

EXTRAORDINARY JOINT CARE

JOINTWORKS Knee Replacement

PATIENT HANDBOOK




COVENANT
HealthCare

Extraordinary care for every generation.

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Welcome to JointWorks

Welcome and thank you for choosing Covenant HealthCare for your joint replacement surgery. JointWorks at Covenant HealthCare is a unique service dedicated to the quality care and treatment of patients who are turning to joint replacement surgery to improve their quality of life. The JointWorks program coordinates your care starting with your decision for surgery and extends through your recovery process. The basic premise of total joint replacement remains the same. Through decades of experience, the techniques and treatment plans have evolved to enhance your safety, recovery, and the overall success of your joint replacement.

Our goal is to provide you with the safest surgical and recovery process possible. Evidence has shown that minimizing known risk factors, being in a healthy state, and having a well-defined discharge plan before undergoing surgery promotes recovery and prevents complications. Additionally, your commitment to actively understanding and participating in the entire treatment plan is essential to your overall success and satisfaction.

This booklet is designed to help you and your family have a general understanding of your surgical and recovery process. It contains detailed information about what to expect before, during and after surgery as you continue your recovery at home, and how to prepare for each phase of care, including:

- Activity modification.
- Strategies to manage pain and swelling.
- Activities to prevent complications (i.e., elevation, ice, range of motion).

Total knee replacement can be a very effective way to improve your quality of life, but it does take

This book is a **general guide** of what to expect with total joint replacement. Your **SURGEON SPECIFIC DISCHARGE INSTRUCTIONS**, individualized and developed by your surgeon, will be provided when you are discharged from the hospital. They outline your personal recovery plan, such as details for activity restrictions, elevation/icing and medications, and should be followed closely.

time, patience and your dedication to following these treatment guidelines.

It is important that you review this booklet carefully before having surgery and refer to it often during recovery. Discuss it with your family, friends and care providers. **Please reach out to your nurse navigator at 989.583.4023 if you have questions.**

Note: To help streamline your surgical process and avoid delays in communication, consider signing up for MyChart. **If you need assistance setting up MyChart, please call the MyChart HelpLine at 989.583.0488.**



Basics of Total Knee Replacement Surgery

Arthritis is a degenerative and progressive disease that causes physical changes in the structures of the joint. This results in a cascade of symptoms, most notably pain, stiffness, weakness and instability. When these symptoms become severe, and conservative measures fail to provide relief, patients and doctors turn to total joint replacement to help minimize symptoms and improve quality of life.

Covenant HealthCare performs approximately 1,000 knee replacement surgeries every year. Surgery to replace a knee usually lasts 1-2 hours. During knee replacement surgery, the damaged parts of your knee are removed and replaced with titanium, metal, and/or plastic components. (See page 6 for further details). Replacing the damaged parts of the knee with new artificial components allows the knee to function smoothly again.

Your commitment and dedication to the recovery process is essential to your overall satisfaction and success. It is important for you to focus on these tasks throughout your recovery:

- Frequent, dedicated intervals of rest and elevation with cold therapy throughout the day and night. Your heel should be positioned higher than your knee (and knee higher than the heart when able).
- Bend and straighten your knee frequently throughout the day. The more you do this, the quicker the pain will go away and the easier leg movement will become.
- Dedicated periods of leg extension (with knee unsupported) five times a day (see detailed instructions on pages 16-17).
- Move as needed throughout the day for short periods.
- Do not stand or sit with your leg down for long periods of time.

Unless otherwise discussed with your surgeon, plan to leave the hospital the day of surgery or the morning after with family and/or friends. Arrange for family and/or friends to be available to take you home, get you settled in at home, and stay with you until you feel comfortable being alone. **Your first two weeks after surgery should be spent close to home with quiet activities focusing on your immediate recovery needs.** You can expect the recovery process to continue for several weeks to months after surgery (see page 24 for further details).

PRE-OPERATIVE PAIN MANAGEMENT STRATEGIES

Pain management is a process that starts before surgery. Activity modification, as well as elevation and icing, may be helpful in managing pain as you are preparing for your surgery. If appropriate, you may also be prescribed medications such as Tylenol® and Celebrex®. These medications are typically started 3-5 days prior to surgery to help manage post-operative pain. If you are on narcotic or opioid pain medications prior to

surgery and are able to decrease or stop taking these, it will help with your pain management after surgery. Post-operative strategies are detailed on pages 13-15 of this booklet.

PRE-OPERATIVE TOTAL JOINT THERAPY SESSION

Your surgeon may schedule you for a pre-operative appointment with physical and/or occupational therapy. The purpose of this session is to prepare you for a safe recovery with a goal of discharge from the hospital the same day or the next day. This session will provide training on strengthening exercises (these can be started before surgery), surgery precautions, safe stair ambulation and equipment. Plan to have your coach attend this session with you to help with skill reinforcement.

These sessions are offered at Mary Free Bed Rehabilitation at Covenant HealthCare locations. Most locations have a nearby Covenant lab and/or diagnostic testing center to complete any necessary testing prior to your surgery.

Pre-operative exercises – The *Partial and Total Joint Replacement Activities – Knee* sheet (located in the front pocket) provides simple exercises that you should try to do before your surgery. Any exercise before surgery will help you to get stronger. These can be done on any flat surface, such as a bed or couch.

YOUR PRE-OPERATIVE CHECKLIST

- ☐ Attend Pre-Operative Total Joint Therapy Session (if ordered)
Session date _____
- ☐ Complete lab work 4 weeks prior to scheduled surgery
Date completed _____
- ☐ Your coach's name _____
- ☐ Discuss with family/friends a safe plan for discharge
- ☐ Sign up for MyChart

Patient Assessment and Screening

The JointWorks program is designed to help prevent complications and optimize your outcomes. It is important that you are in a healthy state with known risk factors minimized.

Pre-operative lab work and testing will be ordered (i.e. blood draw, urinalysis, EKG, and/or chest x-ray) by your surgeon. Please complete this testing **4 weeks** prior to your scheduled surgery to help us provide you with a safe plan of care. Referrals and treatments may need to be completed before surgery can be scheduled.

Please refer to the checklist below and notify your surgeon if you experience any of the items listed prior to surgery.

YOUR PRE-OPERATIVE CHECKLIST

Contact your surgeon's office through MyChart or by phone if you experience any of the following in the two weeks before surgery:

- ☐ Change in medications
- ☐ Infections any place on or in your body, including mouth/teeth
- ☐ New falls/injuries
- ☐ Respiratory issues (i.e., a cold, the flu, covid, shortness of breath)
- ☐ Injury or wound to the operative leg (i.e., ingrown toe nails, ulcers, bruising)
- ☐ Increased temperature or night sweats

RISK FACTORS

Thanks in part to the amount of data now available, we can identify modifiable risk factors that increase the risk of surgical complications. We screen for these risk factors, and if found, your surgery may be delayed until the condition(s) causing the risk are safely managed.

- **Smoking:** Smoking increases your risk of infections and causes poor and delayed healing of tissue and bone. Smoking causes stress on your lungs. It also causes narrowing of your blood vessels and decreases the amount of oxygen in your blood. Proper healing

requires adequate circulation and good oxygenation. All nicotine products have similar effects (i.e., smoking, vaping, chewing, dipping). For your safety, you will need to stop smoking 4-8 weeks before surgery and not smoke for at least two months after surgery. To help you quit smoking, we offer referrals to support groups and can order medications to assist if needed. Expect that your surgeon will test your nicotine levels and if you test positive, they will cancel your surgery. Marijuana products should be stopped three days before your surgery.

- **Current infections:** Any type of infection increases your risk of operative joint infection. This includes respiratory infections, fevers, flu like symptoms, wounds, oral/dental infection, or severe urinary tract infections. If you have an infection, surgery will be delayed until it is resolved. Notify your surgeon.
- **Oral health:** Infections or untreated cavities in the mouth increase the risk of infection in your new joint. If you have any symptoms of oral infection such as cavities, pain, abscesses, swelling and/or bleeding gums, you will need to be fully treated before surgery can occur. **If you have not seen a dentist in the past year, or if you have oral health issues, you will be asked to get clearance from your dentist.** Also, for your safety, you will NOT be able to see a dentist for the SIX MONTHS following your surgery, unless it is an emergency. Be sure to schedule this appointment at least two weeks before surgery.
- **Diabetes:** Poorly controlled blood sugar during your surgery and recovery increases the risk of infection and delayed healing. Diabetes is uncontrolled when you have an elevated HgbA1c and specifically when you have elevated fasting blood sugars. Surgery may be delayed until your HgbA1c is less than eight and your fasting blood sugars are managed within an acceptable level (usually around 100). Your surgery may be postponed if your blood glucose level is greater than 180 on the day of surgery. If you are a diabetic and have not had your HgbA1c tested in the last three months, it will need to be done prior to surgery. While in the hospital, your blood sugar will be checked and treated. Patients who manage their diabetes with oral medications may require insulin during their hospital stay.

- **Morbid obesity or malnutrition:** Being substantially overweight or malnourished can significantly increase the risk of infection. If your Body Mass Index (BMI) is too high, surgery may be delayed until you have decreased your overall BMI. In contrast, your labs may indicate you have poor nutrition. If you have symptoms of poor nutrition, we may request that you modify your diet and meet with a nutritionist. Prior to surgery and during your recovery, eat a diet high in protein to promote healing.
- **Cardiac conditions:** If you have a cardiac history such as heart attack, open heart surgery, irregular heartbeat or stents, you may need to obtain cardiac clearance before surgery. For your safety, if you have recently had cardiac surgery or stents placed, your knee surgery may be delayed. Notify your surgeon of any of these conditions.
- **Respiratory conditions:** Respiratory conditions such as COPD, shortness of breath, asthma, sleep apnea, oxygen dependence or recent respiratory infections (i.e., pneumonia) place stress on your lungs and decrease the ability of blood and oxygen getting to your tissues. This can increase your risk of complications during surgery and recovery. Be sure to discuss any respiratory conditions with your surgeon prior to surgery. Patients who use CPAP machines should use these diligently for three weeks prior to surgery, immediately after surgery and during your entire recovery process (6-12 weeks). Please continue to follow any medication or treatment regimens prescribed by your physician as you prepare for surgery.
- **Blood thinners:** Notify your surgeon if you are on a blood thinner pre-operatively, such as Coumadin®, Plavix®, Pradaxa®, Xarelto®, Eliquis®, aspirin, etc. These medications may need to be stopped several days before surgery, and in some cases, Lovenox® may be temporarily ordered. Your surgeon will discuss this with you.
- **Medications:** Some medications increase the risk of complications because they interfere with healing or increase the risk of bleeding. Discuss your current medications (prescription and over-the-counter) with your surgeon to see if any need to be stopped before surgery.

Common medications that interfere with your body's ability to clot blood (i.e. fish oil, vitamin E,

YOUR PRE-OPERATIVE CHECKLIST

- ☐ Recent primary physician visit
- ☐ Recent dental visit

herbal medications, hormones, ibuprofen and naproxen) will also need to be stopped typically 1-2 weeks before surgery and avoided for 2-4 weeks after surgery. Your surgeon will further discuss this with you.

- **Blood disorders:** Patients need plenty of red blood cells and healthy platelets to heal after surgery, and to help prevent other complications. Some common blood disorders include anemia, Factor V Leiden, thrombocytopenia, blood cancer (leukemia), von Willebrand disease and hemophilia. Adjustments may need to be made if these conditions exist.
- **Other:** There are other conditions that may require you to get medical clearance before surgery. Some of these conditions include dialysis, kidney disease, rheumatoid arthritis, uncontrolled blood pressure and cancer.

Notify your surgeon if you have any of the risk factors described above.

Please notify your surgeon if you have any of the following conditions:

- If you have been diagnosed with any type of blood disorder, including clotting and bleeding disorders.
- If you have a history of blood clots or pulmonary embolism.
- If you have ever been told you are at increased risk for blood clots or an increased risk for bleeding.
- If your doctor has told you that you cannot take certain type of blood clot prevention medications, such as aspirin or Eliquis®.
- If you see a hematologist for any condition.

Anatomy of the Knee

The knee is the largest joint in the human body. The knee joint (**Figures A and B**) is made up of the lower end of the thigh bone (femur), upper end of the shin bone (tibia), and the knee cap (patella), which slides in a groove on the end of the thigh bone. Bands of tissue connect the thigh and shin bones and provide stability. The long thigh muscles give the knee strength. The joint surfaces, where these two bones touch, are covered with articular cartilage, a smooth durable substance that cushions the ends of the bones and enables them to move easily. The meniscus also provides cushioning and is located between the bones. The remaining surfaces of the knee joint are covered with a thin, smooth tissue called a synovial membrane. In a healthy knee, this membrane makes a small amount of synovial fluid that lubricates and eliminates friction between the bones. Normally, these parts work in harmony to allow easy, smooth movement of the knee joint without pain. However, certain conditions like osteoarthritis, rheumatoid arthritis and traumatic arthritis can cause the cushioning of the knee to wear down. The bones then rub against each other. Over time, inflammation and scarring can develop and worsen, causing pain and stiffness (**Figure C**).

