



Huntington<sup>®</sup>  
Hospital

## Preparing for your joint replacement surgery



# Objectives

Please bring this booklet and your support coach to our in-person Joint Class. The class will introduce:

- What to expect before surgery, during surgery and throughout your recovery.
- Therapy and exercises after surgery.
- Equipment.
- Self-care after discharge.

## **When:**

Every Tuesday 12-2 p.m. except the 4<sup>th</sup> Tuesday of the month when class is held 3-5 p.m.

## **Where:**

Huntington Hospital  
2<sup>nd</sup> Floor East Tower  
Surgical Conference Room  
(626) 397-3797

## **Sign up at:**

[www.huntingtonhospital.org/ortho](http://www.huntingtonhospital.org/ortho)

# About Huntington Hospital

- Ranked among the top hospitals in the nation by U.S. News and World Report.
- Earned an “A” grade for Patient Safety in Fall 2018 from the Leapfrog Group.
- Since 2011, the total hip and total knee program has been certified by The Joint Commission on Accreditation of Healthcare.
- A Center for Excellence for Joint Replacement.
- Since 2011, we’ve been recognized by The American Nurses Credentialing Center.
- (ANCC) as a Magnet Organization for quality patient care, nursing excellence and innovations in professional nursing practice.



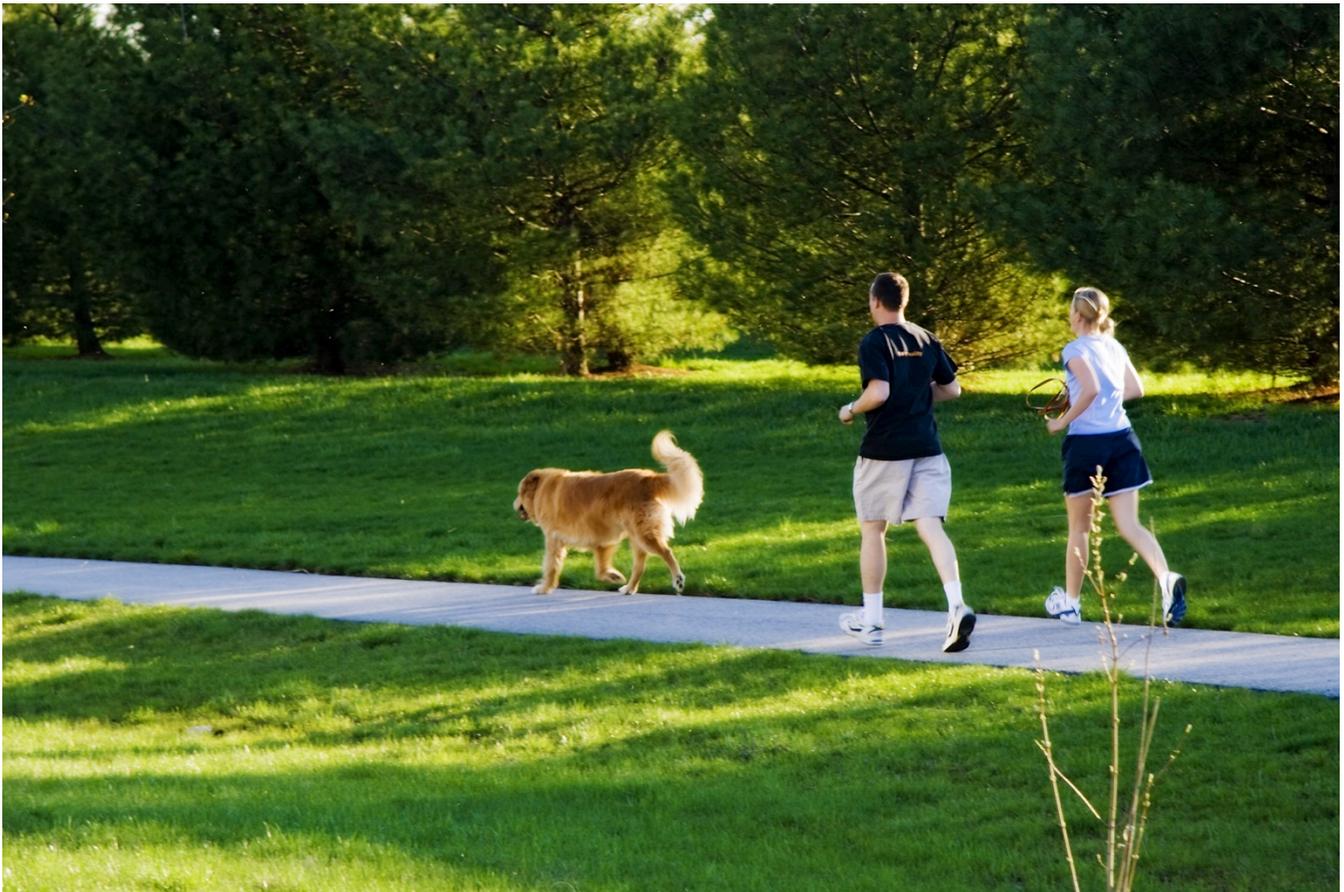
100 W. California Boulevard  
Pasadena, CA 91105  
(626) 397-5000  
[www.huntingtonhospital.org/ortho](http://www.huntingtonhospital.org/ortho)



