surgery. After joint replacement surgery, wait 12 weeks before any dental procedure, it is also recommended to pre-medicate with antibiotics 1 hour prior to any dental work. Contact your dentist office for the recommended medication. If your dentist does not want to prescribe this medication, please contact our office. At this point, our surgeons feel that this is a lifelong recommendation to help avoid a joint infection.

Bacteria from certain procedures place you at higher risk for joint replacement infection. Please be certain to schedule any invasive procedures (through the skin) such as a biopsy, Moh’s surgery for skin cancer or colonoscopy six weeks prior to or 12 weeks after surgery.

EXERCISE
We understand that you may be physically limited by your arthritis pain, so we encourage you to focus on upper body strengthening, which can help ensure that your use of a walker/crutches is as easy as possible after surgery. Walking, swimming or other low impact exercise is encouraged to help optimize your surgical outcome.

NARCOTIC MEDICATIONS
Decrease your use of narcotic pain medications as much as possible at least 4 weeks before surgery. Tapering off your narcotic pain medications prior to surgery will help us control your pain in the post-operative period—if your body is tolerant to high doses of pain medication before surgery, it may be more difficult to control your pain after surgery.
MEDICATIONS AND SURGERY

Certain medications must be stopped prior to your day of surgery. While we are able to provide some general guidelines, our care team is always available to answer more specific questions about your medication schedule prior to and following surgery.

7 DAYS PRIOR TO SURGERY, STOP:
Non-steroidal anti-inflammatory drugs (NSAIDS)
Ibuprofen, Motrin®, Advil®, Naprosyn®, Aleve®, Diclofenac, Indocin, Meloxicam etc. Any over-the-counter herbal medications that may thin your blood, such as St. John’s Wort, Tumeric, fish oil, or Omega-3 supplements. Topical NSAIDS, including topical creams, are okay to continue.

Aspirin
If you have been prescribed Aspirin® for a cardiac condition, continue your dosage through your surgery date. If you have not been prescribed Aspirin by your doctor, stop taking it seven days before surgery.

OTHER MEDICATIONS
You may be taking a variety of medications, and we place a high priority on ensuring that your prescriptions are aligned appropriately to ensure the best possible outcome for your surgery. If you are currently taking any of the following, please contact our office for specific instructions.

Plavix, Coumadin, Eliquis, Xarelto, Aggrenox, hormone replacement therapy, immunosuppressant medications (I.E. Methotrexate, Enbrel) prednisone/steroids

Discuss with your prescribing physician or appropriate specialist should you have any concerns.

You may continue taking Celebrex (celecoxib) and/or Tylenol (acetaminophen), do not exceed 3,000 mgs of Tylenol in a 24-hour period.

Bring a list of your medications and dosages, including over-the-counter medications, herbal supplements, or vitamins, to the hospital. A pharmacist will review these medications with you.

Specific medication instructions:
FREQUENTLY PRESCRIBED POST-SURGERY MEDICATION

<table>
<thead>
<tr>
<th>BRAND NAME</th>
<th>GENERIC NAME</th>
<th>CATEGORY</th>
<th>PURPOSE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td>Aspirin</td>
<td>Anti-platelet</td>
<td>Prevention of blood clots in average risk patients</td>
<td>Twice a day x 6 weeks</td>
</tr>
<tr>
<td>Coumadin</td>
<td>Warfarin</td>
<td>Anti-coagulant</td>
<td>Prevention of blood clots in higher risk patients</td>
<td>Daily x 2–4 weeks</td>
</tr>
<tr>
<td>Senna, Colace</td>
<td>Senna, Docusate</td>
<td>Stool softener</td>
<td>Prevent severe constipation that commonly comes with narcotics</td>
<td>Take daily while on narcotics. Hold if loose stools</td>
</tr>
<tr>
<td>Celebrex</td>
<td>Celecoxib</td>
<td>Anti-inflammatory, safe with warfarin</td>
<td>Decrease the swelling and pain from the trauma of surgery</td>
<td>Daily for 6 weeks/ inflammation</td>
</tr>
<tr>
<td>Naproxen</td>
<td>Naprosyn</td>
<td>Anti-inflammatory</td>
<td>Decrease the swelling and pain from the trauma of surgery</td>
<td>Twice a day for 6 weeks/ inflammation</td>
</tr>
<tr>
<td>Ultram</td>
<td>Tramadol</td>
<td>Pain reliever, non-narcotic</td>
<td>Relieves mild to moderate pain</td>
<td>As needed (stay on longer than other stronger narcotics)</td>
</tr>
<tr>
<td>Tylenol</td>
<td>Acetaminophen</td>
<td>Pain reliever, fever reducer</td>
<td>Relieves mild pain, and if taken regularly can reduce the need for narcotics</td>
<td>As needed (stay on longer than other stronger narcotics)</td>
</tr>
<tr>
<td>Lyrica</td>
<td>Pregabalin</td>
<td>Nerve pain medication</td>
<td>Relieves nerve and muscle pain</td>
<td>Stop if nerve pain is relieved</td>
</tr>
<tr>
<td>Roxicodone, Norco</td>
<td>Oxycodone, Hydrocodone, Dilaudid</td>
<td>Narcotic pain reliever</td>
<td>Relieves severe pain (side effects: itching, constipation, respiratory depression)</td>
<td>Wean down as soon as you are able, replace with tramadol or acetaminophen</td>
</tr>
</tbody>
</table>