Anatomy of the Post-Operative Knee

There are different types and sizes of artificial knee components (prostheses). **Figure D** shows the four main parts and how they fit into place to create a new knee joint.

- The femoral component (thigh bone) replaces the two femoral condyles and the patellofemoral groove at the bottom of the femur.
- The polyethylene component (plastic spacer) is the weight bearing surface between the metal components of the joint. It replaces the meniscus and allows the joint to move smoothly.
- The tibial component (shin bone) replaces the top of the tibia.
- The patellar component (knee cap) replaces the bottom surface of the knee cap (this is only replaced when necessary).

NOTE: Hearing a clicking sound is common after total knee replacement surgery. This sound is created by the metal and plastic components engaging with each other.

Figure A

HEALTHY KNEE
(front view)

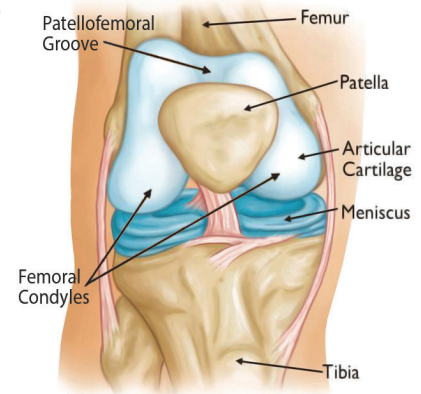


Figure B

HEALTHY KNEE
(back view)

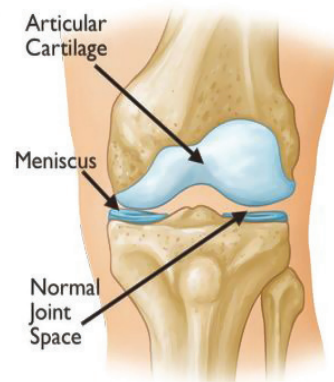


Figure C

**ARTHROTIC/
DAMAGED KNEE**
(back view)

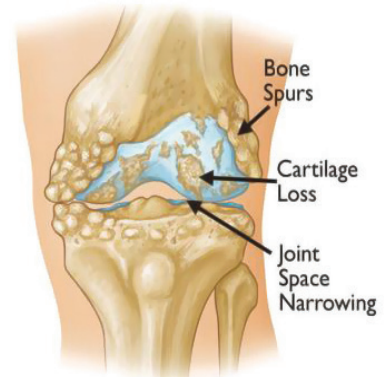
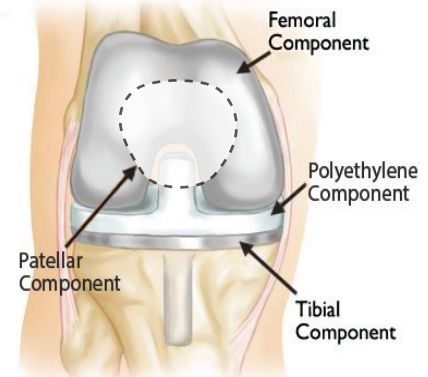


Figure D

**POST-OPERATIVE
KNEE**
(front view)



Home Arrangements

After your surgery, you will need to follow some safety precautions. They are usually temporary, and should be followed until your surgeon instructs you otherwise. Typically, patients use a two-wheeled rolling walker for 1-4 weeks after surgery, and then progress to a cane, and then to walking independently as safety allows. Four-wheeled walkers are not safe after joint replacement surgery because they are difficult to control and increase your risk of falling. To help maintain safety and promote independence, we recommend the following prior to surgery:

GENERAL CONSIDERATIONS

- ☐ **Be prepared** – Arrange for family and/or friends to take you home, get you settled in, and stay with you until you feel comfortable being left alone.
- ☐ **Schedule** – Discuss a daily schedule with your family and friends so that you'll have assistance with activities such as shopping, going to doctor appointments, self-care, etc.
- ☐ **Easy access** – Move frequently used items to waist level to help eliminate excessive reaching or bending.
- ☐ **Transportation** – It is best to be in a vehicle where your legs can be extended out in front of you and you can safely get in and out of after surgery. Pillows and blankets can be helpful for elevation and comfort.

YOUR VIPS (VERY IMPORTANT PEOPLE)

- ☐ Person/transportation company providing your ride to the hospital the day of surgery and home once you are discharged
Name _____
- ☐ Person to get you home, settled and stay with you the first night
Name _____
- ☐ Person checking on you during the first week after surgery
Name _____
- ☐ Person helping with meals, bathing, additional appointments, self-care, etc. if needed
Name _____

- ☐ **Hand rails** – Proper, secure hand rails are recommended along all stairs, toilets, baths and showers. Discuss your needs with the Mary Free Bed Rehabilitation at Covenant HealthCare staff at your Pre-Operative Total Joint Session appointment.
- ☐ **Pets** – Be careful with your pets, as they may also cause you to trip. DO NOT allow your pets to sleep with you until your incision is healed. If pets are in the home, keep your incision covered.
- ☐ **Pre-prepared meals** – Consider preparing some food and freezing it. Reheating will be easier for you than cooking in the days and weeks immediately after discharge from the hospital. You can also arrange for meals to be prepared for you.
- ☐ **Walker basket** – Consider buying a walker basket so you can carry items while you are up.
- ☐ **Phone and phone list** – Have a cell phone or cordless phone available to you at all times. Prepare a list of emergency numbers and place them by your phone.
- ☐ **Cleaning wipes** – Have these readily available to use on frequently touched surfaces and toilet seats.
- ☐ **Hand sanitizers** – Use frequently throughout the day.
- ☐ **Beds** – Make sure there is enough room to get to your bed with a two-wheeled rolling walker.
- ☐ **Night lights** – Consider placing some night lights in areas where you may need access during the night.
- ☐ **Walkways/doorways** – Remove clutter to allow enough room for your two-wheeled rolling walker to pass through.
- ☐ **Chairs** – Only sit in chairs that are high enough that you won't have a hard time getting up and out of them. Consider chairs with strong armrests. Avoid chairs with rollers. If you sit in a recliner, you will need to add a pillow/blanket under your leg so your heel is higher than your knee.
- **Throw rugs, cords and wires** – Remove throw rugs, electric cords and/or wires that are in your way and might cause you to trip.

Skin Preparation

To help prevent infection during surgery, it is important to decrease the amount of germs/bacteria that are normally on your skin.

- Do not shave your legs the week before surgery to prevent skin injury.
- Do not allow pets to sleep in the bed with you.

Note: Most patients will be instructed to shower daily with 4% CHG wash (Hibiclens®). Some patients will use medicated ointment in their nose for 5-7 days prior to surgery. If needed, these items will be provided/prescribed by your surgeon's office.

Note: You may notice the directions on the 2% CHG wipes package is different than the directions provided here. Package directions are used immediately before surgery in the operating room.

Follow the necessary steps listed to the right to reduce your chance of joint infection prior to surgery.



THE NIGHT BEFORE SURGERY

- Change your bedsheets and linens from the mattress up to help reduce the risk of infection.
- **Showering process** – Take a shower using the 4% CHG wash (Hibiclens®). Do not use this wash on your face or genitals. If allergic, please use a liquid soap such as Dial®. Use a clean washcloth. The wash is concentrated and a quarter-size amount is sufficient for most people to wash their entire body.
- After your shower, dry off with a clean towel. Then use the 2% CHG cloth wipes as directed on the following page.
 - Do not warm the wipes in the microwave.
 - Do not use lotion or powder on your skin.
 - Do not wear makeup.
- Dress in clean clothing for sleep.
- Sleep alone the night before surgery. If this arrangement can not be made, your sleep partner will need to shower using the over-the-counter 4% CHG wash or liquid Dial® soap before sleeping with you.

Note: 2% CHG wipes are not available over-the-counter.

THE DAY OF SURGERY

- Repeat the **showering process** as described above.
- Dress in clean clothing.
- CHG wipes needed for the day of surgery will be provided to you at the hospital.

HOW TO USE 2% CHG CLOTH WIPES

1. Open package using the top tear tab.
2. Remove **one cloth at a time**. Follow wiping directions below.
3. **Ask for assistance if needed.**
4. **Use all six cloths.**
5. Your skin will feel **tacky/itchy** for about five minutes.
6. Allow your skin to **air dry**. Do not rinse off.

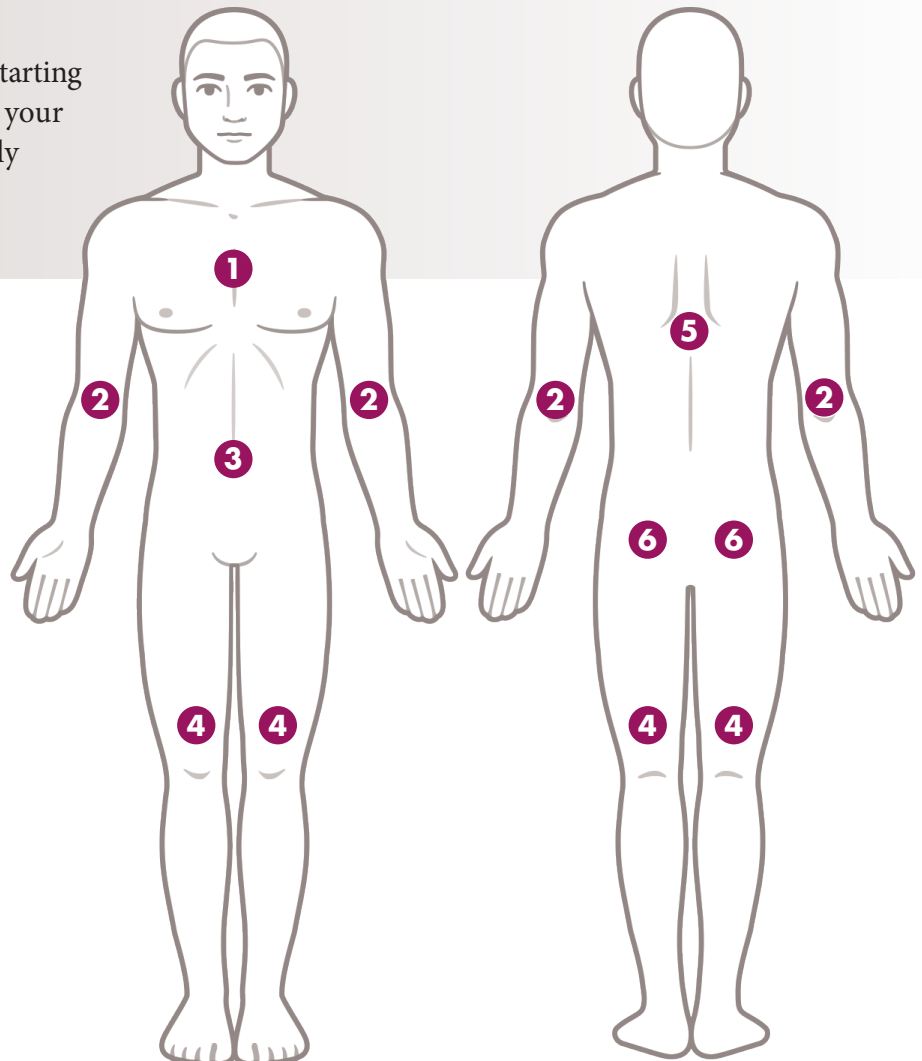
CLOTH WIPING DIRECTIONS

Follow diagram below. Use a back-and-forth motion to wipe each area thoroughly.

- 1 Wipe your **neck and chest**.
- 2 Wipe **both arms** one at a time, starting at your shoulder and ending at your fingertips. Be sure to thoroughly wipe your arm pit areas.

- 3 Wipe your **abdomen**, then your **right and left hip**, following up with the **groin** area. Be sure to wipe folds in the abdominal and groin area. **Do not** use the wipes on your genitals.
- 4 Wipe **both legs** one at a time, starting at your thigh and ending at your toes. Be sure to thoroughly wipe behind your knees.
- 5 Wipe your **back**, starting at the base of your neck and ending at your waist line. Cover as much area as possible. Ask for assistance if you cannot reach this area.
- 6 Wipe your **buttocks**.

Discard the used cloths in the trash. Do not flush them down the toilet.



