

WELCOME

Welcome _____ !

**Your _____ by Dr. _____
is scheduled for _____ at
Lincoln Surgical Hospital @ 1710 S. 70th Street, Lincoln NE 68506.**

Please arrive at _____ at Entrance C and proceed to the Admissions desk as you walk in - we will be expecting you.

Please bring your driver's license, insurance card(s), prescription card(s) and your medications

Between class and your surgery if you have any questions please feel free to call Monday-Friday 8am to 5pm at 402-484-0884 and leave a message - we will get back to you within 24 hours during business hours.

We look forward to taking care of you and your family!

Lincoln Surgical Hospital has free WIFI. Look for LSHguest; no password needed.

Make PT appointment:

Things to do: _____



NIGHT BEFORE SURGERY

Medications

- Blood thinner or slickers: If you are on any type of blood thinners talk to the physician that prescribed that medication for instructions on stopping it if needed prior to your surgery date.
 - Other: _____
 - Diabetic medication: DO NOT take oral diabetic medication the morning of surgery.
** If you take insulin in the morning, please contact your physician for instructions.
 - Diuretics (water pills): DO NOT take water pills (diuretics) the morning of your surgery.
 - 7 days/1 week before surgery stop:
 - herbal supplements/medications
 - weight loss medications
 - over-the-counter medications (OTC's)
 - Ibuprofen products - talk to your physician
 - Other: _____
 - Take morning of surgery:
-
-
-

When to stop eating and drinking before surgery:

_____ Food: No solid food after midnight the night before surgery
_____ Nothing to drink after midnight
_____ Clear liquids: You may drink clear liquids up to 2 hours before your arrival/admission time. Water, apple juice, black coffee (no cream or sugar), tea, or sports drinks. Do not drink milk, orange juice, or anything that is not clear.

- No alcohol or tobacco products 12 hours before surgery.
- Do not chew gum or suck on (or eat) any candy after midnight. ** If you eat, drink, suck on candy or chew gum your surgery may be canceled.
- You may brush your teeth the morning of surgery. Do not drink any additional fluid.

**** Failure to comply with any of these instructions may result in the cancellation of your surgery ****

Other Instructions:

- No contacts; glasses are acceptable
- Do not shave operative area for 48 hours before surgery
- Leave all jewelry at home
- No body piercing/jewelry
- No nail polish or makeup on
- All patients should take Hibiclens showers for 3 consecutive days prior to surgery.
- If you become ill, or have any type of infection (cold, flu, diarrhea, vomiting, cuts or scrapes that may be infected) or any other open areas at the site of surgery please contact your surgeon's office immediately as your surgery may need to be rescheduled.

DAY OF SURGERY

*** Please enter through Entrance C and proceed to the front desk**

Here are the items you need to do/ bring with you on the day of your surgery:

_____ Bring medication(s) in original containers(s)

_____ Drivers license or other ID card

_____ Insurance card(s)

_____ Prescription card(s)

_____ Comfortable clothes for 1-2 days (drawstring or elastic waist pants/shorts), personal items (toiletry bag) and shoes (slip on with back, no sandals)

_____ Bring your walker if you have one

_____ Your joint book should come to the hospital with you

_____ If applicable: your home CPAP/Bipap

_____ If you have one, bring your Advanced directive, power of attorney or living will

WELCOME

Welcome to Lincoln Surgical Hospital!

Thank you for choosing us! We will have “exceptional people providing extraordinary care” during your stay with us.

Our goal is to help decrease the anxiety that comes with having surgery by answering your questions, preparing you for what to expect, communicating to your family and getting you home to recover so you can get back to your normal day-to-day life.

OUR RECENT ACCOMPLISHMENTS AND AWARDS INCLUDE:

- ★ One of America’s **100 BEST HOSPITALS** for Joint Replacement, Healthgrades®
- ★ **5 STAR RECIPIENT** for Total Knee Replacement, Healthgrades®
- ★ **5 STAR RECIPIENT** for Total Hip Replacement, Healthgrades®
- ★ Recipient of the **Outstanding Patient Experience Award**, Healthgrades®
- ★ Rated one of the **TOP 100 HOSPITALS** for Patient Experience, Women’s Choice Award®
- ★ Recognized as a **TOP SMALL HOSPITAL** for Overall Inpatient Satisfaction, HealthStream®
- ★ Named among the **TOP 7%** of elite facilities in the U.S. to achieve a 5 Star rating from Medicare/Medicaid



Thank you for putting your trust in us!
Robb Linafelter, CEO



NON-DISCRIMINATION STATEMENT

Lincoln Surgical Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-297-2266 0018-4960-6554 (TTY: 7-1-1 o para español-español 1-888-272-5528 o para español-inglés 1-877-564-3503)

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn. nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-297-2266 0018-5658-6202 (TTY: 7-1-1 1-800-833-7352).

