

Beebe Medical Center Joint Replacement Program

Your Path to Recovery



Beebe Medical Center

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Our Mission

Beebe Medical Center's charitable mission is to encourage healthy living, prevent illness, and restore optimal health with the people residing, working or visiting the communities we serve.

Our Values

Safety
Respect for the individual
Patient/Customer satisfaction
Commitment to quality
Personal responsibility
Financial responsibility
Teamwork
Integrity

Our Ten Customer Service Standards

“We are caring people serving with compassion, integrity and excellence.”

Caring attitude
Courteous behaviors
Anticipation of needs
Adherence to confidentiality/privacy
Active listening and communication
Positive professional image
Safety and care of our environment
Commitment to teamwork and the organization
Service recovery
Exceptional telephone and elevator etiquette

Welcome to Beebe Medical Center

Thank you for choosing our facility for your total joint replacement surgery.

Our goal is to provide you with the best postoperative outcomes by preparing you physically, mentally, and emotionally for your surgery.

Our comprehensive, multidisciplinary team is highly skilled and has received national recognition.

You are the most important member of the health care team.

We know the better prepared you are for your surgery the easier and faster you will recover.

Please review this information and ask us any questions you may have (645-3623 or 645-3104).

General Hospital Information

Visiting Hours:

8am – 9pm

Two visitors at a time per patient

Do not visit if you are sick

Mornings are busy; please be patient while your loved one receives care

Helpful Phone Numbers

Beebe Medical Center	302-645-3300	Orthopaedic Nursing Unit	302-645-3720
Same Day Surgery*	302-645-3502	Pre-op Nurse/Anesthesia	302-645-3366
Pre-op Class (Ortho Service Line)	302-645-3104	Chaplain	302-645-3759
Stress Less Surgery	302-645-3528	Case Management	302-645-3313
Patient Advocate	302-645-3547	Rehabilitation Services	302-645-3235

*Call Same Day Surgery the day before your surgery (between 2:00pm and 4:00pm) to find out what time to report to hospital

Preparing For Surgery

Complete this preoperative checklist:

- Attend preoperative class:
Phone - Dot Chimienti @ 645-3104 or Marie Berntsen @ 645-3623
- Pre-op nurse will call prior to your surgery: 645-3366
- Complete any dental work needed several weeks prior to your surgery
- Stop taking medications such as aspirin, ibuprofen, or blood thinners as directed by your physician.
- Obtain medical clearance/blood work/EKG as ordered
- Call the hospital (302-645-3502) the day before your surgery between 2:00-4:00PM for your arrival time
- Do not eat or drink anything after midnight the day before your surgery
- Bring all medications in their original containers to the hospital
- Leave all valuables such as jewelry or money at home
- Shower with Safeguard antibacterial soap 3 days prior to your surgery and in the morning before you come to the hospital
- Use Hibiclens solution as instructed to surgical area the evening before and in the morning before you come to the hospital
- Prepare your home & support system for going home
- If you smoke, now is the time to stop
- Notify your surgeon of any infection, fever or if any change in your medical conditions occurs
- Do pre-op exercises as instructed in class

Stress-Less Surgery
Integrative Health/Complementary and Alternative Medicine
302-645-3528

Beebe Medical Center's Integrative Health Department offers a stress-less surgery program designed to help ease tension and reduce anxiety.

Please call the Integrative Health office for an appointment at least one week prior to your scheduled surgery date.

The Four -Step Plan

1. Make an appointment to learn relaxation methods
2. Listen daily to relaxation audio
3. Bring CD player and CD with you to listen before, during and after surgery
4. Return audio materials prior to discharge from the hospital

Medical literature indicates that people who prepare for surgery have less pain, fewer complications and faster recovery. This results in reduced hospitalization costs and other medical expenses.

You will be introduced to many relaxation methods, aromatherapy, as well as the use of an acupressure patch proven to reduce post-op nausea.

Tell your surgeon and anesthesiologist if you are taking any over the counter herbs or supplements. Some herbs may need to be stopped prior to surgery.