Additional Pre-Operative Information

PRE-OPERATIVE INSTRUCTIONS

In the weeks before your surgery, the pre-admission testing department will go over your health history and review which home medications you need to continue and which ones should be stopped. They should review instructions and recommendations with you over the phone regarding your surgery. These instructions can be found in MyChart under “Letters” titled “Preparing for Your Procedure”. If you need them mailed to you, contact Pre-Admission Testing at 989.583.6239.

Between 2:00-5:00 pm the business day before your surgery, you will receive a call from the hospital letting you know the time to arrive for surgery.

THE DAY BEFORE YOUR SURGERY

- You may eat and drink meals as you normally would up until midnight.
- The night before your surgery, you are encouraged to drink 40 oz. of Gatorade®, Powerade® or Pedialyte® (yellow or white in color). You may also drink water or apple juice. You may drink these clear liquids as instructed by the Pre-Admission Testing Department. Your surgeon and/or anesthesiologist will cancel or delay your surgery if you eat or drink anything that is not listed as an approved clear liquid, including milk, milk products, broth, gum, candy, mints or cough drops. **If you are diabetic, drink sugar-free liquids to avoid surgery cancellation.**

THE DAY OF YOUR SURGERY

AT HOME

- The morning of your surgery, you are encouraged to drink 40 oz. of clear liquids as described above.
- Brush your teeth before coming to the hospital.
- Bring a list of your current prescriptions and over-the-counter medications with you to the hospital.
- Dress in clean, loose-fitting clothing.
- Do not wear contact lenses the day of your surgery.
- Do not wear nail polish or acrylic nails.
- Remove **ALL** jewelry and **ALL** body piercings regardless of their location on your body.

YOUR PRE-OPERATIVE CHECKLIST

- ☐ Surgery date _____
- ☐ Arrival time _____ ☐ am ☐ pm
- ☐ Drink approved clear liquids (sugar-free if diabetic)
 - ☐ 40 oz. night before surgery
 - ☐ 40 oz. morning of surgery
- ☐ Brush teeth
- ☐ Bring medication list
- ☐ Bring ID and insurance cards

AT THE HOSPITAL

- For your convenience, valet parking is available at the front entrance of Covenant Medical Center 700 Cooper from 7:00 am-9:00 pm Monday-Friday.
- Your coach may accompany you during the admission process. Check in with the front desk. Take the main (A) elevators to the Ambulatory Surgery area.
- You will be registered, weighed and escorted to your room.
- You will be asked to wipe your entire body with special cleansing cloths containing 2% chlorhexidine gluconate (see previous page). Ask for assistance if you cannot reach these areas, especially your back.
- You will change into a hospital gown and have your health history and your medications reviewed. Members of the JointWorks team will ask you several times which joint is being replaced and will mark “yes” on the appropriate leg before your surgery.
- Nasal swabs are used to prevent bacteria from being spread while in the operating room.
- During this time, you will meet your anesthesiologist and/or certified registered nurse anesthetist (CRNA). You will receive either a general or spinal anesthetic, and most will receive a nerve block. Your anesthesiologist will discuss the risks and benefits of each. Be sure to let the anesthesiologist or CRNA know if you have a preference or if you have had complications with anesthesia during a previous

surgery. If you have a history of nausea after surgeries, please let your anesthesiologist know. You may be able to receive medication during your surgery to help decrease your nausea.

- The staff will let you know when your support person needs to go to the main lobby waiting area on the first floor (near the main entrance). Please have them check in with the waiting area volunteer

so the surgeon can contact them after surgery. You and your family will be notified if there are unexpected delays. The waiting room has an OR (Operating Room) status board that allows visitors to see where their loved ones are in the surgical process. Text messaging alerts are also available.

- If you have any questions, please contact Pre-Admission Testing.

Understanding the OR Status Board and Surgery Details

OR STATUS BOARD

The OR status board monitor is located on the wall in the waiting area. Your visitors can track your progress on this board using the six-digit case/patient number that you will receive in the Ambulatory area.

- Plan for the pre-operative/surgery/post-operative experience to last up to three hours. The anesthesiologist will need between 15 and 30 minutes to get you prepared for surgery and help you recover from the anesthetic. Your orthopaedic surgeon will take from one to two hours to complete your surgery. Following surgery, you will move to the post-operative holding area for about an hour of close observation. When ready, you will transition to the next phase of care.
- Your orthopaedic surgeon will update your support person and/or family member(s) as soon as he/she is finished with your surgery. Please have them check in with the waiting area volunteer so the surgeon can contact/call them after surgery.

READING THE STATUS BOARD MONITOR

IN PRESURG	The patient is in Ambulatory.
IN PREOP	The patient remains in Ambulatory and is ready to be seen by Anesthesia.
READY 4 OR	The patient is ready for surgery.
IN OR	The patient is in the Operating Room. A green circle (●) on the board means the surgery has started. A red circle (●) means the surgery is finished.
IN RECOVERY	The patient is recovering in the Recovery Room.
SURGERY HOLDING	Patient is awaiting transfer to the next department.
IN PHASE II	The patient is back in Ambulatory.
TO UNIT	The patient is in their room on one of the units in the hospital. A smiley face (😊) will appear when the patient is ready for visitors.

In PreSurg	In Recovery
170301 CSDA	186048 CPAC
167404 C655	183403 CPAC
182698 C656	183955 C656
+177547 C659	141304 CPAC
157665 CSDA	
In PreOp	In Phase II
156313 CPOH	175333 C654
149694 CPOH	174814 C650
Rdy 4 OR	To Unit
164411 CPOH	+156363 C503
In OR	170357 😊 C545
156355 ● C OR	188108 😊 C527
170470 C OR	
188909 ● C OR	
189010 C OR	

What to Expect When You Wake Up

- You may feel groggy and forgetful immediately after your surgery. This is common, and usually wears off within a couple hours. You may need help with movement and repositioning immediately after your surgery. The feeling of “dependence” will decrease quickly as you actively participate in the JointWorks program and regain your strength and independence.
- Many patients experience a decrease in sensation from the anesthesia block performed that can last up to 24 hours after surgery. Your legs may feel numb, heavy or be difficult to move until the block wears off. As this wears off, your pain will increase.
- You can expect that you will have pain. We have medications and interventions to help make you comfortable. Please discuss any issues or concerns with your nurse as soon as possible.

What to Expect When You Wake Up: Equipment

ALTERNATIVE LEG PRESSURE (ALP) DEVICE

You may have a calf sleeve device on both of your legs. The sleeves are attached to a machine that applies gentle pressure to your legs. This action helps return blood back to your heart, helping to decrease the risk of blood clots. You will wear these in the hospital while you are in bed and up in a chair.

INTRAVENOUS CATHETER (IV)

You will have an IV. It will be used to provide antibiotics and other medications needed for your recovery. The IV will be removed before you are discharged.

DRESSING

Your closed incision will be covered with a dressing that will remain in place for 1-2 weeks.

Follow your surgeon’s discharge instructions. The dressing will either be a:

- Simple dry dressing
- Aquacel® Dressing (see page 29)
- Incisional Management System Negative Pressure Dressing (see pages 29-30)

OXYGEN

You may have oxygen tubing placed over your ears and face with supplemental oxygen flowing into your nose. This is continued as long as needed while you recover from the effects of anesthesia.

GRADUATED COMPRESSION STOCKINGS

You may have long elastic stockings placed on your legs. These use gradual compression to help manage swelling. You will continue to wear these as instructed – at least until your follow-up visit with your surgeon.



Pain Management

Pain is to be expected after surgery and throughout your recovery process. The goal is to manage pain safely and effectively, using a multi-modal pain management approach. The foundation of pain management begins with elevation, icing and rest (activity modification), followed by non-narcotic medications. Lastly, if still needed and only when all other strategies have failed, narcotic medications may be considered.

Post-operative swelling is part of the recovery process. Swelling causes the most post-operative pain, limits range of motion and increases the risk of complications. Swelling gradually increases and peaks between post-operative days 2-3 and will be significant for the first 2-3 weeks. It will slowly decrease in the following weeks with mild swelling commonly continuing for several months.

PAIN MANAGEMENT STRATEGIES

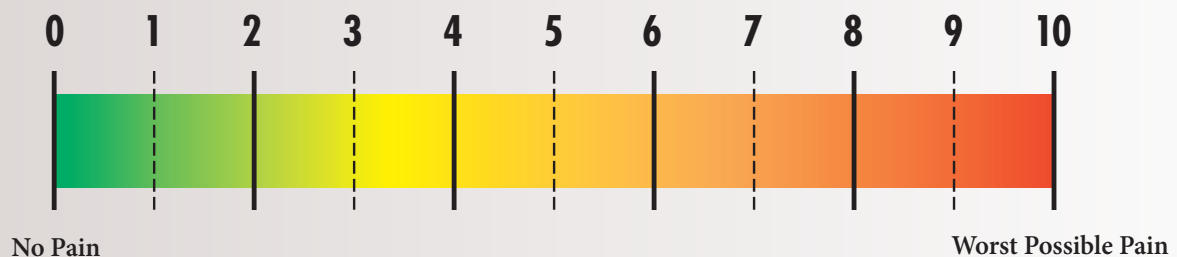
- **ELEVATION, ELEVATION, ELEVATION**
- Icing
- Rest (activity modification)
- Gentle motion (frequent bending and straightening of your knee)

For the first two weeks after surgery, focus on managing swelling while increasing knee range of motion. Swelling is dependent on activity. To prevent excessive swelling and pain, limit the length of time the foot is lower than the knee. Setting aside dedicated time to elevate and ice your leg so swelling can be managed is essential for pain management and your overall progression.

PAIN RATING SCALES

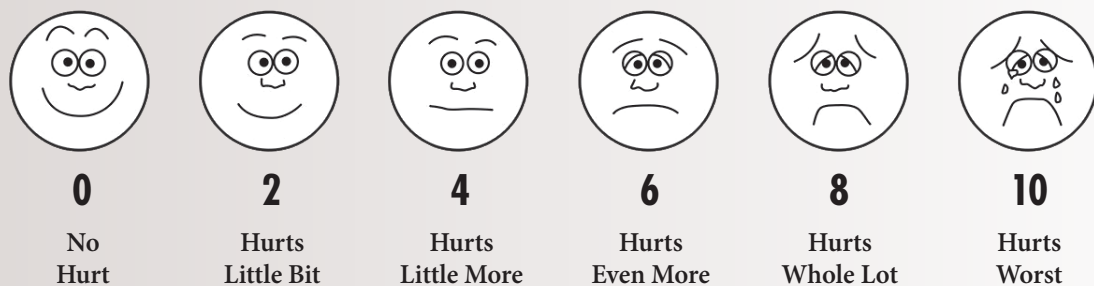
To help assess your pain, you will be asked frequently what your acceptable pain level is using one of these Pain Rating Scales.

NUMERIC PAIN SCALE



Patients who are unable to use the Numeric Pain Scale will be asked to choose the facial expression below that best describes how much they hurt.

WONG-BAKER FACES® PAIN RATING SCALE



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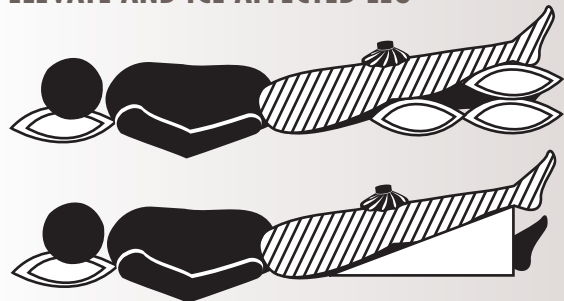
Pain Management (continued)

STRATEGIES TO MANAGE SWELLING AND PAIN

ELEVATION OF SURGICAL EXTREMITY

- Plan dedicated periods of rest with elevation and icing of your surgical leg throughout the day. **Follow your orthopaedic surgeon's specific recommendations.**
- Do not allow your heel to be lower than your knee for extended periods of time, especially for the first two weeks after surgery. This includes standing, sitting and riding in a car. This increases swelling and pain.
- Keep the heel higher than the knee (and higher than the heart when able) as much as possible. Use pillows, blankets or a foam wedge to assist with elevation and positioning (including when in a recliner/chair). See graphic below for examples.

ELEVATE AND ICE AFFECTED LEG



COLD THERAPY/ICING

Cold therapy (or icing) reduces inflammation by decreasing tissue temperature. **Plan to use frequently throughout the day and night as instructed by your surgeon.** Usually, cold therapy is applied in the form of ice packs, ice gels or a cooling pack. Use a thin cloth between the skin and ice to prevent frostbite.