A FEW WEEKS BEFORE SURGERY

Here are some of the items you can take care of before surgery:

- _____ Schedule pre-op physical with labs within 2 weeks of your surgery date (has to be within 30 days) your primary care provider.
- _____ Pre-op surgery scrub - You will need to do a neck to toe scrub prior to surgery for 3 days – the scrubs can be picked up at your surgeon’s office or we can provide these for you.
- _____ Drink extra liquids 1 week before surgery.
- _____ Do not shave your legs for at least 48 hours prior to your surgery.
- _____ Please see your dentist before you have surgery.
- _____ If you become ill, or have any type of infection (cold, flu, diarrhea, vomiting, cuts or scrapes that may be infected) or any other open areas at the site of surgery please contact your surgeon’s office immediately as your surgery may need to be rescheduled.
- _____ You will be Non Weight-Bearing (not allowed to put any weight) on the surgical foot for 6 weeks following surgery.
- _____ Arrange for friends or family members to stay with you for a few days. You will need help with cooking, cleaning, laundry, shopping, driving, and yard work. You may also need help with some self-cares.
- _____ You will need a driver for 2 weeks or as directed by your surgeon.
- _____ Remove throw rugs, electrical cords and other obstructions from walkways.
- _____ Install night lights in the bathroom, bedroom, and hallway.
- _____ Arrange furniture to allow for clearance of a knee walker throughout your home. Knee Walkers are at least 2 feet wide.
- _____ If you have stairs into your home, consider renting a ramp as you will be using a knee walker or walker and will not be allowed to place any weight on your surgical foot.
- _____ Consider setting up your home so that you can stay on one level until you are allowed to put weight on the foot.
- _____ You can purchase a walker or borrow one from a friend or family member.
- _____ You should rent a knee walker from a home medical equipment supplier.
- _____ Obtain any other adaptive equipment you may need (shower chair).

TOTAL ANKLE EDUCATION

WHAT IS AN ANKLE REPLACEMENT?

A total ankle replacement or arthroplasty is an artificial joint that resurfaces both sides of the ankle joint (tibia and talus) in order to maintain range of motion at the ankle and decrease pain caused by arthritis, a fracture, or some other damage at the ankle joint. The cartilage on the end of these bones are replaced with a metal on polyethylene surface that are firmly attached to the bone.

WHAT ARE THE RESULTS OF A TOTAL ANKLE REPLACEMENT?

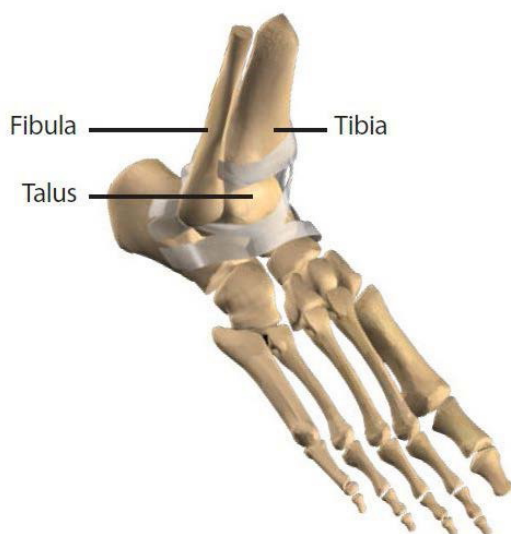
A successful ankle replacement will likely decrease or get rid of your pain and allow you to move your ankle up and down. By performing a Total Ankle Replacement, some motion is preserved at the ankle joint, thereby protecting other joints around the ankle from becoming arthritic. An ankle replacement does not fully restore normal motion, but allows enough motion to protect the other joints of the foot.

HOW LONG WILL MY NEW ANKLE LAST?

In most cases, total ankle replacements last 10-15 years. How long yours lasts will depend on your activity level, overall health, and the amount of damage to your ankle before surgery.

WHAT ARE THE MAJOR RISKS?

Infection and blood clots are two serious complications of most concern. To avoid these complications, antibiotics and blood thinners are prescribed. Special precautions are taken in the operating room to reduce the risk of infection. Patient education and cooperation in regards to being compliant with postoperative guidelines will reduced these risks.



ANKLE

DAY OF SURGERY:

- You may sit on the side of the bed, get in the recliner, or even take a short walk today.
- You will get up to use the commode if you do not have a catheter.
- The Foley catheter maybe removed, if ordered, once spinal anesthesia has worn off.

1 DAY AFTER SURGERY:

- You may have a drain and Foley catheter.
- The Physical Therapist will see you 1-2 times.
- The Occupational Therapist will evaluate your ability to complete self-care tasks.