Gradually reduce and discontinue all herbs and supplements by the minimum days suggested.

- Echinacea 8 days
- Ephedra (Ma huang) 24 hours
- Evening primrose oil 7 days
- Feverfew 7 days
- Fish oil or cod liver oil 7 days
- Flax seed oil 7 days
- Garlic (*Alium sativa*) 7 days
- Ginger 7 days
- Gingko biloba 36 hours
- Ginseng 7 days
- Goldenseal 7 days
- Kava Kava 24 hours
- Licorice 7 days
- Saw Palmetto 7 days
- St. John's Wort 5 days
- Vitamin E 7 days
- Valerian 1-2 days

Taper doses gradually week before surgery, call physician if withdrawal symptoms occur.

Caring For The Spirit

PASTORAL CARE SERVICES

OUR SERVICES

COUNSEL AND PRAYER

We can meet with you privately, or with your family and friends to share in prayer and to talk about spiritual and religious concerns. You can ask us to provide emotional and spiritual support in times of crisis or during important meetings with family and/or hospital staff. Appointments can be made for pastoral care prior to and following medical procedures. Our team practices under the standards and guidelines of the Association of Professional Chaplains.

PASTORAL REFERRALS

The Chaplaincy Team maintains a network of connections with area clergy and religious organizations. At your request, we can contact persons or groups who can best meet your spiritual and sacramental needs.

CHAPEL

The inter-faith chapel is open to patients and visitors as a sanctuary for quiet reflection and personal devotional practices. It is open during regular visitation hours, and located on the first floor between Integrative Health and the X-ray Department.

CHAPLAINS' PRAYER BOOK

Each morning and evening, we pray for the people listed in our Chaplains' Prayer Book. If you wish to be remembered in our daily prayers, please contact the chaplains' office. In keeping with the hospital's guidelines for safety and privacy, confidentiality is assured.

CATHOLIC COMMUNION

The Extraordinary Ministers of Communion from St. Jude the Apostle Catholic Church seek to visit all Catholic patients daily. For details, please contact the chaplains' office

WHEN SHOULD I ASK FOR A CHAPLAIN?

Life's path takes us across many ups and downs. It takes us to places of certainty and doubt, and on the way we often feel sorrow and joy. Wherever we might be on this path, we do not have to go it alone. Chaplains are available to support your spiritual and emotional needs during your time in the hospital.

Call on us when you...

- are facing a crisis
- want to share in prayer
- feel stressed, angry, lonely or sad
- need to talk about your faith life
- are preparing for medical procedures
- have concerns about family, work or friends
- desire the blessing of a sacrament or desire the inspiration of scripture
- are ready to voice your feelings of joy, praise or thanksgiving
- need help reaching people from your faith community.

To request the services of a member of the Chaplaincy Team, please speak with your nurse or another member of the hospital staff. They can arrange for a page to the Chaplain on duty. **If you would prefer to leave a personal and confidential phone message for the chaplain, please call extension 3759. From outside the hospital, call 302-645-3759.**

Day of Surgery

Enter the parking garage using the West entrance

Park on the 2nd level & go to the doors marked Same Day Surgery

Go up 3 steps & turn to the right for the Registration area

If you cannot climb the 3 steps

Park on the 1st floor of the garage

Enter the hospital @ the 1st floor

After entering the hospital, take the 1st right turn

There is an elevator on your right across from the information desk to take you to the registration area

Same Day Surgery

After registration you will be taken to the Same Day Surgery Area to be prepared for surgery. An armband with your name & date of birth is placed on your wrist. This will be used to verify your identity prior to any treatment or medication being given to you. After your IV is started, your family can wait in the holding area with you until you are taken back to the Operating Room. The Anesthesiologist in charge of your care will meet with you & discuss which type of anesthesia will be used. Please inform the anesthesia department of your previous anesthesia experiences. After all of your questions have been answered, a sedative is given to help you relax. You may not remember much after the medication is given. Preparation, surgery, & recovery takes between 3 and 4 hours.