Icing with proper elevation is the most effective and safest way to manage pain.

Prepare cold therapy/icing products ahead of time to use during your recovery (i.e., frozen water bottles, ice cubes, reusable ice packs). Homemade reusable ice pack instructions can be found on page 32.

KNEE RANGE OF MOTION

Knee motion consists of bending (flexion) and straightening (extension) of the knee. With optimal knee range of motion, you will experience less pain and an increased ability to do activities. This is essential for a successful and satisfactory recovery after total knee replacement. Refer to page 16 for more detailed information.

MOVEMENT

Early and frequent movement for short periods of time is important to help prevent blood clots, decrease pain and improve range of motion. This movement begins shortly after you wake up from surgery and continues daily throughout your recovery. Examples include:

- Standing
- Walking in the room
- Ankle pumps
- Repositioning

RELAXATION STRATEGIES

Visualizing a more comforting, enjoyable environment can take your mind off your pain. Examples include things you have enjoyed in the past and will be able to do again after you recover (i.e., vacation, golfing, shopping, dancing, playing with your children/grandchildren).

Deep breathing while listening to relaxing music and doing isometric exercises can also promote relaxation and decrease pain.

DIVERSIONAL ACTIVITIES

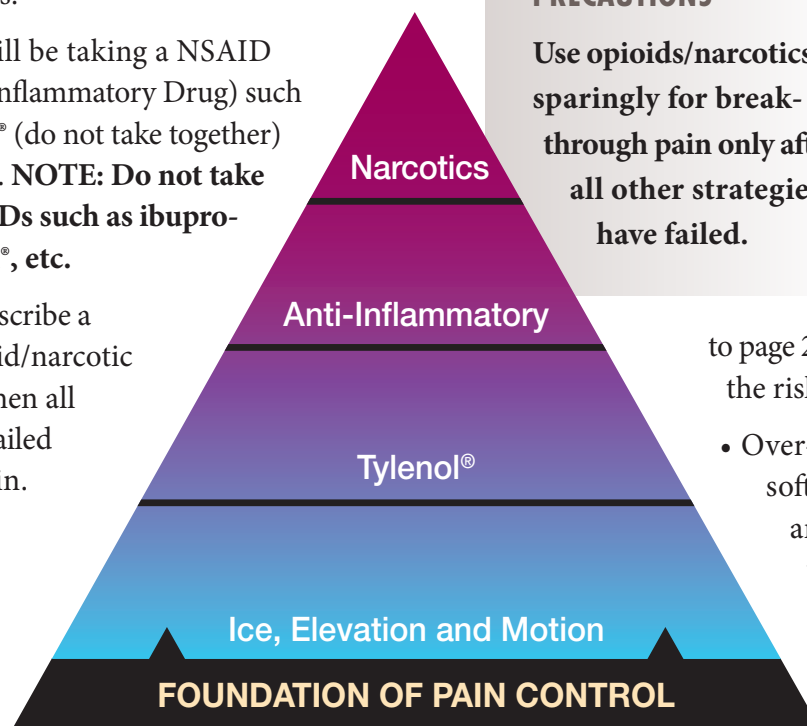
Activities that take your mind off your pain can be very effective as a

pain management technique. Reading, listening to music, crossword puzzles, writing letters and playing cards are among the many possibilities.



MEDICATIONS

- You will be taking scheduled doses of Tylenol® for the first two weeks.
- If appropriate, you will be taking a NSAID (Non-Steroidal Anti-Inflammatory Drug) such as Celebrex® or Mobic® (do not take together) for the first two weeks. **NOTE: Do not take with any other NSAIDs such as ibuprofen, naproxen, Advil®, etc.**
- Your surgeon may prescribe a small amount of opioid/narcotic medication for use when all other strategies have failed in managing your pain. Opioids have a high tendency of addiction and life-altering side effects such as confusion, respiratory



Patient Plan of Care: Day of Surgery

Note: DO NOT

attempt to get out of bed without assistance from our staff. Use the nurse call button. To prevent falls, please allow plenty of time for us to assist you.

- Get up with your walker with minimal assistance of one person.
- Empty your bladder effectively.
- Eat and drink with nausea management strategies in place as needed.
- Manage your pain with ordered strategies.

EXPECTED LENGTH OF STAY

Plan to be discharged home the day of your surgery or the next morning.

DISCHARGE CRITERIA

PLAN TO BE DISCHARGED WHEN YOU CAN:

Discharge criteria may be met within 2-4 hours after your surgery.

Note: When you are discharged, ensure you have someone available to help you get into your home. Most patients will be able to move throughout their home with minimal assistance. Plan for someone to stay with you at least through the first night and until you feel comfortable spending time alone.

WHAT TO EXPECT DURING YOUR HOSPITAL STAY

- Be up at the edge of the bed as soon as possible after surgery (usually within 1-2 hours).
- Drinking and eating as soon as you are able (usually within an hour):
 - Start with liquids and advance as tolerated to your home diet.
 - Strategies and medications are available if you are nauseated.

continued on next page

Patient Plan of Care: Day of Surgery (continued)

- Be up to the chair/walking in the room within two hours with nursing staff or physical therapy.
 - Be up in room with nursing staff as soon as possible.
 - Evaluation by physical therapy as soon as possible.
- Getting up for self-care is the first part of recovery. You will be walking to the bathroom with assistance (bed pans will not be offered).

ELEVATE AND ICE AFFECTED LEG



It is very important to have dedicated periods of rest while elevating and icing your operative leg.

LEG ELEVATION

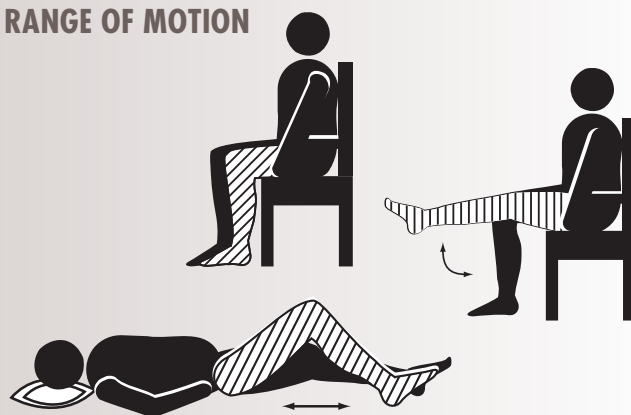
Keep your **leg elevated** whenever you are not up and moving to decrease swelling and manage pain.

To be effective, your heel must be higher than your knee. For elevation, you can use pillows/blankets placed comfortably under your leg/calf/ankle or a long foam wedge under the entire leg length **when lying down or sitting in a chair**. See ELEVATE AND ICE AFFECTED LEG graphic above.

ICING

Use ice/cold therapy frequently throughout the day and night and after activity to help decrease swelling and manage pain. Use a thin cloth between the skin and ice to prevent frostbite.

RANGE OF MOTION



KNEE RANGE OF MOTION (see graphic above):

Starting the day of surgery, work on bending and straightening your knee as soon as you can. Continue for 6-12 weeks. It will be difficult and in the beginning may be painful, but the more you move your knee the easier it becomes. It may take a few days for you to have a significant gain in range of motion. The key is to keep doing it. Frequent movement of the knee decreases swelling and therefore decreases pain.

LEG EXTENSION EXERCISES

The goal is to be able to fully extend your leg flat by your two week follow-up appointment. These exercises should be started as soon as possible the day of surgery or the morning after and should be completed five times each day. This will be uncomfortable, but it is important for your full recovery. This can be done two ways.

LEG EXTENSION: CHAIR



1. Chair with extension sling (see graphic above):

- a. Place a weight (such as a half gallon of milk) extended from a sheep skin sling on the

knee of your surgical leg. Your knee should be unsupported.

- b. Extend your leg out in front of you with your heel/calf resting on a chair.
- c. Sit in this position for 10 minutes.
- d. Repeat 5 times daily.

LEG EXTENSION: BED



2. Bed with pillow/towel roll (see graphic above):

- a. Extend your leg out in front of you and elevate your ankle on a pillow or towel roll.
- b. Press your knee flat.
- c. Count to 5, then relax.
- d. Do 10 repetitions, 5 times daily.

EXERCISES

You will receive and be taught home strengthening exercise instructions prior to leaving the hospital. Be sure to follow your surgeon's specific instructions regarding activity and exercise. Refer to the *Partial and Total Joint Replacement Activities – Knee* sheet located in the front pocket of this booklet.

OTHER INFORMATION

- Perform ankle pumps 10 times for each leg every hour while awake.
- Cough and take deep breaths or use an incentive spirometer 10 times every hour while awake.
- Reposition every 1-2 hours.
- Take pain and/or nausea medication as needed. Please notify a staff member if you need these medications.
- Your vital signs will be taken every four hours around the clock.
- Your oral intake and urinary output will be measured and closely monitored.

DISCHARGE PROCESS

- A case management team member may talk to you about equipment and home arrangements. They can help with any questions or concerns you may have.
- Once you meet the discharge criteria:
 - Your nurse will review your **surgeon's specific discharge instructions** and medications with you and your support person.
 - Please ask your nurse if you have any questions or concerns about these instructions prior to leaving the hospital.
 - Plan to have your discharge medications sent to the Covenant Outpatient Pharmacy. This will prevent delays in getting your discharge prescriptions.
 - Pick up medications from the outpatient pharmacy on the first floor.
 - You will be discharged home with your support person.
 - Have them park in the circle drive out front of the main 700 Cooper entrance.
 - Be sure to take all of your belongings with you when you leave.

It is very important that you understand and follow your surgeon's specific discharge instructions and refer to them frequently throughout your recovery.

Note: If you have not met the criteria for safe discharge the day of surgery, you may need to stay overnight with plans to be discharged the morning after surgery when criteria is met.

Discharge Expectations

When you are discharged you will be providing your own basic care. This will include safely getting in/out of bed, providing self-care, walking with minimal assistance and knowing how to go up/down stairs if needed. In most cases, nursing and/or physical therapy will not be coming to your home.

If you have not established a safe discharge plan for home with family and/or friends you should contact your surgeon's office immediately to reschedule your surgery date.

It is acceptable to stay at the home of family or friends until you are ready to go back to your own home.

PLAN A: DISCHARGE TO HOME

Our orthopaedic surgeons expect their patients, including those that live alone, to be safely discharged home with the help of family and/or friends. **Note:** **You must have a responsible adult at home with you the night of your surgery. Make these arrangements prior to your surgery.**

Home is the safest place to recover after surgery. Evidence shows that going to a post-acute facility increases the risk for infections and complications, with no improvement in outcomes.

- Patients that are discharged home have the lowest rates of post-operative complications, such as infection, blood clots, emergency room visits and readmissions.
- You will recover better at home (i.e., sleeping in your own bed, eating your own food).
- You can get up and move around more freely.
- You can set your own schedule for exercises.
- There are fewer unusual germs in your home that could increase your risk for infection.

PLAN B: IF YOU CANNOT BE DISCHARGED HOME

In the rare occurrence that you are not progressing after surgery, your care team will discuss the next steps to determine the safest discharge plan for your specific situation. Your insurance coverage and bed availability at a skilled nursing facility/nursing home will also play a role in the decision made.

Note: If you go to a skilled nursing facility/nursing home after surgery, be aware that your surgeon will no longer be in charge of your care. In addition, there may be out-of-pocket costs if going there is not approved by your insurance.

SKILLED NURSING FACILITY/NURSING HOME

Total knee replacement surgery is routinely approved by insurance as an outpatient procedure. **This means that your insurance company expects you to go home the day of or the morning after your surgery.** It also means that for most insurances, including Medicare, **you will NOT be approved to go to a skilled nursing facility/nursing home for extended therapy and you will need to have a safe plan in place to be discharged home.** Rarely, patients meet the medical and physical requirements necessary to go to a skilled nursing facility/nursing home for extended therapy after total joint replacement surgery.

Please note:

- Neither your surgeon nor your therapist's recommendations can override your insurance company's regulations.
- At any time you can go to a skilled nursing facility/nursing home if you are willing to pay for it out-of-pocket and if they have room available at the facility.

Patient Plan of Care: Recovery at Home

WHAT TO EXPECT

- Plan to have someone stay with you until you are comfortable being left alone.
- Focus on your recovery, doing quiet activities at home for the first couple weeks.
- Plan to continue elevation, ice and motion frequently throughout your recovery.
- Plan for designated resting times for elevation and icing. Follow your surgeon's specific instructions.
- For proper positioning, refer to graphic on page 16.

LEG ELEVATION

- Have your leg elevated whenever you are not up and moving to decrease swelling and manage pain.
- To be effective, your heel must be higher than your knee. For elevation, you can use pillows/blankets placed comfortably under your leg/calf/ankle or a long foam wedge under the entire length of the leg when laying down or sitting in a chair.

