

# How to Prepare for Joint Replacement Surgery

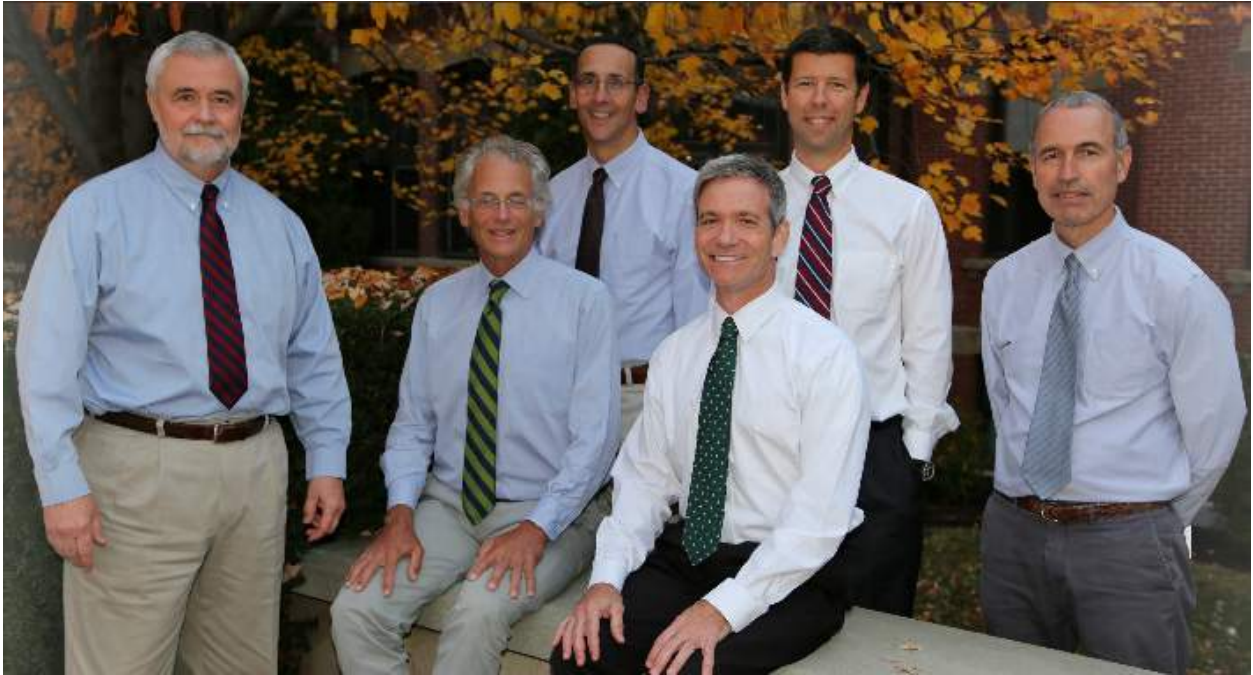


Please save this book and bring it with you to all your appointments.

**Maine Medical**  
**PARTNERS**  
Orthopedics & Sports Medicine

*A department of Maine Medical Center*





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## Welcome

Dear Patient:

Thank you for choosing Maine Medical Center and Maine Medical Partners for your surgery. Our goal is to give you the safest and best care we can. We are here to answer your questions and keep you up-to-date during all your visits. We will also work with you to keep you comfortable during and after your surgery.

This guide will tell you how you can get ready for your surgery, prepare you for leaving the hospital as soon as possible, and offer advice for caring for yourself after surgery.

If you have any questions, please call us at (207) 781-1551.

In good health,

Maine Medical Partners - Orthopedics & Sports Medicine

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## Awards and Recognition

**Centers for Medicare and Medicaid Services** - A 2013 national study placed Maine Medical Center (MMC) among the **top 1 percent** of hospitals in the U.S., for our care on both hip and knee replacement surgeries, as measured by quality data. The Medicare study evaluated cases at hospitals throughout the country for the first time, to determine quality of care on these two elective procedures. Of 4,805 U.S. hospitals, MMC was found to be in the top 25, based on readmissions and complications. We are the only hospital in Maine, New Hampshire, and Vermont to achieve such a distinction in an orthopedic program.

**U.S. News & World Report** - Maine Medical Center was once again named the #1 Hospital in Maine. Hip and knee replacements were recognized for exceeding standards of care in all five Common Care rankings. This ranking validates our Orthopedic surgeons' commitment to quality and excellence. According to Rich Petersen, President and CEO of MMC, "these rankings are a wonderful reminder that when seeking best-in-class care, members of this community don't have to look far."



The MMC Joint Replacement Center has earned three **Gold Seals of Approval**<sup>TM</sup> for health care quality of knee and hip replacements.



Maine Medical Center has also received **MAGNET** status in Nursing Excellence



## Meet Our Team

### GEORGE BABIKAN, M.D.

Board Certification: American Board of Orthopaedic Surgery  
Medical School: State University of New York at Buffalo School of Medicine  
Residency: State University of New York at Buffalo Consortium  
Fellowship: AO Trauma, Chur, Switzerland, Trauma & Critical Care, Buffalo  
Clinical Interests: Hip Surgery, Anterolateral Hip Replacement, Posterior Hip Replacement Surgery, Revision Hip Surgery



### MICHAEL BECKER, M.D.

Board Certification: American Board of Orthopaedic Surgery  
Medical School: State University of New York at Buffalo School of Medicine  
Residency: Columbia Presbyterian Medical Center  
Fellowship: Hospital for Special Surgery  
Clinical Interests: Surgery of the Adult Knee, Arthroscopy, Knee Replacement Surgery



### DONALD ENDRIZZI, M.D.

Board Certification: American Board of Orthopaedic Surgery  
Medical School: Columbia University College of Physicians & Surgeons  
Residency: Columbia Presbyterian Medical Center  
Fellowship: A.S.I.F. Foundation, Regional Kantonsepital, Chur, Switzerland  
Clinical Interests: Shoulder and Fracture Surgery, Arthroscopic Surgery, Joint Replacement Surgery



### PETER GUAY, D.O.

Board Certification: American Osteopathic Board of Orthopaedic Surgery  
Medical School: University of New England College of Osteopathic Medicine  
Residency: Brighton Medical Center  
Clinical Interests: Fracture Surgery, Knee Replacement Surgery, Arthroscopy



### BRIAN MCGRORY, M.D.

Board Certification: American Board of Orthopaedic Surgery  
Medical School: Columbia College of Physicians and Surgeons  
Residency: Mayo Clinic  
Fellowship: Massachusetts General Hospital  
Clinical Interests: Hip and Knee Replacement, Arthritis Treatment, Hip Fracture, Joint Replacement



### ADAM RANA, M.D.

Board Certification: American Board of Orthopaedic Surgery  
Medical School: State University of New York Downstate Medical Center  
Residency: Boston Medical Center  
Fellowship: Hospital for Special Surgery  
Clinical Interests: Reconstructive and Fracture Surgery, Hip and Knee Replacement





## Advanced Practice Providers

Kathryn Dobos, Nurse Practitioner  
Paul Evans, Physician Assistant  
Rupinder Gill, Physician Assistant  
Angela Jagoutz, Nurse Practitioner  
Amelia Knowles, Physician Assistant  
Brigham McKenney, Physician Assistant  
Michelle Stirling, Nurse Practitioner

## Your Care Team

**Role of the Doctor:** Your doctor will recommend the best treatment and plan of care for your joint replacement. They will be performing your surgery.

**Role of the Advanced Practice Provider:** This is either a Physician Assistant (PA) or Nurse Practitioner (NP) who work closely with your doctor to provide your care either at the office or at the hospital.

**Role of the Physical Therapist:** Your physical therapist (also known as a rehabilitation therapist) will develop a discharge plan of activities and exercises for you to follow at home.

**Role of the Occupational Therapist:** An occupational therapist (OT) will offer instructions for basic activities, such as getting in and out of bed, walking, getting dressed, bathing, or getting in and out of a car. They may recommend equipment to help you become independent with these activities

**Role of the Caregiver:** Your “coach” or “caregiver” is a second set of eyes and ears which will help you both to prepare for discharge and be comfortable with exercises and activities at home. The “coach” helps provide support, reinforcement and encouragement, particularly with dressing, bathing, managing medications, meal preparation, and transportation to and from appointments.

**Role of the Care Manager:** You will meet with care management on the day after your surgery. Your care manager will help to assess your needs for hospital discharge and create a discharge plan. If you need visiting nurses or home therapies, the care manager will help arrange these services.

# Billing Information

## Insurance Coverage

We will get approval from your insurance company for your surgery and hospital stay.

Please make sure we have your current health insurance information.

Health insurance plans differ in what services they cover. If you have any questions about insurance coverage, contact your health insurance provider. The phone number for your insurance provider is usually printed on the back of your insurance card.

Before your surgery, it is good to know what hospital care is covered. Most insurance will not cover an ambulance transfer to a rehabilitation facility, so it will be important to consider this before having surgery.

## Billing

Different insurance companies allow us to bill in different ways.

You will receive several, separate bills for your surgery. One will be from Maine Medical Center/Maine Medical Partners and will include our surgical fees. The others will come from Spectrum Medical Group for your anesthesia and radiology services.



## Before Surgery

You will have two appointments before your surgery to make sure you are healthy and ready. We will send you a Surgical Appointment Sheet listing the dates and times of these appointments.

Please place your Surgical Appointment Sheet in the front pocket of this guide so that you are able to find it later.

### How can I Prepare for my Pre-Surgery Appointments?

Paperwork to complete will either be given to you by a member of our care team when scheduling your surgery, or mailed to you. Please fill out the forms and bring them to your History & Physical appointment. This includes the International Prostate Symptoms Score (IPSS-modified) - for men only - and Berlin Questionnaire.