Operating Room

You may notice the temperature in the Operating Room is cooler than other areas, but you will be kept warm with a special hot air blanket. The surgical team “scrubbed in” will be wearing “space suits” to keep everything over your incision sterile.

Post Anesthesia Care Unit (PACU) or Recovery Room

You will be monitored closely in the PACU for at least an hour.

Family is not allowed to visit in this area. You may have to wait longer than an hour if your room is not available. The surgeon will call & talk with family after surgery is completed.

Postoperative Nursing Care

- Vital signs assessed frequently on arrival to the nursing unit
- Foley catheter in place (removed in 1-2 days)
- Possibly will have a drain in the area of the incision (removed in 1-2 days)
- Nasal oxygen on & pulse oximeter to determine adequate oxygenation
- Compression device on feet or legs to promote blood flow
- Do frequent ankle pump exercises
- Incentive spirometer to keep lungs clear
- On arrival to nursing unit, a liquid diet is started & will progress to solid food the next day as tolerated
- See pain management section for pain control explanation
- Dressing changes per physician order (starts 1-2 days after surgery)
- Coumadin anticoagulation therapy
- Blood tests to monitor dosage of Coumadin & assess blood count
- Stool softeners ordered to prevent constipation
- Laxative, suppository/enema as needed prior to discharge



Postoperative Pain Management

We care about your comfort and are committed to managing your pain after total joint replacement surgery.

In order to be successful with managing your pain, it is important that you communicate with your health care team. You are the only person who knows what your pain is, and if the medication that your surgeon has ordered is doing the job!

The Pain Scale is used to gauge the intensity of your pain/discomfort before and after you receive pain medication. Please take a minute and become familiar with YOUR acceptable level of pain. Your pain will be assessed frequently throughout your hospitalization.



- ∞ **Face 0** is very happy because he or she doesn't hurt at all.
- ∞ **Face 2** hurts just a little bit.
- ∞ **Face 4** hurts a little more.
- ∞ **Face 6** hurts even more.
- ∞ **Face 8** hurts a whole lot.
- ∞ **Face 10** hurts as much as you can imagine, although you don't have to be crying to feel this bad.
http://www.mosbysdrugconsult.com/WOW/graphics/wong_faces0-10.gif

Your surgeon will order pain medicine to be given intravenously (IV) after your surgery. You will progress to oral medications within a day or two after surgery.

Please tell your nurse if:

- **The pain medicine doesn't decrease your pain.** Although we can't guarantee that you will be 'pain-free', we want your pain to be under control so you can participate in your therapy.
- **If the pain medicine makes you feel nauseated.** We can give you medication to control those symptoms, or we can call the surgeon to obtain a different medicine.
- **If you feel constipated.** You will be encouraged to eat a fiber rich diet and drink plenty of fluids, but sometimes you need a little help. Your surgeon has ordered certain medications to help.

Physical Therapy

Helps you regain your mobility, range of motion, and strength after surgery

Reinforces safety awareness

Begin preoperative exercises @ home

- Quad sets
- Gluteal sets
- Ankle pumps

After surgery:

Will have a bedside evaluation the 1st day after surgery

Testing of circulation, sensation & motor function

Instruction in exercise program

Progress from sitting @ bedside to standing & ambulating with a walker

Total hip patients will be instructed in hip precautions to avoid dislocation of their new hip replacement:

1. Do not cross your legs (while in bed, pillows or an abduction pillow will be in place)
2. Do not plant your feet & twist at the waist
3. Do not flex your hip beyond 90 degrees

Total knee patients will be started on Continuous Passive Motion (CPM) the day of surgery or the 1st day after surgery depending on the physician's order. Physical therapy initially places the unit on the patient. The clinical staff places the CPM on after the initial placement 3 times a day for 2 hours sessions.

Each day you will continue to progress walking further, gaining your strength, learning your exercises/precautions, & be taught how to climb stairs.



Occupational Therapy

Occupational Therapy (OT), helps you to re-learn the activities of daily living such as dressing, bathing, toileting & meal prep. You will be seen once daily during your hospitalization.

