



MedStar Health

# Hip and Knee Replacement Guidebook.

For patients of MedStar Union Memorial Hospital.



**It's how we treat people.**



## Thank you for choosing MedStar Orthopaedic Institute.

MedStar Orthopaedic Institute combines the skill and expertise of more than 80 physicians at MedStar Franklin Square Medical Center, MedStar Good Samaritan Hospital, MedStar Harbor Hospital, MedStar Union Memorial Hospital, the Curtis National Hand Center, and more than 20 community locations, giving you convenient access to the area's top orthopaedic, spine, and sports medicine care.

MedStar Health's orthopaedic service is among the best available. Simply put, experience matters. For more than 160 years, a dedicated, specialty trained team of physicians, nurses, and support staff has been providing quality care at MedStar Union Memorial. Our staff works together to make your experience a pleasant one.

While here, you'll enjoy special services in a friendly and supportive environment. Your care is based on your individual needs. We'll help you set goals for success and track your progress. We also encourage your family members to join in your recovery.

### **Your recovery begins today!**

Sincerely,

**Henry Boucher, MD**  
Physician Executive Director,  
MedStar Orthopaedic Institute, Baltimore



**Read more about your orthopaedic team  
at [MedStarHealth.org/Ortho](https://www.MedStarHealth.org/Ortho).**

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## Day of surgery

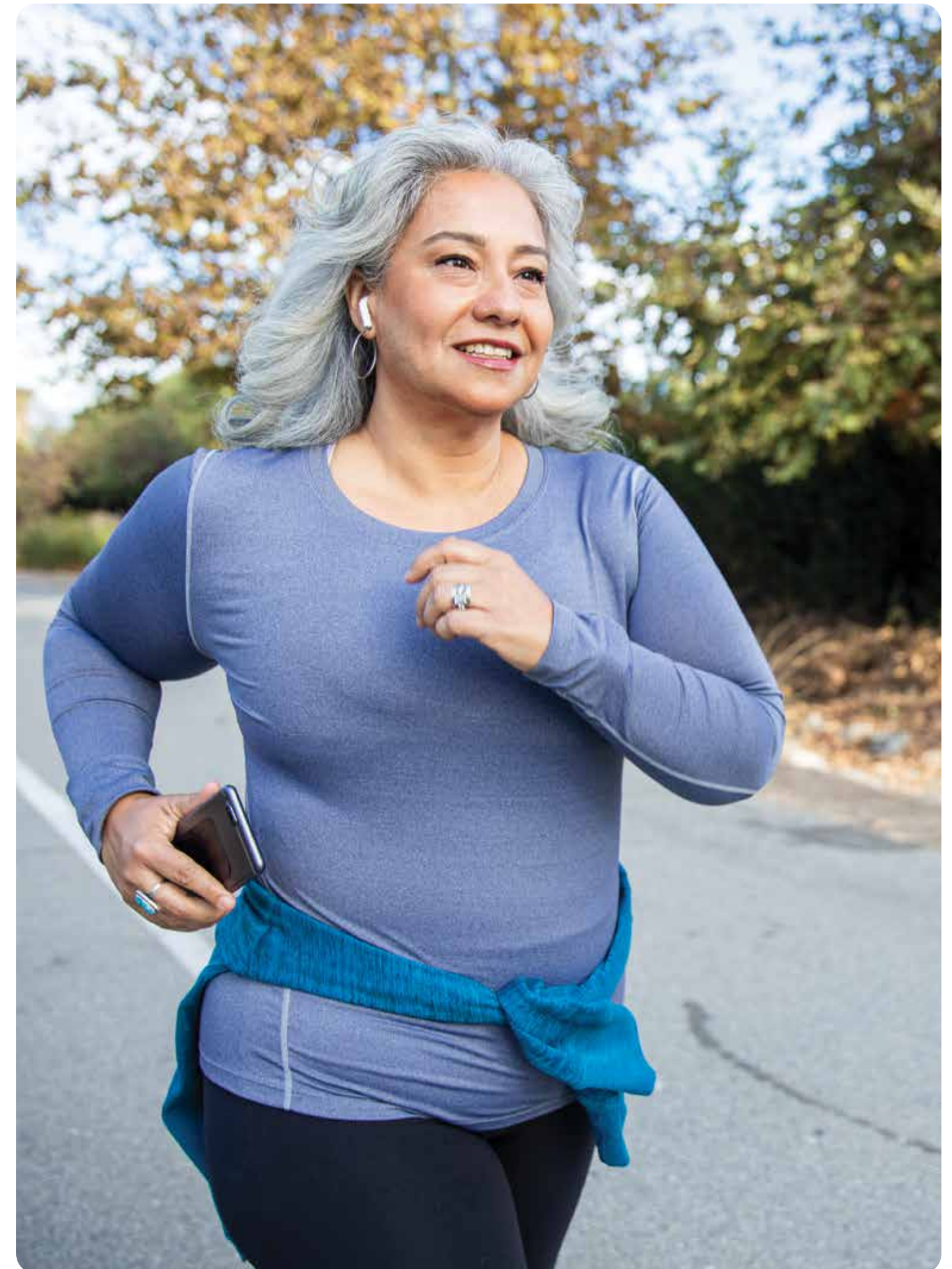
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## Before surgery

# From pre-surgery through recovery, our focus is you.

Prior to your surgery, you will be matched with a patient care coordinator (PaCC), who will contact you approximately two weeks before your surgery. Consider your care coordinator your champion who will follow you every step of the way from your pre-surgical appointments through your post-surgical rehabilitation and recovery.

A PaCC's goal is to get you back to your active life as seamlessly as possible. They are specially trained healthcare professionals who focus on planning for your surgical recovery and rehabilitation. Working closely with your physician and other healthcare professionals, the PaCC assists in helping you safely return to your highest level of function, so you can live your life to the fullest.

The PaCC team will start by working with you, your insurance, and your medical team before your surgery. Together you'll develop a personalized plan that will help you achieve your goals, which includes a prehabilitation therapy appointment as well as scheduling your post-surgical rehabilitation needs. Your PaCC will then follow through and continue to work with you, should your needs change. A PaCC focuses on you, so you can focus on healing.

Should you have any questions before you're matched with your PaCC, please call **410-554-2820**.

---

**Your name**

---

**Your PaCC**

---

**PaCC phone number**

Please use this booklet as your guide. In this guide, you will learn what to expect from your healthcare team before, during, and after your hospital stay. You will also learn what your responsibilities are and how to take care of yourself after surgery.

**Please bring this booklet with you to:**

- **Every office visit**
- **Your joint replacement pre-surgery class**
- **The hospital on the day of surgery**
- **All physical therapy visits after surgery**

However, remember that this is just a guide, and your healthcare team may modify some of the instructions here. Always follow their recommendations first, and ask questions if you are unsure of any information.

# My appointments.

Appointment assignments vary by physician, so you may not need to schedule all the appointments listed here. To help you keep track of your appointments prior to surgery, please record the date and time in the appropriate sections below.

**Name of surgeon:**

**Type of surgery:**

**My surgery is scheduled for:**

**Date:**

**Time:**

**I am to arrive at the hospital at:**

**Date:**

**Time:**

## Pre-operative appointments:

### Pre-operative history and physical

**Location:**

**Date:**

**Time:**

*Call your primary care doctor, your nearest MedStar Health Urgent Care, or MedStar Good Samaritan Hospital at 443-444-3725 for an appointment.*

### Prehabilitation (MedStar Health Physical Therapy)

**Location:**

**Date:**

**Time:**

### Blood type and screen test (only if ordered)

**Location:**

**Date:**

**Time:**

*(Available at the Calvert Lab at MedStar Union Memorial Hospital and at the Smyth Lab at MedStar Good Samaritan Hospital.)*

### Pre-operative class (or view online at [MedStarOrtho.org/Class](https://www.MedStarOrtho.org/Class))

**Date:**

**Time:**

## Post-operative appointments (as recommended by your surgeon and care team):

### Outpatient physical therapy services

**Date:**

**Time:**

**Location:**

**Phone number:**

*To view a list of MedStar Health Physical Therapy locations, visit [MedStarHealth.org/PhysicalTherapy](https://www.MedStarHealth.org/PhysicalTherapy)*

### Home health services

**Date:**

**Time:**

**Name of agency:**

**Phone number:**

*To view a list of agencies with current Medicare ratings, visit [medicare.gov/homehealthcompare/search.html](https://www.medicare.gov/homehealthcompare/search.html)*

### Lab work for anticoagulation (only if ordered for certain blood thinners such as Coumadin®/Warfarin)

**Date:**

**Time:**

**Name of lab:**

**Phone number:**

### Follow-up with surgeon (two to six weeks)

**Location:**

**Date:**

**Time:**

# Important phone numbers.

**Orthopaedic surgeon:** **Phone number:**

**Primary care physician:** **Phone number:**

Patient Care Coordination Team .....	<b>410-554-2820</b>
MedStar Union Memorial Hospital .....	<b>410-554-2000</b>
MedStar Pre-Anesthesia Testing Fax .....	<b>410-554-2387</b>
Admitting Office.....	<b>410-554-2895</b>
Anticoagulation Service (Blood-Thinning Medication).....	<b>410-554-6702</b>
Calvert Lab (Blood Type and Screen Test) .....	<b>410-554-2328</b>
Smyth Lab (Blood Type and Screen Test).....	<b>443-444-4952</b>
Inpatient Nurse Manager (Orthopaedic Unit).....	<b>410-554-2312</b>
MedStar Health Physical Therapy .....	<b>844-91-GETPT (43878)</b>
MedStar Patient Financial Services.....	<b>410-933-8200</b>

For more information about MedStar Union Memorial Hospital, visit [MedStarUnionMemorial.org](http://MedStarUnionMemorial.org)

## Phone calls to expect from us prior to your surgery:

As a courtesy to you, several members of our team at MedStar Union Memorial Hospital will contact you before your surgery to gather information and help you prepare for your patient experience.

- Registration**  
(for pre-registration)
- Pre-Anesthesia Testing (PAT)**  
(for pre-operative nursing interview)
- MedStar Corporate Finance**  
(for insurance verification)
- Patient Care Coordinator**  
(for post-surgical rehabilitation planning)



# Preparing for your surgery.



## Your recovery after surgery actually begins several weeks before your surgery date.

### Physical exam

A complete medical exam is usually required before your surgery. Often, your primary care physician performs the exam.

The exam consists of a review of your overall health to determine if any medical conditions could interfere with your surgery and recovery. In addition, your physician may order further tests if you have certain risk factors.