GOING HOME:

- Discharge is specific to your medical needs

SPECIAL CONSIDERATIONS:

- You will be non weight-bearing (not allowed to put any weight) on your surgical leg for 6 weeks following the surgery.
- When at home you will want to elevate your surgical leg roughly above the level of your heart with pillows when lying down while keeping the leg straight.
- You will need to cover the leg when showering. This can be done with a large plastic bag and tape or a commercially available Shower Protector. You will do this until Your follow-up visit with your surgeon.

PHYSICAL THERAPY:

The Physical Therapist (PT) will work with you to provide education on exercises to increase your strength, improve range of motion, and improve balance and safety. The PT will teach you a home exercise program. In addition, the PT will work on getting you in and out of bed and chair, walking, and negotiating stairs, if needed The PT may recommend renting a ramp to avoid stairs. The PT may also recommend equipment, such as a knee walker, crutches, or cane.

OCCUPATIONAL THERAPY:

The Occupational Therapist will work with you to identify strategies to best perform activities of daily living including bathing, dressing, toileting, and other home tasks. The OT may recommend equipment, such as a reacher, sock-aid, long handled sponge, long-handled shoehorn, or a dressing stick.

MEDICAL EQUIPMENT

GENERAL INFORMATION REGARDING DURABLE MEDICAL EQUIPMENT (DME)

Prior to coming into the hospital for your knee surgery you will want to consider purchasing or borrowing some equipment that will help you perform daily tasks safely and more independently upon your return home.

You could also choose to borrow these supplies from a friend or family member to use for the duration of your recovery.

IS DME AVAILABLE AT LSH?

During a patient's hospital stay, DME may be purchased through See the Trainer. The bill is sent through the individual's insurance for potential coverage. If there are patient out-of-pocket expenses, a bill will be mailed to the patient's home.

IS MY DME COVERED?

Some DME may be covered by your insurance. You will need to check with your specific insurance carrier to determine what is covered by your plan.

Medicare will typically cover certain DME products if the supplier is an approved Medicare provider, you have a physician's prescription, and specific qualifying criteria are met. Medicare typically covers 80% of the DME product while the remaining 20% is covered either out-of-pocket or by a Medicare supplement.

If you have specific questions about coverage, please contact your DME provider of choice.

DME may also be purchased out-of-pocket directly from vendors, including pharmacies, grocery stores, big-box stores, wholesale clubs, or online retailers.

Note: Although bath seats, grab bars, long-handled bath sponges, and hand-held showers make bathing easier and safer, they are typically not covered by insurance or Medicare.

MEDICAL EQUIPMENT

DURABLE MEDICAL EQUIPMENT OPTIONS

You will be non-weight bearing on the surgical leg for 6 weeks. A tub bench will allow you to sit while you take a shower.



Tub chair with back

Also available without a back.

Could be used in a free-standing shower.



Tub transfer bench that extends outside of the tub.

Consider:

- Installing grab bars around the toilet and shower, or add a tub clamp
- Installing a hand-held shower head

These options work with tubs that have a shower curtain. If you have glass doors, the doors need to be removed. Non-skid bath mat is also recommended.

MEDICAL EQUIPMENT

DURABLE MEDICAL EQUIPMENT OPTIONS

MOBILITY OPTIONS:



This is one style of knee walker you may use initially following surgery.

You should rent one before coming to the hospital.

They can be rented from many DME providers.



You will likely need a walker or crutches for mobility within the home until you are allowed to bear weight on your surgical foot.



A cane may eventually be used and your outpatient physical therapist will help you determine when this is right for you.

MEDICAL EQUIPMENT

DURABLE MEDICAL EQUIPMENT OPTIONS - You can purchase these at any home health store, pharmacy, or online.

REACHER

A reacher is helpful for getting clothing over your surgical foot.

They can also be useful for picking things up from the floor.



DRESSING STICK

A dressing stick is helpful for taking off TED hose and socks.



LEG LIFTER

This can be used to help you move your leg in and out of bed.



SOCK AID

Sock Aids are helpful for putting on socks. The wide version may be better for TED hose. There are alternative versions available for compression socks.



TOILET RISER

You may need a raised toilet seat for 12 weeks following your surgery.



CARING FOR YOUR ANKLE INCISION

1. In order to ensure your cast stays dry during showering, cover with a Showerez bag or 2 trash bags.
2. Secure each bag with medical tape at the top to decrease risk for water leakage.



- Your doctor will determine your incision care needs.
- Keep your incision clean and dry. You will be instructed on how to cover your incision for showering at the hospital.
- Notify your surgeon if you notice redness, warmth, increased swelling or drainage from your incision.
- A temperature over 101 degrees Fahrenheit is also to be reported. Any large amount of swelling or bruising may be a sign of a hematoma. Please notify your surgeon if this the case.