Goals of occupational therapy:

1. Able to dress with adaptive equipment if necessary
(please bring loose fitting, comfortable clothing to practice dressing)
2. Independent with toileting
3. Able to stand approximately 5 minutes to perform functional activities such as combing hair or preparing a sandwich
4. Independence with hip precautions if hip replacement patient

Preparing your home for when you are discharged:

1. Pick up throw rugs
2. Buy a cordless phone
3. Move frequently used items to waist level
4. Remove clutter
5. Keep walkways well lighted
6. Prepare food ahead of time and freeze
7. Set up your support system for when you are discharged to home

Occupational Therapy (cont.)

Adaptive Equipment for hip replacement patients:



Sock Aid

Dressing stick

Long handled reacher

Long handled shoe horn

Long handled sponge

Elastic shoelaces

Cushion

Beebe Medical Center Falls Prevention Program

Everyone having a total joint replacement is at risk to fall due to the surgery, the medications, & an unfamiliar environment. A green leaf sticker near your bed & a green armband will alert hospital staff & visitors that the potential for falls exists.

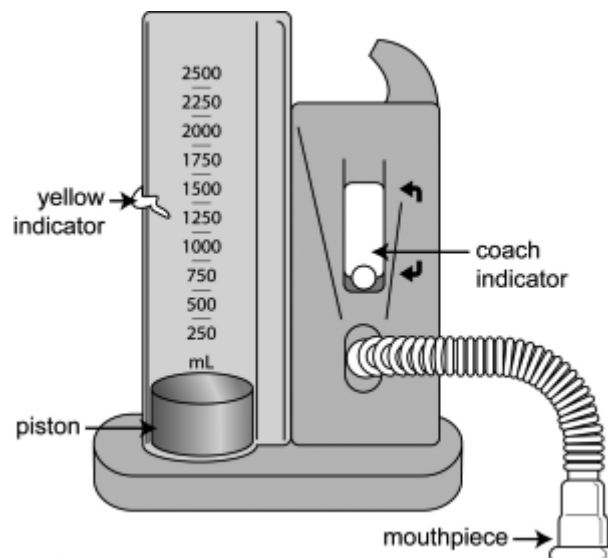
Safety Guidelines for Preventing Falls

- Always follow your physician's orders and the nurse's instructions regarding whether you must stay in bed or require assistance to go to the bathroom.
- When you need assistance, use your call light by your bed or in the bathroom and wait for the nurse/assistant to arrive to help you.
- Remain lying or seated while waiting for assistance. Please, be patient, someone will answer your call as promptly as possible.
- Ask the nurse for help if you feel dizzy or weak getting out of bed. Remember you are more likely to faint or feel dizzy after sitting or lying for a long time. If you must get up without waiting for help, sit in bed for a period of time before standing. Then rise carefully and slowly begin to walk.
- It is recommended you wear rubber-soled or crepe-soled slippers or shoes whenever you walk in the hospital. If you do not presently have any, a pair of slipper socks with a non-skid bottom will be provided.
- Walk slowly & carefully when out of bed. Do not lean or support yourself on rolling objects such as I.V. poles or your bedside table.
- Never attempt to get off of a stretcher or out of a wheelchair unaided. Unless brakes are engaged they are very unstable, and will roll freely away from you.
- Do not tamper with side rails or restraints that may be in use. If restraints need adjustment, ask your nurse. Side rails & restraints are reminders to stay in bed & are designed to ensure your safety.
- Family members & visitors should make sure that phone, call bell, water, & personal items are within sight & reach of the patient before leaving the room. It may help to leave the bathroom light on also.
- Keep your nurse & doctor informed on how you are feeling. If you feel weak, dizzy, or unsteady, let them know.

Using Your Incentive Spirometer

The Incentive Spirometer helps you get back to breathing your best, and avoid complications such as pneumonia or a collapsed lung. The Incentive Spirometer (IS) will show you how well you are breathing.