Tell your primary health care provider (PCP) that you are having joint replacement surgery. If your surgeon instructs you to do so, schedule a physical exam with your PCP before surgery and bring a note from that doctor stating his/her agreement to proceed with surgery.

Make appointments with any specialists that your surgeon has asked you to see before your surgery. Ask for any medical records from these appointments to be sent to our office.

If you are taking time off from work, you may want to consider speaking to your employer about FMLA (Family Medical Leave Act) paperwork.

If you smoke, please talk to your PCP or surgeon about quitting. Nicotine can slow the healing process. You can also call the Maine Tobacco Helpline at 1-800-207-1230 for help with quitting tobacco.

See your dentist within six months of your surgery. Healthy teeth and gums will help protect you against infection in your new joint.

You will be asked to **not** have dental work for three months after your surgery. More information about this can be found in the **Resources** section of this guide. Keeping your diabetes under control is important. Talk to your primary care doctor if you need help or have concerns.

Stay as active as possible and eat healthy.

### History & Physical Appointment

We will schedule you for a History & Physical appointment at our office in Falmouth. The date and time will be on your Surgical Appointment sheet. **If you need to change your appointment, please call our office at (207) 781-1551 for a new date and time.**

During this appointment, a member of our care team will review your health history and any medication changes. You may be asked to take special pain control medicines before having surgery. We will give you prescriptions and instructions for medicine and assistive equipment you will need after surgery. We will also give you an anti-bacterial soap called Hibiclens. You will need this soap for your surgery and can find instructions for how to use it in the **Resources** section of this guide.

During this appointment, we will also review the procedure, any risks and benefits, and answer any questions you may have.

Once you agree on the plan of care, you will be asked to sign a surgical consent form to proceed with surgery.

## PREP (Pre-Op Readiness and Education Program) Appointment

You will need to complete a pre-surgery appointment at the MMC PREP unit before your surgery.

The date, time, and location will be written on your Surgical Appointment sheet.

If we do not feel you need an in-person appointment with the MMC PREP unit, one of their nurses will call you at the phone number you provided, to complete this visit over the telephone.

Even though your surgery will take place at Maine Medical Center (22 Bramhall St, Portland), PREP appointments take place at the Brighton Campus of Maine Medical Center in Portland. Directions to the Brighton Campus are located under **Resources** in this guide.

Your PREP visit may take up to 90 minutes.

### What should I bring to my PREP appointment?

It is important that you are prepared to talk about the items below so the PREP nurse can review them with you and answer any questions.

Bring your medication list. Please know the name, dose, and times you take your medications. This includes any medications and vitamins you take that do not need a prescription. Your medications may have important information regarding pre-surgery pain management protocols that are specific to you.

Bring all handouts given to you during your History & Physical appointment.

Bring a list of your allergies. Please be prepared to discuss any allergies and reactions to medications or other things such as tape, food, scents, anesthesia, etc.

Please bring a list of your past surgeries: Please be prepared to talk about any past surgical or medical visits that you have not already told the doctor about.

### Additional Testing

Following your History & Physical and PREP appointments, you may need non-fasting blood work, an electrocardiogram (EKG), or a chest x-ray (CXR). If you have had these tests done by another doctor within the past six months, please bring copies of your test results to your PREP appointment. If you have not had these done at another facility, they will be done in PREP at the time of your visit.

It is very important to let the surgeon know as soon as possible if you are taking any blood thinners, if you develop a cold, fever, or other illness, or if you have any other change in your health during the weeks before your surgery.

### Anesthesia

During the PREP appointment, you will talk with someone from the anesthesia team to review your medical and surgical history, test results, and discuss your anesthesia options. Once you agree on a plan of care, you will sign an anesthesia consent form to receive anesthesia. Depending whether you have a PREP office visit or a PREP telephone call from a nurse, you will sign the form that same day, or on the morning of your surgery.

## Types of Anesthesia

General anesthesia uses medicine to put you to sleep and gases to keep you asleep.

Spinal anesthesia is an injection of medicine through a small needle to “numb” certain areas of the body.

A nerve block may be used for pain relief after surgery with total knee replacements only. This will be reviewed with you by the anesthesia team assigned to your care. You may ask any questions at that time.

## Pain Management

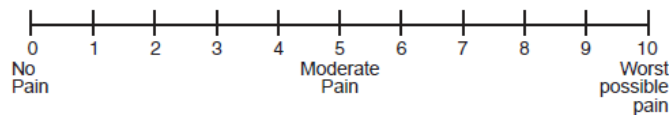
A pain management plan will be customized to your specific needs using a variety of medication and comfort measures to control your pain. We want your pain to be at a tolerable level so that you are able to get maximum benefit from physical and occupational therapy.

You will have pain after your surgery, but our goal is to make sure your pain is tolerable. We will ask you to use the 0-10 scale below to describe your pain. Before your surgery, we will help you set a “pain goal” that is acceptable to you. Many patients find a pain level of 3-5 is tolerable.

### Numeric Pain Rating Scale -

Use with adults and children 8 years and older.

Choose a number from 0 to 10 that best describes your pain.

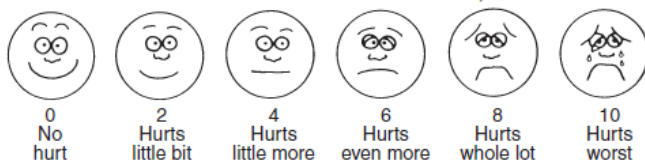


Ask "On a scale of zero to ten, where zero means no pain and ten equals the worst possible pain, what is your current pain level?"

### Wong-Baker FACES Pain Rating Scale -

Use with children 3 years and older, nonverbal, and cognitively impaired patients.

Choose the face that best describes how you feel.



Point to each face using the words to describe the pain intensity. Ask the patient to choose the face that best describes own pain and record appropriate number.

## More Ways to Learn About Your Surgery

**Online:** You may learn more about the type of surgery you will have by watching an online educational video called Emmi®. To view these videos online, go to [mmc.org/jrc](http://mmc.org/jrc), and click on “Patient Education”, and then “View Programs”. An educational video on Tobacco Cessation can also be found on the Emmi® website.

**Classroom:** For patients having hip and knee surgery, you may attend a live, one hour joint replacement class, either at Maine Medical Center or at the MaineHealth Learning Resource Center in Falmouth. These classes are offered at no cost to our patients. For more information, please visit [mmc.org/jrc](http://mmc.org/jrc), and click on “Patient Education”. If you need additional help, you may call (207) 662-0822.

*Can't make it to a class?* We also offer joint replacement classes via online webinars, or you may view a shorted video version of the class on [mmc.org/jrc](http://mmc.org/jrc). To view the video, please register in advance by calling (207) 662-0822.

## the Pharmacy at Maine Medical Center

Maine Medical Center offers an onsite pharmacy where you can choose to pick up your prescriptions, or have them delivered to your room before discharge. For more information about *the Pharmacy*, please see **Resources**.

## Shared Decision Making

Shared decision making helps people find the "best answers" for their health care. Research tells us those patients who make decisions in this way usually feel better about their choices. They may have better health as a result too. You can view a shared decision making guide that will help you understand your choices, explain the pros and cons of each option, and help you decide what choice best fits your values. To learn more about shared decision making, visit [mmc.org/jrc](http://mmc.org/jrc), click on “**Patient Education**”, and then click “**View Programs**”. Once you have selected the type of surgery you are considering, register, and then choose the treatment options program at the bottom of the page. You can also visit the MaineHealth Learning Resource Center located at 5 Bucknam Road in Falmouth for more information. Should you have any questions about how shared decision making can help you, please call the Nurse Patient Educator at (207) 662-6054.



Douglas: Bilateral Hip Replacement Patient

## Prepare for Your Return Home

Have someone available to pick you up on the day you are discharged.

Ask them to arrive at Maine Medical Center by 10:00 AM, **unless told differently by your care team.**

Ask someone to stay with you for the first few days at home.

Make and freeze meals or arrange for someone to cook for you.

Fill all your prescriptions (medication and equipment) before you come to the hospital, or use *the* Pharmacy at Maine Medical Center.

Pick up any assistive equipment, such as a front wheeled walker, crutches, or cane to use after surgery. See **Resources** for examples of what to look for. Bring your walker to the hospital on the morning of your surgery. A walker and cane may be purchased or borrowed from a loan program. Check with your local pharmacy, town hall, Lions Club, or church for loan programs.

Remove anything in your home you might trip over, like rugs, toys, or other clutter.

## Activities after Surgery

The American Academy of Orthopaedic Surgeons has provided recommendations for activities after having joint replacement surgery; but following recommendations from your surgeon is best.

Dangerous activities following surgery:

- Jogging or running
- Contact sports
- Jumping sports
- High impact aerobics

Safe activity following surgery:

- Walking or hiking
- Swimming
- Golf or tennis
- Driving
- Biking
- Ballroom dancing
- Skiing
- Lifting
- Aerobic activity



Eileen: Hip Replacement Patient

# The Day of Surgery

## Things to Remember

Arrive at Maine Medical Center 1½ hours before your surgery. Your arrival time is listed on your surgical appointment sheet. **Check in at the Admitting desk in the main lobby.** Please remember to bring:

- Your walker, personal items, comfortable clothes, and a sturdy pair of shoes
- Your picture ID
- Your health insurance card
- Your Advanced Directive or Living Will (if not already on file). If you need an Advanced Directive form, please call (207) 662-6054 or ask for one at the Admitting desk or during your PREP appointment
- The name and telephone number for the person you choose to speak with the surgeon after your surgery is done
- Your CPAP machine, if you have sleep apnea
- Your hearing aids, eyeglasses, or contact lenses case (you cannot wear contacts during surgery)
  - Please do not bring valuables or jewelry to the hospital

Be prepared to tell your admitting nurse the day and time of when you last took each of your medications.

