



**CHESAPEAKE REGIONAL
HEALTHCARE**



**Joint Replacement
at Chesapeake Regional Healthcare
Patient Education Guide**

*This document has been approved and adopted by The Patient
Education Committee in March 2018 at*



WELCOME

Thank you for choosing Chesapeake Regional Medical Center, a part of Chesapeake Regional Healthcare, for your joint replacement surgery.

Your care and recovery come first to your team. We have created a patient-centered environment focused on helping you regain your optimal health and mobility.

We are committed to excellence. Our orthopedic team includes specialized surgeons, nurses and other professionals who provide exceptional orthopedic care and patient satisfaction.

Surgeons at Chesapeake Regional perform hundreds of joint replacement surgeries each year. Our knee and hip replacement programs have gained national honors for quality and excellence through independent validation by Blue Cross Blue Shield.

You are at the center of the care we provide. It's our goal to keep you informed and engaged as an active partner in your health care. It has been shown that outcomes are better when patients are involved in their care.

An orthopedic navigator will serve as a primary point of contact for you. The navigator will help answer your questions, coordinate your care before and after your surgery, and be involved in your discharge.

This guide provides important information to help prepare you for surgery and recovery including:

- How to prepare for your surgery
- What to expect from your hospital stay
- What to expect during your recovery

Your recovery is our top priority. We hope this booklet is helpful to achieving exceptional outcomes. As your team, we are ready to assist you every step of the way. Once you begin your recovery outside the hospital, a member of our patient experience team may contact you for your thoughts about the care and service we provided. We look forward to your honest feedback so we can always improve our care.

During each visit, the staff will be reviewing and reinforcing the information in this booklet and will likely provide additional and more specific instructions. If you have further questions, please call your surgeon's office or the Chesapeake Regional Healthcare Joint Replacement team at 757-312-6758.

Sincerely,

Dr. Eric Neff
Chief, Department of Surgery
Chesapeake Regional Healthcare

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**For better outcomes we require you to attend our
Joint Replacement Class 4 weeks prior to your surgery.**

Sign up by calling (757) 312-3048.

The class lasts about 1½ hours, and is held
on Mondays at 11 a.m.

Location:

Lifestyle Center

800 Battlefield Blvd | Chesapeake, VA 23320

Bring this booklet with you.

This booklet is a guide. Bring it to office visits, joint replacement class,
and the hospital the day of your surgery.

General Information

Hospital Information

Chesapeake Regional Medical Center (a part of Chesapeake Regional Healthcare)
736 Battlefield Blvd., North
Chesapeake, VA 23320
Main Number: 757-312-8121

Important Phone Numbers

Orthopedic Surgeon: _____
Your Medical Doctor: _____
Orthopedic Unit: 757-312-6140

Visiting

Since your family and friends are an important part of your recovery, we encourage visitation.

Cafeteria

The hospital cafeteria is located on the first floor. Meals are served during the following hours:

- Hot Breakfast: 6:30 – 9:30 a.m.
- Continental Breakfast: 9:30 – 11 a.m.
- Lunch: 11 a.m. – 2:00 p.m. (Monday – Friday)
- Dinner: 2:00– 7:00 p.m.
- Midnight Meal: 1:30 – 3:30 a.m. (Monday – Friday)
- Weekends and Holidays:
 - Lunch: 11:30 a.m. – 1:30 p.m.
 - Dinner: 5:00 p.m. – 6:30 p.m.

Guest Services

For family wishing to stay nearby during your hospital stay, Delta Hotels by Marriott is located nearby, and patients of CRH can reserve a room at a special rate of \$89 per night. Call 757-523-1500 to make your reservation.

Smoking:

All Chesapeake Regional Healthcare locations are tobacco-free. We ask you to respect other patients and visitors by not smoking, using e-cigarettes or other tobacco products while on the premises.

Directions to Chesapeake Regional Medical Center

I-64 East-Bound

Take I-64 east to Chesapeake. Take exit 290A-290B for Virginia 168 toward Battlefield Boulevard. Keep left at the fork to continue on exit 290B, follow the signs for Great Bridge and merge onto N Battlefield Boulevard and Chesapeake Regional Medical Center will be on your right.