ICING

Use ice/cold therapy frequently throughout the day and night and after activity to decrease swelling and manage pain. Use a thin cloth between skin and ice to prevent frostbite.

KNEE RANGE OF MOTION (see graphics on page 16)

Obtaining full range of motion takes patience, dedication and time. This is achieved by bending and straightening your knee frequently for short periods of time throughout the day. Most of the knee range of motion you gain after surgery occurs within the first six weeks, so moving the knee as much as possible is very important. Frequency is more important than duration. By the end of the first two weeks, you should be able to achieve 90 degrees of bending (flexion) and fully extend your leg straight (extension).

Note: To avoid overusing your knee, it is encouraged to perform these activities in short, frequent intervals throughout the day and to continue with the described strategies to manage swelling.

LEG EXTENSION EXERCISES

The goal of **leg extension exercises** (refer to graphics on pages 16-17) is to be able to fully extend your leg flat by your two week follow-up appointment. These exercises should be started as soon as possible and should be completed as instructed each day. This will be uncomfortable, but it is important for your full recovery. This can be done two ways.

• Chair with extension sling:

- Place a weight (such as a half gallon of milk) extended from a sheep skin sling on the knee of your surgical leg. Your knee should be unsupported.
- Extend your leg out in front of you with your heel/calf resting on a chair.
- Sit in this position for 10 minutes.
- Repeat 5 times daily.

• Bed with pillow/towel roll:

- Extend your leg out in front of you and elevate your ankle on a pillow or towel roll.
- Press your knee flat.
- Count to 5, then relax.
- Do 10 repetitions, 5 times daily.

EXERCISES

- Continue with your home strengthening exercises. Be sure to follow your surgeon's specific instructions regarding activity and exercise. Refer to the *Partial and Total Joint Replacement Activities – Knee* sheet located in the front pocket of this booklet.
- **Physical therapy** – Your home physical therapy program is essential. Your progression will be evaluated and discussed at your post-operative visits and, if needed, your surgeon will order formal physical therapy for you. If ordered, formal outpatient physical therapy lasts for 4-6 weeks. Occasionally, if you are homebound, you may qualify for in-home physical therapy for the first 1-2 weeks. You will continue your range of motion and strengthening exercises for several months after your surgery.

continued on next page

Patient Plan of Care – Recovery at Home (continued)

OTHER INFORMATION

- Perform ankle pumps 10 times for each leg every hour while awake.
- Cough and take deep breaths or use an incentive spirometer 10 times every hour while awake.
- Reposition as needed for comfort.
- Take nausea and/or pain medication as needed.
- **Note:** It is common to have quite a bit of bruising and swelling around your surgical site and extending down your leg.
- **Nutrition:**
 - Eating foods high in protein helps give you energy and helps your muscles heal and regain strength. Consider protein drinks if you are unable to adequately eat enough protein.
 - Eating high-fiber foods will help keep your bowels regular after surgery.
 - It is especially important to drink plenty of fluids to stay hydrated and help manage constipation.

FOLLOW UP

- **Orthopaedic surgeon** – Schedule a follow-up visit to your orthopaedic surgeon's office for an incision and progress check 10-14 days after your surgery. You will have another visit with the orthopaedic surgeon 3-4 weeks later.
- **Primary care provider** – If needed, schedule a follow-up visit with your primary care provider 1-2 weeks after discharge from the hospital.
- **Specialty provider** – Occasionally, patients need to follow up with a specialist.



EMOTIONAL SUPPORT THROUGHOUT YOUR RECOVERY PROCESS

Your mindset regarding your surgery has a huge impact on your recovery process. Getting back to the basics is crucial and can help you maintain an optimistic outlook throughout your recovery. Drinking enough fluids, eating healthy/high protein meals, getting plenty of sleep and exercising within your physical limits are great places to start. Having a supportive group can be helpful as you navigate the ups and downs of your surgical recovery. This can be close family members or friends who provide positive support, or a community group of people (whether virtual or in-person) who have gone through a similar surgery and recovery process. While the Covenant JointWorks program does not have a specific group to recommend, groups with an upbeat outlook and optimistic environment are ideal.

It is important to understand that healing comes in waves. Focus on week-by-week wins, versus concentrating on the day-to-day. If at any point in your recovery you feel overwhelmed or extremely emotional, please reach out to a trained mental health professional in your area for help. Surgical recovery is a temporary process that will get better with time, but sometimes having brief assistance is necessary to help work through these emotions.

Your Medications

COVENANT OUTPATIENT PHARMACY

The Covenant Outpatient Pharmacy has a service that can provide you with your discharge medications prior to leaving the hospital called Rx Express. Your medications can be ready there for easy pick up. There is no additional cost for this program beyond your medication copay. Our goal is to make it easier for you to have the medications you need before you leave the hospital. Using this service will prevent delays in getting your discharge prescriptions (especially pain medications).

Some frequently asked Rx Express questions:

Can my medication copay be added to my hospital bill?

No, medications filled upon discharge cannot be added to your hospital bill. We accept cash, check and credit card (excluding American Express).

Do you accept my prescription insurance plan?

We accept most prescription insurance plans. Your prescription will be billed directly to your medication insurance provider, just like it's billed at your home pharmacy.

What if I don't have my insurance or prescription coverage card while in the hospital?

We will gladly work with you to obtain this information from your home pharmacy or through your insurance.

If I fill my medications with Rx Express, will it replace my home pharmacy?

No, you can continue to use your home pharmacy for your medication needs after you are discharged.

Opioid Use Risks

A controlled substance is a drug or other substance that the United States Drug Enforcement Administration has identified as having a potential for abuse.

- There are risks of substance use disorder and overdose associated with controlled substances containing an opioid such as oxycodone, Norco®, Ultram®, morphine, etc.
- Individuals with mental illness and substance use disorders may have an increased risk of addiction to a controlled substance.

SAGINAW MEDICATION DISPOSAL LOCATIONS

- **Covenant Outpatient Pharmacy**
700 Cooper • 989.583.6484
- **Saginaw Valley State University Police**
7400 Bay • 989.964.4141
- **Saginaw Township Police Department**
4930 Shattuck • 989.793.2310
- **Saginaw Police Department**
612 Federal • 989.759.1289
- **Saginaw County Sheriff's Office**
618 Cass • 989.790.5456
- **Meijer Pharmacy** • *No liquids accepted*
– 3360 Tittabawassee • 989.249.6010
– 8400 Gratiot • 989.781.6510
- **Walgreens Pharmacy** • *No liquids accepted*
4989 State • 989.791.3088

Call any of the above locations for more information on how to dispose of medications properly.

For additional information on medication disposal, please visit the Opioid Prescribing Engagement Network (OPEN) at michigan-open.org.

- Mixing opioids with benzodiazepines, alcohol, muscle relaxers, or any other drug that may depress the central nervous system can cause serious health risks, including death or disability.
- There is a heightened risk of short and long-term effects of opioids for a female who is pregnant or is of reproductive age, including but not limited to, neonatal abstinence syndrome, pre-term labor and birth defects.
- Any other information necessary for patients to use the drug safely and effectively will be found in the patient counseling information section paperwork from the pharmacy.
- Safe disposal of opioids has shown to reduce injury and death in family members. Proper disposal of expired, unused or unwanted controlled substances may be done through community take-back programs, local pharmacies or local law enforcement agencies.
- **NEVER FLUSH UNUSED MEDICATIONS.**
- It is a felony to illegally deliver, distribute or share a controlled substance without a prescription properly issued by a licensed health care prescriber.

For any questions or concerns regarding the above information, please reach out to a pharmacist or your surgeon's office.

Preventing Complications

Complications such as blood clots and infection are rare in orthopaedic surgery. However, when they do occur, they can be devastating and life-altering. Please review these two pages to learn more about complications after surgery and how to avoid them.

INFECTION

Infection is an important consideration before and after your surgery. Nationwide, 2.2% of patients receiving a total knee surgery develop infection after surgery. Infections can enter your body through procedures that break the skin, contact with sick people or poor body or oral hygiene.

To help prevent infections:

- You (and your sleep partner) should wash daily using over-the-counter 4% CHG wash or liquid Dial® soap before going to bed.
Pets are discouraged from sleeping with you until your incision is completely healed.
- Use disinfectant wipes to wipe the toilet seat before each use – at home and in public restrooms.
- While in the hospital and at home, tell visitors not to visit if they are sick.
- Wash your hands with soap and water or use hand sanitizer frequently throughout the day, *especially* before and after using the bathroom, and before and after touching your dressing or incision.

To help prevent joint infection, NO dental visits, colonoscopies or any invasive procedures are to be done for at least six months after total joint replacement unless it is an emergency.

A dose of antibiotics will be required prior to any invasive procedures. Discuss with your surgeon how long this process should continue.

- Before anyone touches your incision, they must first wash their hands with soap and water or use hand sanitizer.
- Ask all visitors to wash their hands with soap and water or use hand sanitizer when entering or leaving your room/home.
- Do not allow visitors to touch your dressing or incision, or sit on your bed.

RESPIRATORY

- Cough and deep breathe 10 times an hour. This helps to prevent fluid from settling in your lungs, pneumonia and other respiratory complications.
- If you received a Voldyne® incentive spirometer from the hospital, please use it daily until you are up and moving around more. Dispose of it after six weeks of use.
- Sit up in a chair frequently and walk for short periods of time throughout the day.
- Brush your teeth.

DIABETES

If you are diabetic, it is very important to manage your blood sugar diligently. Blood sugar levels that are elevated increase the risk of infection. Please monitor and manage closely.

SMOKING

Smoking increases risk of infection and causes poor and delayed healing of tissue and bone. It also causes narrowing of your vessels and decreases the amount of oxygen in your blood. Proper healing requires adequate circulation and good oxygenation. All nicotine products have similar effects (i.e., vaping, chewing, dipping).



CIGARETTES, E-CIGARETTES, CIGARS, VAPING

For your safety, you need to ***stop smoking 4-8 weeks before surgery and not smoke for at least two months after surgery.*** We offer referrals to support groups and can order medications to assist if needed.

BLOOD CLOTS

Blood clots are a risk of most surgeries, including knee replacements. They may form for many reasons, including genetics, decreased blood flow, trauma or other illnesses. The increased risk extends several weeks after surgery.

Early interventions help to decrease blood clots by pushing the blood back to the heart so that it does not have time to pool and form a clot.

Strategies to prevent blood clots:

- Being up and about within two hours after surgery.
- Early and frequent walking for short periods throughout the day.
- Ankle pump exercises 10 times every hour while awake.
- Alternate leg pressure (ALP) devices.
- Changing your position every 1-2 hours.
- Anticoagulation/blood thinning medications (anticoagulant therapy may be aspirin, Xarelto®, Coumadin®, Lovenox® or Eliquis®) as ordered by your surgeon or continuing previously ordered medication. Notify your surgeon if you are allergic or have been told not to take the above medications.
- It is important to take your medications as ordered – do not miss doses.

You will be discharged on a medication to prevent blood clots. Most low-risk patients are prescribed aspirin 81 mg twice daily for 14-30 days.

DO NOT MISS DOSES.

If a clot (or embolus) does develop despite these measures, you will need further treatment with medications. Prompt treatment usually prevents more serious complications, including pulmonary embolus.

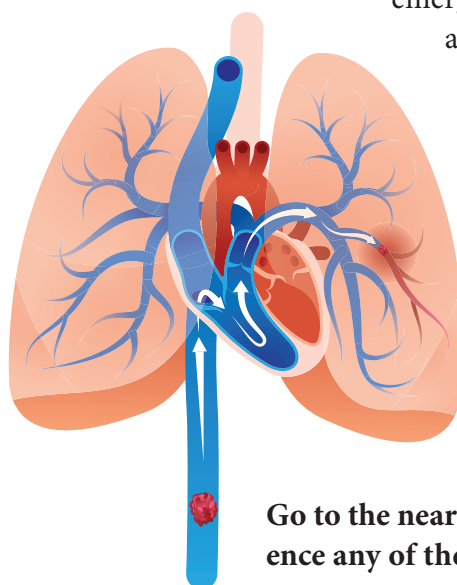
Report significant pain or swelling in your ankle, calf or thigh that does not decrease with elevation and rest to your surgeon's office.

PULMONARY EMBOLUS

A pulmonary embolus can develop when a blood clot breaks off in a vein and goes to your lungs. This is an emergency requiring immediate medical attention. Signs of a pulmonary embolus include:

- Sudden chest pain.
- Sweating.
- Difficulty breathing.
- Shortness of breath.
- Confusion.
- Anxiety/thoughts of impending doom.