**On the morning of your surgery, if you have questions, or are sick and need to cancel, please notify Maine Medical Center Admitting by calling (207) 662-2118. Please also call the Pre/Post Anesthesia Unit at (207) 662-0825.**

## Diet

Do not eat anything after midnight the night before your surgery. This includes gum, mints, etc. Follow the instructions you were given at your PREP appointment about when to stop drinking clear liquids. The anesthesia provider at your PREP appointment will be very specific about what time is right for you. Follow those instructions.

It is okay to brush your teeth and rinse your mouth out, but please do not swallow any water.

Please do not sip water on the way to the hospital.

## Medications

Please take medications as directed, with one sip of water only.

Please do not take your diabetic medication unless you were told otherwise by your doctor or nurse.

Please do not take vitamins or herbal supplements.

Please use and bring your inhalers and eye drops if told to do so.

Please leave all other medications at home unless directed otherwise.

## Dressing and Bathing

Please take a bath or shower with anti-bacterial soap (called Hibiclens) the morning of your surgery. Directions on how to use Hibiclens can be found in the **Resources** section of this guide. Keep this soap out of your face, eyes and other sensitive areas of your body. Do not drink Hibiclens.

Do not wear makeup, jewelry or fragrances.



## Driving and Parking

Patients can be dropped off at the main entrance of Maine Medical Center. The main entrance is located at 22 Bramhall Street, Portland, ME 04102

Your car can be parked in the South Entrance Parking Lot or in the MMC Patient and Visitor Parking Garage.

Please allow at least 15 minutes before your arrival time for parking.

Driving directions to Maine Medical Center are located in the **Resources** section of this guide.

Please remember, traffic coming into Portland can be very heavy between 7:30-9:30AM. Please plan your travel so that you arrive at the hospital at your scheduled time.

## Checking into the Hospital

Go to the Admitting desk at Maine Medical Center. The Admitting desk is located inside the main lobby, on the left.

Once you have checked in at Admitting, you and your family will be escorted to Surgery 2, located on LL Bean Wing - 2<sup>nd</sup> floor.

## Pre/Post-Anesthesia Care Unit (PACU)

The Pre/Post-Anesthesia Care Unit is where you will go before and after your surgery, until it is time for you to go to your room.

Two family members may stay with you in this area until it is time for your surgery.

When you go to surgery, your family can wait for you in the KeyBank Family Room located in the Surgery 2 area.

Hospital staff will help keep your family informed about your progress.

Your surgery will take approximately 1-3 hours.

Your surgeon will meet with your designated contact in a private consult area as soon as your surgery is complete.

The PACU is where you will wake up from anesthesia.

When you are alert, stable and ready, you will be able to have visitors in the recovery area. This may take 1½ - 2 hours. Two family members will be allowed to briefly visit you when you are feeling well enough.

When you have recovered, you will be brought to your room. Rooms are located on The Joint Replacement Center located on LL Bean Wing 2 and the Short Stay Unit located on P4CD (Pavilion 4).





# The Remainder of Your Hospital Stay

## During Your Hospital Stay

You will be brought to your patient room. Your nurse will be there to greet you.

Your family will be able to visit you at this time.

At first, you may feel drowsy or sleepy.

Please DO NOT attempt to get out of bed without assistance from your nurse. Even if you think you can get up alone, please ask for help. Your safety is important to us.

You will still have an IV, which will be removed after you have consumed enough fluids and no longer need it for pain management or IV antibiotics.

The nursing staff will continue to monitor your pain management needs.

You will be encouraged to eat a light meal when you are able.

It is a good idea to take pain medicine 20-30 minutes before you are scheduled to meet with physical therapy or occupational therapy. Pain medicine may make you feel weak or dizzy. Please tell the nurse if you feel this way. Pain medication is important as it will help you feel more comfortable and ready to work on your therapy.

The nurse will prepare you for discharge throughout the length of your stay.

You may be started on new medications after your surgery. These may include pain medication and medication to prevent blood clots (aspirin). You will discuss common side effects and other considerations for taking new medicines with your care team before your discharge.

## Nutrition Service in Your Room

Maine Medical Center offers a wide variety of meal choices, and can accommodate dietary restrictions. You will be given a menu in your room. Orders may be placed by calling 662-4644 between 7:00 AM and 7:00 PM. The Impressions Café at Maine Medical Center is open from 6:00 AM to 2:00 AM, and provides meal options for family and visitors.

## Rehabilitation Therapy Begins at the Bedside

Becoming active early and safely is the key to preventing complications after joint replacement surgery. Rehabilitation therapy typically starts soon after you are settled in your room after surgery. Nurses and rehabilitation therapists will evaluate you as you sit at the edge of the bed, stand beside the bed, and participate in exercises designed to increase your strength and range of motion of the joint.

Your therapy may need to be continued in our therapy gym. The Joint Replacement Center has a dedicated therapy gym that may be incorporated into your rehabilitation plan. The gym-based rehabilitation therapy staff is focused only on joint replacement patients. Patients are encouraged to dress in their own workout clothing, such as a t-shirt, sweatpants or shorts, and sneakers. Patients can take full advantage of their therapy time by dressing comfortably and being ready to begin work when the therapists arrive to your room.

Beginning physical therapy soon after surgery can strengthen the muscles that protect a joint. Muscles are the first line of defense for your joints, so the stronger they are, the more likely they are to absorb any stress, which helps to speed up recovery.

## Length of Stay

Patients having total posterior hip and knee replacement surgery usually spend two nights in the hospital after surgery. For example, if you have total posterior hip or knee surgery on Monday, you would stay Monday and Tuesday nights and probably leave Wednesday around 10:00am.

Patients having anterolateral hip and shoulder replacement surgery usually spend one night in the hospital after surgery.



Judy: Bilateral Hip Replacement Patient

## Discharge Time

The Joint Replacement Center at Maine Medical Center discharges patients from the hospital at 10:00 AM. Please plan for someone to pick you up by 10:00 AM on the day you go home, **unless you are told differently by your nursing staff.**

# Going Home

## Care Management

You will meet with a Care Manager the day after your surgery. Your Care Manager will help arrange a plan for your care after you leave the hospital or coordinate your discharge to a rehabilitation facility, if medically necessary

After your hospital stay, your surgeon may prescribe home services that could include visits from a nurse or physical therapist. Your insurance company can identify its preferred home care agencies. You may want to call these agencies to ask about their services and availability. Your Care Manager will help arrange for these services before you are discharged.

The hospital's Care Management team will work with your surgical team to help with planning for your discharge and home recovery needs. Before arriving at the hospital, you can help by arranging for someone to stay with you for the first 2-3 days at home, carrying a cell phone or portable phone with you when alone (for safety reasons), and creating a plan with the person/people who will help you for 1-2 weeks after you leave the hospital. Ask these people if they are willing to:

- Bring you home from the hospital or to rehabilitation
- Drive you to doctor appointments
- Help you get in and out of a chair
- Help you on and off the toilet
- Help you in and out of bed
- Help you with meals
- Help you take a bath and get dressed

## Rehabilitation Facility Following Surgery

To help keep you safe while you heal from surgery, your care team may recommend rehabilitation services for a short period following surgery, if medically necessary. If this is the case, we recommend you visit rehabilitation facilities in your area **before** your procedure. Consider three choices for facilities and share them with your Care Manager in the hospital. Not all facilities will be available on the day of your discharge, should services be medically necessary, so having a couple of choices will help you decide.

To learn about home health and rehabilitation facilities in your area, visit:

1. [www.Medicare.gov](http://www.Medicare.gov)
2. Click "Forms, Help & Resources"
3. Click "Find & compare doctors, hospitals, & other providers"
4. Select either "Home Health Services" or "Nursing Homes" (which both offer rehabilitation services)



Richard: Total Hip Replacement Patient

## Home Health Care Services

Home health services help patients recover and rehabilitate in the comfort of home following joint replacement surgery. Your physician will coordinate with the hospital care manager to arrange home health care services following discharge if it is determined they are necessary

Depending on your specific health needs, either a nurse or physical therapist will conduct an initial assessment at your home to:

- Evaluate your health status, review post-discharge instructions and provide education
- Review your current medications and proper usage
- Assess your current level of function and help you establish goals
- Coordinate treatment plan under the direction of your physician



Elias: Bilateral Total Knee Replacement Patient

## The Role of Home Health Physical Therapy

Physical therapy services are customized according to your physician's specific protocol. Typically, physical therapy sessions will continue for 2 weeks then progress to outpatient physical therapy. The physical therapist will coordinate a home visit within 24-48 hours following discharge from the hospital. Depending on specific physician orders, the physical therapist will:

- Teach exercises that will help improve mobility, balance and strength specific to your physician's protocols
- Evaluate your home for safety and make recommendations to minimize the risk of falls
- Provide recommendations to reduce swelling and to optimize the healing of surgical wounds

## Who Pays for Home Health Care?

Most private insurance plans provide coverage for home care services; however, the patient may be subject to deductibles and out-of-pocket expenses. It is important to review your policy prior to surgery. Medicare Part A typically covers home care services if they are ordered by your physician, are medically necessary and delivered by skilled clinicians. Medicare also requires a "homebound" status meaning it is difficult for you to leave the home. For questions about insurance coverage, you can speak to your care manager or home health provider. For Medicare questions, visit [www.Medicare.gov](http://www.Medicare.gov).