I-64 West-Bound

Take I-64 west and merge onto I-664 S. Use the right 2 lanes to take exit 15B for I-64 toward Chesapeake/VA Beach. Take exit 291B to merge onto VA-168 S toward Great Bridge/Nags Head. Take exit 13A for Battlefield Boulevard toward VA-168 BUS. Continue on VA-168 BUS N/N Battlefield Boulevard to Chesapeake Regional Medical Center.

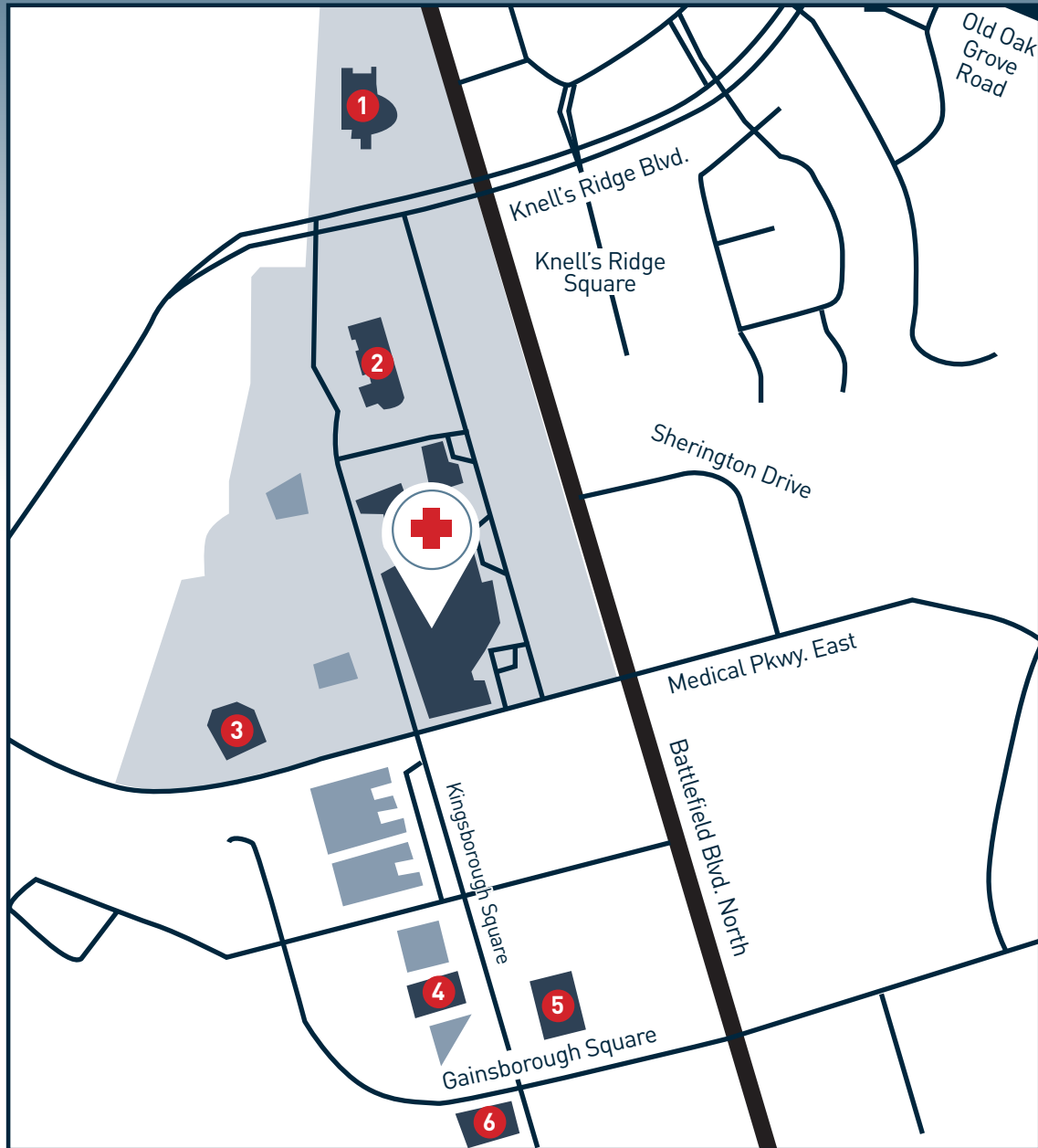
US-158 West-Bound

Take US-158 west and continue onto VA-168N/Chesapeake Expressway. Take exit 13A for Battlefield Boulevard toward VA-168 BUS. Continue on VA-168 BUS N/N Battlefield Boulevard to Chesapeake Regional Medical Center.