You may not be prescribed all these medications, it is important to discuss medications with the pharmacist and/or nurse before leaving the hospital.
PRE-OPERATIVE LAB WORK AND ASSESSMENT

Pre-operative nurses may need to collect medical history information from you before surgery.

SURGERY AT UNIVERSITY ORTHOPAEDIC CENTER

A pre-op nurse will call you to discuss your medical history. You will also need to have your blood drawn within 30-90 days of surgery. Generally this is completed at your appointment with your surgeon, however, if you are not sure, please contact our offices to confirm.

SURGERY AT UNIVERSITY HOSPITAL

You may be scheduled for an appointment at the Surgical Pre-Admission Clinic (SPA). Be on time to your appointment, but also bring a book. Your appointment may take up to three hours. Bring a copy of any medical clearances we asked you to obtain, especially an echocardiogram report if applicable, so our anesthesiologists can clear you for surgery. Bring a list of your medications so the nurses can get accurate names, dosages and times that you take your medications. Your visit will include evaluation of your vital signs, height and weight, a possible EKG of your heart and/or a chest X-ray, blood work and a detailed history and physical exam.
STAPH AUREUS SCREENING

We screen all patients for Staph Aureus before elective joint surgery to reduce the possibility of infection.

WHAT IS STAPH AUREUS?
Staph Aureus is a common type of bacteria. In about 1 out of every 4 healthy people, staph bacteria live on the skin or in the nasal passages, but do not cause any problems or infections. These people are said to be “colonized” with staph. If the staph bacteria enter a person’s body through a surgical incision, cut, sore, catheter, or breathing tube, it may cause an infection. Once the staph germ enters the body, it can spread to bones, joints, the blood, or any organ, such as the lungs, heart, or brain. Staphylococcus Aureus is readily treated by a common antibiotic but also has the potential to cause infections.

WHY NASAL SCREENING?
Many bacteria that colonize our bodies actually live in our airways and especially in our nose. One method of detecting this type of bacterial colonization is to do nasal screening. Studies show that patients who undergo nasal screening and decolonization can have a significantly lower risk of infection. By treating just the patients that are colonized, we can decrease the likelihood of creating resistant organisms, and needlessly going through the effort and expense of decolonizing patients that are not colonized. The most common organism that leads to infection following joint replacement is Staph Aureus, and the screening test looks for this bacteria.

WHAT DOES THE SCREENING ENTAIL?
Many people are carriers of MRSA/MSSA. This does not mean you are ill or a risk to other healthy people. If your culture results come back positive, we will contact you and send additional instructions, including a decolonization process. This process will involve the use of a special body wash and nasal ointment 5 days prior to surgery. You can also minimize your risk of becoming recolonized by using clean linens, clothing and taking other hygiene precautions (see instructions on following page).

WHAT IF I TEST NEGATIVE?
We will only contact patients with a positive result prior to surgery. If we do not contact you, follow good general hygiene practices and use the shower soap provided. (See instructions below)

WHAT IF I TEST POSITIVE?
Being positive does NOT mean that you are not clean, ill or a risk to other healthy people, it means that you are a carrier for the staph bacteria and “decolonizing” will help reduce the number of bacteria, which helps reduce the chance of infection. This “decolonization” involves the use of a nasal ointment and a “chlorhexidine” body wash daily for five days prior to surgery. Specific instructions will be sent to you if your swab comes back positive.