# Taking Care of Yourself after Surgery

## Pain Medicine

Remember, you may have pain as your body heals from surgery. Our goal is to help you keep pain at a tolerable level.

We will give you medicine to help control your pain. It will likely be a combination of over-the-counter medications and a narcotic.

Please follow the instructions on your discharge sheet carefully. Take your medicine as directed on your discharge sheet, which will be given to you at the hospital.

Pain medicine causes constipation. Drinking lots of water and eating foods with fiber can help. Taking stool softeners can also help. Your nurse will discuss this with you before you are discharged from the hospital.

Take your pain medicine 30 minutes before your home therapy sessions. This will help you feel better so that you can do your exercises.

There is a sample medication list in the **Resources** section of this guide. You will receive a similar document in your hospital discharge paperwork.

## Preventing Blood Clots

You may be given blood thinning medicine to help prevent blood clots. This medicine may include aspirin.

Some blood thinning medications might require you to have blood tests while taking them. If this is the case, your Care Manager will schedule a nurse to come to your house to test your blood.

If given, please fill any prescription for your blood thinning medication before it runs out

and take it exactly like your doctor tells you to. Remember, this may be different than the instructions you received before your surgery, or the instructions marked on your prescription bottles.

Your surgeon may ask you to wear TED compression stockings for a period of time after your surgery, to also help prevent blood clots. Please follow your surgeon's instructions for how long to wear them.

## Antibiotics after Surgery

Evidence has shown that your hip, knee or shoulder needs to be protected from infection even more so than with other common procedures. Your doctor or dentist will determine which antibiotics you should take. To reduce the risk of infection, it is helpful to take antibiotics **before** you have the following done:

- Dental work, including teeth cleaning. You are asked not go to the dentist for three months after surgery, unless you are in need of immediate care.
- Any invasive medical procedure where an instrument or tube is inserted into your body, such as colonoscopy, cystoscopy, or proctoscopy.
- See **Resources** for more information on this topic.

## Bathing

After your surgery, you must take sponge baths until you have your staples taken out, unless otherwise directed by your surgeon.

Talk to your surgeon about when it is safe to take a shower, tub bath or swim.



## Taking Care of Your Incision

It is important to keep your dressing clean and dry.

Keep the same dry dressings on that were put on in the hospital.

Please ask your homecare agency not to remove the dressing without checking with your surgeon first.

Lotion can be put on when your surgeon tells you that it is safe to do so. After being told it is safe to use lotion, be sure to apply sunscreen if you are exposed to sun. Scars are more sensitive to sunlight.

Your staples will be removed at your first follow-up appointment, usually 8-14 days after your surgery, or by a Home Health Visiting Nurse as directed by your doctor. After the staples are removed, special tape (steri-strips) will be put over the incision to keep it closed. These will fall off in 7-10 days. Call your surgeon if you notice redness, swelling, or drainage from your incision.

Numbness on either side of your incision is normal and may get better with time.

## Activity after Surgery

The hospital staff will teach you how to get in and out of bed, go up and down stairs, and move around safely. They will also teach you the exercises you will need to do at home to help you heal and get back your strength.

You will be encouraged to be out of bed as much as you can.

You can use your walker to help you get around in the hospital and at home.

Family members are encouraged to participate in these activities so they will know what to expect when you return home.

## Exercises at Home

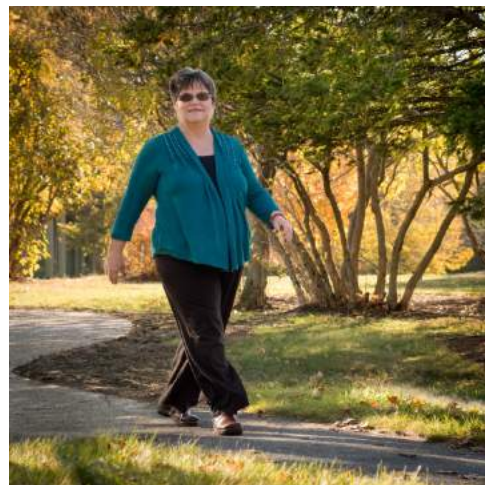
To help you heal, continue to do the exercises you learned at the hospital and any new exercises your home therapist shows you.

Walk as much as you can, use pain and swelling as your guide.

Do not sit for too long. Get up and move around after sitting for 30-45 minutes.

Your doctor will talk with you about other activities you should avoid.

Your doctor might suggest outpatient physical therapy.



Linda: Total Knee Replacement Patient



## Home Safety Tips

When you first return home, it may be difficult to get around because you may not have fully regained your balance and strength, and will initially have limited range of motion. It is important to reduce your risk of falling by making some small, temporary changes around your home prior to surgery.

Remove throw rugs that may slip, or place a non-skid material under them. Tack or tape down any loose edges.

Keep your home well lit. Keep night lights on the route from the bedroom to the bathroom and kitchen.

Tape down any loose electrical or phone cords.

Have a cell phone or portable phone handy.

Install hand rails on stairs leading into your home if able and check to be sure all current rails are firmly fastened.

Become more aware of pets. Sometimes pets can get under foot and cause a fall.

Arrange tables, footstools, and chairs so there is plenty of room to walk around them with a walker or cane. Remove extra furniture if able.



Maurice: Total Knee and Bilateral Total Hip Replacement Patient

Keep commonly used items in lower cabinets to reduce your need to climb on chairs and stools.

Use an apron with pockets, small backpack/bag, or wheeled cart to transport objects between rooms in your home.

A mug, thermos, or jar with a lid is handy to transport liquids.

Try to borrow things you might need or check if there is a lending/loan closet in or near your town.

You may need to install hand rails in the bathroom, a shower seat, and nonslip rubber mats in the bathtub as recommended by your home therapist.

When family and friends offer to help, here is a list of things they could do: Cook and freeze meals, pick up your prescriptions, transport you to appointments, clean your house, and pick up groceries.

## Driving after Surgery

Please do not drive until your surgeon tells you that you can. Your doctor's office will talk about this with you at your first follow up visit after surgery. You may be a passenger in a car with someone else driving.

## Community Support

Talk to your doctor and your insurance provider to see what help you may need after you come home from the hospital. You may also call 2-1-1 or go to [www.unitedway.org/our-work/2-1-1](http://www.unitedway.org/our-work/2-1-1) to learn about resources available in your community.



# What is Total Knee Replacement Surgery?

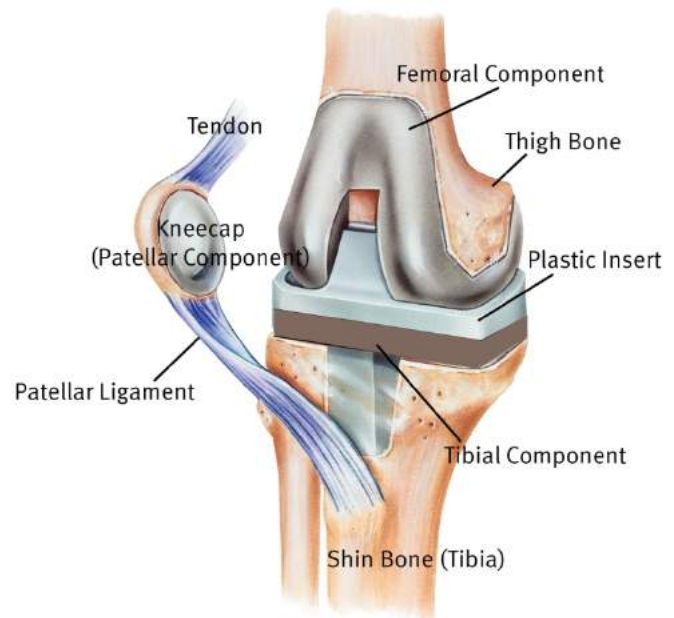
You have seen a surgeon and are preparing for total knee replacement surgery. Total knee replacement surgery is performed to relieve pain and increase movement of the knee joint. This section is written to answer some of your questions and increase your understanding of the procedure. It is not meant to replace talking with your surgeon or asking other questions.

## Who is a suitable patient for total knee replacement?

Patients who have disabling pain in the knees (while moving or at rest) as the result of arthritic involvement are, as a rule, candidates for replacement of the knee joint. Patients may notice that the knee is becoming bowed or a knock-knee deformity is developing. Stiffness and swelling may also be present in patients with an arthritic knee. The use of exercises, anti-inflammatory medication and injections into the knee may be tried prior to surgery.

## Procedure

Total knee arthroplasty, sometimes known as total knee replacement, involves the cutting and resurfacing of bone from the end of the femur (thigh bone) and replacing it with a metal implant. The top of the tibia (shin bone) is also cut, resurfaced and then replaced with a metal and plastic component. The kneecap (patella) is also resurfaced. This procedure generally takes about two hours in the operating room. It is done under general anesthesia with a pre-operative nerve block to help with comfort after surgery. During the procedure, a tourniquet is usually used to minimize blood loss.



## Risks

As with any surgery, there are risks with this procedure. The major risks for this procedure are associated with anesthesia, infection, stiffness, fracture, or phlebitis (blood clots in the legs). Even with a well-functioning joint, pain may occur after surgery.

In the long run, there is a risk you will need re-operation, or that the wear particles that accumulate at the joint surface can cause bone softening (osteolysis). Prosthesis, bone fracture, loosening, and infection can also happen months or years after surgery. The joint is mechanical and will wear out over time.