### On the day of your exam, bring with you:

- This joint replacement guidebook
- A list of your medications, including any over-the-counter medications you are taking
- Your insurance card and photo ID
- A list of your physicians and their phone numbers

Additionally, we have provided a history and physical assessment form to be completed by your physician. If your primary care physician performs your exam, their medical office must fax the form to MedStar Pre-Anesthesia Testing at **410-554-2387** at least **14 days** before your surgery.

If you are having difficulty getting this form completed within the time frame allowed, please let your surgeon's office know as soon as possible so that they can assist you in completing this requirement.

### Pre-operative patient education classes

The pre-operative patient education class offers you the peace of mind that comes with understanding every step of your experience. That's why we strongly encourage you and a family member or caregiver to attend a live or online education class specifically designed for orthopaedic patients. The class provides an overview of what to expect before, during, and after surgery; allows you to meet members of the care team; and includes ample opportunity to ask questions.

If it is not possible to attend a class in person, an online class is available at [MedStarOrtho.org/Class](https://www.MedStarOrtho.org/Class).

### The class covers:

- Planning ahead for a successful recovery
- Preparing your home
- Role of the PaCC
- Your joint replacement surgery
- Your hospital stay
- Therapy in the hospital
- Discharge planning, including outpatient therapy, home health services, and follow-up visits

### Prehabilitation (Prehab)

MedStar Health's prehab program is an individually tailored outpatient physical therapy appointment to help prepare you for surgery and facilitate recovery afterward. This will help you return to your normal activities as quickly and safely as possible. You will learn what to expect during the in-hospital rehabilitation process, as well as the importance of rehabilitation once you return home. What's more, prehab helps determine any special needs you may have during recovery.

### Physical therapy prehab includes:

- Learning and practicing the range-of-motion and strengthening exercises that you will do after surgery
- Education about precautions following surgery
- Determining any specialized equipment you may need after surgery

The PaCC team will contact you to set up an appointment, or you may call the PaCC team at **410-554-2820**.

To view a list of MedStar Health Physical Therapy locations, visit [MedStarHealth.org/PhysicalTherapy](https://www.MedStarHealth.org/PhysicalTherapy).

### Durable medical equipment

You may require special equipment at home for some time after surgery. Your therapy team will recommend specific items, and your PaCC will assist you with getting the equipment you need. Insurance does not pay for this equipment, so you are encouraged to explore other purchasing options.

To the right is equipment commonly used after orthopaedic surgery. Your PaCC can discuss specifically which equipment will best fit your needs for a successful recovery.

### Examples of where to purchase equipment:

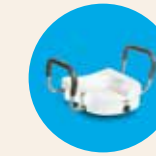
- Amazon.com
- CVS
- Drugstore.com
- eBay
- Home Depot
- Lowe's
- Northern Pharmacy
- Target
- Walgreens
- Walmart

Medical equipment can also sometimes be found at county or local church loan closets.

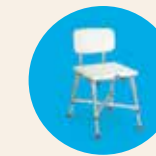
## Medical equipment you may need after surgery:



**Raised toilet seat**  
(\$15-\$25)



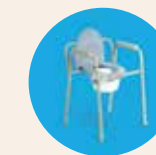
**Raised toilet seat with arms**  
(\$25-\$40)



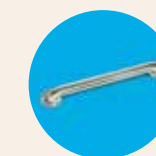
**Shower chair**  
(\$30-\$60)



**Extended tub bench**  
(\$50-\$80)



**Bedside commode**  
(\$35-\$50)



**Safety/grab bars**  
(\$15 and up)

**Note:** For your safety, securely attach the grab bars to the wall; it is not recommended to use the bars with suction cups.



**Toilet safety rail**  
(\$20-\$40)



**Hip kit (adaptive equipment)**  
(\$20-\$30)

**Note:** This equipment can be useful for both hip and knee replacement surgeries.

# Planning ahead for a **successful recovery.**



There are several things you (or a family member or friend) can do to make sure your home is safe and comfortable when you return home.



## Throughout your home

1. Choose firm chairs with armrests when possible and use a cushion to raise height if necessary.
2. Avoid chairs with wheels.
3. Before sitting down, make sure all items are within reach.
4. Remove clutter, loose rugs, and extension cords from the floor.
5. Install railings on stairs.



## Kitchen

1. Move commonly used items in your refrigerator and cabinets to easy-to-reach shelves or counter tops (at arm level) to avoid excessive bending, reaching, and squatting.
2. Prepare meals ahead of time and freeze them.
3. Place a high stool or chair in the kitchen area to sit on while working.
4. Empty trash when only half full.



## Bedroom and bathroom

1. Use a night light.
2. Use a shower chair or bench in your tub or shower.
3. Consider purchasing a hand-held showerhead.
4. Use a raised toilet seat (with armrests, if recommended by your therapist).
5. Leave the bathroom door unlocked, so it can be opened from both sides.
6. Consider the use of a rubber mat or nonskid strips in the tub and shower.
7. Consider installing grab bars around the toilet and tub or shower. (It is not safe to pull up on a towel bar.)



## Transportation

1. Consider height of vehicle (SUV vs. sedan) upon discharge. Particularly tall patients will have difficulty getting into smaller cars, and shorter patients will have difficulty climbing into larger vehicles.
2. Remember, you will not be able to drive for some time. Before you can return to driving, you must be off all pain medication prescribed by your surgeon and you should feel physically ready and safe to return to driving. Consider practicing in an empty parking lot before returning to the roads.



## Daily living

1. Use your assistive device as directed.
2. Allow yourself plenty of extra time to complete your daily tasks and get to scheduled appointments.
3. Stay home if inclement weather is in the forecast.
4. Consider alternative care for your pets. You will not be able to walk a dog or reach to the floor for food and water bowls or to change cat litter.



## Recovery area

1. Select an area on one level of your home where you will be comfortable spending the majority of the day.
2. Make sure you have a bathroom or bedside commode close by.
3. Have comfortable, supportive seating where your feet can be elevated.
4. Have a table or tray next to your seat to have easy access to food, water, and a phone.





# Countdown to surgery checklists.

Please review the **Preparing for Your Surgery** section on pages 10 and 11.

## More than 14 days before surgery:

- Schedule pre-operative physical exam. Be sure that your physical exam paperwork (located in the pocket of this booklet) is faxed to MedStar Pre-Anesthesia Testing at **410-554-2387** at least 14 days before your surgery.
- If you see any specialists (i.e., cardiologist, hematologist, pulmonologist), you may also require clearance from them prior to surgery. It is best to discuss this with your primary care physician.
- Make a dental appointment if you haven't had one in the last year. (Please see Signs of Infection on page 17.)
- Prepare your home for recovery from surgery. Please review the suggestions on page 12.
- Arrange how you will get home when you are discharged from the hospital.
- Visit the Calvert Lab at MedStar Union Memorial Hospital or the Smyth Lab at MedStar Good Samaritan Hospital to have your blood type and screening test, only if ordered by your surgeon.
- Identify the family members and/or friends who will help take care of you when you get home.
- Schedule your physical therapy prehab appointment. The PaCC team will be contacting you to schedule this appointment, or you may visit MedStar Health Physical Therapy locations at **MedStarHealth.org/PhysicalTherapy**.

\* **Please note:** For your safety, failure to comply with these requirements may result in your surgery being canceled.

## 14 days before surgery:

- If you take a weight-loss supplement containing the drug phentermine (Lomaria®, Adipex-P®), stop taking it at least 14 days prior to surgery.\*

## Within 14 days of surgery:

- Attend a pre-operative orthopaedic class or go to **MedStarOrtho.org/Class** for an online class.
- Expect a call from your newly assigned PaCC, who will help you with planning.

## 7 to 10 days before surgery:

- Stop taking certain medicines before surgery, if told to do so by your doctor.
- Stop smoking and using any products containing nicotine (cigarettes, electronic cigarettes, chewing tobacco, nicotine gum or patches, pipes, cigars, etc.).\*
- If you are diabetic, you should have the physician who manages your diabetes advise you on how to adjust your medications for the day of surgery (when you can't eat or drink before the surgery).

## 5 days before surgery:

- Do not shave your legs for five days prior to surgery** to minimize potential risk of infection.
- Start showering daily with Hibiclens. Please review the pre-operative shower instructions on page 16. **Remember to not apply any powder, deodorant, perfumes, or lotions after washing with the Hibiclens.**

## Day before surgery:

- DO NOT eat or drink after midnight** before your surgery—remember, this includes candy, gum, mints, etc.
- DO NOT smoke or use any nicotine products after midnight.** (Remember: It's best to stop all nicotine products seven to 10 days before surgery.)

## Day of surgery:

- Please keep your cell phone on to maintain communication with your surgeon. If the operating room's schedule changes on the day of your surgery, your start time may be affected.
- If you are instructed by your primary care physician or by the physician who did your pre-op physical, you may take any recommended medications with a sip of water on the morning of your surgery.
- Take a shower with Hibiclens soap either the night before or preferably the morning of your surgery. Please review the pre-operative shower instructions on page 16.
- Wear clean clothes.
- Brush your teeth, but do not swallow the toothpaste.

## Day of surgery (continued):

- Arrive at the hospital two to three hours prior to surgery (per your surgeon's instructions). Please park in Garage A and walk over the breezeway. Please refer to page 19 for a hospital map.
- If you plan to fill your prescriptions at MedStar Union Memorial prior to discharge, please have a plan to pay your co-pay.
- Leave all valuables at home on the day of surgery. This includes cash, credit cards, jewelry, laptop computers, and cell phones. Please note that MedStar Health and MedStar Union Memorial Hospital are not responsible for any loss of, damage to, or theft of valuables.
- Notify your surgeon immediately if you have a cold, show signs of any infection (drainage, sore, toothache), or experience other changes in your physical condition.
- DO NOT eat or drink after midnight** before your surgery—remember, this includes candy, mints, etc.
- DO NOT smoke** or use any nicotine products on the day of your surgery.
- DO NOT apply lotion, oil, powder, perfume, or deodorant after using soap.** This will help decrease the number of bacteria that naturally occur on the skin.
- DO NOT wear jewelry** (including wedding rings) or contact lenses.