Presurgical shower instructions: Use the chlorhexidine soap for your shower the night before and/or the morning of surgery (unless otherwise directed). Wash your hair and body as normal. After washing, stand out of the stream of water, apply soap to the skin from the neck down, and rub gently. Allow soaking for 3–5 minutes, and then rinse the chlorhexidine soap off. Do not use regular soap afterward, as the chlorhexidine soap bonds to the skin, and with repeated use has a cumulative effect. It continues to work with antimicrobial activity after it is rinsed off.

For more information about Staph Aureus, visit bit.ly/Staph_Aureus
JOINT ACADEMY

WHAT IS JOINT ACADEMY?
Joint Academy is an informal class that gives you the opportunity to learn directly from your care team about preparing for your joint replacement surgery. Your surgeon strongly recommends that you attend Joint Academy prior to your surgery, to ensure all your pre-surgical questions have been answered. At each Joint Academy session, a team of skilled professionals from throughout the continuum of care will provide you with educational materials and practical skills on pain management, physical therapy, your hospital stay and recovery.

WHO CAN PARTICIPATE?
We strongly encourage all patients scheduled for joint replacement surgery to attend a Joint Academy class. We also recommend that your Care Coach, a friend or family member who will be assisting you during your hospital stay and recovery, attend with you. If you have multiple family members or friends who would like to attend Joint Academy, they are welcome.

HOW CAN I PREPARE FOR JOINT ACADEMY?
You should have received a DVD or URL uofuhealth.org/jointacademy that will connect you to the Joint Academy informational videos, a video sequence we prepared to give you a first hand look at the surgical experience. Please watch these videos prior to attending Joint Academy, and be sure to take notes on any questions you might have. We encourage your Care Coach, or any other family members or friends, to watch it with you, as they are a part of your joint replacement journey as well.

WHERE DO I SIGN UP?
We are happy to schedule a Joint Academy session for you. If you do not already have a Joint Academy date, please call the surgical coordinator at (801) 587-5232.

Whether your surgery date is one week or several months away, Joint Academy is designed to provide all patients with useful information that will ease and expedite your recovery.
CHOOSING YOUR CARE COACH

We ask all of our patients to identify a Care Coach prior to their surgery date. Your Care Coach could be a friend, family member, or neighbor—someone who you know and trust, who is willing to help you for your first few days at home after surgery.

We encourage your Care Coach to accompany you to Joint Academy, and they are welcome to stay with you in the hospital or attend your physical therapy sessions. Most importantly, your Care Coach will help you with daily activities as you recover. This can be one person, or it can be several people, it does not matter as long they communicate any needs you may have.

Your Care Coach may help you get food and medication, and perform other basic household tasks after your surgery. They will also help remind you of the exercises you will be doing during recovery, and should be available as an extra set of eyes and ears to support you during your first days back home. After your joint replacement surgery, you will be able to bathe and use the bathroom independently, but be sure to communicate with your Care Coach if you do decide that you need an extra hand.

Include your Care Coach in your home preparations, if possible. The more communication you have with them prior to surgery, the better equipped they will be to assist you when you return home with your new joint.
PREPARING YOUR HOME FOR RECOVERY

It is important to consider the layout and organization of your home in preparation for your joint replacement surgery. We want your return home to be as smooth and comfortable as possible. We recommend you try moving around your house with a walker or crutches before you actually need them, to help you get a sense of possible challenges or barriers that you may not have noticed otherwise.

Things to consider:
Are there stairs in your home? You will be able to navigate stairs after surgery, but fewer is better. If possible, arrange for a bed, a place to sit, and a bathroom all on the same floor of your home.

Rearrange your furniture to make space for crutches and/or a walker, if necessary.

Throw rugs can be a trip hazard, especially in the bathroom. If you have any, pick them up and put them away. Low seats can be difficult to get out of initially, especially for hip replacement patients. Find firm pillows to raise seats up, and keep extras on hand to help elevate your leg while you’re in bed.

Safety bars in the shower or near the toilet can be a great aid. If you are able to install them before surgery, consider it. Prepare and freeze meals ahead of time to make cooking easier once you return home.

For more information on how to prepare for your return home with your new joint, be sure to watch our Joint Academy video series, available at uofuhealth.org/jointacademy.
PATIENT CHECKLIST

THE DAY BEFORE SURGERY
Call for surgery time between 2 and 5 p.m. the day before your surgery.

University Hospital: (801) 585-1449
University Orthopaedic Center: (801) 587-5373

After bathing with the anti-bacterial soap provided, we suggest using clean clothes, sheets and pajamas. Bathing can also be done the morning of surgery. Get a good night’s sleep.

If you have any questions, please call our office before 4 p.m. on the business day before your surgery.