# Joint replacement surgery

The purpose of hip or knee replacement surgery is to relieve pain and to improve function caused by your affected degenerative joint condition.

The medical term is “Arthroplasty”.



# Before surgery you will

- Complete primary care and specialist appointments.
- Complete the pre-op tests and lab work ordered.
- Choose a family member or friend to be your support coach throughout your experience.
- Attend Joint Class with your coach.
- Make plans for help after your surgery (with your coach, family members and/or friends).
- Plan to go home safely after your surgery.

# Before surgery - prepare your home

Clear pathways and remove clutter. Make sure you have enough space to move with your walking aid.

Arrange for help from friends or family to provide:

- Groceries
- Meals
- Pet care
- Picking up prescriptions
- Driving you to appointments



# Before surgery

We will schedule a Preadmit Testing Appointment (PAT) at the Huntington Perioperative Health Center.

Your PAT appointment will take about 2 hours, and during that time you will:

- Complete registration.
- Receive one-to-one instruction with a nurse.
- Complete laboratory tests, EKG, chest x-ray, and MRSA testing.

## ***Please bring to your PAT appointment:***

- Insurance card and authorization information.
- Photo identification.
- Glasses (if needed) so you can read and sign paperwork.
- Any paperwork from your doctor's office.
- Doctor's name and phone number of location where any prior lab work, EKG, or x-rays were completed.
- List of current medicines, including all over-the-counter medicines, vitamins and herbs.
- List of previous surgeries/procedures and other prior medical events.
- A copy of your Advance Directive for Health Care or other document specifying your wishes as well as any Conservatorship/Durable Power of Attorney.

## ***Location:***

Huntington Perioperative Health Center  
625 South Fair Oaks Blvd., Suite 355, Pasadena, CA 91105  
(626) 397-5905

# Testing for Staph

Methicillin-Resistant Staphylococcus Aureus (MRSA) is a germ that some people have when they become resistant to commonly used antibiotics.

Hospitals are required to test patients for resistant Staph before surgery by inserting a cotton swab in and around your nose.

If you test positive for MRSA, we will let you know and your doctor will prescribe antibiotics for you to take before surgery.



# Preventing infection

Your surgeon will ask you to use a special wipe to remove germs from your skin before surgery. You will receive the special wipes at your pre-surgery appointment.

You will need to follow some rules after you shower to prevent an infection in your hip or knee surgery location.



