

H\Y>c]bh7YbhmfUhiGBMC

# PATIENT GUIDE

*for hips*







# Pre-op Checklist: Knee/Hip

My surgeon, surgery date and time at GBMC: Dr. \_\_\_\_\_ / / \_\_\_\_\_ :

- ACTIVATE your GBMC MyChart**
  
- Designate your **coach/support person** to:
  - Attend your pre-op class
  - Drive you on surgery day
  - Bring your walker
  - Attend your physical and occupational therapy teaching
  - Join discharge teaching
  - Drive you to follow-ups
  - Stay with you at home
  - Provide physical assistance if needed
  
- Pre-op Supplies** - obtained from your surgeon's office or mailed by the Joint & Spine Center
  
- Schedule Joint Replacement **Pre-op Class**  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ In Person / Online
  
- Collect **MSSA/MRSA nasal swab**  
GBMC's Diagnostic Testing Center, 10-60 days before surgery  
Open M-F, 8A-4P
  
- Complete Patient-Reported Outcome Measures (**PROMS**) surveys  
5 Pre-op surveys in your GBMC MyChart.
  
- Review the **pre-op packet** given to you from your Surgeon's office
  
- Pick up your **post-op prescribed medication(s)** before surgery date
  
- CHG Hibiclens** Preop Skin Prep
  - Four (4) CHG showers - 3-nights before surgery, 2-night before surgery, night before, and the morning of surgery.

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# Welcome

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Contact The Joint & Spine Center:  
443-849-6261, M-F 8am-4pm (no holidays or weekends)  
Email: [jointspinecenter@gbmc.org](mailto:jointspinecenter@gbmc.org)  
Fax: 443-849-6261

Please note: The Joint & Spine Center does not have an emergency on-call service.

## GENERAL INFORMATION

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Preparation, education, continuity of care, and a well-planned discharge are key to achieving the best results from knee surgery. Good communication is a major part of this process. Your Patient Guide is an important communication and education tool designed to help you understand:

- What to expect at every stage
- What you need to do
- How to care for yourself after surgery

This guide is a resource—not a replacement for your provider’s instructions. Your care team may adjust recommendations based on your needs. Always follow their guidance and ask questions if anything is unclear. Keep this guide for at least one year after surgery.

### Using QR Codes

QR (Quick Response) codes appear throughout your educational materials to give you fast access to online information.

MyChart



- Open your smartphone or tablet camera and point it at the QR code
- A yellow banner will appear—tap it to open the link
- Use QR codes to access GBMC resources such as MyChart activation, PROMS questionnaires, therapy videos, class presentations, and CHG wash instructions

### Important Instructions

- Read all sections of this Patient Guide and share it with your primary care team and physical therapists
- You must complete your PROMS questionnaires (Pre-op VR-12, CJR, and KOOS) in GBMC MyChart before your surgery date. Your responses are submitted to the American Joint Replacement Registry (AJRR)

These surveys help your surgeon understand your health before surgery and track your progress afterward. They also support national efforts to improve patient safety, reduce complications, and enhance overall care quality. Your information is secure, and AJRR shares your results only with your surgeon’s office.

If you need help completing your PROMS surveys, call the Joint & Spine Center at 443-849-6261.

# GENERAL INFORMATION

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## *GBMC's Joint & Spine Center Collaborates with Two Orthopaedic Practices*

- ◆ **GBMC Health Partners Orthopaedics:** Drs. Johnston, Melegari, Duvall
  - 443-849-3838
  - Surgical Schedulers
  - Ortho Care Coordinator will call you a few weeks before surgery to determine your post-op plan. If post-op PT is ordered by your surgeon, the goal is outpatient physical therapy.
- ◆ **OrthoMaryland/Center of Advance Orthopaedics:** Drs. Heller, Buchalter, and Jay
  - 410-377-8900
  - Surgical Schedulers
  - The goal for your post-op plan is to have post-op PT with CAO Mobile Home PT for the first 2 weeks and then outpatient physical therapy.

## **Questions or Concerns**

Contact your **surgeon's office** if you have:

- Medical concerns before or after surgery
- Questions about your surgical dressing, swelling, numbness, fever, or other post-op issues
- Questions about medications
- Need clarification about pre-op or post-op physical therapy
- Need clarification about surgery times

A 24-hour on-call provider is always available through your surgeon's office.

For any **medical emergency**—such as chest pain or shortness of breath—call **911** or go to the nearest emergency room.

Contact the **Joint & Spine Center** if you have:

- Questions about material provided by the Joint & Spine Center
- Questions about your MRSA/MSSA swab
- Questions about pre-op class or information provided in class
- Questions about CHG showers

## **Resources: Modifiable Comorbidities**

### 1) **Geckle Diabetes & Nutrition Center**

Providing personalized diabetes self-management training, nutrition education, and emotional support to help people achieve optimal health.

<https://www.gbmc.org/services/geckle-diabetes-and-nutrition-center/>



### 2) **Surgery and Smoking**

Smokers have a higher rate of complications after surgery than nonsmokers - in fact, smoking may be the single most important factor in postoperative complications. The most common complications caused by smoking include.

OrthoInfo, American Academy of Orthopaedic Surgeons.

<https://orthoinfo.aaos.org/en/treatment/surgery-and-smoking/>



### 3) **Smoking Cessation: It's Okay to Be a Quitter**

Tobacco use negatively affects every system in your body. According to the Centers for Disease Control and Prevention (CDC), cigarette smoking causes approximately 1 in 5 deaths every year and it's the leading cause of preventable deaths in the United States. **GBMC Greater Living**, 2017.

<https://www.gbmc.org/greater-living/its-okay-to-be-a-quitter>



### 4) **Alcohol and Opioid Epidemic Educational Resources**

**GBMC Our Community**, 2018.

<https://www.gbmc.org/our-community/opioid-epidemic-educational-resources>



### 5) **Obesity, Weight Loss, and Joint Replacement Surgery**

Studies show that a patient with a body mass index, or BMI, above 40 is more likely to experience serious complications both during and after surgery than a patient with a BMI lower than 40. Your doctor wants you to be aware of these risks so that you can take steps to minimize them before your procedure.

<https://orthoinfo.aaos.org/en/treatment/weight-loss-and-joint-replacement-surgery/>

<https://www.gbmc.org/services/bariatrics/medical-weight-loss-program>



# PRE-OPERATIVE PREPARATIONS

## Six Weeks Before Surgery

### Joint Replacement Education Class

A Joint Replacement Education Class is held three times each month for patients preparing for surgery.

- Please schedule your class **no later than two weeks before your surgery date**.
- A designated support person or “coach” **must attend** the class with you.
- Register as early as possible by:
  - Calling the Joint & Spine Center
  - Registering through the GBMC website
  - Using the E-Portal to self-schedule your class (scan the QR code or visit: <https://eportal.gbmc.org/mychart/openscheduling>).



➤ In the E-Portal, select **Find a Doctor**, then choose **Joint and Spine**.

### Health Optimization Before Surgery

#### Become Smoke-Free

If you use tobacco products—including cigarettes, e-cigarettes, or vaping—you must stop at least two weeks before surgery.

- Nicotine and tar negatively affect blood vessels and slow the healing of wounds and bone.
- Smokers may also experience more pain after surgery.

For support, see the Modifiable Comorbidity section in this guide.

#### Participate in a Weight-Loss Program

If your BMI is greater than 35, talk with your doctor about safe weight-loss options to support your recovery.

- Many new weight-loss medications are available; consult your physician for guidance. Refer to the Modifiable Comorbidity section for additional resources.

#### Manage Your Diabetes

If you have diabetes and your A1c is above 8, it is important to lower your levels before surgery.

- Most surgeons require an A1c below 7 to proceed safely.
- Review the materials provided by your surgeon’s office and consult your endocrinologist or primary care provider for medication guidance.

### Medical Consultations Before Surgery

#### Review With Your Primary Care Team

Discuss the following with your primary care provider:

- Your current daily medications
- Pre-operative diagnostic tests
- Required pre-operative lab work

#### Anticoagulants and Biologic Medications

You must consult with the appropriate provider for instructions on when to stop:

- Blood thinners such as Eliquis, Xarelto, Coumadin, Pradaxa, Plavix, Ticlid, Lovenox, or other anticoagulant or antiplatelet medications
- Biologic medications (consult your rheumatologist)

Your cardiologist, primary care provider, or prescribing clinician will determine the correct stop date for these medications.

# PRE-OPERATIVE PREPARATIONS

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## **The Importance of Your Support Person(s)/Coach**

Your support person—often called your “coach”—plays a vital role in your joint replacement journey. This individual should be readily available before and after surgery and actively involved in your preparation and recovery.

### **How Your Coach Supports You**

Your support person will:

- Participate in the Pre-op Joint Replacement Class
- Join you during pre-operative planning with your surgeon
- Drive you to medical appointments, lab work, diagnostic testing, and the hospital on the day of surgery
- Drive you home on discharge day and assist with transportation to outpatient physical therapy
  - Avoid very high or very low vehicles, which can make getting in and out difficult and increase the risk of injury
- Provide emotional support, encouragement, and reassurance throughout the process
- Help prepare your home for safety before surgery
- Participate in the hospital discharge process
- Assist with daily activities during early recovery (providing physical assistance if necessary), such as:
  - Medication management
  - Bathing and dressing
  - Meal preparation
  - Moving safely around your home
  - Caring for pets and other responsibilities until you regain independence

Your coach may be a family member, friend, or hired caregiver—choose someone who can reliably support you.