THE DAY OF SURGERY
Surgery at University Orthopaedic Center
Bring ALL medications in original bottles with you on day of surgery.

SURGERY AT MAIN HOSPITAL
Do NOT bring your medications. The hospital has the majority of medications available.

THINGS TO BRING TO THE HOSPITAL

☐ Education booklet
☐ Advanced directives/living will
☐ Loose clothing
☐ Skid-proof slippers/tennis shoes to wear home
☐ Socks and loose undergarments
☐ Toiletries
☐ Medications (don't bring unless instructed)
☐ CPAP for sleep apnea
☐ Identification
☐ Paper and pencil to write questions or take notes.
☐ Robe (optional)
☐ Insurance information

THINGS TO LEAVE AT HOME

☐ Large amounts of money
☐ Tight-fitted clothing
☐ Valuables, such as jewelry
☐ Credit cards
☐ Personal electric equipment (razor, blow dryer, etc.)

You are responsible for the personal items/electronic devices you bring to the hospital and for use at your own risk.
THE DAY OF SURGERY

BEFORE COMING TO THE HOSPITAL

• Do not eat or drink after midnight the night before surgery.

• If our Pre-Op team asks you to take specific medications on the morning of surgery, you can do so with small sips of water.

• You may brush your teeth and rinse your mouth, but do not swallow.

WHEN YOU ARRIVE AT THE HOSPITAL

• Leave your walker or crutches in your car until you reach your hospital room after surgery.

• Label these items with your name, and your family can bring them to your room.

• At University Hospital, we recommend you use the complimentary valet service at the front entrance. At the main entrance, turn right and proceed to the Check-In desk in the lobby.

• At University Orthopaedic Center, proceed to the Surgery Check-In desk on the first floor.

• Once in the Pre-Op area, you will change into a hospital gown. Vital signs and additional blood work may be checked at this time. Your nurse will confirm your name and information, place an ID-band on your wrist, and check your paperwork.

• BE FLEXIBLE. Bring a book to read in case the previous surgery is longer than expected.

• You will meet your anesthesia staff, consisting of an anesthesiologist and resident or nurse anesthetist. They will discuss your choices at that time.

• They will also start your IV, and your surgical site will be shaved and cleansed with anti-bacterial cloths.

• If you have dentures, hearing aids, socks or jewelry, please remove them unless arrangements were made to keep them with you. You will be given a hat to cover your hair.

• The anesthesia team will escort you to the operating room, and your family can go to the waiting room at this time.

• Once your anesthetic is given, your leg is positioned for surgery, and the surgical prep is performed. Many blue drapes are placed over your joint to ensure sterility, and you will not be able to see anything beyond this stage.
ANESTHESIA CHOICES

Based on the available literature and outcomes typical of patients undergoing joint replacement, our surgeons’ preference is that you receive spinal anesthetic whenever possible. For spinal anesthesia, a doctor injects numbing medicine into your lower back (into the spinal fluid). The medicine makes you numb from the waist down so you won’t feel pain there during the surgery. You may receive other medicines that make you relaxed and sleepy, but you may not be in a deep sleep. An anesthesia provider monitors your heart rate and rhythm, blood pressure, breathing and oxygen levels.

Advantages of Spinal Anesthesia:

- Does not require a breathing tube, so you are able to breathe on your own throughout surgery
- Less confusion or drowsiness
- Lower chance of infection
- Lower chance of bleeding
- Lower risk of blood transfusions
- Lower chance of blood clots
- Better pain relief to bridge the early recovery time between surgery and the next few hours

Disadvantages of Spinal Anesthesia:

- If the injection does not work, you will need general anesthesia
- Small chance of headache
- Very small chance of nerve injury from the spinal needle
- Extremely small chance of bleeding near the spine that needs surgery
- Small chance of urinary incontinency or retention (<10% of patients)

While we prefer spinal anesthetic, general anesthesia is also available to our patients, and may be the best choice for those patients who are not good candidates for spinal anesthesia, or who for other reasons would prefer general anesthesia. Both types of anesthesia are very common and equally safe. We encourage you to discuss your choice with your anesthesiologist on your day of surgery, who will review your medical history with you and ensure that all your questions are answered.

Whatever you choose, we will do everything possible to keep you comfortable during your surgery and safely control your pain afterward.