## After Surgery

Most patients having a total knee replacement are in the hospital for a 2-day pathway stay. If you live alone and have no one to help you at home, you may go to a rehab facility until you become more independent. We like our patients to be able to safely get in and out of bed, climb stairs, and walk with a walker or crutches before being discharged from the hospital. While in the hospital you can expect to have physical therapy twice daily and occupational therapy once daily, by a trained

therapist. You can expect to get out of bed, to a chair the day of surgery and walk with the therapist if you are able. You may need to continue using a walker or cane for up to six weeks following your surgery. Immediately after surgery you will still have the intravenous lines in your arm that were started before surgery. These will be removed as soon as you are taking food and fluids well and are no longer requiring any intravenous medications. You will wear graduated compression stockings (TED hose) as well as Venodyne (venous pump stockings) while in the hospital. You will continue to wear the TED hose at home until the swelling in the operative leg has reduced.

## After Discharge

After discharge from the hospital, many patients will experience some fatigue their first few days at home. It is important, however, to walk and use the knee as much as is comfortable. Also, you must work on the exercises given to you prior to going home. These include strengthening and bending exercises.

After leaving the hospital you will be full weight bearing, walking on crutches or a walker. Physical therapy is necessary at your home for at least two weeks, and then at a facility near your home for two to three weeks until you can bend (flex) your knee 110-115°.

You will return to the office two weeks after discharge from the hospital. An x-ray of the knee will be taken, and the bandage and staples will be removed during the first visit after surgery. If you live a long distance from the office, your surgeon will direct the home health service to remove the bandage and staples and you will have a follow up x-ray when you return to the office for the 4-week appointment.

It is usually recommended that patients undergoing knee replacement surgery do not drive for four to six weeks after surgery because of muscle weakness and slow reaction

time. It is also wise to avoid situations where you might fall, be jostled, or otherwise injure your knee.

You should not leave for a long trip away from home until six weeks after surgery. This is to have you near in case of any complications after surgery.

## Expectations

Total knee replacement surgery is major surgery and should not be taken lightly. When considering this surgery, it is wise to keep in mind that even the best total knee replacement is not as good as your knee was when it was healthy. The goal of the surgery is to relieve your pain, if not totally, then at least somewhat. Another goal is that you will maintain reasonable stability and flexibility as well.

You must keep in mind that this metal and plastic knee is a mechanical device. Just like any mechanical device, including your automobile, there can be problems or failures. It is normal for the prosthesis to make a clicking sound. This is caused by the metal hitting the plastic. Notify your doctor if you notice any unusual noise. According to the American Association of Hip and Knee Surgeons, in general, you have a 90-95% chance that your joint will last 10 years, and a 80-85% that it will last 20 years.

Even if you feel much better after surgery, it is wise that you avoid activities which cause marked flexion of the knee, high impact to the knee, or any extreme twisting motions. It is advised that you walk with a cane until you can walk without a limp. There are limitations after surgery that will protect the knee. Running and impact activities are not recommended after knee replacement surgery.

# Frequently Asked Questions - Knee Replacement

## What is involved in a knee replacement?

In total knee replacement surgery, the parts of the bones that rub together and cause pain are resurfaced and replaced. The new joints can be either plastic or metal, and are selected by your surgeon.

## Should I have physical therapy before my surgery?

Sometimes your surgeon will prescribe pre-operative therapy to begin exercises that strengthen the muscles in your leg.

## What should I expect for pain control after my surgery?

You will work in partnership with your nurse to use pain medications prescribed by your surgeon to help control pain.

## When does my physical therapy begin after my surgery?

Therapy will begin as soon as possible after your surgery. Your nurse and the rehabilitation specialist will encourage you to walk in the hall and to exercise in bed. You will also receive instructions about home safety and tips for making your daily routines easier at home.

## Is my family/support person included in my therapy following my surgery?

We encourage you to identify someone as a “coach” before your surgery. This should be someone who will be available to you at home.

## Will I be able to go home when I leave the hospital?

A majority of patients who have joint replacement surgery at Maine Medical Center go directly home following surgery.

## How long will I be in the hospital?

Most patients go home on the second or third day after surgery.

## What if I need to go to a rehabilitation facility before going home?

A Maine Medical Center Care Manager will assist you with the referral process. A plan will be determined by you and your surgeon, based on your needs, bed availability and insurance.

## How soon can I return to normal activities after surgery?

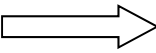
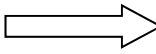
Always check with your surgeon before resuming activities such as working, driving, flying, and antibiotics for dental and other procedures.

## Will an implant set off a metal detector?

The metal implants can set off the metal detector. Allow time for a longer screening.

## Knee Replacement Recovery Pathway

Your hospital stay may look like this:

	Day Before Surgery	Day of Surgery	One Day After Surgery	Two Days After Surgery
Physical Activity	Exercises as tolerated, if given by your doctor	Physical therapy or your nurse will get you out of bed	If your doctor wants, you will have a physical therapy visit at the gym	Gradually increase activity until hospital discharge
Nutrition	Nothing to eat or drink after midnight	After surgery is complete, you may have clear liquids and eat a light meal	Slowly progress to your regular diet	
Pain Medication	Pre-op medications as instructed at history & physical office appointment	Pain medication given by IV or taken by mouth	Request pain medication taken by mouth as needed to stay comfortable	Request pain medication taken by mouth to stay comfortable
Treatment		Vital signs every 4 hours and labs drawn  TED elastic stockings  Wound care	Vital signs will be taken, labs drawn as needed and breathing will be evaluated  If you were given a catheter, it will be removed	
Hospital Discharge Planning		You, your doctor and care team will begin discussion about discharge expectations	Meet with Care Manager to discuss discharge needs	You will receive discharge instructions, which may include rehab or physical therapy
Your Care Team		Your doctor will check on you after surgery	Members of your care team will check on you	Members of your care team will help get you ready to go home
Education	Patient education class, video, and education guide	Staff will review and support your learning needs	Discharge education	Educational needs identified and discharge instructions reviewed



# What is Anterolateral Hip Replacement Surgery?

You have seen a surgeon and are preparing for total hip replacement. Total hip replacement is a very good operation and over 95% of people having this procedure can expect excellent pain relief and full use of the hip. Despite this, total hip replacement is major surgery and should not be considered lightly.

## Procedure

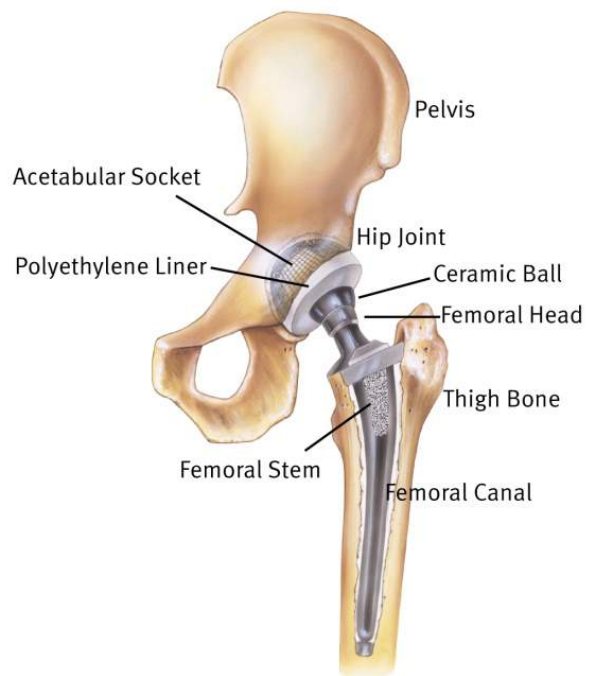
Total hip arthroplasty, sometimes known as hip replacement, involves the removal of bone from the end of the femur (thigh bone) and replacement with a metal implant. The acetabulum (cup of the hip joint) is also replaced with a metal or metal and plastic component. Bone near the hip may need to be cut (osteotomy) at the time of surgery. Bone cement is sometimes used to hold the femur (thigh part) in place, but this depends on the bone strength of the femur.

This procedure generally takes about 90 minutes in the operating room, and is done under general anesthesia. During and after the procedure there is blood loss; however a blood transfusion is very uncommon in most cases after hip replacement surgery. We do not currently recommend that patients donate their own blood or have others donate for them.

Anterolateral total hip replacement is unique in that the hip joint is approached from the front side. Although the incision is only slightly different from the traditional posterior approach, we have found that the anterolateral approach has less pain and earlier discharge from the hospital. Because the posterior capsule is left intact, patients do not have to follow standard hip precautions and many patients feel comfortable driving sooner than with a posterior approach.

Because the implants require the bone to grow into the prosthesis, the healing time for the bone is not changed compared with the traditional posterior approach. Many patients consider this approach to be “minimally invasive hip replacement surgery.” Although this operation has significantly less pain and fewer restrictions immediately following, it is still a major surgery.

No matter which approach is used for total hip replacement, there are limitations after surgery that will protect the hip. Running and impact activities are not usually a good idea after hip replacement surgery, however it is best to speak with your surgeon on this topic. The main recommendation is that you do not push off with the operative leg. Some surgeons also recommend that you do not sit in very low chairs as this puts a lot of torque on the prosthesis bone interface prior to bone ingrowth which occurs 6-8 weeks after surgery.





## Risks

As with any surgery, this procedure has risks. The major risks for this procedure are associated with anesthesia and stress of the surgery, infection, fracture, phlebitis (blood clots in the legs), leg swelling, stiffness, the legs not being exactly equal in length after surgery (necessitating a shoe lift), nerve or artery damage, and risk of the hip coming out of joint (dislocation) in the postoperative period. Even with a well-functioning joint, pain can be present after surgery.

In the long run, there is a risk that you will need re-operation, or that the wear particles that accumulate at the joint surface can cause bone softening (osteolysis). Prosthesis or bone fracture, loosening, and infection can also happen months or years after surgery. The joint is mechanical and will wear out over time.