### **Tips for Choosing a Support Person**

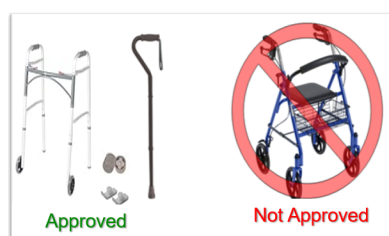
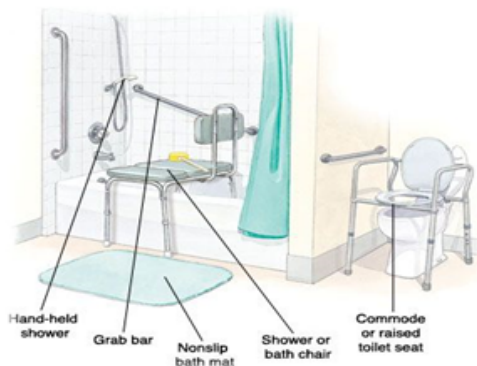
- Ask a family member or friend (parent, adult child, sibling, cousin, in-law) to stay with you during the early post-operative period.
  - If one person cannot stay the entire time, consider dividing the time among several people (e.g., three people staying 12 hours each instead of one person staying 36 hours).
- If a nearby family member or friend has space in their home, consider staying with them until your mobility improves.
- If family or friends are not available, consider asking someone from your faith community (church, temple, mosque) or a local community group for support.

## PRE-OPERATIVE PREPARATIONS

### *Prepare Your Home for Your Return from the Hospital*

Getting your home ready before surgery helps ensure a safe and smooth return. Focus on these essentials:

- Confirm who your coach/support person will be.
- Clear clutter and open all walkways.
- Sanitize living and sleeping areas if you have pets; pets should not sleep with you or sit on your lap after surgery.
- Clean your home, do laundry, and put clean linens on your bed.
- Prepare and freeze meals in single-serving portions.
- Remove throw rugs, secure loose carpets, and move cords out of walkways.
- Add nightlights to hallways, bedrooms, and bathrooms.
- Arrange help with mail, pets, or other responsibilities if needed.
- Complete yard work and clear outdoor walkways of debris, snow, or ice.
- Make sure assistive equipment is clean, accessible, and working properly.
- Bring your walker on the day of surgery.



Approved  
Not Approved  
Rolling Walker with  
Front 5" Wheels and Rear Glide Caps

# How to Use Your Incentive Spirometer *Before and After Surgery*



## Why It Matters

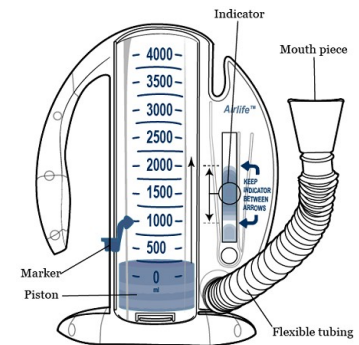
An incentive spirometer helps you take slow, deep breaths that expand your lungs. Using it regularly keeps your lungs active and may help reduce the risk of complications such as pneumonia during recovery.

## How Often to Use It

- Before surgery: Aim for 30 breaths per day, spaced out.
- After surgery: Use it 10 times every hour, spaced out.
- Avoid doing too many breaths in a row—rest if you feel dizzy.

## Setting Up Your Device

1. Remove the tubing and mouthpiece from the bag.
2. Stretch the tubing and attach it to the outlet on the right side of the base.
3. Keep the mouthpiece attached to the other end.



## Using Your Incentive Spirometer

1. Sit upright in a chair or in bed. Hold the device at eye level.
2. Exhale fully.
3. Place the mouthpiece in your mouth and seal your lips around it.
4. Inhale slowly and deeply through your mouth.
5. The piston will rise.
6. Keep the indicator between the arrows to maintain the right pace.
7. When you reach your highest point, hold your breath for 5–10 seconds.
8. Exhale slowly and rest a few seconds.
9. Repeat, trying to reach the same height each time.
10. After each set, try to cough to help clear mucus.
11. Move the marker to your best level to set your next goal.

## Deep Breathing Exercises

Do this throughout the day to keep your lungs active:

1. Sit upright.
2. Take a few slow breaths.
3. Inhale deeply through your nose.
4. Hold for 2–5 seconds.
5. Exhale gently through your mouth in an “O” shape.
6. Repeat 10–15 times.



**Information for Patients with Positive Nasal Screens for  
MSSA (Methicillin-sensitive Staphylococcus aureus) or  
MRSA (Methicillin-resistant staphylococcus aureus)**

As part of your pre-operative evaluation, GBMC screens for possible sources of infection to reduce your risk after surgery. You will have an **MSSA/MRSA nasal culture** at GBMC's Diagnostic Center **10–30 days before surgery**.

Staph bacteria can live on the skin or in the nose without causing symptoms (colonization). A positive result does not mean you are infected, and your surgery will not be canceled.

- **MSSA (Methicillin-sensitive Staph):** Standard precautions are used.
- **MRSA (Methicillin-resistant Staph):** Your care team will be notified, and you will receive the appropriate IV antibiotics on the day of surgery. Staff will also wear protective gear to prevent transmission to other patients.

**Pre-Op CHG Wash** - You will receive a CHG Wash Kit prior to surgery.

- Use CHG for **3 nights before surgery** and again the **morning of surgery** (total of 4 washes).
- Pre-op nurses will also clean your skin with CHG wipes at the hospital.
- Your surgeon may ask you to continue CHG at home.

**Pre-Op IV Antibiotics** - Given in the pre-op area on the day of surgery.

- You may receive Ancef, Vancomycin, or both if MRSA-positive

**Pre-Op Nasal Decolonization** - All patients (Normal/MSSA+/MRSA+) receive Nozin® Nasal Sanitizer® on the morning of surgery to reduce bacteria in the nose.

**Post-Op Nasal Decolonization** - Continue using Nozin® every 12 hours until your wound check or until the bottle is empty (up to 30 days).

## **Preventing Infection After Surgery**

The most important step is frequent handwashing with soap and water or alcohol-based sanitizer.

Additional tips:

- Do not shave near the surgical area before surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.
- Use CHG wash as directed (3 nights before + morning of surgery).
- Keep wounds clean and change bandages exactly as instructed.
- Wash your hands before and after touching your bandages.

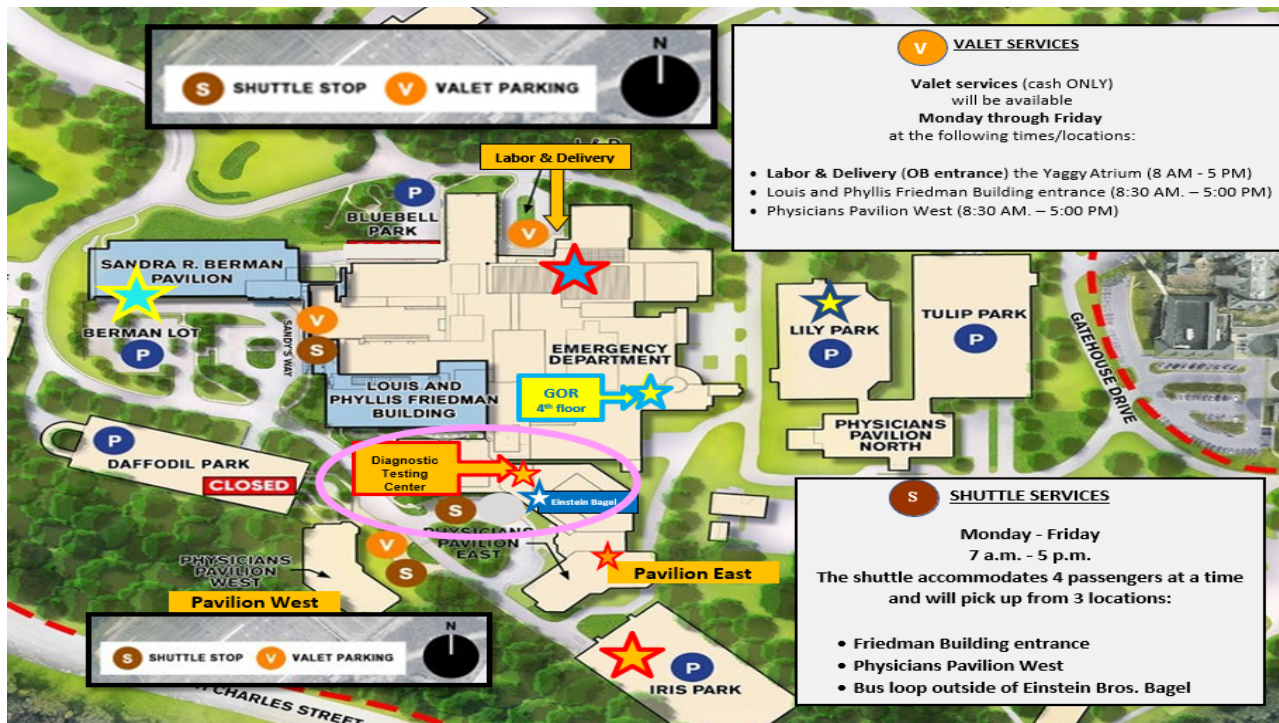
## Diagnostic Center and Laboratory Medicine at GBMC

GBMC Main Hospital 6701 N. Charles St./ Suite 3100/ Towson, MD 21204  
**MSSA/MRSA preop testing: Monday-Friday 8:00 am-4:00 pm, no holidays**

No appointment Necessary

### GBMC Diagnostic Center Suite #3100

- Complete nasal swab **10 days to 60 days** prior to your surgery date; the test result is valid for 60-days.
- Park in **Iris Parking Garage** (near the East Pavilion Entrance)
- Enter the Pavilion East Entrance, proceed down the hallway towards Zone A and turn right once you reach Einstein Bagels. The Diagnostic Testing Center will be the next office on your left.