Some patients undergoing spinal anesthesia choose to bring a music player and headphones with them, so they can listen to something calming and familiar during their surgery. Your anesthesia team will be more than happy to accommodate this, if you choose!
YOUR HOSPITAL STAY

Most of our patients will spend one to two nights in the hospital following their joint replacement surgery. During your inpatient stay, your care team will do everything possible to ensure you are comfortable and able to participate productively in physical therapy, and in preparations for your return home. Below, you’ll find a general outline of what to expect during your stay at the hospital.

Your care team

Your care team includes residents, fellows, physician’s assistants, nurses, medical assistants, and discharge planners— and you will likely see most of these team members during your hospital stay. Residents usually visit between 5 and 7 a.m, and a nurse will be checking in on you regularly throughout your time in the hospital. While you may not see your surgeon during your time on the inpatient unit, please rest assured that your surgeon is constantly available to the other members of your care team.

POST-OP DAY 1 (FIRST DAY AFTER SURGERY)

• Your nurse will instruct you on how to use the breathing machine at your bedside. Be sure to use it regularly in order to help keep your lungs clear and active throughout the recovery process.

• Practice ankle pumps as frequently as you feel comfortable. Most patients will be up and walking with physical therapy the same day that they have surgery. For your first time standing on your new joint, you may simply get out of bed and take a few steps in your room. No matter what, a physical therapist will assist you the first time you get out of bed.

• We do not utilize catheters, so you will be able to use the bathroom, however, please ask for assistance from care team at the hospital.

• A physical therapist will return in the afternoon to work with you. If you can walk a little bit further each time you get up, you’re making progress.

• Case Management will come to your room to discuss your discharge plan. You should already know which home health agency you will be using when you come to the hospital for surgery, but Case Management will be happy to help resolve any questions that might arise. Your Case Manager will communicate directly with the agency you have selected, and with your insurance company, to ensure that your discharge will run smoothly.
POST-OP DAY 2 (SECOND DAY AFTER SURGERY)

- Before you leave the hospital, you should feel comfortable on oral pain medications and be able to maneuver yourself with your new joint replacement. You should be able to eat, urinate and possibly have a bowel movement on your own. If you do not have a bowel movement within 4–5 days after surgery, call the office.

- Your foot pumps will still be connected to your feet. Have your foot pumps removed before getting out of bed and continue wearing your TED hose. (Knees only).

- You will have an occlusive dressing over your incision. This should be left in place until your follow up appointment.

- PT will be similar to day one, as you will get out of bed at least two times throughout the day. An occupational therapist will visit you to discuss different aids for recovery at home.

- Your appetite will start to improve. It is important to drink water, eat fruits and consume foods high in fiber to promote a bowel movement, as pain pills slow down this process.

- Most people are ready for discharge post-op day 2, however some people may need an extra day.

YOU ARE READY TO GO HOME WHEN ...

- You are medically healthy
- Your pain is controlled
- You are able to move around safely
- You are able to eat and urinate

After your joint replacement, it is normal for your joint to feel warm, red, or slightly swollen—but if you feel sick, or have a temperature over 101.5 degrees, please contact your doctor immediately. And of course, if you have any questions or concerns about your surgery, medications, or treatment plan, please do not hesitate to contact our office.
BEFORE DISCHARGE

- Review your discharge plan (for most patients, this is going home with home health)
- You have all the equipment needed at home (a walker or crutches, toilet seat riser, reach-and-grab tool)
- Your Care Coach will be available to assist you for the first few days at home
- You have reviewed all the medications and understand how to use them
- You have been provided with all medication prescriptions
- You understand how to care for the dressing and incision
- You may shower as long as your dressing is well-sealed (you can also cover it with medical tape or plastic wrap for bathing)

Understand the PROPER way to ice and elevate for a hip surgery or a knee surgery. Remember, if you have had a knee replacement, ice and elevation are essential at controlling pain and achieving expected range of motion (elevating your operated joint above your heart, "TOES ABOVE NOSE")

You have all your follow up appointments confirmed: 2-week wound care check, physical therapy appointment and a 6-week follow up with your surgeon (refer to front page of binder with these dates, confirm they match)

YOU SHOULD CONTACT YOUR DOCTOR IMMEDIATELY IF YOU EXPERIENCE:

- Drainage from your incision
- Chest pain or shortness of breath
- Calf pain or swelling that does not improve with elevation
- New redness or severe pain in your lower leg

CALL 911 IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- A pop and strange twist to your leg with or without bearing weight. This may be a sign you have dislocated your hip.
- Inability to lift your foot and straighten your knee.
- Sudden difficulty breathing, chest pain, or chest pain when you cough.
- Shaking chills or a temperature over 101.5 degrees.
- A severe fall and the inability to bear any weight on your leg.
- Numb, cold, or blue/pale looking toes.
YOUR RECOVERY

YOUR FIRST DAYS AT HOME
After your discharge from the hospital, you will need some assistance for the first few days at home. During this time, your Care Coach (a family member or friend who has agreed to assist you) should plan to help with shopping, housework, and other activities of daily life.