1. Sit upright, or as far upright as you can.
2. Breathe normally a few times.
3. After you exhale normally, close your lips around the mouthpiece.
4. Breathe in slowly & steadily through your mouth until your lungs are full.
The volume indicator will rise to show how much air you have breathed in.
5. Hold your breath until the volume indicator goes back down to the bottom.
6. Breathe out slowly.
7. Take a few normal breaths
8. Repeat steps 3 – 6 approximately ten times per hour & cough to help clear the mucus out of your lungs.



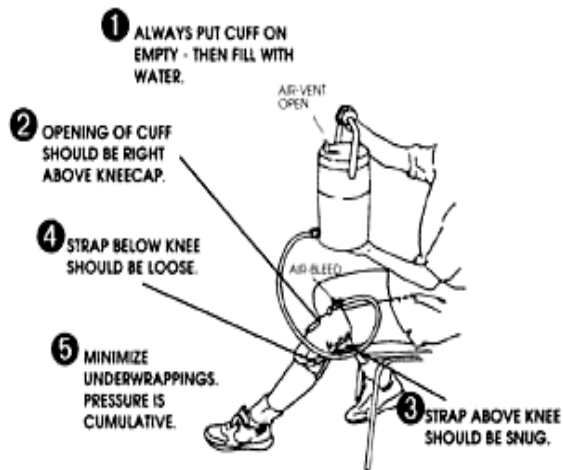
The Cryo/Cuff provides two functions:

1. Compression - to keep swelling down.
2. Ice Therapy - to keep swelling down and to help minimize pain.

The Cryo/Cuff has three main parts:

1. The Cuff - a pouch like device that is filled with ice cold water.
2. The Tube - goes from Cuff to Canister, and is detachable. It allows you to exchange the water in the Cuff.
3. The Canister - holds ice and water.

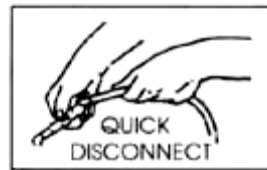
At the time of surgery the Cryo/Cuff will be placed on the knee after the dressings are applied. It will be filled at this time. The canister should also be filled with ice and water prior to surgery.



THE WATER IN THE CUFF SHOULD BE "EXCHANGED" OR "RECHARGED" EVERY ONE OR TWO HOURS. THE CUFF SHOULD BE FULL BUT ALSO COMFORTABLE.

To exchange the water:

1. Connect tube to Cuff.
2. Open air valve on top of Canister.
3. Lower Canister below knee level (set on floor is best).
4. Completely drain warm water out of Cuff. Allow it to go into the Canister (to speed recharging process swish water around in Canister). Allow enough time for water to get cold.
5. Refill Cuff by raising Canister 15-18 inches above the knee, allowing water in the Canister to drain into the Cuff.
6. Patient should disconnect tube when the Cuff is filled to a comfortable level.



*** THE ICE IN THE CANISTER WILL NEED TO BE REFILLED EVERY 6 HOURS OR SO (FOR BEST RESULTS, LEAVE CUFF FILLED AND DISCONNECT TUBE. EMPTY THE WATER FROM THE CANISTER AND FILL IT TO THE TOP WITH ICE).**

Coumadin Information

Coumadin is a blood thinner to treat or prevent blood clots.

How to take Coumadin:

Take Coumadin the same time every day at approximately 6 PM

Take Coumadin exactly as ordered

Never take more or less of the Coumadin unless specifically told to by your physician

If you miss a dose, DO NOT double your dose the next day, but take your regularly prescribed dose

Missing only one dose will not cause a clot to form. Missing more than one dose may cause problems, while taking more than the prescribed dose may cause bleeding

Calculating the dose of Coumadin:

While taking Coumadin, a blood test will be done each day you are in the hospital to monitor the effectiveness of the medication. This blood test is called the prothrombin time or PT & INR. When you are discharged from the hospital the blood test is done once a week & the results are given to your physician so he can determine to continue your current dose or adjust it. You will be notified by the physician's office of any new changes in your dosing. Please remember what dose of Coumadin you are taking when the office calls so you can give them accurate information of your current dose.