Go to the nearest emergency room if you experience any of these signs or symptoms.



CONSTIPATION

Constipation after surgery and during recovery is common. This occurs for many reasons, most often due to decreased activity, anesthesia and narcotic/opioid pain medications. Drink plenty of fluids and eat fresh fruits and vegetables to help manage constipation. Frequent movement as instructed throughout the day will help promote bowel activity. A stool softener may be recommended. You can take over-the-counter medications such as Miralax®, Fibercon® or Metamucil® to help keep your bowel movements regular.

Recovery After Total Knee Replacement

Note: You should continue using your safety equipment until you are walking safely without it.

Throughout your recovery, it is important to continue basic recovery activities, including:

- Managing pain and swelling.
- Elevating your leg (heel higher than knee) at frequent intervals.
- Icing frequently.
- Frequent range of motion and movement of the knee.
- Avoid sitting or standing with your leg down for extended periods of time.

WEEK 0-2

Continue with frequent elevation and icing as described on page 16 to manage swelling. At the end of two weeks, your activities may include:

- Walking within your home for short distances.
- Actively bending your knee 90 degrees and straightening completely.
- Showering or sponge bathing without physical assistance. Do not soak your knee in a tub yet.
- Dressing yourself independently or with adaptive equipment, if applicable.
- Resuming some simple homemaking tasks.
- Continuing your range of motion and strengthening exercise program as described in the *Partial and Total Joint Replacement Activities – Knee* found in the front pocket.

Note: Having assistance available in the home during showering and use of stairs is encouraged.

WEEK 2-4

You will become more independent during the next two weeks. Continue your range of motion and strengthening exercise program faithfully to achieve the best outcome. By the end of week 4, your activities may include:

- Slowly increasing your walking distance and frequency within your physical limits while preventing excessive swelling.
- Actively bending your knee 110 degrees.
- Carefully walking up and down a flight of stairs with a rail (one foot at a time) once a day if needed for activities of daily living.
- Resuming additional homemaking tasks.

WEEK 4-6

During this period, you should recover to near or full independence while maintaining knee precautions. By the end of week 6, your activities may include:

- Walking with a cane or independently. Follow the instructions of your surgeon or therapist.
- Increasing your walking distance and walking frequency to community distances (for example, within the grocery store).
- Actively bending your knee 120 degrees.
- **Beginning** regular stair use (rather than one foot at a time).
- Driving a car (check with your surgeon first).
- Continuing your range of motion and strengthening exercise program.

WEEK 6-12

During this six-week period, you should be able to resume all of your normal activities, within reason. Check with your surgeon before resuming activities such as golfing, bowling, yard work, dancing, yoga, swimming, etc. By the end of this period, your activities may include:

- Walking without a cane with a normal gait pattern.
- Walking up and down stairs in the normal manner.
- Walking distances per your work/recreational/lifestyle needs.
- Resuming all pre-surgical activities that have been approved by your surgeon.
- Continuing your range of motion and strengthening exercise program.

Note: You should walk everyday, as instructed by your surgeon.

Symptom Management After Joint Replacement Surgery

Refer to your discharge instructions or After Visit Summary in MyChart for further care instructions.



GREEN ZONE: ALL CLEAR

EXPECTED SYMPTOMS AND ACTIVITIES

- Pain is present but controlled with suggested ice, elevation and medications.
- Redness, heat, swelling and/or bruising is present. These side effects peak 2-4 days after surgery and then begin to improve.
- Surgical dressing looks clean and dry.
- You are able to walk with a walker and do exercises as taught prior to discharge from the hospital.
- Difficulty falling and/or staying asleep (first 1-2 months). This should improve with time.
- Bowels and bladder are functioning (passing gas, no abdominal swelling, no constipation).
- You are eating healthy meals – foods high in protein to promote healing. Also eat fruits and vegetables (leafy greens) – foods high in fiber to help prevent constipation.



YELLOW ZONE: CAUTION

CONTACT YOUR SURGEON'S OFFICE IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- You develop chills, shaking and a fever of 101° F or higher.
- No bowel movement in 3-5 days or diarrhea that does not subside within 24 hours.
- Difficulty urinating, urinating small amounts frequently, or there is pain, burning, dark color or foul smelling urine.
- Nausea/vomiting/dizziness that does not subside in 24 hours or seems unrelated to medications.
- You have incision drainage that is not contained by the dressing or the drainage continues for more than 5 days.
- If you have severe pain and swelling in your legs or calves that is not relieved by rest and elevation.
- You experience a fall at home without noticeable or significant injury.
- You have sudden, severe pain in your new joint.
- If you are unable to bear weight on the operative leg.
- Your incision is coming apart or you are having difficulty with your Incisional Management System.

Remember, a surgeon is available 24 hours a day, seven days a week. Contact your surgeon before calling your primary care provider or before going to MedExpress or the Emergency Care Center.

Surgeon: _____

Phone: _____

If you have questions after your surgeon's office closes, Covenant Care Connect is available seven days a week to help connect and guide you to the personalized care you need. Call or text **989.583.3135** Monday-Saturday 8:00 am-6:00 pm; Sunday 10:00 am-4:00 pm; Holidays: 10:00 am-4:00 pm (closed Christmas Day) or message Care Connect through the MyChart app. This service is available to everyone.



RED ZONE: DANGER

GO TO THE EMERGENCY CARE CENTER OR CALL 911 RIGHT AWAY IF YOU EXPERIENCE:

- Sudden shortness of breath or difficulty breathing.
- Chest pain.
- Sweating or confusion.
- Sudden weakness and/or slurred speech.
- Uncontrolled bleeding.
- If you fall with noticeable or significant injury.

Daily Activities: Total Knee Arthroplasty

Your **PHYSICAL THERAPY** team will review the following information with you.

DAILY ACTIVITIES

STANDING UP

- Push up from the surface you are sitting on with at least one hand.
 - Do not place both hands on the walker when you are moving from sitting to standing.
- Keep both legs bent while you are standing up so that you are encouraging normal weight bearing and movement in your surgical leg.
- Once standing, place both hands on the walker and stand with equal weight on both legs.

PRECAUTIONS

- **No twisting or pivoting on the surgical leg.**
- **No crossing your legs at the knees or ankles.**

GETTING OUT OF BED

- Move legs towards the edge of the bed without crossing or twisting them.
- Sit yourself up and scoot your body towards the edge of the bed.
 - You can bend your knees during this process.

WALKING

- Walk with your rolling walker following the frequency prescribed by your physical therapist and/or surgeon.
- Sequence: 1) Walker 2) Surgical leg 3) Non-surgical leg.
- As your balance, pain level and abilities improve, progress your walking to a normal walking pattern as you are able.

STAIRS

- You will be trained on how to go up and down stairs as applicable to your home set up.
- Please refer to stair training instructed by your physical therapist.
- Golden Rule: Up with the non-surgical leg (good leg) and down with the surgical leg (bad leg).

GETTING IN/OUT OF VEHICLE

- Your physical therapist will instruct you on how to get in/out of a vehicle most applicable to your vehicle set up.
- Golden Rule: Do not attempt to step in/out of your vehicle. You will sit on the seat and bring your legs in/out of vehicle. The passenger seat should be slid back as far as possible in order to ensure leg room.

EXERCISE

Perform exercises as prescribed by your physical therapist and/or surgeon. Refer to the *Partial and Total Joint Replacement Activities – Knee* sheet located in the front pocket of this booklet.

Individualized instruction from a licensed therapist will be provided following surgery to optimize your safety and independence prior to discharge.

SITTING DOWN

- Back up to the edge of the bed/chair so your legs are touching it.
- Place at least one hand on the surface you are sitting on before you go to sit.
 - Do not keep both hands on the walker when you are moving from standing to sitting.
- Keep both legs bent while you are sitting down so that you are encouraging normal weight bearing and movement in your surgical leg.
- Lower your body down in a controlled motion.

GETTING INTO BED

- Back up to the edge of the bed so your legs are touching it.
- Reach one hand back for the bed while the other remains on the walker, then sit down.
- Slowly lift each leg up into the bed without crossing or twisting them.

Daily Activities: Total Knee Arthroplasty

Your OCCUPATIONAL THERAPY team will review the following information with you.

DAILY ACTIVITIES

LOWER BODY DRESSING

- Assistance is advised if you have any balance issues:
 - Dress the operative leg first and undress it last.
 - Position a safe surface behind you like a bed or a chair, and the rolling walker in front of you, when completing standing actions.
- Wear loose-fitting clothing.
- If you cannot reach your feet, the use of adaptive dressing equipment may be necessary.

LOWER BODY BATHING

- Complete seated initially unless advised otherwise by your therapist or your surgeon.
- Supervision is recommended until a safe routine is established.
- If you cannot reach your feet, the use of adaptive equipment may be necessary.

GETTING IN/OUT OF TUB OR WALK-IN SHOWER

- Supervision is recommended until a safe routine is established.
- Use a shower chair or tub bench unless advised otherwise by your therapist or surgeon.
- Do not sit down in the tub until okay with your surgeon.

Recommended Techniques without Shower Seat

GETTING INTO SHOWER

- Approach shower entrance with your walker sideways or parallel to the wall.
- Keep both hands on the walker and step into the shower with your non-surgical leg.
- Once your non-surgical leg is safely inside the shower, place both hands on the wall and bring your surgical leg in.

GETTING OUT OF SHOWER

(reverse steps listed previously)

- Position your walker just outside the shower (same position as when getting in).
- Place hands on the wall and exit with your surgical leg.
- Transition hands to the walker and bring the non-surgical leg out of the shower.

Recommended Techniques with Shower Seat

GETTING INTO SHOWER

- Back up to the shower entrance with your walker.
- Reach back with a hand to the shower seat and slowly lower yourself down onto it.
- Lift both legs together and swivel on your bottom over the shower edge until you are completely in the shower/tub (do not cross or twist your legs).

GETTING OUT OF SHOWER:

- Position your walker just outside the shower.
- Lift both legs together and swivel on your bottom over the shower edge and out of shower/tub (do not cross or twist your legs).
- Keep at least one hand on the shower seat and push yourself up into a standing position with your walker in front of you.

GETTING ON/OFF TOILET

- If you had trouble with getting down/up from the toilet prior to surgery, it is recommended you obtain a toilet riser for your post-surgical recovery.
 - Available online, at Covenant VNA Medical Supply, or retail outlets (Walmart, Walgreens, CVS, etc.)

GENERAL HOME SAFETY:

- Remove any barrier that restricts safe movement in the home: throw rugs, clutter, furniture, etc.
- Use your walker until advised otherwise by your surgeon.
- Request assistance with household tasks such as cooking, cleaning and laundry if needed.

Individualized instruction from a licensed therapist will be provided following surgery to optimize your safety and independence prior to discharge.

Incisions, Dressing Care and Hygiene

INCISIONS

Your surgical incision is closed in layers:

- **Deep layers:** The deep layers of the incision are closed with dissolvable sutures that do not get removed. As you heal these sutures will dissolve on their own.
- **Outer layer:** the outer (skin) layer of the incision will be closed with glue and/or staples.

Call your surgeon immediately if:

- Your dressing will not stay in place.
- Fluid gets under your dressing.
- Ongoing drainage is coming from your incision.
- You notice unusual pain or a foul odor coming from your dressing or incision.

DRESSINGS

Your incision is covered immediately after surgery with a sterile dressing that will stay in place for 1-2 weeks, as directed by your surgeon. All of these dressings are designed to keep the incision clean and dry. The surgical incision dressing will either be a:

- **Aquacel® Dressing** (see page 29): Tan in color and waterproof. Your surgeon may allow you to shower with this on. Keep in place as instructed.
- **Incisional Management System/Negative Pressure Dressing** (see pages 29-30): A clear dressing with a black sponge over the incision that is connected to a small pump, providing constant suction. This device helps keep the incision sealed as it heals.
- **Dry dressing:** A sterile dry dressing usually covered with an ACE wrap. This dressing cannot get wet. You will need to sponge bathe.

DO NOT:

- **Remove this dressing before ordered.**
- **Disconnect the tubing.**
- **Turn it off.**

Keep this dressing dry. You will need to sponge bathe. It will be removed at your first post-operative visit.