## Pre-surgery Hibiclens® skin prep instructions.



**You will need to shower for five consecutive nights before your surgery and the morning of your surgery with the Hibiclens soap given to you. The purpose of the Hibiclens shower prep is to get your skin as clean as possible prior to surgery, therefore helping to prevent infection. Please read all instructions below before starting your Hibiclens shower prep.**

### Pre-operative Skin Care Instructions:

For **five consecutive nights** before your surgery:

1. In the shower, get your entire body wet. If you are going to wash your hair, do so and make sure all shampoo is rinsed off your hair and body prior to starting your prep. Use regular soap and water on your face and genitals.
2. Turn off the water and open a packet of Hibiclens.
3. Pour the Hibiclens onto your hands. DO NOT use a sponge, washcloth, etc.
4. Wash your body with the soap from the neck down. Do not forget your back. Take about five minutes to do this, allowing the Hibiclens to clean your skin before you rinse.
5. Turn the water back on and rinse thoroughly with warm water. DO NOT wash with soap after you have washed with Hibiclens.

Wear clean pajamas each night after you shower. Sleep on clean sheets the night before surgery.

Please repeat the above steps the morning of your surgery. Wear clean clothes to the hospital the morning of your surgery.

**Do not use any powder, deodorant, perfumes, or lotions after washing with Hibiclens.**

**Do not shave any body parts from your neck down. This could increase your risk of infection.**

For questions, please call your surgeon's office.

## Contributing factors to complications.



**Conditions that may increase your risk of having a complication during orthopaedic surgery include:**

### Allergies

If you have any type of metal allergies—especially nickel—let your surgeon know. A different type of orthopaedic implant may be used.

### Obesity and poor nutrition

Proper nutrition plays an important role in your recovery and overall health. When your weight is under control and you are preparing for replacement surgery, it is important that your diet be nutritionally sound. Poor nutrition and obesity can increase your risk for infection and/or delay wound healing.

If you are overweight and would like to lose weight before or after surgery, we recommend that you join a physician-supervised weight-loss program. Please ask a member of your healthcare team for more information.

### Heart and lung disease

These pre-existing conditions may lead to post-operative complications. Please make sure your healthcare team is aware of any heart or lung conditions.

### Smoking and nicotine products

Stop smoking and using any products containing nicotine (cigarettes, electronic cigarettes, chewing tobacco, pipes, cigars, nicotine patches or gum, etc.). Nicotine in tobacco products has been scientifically proven to slow bone healing by poisoning the cells in your body that are responsible for making bone. Smoking can increase your chance of lung complications and delay wound healing. Please ask a member of your healthcare team for information regarding smoking cessation.

### Diabetes

Poorly controlled diabetes can slow healing and lead to an increased risk for infection.

### Signs of infection, such as a recent cold, flu, sore throat, and/or tooth disease

An infection anywhere in the body can interfere with the healing of the surgical site. Bacteria can travel through the bloodstream to the artificial implant. It is important that you are free of infection before surgery and seek immediate treatment for any infection that may occur after your surgery.

The most common areas that may be a source of bacteria in the body are the teeth and urinary tract. If you have not had a dental checkup within the last year, or if you have any dental infections, you are encouraged to make an appointment prior to your surgery. If you have any problems with urinating—frequency, burning, or difficulty passing urine—you should see your family doctor or urologist before surgery. Let your surgeon know if you have a cold, sores, cuts, or inflamed areas anywhere on your body.

Day of surgery

# Navigating the hospital.



### Arriving at the hospital

Remember to read and prepare for your surgery using the Countdown to Surgery Checklists on pages 14 and 15. The checklists remind you of things to do and things not to do before your surgery.

Visit [MedStarUnionMemorial.org/Directions](https://www.MedStarUnionMemorial.org/Directions) for directions to MedStar Union Memorial Hospital.

On the day of your surgery, please arrive at the hospital at least two to three hours prior to your scheduled surgery (per your surgeon's instructions). Park in Garage A and walk over the breezeway. Be sure to sign in at the security desk off Garage A. Reduced-price parking vouchers are available in the gift shop, located in the main hospital lobby.

### Pre-operative Assessment Center (Pre-Op)

You will be directed to the Pre-operative Assessment Center, also known as Pre-Op, located on the third floor of the main hospital. Here, you will register, receive a nurse visit, meet your anesthesia provider, and have a chance to speak with your surgeon.

While in the Pre-operative Assessment Center, information regarding your medical condition will be reviewed and confirmed by the surgical team. You will have an IV inserted in your arm for fluids and medications during surgery. Your surgeon will also mark the surgical site with their initials. You are now ready for surgery.

### Operating room

Your time in the operating room will depend on the complexity of the procedure. Your family and friends are welcome to stay in the waiting area until you are ready to be taken to your hospital room, or they may take a pager from the surgical waiting area to other common areas within the hospital, such as the cafeteria, coffee stand, or gift shop. Once your surgery is completed, the surgeon will speak with your family and friends in the waiting area and discuss the outcome of your surgery.

### Post Anesthesia Care unit (PACU)

After your surgery is complete, you will be taken to the Post Anesthesia Care unit to recover from anesthesia.

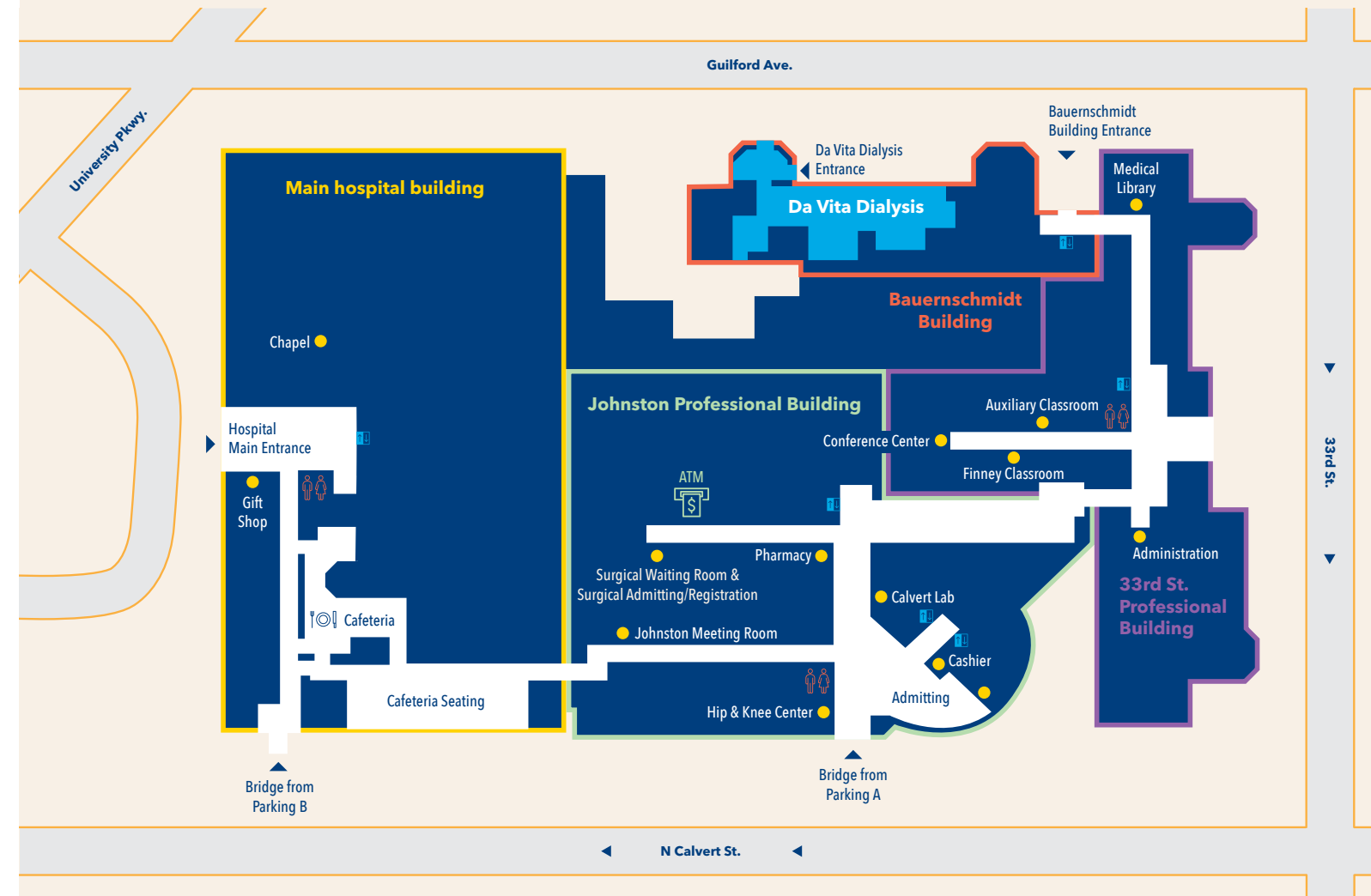
This is also known as the recovery room. This is a critical care unit staffed with specialty trained nurses who will monitor you closely, checking your vital signs, pain level, and bandages.

If you're having an outpatient surgery, you will receive therapy in the PACU after your surgery and then be discharged home. We encourage you to have your support person present during therapy, so they can learn how to help you at home. If you are staying overnight in the hospital, you will be transferred to your room on the orthopaedic unit once stable.

In order to be safely discharged to home from the PACU or the orthopaedic unit, you will need to be medically stable and be cleared by therapy.

## MedStar Union Memorial Hospital First Floor

201 E. University Pkwy.  
Baltimore, MD 21218  
410-554-2000



# Your hospital stay (if staying overnight).



## Orthopaedic unit

This is a skilled orthopaedic nursing unit where staff is specialty trained and dedicated to the care and well-being of orthopaedic patients. When you arrive on the unit, your vital signs (blood pressure, pulse, respirations, temperature, and oxygen levels) will continue to be monitored as your anesthesia wears off.

### You will notice a lot of equipment on and around you, which may include:

- **Compression stockings** on legs to help minimize the risk of developing blood clots.
- **Sequential compression devices (SCD)** on legs to assist with circulation. An SCD comfortably squeezes and relaxes your legs like a massage.
- **Heel protectors** on feet to help keep your heels slightly off the bed to prevent pressure areas from developing.
- **Ice bags or cold therapy devices** on the surgical site, helping to decrease the swelling and pain in the joint after surgery. Please don't hesitate to ask for ice bags whenever you need them.

In addition to the regular hospital menu, the orthopaedic unit has snacks and sandwiches available if you miss a scheduled meal.

## Your care

We will visit your room frequently, but you can always call for assistance. Your room is connected to the nursing station via an intercom system. To call for your nurse, press the NURSE call button located at your bedside.