PHYSICAL THERAPY
In addition to any home health physical therapy or outpatient physical therapy sessions, you should continue to work on your physical therapy exercises independently. Your hospital therapist will teach you an exercise regimen, and you can also refer to the appropriate tabs in this binder, or discuss any questions that might arise with your home health therapist. Always remember to take your pain medications approximately 30 minutes before therapy if you find it painful.

ICE AND ELEVATION
Swelling in your operative leg is normal, and should decrease over time, but icing and elevation can help manage swelling in the meantime. Applying ice several times a day for 30–60 minutes at a time which helps to reduce swelling and assist with pain control. Heat is not recommended, as it can increase swelling. To elevate correctly, lie flat with your feet on 3–4 stacked pillows, this exercise is helpful for reducing swelling and the risk of blood clots for both hip and knee replacement patients. Knee replacement patients should avoid placing pillows directly behind their knee. Hip replacement patients should maintain hip precautions while elevating. Feel free to elevate your legs for 30–60 minutes, 4-5 times a day (or as needed).

BLOOD CLOT PREVENTION
Follow your surgeon’s instructions carefully to minimize the potential of blood clots which can occur during the first several weeks of recovery. To reduce the risk of a blood clot in your leg, avoid staying seated in one position for more than 1–2 hours at time. Long car rides or plane trips can be especially dangerous, so be sure to get up and move around whenever possible.

Warning signs of possible blood clots include:

- Sudden shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing

If you experience any of these symptoms, dial 911 or go to the nearest emergency room. If you do go to the emergency room (for this or any other reason during your first 3 months after surgery,) please alert our office as soon as possible.
INCISION CARE

Your dressing is sterile and should not be removed until your two-week appointment. It is normal for your dressing to appear somewhat soiled, and it can get wet as long as it continues to have an effective seal.

This dressing is applied to your incision while you are still in the operating room. It is sterile, and you should avoid poking it, sticking anything under it, or disturbing it in any way.

You may shower as long as your dressing is well-sealed (you can also cover it with some medical tape or plastic wrap for bathing). Bruising around your operative joint is normal, and can take a couple of weeks to go away.

Some drainage is expected, if the dressing begins to leak or gets your clothing wet, please contact our offices. You may send us a photo to uocjointteam@utah.edu and, if necessary, make arrangements to have the dressing changed.

After your joint replacement, it is normal for your joint to feel warm, red, or slightly swollen. Be sure that you are icing and elevating as much as directed, at least 4-5 times a day for 30 minutes each time.
BLOOD CLOT PREVENTION (ANTI-COAGULATION)

Since you will be undergoing joint surgery, you will be at risk for developing a blood clot. To prevent this from occurring, compression boots will be placed on your feet to circulate your blood while in the hospital. If you have had a knee replacement, you will wear compression stockings (aka TED hose) that promote circulation as well. Moving your ankles up and down ("foot pumps") will circulate even more blood through your legs.

Your doctor will prescribe one of two medications; a blood-thinning medication called warfarin (Coumadin®) or aspirin. Your physician and a member from our Thrombosis Service will discuss the use of warfarin vs. aspirin and will make the determination of which medication to prescribe based upon your health history and risk factors for developing a blood clot.

If your doctor chooses aspirin, you will take it for six weeks, twice daily, beginning AFTER SURGERY. Blood monitoring is NOT required. If you are prescribed warfarin, you will take this for 4 weeks AFTER SURGERY if you have had a hip replacement, or 2–4 weeks AFTER SURGERY for a knee replacement. While taking this medication, you will need to have your blood tested regularly. You will also need to check in with someone about the results of each blood test, to see if you need to change the dose you are taking. Our thrombosis service and your home health service will assist you in this process and help keep you safe while taking this medicine.

If you have had a KNEE replacement, wear your TED hose every day and night for the first two weeks, and then during the day for the subsequent two weeks.

Warning signs of possible blood clots include:

- Increasing pain in your calf
- Tenderness or redness above or below your knee
- Increasing swelling in your calf, ankle, and foot

If you experience any of these symptoms, contact our office immediately.