GENERAL DRESSING CARE FOR ALL DRESSINGS

- Check your dressing daily to make sure it is sealed.
- Keep dressing in place as ordered by your surgeon.
- **Shower only after your surgeon has informed you that it is safe.**

HYGIENE

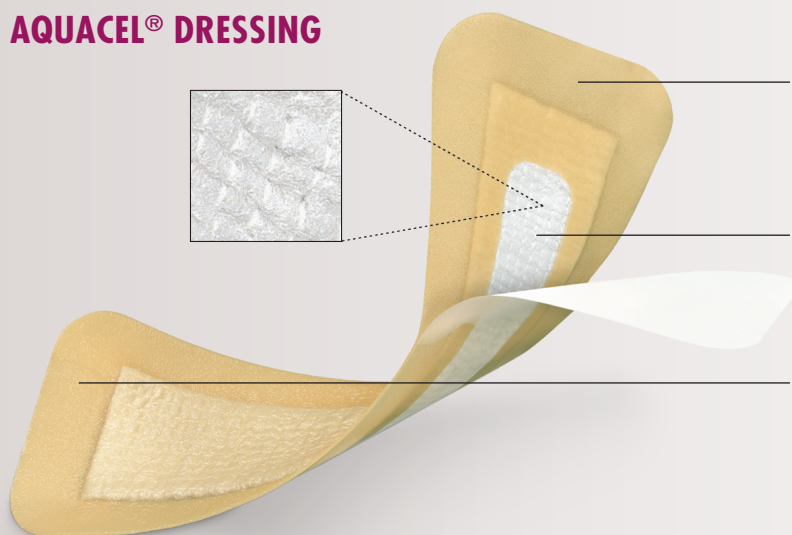
- Keep pets away from your incision until it is completely healed.
- Avoid touching your incision unless needed for care.
- Wipe down frequently touched areas with antibacterial wipes (including toilet seats) until incision is healed.

WASHING AFTER DRESSING IS REMOVED

- Use CHG wash or liquid Dial® soap to wash your body until your incision is fully healed.
- Never scrub over the incision area.
- To help decrease risk of infection, **do not** use washcloths, sponges or loofahs.
- Dry off with two clean towels – one for your body and one for your incision. Gently pat the incision area lightly to dry.
- **Do not** submerge the incision in water until it is completely healed and your surgeon approves (usually about 6-8 weeks after surgery). **Do not** take baths or get in pools, lakes or hot tubs.

Note: Your incision is sensitive to sunlight. Keep it covered until it is healed. To prevent damage to your new skin, SPF 50-100 sunscreen should be used when you are outdoors throughout the first year.

AQUACEL® DRESSING



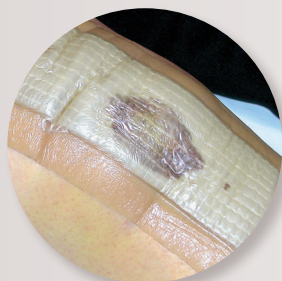
Skin-friendly hydrocolloid technology flexes with the skin during body movement.

Patented Hydrofiber® Technology absorbs and locks in fluid, including harmful bacteria.¹ Unique construction enhances extensibility and flexibility.

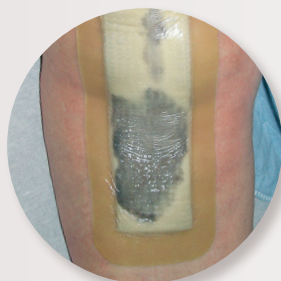
Polyurethane film provides waterproof, viral and bacterial barrier (when intact and with no leakage).

DRAINAGE

Acceptable amount of drainage.



When drainage reaches the dressing's border, it needs to be changed.



DRESSING REMOVAL

To remove dressing, press down on skin with one hand and carefully lift an edge of the dressing with your other hand. Stretch dressing to break adhesive seal and remove.



• ¹Reference: Walker M, Hobot JA, Newman GR, Bowler PG. Scanning electron microscopic examination of bacterial immobilization in a carboxymethylcellulose (Aquacel) and alginate dressing. *Biomaterials*. 2003; 24:883-890.8.

• AQUACEL and Hydrofiber are trademarks of ConvaTec, Inc. © ConvaTec, Inc. AP-010164-MM [AM/EM].

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INCISIONAL MANAGEMENT SYSTEM / NEGATIVE PRESSURE DRESSING

This dressing is placed on top of your closed incision (there are no tubes going into the incision). It is attached with tubing to a suction machine. This machine uses energy and negative pressure (suction like a vacuum) to help heal and protect your incision.

- **IF THE BLACK SPONGE OVER THE INCISION IS COMPRESSED, THE MACHINE IS WORKING.**
- A small amount of **drainage** may occur but is **not expected**.
- **Keep the dressing clean, dry and in place** until your surgeon orders its removal. It is typically removed at your first post-operative visit. Do not let anyone else stop or remove it.
- **Sponge bathe only – showers are not allowed.**
- Keep the machine up right.
- **Keep it plugged in** as much as possible to prevent battery depletion. The more it is plugged in the better it works.
- It is normal for the machine to hum (sometimes louder/sometimes softer).
- **Do NOT turn the machine off or disconnect the tubing.** This may cause an interruption in therapy, which could delay healing and increase the risk of complications. Thread the tubing through your clothes to avoid disconnection.

continued on next page

INCISIONAL MANAGEMENT SYSTEM / NEGATIVE PRESSURE DRESSING (continued)

- If the machine alarms, see the troubleshooting tips below.
- **If the machine stops working, compress the white clamp on the tubing near the incision. Do NOT** disconnect the machine from the tubing. Call your surgeon, unless your post-operative appointment is scheduled for the next day (within 24 hours). If that is the case, keep the tubing clamped and go to your appointment as scheduled.

PREVENA® TROUBLE SHOOTING TIPS

BLOCKAGE ALARM

- Check the tubing. Most often, there is a kink in it or the tubing is clamped by the white plastic clamp on the tubing near your incision.
- Try to unkink or unclamp it.
- If this doesn't work and you have an extra cannister, change the cannister (see instructions below).

AIR LEAK ALARM

- Check the cannister and make sure it is pushed in tightly against the machine.
- Make sure the tubing is attached to the cannister.
- Check the dressing to make sure the black sponge is compressed. If the black sponge is not compressed, call your surgeon's office.

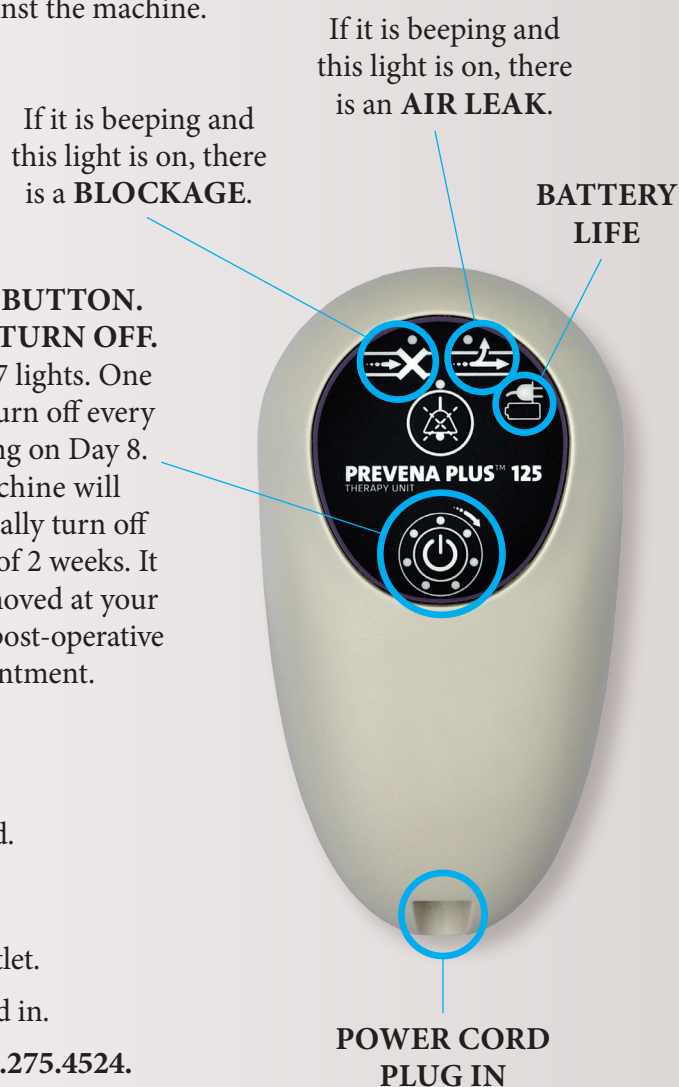
CANNISTER EXCHANGE

- Wash your hands.
- Compress the white clamp on the tubing near the dressing site.
- Remove the old cannister by pressing the eject lever located on the top of the cannister.
- Carefully open the new cannister packaging (avoid touching the ends of the tubing).
- Connect tubing to the new cannister and to the tubing coming from the dressing.
- Insert the new cannister, bottom first.
- Slide the new cannister in, pushing on the top until it clicks.
- Unclamp the tubing and ensure the black sponge is compressed.

LOW BATTERY ALARM

- Check the power cord connection to both the machine and outlet.
- Taping the cord to the machine may help keep the cord plugged in.

If you have exhausted all of these options, call Prevena at 800.275.4524. If their support person is unable to assist you, call your surgeon's office.





Frequently Asked Questions

Should I exercise before the surgery?

Yes, exercise before surgery can help promote the healing process and prepare your body for surgery and recovery. Your JointWorks team will provide an appropriate pre-operative exercise program. Please refer to the activities sheet in the front pocket of this book.

Who should I ask to be my coach and why?

Your coach should be someone who is physically able to help you and will be available during therapy sessions, and someone who will help to motivate you for recovery.

What if I am already on an anticoagulant/blood thinner before surgery, do I stop taking it?

Yes. It will most likely be altered or stopped before surgery. Discuss this with your surgeon. Refer to pages 5 and 23 for more information.

What type of anesthesia will I have?

It depends on you and your anesthesiologist. When you arrive at the hospital, the anesthesiologist will discuss your history and the choices for anesthesia. Together, you will decide what is most appropriate.

Will the surgery be painful?

There will be pain after the surgery, but we will work together to manage it. Your pain will be measured by asking you to rate your pain using a pain scale that ranges from 0-10. No pain equals 0, and 10 equals the worst pain you can imagine (for detailed instructions regarding pain management, see pages 13-15).

Will I need a walker or a cane?

Yes. Typically patients start with a two-wheeled rolling walker and then progress to a cane 1-4 weeks after surgery. Your case management team member will help you arrange for equipment. Do not make equipment changes without your surgeon's approval.

Note: Avoid using a four-wheeled rolling walker.

Should I bring my equipment with me to the hospital on the day of surgery?

If you have a two-wheeled rolling walker, you will want someone to bring it to the hospital for fitting. Please make sure that your walker is labeled with your

name. A physical therapist will measure the walker for accurate height and ensure that it is appropriate for you. If you do not have a two-wheeled rolling walker, we have walkers that you can use while you are in the hospital and can arrange for one after discharge or at your Pre-Operative Total Joint Therapy Session.

Do I need to purchase any equipment ahead of time?

No. We prefer to assist you in making the best selection based on your needs after surgery. VA patients must get all of their equipment through the VA. If you have further questions please contact your insurance company.

Can I wear my own pajamas and clothes?

Yes. We encourage you to bring loose-fitting pajamas and clothes. Please feel free to wear shorts if you are comfortable in them. You can begin wearing your own clothing the day of surgery.

Where will I go after I leave the hospital?

As previously discussed on page 18, the plan is for patients to go home with the help of family and/or friends.

Can I be home alone or does someone need to stay with me?

You should plan on having someone stay with you for the first 24 hours after discharge and as needed for the next few days.

What if I live alone?

It is your responsibility to make arrangements with family and/or friends prior to surgery to check on you and support you after your surgery. Your insurance company expects you to go home even if you live alone.

Will I need formal physical therapy when I go home? How long will I have therapy?

You are responsible for continuing your home walking and exercise program daily throughout your recovery. Refer to page 19-20 for detailed information.

How long will I need to follow my knee precautions?

You will need to follow the precautions (see pages 26-27) for at least six to twelve weeks after surgery, when you will have a follow-up appointment with your surgeon. Your surgeon will determine when precautions are no longer necessary .

continued on next page

Frequently Asked Questions (continued)

Do I have to go to a particular lab for my blood work?

Please use a Covenant lab when possible as it helps with continuity. Your insurance company will have a list of labs you can go to that they have approved.

How long do I need to take anticoagulants/blood thinners?

Many people are on blood thinners for several weeks following their joint replacement surgery. Your surgeon will determine when blood thinners are no longer necessary.

When can I resume my usual activities such as driving, sex and work?

Discuss these questions with your surgeon. The answers will depend on your unique situation, the type of work you do, etc.

Will my insurance cover the bills?

Everyone's insurance is different. Some plans have co-pays, deductibles and/or require prior authorization. Check with your insurance company to find out what they will cover.