# Pre-surgery preparations

- Preparing your skin is an important first step in preventing infection before your surgery.
- Pre-Admit Testing will provide you with a package of Chlorhexidine Gluconate\* (CHG) wipes to prepare your skin.
- CHG wipes are unscented cloth towels that are a combination of a special soap and aloe to help prevent infection.
- You will use all the wipes in this package the night before your surgery. The day of your surgery, the staff in Pre-Op will clean your skin again with CHG.



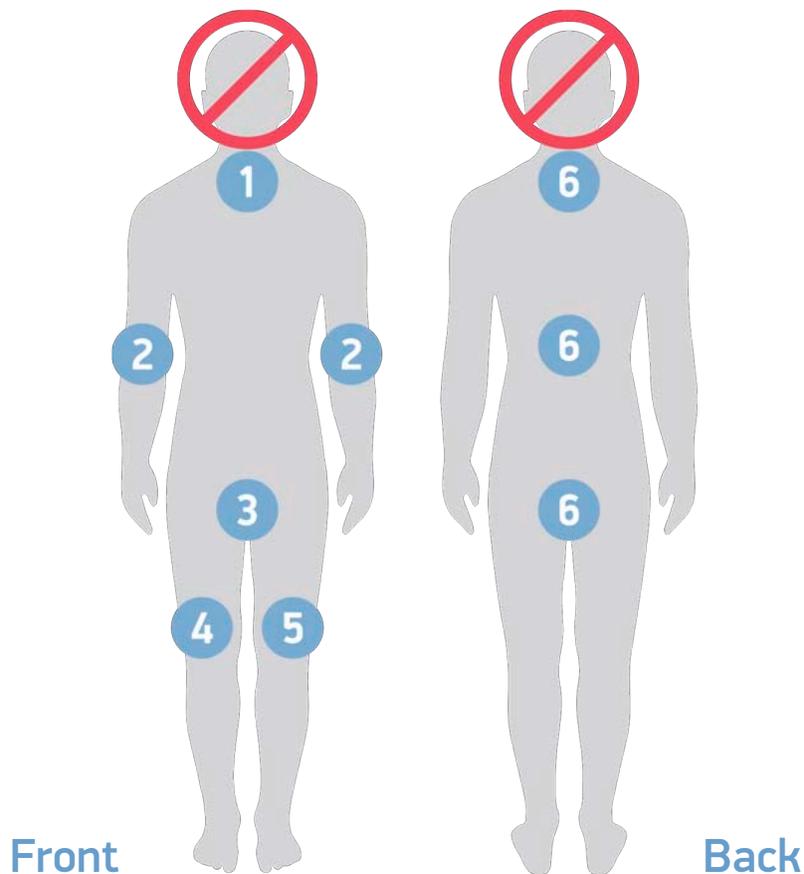
# Using CHG wipes at home

- The night before your surgery, take a shower using your own mild soap and dry yourself thoroughly.
- After this, open the package of CHG wipes and use a new wipe to clean each body part shown on the next page.
- Avoid wiping your anal area. If you are a female, avoid wiping your genital area.
- Do not apply any skin creams, lotions, or powders after using the CHG wipes.

# CHG wipes

*Only use CHG wipes below the jawline*

- ① Neck, shoulders, and chest.
- ② Both hands, arms, and armpits.
- ③ Abdomen then groin and perineum.
- ④ Right leg and foot.
- ⑤ Left leg and foot.
- ⑥ Back of neck, back, and then buttocks.



*Skin may feel sticky for a few minutes. Do NOT wipe off. Allow to air dry.*

# Preventing infection

## *Rules approved by the joint surgeons*

General skin care instructions:

- For 1 week before surgery, avoid activities that may cut or scratch your skin, especially on your legs.
- For 1 week before surgery, do not have a manicure or pedicure.
- For 3 days before surgery, do not shave below the waist.
- For 3 days before surgery avoid contact with all pets and do not let them sleep with you.
- Do NOT take a bath in the tub!
- DO NOT apply any lotion, powder, skin cream or makeup after the final shower on your day of surgery.