# GBMC

JOINT AND SPINE CENTER

## PRE-SURGERY INSTRUCTIONS

The HIBICLENS soap you have been given is a solution of 96% Gentle Foaming Soap, and 4% Chlorhexidine Gluconate Antiseptic for pre-surgical bathing, which is prescribed to mitigate the opportunity for infection:

1) It is VERY important that you follow these instructions no less than **FOUR (4)** days in a row.

2) Visit this link to watch a 2-minute 36-second video illustrating how to correctly shower using the foaming HIBICLENS: <https://youtu.be/eF3tae-c6d8>

[Scan this QR Code for video:](#)



3) **Shower #1** begin three (3) nights before your surgery.

Wash your hair, face, and genitals with your regular shampoo and soap. Rinse thoroughly.

4) Run clear water on the rest of your body to wet the rest of your body.

5) Shut off the shower or step out of the water stream.

6) Pump the Hibiclens foam onto each of the 6 or 7 disposable cloths provided to you.

7) Lather up and wash your body from your neck down (each cloth for each body zone, see back of this page).

**IMPORTANT!!: Do not allow solution to come in contact with your face, eyes, nose, mouth, ears, or inside your genitals.**

8) Allow the HIBICLENS foam to sit on your skin for at least **two (2) to five (5) minutes.**

9) After you've waited at least 2 minutes, turn the water back on, or step back into the water stream to rinse.

10) Pat dry with a fresh clean towel.

11) You will repeat this process every night before surgery.

**Hibiclens Shower #2** is two (2) nights before surgery.

**Hibiclens Shower #3** is the night before surgery.

**Hibiclens Shower #4** is the morning of surgery before coming to the hospital.

**Do NOT shave or use removal lotions, deodorant, perfume, lotion, creams, or oils on your body.**

**FOUR (4) SHOWERS ARE PRESCRIBED.**

**DO THIS EVERY DAY FOR FOUR (4) DAYS IN A ROW PRIOR TO SURGERY!!**

Each one of the disposable cloths (#1 through #6 or #7) is used on a different part of the body. By using a fresh clean cloth with the Hibiclens for each body zone, you help cut down on cross contaminating different body areas. Pump the Hibiclens foam onto each of the 6 or 7 disposable cloths provided to you. You a fresh towel for every CHG shower. You will **complete 4 showers at home**.



**Cloths #1-6: Pump Hibiclens onto cloths, lather skin as instructed below.**

**#1: Surgical Site.** (If multiple surgical sites, use a new cloth)

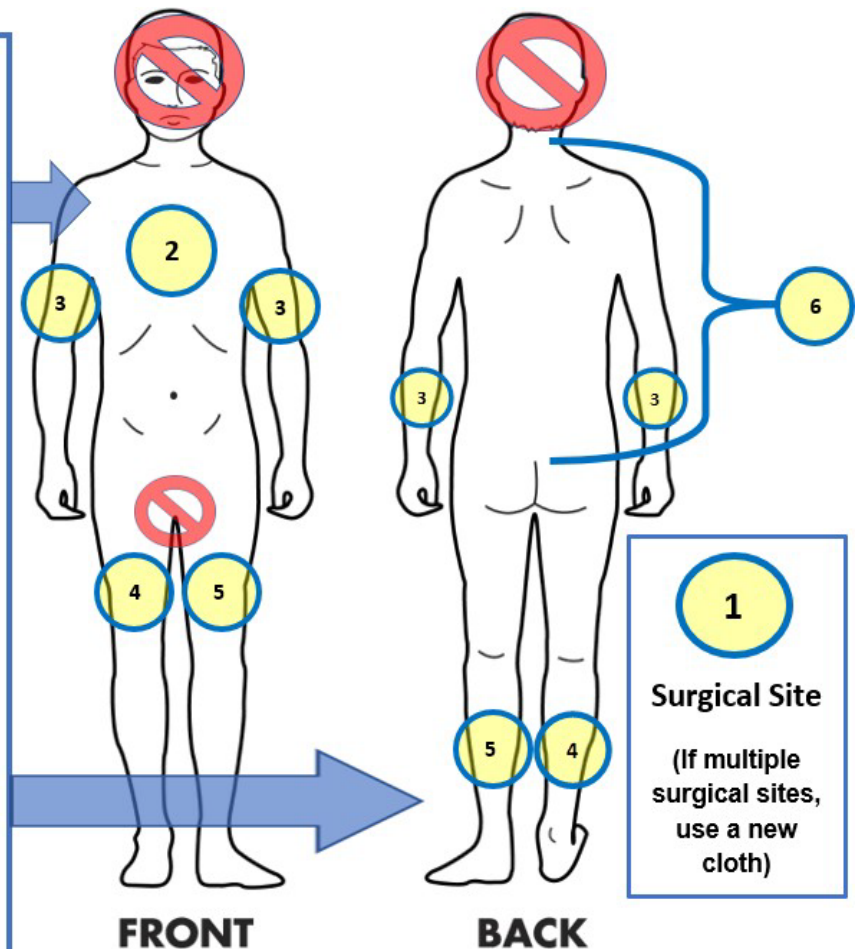
**#2:** Neck, chest, and stomach.

**#3:** Both arms front and back, arm pits, hands, and fingers.

**#4:** Starting at right hip, front and back of leg, feet, toes.

**#5:** Starting at left hip, front and back of leg, feet, and toes.

**#6:** Shoulders, back of neck, upper and lower back, and buttocks.



**Do NOT shave or use hair removal lotions, deodorant, perfume, lotion, creams, or oils on your body.**



<p><b>Three Nights Before Surgery</b></p> <p>●</p>	<p><b>Two Nights Before Surgery</b></p> <p>●</p>	<p><b>One Night Before Surgery</b></p> <p>●</p>	<p><b>Morning of Surgery</b></p> <p>●</p>
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## Pre-Operative Exercises, Goals and Activity Guidelines

### *Exercising Before and After Surgery*

It is important to be as fit as possible before undergoing a total hip replacement. This will make your recovery much faster. Eight exercises are shown here that you should start doing now and continue until your surgery. You should be able to do them in 15-20 minutes. It is recommended that you do all of them twice a day. Consider this a minimum amount of exercise before surgery. Exercise videos can be viewed from the Joint & Spine Center website.

Remember that you need to strengthen your entire body, not just your leg. It is **very important** that you strengthen your arms by doing chair push-ups (Exercise 7) because you will be relying on your arms to help you get in and out of bed, in and out of a chair, walk, and to do your exercises postoperatively.

**Stop doing any exercise that is too painful.**



## Hip Exercises

(QR code link to video library. See the following pages for descriptions)

- |   |                 |
|---|-----------------|
| 1. Ankle pumps                          | 20 reps. 2x/day |
| 2. Quad sets (knee push-downs)          | 20 reps. 2x/day |
| 3. Gluteal sets (bottom squeezes)       | 20 reps. 2x/day |
| 4. Heel slides (slide heel up and down) | 20 reps. 2x/day |
| 5. Short arc quads                      | 20 reps. 2x/day |
| 6. Long arc quads                       | 20 reps. 2x/day |
| 7. Armchair push-ups                    | 20 reps. 2x/day |
| 8. Mini squats                          | 20 reps. 2x/day |

# PREOPERATIVE PHYSICAL THERAPY

Greater Baltimore Center for Rehabilitation Medicine  
Acute Care Physical & Occupational Therapy