ANKLE EXERCISES

- Starting your exercise program pre-surgery and working on mobility early is vital to making your surgery a complete success.
- Please begin these exercises right away and continue until you see the Physical Therapist (PT) and/or Occupational Therapist (OT) following your surgery.

Perform exercises 2-3 sets of 10 reps daily. Hold each exercise for 2-3 seconds.

Do exercises with both legs.

#1 - QUAD SET



Tighten your thigh muscles and push the back of the knee down towards the bed. Hold 3-5 seconds. For added stretch, prop your heel on a pillow during exercise.

#2 - GLUTEAL SQUEEZE



Squeeze buttocks muscles as tightly as possible while counting to 5 and then relax. Do not hold breath.

#3 - STRAIGHT LEG RAISE



With opposite knee bent, extend surgical leg and tighten thigh muscles to lock knee straight, then lift 6-12 inches before lowering slowly.

#4 - KNEE EXTENSION



Sit with back against chair while keeping thigh glued to the seat, and straighten out the knee as much as possible. Slowly lower back down.

WAYS TO MOVE

After your total joint replacement, it is important to avoid injury and follow the instructions provided by your surgeon, nurse, occupational therapist, and physical therapist.

Make sure to follow your movement precautions.

CORRECT POSITION FOR USING A KNEE WALKER WHEN TRANSFERRING

Always position the knee walker at a 45 degree angle away from the surgical extremity.

Make sure the brakes are locked.

Then stand and slowly pivot onto the knee walker using your hands to push off the bed/chair.

Slowly transition onto the knee walker when stable.



LOCKING THE BRAKES

Clamp the brake

Press the pin down

Release the brake handle

Repeat to the other side.



WAYS TO MOVE

TRANSFER TO BED/CHAIR USING KNEE WALKER

Into Bed

1. Back up your knee walker to the bed at a **45 degree angle** away from the surgical leg until you feel it against the back of your legs.
2. Make sure your knee walker brakes are locked prior to sitting down.
3. Reaching back with one hand at a time, sit down on the edge of the bed and then scoot back toward the center of the bed while maintaining your non-weight bearing precautions.
4. Scoot your hips around so that you are facing the foot of the bed.
5. Lift your leg into the bed while scooting around.
6. Keep scooting and lift your other leg into the bed.
7. Scoot your hips towards the center of the bed using your non-surgical leg to help push.

Out of Bed

1. Scoot your hips to the edge of the bed using your non-surgical leg to help push.
2. Sit up while slowly lowering your legs to the floor.
3. If necessary, use a leg-lifter to lower your operated leg to the floor.
4. Scoot to the edge of the bed.
5. Make sure your knee walker is positioned correctly and the brakes are locked.
6. Use both hands to push off the bed and slowly transition one hand to the knee walker when stable, stand and pivot then place the knee of the surgical leg on the knee walker for support.
7. Once you're stable and correctly positioned onto the knee walker, you may unlock the brakes and proceed.

TRANSFER TO VEHICLE

1. Push the seat all the way back and recline it if possible. (Once transferred, make sure to sit the seat back upright).
2. A plastic trash bag can be used on the seat of the vehicle to help you slide and turn toward the front.
3. Back up to the car with your knee walker/walker until you feel it touch the back of your legs.
4. Lock the brakes if using a knee walker.
5. Reach back for the seat and lower yourself down. Keep your operated leg straight out in front of you to follow your non weight-bearing precautions. It may be necessary for you to lift your operated leg with your hands.
6. Try to avoid cars with lower bucket seats due to the low height.

Reverse these steps to get out

WAYS TO MOVE

TRANSFER TO A TOILET USING A KNEE WALKER

Moving to the Toilet:

1. Back up your knee walker to the toilet at a **45 degree angle** away from the surgical leg until you feel the toilet against the back of your leg.
2. Lock knee walker breaks prior to sitting to toilet.
3. If using a commode or toilet riser with arm rests, reach back for an arm rest as you remove surgical leg from knee walker then reach for other armrest and lower yourself onto the toilet.
4. If using a raised toilet seat without arm rests, keep one hand on the walker while reaching back for the toilet seat with the other.
5. Keep weight off of surgical leg as you sit to toilet.

Moving off the Toilet:

1. Before getting up from toilet, make sure knee walker is adjusted at a **45 degree angle** away from your surgical leg and breaks are locked.
2. If using a commode or toilet riser with arm rests, use the arm rests to push up. If using a raised toilet seat without arm rests, place one hand on the knee walker and push off the toilet seat with the other.
3. Stand and slowly pivot onto the knee walker while keeping weight off of surgical leg as you stand from toilet.