University of Utah Thrombosis Service: 1 (800) 783-3735
PAIN MANAGEMENT
While in the hospital, we encourage you to talk with your nurse to manage your pain after surgery. Your nurse will communicate your needs to your doctor. It is your responsibility to communicate with the staff about how you feel so they can best help your recovery.

You will be given pain medications, beginning with IV medication for severe pain and quickly transitioning to oral pain medications. Oral pain medications are more effective in long-lasting pain control. These pain medications are ordered for you to take when needed. You do not have to take them if you have very little pain.

Our goal is to have you off narcotic pain medication before post-operative week six, and we will work with you to help you ease off these medications. You may reduce your use of narcotics as soon as your pain allows. Ice, rest, and elevation can help manage the pain as a substitute for medication. When your pain is not severe, do not take the full dose of narcotics. First, take acetaminophen to see if it will be enough to control your pain. If it is NOT effective, you can take more narcotics at that time.

DISTRACTION METHOD FOR PAIN CONTROL
Distraction means shifting or moving your attention away. It does not mean that the pain is no longer there, it just means that you use your brain to focus your attention onto something else. You can put your pain in the background and focus instead on playing games, counting, using breathing techniques and many other activities. One of the things that you can do to limit the amount of time you spend worrying about or being afraid of pain, is to use distraction.

Substitute non-narcotic pain medication, like Tylenol (acetaminophen,) when possible. Medications such as Percocet or Norco already contain acetaminophen, so be sure to check your prescriptions so you do not consume more than 3000 mg of acetaminophen per day. If you have been prescribed warfarin do not take any anti-inflammatory medications (other than Celebrex) until you have stopped taking warfarin. The combination of blood thinners and anti-inflammatories can cause your blood to be too thin, and could lead to bleeding in your joint or stomach.

Allow 24–48 hours for any refills or prescription requests, call us before you run out.

NAUSEA
Sometimes pain medication can make people feel nauseous or cause vomiting. If you are experiencing this problem, please let us know. There are several things we can do to help. The easiest thing to do is remember to take your pain medication with food and plenty of liquids.

SLEEP
Getting back to a normal sleep pattern after your surgery can be difficult. If you are having trouble sleeping at night, try to avoid napping during the day. Elevate your leg in the early evening and do a quiet activity, and schedule your pain medication so you can take pain pills one hour before bed. If you are still struggling to sleep, consider taking Benadryl (diphenhydramine), an allergy medication with a side effect of drowsiness.
OTHER

CONSTIPATION
Because of the narcotic pain medications you will be taking after your surgery, constipation is a common complication. To help reduce the discomfort that constipation can cause, all joint replacement patients will be prescribed a stool softener, and we encourage you to be proactive about your diet. You should never go more than 4–5 days without a bowel movement (including the time you spent in the hospital.)

To avoid constipation and encourage a bowel movement:
• Drink plenty of water (minimum of 64 ounces per day)
• Increase fiber intake by eating dried and fresh fruit, whole grains, vegetables, bran, psyllium, apple juice, or prune juice
• Use stool softeners such as Colace, Metamucil or Miralax as needed
• Use Fleet enema or a warm water enema
• Depending on your pain level, consider decreasing or stopping your narcotic pain medication
• Chew gum

Continued constipation can lead to emergency trips to the hospital. Please contact our office if you are concerned about the amount of time you have gone without a bowel movement.

RETURN TO WORK
Most people return to work 2–6 weeks after their surgery, depending on the demands of their job. Desk jobs or other sedentary work can be resumed quite promptly, while work that involves significant lifting or other heavy labor are generally not resumed until 6–8 weeks following surgery. Returning to home directly from the hospital will help expedite your return to work.

SEXUAL ACTIVITY
This can typically be resumed 4–6 weeks after surgery, and is limited to what you are able to do without pain. Hip replacement patients should remember all appropriate hip precautions, to avoid the possibility of dislocation.

DRIVING
You may begin driving 2–3 weeks after surgery as long as you are able to move your leg as needed, adhere to your hip precautions while entering and exiting the vehicle, and are not taking narcotic pain medication during the hours that you drive. Please be a cautious driver. If an accident were to occur, you could be found at fault because of your recent surgery. We encourage you to practice driving in a large parking lot before proceeding to the road.
LONG-TERM CARE FOR YOUR JOINT REPLACEMENT

ACTIVITIES AND SPORTS
You may resume activities 2–3 months after surgery as tolerated, such as bowling, dancing, horseback riding, golf, doubles tennis and skiing. You may resume these activities if you did them regularly before surgery and if you perform them safely. The best lifelong activities are walking, swimming and biking. We do not recommend any running, jumping or heavy lifting as these activities may wear out your new joint replacement sooner than expected. This will lead to more surgeries over the course of your lifetime.