How long will my recovery take?

Most patients make a complete recovery within six months.

How long will my new joint last?

This depends on your level of activity. In most cases, a new joint will last 10 to 20 years.

What are the major risk factors of surgery?

There are risk factors associated with all surgeries. Your surgeon and anesthesiologist will discuss this with you. The risks we are most concerned about are blood clots and infections. These complications are avoided by using blood thinners and antibiotics, along with therapy that promotes early walking and exercise. Most of our surgeries progress very well without any complications. If you have questions, see pages 22-23 or speak with your surgeon for more detailed information.

What can I do to prevent infection after surgery?

Wash hands frequently with soap and water or hand sanitizer. Keep your incision clean and dry. Use soap without lotions or perfumes. Do not apply lotion

over your incision site until it is completely healed. Clean toilet seats with antibacterial wipes. Be sure to treat any infections promptly so that they do not have an opportunity to progress to your surgery site. For detailed information regarding preventing complications, see pages 22-23.

Will I need to take any prophylactic antibiotics?

Refer to page 22 for further information.

Why do I need to wear graduated compression stockings?

Graduated compression stockings help reduce swelling. They should be worn throughout your hospital stay and after discharge until re-evaluated by your surgeon.

How do I apply my graduated compression stockings?

Determine the correct stocking for the leg. If using thigh-length stockings, the sewn-in pad should be on the inside of the thigh.

Turn the stocking inside out except for the foot. Get the foot on and then pull up from the inside, one to two inches at a time until done. There should not be any wrinkles in the stockings as this may impair circulation. If the stockings are too tight, remove them and contact your surgeon's office for further instructions.

How do I wash my graduated compression stockings?

Launder on light/knit setting, do not bleach. Dry on low heat or air dry. Laundering increases the longevity of the stockings by removing body secretions from the elastic threads. Do not use ointments, oils, lanolin or similar substances which can deteriorate the elastic.

When can the graduated compression stockings come off?

Graduated compression stockings should be removed daily for skin care.

How do I make a reusable ice pack?

- Two 1-gallon size resealable plastic bags
- 9 oz. bottle of rubbing alcohol
- 27 oz. of water

Pour the rubbing alcohol and water into one of the plastic bags. Remove air from inside the bag and seal it. Place the filled bag inside the empty bag and freeze for 24 hours. This bag can be refrozen and used repeatedly.

Treatment Team

YOU, THE PATIENT

You are the most important member of the team. Your participation in the JointWorks program, along with the guidance of your team, is the key to a successful outcome. It is important that you take an active part in your recovery process.

SURGEON

The physician who performs your surgery will monitor your progress and direct the treatment plan.

NURSE PRACTITIONER/PHYSICIAN ASSISTANT

The nurse practitioner/physician assistant will monitor your progress and work under the supervision of your surgeon.

COACH

Your coach is the person that you have chosen to assist you throughout your recovery process. Your coach should be someone who can be available for therapy sessions, motivate you as needed and be capable in assisting you with exercises, walking and support throughout your recovery.

SURGERY SCHEDULER

This person works with the surgeon to help get you prepared for surgery, obtain insurance approval and set a surgery date. ***Please note: insurance authorization may be necessary before your surgery can be scheduled.***

REGISTERED NURSE

The nursing staff will care for you while you are in the hospital. They will assess and monitor your status and serve as a liaison to your surgeon. They will also provide medications and education, while helping support what you are learning from the team.

NURSING CARE ASSISTANT

The nursing care assistant will assist the nurse in caring for you. They will take your vital signs and assist you with ambulation and other activities.

PHYSICAL THERAPIST

The physical therapist will work with you on getting in and out of bed, on and off of a chair and walking. They will also work with you on your exercise program, as prescribed by your surgeon.

OCCUPATIONAL THERAPIST

The occupational therapist will work with you on your daily activities, including dressing, bathing, grooming and the use of home equipment to increase your safety and independence. They will also help you with functional transfers such as getting on and off of a toilet, in and out of a shower/tub, and in and out of a vehicle.

PHARMACIST

The pharmacist will monitor the medications prescribed by your physician.

DIETARY STAFF

The dietary staff will assist you in determining healthy food choices and will provide education on special diets, if necessary, related to your medical needs.

CASE MANAGEMENT TEAM

The case management team will assist you with discharge plans, provide education on community resources, and assist in monitoring your stay within the hospital. They will assist you in obtaining equipment for discharge and arrange additional services in the home setting if necessary.

NURSE MANAGER AND COORDINATOR

The nurse manager and coordinator are available while you are in the hospital with any concerns you have regarding your stay.

NURSE NAVIGATOR

The nurse navigator helps communicate and coordinate care between all members of your health care team.

General Covenant Information

All Covenant Orthopaedic and JointWorks program services take place at Covenant Medical Center Cooper, 700 Cooper, Saginaw, Michigan.

MAIN ENTRANCE

Opens at 5:00 am Monday-Friday and 9:00 am Saturday and Sunday. Closes at 8:00 pm. After 8:00 pm, check in at the main entrance with security.

INFORMATION DESKS

Information desks are located just inside the main entrances of all Covenant campuses. If you have any questions, please ask at the Information Desk.

VISITING POLICY

Your coach or support person may be with you throughout the day during your stay at the hospital. For privacy of all patients, we request that coaches, family or friends do not spend the night.

Family and friends may visit between 8:00 am and 8:00 pm for up to 30 minutes. Limit two visitors in your room at a time – more than two can create crowding and become overwhelming.

WAITING LOUNGES

Waiting lounges are located on the first floor of the Cooper campus left of the Information Desk or on the fifth floor.

SMOKING

Smoking and other use of tobacco or tobacco products is prohibited in all Covenant buildings. Covenant is dedicated to healing and the promotion of health. All Covenant facilities are smoke-free.



PARKING

For your convenience, valet parking is available at the front entrance of Covenant Medical Center, 700 Cooper from 7:00 am-9:00 pm Monday-Friday.

HOME MEDICAL EQUIPMENT

Covenant Visiting Nurse Association (VNA) Home Medical offers a full range of medical products and supplies. For more information, please call **989.799.6020** or toll free **800.783.8443**, or visit the VNA at **515 North Michigan** in Saginaw.

Note: Do not purchase medical equipment before your surgery. Our experienced team is happy to assist you in making the best selection based on your needs after surgery.

PASTORAL CARE

Covenant maintains on-site clergy as well as contact with virtually all religions and denominations. Call **989.583.6042** for more information or 989.583.7000 after hours.

SECURITY

Covenant has always been regarded as a safe place to work and visit. For your added safety, a security guard patrols the parking lots at various intervals throughout the day and is stationed there every evening when visiting hours end.

GIFT SHOP

The Covenant gift shop is located near the main entrance. Flower and gift deliveries are available upon request.

DINING

The Cooper campus cafeteria is located on the first floor just off the main elevators. Other foods are available at all times through vending machines. They are located in the dining area of the Cooper cafeteria. Several fast food restaurants are located near the corner of Michigan Avenue and Houghton Street within walking distance.

PERSONAL IDENTIFICATION NUMBER (PIN)

To respect your privacy and confidentiality, you will be assigned a 4-digit personal identification number (PIN) upon admittance. You may give this number to any person(s) of your choice. Patient information will only be released to those authorized by the patient.

PATIENT ADVOCATE

We want your experience at Covenant to be excellent in every regard. If you have questions or concerns about your care, ask any member of your health care team. Please feel free to request to speak to the nurse manager at **989.583.6664** with any concerns or comments. If you feel that at any time you are not being treated in a fair and caring manner, please contact our Patient Advocate (Patient Rights Advisor) at **989.583.4311**. Evenings, weekends and holidays, please call the Covenant operator at **989.583.0000** and an Administrative Coordinator will be contacted.

MCNALLY HOUSE

The McNally House is a “home away from home” for out-of-town patients and families receiving medical treatment at Covenant HealthCare. Located on the Covenant main campus, it is open 24/7/365. For more information call 989.583.0155 or go to www.hhofsaginaw.org.



TELEPHONE SERVICES

- Patients can be reached in their rooms between 7:00 am and 10:00 pm. Phones in patient rooms will not accept calls after 10:00 pm or before 7:00 am.
- Those who you have given your PIN number to may call the nurses station throughout the day and night to check on you.
- Cell phones may be used in the waiting areas and cafeterias. Please follow these rules when using cell phones in patient care areas:
 - To avoid equipment malfunction, be at least an arm's length away from medical equipment.
 - Keep ringer on vibrate/silent mode to maintain quiet.
 - Keep conversations short or take the call outside the patient area.



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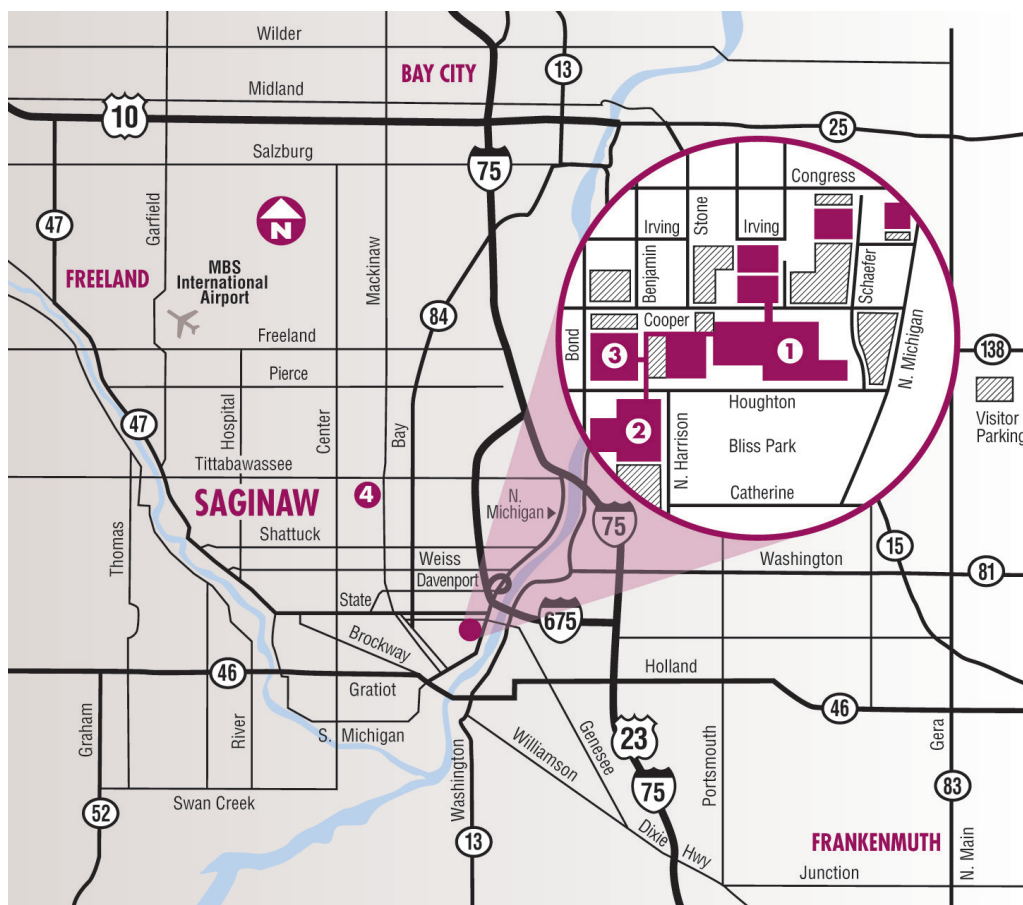
General Covenant Information (continued)

USEFUL PHONE NUMBERS

- Nurse Navigator **989.583.4023**
- Fifth Floor Nurses Station Main **989.583.6580**
- Fifth Floor Nurses Station North **989.583.6590**
- Nurse Manager **989.583.6664**
- Security/Lost and Found **989.583.6149**

PARKING

Parking throughout Covenant HealthCare is free. Visitor parking for the Cooper campus is located on the corner of Cooper and North Michigan. Free valet parking is available from 7:00 am-9:00 pm at 700 Cooper campus main entrance and at the Emergency Care Center.



COVENANT HEALTHCARE LOCATIONS

- 1 Covenant Medical Center Cooper**
700 Cooper
Saginaw, Michigan 48602
- 2 Covenant Medical Center Harrison**
1447 North Harrison
Saginaw, Michigan 48602
- 3 Mary Free Bed Rehabilitation at Covenant HealthCare**
700 Cooper, Suite 1100
Saginaw, Michigan 48602
- 4 Covenant HealthCare Mackinaw**
5400 Mackinaw
Saginaw, Michigan 48604