Parking

Enter Chesapeake Regional Medical Center campus from Battlefield Boulevard. The main entrance of the hospital is located at the intersection of Battlefield Blvd and Medical Parkway. Visitor parking areas are designated located near the main entrance.

CHESAPEAKE REGIONAL HEALTHCARE CAMPUS MAP



1 Stanley Jennings Outpatient Center
 • Diagnostic Center of Chesapeake
 • The Surgery Center of Chesapeake
 • The Breast Center
 844 Battlefield Blvd., North
 Chesapeake, VA 23320

2 Lifestyle Health & Fitness Center
 The Sleep Center
 Transitional Care Clinic
 800 Battlefield Blvd., North
 Chesapeake, VA 23320

3 Chesapeake Regional Neuroscience Institute
 Neurological Associates of Hampton Roads
 300 Medical Parkway
 Chesapeake, VA 23320

4 Outpatient Imaging Affiliates (OIA)
 Chesapeake Regional Imaging Center
 676A Kingsborough Square
 Chesapeake, VA 23320

5 ComfortCare Home Health and Hospice
 667 Gainsborough Square
 Chesapeake, Virginia 23320

6 Chesapeake Surgical Specialists
 Weight Management
 Chesapeake Regional
 Gynecology & Obstetrics
 113 Gainsborough Square
 Chesapeake, Virginia 23320



736 Battlefield Blvd., North • Chesapeake, VA 23320 • 757-312-8121 • www.chesapeakeregional.com

PREPARING FOR SURGERY

Our approach to orthopedics at Chesapeake Regional Medical Center puts you first. Because outcomes are better when patients are engaged as partners in their health care, we actively involve you in your care and recovery—even before your surgery occurs.

This booklet serves as a guide detailing the steps of your care and where we will need your help to improve your outcomes. You will receive information about the importance of pre-surgery education and the role of nutrition and exercise in your recovery.

The first step in your joint replacement journey is a visit to our pre-surgical admission department. During this visit, you will be screened to ensure you meet our surgical patient health criteria. This can be done on a walk-in basis between the hours of 8 a.m. and 6 p.m., Monday through Friday. It is important that this be completed prior to attending the joint replacement class.

Studies show that patients who attend pre-surgery classes have shorter recovery times. For this reason, **we require every patient to participate in joint replacement class 4 weeks before your surgery.**

You must make a reservation before attending. Schedule your joint replacement class by calling (757)-312-3048.



The Joint Replacement Class will include:

- A review of joint replacement
- Before and after surgery information
- Written exercise instructions and demonstrations
- A view of your hospital and surgical experience
- An introduction to Home Health

Our Orthopedic Navigator plays an important role in your care at Chesapeake Regional Medical Center. The navigator can help answer your questions, provide pre-surgical information, and assist with your discharge to ensure it goes smoothly. Should you have any questions or concerns, please call 757-312-6758.

Before You Come In For Surgery Checklist

- Schedule and attend pre-surgery education class at least four weeks prior to surgery.
- Schedule all pre-admissions testing.
- Stop smoking.
- Make sure you have a safe, sturdy chair with a high, firm seat and arms on it for support.
- Obtain any equipment you will need (see page 8).
- Prepare your home for safety after surgery (see pages 8-9).
- Prepare meals and stock your pantry with easy-to-prepare foods that are low in sodium and high in protein, fiber, iron and vitamin C for use after you return home.
- Follow your surgeon's instruction to stop taking any medications that can thin your blood before surgery. This includes: Aspirin, Advil, Aleve, Bufferin, Motrin, Ibuprofen, Naprosyn, Nuprin, Dolobid, Feldene, NSAIDS, and Vitamin E. If you take any blood thinners such as Aspirin or Coumadin that are

prescribed by a physician, please discuss this with your surgeon.