Note: Balance yourself on non-surgical leg before moving surgical leg onto knee walker

TRANSFER TO THE TUB USING A KNEE WALKER

Getting into the tub using a bath bench:

1. Place the bench seat in the tub facing the faucets.
2. Back up your knee walker to the tub at a **45 degree angle** away from the surgical leg until you feel the tub against the back of your leg.
3. Lock knee walker breaks prior to sitting to bath bench.
4. Reach back with one hand for the bath bench and slowly lower yourself onto the bath bench, keeping weight off of surgical leg.
5. Move the knee walker out of the way, but keep it within reach.
6. Lift your legs over the edge of the tub, using a leg lifter or having assist to lift leg over tub, if necessary.

Note: Bath seats, grab bars, long-handled sponges, and hand-held showers are typically not covered by Medicare.

Note: Always use a rubber mat or non-skid adhesive on the floor of the tub or shower.

Getting out of the tub using a bath bench:

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath bench.
3. Before getting up from the bath bench, make sure knee walker is adjusted at a **45 degree angle** away from your surgical leg and breaks are locked.
4. Push up with one hand on the back of the bath bench while holding on to the center of the walker with the other hand.
5. Stand and slowly pivot onto the knee walker while keeping weight off of surgical leg as you stand.

Note: Balance yourself on non-surgical leg before moving surgical leg onto knee walker

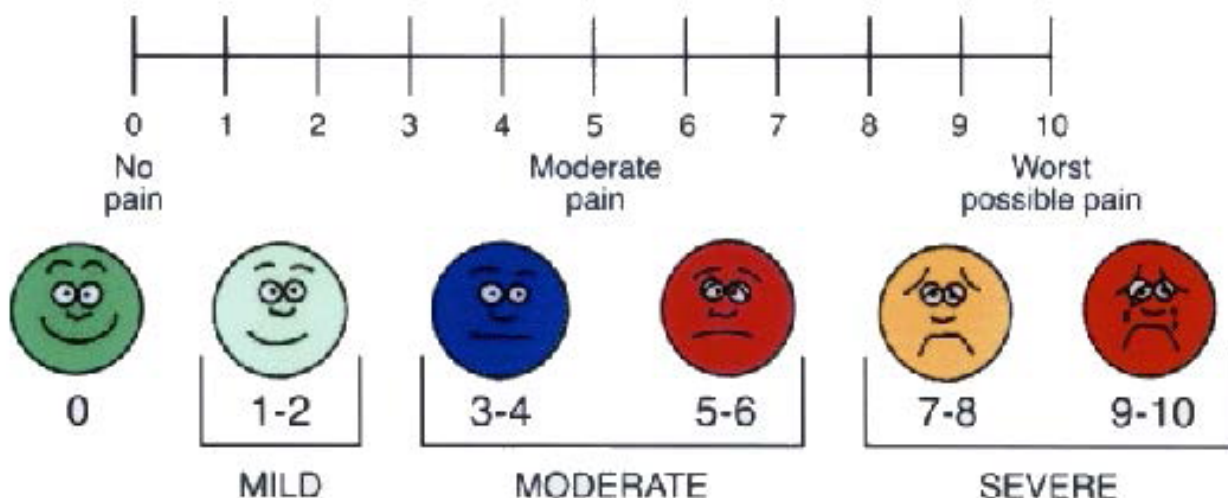
WHILE IN THE HOSPITAL

Pain Management: At Lincoln Surgical Hospital, our pain management process begins before your surgery starts, and is tailored to your individual needs throughout your entire length of stay.

- Prior to the start of your surgery, your nurse will administer medications that will help decrease the amount of pain you experience immediately after surgery.
- During your surgical procedure, your surgeon will inject a medication into your surgical site that will help manage your pain after surgery.
- After surgery, a special combination of medications is given to you on a routine schedule to further improve your pain control and enhance your comfort. The medications used are given in low to moderate doses. Most patients tolerate these medications very well and experience only some slight drowsiness.
- Stronger medications are available on an as-needed basis to provide additional pain control if necessary.

Our clinical staff is highly skilled in managing postoperative pain. Your nurse will work closely with you, your surgeon, and our clinical pharmacists to tailor your drug therapy to fit your needs. Your comfort is extremely important to us, and we realize that everyone responds differently to medications. Communication with your nurse is important to ensure we are not only meeting your expectations for pain control, but also addressing any side effects caused by the medications. Our goal as your healthcare team is to partner with you to provide exceptional care that exceeds your expectations.

UNIVERSAL PAIN ASSESSMENT TOOL



WHILE IN THE HOSPITAL

A member of the front desk will escort you to the pre-op area on Level 2. Here you will be asked to use the bathroom, change into a gown, and be weighed. You will change into a special hospital gown, booties, and hat. Your nurse will complete a surgical consent; You will be connected to monitors to measure your vital signs; an incentive spirometry baseline will be done; an IV will be started; and a surgical prep will be completed. You will be measured for support hose and fitted on your non-operative side.