## After Surgery

After surgery you can expect to have some pain, but you will be given pain medication to control it. You will also be given antibiotics to try to minimize the risk of infection. Patients are also placed on a blood thinning medicine to decrease the risk of blood clots (aspirin).

Most patients having an anterolateral total hip replacement are in the hospital overnight. Generally, patients are able to safely get in and out of bed, climb stairs, and walk before they are discharged from the hospital. While in the hospital you can expect to have physical therapy by a trained therapist. You will need to continue using a walker or crutches for two weeks following your surgery.

Immediately after surgery you will still have the intravenous lines that were started before surgery. These will be removed as soon as you are taking food and fluids well and are no longer requiring any intravenous medications.

You will have a surgical drain overnight; this will be removed the day after surgery. You may be prescribed medicines for pain, including Celebrex, Tylenol, and Lyrica. You may take narcotic pain medications as needed.

## After Discharge

After leaving the hospital you can expect to be walking with crutches or a walker for approximately 1 week or longer. Nearly all patients are allowed to put full weight on the hip and after one week may go to using a cane in the opposite hand. Physical therapy may be helpful in early recovery and can be arranged at your home. Follow-up appointments with your surgeon's office will be arranged before surgery.

It is usually recommended that patients undergoing hip replacement do not drive until they are comfortable. With the anterolateral approach, this is often 2-3 weeks after surgery. It is also wise to avoid situations where you might fall, be jostled, or otherwise injure your hip. Until the bone grows into the prosthesis, there is a risk for fracture around the prosthesis even with minor trauma. For most patients, we suggest you avoid pushing off with the operative leg when climbing stairs or getting out of a chair.

## Expectations

Total hip replacement surgery is major surgery and should not be taken lightly. When considering this surgery, it is wise to keep in mind that even the best total hip replacement is not as good as your hip was when it was healthy. It is hoped that the surgery will relieve your pain, if not totally, then at least to a significant degree and that you will maintain reasonable stability and flexibility as well.

Keep in mind that this artificial hip is a mechanical device. Just like any mechanical device, including your automobile, there can be problems or failures. According to the American Association of Hip and Knee Surgeons, in general, you have a 90-95% chance that your joint will last 10 years, and a 80-85% that it will last 20 years. As with any medical procedure, there is no guarantee. Even if you feel much better following surgery, it is wise to limit your activities, especially those which cause marked flexion and impact to the hip. Blood transfusion is very uncommon in most cases after hip replacement surgery. We do not currently recommend that patients donate their own blood or have others donate for them.

# Frequently Asked Questions – Anterolateral Hip Replacement

## What is involved in a hip replacement?

In a total hip replacement surgery, the parts of the bones that rub together and cause pain are resurfaced and replaced.

The new joints can be either plastic or metal, and are selected by your surgeon.

## Should I have physical therapy before my surgery?

Sometimes your surgeon will prescribe pre-operative therapy to begin exercises to strengthen the muscles surrounding the hip.

## What should I expect for pain control after my surgery?

You will work in partnership with your nurse to use pain medications prescribed by your surgeon to help control pain.

## When does my physical therapy begin after my surgery?

Therapy will begin as soon as possible after surgery. Your nurse and the rehabilitation specialist will encourage you to walk in the hall and to exercise in bed. You will also receive instructions about home safety and tips for making your daily routines easier when you return home.

## Will I be able to go home when I leave the hospital?

A majority of our Anterolateral hip patients go home the day after surgery, as determined by your surgeon.

## What if I need to go to a rehabilitation facility before going home?

Most patients do not need to go to rehab after surgery. However if you and your surgeon decide that is the best plan for you, a Maine Medical Center Care Manager will assist you with the referral process to a rehab facility.

## Can I have physical therapy at home?

Home services can be arranged, if you and your surgeon feel it is appropriate.

## Will I need outpatient physical therapy?

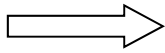
Depending on your progress, your surgeon may prescribe outpatient physical therapy.

## How soon can I return to normal activities after surgery?

Always check with your surgeon before resuming activities such as work, driving, flying, and the use of antibiotics for dental and other procedures.

# Anterolateral Hip Replacement Recovery Pathway

Your hospital stay may look like this:

	Day Before Surgery	Day of Surgery	One Day After Surgery
Physical Activity	As tolerated	Physical therapy or your nurse will get you out of bed  Gradually increase activity until hospital discharge	Discharge before 10 AM possible
Nutrition	Nothing to eat after midnight	After surgery is complete, you may have clear liquids and eat a light meal  Slowly progress to your regular diet	
Pain Medication	Pre-op medications as instructed at history & physical appointment	Request pain medication taken by mouth as needed to stay comfortable	Request pain medication taken by mouth to stay comfortable
Treatment		Vital signs every 4 hours and labs drawn  If you were given a catheter, it will be removed	Vital signs will be taken, labs drawn as needed and breathing will be evaluated
Hospital Discharge Planning		You and your doctor will begin discussion about discharge expectations	You will receive discharge instructions which may include rehabilitation or physical therapy
Your Care Team		Your doctor will check on you after surgery	Members of your care team will check on you
Education	Patient education class	Staff will review and support your learning needs	Educational needs identified and discharge instructions reviewed

# What is Posterior or Revision Total Hip Replacement Surgery?

You have seen a surgeon and are preparing for total hip replacement. Total hip replacement is a very good operation and over 95% of people having this procedure can expect excellent pain relief and full use of the hip. Despite this, total hip replacement is major surgery and should not be considered lightly.

## Procedure

With a posterior approach total hip arthroplasty, sometimes known as hip replacement or a revision procedure, the incision is typically made toward the back of the hip. During this surgery, bone is removed from the end of the femur (thigh bone) and replaced with a metal implant. The acetabulum (cup of the hip joint) is also replaced with a metal or metal and plastic component. Bone near the hip may need to be cut (osteotomy). Bone cement is sometimes used to hold the femur (thigh part) in place, but this depends on the bone strength of the femur.

This procedure generally takes about 90 minutes in the operating room, but takes longer (4-5 hours) when you consider preparation for surgery and recovery time in the recovery room. It is done under general anesthesia. During and after the procedure there is blood loss that may require a blood transfusion, although this is not common.

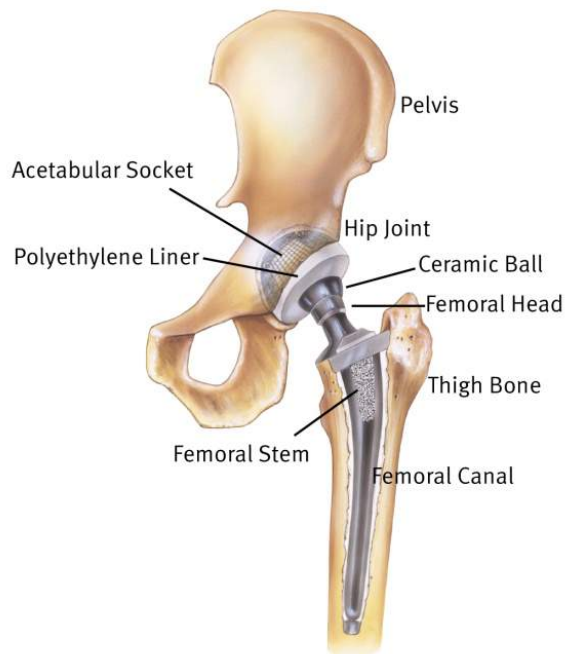
## Risks

As with any surgery, this procedure has risks. The major risks for this procedure are associated with anesthesia and stress of the surgery, infection, fracture, phlebitis (blood clots in the legs), leg swelling, stiffness, the

legs not being exactly equal in length after surgery (necessitating a shoe lift), nerve or artery damage, and risk of the hip coming out of joint (dislocation) in the postoperative period. Even with a well-functioning joint, pain can be present after surgery.

In the long run, there is a risk that you will need re-operation, or that the wear particles that accumulate at the joint surface can cause bone softening (osteolysis). Prosthesis or bone fracture, loosening, and infection can also happen months or years after surgery. The joint is mechanical and will wear out over time.

With a posterior approach or a revision procedure, there are limitations after the surgery that will protect the hip. There may be a risk of the hip coming out of joint (dislocation) if the hip is placed in the wrong position with a significant amount of force.



## After Discharge

After surgery, you can expect to have some pain, but you will be given pain medication to control it. You will also be given antibiotics to minimize the risk of infection. Patients are also placed on blood thinning medicine to decrease the risk of forming blood clots. If necessary, in the time after your surgery, you may be given a blood transfusion.

Most patients having a total hip replacement are in the hospital for two days. We like to have patients able to safely get in and out of bed, walk, and climb stairs before they are discharged. They must also be able to follow “hip precautions” in order to prevent a dislocation of the hip. You may ask your nurse to see a movie which reviews hip precautions and lets you know what to expect following surgery. You will continue using a walker or crutches for two to four weeks following surgery. You will wear graduated compression stockings (TED hose) while in the hospital and will continue wearing these during the day until leg swelling has reduced, normally for two weeks after leaving the hospital.

## Expectations

Total hip replacement surgery is major surgery and should not be taken lightly. When considering this surgery, it is wise to keep in mind that even the best total hip replacement is not as good as your hip was when it was healthy. It is hoped that the surgery will relieve your pain, if not totally, then at least to a significant degree, and that you will maintain reasonable stability and flexibility as well.