- Stop taking any herbal and diet products such as Vitamin B6, Gingko Biloba, Ginseng, garlic supplements, green tea and fish oil at least 2 weeks before your surgery.
- Stop taking MAOI antidepressant drugs such as Nardil three weeks before surgery.
- Complete a list of all the medications you take including dose and frequency. Include any over-the-counter, non-prescription medicines, herbs and vitamins. Bring this list to the hospital. Leave your own medications at home.
- Infections increase your risk of complications with surgery. Notify your surgeon if you have any rashes, cuts or sores. Report any health changes such as a cold or upper respiratory infection or any signs of infection immediately.

Day Before Surgery Checklist

- Follow the low fiber diet the day before surgery.
- No alcoholic beverages one day before surgery.
- Shower using Chlorhexidine gluconate (CHG) antibacterial soap.
- Do not eat or drink after midnight.
- Patients with diabetes should follow the plan provided by pre-surgical testing.

Morning of Surgery Checklist

- Do not shower.
- Bring medication list, Patient Education Guide and personal items such as toiletries, clothing for after surgery, dentures, reading materials or personal electronic devices, chargers, and CPAP machine and mask.
- Patients with diabetes should follow the plan provided by their physician.

THINGS TO DO BEFORE SURGERY

Schedule the following appointments 3-4 weeks prior to your surgery date.

Pre-Surgical Admission Testing (PSAT)

Mark your calendar to have your pre-surgical admission testing (PSAT) completed before your surgery. Allow at least 2 hours for testing including an assessment, blood tests, and EKG or x-rays ordered by your surgeon. No appointments are necessary. Testing is offered Monday through Friday from 8 a.m. to 6 p.m. Check in at the registration desk in the main lobby.

Certain blood tests must be done at CRMC **no more than 10 days before surgery**. A nasal swab to test for an antibiotic resistant staph infection known as methicillin-resistant staphylococcus aureus (MRSA) must also be completed **before surgery**. Testing for MRSA helps prevent infections in the hospital.

You will be provided with special antibacterial wipes at pre-surgical admission testing to be used the morning of surgery. These wipes help prevent infection on your skin, even after surgery.

What to bring to Pre-Surgical Admission Testing:

Bring your list of current medications, a copy of your insurance card and any other forms provided by your surgeon's office.

Complete the medication list found in the back of this booklet in preparation for your nursing interview prior to admission. Always bring a list of your current medications with you. Also include any details about medical information, your allergies, and any past reactions to anesthesia. This information is essential for us to provide the best care for you after surgery. Include the name of the medicine, dose, and the prescribing physician's name, phone, and fax numbers.

If you do not follow these pre-surgical admission testing guidelines, your surgery may be cancelled. We realize you may have questions about stopping your blood-thinning medicine as you prepare for surgery. Those questions are best answered by the physician who prescribed the medicine or your surgeon.

Discharge planning is most effective when begun prior to surgery. Please contact your insurance carrier to confirm benefit eligibility. Your care manager will be available to assist you with all discharge and equipment needs. If you have any questions, please contact the Joint Nurse Navigator.



Other items that may be required for a successful recovery are listed below. Discuss these items with your surgeon before surgery:

- Raised toilet seat / 3-in-1 commode / toilet seat with bars
- Walker / Crutches / Cane
- Hip Kit which includes:
 - Long handled (grabber) reacher
 - Sock aide application device and long handled shoe horn

Home Safety Plans

Care after surgery: Plan to have a family member or friend stay with you for the first few days after you return home. You may need help with meals and daily activities.

Walkways: Remove all throw rugs, loose rugs, electrical cords and clutter from hallways and walking areas. These pose a fall risk.

Bathroom: Remove throw rugs or other possible tripping hazards from the bathroom. Mark any raised thresholds with painter's tape as a visual reminder during your recovery. Consider installing safety bars in the shower or near the tub before your surgery. You may need an elevated commode seat or toilet seat riser and shower chair during your recovery.

Bedroom: Create a clear path, free of clutter and rugs, from your bed to the bathroom. Ensure your bed is at the proper height for easy transitions.