You will be on Coumadin for approximately 4 weeks after you are discharged from the hospital.

Who draws my blood to determine my dose of Coumadin after I leave the hospital?

If you are discharged with visiting home health services, your blood will be drawn by a visiting nurse or visiting lab technician.

After you are released to outpatient services, you may go to any lab of your choice for convenience sake. You should receive a prescription from your physician for the blood work.

If you are transferred to a rehabilitation facility on discharge from the hospital, they will do your blood work until you are released.

Coumadin (cont.)

Drugs & Foods to Avoid:

Avoid big changes in vitamin K you eat. Some foods high in vitamin K are broccoli, brussels sprouts, cabbage, & green leafy vegetables such as spinach and salad greens.

Avoid cranberry juice or cranberry products.

Do not drink alcohol while taking this medicine

Many over the counter medicines like ibuprofen, aspirin, some prescription medications & some herbal products increase the effect of Coumadin. Give your physician & pharmacist an accurate list of everything you are taking so they can advise you what to avoid.

Gentlemen: Please use an electric razor while you are on Coumadin

Possible Side Effects:

Allergic reaction: Itching or hives, swelling in your face or hands, swelling or tingling in your mouth or throat, chest tightness, trouble breathing.

Bleeding from your gums or nose, bruising easily, coughing up blood.

Decrease in how much or how often you urinate.

Difficulty breathing or swallowing.

Dizziness or lightheadedness.

Fever, chills, sore throat, cough.

Heavy menstrual bleeding or bleeding from cuts or wounds that does not stop.

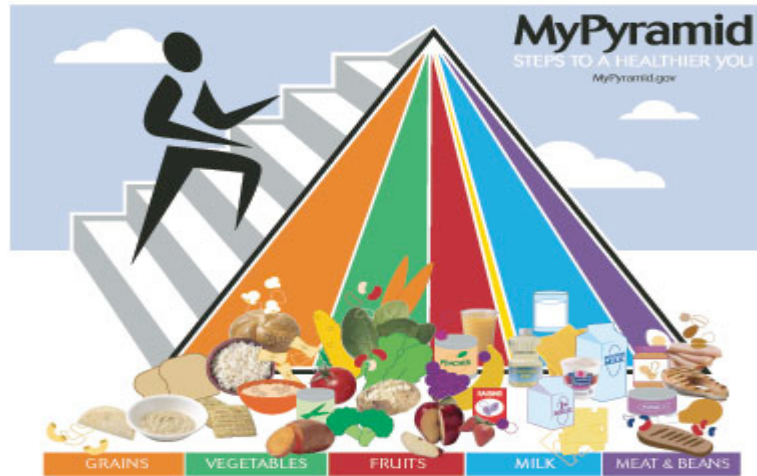
Purple discoloration of your toes or soles of your feet.

Red or dark brown urine, or red or black stools

Swelling in your hands, ankles, or feet.

Yellowing of your skin or whites of your eyes.

Call your doctor right away if notice any of these side effects.



Good Nutrition Is Essential While Your Body Is Healing From Surgery!

Grains	Vegetables	Fruits	Milk	Meat & Beans
Eat 6 oz every day	Eat 2 ½ cups every day	Eat 2 cups every day	Get 3 cups every day	Eat 5 ½ oz every day
Eat at least 3 oz of whole-grain cereals, breads, crackers, rice or pasta every day. 1 oz. is about 1 slice of bread, 1 cup of breakfast cereal, or ½ cup of cooked rice, cereal or pasta	Dark green veggies like broccoli, spinach & other dark leafy greens.** Eat more orange vegetables like carrots and sweet potatoes. Eat more dry beans and peas like pinto beans, kidney beans and lentils	Eat a variety of fruits Choose fresh, frozen, canned or dried fruit Go easy on fruit juices	Go low-fat or fat free when you choose milk, yogurt and other milk products. If you don't like milk or can't consume milk, choose lactose free products or other calcium sources such as fortified foods and beverages.	Choose low-fat or lean meats and poultry. Bake it, broil it or grill it. Vary your protein routine- choose more fish, beans, peas, nuts, and seeds.