An anesthesia provider will meet you the day of surgery and discuss with you which type of anesthesia is the best option for you- general or spinal.

Surgery generally takes 1 ½ to 2 ½ hours. Some of this time is spent preparing you in the operating room and Recovery/PACU (Post Anesthesia Care Unit). Family/friends will be asked to wait in a waiting area or cafeteria. You will be transferred to a patient care area when awake and stable. Here you will be reunited with family/friends. You will be offered something to drink and eat.

Our private suites have plenty of space for comfort and quiet. Your rest and healing begin! Your health and recovery are our top priority!!

We want to keep you safe during your hospital experience. We ask that you NEVER GET UP WITHOUT ASSISTANCE! Staff will use a gait belt around your waist every time you get up, as well as having at least one or two staff assist you.

A Health Advocate will update your insurance company, as needed, during your stay

Discharge date depends on medical necessity.

Lincoln Surgical Hospital has a group of physicians that your surgeon may consult to manage your care while you are hospitalized. They are:

Dr. Arthur Annin
Dr. Wasim Chughtai
Dr. James Fosnaugh
Dr. Matthew Jacobsen
Dr. Daniel Owen

BREATHING EXERCISES

After surgery, you will be less active than normal. Because you are not moving as much as you normally would, you tend to breathe shallow. This could cause portions of your lungs to collapse. If the collapsed areas do not get filled with air, it can cause complications such as pneumonia and bronchitis. Preventing post-operative lung problems is a priority at Lincoln Surgical Hospital. Oxygen is also used to help your body heal. The best way to have a smooth recovery without lung problems is to do these lung exercises. Oxygen is also available to assist with your recovery.

Deep Breathing (to completely fill lungs with air)

1. Breathe in through your nose as deeply as you can. (Your stomach should go out as you breathe in). Hold breath for 5-7 seconds.
2. Let the breath out slowly through your mouth. Try to take twice as long breathing out as breathing in. (Your stomach should go down as you breathe out). Do this exercise 10 times. Deep breathing exercises can help you relax and relieve pain. Following the 10 breaths, do the coughing exercise.

Coughing (to help keep lungs clear)

1. Take a slow deep breath in through your nose. (Try to fully expand chest and back.)
2. Breathe out through your mouth. (Your chest should sink down and in.)
3. Take a second breath in the same manner.
4. Take a third breath in, but hold your breath for a moment, then cough hard forcing all of the air out of your lungs.

Do the coughing exercise 3 times. Do the combined deep breathing and coughing every hour while you are awake after surgery. The hospital may give you an incentive spirometer to help you do deep breathing after surgery. Someone will show you how to use it.



Practice these breathing exercises for a week before surgery to help prevent lung problems. Once you are able, following surgery, getting up and walking around will also help prevent lung problems. Remember, never get up on your own while in the hospital. We will gladly assist you. Also, if you smoke, please try to quit.

DISCHARGE INSTRUCTIONS / HOME CARE

General Precautions

If you should develop a fever of more than 101°F or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or Band-Aid on it and notify your doctor. The closer the injury is to your prosthesis, the bigger the concern. Occasionally, antibiotics may be needed. Notify your doctor if the area is painful or reddened.

Pain Control

- Some pain is normal.
- Change your position every hour throughout the day.
- Take pain medications as prescribed.
- Use stool softeners every day as long as you are taking pain pills. Take laxatives if necessary. Try to eat more fruits, vegetables, & whole grains.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but do not use more than 20 minutes at a time each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack. Mark the bag of peas and return them to the freezer (should only be used as an ice pack).
- You can make your own homemade ice pack that can be molded to your ankle by adding 1 bottle of rubbing alcohol and 2 bottles of water in a gallon size Ziploc freezer bag (double the Ziploc bag to prevent leaks). Always place fabric between the ice pack and your skin.
- Place an additional towel between the ice pack and your body if it gets too cold.
- Relaxation/comfort measures such as elevation, position changes, and deep breathing can aid in comfort.
- Gradually wean yourself from prescription medication to Tylenol. You may take two extra-strength Tylenol® in place of your prescription medication up to four times per day.

Prevent Infection

- Keep incision clean and dry
- Wash hands before and after any contact with incision or dressings
- Cough and take deep breaths. Use incentive spirometer (breathing exerciser) if ordered
- Do not smoke

Body Changes

- Some pain medication contains narcotics, which promote constipation. Use stool softeners every day as long as you are taking pain pills. Take laxatives if necessary. Try to eat more fruits, vegetables & whole grains.
- You may have bruising around incision or on the leg.
- Drink plenty of fluids to keep from getting dehydrated.
- You may have difficulty sleeping. This is normal. Don't sleep or nap too much during the day.
- Your energy level may be decreased for the first month or two.