Sitting: Have a sturdy chair with armrests during your recovery. Have extra pillows or pads for seats and your automobile to elevate the seat so your hips are properly aligned. Avoid chairs with rollers or wheels, and do not use recliners opened up with your feet above your hips.

Stair climbing: While, it is possible to climb stairs after joint replacement surgery, it may be difficult. If your bedroom is upstairs, consider making a temporary sleeping area on the first floor. Make sure any existing handrails are secure, and consider installing handrails at any steps inside or outside of your home where they don't exist now.

Laundry: Have approximately two weeks of clean clothing available to avoid too much bending after surgery. Consider loose-fitting items which are easy to put on such as sweat pants.

Meals: Freeze pre-made meals and have frozen items on hand to make meals easier. Arrange to have help with any fresh or perishable food items such as fresh vegetables, fruits, milk, and eggs. Meals on Wheels may be an option for you. Please inform your care manager, if you have concerns about meals after discharge.

Driving: Do not drive while taking narcotic medications. Arrange for someone to drive you to your follow-up surgery appointments. It is not safe to drive until you have the full range of motion and strength to react to roadway conditions. Your surgeon will release you to drive.

Mail: Arrange for your mail and newspaper to be collected for you during your recovery.

Children and pets: Small children and pets can pose tripping hazards. Children may need to be reminded how to move around you when you are recovering for safety. Make plans for pets to be in a pen or another part of the house when you arrive home to avoid tripping hazards.

Other items: Place any items you use regularly, such as those stored in cabinets, within easy reach to avoid bending or reaching. Keep the telephone handy at all times during your recovery. Place items such as TV remote control, radio, tissues, medication, reading materials, and video games in easy-to-reach places.

NUTRITION:

Anesthesia and limited mobility just after surgery will have an effect on your digestion. It is recommended that you are well hydrated before surgery and carefully follow the low fiber and low residue diet to prepare for your surgery unless otherwise directed by your surgeon.

DAY BEFORE SURGERY:

LOW FIBER/LOW RESIDUE DIET

Follow the low fiber (less than 13 grams per day)/low residue diet the day before your surgery. It reduces the amount of waste moving through your intestines, which will help during your recovery. This diet is not nutritionally complete and is intended to be used for a short time only. Your diet should include the following prior to your surgery:

Meats and other proteins

Ground or tender, well-cooked lean meats, poultry, fish, eggs and soy prepared without added fat.

Carbohydrates/Grains 6-11 servings a day

Breads, rice, pasta, and cereal.

Enriched white bread and rolls; noodles, pasta, and cooked/mashed potatoes (no skin); plain crackers; farina, cream of wheat, grits and cold cereal such as Rice Krispies, puffed rice and corn flakes.

Fruits-2-4 servings per day

Choose a variety

Fruit juice without pulp; canned or cooked fruits without skins or seeds; ripe banana; cantaloupes, honeydew melons, seedless watermelon; peeled apple.

Vegetables 3-5 servings per day

Choose a variety.

Strained vegetable juice; most well-cooked or canned vegetables without seeds and skin, such as potato without skin, tomato sauce, pureed spinach, green beans, carrots and asparagus tips; iceberg lettuce.

Dairy/Milk 2-3 servings per day.

Limit to 2 cups per day

Low-fat milk, cheese, and yogurt.

Milk or lactose-free milk; almond, rice or soymilk; yogurt (plain or vanilla), soy yogurt (plain or vanilla flavor); cottage cheese, cream cheese, ricotta cheese and aged cheese; ice cream or frozen yogurt; butter or margarine.

Fats/Snacks/Sweets and Condiments - use sparingly

While some fat is a necessary part of our daily diets, less is better. Avoid fats & trans fats such as those in pre-made goods like donuts, chips, and muffins, when possible.

Vegetable oil, butter, margarine, ketchup, vinegar, mayonnaise; plain cookies and cakes; fruit ice, Jell-O, custard, jelly (seedless), honey, sugar or syrup.