## Range of Motion and Strengthening Exercises Total Hip Replacement

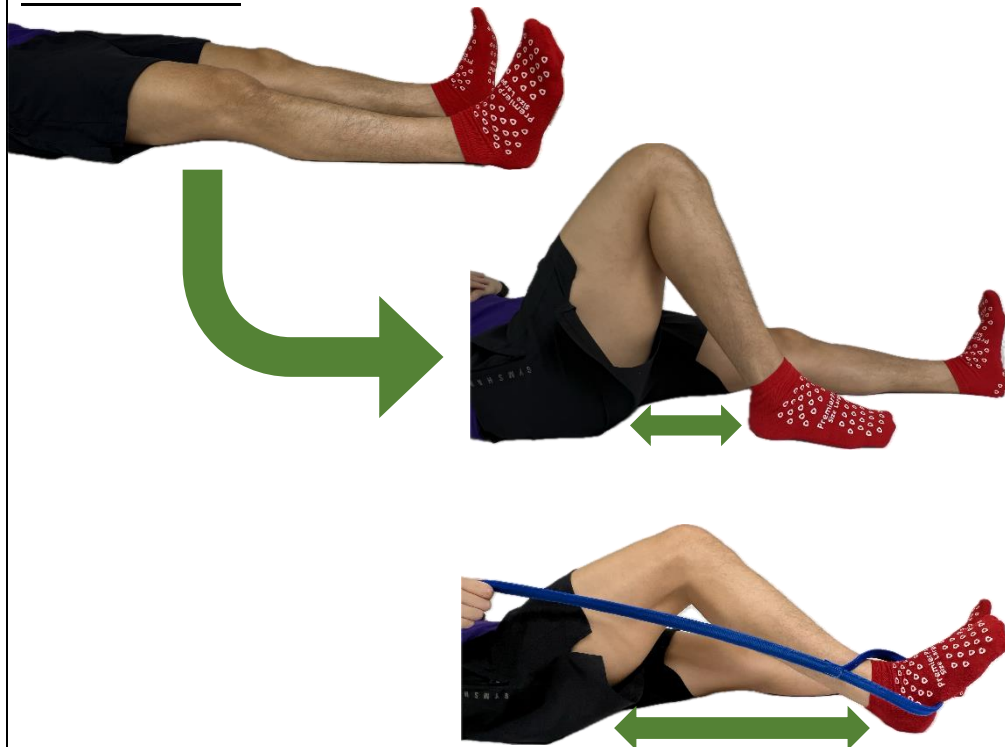


VIDEO LIBRARY

<p><u>Ankle Pumps</u></p>	<p><u>Ankle Pumps</u></p> <p>Move Ankles Up and Down.</p> <p>Repeat 20 times on each foot.</p> <p>You can move both feet at the same time or alternate left and right.</p>
<p><u>Quad Sets (knee push downs)</u></p>	<p><u>Quad Sets</u></p> <p>Press both knees into the chair or the bed while tightening the muscles on the front of the thigh.</p> <p>Hold for a count of five seconds and <b>DO NOT hold your breath.</b></p> <p>Repeat 20 times.</p>
<p><u>Gluteal Sets (bottom squeezes)</u></p>	<p><u>Gluteal Sets</u></p> <p>Squeeze bottom together.</p> <p>Hold for a count of five seconds and <b>DO NOT hold your breath.</b></p> <p>Repeat 20 times.</p>

# PREOPERATIVE PHYSICAL THERAPY

## Heel Slides



## Heel Slides

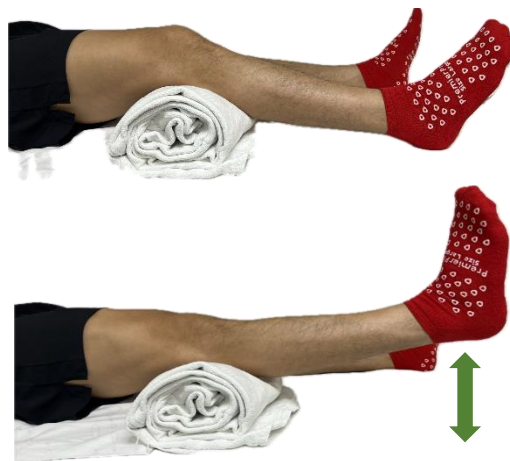
Start lying down in a bed or reclining on a supportive chair with both legs out straight.

Slide the heel of one leg towards your bottom and then straighten out.

You may use a leg lifter, a strap or a sheet to assist with this movement if needed. Check with your therapist for any limits of movement after your surgery.

Repeat 20 times.

## Short Arc Quads



## Short Arc Quads

Start lying down in a bed or reclining on a supportive chair with both legs out straight and with a blanket or foam roll under knees.

Lift your foot up by straightening your knee and keeping your thigh against the roll.

Repeat 20 times.

## Long Arc Quads



## Long Arc Quads

Sit up straight on a firm surface or chair.

Straighten your knee and hold for a count of five.

Return your foot to the floor.

Repeat 20 times.

Armchair Push-Ups



Armchair Push-Ups

Sit in a chair with your hands on the armrests and your feet flat on the floor.

Push up and straighten your arms while raising your bottom up off the chair. Lower slowly.

Repeat 20 times.

Mini Squats



Mini Squats

Hold on to a stable surface like a counter or railing with your feet flat on the floor.

Bend slightly at the knees and keep your back straight.

Return to standing position.

Repeat 20 times.

## ***The Day Before Surgery: General Instructions***

- ◆ If you become ill prior to your surgery date, contact your surgeon to decide if your surgery should be canceled or postponed.
- ◆ If you have a toothache or notice an open area on the skin, contact your surgeon.
- ◆ **Do not shave your legs the day before surgery.**
- ◆ Pack your overnight bag to bring to the hospital.

## ***What to Bring to the Hospital:***

- ◆ Patient Guide (optional).
- ◆ A copy of your advance directive and living will if you have one.
- ◆ Insurance card and co-pay (if applicable).
- ◆ Personal hygiene items (deodorant, feminine products, incontinent pads, etc).
- ◆ Loose-fitting shorts, tops, well-fitted tennis shoes or flat shoes that have a rubber sole and supportive sides (including the back of heel), and items such as your CPAP machine or electric razor. **NO Crocs, clogs, or flip-flops.**
- ◆ For safety reasons, do not bring electrical items, except items mentioned above (cellphone and charger are permitted).
- ◆ List of all current medications.
- ◆ Prescription card (original or a copy).
- ◆ Glasses, dentures, and hearing aids.
- ◆ Walker and cane.
- ◆ Be at the hospital at least 2 hours before your surgery time.

- ◆ ***Please bring your small overnight bag with you the day of surgery.***
- ◆ ***Please be sure to label all personal belongings with your name before bringing them to the hospital.***
- ◆ ***GBMC is NOT responsible nor will reimburse you for your lost or missing personal items.***

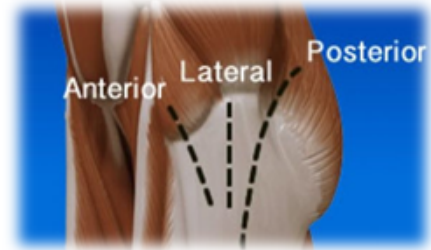
# The Joint & Spine Center AT GBMC

## POSTOPERATIVE CONSIDERATIONS

### Hip Replacement Post-op Precaution Videos

Please note:

There are three types of surgical approaches for a total hip replacement: **posterior**, **lateral**, or **anterior**. Your surgeon will order the specific precautions for you to follow to prevent post-op dislocation. Below are the QR codes to link you to the videos of each precaution:



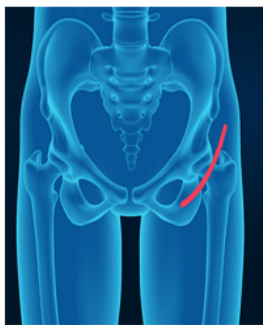
#### Posterior Hip Replacement



- **No** crossing legs
- **No** turning toes inward (internal rotation)
- **No** bending from waist beyond 90 degrees



#### Anterior Hip Replacement



Follow your surgeons Direct Anterior Hip replacement precaution orders.

You may have these precautions to prevent dislocation:

- **No** extreme Extension
- **No** flexion with External Rotation

#### Lateral Hip Replacement



- **No** extreme Extension
- **No** External Rotation
- **No** flexion with External Rotation
- **No** Active Abduction unless allowed by your surgeon



**Mepilex® Border Post-Op Ag**  
Patient Information Sheet

Ordered by your healthcare provider to promote wound healing.

- ✓ Gentle on skin
- ✓ Will not stick to wound
- ✓ Shower-Proof
- ✓ Flexible during rehabilitation

## Your Dressing Should Be Removed:

**The waterproof dressing remains in place for seven total days with planned removal as directed by your surgeon.** Thereafter, no further dressings are required, although a dry sterile gauze can be placed over the surgical site for comfort if needed.

Note: Unless you see wound drainage is present at the edges of the wound pad. See "time to Change" image to right.

\*\*\*If the border of the dressing has lifted before the 7-days, and/or you suspect water has entered the inside of your dressing, notify your surgeon, you may need to remove the Mepilex.

**Notify your surgeon** if the surgical incision and/or the surrounding skin looks red, swollen, warm/hot to touch, there is yellowish/tan discharge from the incision, increased incisional pain, or you have a fever.



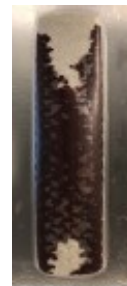
Time to change. The dressing is saturated when the strikethrough has reached three of the edges

### Step 1: Preparing to remove your Mepilex Border Post-op Ag Dressing:

- Wash hands

### Step 2: Removing your soiled Mepilex Border Post-op AG dressing:

- Remove the Mepilex Border Pos-op Ag dressing by gently lifting a corner and peeling away from your wound
- Wash hands



The dressing is saturated when the visible drainage has reached three of the edges. **Call your provider if this occurs.**

**Step 3: No further dressings are required,** although a dry sterile gauze can be placed over the surgical site for comfort if needed.