DISCHARGE INSTRUCTIONS / HOME CARE

Prevention of Blood Clots

- Foot and ankle pump exercises. Do these hourly while awake.
- Walking - Do this hourly while awake.
- Compression stockings (TEDs)
- Blood thinners such as Aspirin®, Xarelto®, Coumadin® and/or Lovenox®

Blood Clot Information

- Surgery as well as decreased activity increases your risk for blood clots. Anticoagulants will be prescribed to minimize this risk.
- Stockings may be used to help compress the veins in your legs. This helps to keep swelling down and reduce the chance for blood clots.
- If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg above heart level.
- If you have TED hose, you will initially wear them continuously removing for 30 minutes - 1 hour after you shower.
- Notify your physician if you notice increased pain or swelling in either leg.
- If you have TED hose, ask your surgeon when you can discontinue use of them. Usually, this will be done two - three weeks after surgery.

Signs of Blood Clots in Legs

- Swelling in thigh, calf or ankle that does not go down with elevation
- Pain, tenderness in calf
- Redness

NOTE: Blood clots can form in either leg.

Signs of Blood Clots in Lungs

An unrecognized blood clot could break off the vein and go to the lungs. This is an emergency and you should call 911 if you are having the following symptoms:

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

FAQS

Dental precautions?

Cleaning your teeth may make it possible for bacteria to go into the bloodstream and travel to your new joint, causing infection. Notify your dentist prior to or after surgery as you will be required to take a prophylactic antibiotic within an hour of a dental procedure or any other invasive procedures (ex. Colonoscopy/heart Catheterization) These guidelines may be in effect for 2 years or more depending on your surgeon's preference. Get dental work or routine cleanings done prior to surgery, or wait at least three months afterwards. Remember, your new joint acts like a type of germ magnet and can attract bacteria from infections in another part of your body.

Can I travel?

- If traveling in a car, make sure to get out and walk every hour, as well as doing ankle pumps in the car.
- Your new joint may trigger metal detectors, so please inform security when appropriate.
- You will not receive a card that says you have an artificial joint.
- If you have travel plans, please consult your surgeon.

When can I drive?

- You typically cannot drive for 2 weeks.
- Your surgeon will let you know when it is advisable to drive again.

When can I return to work?

Typically, people plan on taking a one month leave of absence from work. The physical demands required for your job, as well as your own progress, will determine when you can return to work. Your surgeon will tell you when you can return to work and if there are any limitations.

How long do I have to use the equipment?

Please check with your surgeon

Can I get a handicap permit?

Please contact your surgeon's office to find out as it varies depending on the surgeon.

What if I have pain with urination or trouble urinating?

Please call the surgeon's office to discuss this further.

Am I allowed to sit in a recliner?

Yes, it is okay to sit in a recliner as long as you elevate your legs periodically and use an icepack to help control swelling.

FAQS

When can I resume having sexual activity?

After surgery, it will take time to regain your strength, as well as confidence in your new joint. Most people feel able, physically and mentally, to engage in sexual activity four to six weeks after surgery. Depending on the individuals healing rate, at four to six weeks the incision, muscles, and ligaments are usually sufficiently healed to consider resuming sexual activity. Talk to your surgeon if you have any questions.

Will my medications affect my ability to engage in sexual activity?

Some medications can affect performance and/or enjoyment during sexual activity. Many narcotic pain relievers and cortisone medications can decrease sexual performance. Other common medication-related side effects are: a decreased interest in sex, vaginal dryness, abnormal erections and delayed orgasms. If you sense that your medication is causing these side effects, try having sex in the morning before taking your dose or in the evening before your last dose. Do not adjust or stop taking your prescribed medicine without consulting your surgeon. Often, a simple adjustment or change of medication can eliminate certain side effects.

DRESSING EQUIPMENT

LOWER BODY DRESSING

Using a reacher

Pants:

1. Dress the operated leg first.
2. Use the reacher to hold the opening of the waist band of the pants and position them where you can slip your foot in.
3. Pull the pants up over your knees to within easy reach.
4. Stand up with the walker in front of you and pull the pants the rest of the way up.



Sock aid

Socks

1. If you had a Posterior Hip Replacement, make sure not to bend over to put on socks.
2. Slide the sock onto the sock aid putting it on your foot with the toe of the sock completely tight to the end.
3. Hold the cord of the sock aid and lower it in front of your foot.
4. Slip your foot into the sock aid.
5. Straighten your knee, point your toe, and pull the sock onto your foot. Keep pulling until the sock aid pulls out.



Removing socks or TED hose:

1. Gently push down with the edge of shoehorn, dressing stick, or reacher.
2. Grasp with reacher and pull off.

Long-handled shoe horn

1. Use your reacher, dressing stick, or long-handled shoe horn to slide your shoe in front of your foot. Bend your knee as much as possible when doing this.
2. Place the shoe horn inside the shoe against the back of the heel. Have the curve of the shoe horn match the curve of the shoe.
3. Lean back, if necessary, as you lift your leg and place your toes in the shoe.
4. Step down into your shoe, sliding your heel down the shoe horn.