Beverages

Water, apple or cranberry juice, coffee, tea, carbonated drinks; bouillon or strained broth



DAY BEFORE SURGERY: FOODS TO AVOID

Meats and other proteins

Legumes (dried beans), nuts, nut butters, seeds and tough fibrous meats

Carbohydrates/Grains

Whole grain, whole wheat, rye, cornbread or pumpernickel bread; breads made with nuts, seeds or fruits; whole wheat pasta; whole grains such as brown rice, buckwheat, bulgur, oats, corn and kasha, whole grain cereals, bran cereals, granola-type cereals, and cereals with nuts, seeds, coconut or dried fruit.

Fruits

All other raw fruits including berries, citrus fruits, grapes, pears and pineapple; prunes and prune juice; dried fruit.

Vegetables

ALL raw or partially cooked vegetables AND beets, broccoli, cauliflower, brussel sprouts, cabbage, sauerkraut and corn; greens (mustard, turnip, spinach, collards); lima beans, peas, mushrooms, okra, onions, parsnips, peppers, potato skins, tomatoes and winter squash.

Dairy/Milk. Limit to 2 cups daily

Yogurt or ice cream with nuts, seeds or fruit; more than 2 cups daily from milk and dairy group

Fats/Snacks/Sweets and Condiments

Any made with whole grain flour, bran, seeds, nuts, coconut or dried fruit; nuts, seeds, and popcorn

Beverages

Limit milk and dairy products to 2 cups per day

Alcoholic Beverages

No alcoholic beverages 1 day prior to surgery.

Exercise

The stronger you are going into surgery, the better your chances are for a faster and easier recovery. That's why using the time before your surgery is so valuable to keep your muscles toned. Before surgery, follow your normal exercise routine or one your doctor gives you. You will be given an exercise plan at the Joint Replacement Education Class to follow during your recovery.

Insurance Verification

Chesapeake Regional will call approximately one to two weeks prior to your admission to verify your insurance and personal information. You may also receive a call from your anesthesia provider.

Sleep Apnea

For patients who have sleep apnea and use a sleep apnea device, please bring your CPAP machine and all attachments.

Dental Work

Tell your dentist you will be having joint replacement surgery. If you have been putting off any dental work, discuss having it done before your surgery. Having a healthy mouth can improve your outcomes.

THE DAY BEFORE YOUR SURGERY

Bathing instructions

You play an important role in your recovery after surgery. The night before surgery, it is essential for you to bathe and then use special antibacterial wipes provided at your pre-surgical admission testing appointment. These wipes contain chlorhexidine gluconate (CHG) and help remove normal bacteria from your skin. When used after a shower or bath, they provide added protection against infections. If you follow these important instructions, you reduce your risk of infection for at least 48 hours after your surgery.

CHG is not to be used by people allergic to chlorhexidine

If you are allergic to CHG, use Dial brand antibacterial soap the night before surgery, and **do not bathe the morning of surgery.**

Shower or bathe the night before surgery. **DO NOT** shave your face, under arms, legs or any other part of your body at least 48 hours before surgery. Any clipping needed for surgery will be done in the Surgical Admitting Unit (SAU).

Do not use CHG near your eyes or ears to avoid permanent injury to those areas.

After bathing, towel dry gently and allow your skin to completely air dry.

Use chlorhexidine gluconate (CHG) wipes and carefully follow the written instructions provided with the package of wipes. Use each wipe in the exact order on the instructions. Allow skin to air dry after each wipe is used. It is normal for the residue to make your skin feel sticky. Make sure that you are completely dry before putting on nightclothes and going to bed.

DO NOT use perfume, cologne, deodorant, powders or creams, or makeup after showering.



THE DAY OF YOUR SURGERY

DO NOT shower or use any products on your skin. It is alright to wash your face and brush your teeth.

YOUR SURGICAL EXPERIENCE

Day of Surgery

Arrive at the hospital on time.

When you have your pre-admit testing visit, they will let you know where to report to on the day of admission.

Upon arrival:

- Register and report to surgical services waiting room
- In SAU you will be asked to undress and put on a hospital gown.
- Your pre-operative nurse will start your IV, ask questions, perform a physical assessment and require you to use the restroom at this time.
- Your family/friend will be allowed to join you while you wait to go to surgery.
- Your surgical site will be identified and marked by your surgeon prior to your surgery.