## Your recovery

On the day of surgery, when you are fully awake, you will get out of bed with the assistance of a physical therapist or orthopaedic nurse. While in bed, you may lie in any position that makes you comfortable, taking into account the precautions you should follow after surgery, along with specific instructions from your nurse and therapist.

## Getting in and out of bed

We are committed to making sure you are safe while getting in and out of bed following surgery. Use the call button, located at your bedside, to call your nurse for help each time you have a need to move about the room. Please do not get out of bed without assistance. We want to keep you safe from falls.

## Going to the bathroom

Because your safety comes first, your caregiver may stay with you during your bathroom visit to prevent falls. Due to the effects of medication and anesthesia, all patients should be monitored—even those who have never fallen before or do not believe they are at risk for falling. Although this might seem awkward, please know that we respect your privacy.

## Managing your pain

Everyone experiences and handles pain differently. That's why we work closely with you to develop a pain goal and keep you as comfortable as possible after your surgery. Remember, it is normal to have pain and discomfort after surgery. There are many ways to control pain that do not involve medication, including ice, distraction, and deep breathing. We strive to determine the best way to keep your pain controlled while you are in the hospital and then send you home with a plan to manage your pain and prescriptions for the medications that work for you.

## Things to bring to the hospital:

- ❑ **Driver's license or passport** for photo identification
- ❑ **Insurance cards** (including your prescription card, if you have one)
- ❑ **Copies of advance directives** or living will (if you have them)
- ❑ **List of all of the medicines you take**, dosages, and the time of day you take them, including over-the-counter drugs and prescription medicines, as well as a list of any allergies you have. Please bring only the list of medications with you to the hospital. Do not bring the medicine.
- ❑ **A plan to pay co-pays** for any prescriptions you fill at MedStar Union Memorial. Your plan could include paying over the phone, having a family or friend pick up, or paying at the bedside with cash or credit card.
- ❑ **Toiletries:** Soap, shampoo, shaving items, toothbrush, toothpaste, comb, makeup, brush, and deodorant
- ❑ **Personal items:** Glasses, hearing aids, and dentures
- ❑ **Footwear:** Shoes that protect your toes and heels, have a rubber sole, and will stay on your feet such as sneakers, slip-on flats, or sturdy slippers are recommended.
- ❑ **Clothing:** You may have a bulky dressing on your surgical incision, which may drain fluid for the first few days, so loose-fitting clothing is recommended. This could include elastic waist shorts, skirts, short gowns, pajamas, bathrobes, and several changes of underwear and socks. You are encouraged to bring shorts and a T-shirt to wear once you begin therapy, as measurements may be taken of your leg.
- ❑ **Rolling walker:** Most likely, you will begin walking with a rolling walker after surgery for support. If you have your own walker, please bring it with you. If you're used to using crutches and think you will use them after surgery, please bring them with you. Label any equipment you bring with your name. If you do not have a walker, your PaCC will discuss equipment options with you.
- ❑ **C-PAP or external breathing devices:** If you typically use assistive breathing devices at home, please bring them with you and label them with your name. Your nursing team will discuss arrangements for using them while in the hospital and will provide the sterile water for the machine.



## Participating in your care.



**Your care team is made up of highly skilled and trained healthcare professionals, including your surgeon, anesthesia providers, nurses, pharmacists, physician assistants, physical and occupational therapists, and a patient care coordinator. But the most important member of the team is you.**

### Patient

You are the most important member of the team. Preparing yourself prior to surgery and understanding what must happen before and after your hospital stay contribute to a positive, successful outcome. Your participation is extremely important in your return to an active, independent, and rewarding lifestyle.

### Orthopaedic surgeon

Your surgeon is board certified and fellowship trained in the surgical techniques and care involved in orthopaedic surgery.

### Anesthesia provider

Your anesthesia provider is responsible for administering your pain medication and monitoring your condition during and immediately following the procedure.

### Patient care coordinator

Your patient care coordinator (PaCC) will advise you on pre- and post-surgical options, from attending your joint replacement class to post-surgical rehabilitation and recovery. Working with your surgeon, your insurance, and members of your healthcare team, your PaCC will assist you in developing a post-surgical plan using the anticipated levels of rehabilitation services you need to reach your goals.

### Pharmacist (anticoagulation service)

After your surgery, you may be prescribed a blood-thinning drug to help prevent blood clots from forming. A pharmacist from the anticoagulation service monitors the amount of medication you are taking.

### Specialty nursing

Your nurses—both in the operating room and on the orthopaedic inpatient unit—have been specialty trained in orthopaedics and are experts in the care of patients undergoing orthopaedic surgery.

### Physician assistant

The orthopaedic physician assistants are specialty trained healthcare providers who work directly with your surgeon and care team to manage your overall medical care while in the hospital.

### Physical therapist

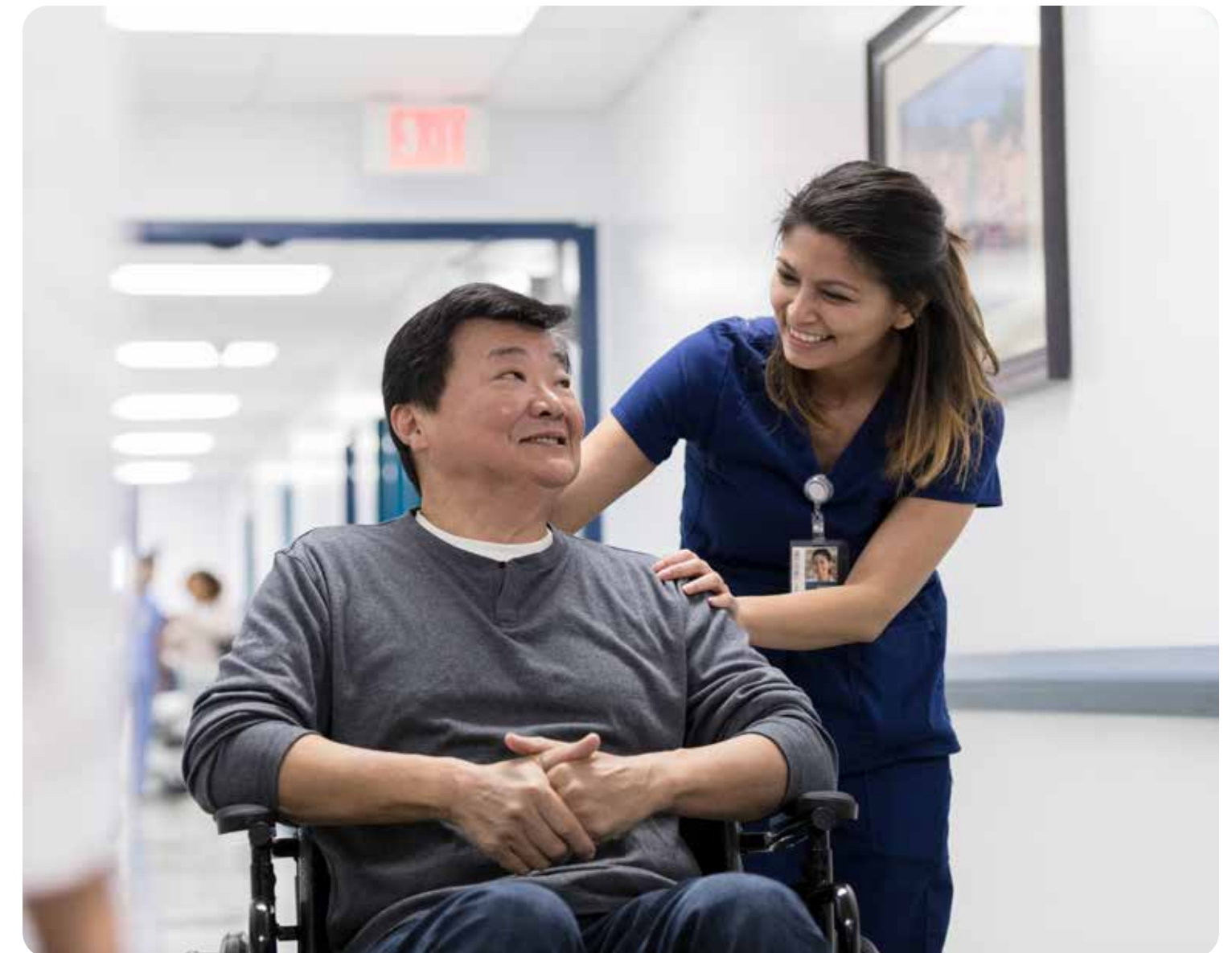
The physical therapist (PT) evaluates and monitors your progress before and after surgery as it relates to your strength, range of motion, and physical function. The PT helps make sure that you are as independent and safe as possible before you are discharged from the hospital.

### Occupational therapist

The occupational therapist (OT) teaches you to safely manage your activities of daily living (ADLs), such as bathing, dressing, transferring to the toilet and tub or shower, and getting around your home.

## Here are other ways you can participate in your care:

- **Ask for pain medication and to visit the bathroom prior to your therapy sessions. Please ask for ice afterward and as needed throughout the day.**
- Ask your caregivers if they have washed their hands before providing care to you.
- Ask staff to explain what they are doing and why.
- Educate yourself about your diagnosis, medical tests, and treatment plan. Ask your caregiver for any written information you can keep or check the patient education channel on your TV. The MedStar Union Memorial Hospital Medical Library also has materials that may be helpful.
- Sign up for **myMedStar**, a secure way to access your medical information any time of day or night on your own computer, tablet, or smartphone. To sign up, visit **myMedStar.org** and click Enroll Now. Learn more on page 52.
- Complete any email questionnaires that are sent to you about your surgery. To learn more about our orthopaedic outcomes program, turn to page 52.
- Make sure your nurse or doctor checks your identification (ID) wristband or asks your name before they administer any medication or treatment.
- Make sure your caregiver is wearing an identification (ID) badge.
- Carefully read any medical forms, making sure you understand them before you sign them.
- Know what medications you take and why you take them.
- Talk to your doctor or nurse about your medications and any side effects you may experience.
- Ask for written information about your medication.



# Blood-thinning medication.



## Anticoagulants (blood thinners)

Aspirin is frequently used to help prevent blood clots that can sometimes occur. Additional anticoagulants that may be prescribed include enoxaparin, rivaroxaban, and apixaban. For people with certain medical conditions, warfarin (Coumadin®) may be prescribed. Your surgeon will select an appropriate anticoagulant based on your risk factors.