If only small amount of visible drainage is showing - it's **OK** to leave dressing in place.



#### WHEN TO CALL THE HEALTHCARE PROVIDER (doctor, nurse, therapist)

- Any change in the wound that is a concern to you
- If the drainage from the wound increases
- If you have a sudden increase in pain, or new pain in your wound
- If the area around the wound gets red, swollen or painful to touch
- If the wound color changes from pink or red to a tan, brown or black color
- If you get a fever, or if the wound odor gets worse
- If you have questions

**NOTE:** The recommendation and information in this material should not be considered a substitute for medical advice or diagnosis. See package insert for full instructions and precautions. Please contact your healthcare provider with any questions regarding the care or condition of your wound.

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# GBMC

## Preventing Surgical Site Infections



One risk of having surgery is an infection at the surgical incision. Surgical site infections can range from minor to severe or even fatal. This sheet tells you more about surgical site infections, what hospitals are doing to prevent them, and how they are treated if they do occur. It also tells you what you can do to prevent these infections.

### What Causes Surgical Site Infections?

Germs are everywhere. They're on your skin, in the air, and on things you touch. Many germs are good. Some are harmful. Surgical site infections occur when harmful germs enter your body through the incision in your skin. Some infections are caused by germs that are in the air or on objects. *But most are caused by germs found on and in your own body.*

### What Are the Risk Factors for Surgical Site Infections?

Anyone can have a surgical site infection. Your risk is greater if you:

- Are an older adult.
- Have a weakened immune system or other serious health problem such as diabetes.
- Smoke.
- Are malnourished (don't eat enough healthy foods).
- Are very overweight.

### Preventing Surgical Site Infections: What Hospitals Are Doing

**Handwashing:** Before the operation, your surgeon and all operating room staff scrub their hands and arms with an antiseptic soap. Staff also washes their hands before entering your room and upon exiting.

**Clean skin:** The site where your incision is made is carefully cleaned with an antiseptic solution.

**Sterile clothing and drapes:** Members of your surgical team wear medical uniforms (scrub suits), long-sleeved surgical gowns, masks, caps, shoe covers, and sterile gloves. Your body is fully covered with a sterile drape (a large sterile sheet) except for the area of the incision.

**Clean air:** Operating rooms have special air filters and positive pressure airflow to prevent unfiltered air from entering the room.

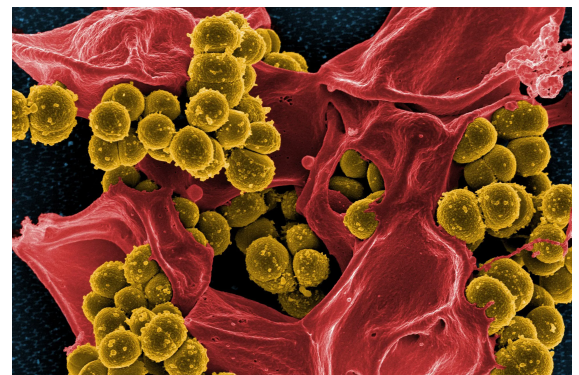
**Careful use of antibiotics:** Antibiotics are given no more than 60 minutes before the incision is made and stopped shortly after surgery. This helps kill germs but avoids problems that can occur when antibiotics are taken longer.

**Controlled blood sugar levels:** After surgery, blood sugar levels are watched closely to make sure it stays within a normal range. High blood sugar delays wound healing.

**Proper hair removal:** Any hair that must be removed is clipped, not shaved with a razor. This prevents tiny nicks and cuts through which germs can enter.

### Call Your Doctor If You Have Any of the Following:

- Increased soreness, pain, or tenderness at the surgical site.
- A red streak, increased redness, or puffiness near the incision.
- Yellowish or bad-smelling discharge from the incision.
- Stitches that dissolve before the wound heals.
- Fever of 100.5 F or higher.
- A tired feeling that doesn't go away.



## *Going Directly Home*

**Observation patients are discharged home the next day after surgery.** You will receive your printed AVS/discharge instructions concerning medications, equipment, therapy needs, activity, etc. **It is imperative that you continue to follow your surgeon's post-op exercise recommendations, prevention of lower leg blood clots, pain management, and follow-up appointments. Please note: some surgeons may not order in-home or outpatient post-op physical therapy for you.**

Discharge home for overnight stay patients on POD#1 is typically between 1:00 PM - 5:00 PM.

\*\*Please note: Staying in the hospital beyond 11:59 PM on POD#1 for a joint replacement, if classified as an "outpatient observation stay," has significant financial and insurance consequences, especially for Medicare recipients. This prolonged observation status can lead to higher out-of-pocket costs and can affect coverage for subsequent care.

## *If You Are Going to a Skilled/Subacute Nursing Facility(SNF/SAR)*

The decision to go home or to a SNF, also known as "rehab", will be made based on your PT ,OT, and medical recommendations. The SNF location will be determined collectively by availability of a bed, your care manager, your insurance company, and your surgeon.

**Please be aware a rehab stay must be approved by your insurance company.** A patient's stay in a SNF must be done in accordance with the guidelines established by Medicare. Although you may desire to go to a SNF when you are discharged, your progress will be monitored by your insurance company while you are in the hospital. Upon evaluation of your progress, you will either meet the criteria for a SNF stay or your insurance company will recommend that you return home with other care arrangements. Therefore, it is important for you to make alternative plans pre-operatively for care at home. In the event an additional rehab stay is not approved by your insurance company, you may go to rehab and pay privately.

Upon acceptance to a SNF, your transfer papers will be completed by your care team. Transportation to the facility will be arranged by the care management team. **TAKE THIS PATIENT GUIDEBOOK WITH YOU.** Your primary care provider (PCP) or a clinician from the SNF will be caring for you in consultation with your surgeon. The average stay is 7-10 days, dependent upon your progress. Upon discharge home, the SNF staff will give you further instructions.

**Please keep in mind that most patients do not meet the criteria for admission to a SAR/SNF. Remember that insurance companies do not become involved in "social issues", such as lack of caregiver, animals, etc. These issues need to be addressed prior to admission for surgery. For any concerns regarding insurance coverage or social issues hindering your recovery, please reach out to your surgeon's office.**

## Caring for Yourself at Home

There is a variety of important information you need to know as you head home. Please refer to your After Visit Summary (discharge paper work):

### Controlling Discomfort:

- Change your position every 45 minutes throughout the day.
- Applying ice to your affected joint will decrease swelling and discomfort, but **do not use it for more than 20 minutes at a time** each hour. **Set a timer for 20 minutes.** Always apply a cloth between your skin and the ice. **Do not use ice packs when sleeping.** Your skin is at risk of "frostbite" or "ice burn," which can occur if left on too long, causing skin damage, redness, tingling, numbness, blistering, and in severe cases, tissue damage and permanent scarring; always wrap ice packs in a cloth to protect the skin. Assess your skin often.
- It is recommended that you ice before and after your exercise program.

### Weaning Off Pain Medication:

- Gradually wean yourself from prescription medication to Tylenol. You may take two extra-strength Tylenol® in place of your prescription medication up to three times per day.

### Body Changes:

- Appetite:
  - Your appetite may be poor. Eat a well balanced diet for healing.
  - Drink plenty of fluids to keep from getting dehydrated.
- Sleeping
  - You may have difficulty sleeping (this is normal).
    - Getting a good nights sleep is important for healing and pain management.
  - Try not to sleep too much or nap during the day.
- Energy
  - Do not be surprised if your energy levels drop. This is normal for the first month after surgery.
- Constipation:
  - Pain medication can promote constipation.
  - Drink water and use a stool softener or laxative if necessary. Some over the counter examples are:
    - Colace
    - MiraLAX
    - Senokot
    - Magnesium Citrate
  - Avoid using fiber laxatives, which will make the constipation worse. Examples of these are Metamucil & Benefiber.
  - If an over the counter stool softener/laxative does not work, call your primary care team.