Family Waiting Area

When you are transferred to the operating room, your family/friend may wait in the surgical waiting areas on the 2nd floor. Furnished with comfortable seating, the waiting area has a Chesapeake Regional wireless visitors' network available, cafeteria, and family lounges. If your family/friend plans to leave the hospital, it is recommended for that person to notify the

receptionist in the surgical waiting area and provide contact information. Our coffee shop, located in the main lobby, is stocked with refreshments, and the cafeteria is located on the ground floor.

Anesthesia

There are several anesthetic options for joint replacement surgery, which may include a peripheral nerve block (numbing medicine for leg) and/or a spinal. Your surgeon and your anesthesiologist will discuss all of these options with you prior to surgery. You will also likely be placed on blood thinners after the surgery to minimize the risk of blood clots; this will be decided by your surgeon.

AFTER YOUR SURGERY

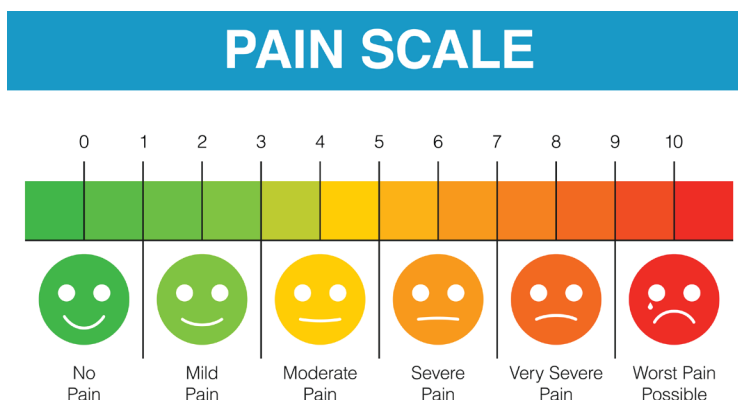
Recovery – PACU

- The Post-Anesthesia Care Unit is also known as PACU.
- After your surgery you will be brought to the PACU, where you will be closely monitored as anesthesia wears off.
- The length of stay in the PACU will be determined by many factors including the type of procedure and the anesthetic used.

The nurses will monitor your blood pressure, pulse and respirations; assess and manage your pain; monitor your IV intake, urine output and your dressings; and encourage you to take deep breaths, cough, and move your feet and ankles. To maintain patient privacy, as well as to reduce the risk of infection, a limited number of visitors may be allowed into the PACU. When you are ready to leave the PACU, you will be transferred to your room in the Joint Replacement Center, located on the East Wing of the 2nd Floor.

Pain Control

Pain control following surgery is an important part of your care. To help us limit your pain after surgery you will be asked to rate the intensity of your pain with a pain scale of 0-10 (0 is no pain, 10 is excruciating pain). The goal is to transition you to oral pain medications. Usually the oral pain medication is an opioid or narcotic. Whenever possible, an anti-inflammatory medication will be ordered as well. Take oral medication with food to reduce nausea. Remember not to wait until the pain is severe. **Keep in mind that it takes about 20-30 minutes for oral pain medication to start working.**



Intravenous Fluids and Medications

An IV will remain in place for the duration of your hospital stay. You will receive IV fluids until you are able to eat and drink without nausea or until your doctor decides.

Dressings/Bandages

Your incision may be closed using staples or topical skin adhesive, you will have a dressing over your incision to protect your wound and promote healing. Your dressing and ability to shower will be based on your physician's assessment.

Ice Application

Your doctor may order for ice to be applied over your dressing for a few days to help decrease bleeding and swelling. You may also request the ice packs for comfort. When the ice melts, be sure to ask the nurse for fresh ice.

Drainage Tubes

A drainage tube may be inserted around your incision during surgery. This allows blood to be collected and measured after surgery. Once the drainage slows down, the tube will be removed prior to discharge.

A urinary catheter may be inserted into your bladder during surgery while you are sedated. This helps the doctor monitor how well your kidneys are working. The catheter is usually removed the day after surgery.



Preventing Blood Clots

An extremely important part of post-operative care methods includes the wearing of sequential compression and support stockings in addition to medication provided by your physician to prevent blood clots.