# Limit contact with pets!

*Even the cleanest pet can shed germs and bacteria.*

*For the 3 days before your surgery:*

- Limit contact with your pet.
- Do not sleep with your pet.
- Make sure that your pets are clean if they remain in your home during this time.
- Talk to your surgeon if you have concerns or questions.

# Day of your surgery

- No food or drink past midnight the night before.
- You will be notified what time to arrive to same day surgery. It will be 2-3 hours before your surgery is scheduled (East Tower, 2<sup>nd</sup> floor).
- Follow your doctor's instructions about your blood pressure medication, heart medications, insulin, and any other medication your doctor wants you to take.
- A family member or friend can stay with you until you are taken into the surgery room.



# What can I bring to the hospital?

Personal belongings ***cannot be taken with you*** to surgery. However, your family or friends can keep them until you arrive on the Orthopedic Unit.

- We encourage you to wear comfortable clothes while in the hospital such as elastic-waist pants or shorts, loose shirts/tops or women- loose dresses.
- Bring easy on/off shoes with rubber non-slip soles.
- Bring your glasses, hearing aids and dentures if applicable.
- You may want to bring your cell phone, tablet or laptop, but please understand that our hospital cannot assume liability for personal property.
- Basic toiletries are provided, but if you have favorite items, bring them.
- We recommend that you leave your jewelry at home.

# In Same Day Surgery

- You will change into a hospital gown.
- We will review the information from your pre-op testing appointment.
- We will insert an IV into your hand or arm.
- The anesthesiologist will come and talk with you.
- The surgeon will come and see you and will mark the place where your operation will be on your body with a **“YES”**.

# Surgery and recovery

- The operation will last about **2 hours**.
- Your coach, family members or friends may wait in the surgery waiting room.
- You will wake up in the recovery room with bandages covering your surgical wound.



# Recovery Room

You will be in the recovery room for about 2 hours **after** surgery.

The nurses in recovery will:

- Check your blood pressure, breathing and temperature often.
- Check your legs and bandages.
- Check your amount of pain and give you pain medication.

The surgeon will:

- Talk to your coach or designated contact person, or call them if there is a contact number listed.

Once you are ready, we will transfer you to the Orthopedic Unit.