If your surgeon prescribes Coumadin®, your blood will require monitoring to make sure it doesn't get too thin. Blood will be taken once a week for the duration you are on the medication. While you are taking this medication, please remember:

- **You cannot take any non-steroidal pain medications (ibuprofen, naproxen, ketoprofen).**
- **You cannot take any aspirin unless already discussed with your surgeon.**
- **You should not take herbal products and dietary supplements that may affect vitamin K and Coumadin® unless already discussed with your surgeon.**
- **You should maintain a consistent intake of foods that contain vitamin K, including, but not limited to, dark, leafy green vegetables, liver, and nutritional drinks such as Boost® and Ensure®.**
- **You should not take fish oil while taking Coumadin®.**
- **You should wear your TEDS compression stockings according to your doctor's discharge instructions. In general, wear them for four to six weeks after your surgery, or until you return to see your doctor.**

The Anticoagulation Service will arrange for follow-up appointments and assist with adjusting doses to reach proper levels after your discharge from the hospital.

## Medications to AVOID while taking Coumadin® (warfarin)

If you are taking Coumadin® (warfarin), you should not take any of the following list of over-the-counter products that contain aspirin, aspirin-related compounds, NSAIDs (ibuprofen, naproxen, ketoprofen), or fish oil supplements.

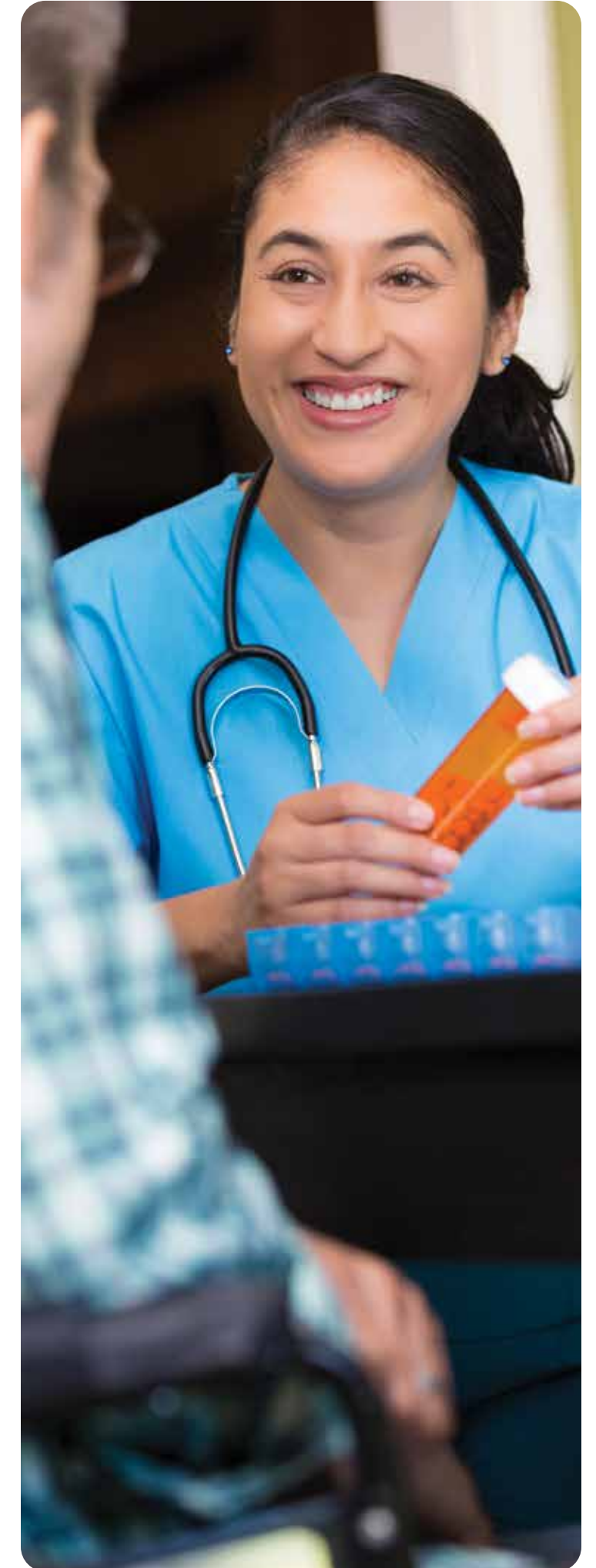
## Over-the-counter products that contain aspirin or aspirin-related compounds (such as methyl salicylate or bismuth subsalicylate):

- Alka-Seltzer products
- Anacin and Anacin Extra Strength
- Ascriptin and Ascriptin A/D
- Aspergum
- Aspirin
- Bayer—all products (unless it specifically states "aspirin-free")
- BC powder and Cold powder
- Buffaprin caplets or tablets
- Bufferin, Bufferin Arthritis
- Cama
- Doan's Pills
- Easprin
- Ecotrin
- Empirin
- Entercote
- Excedrin
- Icy Hot topical rubs
- Pepto-Bismol liquid or tablets
- Ursinus Inlay-tablets

## Over-the-counter products that contain NSAIDs (ibuprofen, naproxen, or ketoprofen):

- Actron
- Advil and Advil Migraine
- Aleve
- Dristan Sinus caplets
- Elixsure IB
- Excedrin IB
- Genpril
- Haltran tablets
- Medipren
- Mediprofen
- Midol IB
- Motrin IB
- Children's Motrin Suspension
- Neoprofen
- DrisNeoprofen
- Orudis KT
- Pamprin IB
- Propinal
- Sine-Aid IB
- Ultraprin

**Important note:** This is NOT a complete list, so you should read all product labeling carefully. If you have any questions, please ask your doctor or pharmacist or contact the Anticoagulation Service at **410-554-6702**.



## Tips for caregivers.



- **Visiting hours are subject to change due to hospital or health department regulations.** All visitors must have a visitor's pass. Under normal circumstances, visiting hours are from 11 a.m. to 7 p.m. daily.
- Please check with your family member's nursing team for the latest information on how many visitors are allowed, their age restrictions, and if a single overnight guest is permitted. Remember that limiting visit time allows patients to use their energy for recovery.
- You may bring your family member's favorite foods to the hospital, as long as he or she does not have any dietary restrictions. Please ensure any food you bring to the hospital is placed in labeled and sealed containers.
- The hospital is unable to store personal property, such as suitcases and laptops, and is not responsible for lost or stolen property. Please do not bring valuables to the hospital except for payment for your medication upon discharge.
- Please do not bring medications from home.
- Be sure the vehicle used to bring the patient home is large enough to get into and out of easily. Small, compact cars are not recommended and can cause unnecessary discomfort.
- Discount parking passes may be purchased in the gift shop, but ONLY after the patient has been admitted to the hospital.

- Free Wi-Fi is available in the hospital. The network is "MedStarGuest."
- Encourage your family member to follow all instructions and guidelines provided. This is especially important since they might be discouraged by pain and fatigue that can often follow surgery. Remember, it is normal to have some pain and discomfort after surgery.
- When your family member is home from the hospital, encourage them to do as much as possible without your assistance. This leads to a quicker recovery and greater sense of independence.
- The rehabilitation exercises included in the back of this book should be completed daily.
- Call the surgeon's office if you have any questions or concerns.



# Dining and accommodations.



## Food and dining

1. **Subway**  
3233 St. Paul St. • 410-243-9550  
Sandwiches, salads, wraps, take-out or eat-in
2. **University Market**  
3201-G St. Paul St. • 410-366-6630  
24-hour convenience store and sandwich counter
3. **Starbucks**  
3201-C St. Paul St. • 410-235-4653  
Coffee, tea, related beverages, and light fare
4. **Potbelly**  
3201-B St. Paul St. • 443-451-1106  
Sandwiches and salads
5. **Chipotle**  
3201-A St. Paul St. • 410-662-1701  
Burritos, quesadillas, salads, and chips
6. **AjumMa**  
3121 St. Paul St. • 410-235-4429  
Casual Korean food
7. **Streets Market**  
3117 St. Paul St. • 443-453-9533  
Small grocery store with organic options
8. **TKK Fried Chicken**  
3113 St. Paul St. • 443-449-7297  
Taiwanese fried chicken
9. **Orient Express**  
3111 St. Paul St. • 410-889-0003  
Eat-in and delivery Chinese food
10. **Charles Village Pub**  
3107 St. Paul St. • 410-243-1611  
Full bar and pub food
11. **Sakoon Indian Fusion**  
3105-B St. Paul St. • 410-235-1004  
Indian Fusion food
12. **NuVegan**  
3105 St. Paul St. • 443-721-6022  
Vegan cafe

13. **Boz's Burger Bistro**  
3101 St. Paul St. • 410-889-1718  
Creative burgers and milkshakes
14. **Carma's Cafe**  
3120 St. Paul St. • 410-243-5200  
Neighborhood coffee shop for breakfast or lunch
15. **Gertrude's**  
10 Art Museum Dr. • 410-889-3399  
Chesapeake-inspired menu at Baltimore Museum of Art
16. **Döner Brös**  
3204 St. Paul St. • 844-366-7277  
Kebab shop
17. **THB Bagels and Deli**  
3208 St. Paul St. • 410-624-7152  
Gourmet bagel sandwiches, spreads, and salads
18. **Honeygrow**  
3212 St. Paul St. • 410-243-0107  
Counter service for locally sourced salads, stir-fries, and fruit-honey desserts
19. **Busboys and Poets**  
3224 St. Paul St. • 410-497-7114  
Restaurant, bar, coffee shop and bookstore
20. **Bird in Hand**  
11 E. 33rd St. • 410-814-0373  
Coffee shop and bookstore
21. **Insomnia Cookies**  
3301 N. Charles St. • 877-632-6654  
Hot cookies available until 3 a.m.
22. **Tamber's**  
3327 St. Paul St. • 410-243-0383  
Comfort food as well as Indian cuisine
23. **Ambassador**  
3811 Canterbury Rd. • 410-366-1484  
One of Baltimore's favorite Indian restaurants
24. **Cypriana**  
105 W. 39th St. • 443-449-5555  
Mediterranean cuisine, dinner only

## Accommodations

These local hotels may offer reduced rates for family and friends of our patients. Just ask for the MedStar Union Memorial Hospital rate.

### Parking Passes

Discount parking passes may be purchased in the gift shop, but ONLY after the patient has been admitted to the hospital.