(based on a 2,000 calorie diet)

**If on Coumadin, avoid drastic changes in your dietary habits. Consuming large amounts of green leafy vegetables when you *normally do not*, may increase the amount of Vitamin K in your system. Vitamin K can interfere with the blood thinning effects of Coumadin.

(Reprinted from www.mypyramid.gov)

Case Management

What does a Case Manager do?

Assist with discharge planning

Obtain necessary equipment

1. Walker
2. 3 in 1 commode

Insurance liaison while in the hospital

1. Approval for needed services at time of discharge
2. Verifies benefits
3. Informs of co-pay for services

Length of stay:

Plan on discharge the 3rd day after your surgery

The morning of discharge very busy & usually occurs @ mid-day

1. AM physical therapy session needed – possible PM
2. Final visit from case manager
3. Delivery of equipment
4. Written discharge instructions given
5. Final teaching if needed (incision care, etc.)

Goals To Meet For Safe Discharge to Home

1. Able to get out of bed with minimal or no assistance
2. Able to get on & off a toilet
3. Able to walk about 120 ft. with assistive device
4. Able to negotiate steps
5. Able to demonstrate hip precautions if hip replacement patient

Options for follow-up care after discharge

1. Home with visiting services

Most common

Must be homebound – able to go to Dr. appointment

Intermittent visits (not every day)

Physical therapy most frequent service provided

Nursing visits possibly once weekly

Check incision

Draw blood work for Coumadin regulation

Teaching about nutrition

Check bowel & bladder function

2. Home with outpatient physical therapy & outpatient lab

Will need someone to drive to appointments

3. Inpatient Rehabilitation

Offered in different settings (sub-acute and acute)

Must be medically necessary for insurance approval

Options presented for patient to choose

Individual review of insurance benefits @ bedside

Discharge Information

It is very important to include your total joint replacement as part of your medical history for the rest of your life. Call your doctor before any dental or surgical procedures. Antibiotics may be needed to prevent infection.

Keep your incision dry until the skin staples are removed (approximately 2 weeks). Prior to doing a dressing change, wash your hands and use aseptic technique as instructed by the hospital nurse. Apply a dry sterile dressing daily to keep the incision clean.

Keep pets away from your incision.

You will be on Coumadin for approximately 1 month after discharge.

Weekly blood work is required to regulate your Coumadin dose (see discharge instructions to explain how this will be accomplished). Please take the Coumadin at 6 PM each day and be aware of your dose so you can inform the doctor of what you are taking when the office calls you.

Continue your exercise program and use the assistive device recommended by your physical therapist. Follow up physical therapy instructions will be given to you at the time of discharge.

Refer to your discharge list of medications to know what medications you are to take.

Call your doctor if:

- Fever greater than 101°/chills
- Uncontrolled pain
- Persistent vomiting or nausea
- Excessive bright red bleeding, swelling around the incision,
- Redness, streaking or pus-like drainage
- Difficult urination or severe constipation/ persistent diarrhea
- Any other problems or questions

Intimacy After Total Joint Replacement



Total joint replacement is major surgery & healing takes time. You will experience some limitation in your movement & pain.

Your partner may be concerned about hurting you & you may be concerned about the way you look. Sharing these feelings is a good way to be supportive of each other.

Talk with your partner about your concerns. Together you can decide which positions are best for you.

Keep a sense of humor & give yourselves plenty of time. Stay relaxed & remember intimacy involves both physical & emotional sharing.

You may want to take a mild pain medication 20 – 30 minutes prior to sex.

After hip replacement, there are certain positions to avoid until the joint has completely healed to prevent dislocation of the hip.

Do not allow your knee to cross the midpoint of your body.

Do not plant your foot & twist your body over the hip.

Do not raise your knee past the hip level.

(Keep a 90 degree angle between your thigh & chest)

Pillows are helpful for support & help maintain positions.

Try to avoid putting too much pressure on your new joint & be aware of the range of motion you are putting the joint through.

