WELCOME TO

JOINT ACADEMY

Your guide to joint replacement with University of Utah Health Care
What to expect and how to prepare: before, during, and after surgery

Specialists from...

Pain Management
Nursing
Case Management
and Physical Therapy!
Meet Your Team
Meet Your Team

Dr. Peters

Jill Erickson, PA-C

Christin Van Dine,
PA-C, MPAS

Dr. Pelt

Dr. Gililland

Laura Wood, PA-C
Don’t forget to watch the Joint Academy video series!

uofuhealth.org/jointacademy
Pain Management

Eric Yelsa, PHD
DEPT OF ANESTHESIOLOGY

UCLA MINDFULNESS RESEARCH CENTER
WWW.MARC.UCLA.EDU
4-6 weeks before surgery

Contact/visit medical specialists, and your primary care provider

**Dental work:** Complete 6 weeks before surgery or wait 12 weeks AFTER

**Diabetics:** Control your blood sugars

**Narcotics:** Reduce narcotic pain medications by 50% for best results

**Nicotine:** Stop all at least 4 weeks before surgery! (Includes gum, patches etc.)
Prepare Advanced Directives/Living Will

bring 2 copies with you on the day of surgery

• [http://aging.utah.edu/programs/utah-coa/directives/](http://aging.utah.edu/programs/utah-coa/directives/)
The Care Coach

What are your responsibilities?
One **Week** Before Surgery

If you haven’t already, **be sure to read your binder!**

**Check your skin** for any open wounds or rashes

Stop taking any **NSAIDS**

**Hydrate!**

**Case management** phone call
Preparing for discharge to home

1-2 nights in hospital

Home health care or outpatient PT – helping you choose Medical equipment, walkers, and crutches

Have questions? Ask Erika! 801-587-2953

HOME HEALTH — first contact within 24 hours of arrival at home
The Day Before Surgery

Hydrate, hydrate, and hydrate some more!

Use the body wash provided

Organize everything you will bring to the hospital

Call for arrival time
Quiz time

1. When should I stop nicotine and/or alcohol?
2. How much WATER should I drink?
3. What should I bring to the hospital?
Your Surgery & Hospital Stay

Meet with Anesthesiology
1-2 night hospital stay

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In the hospital

**Incentive Spirometer**
5-10 breaths once per hour, while awake (take it home)

**CPM** (Continuous Passive Motion)

**Compression Devices** (feet or calves)
# FREQUENTLY PRESCRIBED MEDS

<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><strong>Aspirin</strong></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><strong>Coumadin</strong></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><strong>Senna, Colace</strong></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.</td>
</tr>
<tr>
<td><strong>Celebrex</strong></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 while pain/inflammation</td>
</tr>
<tr>
<td><strong>Naproxen</strong></td>
<td>Naprosyn</td>
<td>Anti-inflammatory</td>
<td>Decrease the swelling and pain from the trauma of surgery</td>
<td>Daily while pain/inflammation</td>
</tr>
<tr>
<td><strong>Ultram</strong></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><strong>Tylenol</strong></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><strong>Lyrica</strong></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><strong>Roxicodone, Norco</strong></td>
<td>Oxycodeone, Hydrocodeone, 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>
Incision care

Your dressing is meant to stay on for two weeks

Before a shower, make sure it has a good seal, you can cover with plastic wrap for extra protection against water getting inside

**NO BATHS, HOT TUBS or POOLS UNTIL INCISION IS COMPLETELY HEALED** and scab free. Can be 4-6 weeks post-op
KNEE REPLACEMENTS

WHICH IS BETTER FOR
PAIN CONTROL, SWELLING
AND
RANGE OF MOTION??
HIP REPLACEMENTS

**ICE** THE INCISION AREA to control pain and swelling

**Elevation helps with lower leg swelling**

**HEAT** Away from surgical site for achy muscles
Not-So-Fun Side Effects

**Pain**
- Ice and elevation

**Nausea**
- Medication with food

**Constipation**
- Hydrate
- Stool softeners
- Limit narcotics

*Knee surgery only, please!*
WHAT IS NORMAL?

*Warmth, redness, discoloration, and swelling*

Pain/bruising/hypersensitivity at the tourniquet site  
*upper thigh area for knee replacements only*

Noise from the joint — yes, it can squeak, pop or grind — all normal

Takes time for the pain to go away

Increase activity while decreasing narcotics  
*increasing activity that causes your need to increase narcotics means you should ease off your activity a bit)*
WHAT WILL IT LOOK LIKE?

First days after surgery

Normal 2 week incision
What should you do?
When in doubt? Call...

Concerns about your incision, pain, nausea
WE CAN HELP. Call the office
(see booklet for phone numbers)

Our goal is to avoid unnecessary
Emergency Room visits

801-581-2121 after hours
Questions?

Remember...

watch the Joint Academy video series and re-read your binder prior to your day of surgery.

[link]

uofuhealth.org/jointacademy

801-587-7109 – University Orthopaedic Center
801-581-2121 – University Hospital Operator