# POSTOPERATIVE PHYSICAL THERAPY

Greater Baltimore Center for Rehabilitation Medicine


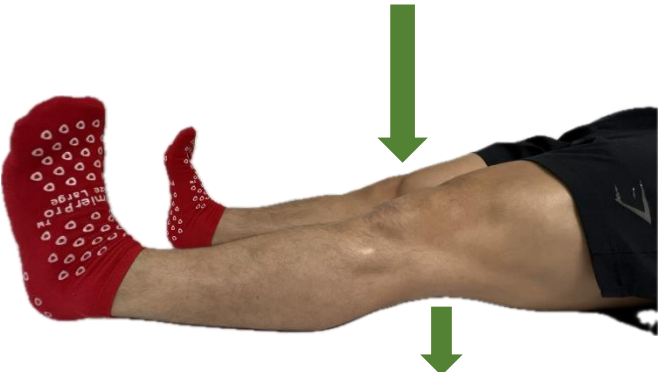

Acute Care Physical & Occupational Therapy

## Range of Motion and Strengthening Exercises

### Total Hip Replacement

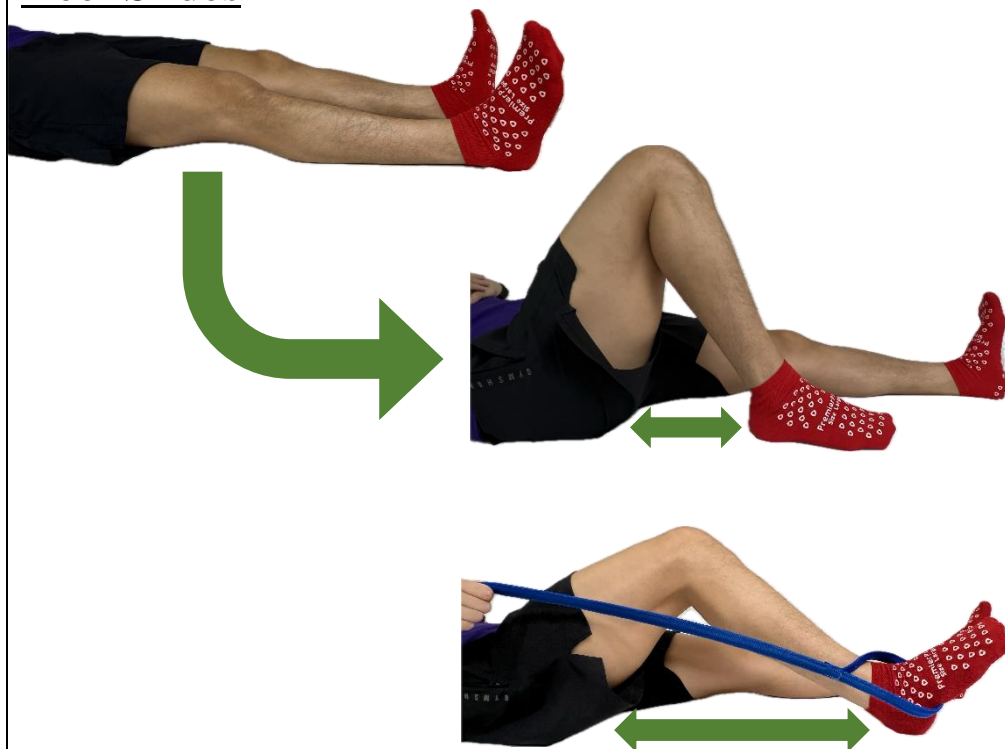


VIDEO

<p><u>Ankle Pumps</u></p> 	<p><u>Ankle Pumps</u></p> <p>Move Ankles Up and Down.</p> <p>Repeat 20 times on each foot.</p> <p>You can move both feet at the same time or alternate left and right.</p>
<p><u>Quad Sets (knee push downs)</u></p> 	<p><u>Quad Sets</u></p> <p>Press both knees into the chair or the bed while tightening the muscles on the front of the thigh.</p> <p>Hold for a count of five seconds and <b>DO NOT hold your breath.</b></p> <p>Repeat 20 times.</p>
<p><u>Gluteal Sets (bottom squeezes)</u></p> 	<p><u>Gluteal Sets</u></p> <p>Squeeze bottom together.</p> <p>Hold for a count of five seconds and <b>DO NOT hold your breath.</b></p> <p>Repeat 20 times.</p>

# POSTOPERATIVE PHYSICAL THERAPY

## Heel Slides



## Heel Slides

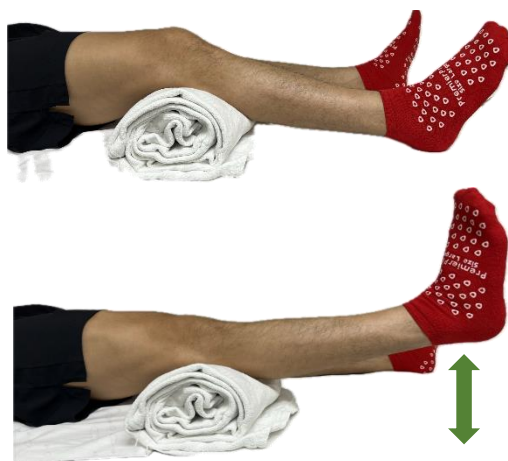
Start lying down in a bed or reclining on a supportive chair with both legs out straight.

Slide the heel of one leg towards your bottom and then straighten out.

You may use a leg lifter, a strap or a sheet to assist with this movement if needed. Check with your therapist for any limits of movement after your surgery.

Repeat 20 times.

## Short Arc Quads



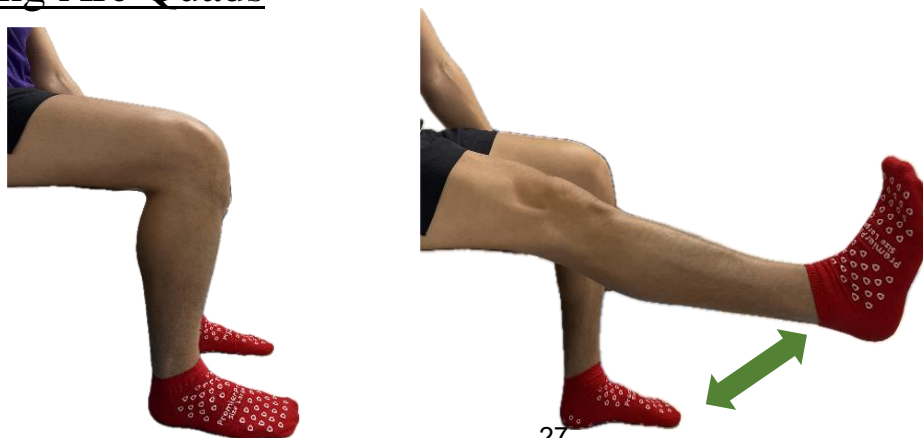
## Short Arc Quads

Start lying down in a bed or reclining on a supportive chair with both legs out straight and with a blanket or foam roll under knees.

Lift your foot up by straightening your knee and keeping your thigh against the roll.

Repeat 20 times.

## Long Arc Quads



## Long Arc Quads

Sit up straight on a firm surface or chair.

Straighten your knee and hold for a count of five.

Return your foot to the floor.

Repeat 20 times.

# POSTOPERATIVE PHYSICAL THERAPY

## Armchair Push-Ups



### Armchair Push-Ups

Sit in a chair with your hands on the armrests and your feet flat on the floor.

Push up and straighten your arms while raising your bottom up off the chair. Lower slowly.

Repeat 20 times.

## Mini Squats



### Mini Squats

Hold on to a stable surface like a counter or railing with your feet flat on the floor.

Bend slightly at the knees and keep your back straight.

Return to standing position.

Repeat 20 times.

## Prevention of Blood Clots (Deep Vein Thrombosis-DVT)

### What are blood clots?

Surgery may cause the flow of blood to your legs to slow and coagulate in the veins of your legs, creating a blood clot. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complication of pulmonary embolus. Moving around, especially walking, will reduce the chance of a blood clot.

### Stockings

Your surgeon may decide to order special white stockings (knee high or thigh high) if you have preexisting swelling in your legs or vascular issues. These stockings are used to help compress the veins in your legs, which keeps swelling down and reduces the chance for blood clots.

- ◆ If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg above heart level.
- ◆ Wear the stockings continuously, removing for one hour a day.
- ◆ Notify your physician if you notice increased pain or swelling in either leg.
- ◆ Ask your surgeon when you can discontinue wearing the stockings. Usually, this will be done three weeks after surgery.



## **Signs and Symptoms of Blood Clots (DVT) in Legs**

- ◆ Pain, tenderness in calf
- ◆ Swelling in thigh, calf, or ankle that does not decrease with elevation
- ◆ These signs do not definitely point to a blood clot, but they are early warnings. Don't be alarmed if they are present but notify your surgeon. The surgeon will arrange for you to visit a radiologist, who will use ultrasound to identify a possible blood clot.

## **Pulmonary Embolus (PE)**

An unrecognized blood clot can dislodge from the vein and travel to the lungs. This is an emergency. Go to your nearest Emergency Room or **CALL 911 immediately** if suspected.

### **Signs of a PE**

- ◆ Shortness of breath
- ◆ Sudden chest pain
- ◆ Difficult and/or rapid breathing
- ◆ Sweating
- ◆ Confusion

### **Prevention of Blood Clots**

- ◆ Foot and ankle pumps
- ◆ Walking, using leg muscles
- ◆ Staying well-hydrated

# DISCHARGE INSTRUCTIONS

## Weeks 1-2

Most joint patients go directly home, but you may go to a rehabilitation center for 7-10 days if approved by your insurance as a medical necessity. During weeks one and two of your recovery, your two-week goals are to:

- Continue with walker or two crutches unless otherwise instructed.
- Walk at least 300 feet with support.
- Climb and descend a flight of stairs (12-14 steps) with a rail once a day.
- Actively bend your hip at least 60°.
- Straighten your hip completely.
- Independently dressing yourself, sink bathe or shower (please follow your surgeon's discharge instruction). No soaking or submersion of your surgical site in water until cleared by your surgeon.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises twice a day, with or without your physical therapist, from the program given to you.
- See your surgeon at your scheduled post-op wound check.