Keep in mind that this artificial hip is a mechanical device. Just like any mechanical device, including your automobile, there can be problems or failures. According to the American Association of Hip and Knee Surgeons, in general, you have a 90-95% chance that your joint will last 10 years, and an 80-85% that it will last 20 years. As with any medical procedure, there is no guarantee. Even if you feel much better following your surgery, it is wise to limit your activities, especially those which cause marked flexion and impact to the hip. Blood transfusion is very uncommon in most cases after hip replacement surgery. We do not currently recommend that patients donate their own blood or have others donate for them.

# Frequently Asked Questions - Posterior or Revision Total Hip Replacement

## What is involved in a hip replacement?

In total hip replacement surgery, the parts of the bones that rub together and cause pain are resurfaced and replaced. Prosthetic joints can be either plastic or metal, and are selected by your surgeon.

## Will I have movement restrictions following a posterior hip replacement surgery?

You will need to use precautions to prevent hip dislocation such as: do not bend more than 90 degrees by keeping your knees below your hips while sitting, do not cross your legs, do not turn your leg inward.

## Should I have physical therapy before my surgery?

Sometimes your surgeon will prescribe pre-operative therapy to begin exercises that strengthen the muscles surrounding the hip.

## What should I expect for pain control after my surgery?

You will work in partnership with your nurse to use pain medications prescribed by your surgeon to help control pain.

## When does my physical therapy begin after my surgery?

Therapy will begin as soon as possible after surgery. Your nurse and the rehabilitation specialist will encourage you to walk in the hall and to exercise in bed. You will also receive instructions about home safety and tips for making your daily routines easier when you return home.

## Is my family/support person included in my therapy following my surgery?

We encourage you to identify someone as a “coach” before you have surgery. This should be someone who will be available to you when you return home.

## Will I be able to go home when I leave the hospital?

A majority of our patients who have joint replacement surgery at Maine Medical Center go directly home after surgery.

## How long will I be in the hospital?

Most patients go home the second or third day after surgery.

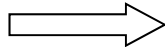
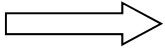
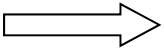
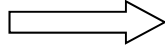
## How soon can I return to normal activities after surgery?

Always check with your surgeon before resuming activities such as working, driving, flying, and the use of antibiotics for dental and other procedures.



# Posterior or Revision Total Hip Replacement Recovery Pathway

Your hospital stay may look like this:

	Day Before Surgery	Day of Surgery	One Day After Surgery	Two Days After Surgery
Physical Activity	Exercises as tolerated, if given by your doctor	Physical therapy or your nurse will get you out of bed	If your doctor wants, you will have a physical therapy visit at the gym	Gradually increase activity until hospital discharge
Nutrition	Nothing to eat or drink after midnight	After surgery is complete, you may have clear liquids and a light meal	Slowly progress to your regular diet	
Pain Medication	Pre-op medications as instructed at history & physical appointment	Pain medication given by IV or taken by mouth	Pain medication taken by mouth as needed to stay comfortable	Request medication taken by mouth to stay comfortable
Treatment		Vital signs every 4 hours and labs drawn  TED elastic stockings  Wound care	Vital signs will be taken and lab drawn as needed  Breathing will be evaluated  If you were given a catheter, it will be removed	
Hospital Discharge Planning		You and your doctor will begin discussions about discharge expectations		You will receive discharge instructions, which may include rehabilitation or physical therapy
Your Care Team		Your doctor will check in on you after surgery	Members of your care team will check on you	
Education	Patient education class	Staff will review and support your learning needs	Discharge education	Educational needs identified and discharge instructions reviewed



## Important Contact Information

### *For questions or appointment changes:*

Maine Medical Partners – Orthopedics & Sports Medicine

Division of Joint Replacements: (207) 781-1551 Fax: (207)781-1552

### *For questions about surgery:*

Maine Medical Center Nurse Educator: (207) 662-6054

### *For questions on the morning of surgery:*

Maine Medical Center Admitting Department: (207) 662-2117

### *To reach a patient or caregiver after surgery:*

Maine Medical Center Bean 2 (Orthopedics Floor): (207) 662-0686

Maine Medical Center Short Stay Unit (Pavilion 4): (207) 662-3320

Maine Medical Center Pre-Op (Surgery 2): (207) 662-0825

# Patient and Family Preparation Joint Replacement Education Classes

More than 1,700 patients underwent orthopedic surgical procedures at the MMC Joint Replacement Center in 2015.

Our commitment to patient education and readiness continues to support our practice and success. Research has shown the benefits of pre-operative information for patients.

## Benefits

- Decreased hospital length of stay
- Less demand for pain relief after surgery
- Increased patient satisfaction

## Overview

- We will offer more than 100 pre-operative classes in 2016.
- Our classes are taught by a team of Patient Educators.
- Our classes are offered at convenient times and places in greater Portland.
- Webinar classes are available online for those who cannot attend in person.
- Registration is required for all classes.

## Topics

- Suggestions for preparing your home and yourself for surgery
- Details about the day of surgery
- Advances in pain management and anesthesia
- Discharge planning for home care and rehabilitation care
- Answers to your questions about joint replacement surgery and return to normal activities

## Reserve your space

Call (207) 662-0822, 7:30 AM to 3:30 PM, Monday through Friday.

Or, go to [www.mmc.org/jrc-patient-education](http://www.mmc.org/jrc-patient-education).



# Preventing Infection Using Hibiclens Soap

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## Getting Your Skin Ready for Surgery

You have been scheduled to have surgery and we want you to have the best care possible. Most people who have surgery have no problems, but sometimes people can get infections, usually from the germs (bacteria) that live on everyone's skin. Washing your skin with a special soap called **Hibiclens (Hi-bi-clens)** before your surgery will lessen your chance of getting an infection. Our office will give you a bottle of Hibiclens during your History & Physical visit.

## What do I need to know about Hibiclens soap?

- Hibiclens contains an ingredient called **Chlor-hex-i-dine Glu-con-ate (CHG)**.
- If you are allergic to CHG you can use Liquid Dial antibacterial soap.
- DO NOT use Hibiclens near the eyes, ears, or in the genital area.
- DO NOT drink Hibiclens.
- If you develop a skin reactions to either soap, stop using it right away and call your doctor's office for advice.

## When do I shower with Hibiclens soap?

You will need to shower two times before your surgery

1. The night before your surgery
2. And again on the morning of your surgery

## How do I shower before my surgery?

1. Wash your body with your regular soap and wash your hair with your normal shampoo.
2. Rinse your hair and body thoroughly to remove soap and shampoo.
3. Turn the water off to prevent rinsing Hibiclens off too soon.
4. Apply Hibiclens to a wet, clean wash cloth. Use half of the bottle for your first shower and save the rest of the soap for your second shower.
5. Gently wash your entire body (**from the neck down**) with Hibiclens. Wash for five minutes, paying special attention to the area where your surgery will be performed.
  - Do not scrub your skin too hard.
  - Do not shave in the area where surgery will be performed, as it can increase risk for infection.
  - Do not wash with regular soap after Hibiclens is used.
6. Turn the water back on and rinse your body completely.
7. Pat yourself dry with a clean towel. Do not use lotion, cream, or powder after showering.
8. Dress in clean clothes following your shower.

If you have any questions about cleaning your body before surgery, please call our office at (207) 781-1551.

# Helpful Equipment

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Here are two examples of assistive equipment to bring with you to the hospital:

## Front-Wheeled Walker:

- When purchasing or borrowing a front-wheeled walker, make sure it is the right size for your height. To measure, place your arms at rest, down at your sides. The walker's hand grips should be at your wrist level.
- Make sure the walker accommodates your body weight. For example, a patient weighing 300 pounds needs a bariatric style walker, rather than a standard walker.
- Please use the front-wheeled style of walker, rather than a walker with four wheels or a seat.



## Straight Cane:

The straight cane is measured the same way as the walker to make sure it is the correct height.



## Adaptive Equipment:

Here are examples of adaptive equipment that can be helpful when you return home after surgery:

- Reacher
- Long-handled shot horn/sponge
- Sock-aid
- Elastic shoelaces





# Post-Surgery Medication List

Based on the information you provided us, as well as any changes during this visit, the following is your updated medicine list. Compare this with your prescription bottles as home. If you have any questions or concerns, contact your physician's office.

Look for this list in your hospital discharge paperwork.

## Daily Medication List

TAKE these medications	AM	Noon	PM	Bedtime

# Preventing Infection after Total Joint Surgery

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Now that you have had a total joint replacement, certain precautions must be taken to reduce the chance of infection developing in the bone or around the implant. These precautions should be followed for two year after your joint replacement unless your surgeon tells you that you have a risk factor that makes infection more likely for you (such as immune compromised).

All patients who have undergone total joint replacement surgery should receive antibiotic prophylaxis\* prior to [any dental procedures and additional procedures outlined below for two years after your surgery](#). After two years, you should have prophylaxis\* if you have an abnormally weak immune system or are having a root canal or dental extraction. (These have greater risk of infection that a routine cleaning).

1. **Patients not allergic to penicillin:** Amoxicillin, 2 grams orally one hour prior to procedure.
2. **Patients allergic to penicillin:** Clindamycin, 600 milligrams orally one hour prior to procedure.

## Patients who are having a sigmoidoscopy or colonoscopy:

1. **Patients not allergic to penicillin:** Amoxicillin, 2 grams orally one hour prior to procedure.
2. **Patients allergic to penicillin:** Vancomycin, 1 gram intravenously (IV) slowly over 1 hour beginning 1 hour before the procedure. Plus Gentamycin 1.5 mg/KG I intravenously (IV) 30 minutes before the procedure.

## Patients who are having genitourinary manipulation or instrumentation (cystoscopy or TURP, gastrointestinal or biliary surgery, or any gynecological procedures):

Let your doctor know that you have had joint replacement surgery with a prosthesis implanted and that you need to have antibiotic prophylaxis\*.