### Doubletree Inn at the Colonnade

4 W. University Pkwy. • Reservations: 410-235-5400

### Plaza Lord Baltimore Hotel

20 W. Baltimore St. • Reservations: 410-539-8400  
lordbaltimorehotel.com





After surgery

## Rehabilitation services and going home.



### Rehabilitation is very important in returning you to the highest level of function possible—in fact, you often begin therapy the same day as your surgery.

Rehabilitation is an ongoing process and requires your hard work. We are here to support and guide you in all steps of your rehabilitation.

After surgery, your PT and OT will first work with you either in the PACU or at the bedside on the orthopaedic unit. You will have therapy daily during your hospital stay. Please remember to ask for pain medication before it's time for therapy.

#### Physical therapy

**Beginning the day of surgery or the morning after, you will be seen initially to:**

1. Evaluate your mobility, gait function, and range of motion.
2. Begin exercises to strengthen and gain range of motion.
3. Stand up and walk (with assistance).

You may also participate in group exercise in the gym. The physical therapy staff will teach you specific precautions you must follow after surgery. They will also suggest modifications to your home to make your mobility easier and safer, and provide recommendations for home equipment.

#### Occupational therapy

**Beginning the day of surgery or the morning after, you will be seen initially to:**

1. Teach you the easiest and safest techniques for getting dressed and bathed.
2. Teach you how to safely get in and out of your tub or shower.

3. Recommend any equipment that could make toileting, bathing, or dressing easier or safer for you.
4. Answer any questions or concerns you have about your home setup.

The OT may give you some equipment. Each piece of equipment has a function that will assist you during recovery.

#### Discharge goals

Your program will focus on walking with an assistive device, exercises, and activities of daily living (ADLs).

**You should achieve the following goals prior to discharge:**

1. Demonstrate the ability to get in and out of bed.
2. Demonstrate understanding of techniques for dressing and bathing.
3. Get up and down from a seated position safely, including the toilet.
4. Walk safely with an appropriate assistive device.
5. Climb stairs as needed.
6. Show a good understanding of your home exercise program. These exercises are included in the following pages. You should complete these daily.

### The majority of our joint replacement patients are discharged within 24 hours of surgery, and oftentimes, on the same day as surgery.

During the discharge planning process, your healthcare team will work together to ensure that your needs are met for a speedy recovery. Please discuss your anticipated discharge day and time with your physician, nurse, PaCC, and family members, before surgery, so you can be prepared for a safe and healthy return home.

#### Discharge instructions

Before you leave the hospital, your doctor or nurse will review discharge instructions about any post-hospital care, including medications, diet, activity restrictions, and future appointments. These discharge instructions provide information about when you can expect to return to certain activities of daily living, such as showering and driving. You will receive a written copy of these instructions and review the instructions with your care team before you leave the hospital. You may be required to contact your surgeon's office for specific details about your individual recovery. If you have questions about your diet, activities, or other matters, please don't hesitate to ask.

#### Your opinion matters

We are always committed to providing the best in quality and service. Following your visit, you may receive a survey asking about your experience. Your feedback helps us identify ways to continually improve your patient experience and our quality of care.

#### Before going home

- **Arrange for a family member or friend to drive you home on the day of discharge.**
- **A staff member will escort you to the patient pickup area located in front of the hospital.** Check your room carefully to make sure you have all your personal belongings.
- **Your doctor will write a prescription for any medication before you are discharged.** As an added convenience, you can have your prescriptions filled at MedStar Pharmacy, located in the Johnston Professional Building, and delivered to your bedside prior to leaving. Talk to your nurse and/or PaCC to make the arrangements. Please have a plan to pay your co-pays. You can have a family member or friend pay for you, pay by credit card over the phone, or pay with cash/credit card at the bedside. You also may take your prescriptions with you to fill at your local pharmacy.
- **Your PaCC will work with you to arrange any special services or supplies you may need at home.** If you have a preference for outpatient physical therapy clinic, home health agency, or durable medical equipment supplier, we will work with that company to continue your care.

#### Your PaCC will assist with arranging the post-op therapy services most appropriate for your individual surgery and recovery plan.

- **Outpatient services**—where the patient goes to a physical therapy clinic two to three times per week. The quicker you can begin outpatient services, the faster your recovery will be.
- **Home care services**—where the patient receives physical therapy in the home two to three times per week. Home care is a transition between hospital and outpatient and lasts about two weeks.
- **No services**—where the patient discharges to home and performs exercises on their own. This is recommended only for certain hip surgeries.

# Ongoing recovery.

## Your doctor, along with the team, will assist you with understanding which rehabilitation services are best for you.

Should you require further rehabilitation and ongoing therapy, there are acute rehabilitation and sub-acute rehabilitation options available, depending on your needs and insurance coverage. Your PaCC will discuss these options with you pre-operatively.

### MedStar Health

MedStar Union Memorial Hospital is part of MedStar Health, a nonprofit, regional healthcare system with 10 hospitals and more than 20 other health-related services in the Maryland and Washington, D.C., region. As you progress from surgery to at-home recovery and outpatient therapy, you may choose to continue your MedStar Health patient experience at another provider in the MedStar Health system. Your PaCC can answer any questions you may have as you consider your options for care after your orthopaedic surgery.

### Outpatient physical therapy

For patients who are mobile and can function safely at home when they leave the hospital, therapy is available on an outpatient basis at more than 50 MedStar Health Physical Therapy sites.

To view a list of MedStar Health Physical Therapy locations, visit [MedStarHealth.org/PhysicalTherapy](https://www.medstarhealth.org/PhysicalTherapy).

Generally, you attend outpatient therapy for two to three visits per week as part of your rehabilitation until you reach your therapy goals.

### Home health

If you are qualified, considered homebound, and outpatient physical therapy is not a safe option, your doctor may write an order for you to receive healthcare services in the home. Depending on your needs, this may include physical therapy, occupational therapy, and/or nursing. Make sure to tell your PaCC the address where you will be staying after surgery (especially if it is not your home address). Your PaCC will work to set up the appropriate services based on your needs, doctor's orders, location, and insurance coverage.

You have the right to choose whatever home healthcare provider you prefer. If you have a preference, we will work with that company to continue your care. Please keep in mind that your insurance company, as well as the amount of services you receive, may influence the home-health agency.

To view a list of agencies with current Medicare ratings, visit [Medicare.gov/HomeHealthCompare/Search.html](https://www.Medicare.gov/HomeHealthCompare/Search.html).



# Important information from your therapy team.

## General precautions

These precautions decrease the chance of developing problems after surgery and help ensure a good result for your new joint. Remember to ask your care team for assistance getting in and out of bed.



**DO NOT put pillows UNDER your operated knee (for knee replacements only).**



**DO NOT attempt to kneel after surgery.** Discuss this activity with your physician.



**DO NOT hold on to the walker to stand up or sit down.** Whenever you stand or sit, make sure you ask staff for assistance and push up from the bed or chair.



DO continue to use your walker or crutches until your doctor or therapist gives you further instructions.



**DO NOT use stairs unnecessarily.** Use stairs only when necessary and not as an exercise.



When you are allowed to use a cane, DO hold it in the hand opposite the operated hip or knee.



**DO NOT sit on LOW chairs or surfaces.**



DO use a pillow BETWEEN your legs when lying in bed (for knee replacements only).

## Daily tasks after a hip or knee replacement



### Lower body dressing

- Dress the operated leg first.
- Sit for lower body dressing tasks until needing to stand to pull up pants/underwear.
- Wear comfortable, loose-fitting pants or shorts (elastic waistbands are easiest).
- Wear sturdy, rubber-soled shoes with a back.
- It is best to have assistance for putting on compression stockings.
- If you are unable to easily dress yourself, you may want to consider purchasing a “hip kit/adaptive equipment” (see page 11).
- If you have anterior hip precautions, see page 45 for “Getting dressed after anterior hip replacement.”



### Toileting

- It is best to use grab bars, a vanity, or the toilet itself to assist with standing up or getting down to the toilet.
- If this is difficult, consider purchasing something to raise your toilet: (see page 11).
  - Raised toilet seat with or without arms.
  - Bedside commode (can be placed over toilet with the bucket removed or next to bedside).



### Bathing

- Wait until cleared by your doctor to shower (typically this can be done when you go home as long as your waterproof dressing is in place over your incision).
- Do not take baths or swim in a pool until your surgeon clears you to submerge your incision.
- We recommend using a shower chair for getting in/out of a tub, as well as for increased safety with showering (see pages 37 to 39).



## Adaptive equipment

You may want to purchase these items prior to surgery or, if appropriate, they may be issued to you by your occupational therapist to help in lower body dressing and bathing.

### Sock aid

Device that helps you put on most socks and compression stockings without having to lean or bend over



Slide your sock over the sock aid. The bottom of your sock should be touching the rounded part of the sock aid. Hold the handles and toss it to the floor. Slide your foot in and pull on the ropes until the sock comes on to your foot, and the sock aid comes out of the sock.

### Long-handled shoehorn

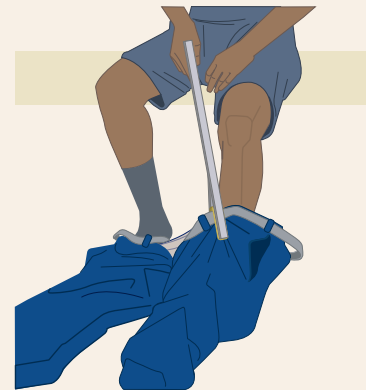
For ease of putting on your shoes until you have more range of motion



Use the reacher to hold the top or tongue of your shoe and slide your toes in first. Then, place the shoehorn in the back of the shoe and behind your heel. Slide your heel down the shoehorn and into the shoe.

### Reacher

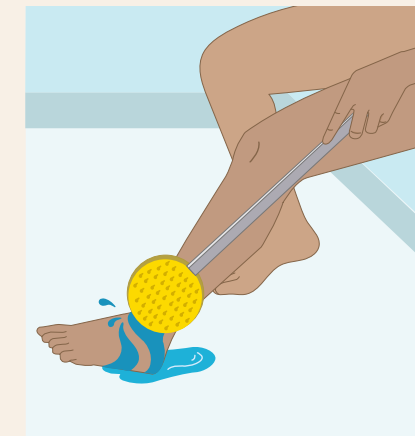
Device that helps you get dressed/undressed, pick up items from the floor, and reach items in high cabinets



Hold the front of the waistband with the reacher and lower it to your foot. Slide your operated leg into the pant leg and pull up the pants until you can safely reach it with your hands. Repeat these steps for your other leg.