# Medical devices

**Oxygen:** To insure you are breathing in enough oxygen after surgery.

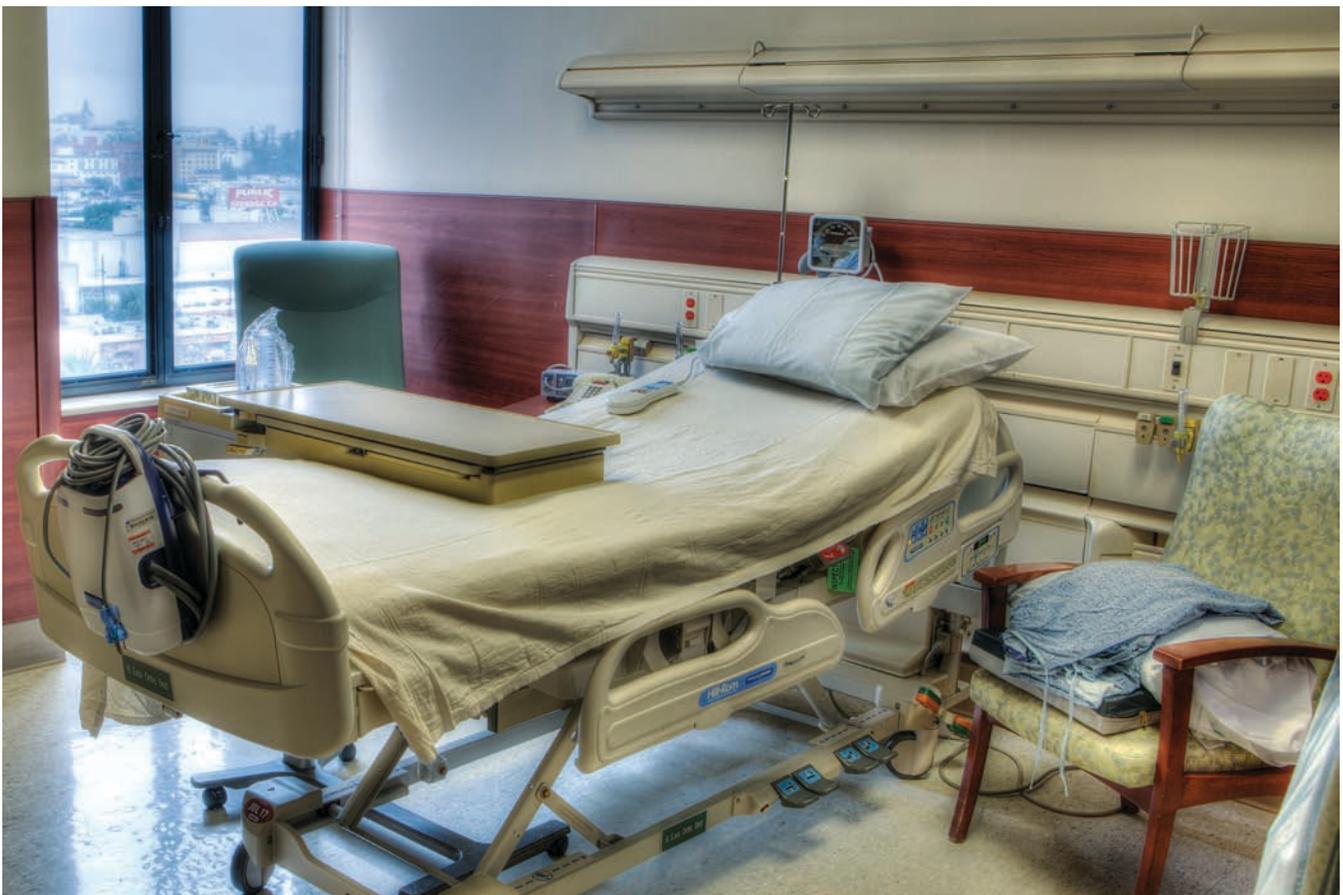
**Pulse Oximeter:** To monitor oxygen in your blood using a device on your finger.

**Incentive Spirometer:** To prevent pneumonia by sucking air into your lungs using a plastic tube. It also helps prevent fever after surgery. *Use it every hour while you are awake and after you go home.*



# The nurses on the Orthopedic Unit will

- Check to see if you are in pain and provide you with pain medication if needed.
- Check your wound and bandages.
- Check that you have feeling and movement in both of your legs.



# Pain

Remember, the goal of joint replacement surgery is to **reduce** the amount of pain you were having.

However, **pain is expected** after surgery as your body heals from the operation.

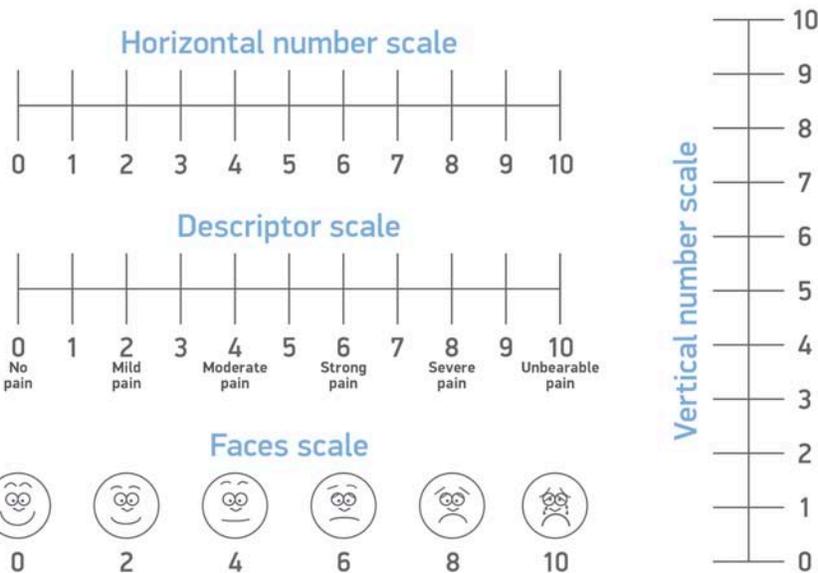
The goal for pain control is to decrease your pain so you can **resume normal activity**.