## Weeks 3-4

During this time, you will continue recovering more independence. Even if you are receiving outpatient therapy, **you will need to be very faithful to your home exercise program to be able to achieve the best outcome.** Your goals for this period are to:

- Wean from full support to a cane or single crutch as instructed.
- Walk at least 1/4 mile.
- Climb and descend a flight of stairs (12-14 steps) more than once daily.
- Bend your hip to 90° **unless otherwise instructed.**
- Independently shower and dress.
- Resume homemaking tasks.
- Do 20 minutes of home exercises twice a day with or without the therapist.
- Begin driving if your left hip had surgery with permission from your surgeon.

# DISCHARGE INSTRUCTIONS

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## **Weeks 4-6**

You will see much more recovery as you head toward full independence. Your home exercise program will be even more important as you receive less supervised therapy. Your goals for this time period are to:

- Walk with a cane or single crutch.
- Walk 1/4 to 1/2 mile.
- Begin progressing on stairs from one step at a time to regular stair-climbing (foot-over-foot).
- Actively bend hip.
- Drive a car (regardless of knee operated on).
- Continue with home exercise program twice a day.

## **Weeks 6-12**

By this time, you should begin resuming all of your normal activities. Your goals are to:

- Walk with no cane or crutch and without a limp.
- Climb and descend stairs in normal fashion (foot-over-foot).
- Walk 1/2 to 1 mile.
- Improve strength to 80%.
- Resume all activities including dancing, bowling, and golf.

# DISCHARGE INSTRUCTIONS

## Daily Living with Joint Precautions

### Getting into bed:

1. Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed). Slide operated leg out in front of you when sitting down.
2. Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress.
3. Move your walker out of the way but keep it within reach.
4. Scoot your hips around so that you are facing the foot of the bed.
5. Lift your leg into the bed while scooting around (if this is your operated leg, you may use a cane, a rolled bed sheet, a belt, or your leg lifter to assist with lifting that leg into bed).
6. Keep scooting and lift your other leg into the bed.
7. Scoot your hips toward the center of the bed.

**NOTE: DO NOT CROSS YOUR LEGS** to help the operated leg into bed.

### Getting out of bed:

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your non-operated leg to the floor.
3. If necessary, use a leg-lifter to lower your operated leg to the floor.
4. Scoot to the edge of the bed.
5. Use both hands to push off bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
6. Balance yourself before grabbing for the walker.

### Transfer - into bed



### Transfer - out of bed



# DISCHARGE INSTRUCTIONS

## PROPER method

## IMPROPER method

### Standing up from chair:

**Do NOT pull up on the walker to stand!**

Sit in a chair with armrests when possible.

1. Scoot to the front edge of the chair.
2. Push up with both hands on the armrests. If sitting in a chair without armrest, place one hand on the walker while pushing off the side of the chair with the other.
3. Balance yourself before grabbing for the walker.



### Walker ambulation:

1. Your goal is to walk as normally as possible.
2. If your doctor has ordered full weight bearing (FWB) or weight bearing as tolerated (WBAT), you should use a rolling walker. You do not need to stop between steps. You may feel more comfortable taking smaller steps initially but work toward increasing your step length and speed as you recover. You should step one foot past the other to regain a normal walking pattern. Step forward with the operated leg.
3. If your doctor has ordered partial weight bearing (PWB), you need to push down into the walker whenever you take a step with your operative leg.
4. Your goal is to step forward, touch your heel first, then transfer your weight to the toe for push off. This is called heel-toe gait and is the natural way to walk.



# DISCHARGE INSTRUCTIONS

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## **Getting into the tub using a bath seat:**

1. Place the bath seat in the tub facing the faucets.
2. Back up to the tub until you can feel it on the back of your knees. Be sure the seat is behind you.
3. Reach back with one hand for the bath seat. Keep the other hand in the center of the walker.
4. Slowly lower yourself onto the bath seat, keeping the operated leg out straight.
5. Move the walker out of the way but keep it within reach.
6. Lift your legs over the edge of the tub, using a leg-lifter for the operated leg, if necessary.

**NOTE:** While using a bath seat, grab bars, long-handled bath brushes and hand-held showers make bathing easier and safer, they are typically not covered by insurance.

**NOTE: ALWAYS** use a rubber mat or nonskid adhesive on the bottom of the tub or shower.

**NOTE:** To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attach it to the bath seat.

**NOTE:** Place a towel, washcloth, or garbage bag on the seat to make turning hips easier when getting in and out of the tub.

## **Getting out of the tub using a bath seat:**

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat.
3. Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
4. Balance yourself before grabbing the walker.

# DISCHARGE INSTRUCTIONS

## How to use a tub transfer bench



Back up to the tub bench until you can feel it against your legs.



Reach back for the tub bench and lower yourself onto the seat. Scoot back as far as you can.



Turn your body toward the tub lifting your legs over the tub wall. Scoot further onto the seat as you go.



Reverse the steps to get back out of the tub.

# DISCHARGE INSTRUCTIONS

## Sitting down on the toilet:

You will need a raised toilet seat or a three-in-one bedside commode over your toilet for 12 weeks after surgery.

1. Take small steps and turn until your back is to the toilet. Never pivot.
2. Back up to the toilet until you feel it touch the back of your legs.
3. If using a commode with armrests, reach back for both armrests and lower yourself onto the toilet. If using a raised toilet seat without armrests, keep one hand on the walker while reaching back for the toilet seat with the other.
4. Slide your operated leg out in front of you when sitting down.

## Raised toilet seat



## Getting into a car:

1. Push the car seat all the way back; recline it if possible. Return it to the upright position for traveling.
2. Place a plastic trash bag on the seat of the car to help you slide and turn frontward.
3. Back up to the car until you feel it touch the back of your legs.
4. Reach back for the car seat and lower yourself down. Keep your operated leg straight out in front of you and duck your head so that you don't hit it on the doorframe.
5. Turn frontward, leaning back as you lift the operated leg into the car.

# DISCHARGE INSTRUCTIONS

## Car transfer



Back up to until your legs touch the car.



Reach for the back of the seat and the dashboard, tucking your head as you lower yourself to the seat.



Move back onto the seat as far as possible. Lift your legs into the car one at a time. Maintain any precautions you have been instructed to follow.



Reverse the steps to exit the car.

# DISCHARGE INSTRUCTIONS

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## Stair-Climbing:

**Ascend** with non-operated leg first. **Descend** with operated leg first.

### Sequence for going up stairs

1. Step up with non-operated leg first.
2. Step up with operated leg next.
3. Bring cane or crutch up last.

### Sequence for going down stairs

1. Bring cane or crutch down to next step first.
2. Bring operated leg down next.
3. Bring non-operated leg down last.

## Using a “Reacher” or “Dressing Stick”:

A reacher or dressing stick can help you remove your pants from your foot and off the floor.

### Putting on pants and underwear

1. Sit down.
2. Put your operated leg in first and then your non-operated leg.
3. Use a reacher or dressing stick to guide the waistband over your foot.
4. Pull your pants up over your knees, within easy reach.
5. Stand with the walker in front of you to pull your pants up the rest of the way.



### Taking off pants and underwear

1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor. Push your underwear down to your knees.
3. Lower yourself down, keeping your operated leg out straight.
4. Take your non-operated leg out first and then the operated leg.

# DISCHARGE INSTRUCTIONS

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## Using a Sock Aid:

1. Slide the sock onto the sock aid.
2. Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toe, and pull the sock on. Keep pulling until the sock aid pulls out.

## Using a Long-Handled Shoehorn:

1. Use your reacher, dressing stick, or long-handled shoehorn to slide your shoe in front of your foot.
2. Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
3. Lift your leg and place your toes in your shoe.
4. Step down into your shoe, sliding your heel down the shoehorn.

**NOTE:** Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoelaces.

**DO NOT** wear high-heeled shoes or shoes without backs.

## Equipment After a Joint Replacement Surgery

After joint replacement surgery, you may need equipment to help with mobility, personal care, and safety, such as a walker, crutches, or cane for movement, a shower chair and grab bars for bathing, a raised toilet seat and sock/shoe aids for toileting and dressing, and a reacher-grabber to pick up items. An ice wrap or ice machine is also useful for managing pain and swelling, and a pill organizer can help with medications. Please understand that some of these DME (durable medical equipment) are typically not covered by your health insurance or Medicare. Please ask your surgeon or your pre-op physical therapist which equipment is recommended for your post-op recovery.

## Mobility & Safety

- **Walking Aids:** A walker is often used initially, progressing to crutches or a cane as your strength and balance improve.
- **Grab Bars:** Install grab bars in the bathroom to provide stability when moving around the shower or toilet.
- **Shower Chair or Tub Seat:** This allows you to sit safely while showering or bathing. Your surgeon will need to clear you to shower after surgery.  
NO SOAKING in a bathtub, whirlpool, pool, or body of water until your surgeon has cleared you. Water within your surgical dressing before the surgical incision is healed can lead to a surgical site infection.

# DISCHARGE INSTRUCTIONS

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## Around the House

### Kitchen

- DO NOT get down on your knees to scrub floors. Use a mop and long-handled brushes.
- Plan ahead! Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To provide a better working height, use a high stool or put cushions on your chair when preparing meals.

### Bathroom

- Do NOT get down on your knees to scrub bathtub.
- Use a mop or other long-handled brushes.