### Long-handled sponge

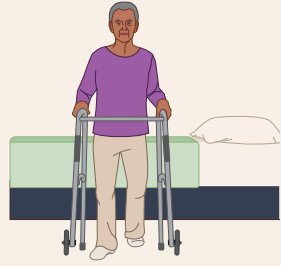
For ease of bathing yourself while sitting



Lather the sponge with soap and water. Use the sponge to reach down and wash your lower legs and feet.

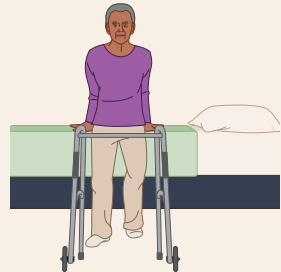
## Tips for safe mobility after surgery

### GETTING INTO BED



1

Back up until you feel the bed behind your legs.



2

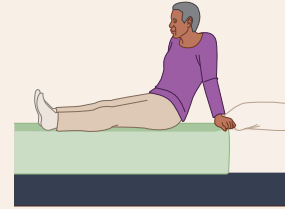
Keeping your operated leg slightly in front of you, reach back for the bed with both hands.



3

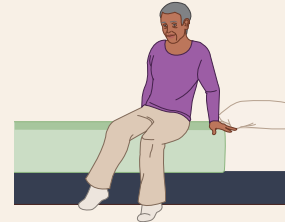
Start lowering your trunk toward the pillows as you lift your legs into the bed.

### GETTING OUT OF BED



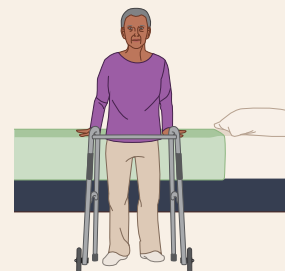
1

Lift your trunk to a sitting position, being careful not to break any surgical precautions.



2

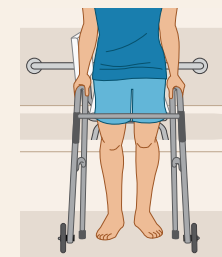
Lower your legs over the edge of the bed and come to a sitting position.



3

Push up from the bed to a standing position.

### BATHTUB TRANSFER WITH SHOWER CHAIR



1

Back up to the tub so both heels touch the side. Make sure you are lined up with the shower chair.



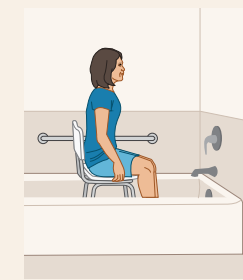
2

Let go of the walker and reach for the back of the chair. Slowly sit, pushing your hips back to the seat as you go.



3

Turn and swing your legs into the tub, one at a time. Hold on to the chair with both hands.

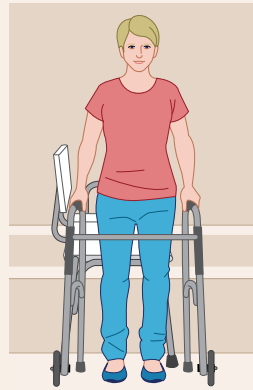


4

Once both legs are in the tub, position yourself comfortably on the chair. You may need to move forward a little.

**Note:** To get out of the tub, start by bringing both legs out of the tub, scoot to the edge of the seat, and push up from the seat to stand at your walker.

## BATHTUB TRANSFER WITH EXTENDED TUB BENCH



**1** Back up to the end of the bench so both legs touch the bench.



**4** Swing your legs into the tub, one at a time. Hold on to the bench with both hands.



**2** Let go of the walker and reach for the bench. Slowly sit down.



**5** Once both legs are in the tub, position yourself comfortably on the bench. You may need to move forward a little.



**3** Turn your legs and begin to slide over on the bench.

**Note:** To get out of the tub, start by bringing both legs out of the tub, scoot to the edge of the bench, and push up from the bench to stand at your walker.

## SHOWER TRANSFER WITH SHOWER CHAIR



**1** Back up to the shower so both heels touch the ledge. Make sure you are lined up with the shower chair.



**4** Reach back for the seat and slowly sit, pushing your hips back on the chair as you go.



**2** Step back over the ledge and into the shower with your non-operated leg first.



**5** Turn and swing your legs around to the front of the chair, holding on to the chair with both hands.



**3** Step back over the ledge and into the shower with your other leg so that both feet are all the way in the shower.

**Note:** To get out of the shower, start by bringing both legs out of the shower, scoot to the edge of the chair, and push up from the chair to stand at your walker. When stepping out of the shower, be sure to step out with your operated leg first.

## SIT TO STAND



**1** Place hands on armrests or seat of chair and slide operated leg out in front of you.



**2** Push down on hands and non-operated leg to stand up.



**3** Reach forward and put one hand onto walker.



**4** Bring other hand up onto walker.

## STAND TO SIT



**1** Walk back until you feel the chair seat behind your non-operated leg. Your operated leg stays forward.



**2** Reach one hand back until you feel the chair's seat or arms and bring the other hand back and place onto the chair.



**3** Lower yourself down into the chair gently.

**Note:** These techniques also work for toilet transfers.

## CURB STEP UP WITH WALKER



**1** Stand with the walker close to the edge of the curb.



**2** Put the walker up on the curb. Step up on the curb with your non-operated leg.



**3** Bring your other leg up onto the curb.

## CURB STEP DOWN WITH WALKER



**1** Stand with the walker close to the edge of the curb and place the walker on the ground.



**2** Step down on the curb with your operated leg.



**3** Bring your other leg down onto the curb.

## CLIMBING UP STAIRS



1

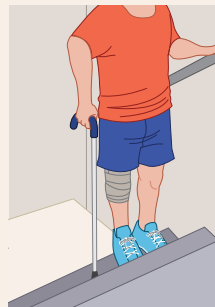
Start close to the bottom step.

Hold on to the rail with one hand and put your cane in the other hand.



2

Step up on the first step with your non-operated foot first.

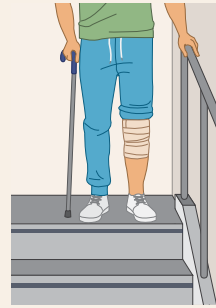


3

Bring your operated leg and the cane up to the same step.

Continue this same sequence until you've reached the top of the stairs.

## CLIMBING DOWN STAIRS



1

Start close to the top step.

Hold on to the rail with one hand and put your cane in the other hand.



2

Bring the cane and operated leg down to the first step.



3

Bring your non-operated leg down to the same step.

Continue this same sequence until you've reached the bottom of the stairs.

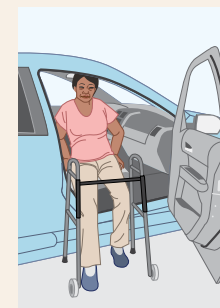
## CAR TRANSFER TECHNIQUE



1

Have your family member move the seat back as far as it will go prior to getting into the car.

Back up to the front passenger side seat.



2

Sit down on the seat, keeping your operated leg slightly in front of you and reaching back for the seat with both hands.



3

Place your legs into the car, one leg at a time. If you have posterior hip precautions, lean back to maintain your precautions while getting into the car. (pg. 46)

To get out of the car, reverse the steps, being careful not to bend forward as you get out of the car (only applies if you have posterior hip precautions). (pg. 46)

## CAR TRANSFER TIPS

- You may find it easier to have the driver pull up to the curb when entering and exiting the car.
- Sit on a towel for leather or a plastic bag for cloth seats to make it easier to scoot in and out.
- Keep car riding to a minimum, beginning with short trips.
- Get out of the car and stretch at least every hour if traveling long distances.

# Important information for hip replacement patients.



1. Once you are discharged from the hospital, you must keep working on the motion and strength of your new hip.
2. It will take several months for the swelling in your hip to go down. Icing your hip during recovery is very important. Ice packs should be used frequently throughout the day.

You should apply ice especially after walking or exercise. The best position to ice your hip is sitting or lying down with the lower leg elevated. This can be done either by sitting with your foot up on a chair or ottoman, or in bed with a pillow under your lower leg.

3. Change positions frequently. Try not to sit for longer than 45 minutes at a time without getting up and walking. Sitting too long may cause stiffness of the hip and swelling of your entire lower leg. Doing ankle pumps while sitting may help alleviate some of this swelling.
4. Many of the most frequently-asked questions from hip replacement patients are about having sex. For more information on sex after hip replacement surgery, please visit [RecoverSex.com/ Sex-After-Hip-Replacement](https://www.recoversex.com/).
5. If you develop fever, swelling, increased pain, or drainage from your wound, contact your surgeon immediately.

## Hip replacement exercises

Your home exercise program is essential to a successful outcome following joint replacement surgery. The exercises will speed your recovery and improve your mobility quicker. It is important that you devote time each day to the exercises, which should be done at least two to three times per day.

### Reminders for all exercises:

- **Do not hold your breath.** Tip: Count out loud during exercises to ensure that you maintain normal breathing.
- **Use ice after exercises and walking.**
- **Take pain medication as directed by your physician until you reach your therapy goals.**
- **Do NOT perform exercises on the floor; it can be difficult/dangerous to get down and up from the floor after surgery.**

Your at-home exercise program is an important part of your short-term and long-term recovery from joint replacement surgery. Do not hesitate to contact your therapy provider or surgeon with questions as you continue your recovery.

## Hip precautions

There are multiple approaches to hip surgery: anterior, lateral, and posterior. Your therapy team will guide you through the appropriate movement patterns and may provide additional precautions specific to your surgery. These precautions decrease the chance of developing problems after surgery and help ensure a good result for your new joint. Remember to ask your care team for assistance getting in and out of bed.

### ANTERIOR AND ANTERIOR LATERAL HIP PRECAUTIONS

**Avoid hip extension.**  
Do not step backward with the operated leg.

**Avoid hip external rotation.**  
Do not let your foot/leg turn outward.  
Do not pivot on the operated leg while turning.

### GETTING DRESSED AFTER ANTERIOR AND ANTERIOR LATERAL HIP REPLACEMENT

**DO:**

1. Remain seated for dressing tasks.
2. Lean forward and keep your leg in a neutral position (not rotated in or out).

**DON'T:**

1. DO NOT stand to get dressed.
2. DO NOT cross your operated leg over your knee or rotate your leg outward to put on socks or pants.



## Posterior hip precautions (ONLY for those patients having posterior hip surgery)



**DO NOT turn your feet in.**



**DO NOT lean forward when standing up from a chair.**



**DO NOT cross your legs.**



**DO NOT bend forward more than 90 degrees.**



**DO NOT lean forward with both legs straight.**

## Exercises for total hip replacement patients



### Ankle pumps

Bend ankles up and down, alternating feet.