Talk with your surgeon about when sexual relations can be safely resumed.

After knee replacement, there are no safety restrictions. You can probably resume sex as soon as your pain allows.

Frequently Asked Questions by Patients **Discharged after Total Joint Replacement Surgery**

Before calling your surgeon, please refer to the questions below.

If your need is not met after reviewing the FAQ, call your home health provider first and then your surgeon if necessary.

- ∞ **When should I call my surgeon?**
 - If you are taking your pain medication and using ice/cold compresses and you still have uncontrolled pain
 - Weakness, numbness or tingling of your leg
 - Bright red bleeding from your incision (clear, pink oozing may be normal)
 - Signs of infection; including fever greater than 101°, pus, excess warmth, swelling or redness/streaking
 - Pain in either calf
 - Shortness of breath
 - Abdominal distention/constipation
 - Diarrhea lasting longer than 72 hours
 - Difficulty urinating
 - *Call before any invasive procedure, such as dental work, including routine cleaning, and any surgical procedures. You may require an antibiotic to prevent infection.*
- ∞ **How often can I apply ice pack or Cryocuff to my incision?**
 - Ice packs may be applied for 20 minutes every 2 hours, make sure the ice pack is not placed directly on bare skin
 - Knee Cryocuffs may be applied as often as desired.
- ∞ **When can I take a shower?**
 - Keep your incision dry until your surgeon tells you that it is okay to shower.
- ∞ **When will home health come to my home?**
 - If home health services have been arranged by your case manager, you should expect a visit within 2 days of leaving the hospital.
 - If you have not been contacted by telephone 2 days after discharge, call the home health agency.
 - You should find this number on your discharge instruction sheet you received from the hospital.
- ∞ **What blood work is to be drawn?**
 - Most patients are discharged on a blood thinner called Coumadin. This medication is regulated according to weekly blood work. This lab is called a PT/INR. Your surgeon's office will call if you need to change your dose of Coumadin.
- ∞ **When do I take my Coumadin (blood thinner)?**
 - Coumadin is typically taken in the evening. If the surgeon needs to change your dose based on your PT/INR, you will receive your call before you have taken your daily dose. Please make a note of your current dose of Coumadin, and keep it with your medication.

- ∞ **When will my blood work be drawn?**
 - The PT/INR will be drawn each week
- ∞ **Who will draw my blood?**
 - As long as you receive home health services, your blood work will be drawn by the home health nurse or by a phlebotomist (lab technician). Once you are discharged from home health and are going to outpatient physical therapy, you will have to go out to a lab to have your blood work drawn. You will have to do this weekly for as long as you are taking Coumadin
- ∞ **When does home health end?**
 - Home health will end when you no longer need home physical therapy. Your therapist will discharge you when you are safe to leave your home and go to an outpatient rehab center. Until this occurs, you are considered to be **'homebound'**.
- ∞ **What does 'homebound' mean?**
 - Homebound means that you are not yet safe to go out in the community **except** to go out for your doctor appointments. This means trips to the grocery store, restaurants, visiting with friends and family etc need to wait until you are no longer 'homebound'. Medicare will not cover home services to patients who do not follow this rule.
- ∞ **How do I take care of my incision?**
 - It is extremely important to keep your incision clean and free from infection. Keep family pets away from your incision.
 - You may leave your dressing off starting 5 days after your surgery (unless told otherwise by your surgeon), as long as the incision has no oozing or bleeding.
 - Before applying or changing your dressing:
 - Wash your hands
 - Apply sterile 4x4 gauze to your incision
 - Secure using minimal tape to your skin, or use the spandage supplied by the hospital.
- ∞ **When will my staples come out?**
 - Your staples will be removed 10-14 days post-op, home health staff working with you will coordinate this with your MD and they will either be removed in your physician's office or by the home health staff
- ∞ **When do I see my surgeon?**
 - Your follow-up appointment will be noted on your discharge instruction sheet unless you are discharged over the weekend. You may have to call your surgeon to make your appointment, and that will be written on your instruction sheet as well.