### Safety and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout your home. Install night lights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. DO NOT run wires under rugs; this is a fire hazard.
- DO NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position to avoid becoming light-headed.
- DO NOT lift heavy objects for the first three months and then only with your surgeon's permission.
- Stop and think. Please use good judgment when choosing appropriate activities.

# DISCHARGE INSTRUCTIONS

## Do's and Don'ts for the Rest of Your Life

All joint patients need to have a regular exercise program to maintain their fitness and the health of the muscles around their joints. With both your orthopedic and primary care physicians' permission, you should be on a regular exercise program three to four times per week lasting 20 to 30 minutes.

Impact activities such as running and singles tennis may put too much load on the joint and are not recommended. High-risk activities such as downhill skiing is likewise discouraged because of the risk of fractures around the prosthesis and damage to the prosthesis itself. Infections are always a potential concern, and you may need antibiotics for prevention.

## What to Do in General

- Check with your surgeon or dentist regarding the use of antibiotics before you have dental work or other invasive procedures for at least two years after surgery, depending on your doctor's recommendation.
- Although the risk is very low for postoperative infections, it is important to realize that it remains. A prosthetic joint may attract the bacteria from an infection in another part of your body. If you should develop a fever of more than 100.5° or sustain an injury such as a deep cut or puncture wound you should clean it as best you can, put on a sterile dressing or Band-Aid®, and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area is painful or reddened.
- When traveling, stop and change positions hourly to prevent your joint from tightening.
- TSA procedure updates can be found on their website.

### Transport Security Administration:

- What are the procedures if I have an internal or external medical device, such as a pacemaker or metal implant?



- <https://www.tsa.gov/travel/frequently-asked-questions/what-are-procedures-if-i-have-internal-or-external-medical-device>

- TSA's Notification Card:

- [https://www.tsa.gov/sites/default/files/disability\\_notification\\_card\\_508.pdf](https://www.tsa.gov/sites/default/files/disability_notification_card_508.pdf)

- See your surgeon every 2-3 years unless otherwise recommended.

# DISCHARGE INSTRUCTIONS

## Exercise To **Do's**

Choose low-impact activities such as:

- Recommended exercise classes
- Exercises outlined in Patient Guide
- Regular 1-3-mile walks
- Treadmill (for walking)
- Stationary bike
- Low-impact sports such as golf, bowling, walking, gardening, dancing, etc.



## Exercise **Don'ts**

- Do not run or engage in high-impact activities.
- Do not participate in high-risk activities such as downhill skiing, etc.

## SPORTS ACTIVITY PARTICIPATION

Always consult your surgeon before beginning or resuming a new activity.

### Activities that pose a low level of risk:

- Golfing
- Swimming laps
- Cycling
- Bowling
- Gardening
- Dancing
- Scuba diving
- Cross-country skiing
- Low-impact aerobics

### Activities that pose a moderate level of risk:

- Tennis
- Hiking
- Backpacking
- Speed walking
- Ballet
- Alpine skiing
- Softball
- Ice skating
- Volleyball
- Horseback riding

### Activities that are **NOT** recommended due to a high level of risk:

- Soccer
- Baseball
- Running/jogging
- Basketball
- Handball
- Racquetball
- Hockey
- Waterskiing
- Karate
- Wrestling
- Football

## **The Importance of Lifetime Follow-Up Visits**

Over the past several years, orthopaedic surgeons have discovered that many people are not following up with their surgeons on a regular basis.

You should follow up with your surgeon:

- Every 2-3 years, unless instructed differently by your physician
- Anytime you have mild pain for more than a week
- Anytime you have moderate or severe pain

### **Reasons for routine follow-up visits with your orthopedic surgeon:**

1. If you have a cemented hip, we need to evaluate the integrity of the cement. With time and stress, cement may crack. This usually happens slowly over time and patients are often unaware of it. Seeing a crack in cement does not necessarily mean you need another surgery, but it does mean we need to follow things more closely. Your hip could become loose, and this might lead to pain. Alternatively, the cracked cement could cause a reaction in the bone called “osteolysis,” which may cause the bone to thin out and cause loosening. In either case you might not realize this for years. Orthopaedists are constantly learning more about how to deal with both problems. The sooner we know about potential issues, the better chance we have of avoiding more serious complications.
2. The second reason for follow-up is that the plastic liner in your hip may wear. Little wear particles combine with white blood cells and may get in the bone and cause osteolysis, similar to what can happen with cement. Replacing a worn liner early and grafting the bone can keep this from worsening.

*X-rays taken at your follow-up visits can detect these problems. Your new X-rays can be compared with previous films to make these determinations. This should be done in your doctor's office. If you are unsure how long it has been or when your next visit should be scheduled, call your doctor.*



## The American Joint Replacement Registry Notice

**GBMC Hospital is a Total Knee Replacement & Total Hip Replacement TJC Certified Facility.** Participation in **The American Joint Replacement Registry (AJRR)** is a requirement of this certification and demonstrates GBMC’s dedication to improving orthopaedic care through collecting, analyzing, and benchmarking data on total hip and knee replacements from across the entire United States. **AJRR** provides a wide range of actionable information and reporting that helps improve patient care, identify potential problems, and support quality improvement initiatives.

This notice is to advise you of GBMC’s participation and that such participation requires the disclosure of patient protected health information (PHI). The



### **American Academy of Orthopaedic**

**Surgeons (AAOS)**, which operates the AJRR, is obligated to safeguard your PHI and is not permitted to further disclose such PHI without authorization. The type of PHI submitted to AJRR includes the following patient-related data: full name, date of birth, gender, last 4 digits of the social security number, continuing care information, such as: discharge summary, history and physical, consultation, operative report, diagnostic and medical tests, pathology report, laboratory results and radiology reports.

While the data that AJRR provides is important to furthering GBMC’s mission, we also respect our patients’ right to request restrictions on how their medical information is used. If you would **Opt-Out** of the AJRR, please request an Opt-Out form from The Joint and Spine Center.

Companion Care, personal care, meal preparation, medication reminders, transportation, supportive services and light housekeeping, memory care, and more...



Avila Home Care is excited to announce its partnership with LifeBridge Health as well as GBMC HealthCare and Gilchrist. These are two of the leading medical systems in the mid-Atlantic region. By partnering with Avila, these respected healthcare systems will be able to provide a more seamless continuum of care for their patients and allow their patients to receive quality care in the comfort of their own homes.

Avila is a community of caregivers dedicated to providing everything you or your loved one needs to thrive in the home you love. Together, our leadership team has a wealth of experience in senior living and healthcare. We understand families, healthcare, and the elderly, and we're dedicated to providing extraordinary care delivered with unparalleled kindness.

We would love to meet with you at your convenience to answer any questions. We enjoy saying hello and hearing your story. How we can help?

Call us: (410) 826 6100

Email us: [info@avilahomecare.com](mailto:info@avilahomecare.com)

Visit us: 1122 Kenilworth Drive, Suite 307, Towson, MD, 21204

Hours of Operation: Monday – Friday 8:30 a.m. – 5 p.m.



[www.avilahomecare.com](http://www.avilahomecare.com)

*“To every patient, every time, we will provide the care that we would want for our own loved ones.”*

## MISSION

The mission of GBMC is to provide medical care and service of the highest quality to each patient and to educate the next generation of clinicians, leading to health, healing and hope for the community.

## VISION

As our national healthcare system evolves, for GBMC to maintain its status as a provider of the highest quality medical care to our community, we must transform our philosophy and organizational structure, to develop a model system for delivering patient-centered care.

We define patient-centered care as care that manages the patient’s health effectively and efficiently while respecting the perspective and experience of the patient and the patient’s family. Continuity of care and ease of navigation through a full array of services is highly important to us. Our professional staff can say with confidence that the guidance and medical care they are providing mirrors what they would want for their own family.

We will create the organizational and economic infrastructure required to deliver evidence-based, patient-centered care and for holding ourselves accountable for that care. This will be defined by collaboration and improvement. Physicians lead teams that will manage patient care.

We are moving into the future with renewed energy and increasing insight. We look forward to building relationships with both community-based and employed physicians that will form the foundation of Greater Baltimore Health Alliance. We welcome all those who share our vision of healthcare as it is transformed to meet the needs of our community.

## VALUES

GBMC has formalized a series of specific behaviors that support its Greater Values of Respect, Excellence, Accountability, Teamwork, Ethical Behavior and Results. The Greater Values are intended to serve as the foundation upon which GBMC creates and sustains a culture of Service Excellence.

**Respect:** I will treat everyone with courtesy. I will foster a healing environment.

**Excellence:** I will strive for superior performance in every aspect of my work. I will recognize and celebrate the accomplishments of others.

**Accountability:** I will be professional in the way I act, look and speak. I will take ownership to solve problems.

**Teamwork:** I will be engaged and collaborative. I will keep people informed.

**Ethical Behavior:** I will always act with honesty and integrity. I will protect the patient.

**Results:** I will set goals and measure outcomes that support organizational goals. I will give and accept help to achieve goals.

## ACCREDITATION

Greater Baltimore Medical Center (GBMC), is a non-profit healthcare organization, licensed and accredited by the Joint Commission on Accreditation for Health Care Organizations (JCAHO). All GBMC primary care practices are NCQA Certified Medical Care Homes and Gilchrist is CHAP accredited.