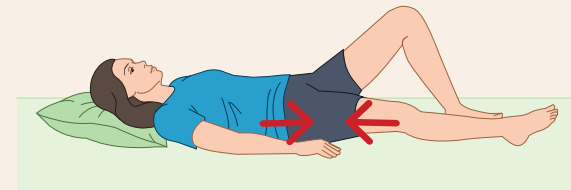
REPEAT this exercise at least 50 to 100 times per day. Performing ankle pumps throughout the day helps to reduce the risk of blood clots.



### Gluteal squeezes

Squeeze buttocks muscles as tightly as possible. Hold for five seconds. Relax.

REPEAT: \_\_\_times \_\_\_ times per day



### Quad sets

Slowly tighten muscles on top of thigh of operated leg while pushing back of knee down toward the bed. Hold for five seconds.

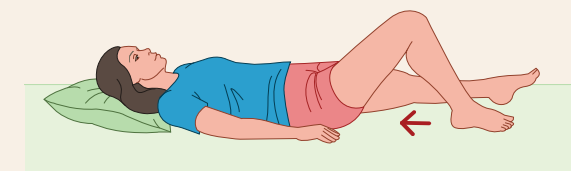
REPEAT: \_\_\_times \_\_\_ times per day



### Knee extensions

Place a towel roll (which can be made by covering a two-liter soda bottle with a towel, or by rolling up two or three towels to measure about the same size) under your knee. Rest your thigh on the towel. Slowly straighten your knee. Then return to resting position.

REPEAT: \_\_\_times \_\_\_ times per day



### Heel slides

Gently bend your operated knee up as far as possible, sliding your heel toward your buttocks. Return to starting position. It is best to perform these on a smooth surface. (You can use a baking sheet or plastic grocery bag to help your heel slide.)

REPEAT: \_\_\_times \_\_\_ times per day



### Hamstring sets

Place a towel roll (which can be made by covering a two-liter soda bottle with a towel, or by rolling up two or three towels to measure about the same size) under your knee. Slowly tighten muscles on the back of the thigh of your operated leg by digging your heel down and back into the bed.

REPEAT: \_\_\_times \_\_\_ times per day

# Important information for knee replacement patients.



1. Once you are discharged from the hospital, you must keep working on bending and straightening your new knee.
2. It will take several months for the swelling in your knee to go down. Icing your knee during recovery is very important. Ice packs should be used frequently throughout the day.

You should especially apply ice after walking or exercise. The best position to ice your knee is with the knee fully extended (straight) and elevated. This can be done by either sitting with your foot up on a chair or ottoman or in bed with a towel roll under your ankle.

3. Change positions frequently. Try not to sit for longer than 45 minutes at a time without getting up and walking. Sitting too long may cause swelling of your entire leg. Doing ankle pumps while sitting may help alleviate some of this swelling.
4. Do not keep your knee in a bent position for prolonged periods of time (for example, leaving a pillow under your knee at night).
5. Many of the most frequently-asked questions from knee replacement patients are about having sex. For more information on sex after knee replacement surgery, please visit [RecoverSex.com/Total-Knee-Replacement](https://www.recoversex.com/Total-Knee-Replacement).
6. If you develop fever, swelling, increased pain, or drainage from your wound, contact your surgeon immediately.

## Knee replacement exercises

Your home exercise program is essential to a successful outcome following joint replacement surgery. The exercises will speed your recovery and improve your mobility quicker. It is important that you devote time each day to the exercises, which should be done at least two to three times per day. You will be starting outpatient physical therapy as soon as you are able to tolerate being away from home and can get in and out of the car easily.

### Reminders for all exercises:

- **Do not hold your breath.** Tip: Count out loud during exercises to ensure that you maintain normal breathing.
- **Use ice after exercises and walking.**
- **Take pain medication as directed by your physician until you reach your therapy goals.**
- **Do NOT perform exercises on the floor, it can be difficult/dangerous to get down and up from the floor after surgery.**

Your at-home exercise program is an important part of your short-term and long-term recovery from joint replacement surgery. Do not hesitate to contact your therapy provider or surgeon with questions as you continue your recovery.

## Exercises for total knee replacement patients\*



### Ankle pumps

Bend ankles up and down, alternating feet.

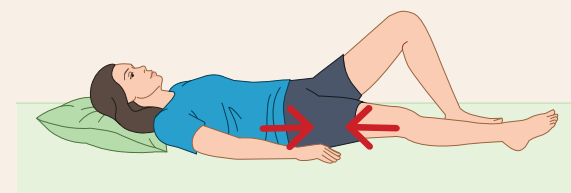
REPEAT this exercise at least 50 to 100 times per day. Performing ankle pumps throughout the day helps to reduce the risk of blood clots.



### Gluteal squeezes

Squeeze buttocks muscles as tightly as possible. Hold for five seconds. Relax.

REPEAT: \_\_\_times \_\_\_ times per day



### Quad sets

Slowly tighten muscles on top of thigh of operated leg while pushing back of knee down toward the bed. Hold for five seconds.

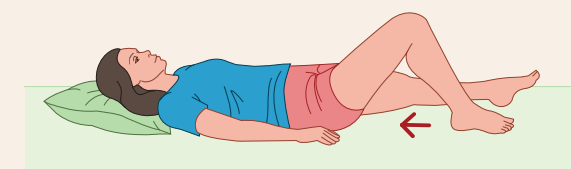
REPEAT: \_\_\_times \_\_\_ times per day



### Knee extensions

Place a towel roll (which can be made by covering a two-liter soda bottle with a towel, or by rolling up two or three towels to measure about the same size) under your knee. Rest your thigh on the towel. Slowly straighten your knee. Then return to resting position.

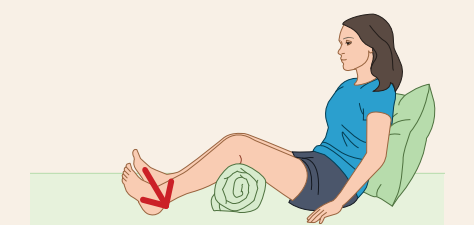
REPEAT: \_\_\_times \_\_\_ times per day



### Heel slides

Gently bend your operated knee up as far as possible, sliding your heel toward your buttocks. Return to starting position. It is best to perform these on a smooth surface. (You can use a baking sheet or plastic grocery bag to help your heel slide.)

REPEAT: \_\_\_times \_\_\_ times per day



### Hamstring sets

Place a towel roll (which can be made by covering a two-liter soda bottle with a towel, or by rolling up two or three towels to measure about the same size) under your knee. Slowly tighten muscles on the back of the thigh of your operated leg by digging your heel down and back into the bed.

REPEAT: \_\_\_times \_\_\_ times per day

\*Continued on the next page

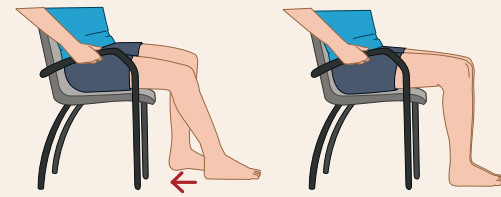
## Exercises for total knee replacement patients (continued)



### Straight leg raises

Bend your non-operated leg. Keep muscles on the front of your thigh tight with your knee straight. Slowly raise your leg six to eight inches off the bed. Lower your leg back down.

REPEAT: \_\_\_times \_\_\_ times per day



### Knee bends

Place your foot on a smooth surface. Slowly slide your foot back as far as possible as your knee bends. Hold for five seconds.

REPEAT: \_\_\_times \_\_\_ times per day



### Hip abductions

Slide your operated leg to the side away from your body. Keep your kneecap pointing toward the ceiling. Gently bring your leg back to the midline. Repeat with the other leg.

REPEAT: \_\_\_times \_\_\_ times per day

### Other resources

## Financial information and patient advocacy.



**We understand that billing and payment for healthcare services can be confusing. Once your physician has scheduled your surgery, the Admitting Office may call you to verify your insurance coverage and other information obtained from your physician.**

We make every effort to contact you at home, but it may be difficult to reach you during regular business hours. Therefore, we will need to verify your information during the registration process prior to surgery.

### Your hospital bill

As a routine practice, the hospital attempts to collect all patient expenses prior to the delivery of services. This includes deductibles, co-pays, and co-insurance amounts. The MedStar Health Central Business Office will contact you with this request.

### Processing your bill

If you have insurance coverage, the hospital will bill your insurance carrier shortly after healthcare services are provided. While we attempt to provide all information and paperwork to your insurance company, sometimes it requires a response from you to resolve issues related to your account or insurance coverage. If your health plan has not made a payment within a reasonable period of time (usually 60 days after billing) and has not responded to our attempts to resolve payment matters on your behalf, the balance may become your responsibility.

### Physician professional fees

The hospital bill for orthopaedic surgery does not include fees for physician services. Because your treatment includes the services of a surgeon, anesthesia providers, and perhaps other physician specialists, you will receive a separate bill from these providers. If you have questions regarding any of your physician bills, please call the telephone number printed on the physician bill.

### Payment options

For your convenience, MedStar Health accepts cash, personal checks, debit cards, and money orders, as well as Visa, MasterCard, and Discover.

### Financial office contact information

If you have questions before surgery, please contact the MedStar Patient Financial Services Office at **410-933-8200**.

If you have questions after surgery, please contact the MedStar Health General Billing Office at **410-933-2424**.

### Pre-registration

It is important to pre-register for your procedure. We will contact you by phone several weeks before your surgery to verify insurance coverage, co-payments, deductibles, and other information.

On the day of your surgery, you simply need to check in, provide a copy of your insurance card and photo ID (driver's license or passport), and complete any paperwork you are given.





# Thank you for choosing MedStar Orthopaedic Institute for your recent joint replacement.

**We invite you to make a gift in support of the hip and knee replacement program at MedStar Union Memorial Hospital.** With your generous support, we can advance the treatment of hip and knee disorders by enhancing patient care and patient education, providing continuing medical education for physicians and nurses, and conducting clinical research that has the potential to impact the lives of countless people.

To learn how you can support the hip and knee replacement program, call the Office of Philanthropy at **410-554-2662** or email [mumhgift@medstar.net](mailto:mumhgift@medstar.net).

**Thank you for your support.**

**MedStar Union Memorial Hospital**  
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**410-554-2000**

[MedStarHealth.org/Ortho](https://www.MedStarHealth.org/Ortho)