Note: You can use slip-on shoes with Velcro closures. You could also choose elastic shoe laces that stay tied.

ADVANCE DIRECTIVE

ADVANCE DIRECTIVE

You might have heard of a Living Will or Power of Attorney for Health Care – which Nebraska recognizes.

An Advance Directive is a document that voices your choice of medical treatment and identifies the people you may want to make these decisions if you are unable to make them for yourself. If you already have this document, please bring a copy with you.

If you do not have one, we have a booklet that we can give you that helps get you started on an Advance Directive.

If you are from a state other than Nebraska we can discuss your state's laws.

Instructions for Completing Power of Attorney for Health Care

You, the person giving power of attorney for health care authority to another, are the “principal.” Place your full name in the blank after “I” and before (your name).

Your attorney in fact for health care is the person whom you are giving power of attorney authority for health care. Place your attorney in fact’s full name, address, and telephone number on the lines as indicated.

If you should so desire, a successor attorney in fact for health care can be appointed to act in case the original attorney in fact for health care is unable to act for you. If you would like to name a successor attorney in fact for health care, place the full name, address, and telephone number of the successor attorney in fact for health care on the lines as indicated.

You may direct your attorney in fact for health care to follow certain instructions or limitations. If you choose to do so, place those instructions or limitations on the line as indicated.

You may direct your attorney in fact for health care to comply with certain instructions on life sustaining treatments (for example, respirators). If you choose to do so, place those instructions or limitations on the line as indicated.

You may direct your attorney in fact for health care to comply with certain instructions on artificially administered nutrition and hydration (for example, feeding tubes and intravenous fluids). If you choose to do so, place those instructions or limitations on the line as indicated.

The Power of Attorney for Health Care form must be signed in the presence of TWO witnesses OR a notary to be valid. Do NOT sign the document UNTIL TWO WITNESSES OR A NOTARY ARE PRESENT AND THE WITNESSES OR NOTARY WITNESS YOU SIGNING THE DOCUMENT. Be sure to include the date you signed the document.

Power of Attorney for Health Care forms do not have to be filed with a court, however, it is very important to keep the form in a secure place where they will not be damaged. Additionally, it is very important that all people involved with the power of attorney for health care form are aware of the location of your form, for future reference.

Nebraska Power of Attorney Health Care

POWER OF ATTORNEY FOR HEALTH CARE

I, _____ (your name) name the following person as my attorney in fact for health care:

Name: _____

Address: _____

Phone Number: _____

SUCCESSOR TO POWER OF ATTORNEY FOR HEALTH CARE

If my agent (above) is unwilling or unable to act, I appoint the following person as my successor power of attorney for health care:

Name: _____

Address: _____

Phone number: _____

By initialing the below, I acknowledge that I have read and understand each statement and the consequences of executing a power of attorney for health care.

_____ I authorize my attorney in fact for health care appointed by this document to make health care decisions for me when I am determined to be incapable of making my own health care decisions

_____ I direct that my attorney in fact for health care comply with the following instructions or limitations:

_____ I direct that my attorney in fact for health care comply with the following instructions on life sustaining treatment: (optional)

Limitations:

_____ I direct that my attorney in fact for health care comply with the following instructions on artificially administered nutrition and hydration: (optional)

_____ I have read this power of attorney for health care. I understand that it allows another person to make life and death decisions for me if I am incapable of making such decisions. I also understand that I can revoke this power of attorney for health care at any time by notifying my attorney in fact for health care, my physician, or the facility in which I am a patient or resident. I also understand that I can require in this power of attorney for health care that the fact of my incapacity in the future be confirmed by a second physician.

_____ **I have read the above warning which accompanies this document and understand the consequences of executing a power of attorney for health care.**

Signature of person making designation

Date

Do not sign this form until you are in the presence of either the two witnesses or a notary.

DECLARATION OF WITNESSES

We declare that the individual signing this power of attorney for health care is personally known to us, has signed or acknowledged his or her signature on this power of attorney for health care in our presence, and appears to be of sound mind and not under duress or undue influence. Furthermore, neither of us, nor the principal’s attending physician, is the person appointed as attorney in fact for health care by this document.

Witnessed By:

(Signature of Witness/Date)

(Printed name of Witness)

(Signature of Witness/Date)

(Printed name of Witness)

OR

NOTARY

State of Nebraska)
) ss.
[County] of _____)

This document was acknowledged before me on _____
(Date)
by _____
(Name of Principal)

Signature of Notary *(Seal, if any)*

My commission expires: _____

NOTES