Sequential Compression Stockings

Sequential compression stockings inflate and deflate automatically. These simulate muscle activity that occurs when walking, and they are worn while you are in bed to help prevent blood clots called deep vein thrombosis (DVT).

Anticoagulation

If you are on anticoagulation medication during your hospital stay, your doctor may prescribe this medication, or a substitute such as aspirin, upon discharge.

Coughing and Deep Breathing

It is extremely important to breathe deeply after surgery to keep your lungs clear from mucus. To ensure that you breathe deep daily, your nurse will provide a device called incentive spirometer and directions to use it. Use it 5-10 times every hour when awake for two weeks after surgery to keep your lungs clear.

Constipation

Constipation often occurs when you are taking pain medication and are less active. Adding a high-fiber diet (greater than 25 grams a day for women and greater than 30 grams a day for men) and drinking plenty of water and other fluids, such as prune juice, are all helpful in preventing constipation. Your physician may also recommend the use of a stool softener. If you do not have a bowel movement by the second or third day after surgery, you may need a laxative, suppository or enema to relieve the constipation. If you continue to experience constipation after taking a laxative, please call the Joint Nurse Navigator.

Mobility

Your participation in your physical therapy is a vital part of your recovery and the success of your long-term rehabilitation.

It's important to get moving as quickly as possible following surgery. Studies show that patients who are mobile soon after surgery have improved outcomes

You will receive a physical or occupational therapy evaluation and a customized therapy program will be developed. For your safety, please do not attempt to get out of bed without assistance from a member of your care team.

Length of Stay

The average post-operative hospitalization ranges from one to two days. Most joint replacement patients benefit from discharging to their home with the support of home care and physical therapy. The amount of time needed for this next phase is dependent on your individual needs and progress.

Home Care Options

Chesapeake Regional's Comfort Care rehabilitation team is specially trained and skilled to care for you in the comfort and familiarity of your own home.

Be sure to discuss your discharge needs with your surgeon and family prior to surgery. The Care Manager will assist you and your family in finalizing these plans before you leave.

When to Call your Doctor

- Temperature over 101.5 F
- Increase in drainage from incision
- Colored or cloudy drainage from incision
- Odor or redness to area near the incision
- Increase in swelling or pain in your lower leg or calf
- No bowel movement in three days

When to Call Emergency Medical Services (EMS)

- Unrelieved shortness of breath
- Chest pain

Activity

Your optimal recovery depends on you. It is important for you to carefully follow the exercise plan your doctor and physical therapist have created for you. Your full recovery depends on getting the proper nutrition, rest and exercise.

Other Important Information

- Your surgeon may advise you to wear support stockings for 4-5 weeks after surgery which is proven to decrease your risk of blood clots.
- Some swelling after joint replacement surgery is common . Getting your legs up, putting ice on the area, and even moving around, can help to decrease the swelling. If swelling persists, call your doctor.
- You will most likely be able to return to your normal activities about 6 to 8 weeks after surgery.
- It is essential that you inform your dentist that you have had a joint replacement. You may need preventative antibiotics before having your teeth cleaned or any other dental work.
- If you have any surgical procedures following your total joint replacement, inform the physician that you have an implant.

Thank you!

Thank you for choosing Chesapeake Regional Healthcare to be part of your journey to improved health and mobility.

MEDICATION LIST:

For your safety and recovery, it is important for you to provide us an accurate list of your medications. Be sure to include all of the following information as provided in the sample below.

Bring this list with you the day of surgery, but please leave your medications at home.

Name _____ Date of Birth ____/____/____

| Name of medication | Dosage – How much do you take? (mg) | Frequency – How often do you take it? | Reason for Medication? |
|-------------------------------------|-------------------------------------|---------------------------------------|------------------------|
| Examples: Lisinopril-HCTZ | 20/25 Tab LUP | 1 by mouth times a day | Hypertension |
| Flexeril | 10 mg oral tablet | 1 by mouth once a day | Muscle spasm/pain |

Are you allergic to any medication? (Circle) YES NO

If yes, what

What was the reaction you had to each of the above?

Do you see any specialists?

Name/Town:



**CHESAPEAKE REGIONAL
HEALTHCARE**

736 Battlefield Blvd., North | Chesapeake, VA 23320