Warning signs of a possible infection include:
- Persistent fever (higher than 101.5 degrees)
- Shaking chills
- Increasing redness, tenderness or swelling of the wound
- Drainage from the wound
- Increasing pain with both activity and rest

Notify your doctor immediately if you develop any of these signs.

PREVENTING INFECTION
After your surgery, you will need to take special precautions when undergoing dental care for the rest of your life. You will also have some limitations around dental work before and after your surgery—in general, we request that you undergo NO dental work from six weeks before your surgery to three months after. Once you have passed the three month point with your new joint, you may have any necessary dental work done, however we recommend that you take an antibiotic prior to any procedure.

The American Heart Association guidelines, which we utilize, suggest 2 grams of Amoxicillin by mouth (1) one hour before your dental procedure. If you cannot take Amoxicillin, then 600 mg of Clindamycin or 2 grams of Cephalexin can be taken instead. Your dentist or primary care physician should call this prescription in to your pharmacy. This precaution is a vital step towards reducing the risk of infection and additional surgeries.

To further safeguard against infection in your joint, we recommend early treatment of any bacterial infection (skin infection, cellulitis, ingrown toenail, upper respiratory infection, sinus infection, or invasive procedures.) You should see your primary care physician for complete antibiotic treatment. A virus such as the flu or a cold is not a bacterial infection and does not generally require antibiotics, but we still recommend making an appointment with your primary care physician, in case you require treatment.
FOLLOW-UP CARE AND RESEARCH

Your joint replacement should last for 15–20 years depending on your age, weight and activity level. Our team at the Center for Hip and Knee Reconstruction enjoys seeing the long-lasting results of joint replacement. It is critical for you to return for your regular appointments, even when recovery is going well. Follow-up appointments with your surgeon consist of X-rays and complete examination of your joint. If there are changes to your joint replacement or surrounding bone, we may be able to detect it before you feel it. Attending all follow-up appointments will help you avoid possible problems later in life and help us to know our patients are getting the desired results from surgery.

Your surgeon is likely to have you return for repeat x-rays 1 year, 2 years then 5, 10, 15 years after surgery, unless deemed otherwise.

METAL DETECTORS
You may receive a card to you verifying your joint replacement surgery and that you have a surgically implanted metal prosthesis. This may or may not save you time in the security lines at the airport, and is not required. For further information contact our offices.

RESEARCH
The adult reconstruction clinical research team is dedicated to improving the outcomes of patients that require both joint replacement and hip preservation surgeries. The team consists of your surgeons along with dedicated advanced practice clinicians, a research scientist, a research coordinator and a research assistant. We also work closely with the statisticians to design high quality research studies that help us better understand the outcomes of your treatments, risk factors for failure and methods to reduce those risks. Additionally, our surgeons are dedicated to improving the care pathways that you receive while in our care and studies have been and will continue to be performed to refine these pathways. Our team has been the recipient of several research rewards over the last few years and we strive to continue performing at the top of the class.
CONTACT US

Please call your doctor if:

• Your incision is red, swollen, or draining
• Your incision is opening up
• You have a temperature over 101.5 degrees
• You have chills, a cough, or feel weak and achy
• You have calf pain and swelling that does not improve with elevation
• You have new redness or pain in lower leg
• You have questions or concerns about your surgery, medications or treatment plan

If the office is closed, call University Hospital at (801) 581-2121. Ask to speak to the orthopaedic resident on-call; they will contact one of our Joint specialists if necessary.

Office phone numbers (8 a.m.–4:30 p.m., Monday–Friday) (801) 587-7109.
To make or change an appointment, or for medication refills, please allow 48 hours. Our on-call providers typically do not authorize medication refills on nights or weekends. you will be asked to contact the office during regular business hours.

Office staff:
Dr. Peters: (801) 587-7028
Dr. Pelt: (801) 587-5240
Dr. Gililland: (801) 587-1244

Call 911 immediately if you experience any of the following:

• A pop and strange twist to your leg with or without bearing weight. This may be a sign you have dislocated your hip.
• Inability to lift your foot and straighten your knee
• Sudden difficulty breathing, chest pain, or chest pain when you cough
• Shaking chills or a temperature more than 101.5 degrees
• A severe fall and the inability to bear any weight on your leg
• Numb, cold, or blue/pale looking toes

healthcare.utah.edu/orthopaedics/jointreplacement