***\*Antibiotic prophylaxis is a preventative measure taken to avoid infection.***

If you suspect any infection, you should be seen promptly and treated by your primary care physician.

# Driving Directions to Maine Medical Center

## Maine Medical Center Bramhall Campus

### 22 Bramhall Street Portland, Maine

(207) 662-0111

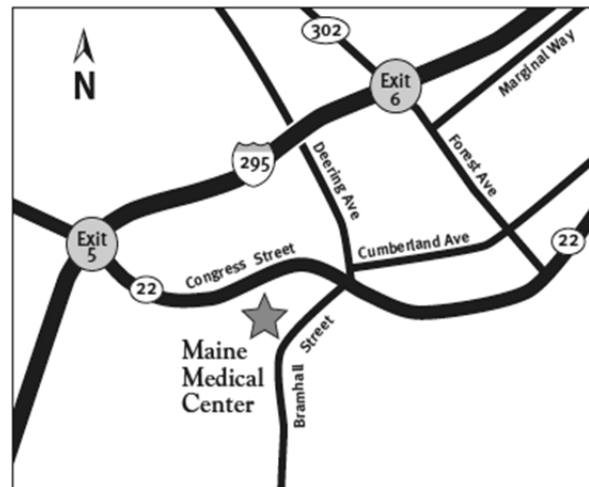
(Parking garage located  
opposite 887 Congress Street)

#### From the North:

- Take the Maine Turnpike (I-95) south to Exit 45, the South Portland exit at the Maine Mall.
- Take the exit for Interstate 295 after the toll booth, continuing on I-295 north to Exit 5, Congress Street.
- Continue along Congress Street through two traffic lights.
- Look for MMC's visitor parking garage on the right, opposite the medical office building at 887 Congress Street.

#### From the South:

- Take the Maine Turnpike (I-95) north to Exit 44, for downtown Portland.
- After the toll booth, continue straight on Interstate 295 to Exit 5, Congress Street.
- Continue along Congress Street through two traffic lights.
- Look for MMC's visitor parking garage on the right, opposite the medical office building at 887 Congress Street.



#### From the West - Route 302:

- Follow Route 302 east to Forest Avenue.
- At the end of Forest Avenue, turn right onto Congress Street.
- Follow Congress Street past the third traffic light at Bramhall Street.
- Look for MMC's visitor parking garage on the left, opposite the medical office building at 887 Congress Street.



*centered around you*

# Driving Directions to Brighton Campus

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## Brighton Campus

335 Brighton Avenue  
Portland, ME  
(207) 662-8000



[About Us](#) | [Directions](#) | [Parking](#)

## About Us

Maine Medical Center's Brighton Campus offers Inpatient, outpatient, and urgent care services and medical education training:

- Brighton FirstCare, a walk-in urgent care center for everyday emergencies. Open 7 Days a week 9:00 a.m. - 8:00 p.m.
- New England Rehabilitation Hospital of Portland
- Radiology services
- NorDx, laboratory services
- The Hannaford Center for Safety, Innovation, and Simulation

## Directions

### From the Maine Turnpike, North or South:

- Take Exit 48.
- Turn left at the light left onto Riverside Street.
- At the second set of lights turn left onto Brighton Avenue (Route 25).
- Proceed approximately 2 miles. MMC-Brighton Campus will be on your left a short distance beyond the intersection of Brighton and Stevens Avenue (Route 9).
- Turn left into the parking lot.

### From I-295 Southbound:

- Take Exit 5A the Congress St. exit. As you come off the exit ramp bear right.
- Bear right again at the next intersection and you be on Congress St. east.
- Continue over the railroad tracks, at the first traffic light, turn left onto St. John Street.
- Go through the first set of lights (after McDonalds), and at the second set of lights take a left onto Brighton Avenue (Route 25).
- Cross over the railroad tracks and continue to the top of the hill Brighton Campus will be on your right.

[View directions by MapQuest.](#)



## Parking

Free parking is available on-site.

Please call our **Security and Parking Department** at (207) 662-2124 with any parking related questions.

# *the* Pharmacy

at Maine Medical Center

Phone: (207) 662-2626

Toll Free: 855-662-9899

Fax: (207) 662-6660

[www.mmc.org/pharmacy](http://www.mmc.org/pharmacy)

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Filling and refilling your prescriptions shouldn't get in the way of your health.

Located on the ground floor of the East Tower, the Pharmacy at Maine Medical Center is open 24 hours a day, every day.

Pharmacists are available to review new and existing medications with patients and families - and you have the option to leave the hospital with your prescriptions filled, day or night.

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## ***the* Pharmacy**

at Maine Medical Center offers:

- A featured list of discounted generic medications available for \$4
- Experienced staff that has direct access to your care team and medication history
- Private consultation areas and interpretive services available
- Online and mobile app for prescription refills
- Email and text reminders when your prescription is ready
- Most insurance plans are accepted and we offer medication payment assistance programs
- Limited over the counter medications such as ibuprofen, and aspirin
- Medication Compounding
- We mail to any address in Maine and New Hampshire for no additional charge

[Map on reverse →](#)

## Our areas of Specialty Expertise:

- Crohn's Disease
- Gastroenterology
- Growth Hormone Deficiencies
- Hepatitis
- Immune Deficiency/HIV
- Multiple Sclerosis
- Oncology
- Psoriasis
- Rheumatology
- Solid Organ Transplant

## Lodging List- Portland & Greater Portland

Prices are subject to change and based on double occupancy. Maine Medical Center is not responsible for any price change. Please inform motel/hotel that you have a family member at Maine Medical Center. Unless otherwise noted; facilities are handicapped-accessible. Facility may require a letter written on Maine Medical Center or Maine Medical Partners letterhead. Contact our office for assistance.

Howard Johnson 675 Main St, So Portland, ME Phone: 775-5343 Fax: 772-8789 <i>Shuttle is available</i>	Embassy Suites 1050 Westbrook St, Portland, ME Phone: 775-2200 Fax: 775-4052 <i>Shuttle</i>	Hampton Inn 171 Philbrook Ave, So Portland, ME Phone: 773-4400 Fax: 773-6786 <i>Shuttle is available</i>
Super 8 Motel 208 Larrabee Rd, Westbrook, ME Phone: 854-1881 Fax: 854-0078	Holiday Inn By The Bay 88 Spring St, Portland, ME Phone: 775-2311 Fax: 761-8224	Holiday Inn Express 303 Sable Oaks Drive, S. Portland, ME Phone: 775-3900 Fax: 775-3993
Best Western Merry Manor Inn 700 Main St, South Portland, ME Phone: 774-6151 Fax: 871-0537	Sable Oaks Marriott 200 Sable Oaks Dr, S. Portland Phone: 871-8000 Fax: 871-7971	Budget Inn 634 Main St., So Portland, ME Phone: 773-5722 Fax: 773-6633
Econo Lodge 80 John Roberts Rd, S. Portland, ME Phone: 772-3838 Fax: 772-4238	The Regency 20 Milk St, Portland, ME Phone: 774-4200 Fax: 775-2150 <i>Shuttle</i>	Holiday Inn West 81 Riverside St, Portland, ME Phone: 774-5601 Fax: 774-2103
Rodeway 1150 Brighton Ave, Portland, ME Phone: 775-3711 Fax: 774-5409 <i>Shuttle is available</i>	Hilton Garden Inn 145 Jetport Blvd, Portland, ME Phone: 828-1117 Fax: 828-1118 <i>Shuttle</i>	Days Inn 461 Maine Mall Rd, S. Portland, ME Phone: 772-3450 Fax: 780-9748 <i>Shuttle is available</i>
Amerisuites Hotel 303 Sable Oaks Drive, S. Portland, ME Phone: 775-3900 Fax: 775-3993	Residence Inn By Marriott Roundwood Dr, Scarborough ME Phone: 883-0400 Fax: 883-6352	Howard Johnson 155 Riverside St, Portland, ME Phone: 774-5861 Fax: 774-5861
Westin Portland Harborview 157 High St, Portland, ME Phone: 775-5411 Fax: 775-1066 <i>Shuttle is available</i>	Comfort Inn 90 Maine Mall Rd, S Portland, ME Phone: 775-0409 Fax: 775-1755 Complimentary breakfast	Comfort Inn 90 Maine Mall Rd, S Portland, ME Phone: 775-0409 Fax: 775-1755 Complimentary breakfast
Chadwick 140 Chadwick Street, Portland, ME Phone: 774-5141 Fax: 774-5140	Travelodge 1200 Brighton Ave, Portland, ME Phone: 774-6101 Fax: 772-8697	Fairfield Inn 2 Cummings Rd, Scarborough, ME Phone: 883-0300 Fax: 883-0572
Wild Iris Inn 273 State St., Portland, ME Phone: 775-0224 Continental Breakfast & Parking	Sheraton 363 Maine Mall Rd, S Portland Phone: 775-6161 Fax: 775-0196	The Clarion 1230 Congress St, Portland, ME Phone: 774-5611 Fax: 761-1560 <i>Shuttle is available</i>
The Inn At St John 939 Congress St, Portland, ME Phone: 773-6481 Fax: 756-7629 <i>Not fully handicapped-accessible</i> <i>Will pick up at MMC</i>	La Qunita Inn 340 Park Ave, Portland, ME Phone: 871-0611 Fax: 871-8243 <i>Shuttle 5AM – 10PM</i> Complimentary Breakfast	Townplace Suites By Marriott 700 Roundwood Dr, Scarborough, ME Phone: 883-6800 Fax: 883-6866
YMCA 70 Forest Ave, Portland, ME Phone: 874-1111 Fax: 874-1114		



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