Pain medication affects your balance and **may increase your risk of falling**.



## Pain scales

Below are various scales used to rate pain. Each patient chooses a preferred scale and it is then used consistently throughout to rate your pain.



# Pain management

Your surgeon and anesthesiologist will talk with you before your operation about pain control.

- Pump
- Nerve block
- Epidural
- Injection
- Pills



# Alternatives to pain medication

If you usually use any of these techniques to manage or minimize pain, you are welcome to use them at the hospital.

## Relaxation



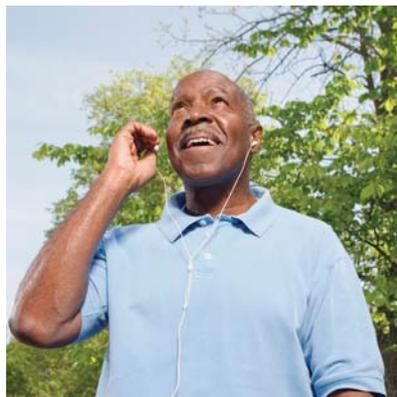
## Imagery



## Ice packs



## Music



## Deep breathing



# Preventing falls

- **You are at risk for falling** because of your operation, anesthesia, pain medication and weakness. People fall in hospitals because once they start to feel better, they think they can get up without a problem. Don't be fooled – your balance will be off! Please use your call button to call your nurse to help you get up.
- **Do not** get up without help even if you think you are able.
- Don't get up without help – **ever!**
- Don't get up to go to the toilet/commode without help – **ever!**
- Don't stand up from the toilet without help – **ever!**

# Preventing blood clots

- You will wake up with “leg squeezers” or “foot squeezers” on your legs to prevent blood clots.
- You will also go home on blood thinners to prevent blood clots.



# Preventing constipation

Even if you have regular bowel movements prior to having surgery, you are likely to experience constipation because of anesthetics and pain medication. Changes in your diet, amount of fluid you drink and less physical activity can also contribute to constipation.

- You will receive a laxative or stool softener to prevent constipation.
- Moving around may help.
- Try to eat a well-balanced diet with plenty of fiber and fluids.

# Care of your incision

- Your surgeon will cover your surgical incision with a wound dressing.
- Nurses will care for your incision according to the instructions from your surgeon.
- Your discharge instructions will include how to care for your wound at home.
- You and your caregivers will look for redness, oozing, foul smell and or changes around the wound. This is an indication that the wound needs to be checked.
- If you have any questions or concerns while in the hospital or at home, ask your nurse and or your surgeon.

# Pain after surgery

- Stay **ahead** of your pain.
- Tell your nurse or physical therapist if you have pain, even if it is not severe.
- **Do not wait** for your pain to get worse before asking for pain medication.
- By taking pain medicine 30-45 minutes before therapy, you will be able to do more with less pain during your session.



# Mobility begins on day of surgery (Day 0)

- Your joint replacement team will work with you on mobility the same day you have your surgery. This includes getting in and out of bed, standing, taking a step or two and possibly walking with a walker.
- Evidence-based literature supports that early mobilization can reduce the risk of post-operative complications.

# Care tablet

You will receive a care tablet to use in the hospital that is specially designed for joint replacement patients.

**Huntington Hospital**

## Your care tablet Joint Replacement

*The tablet is provided during your hospital stay to improve your experience and provide education about your expected recovery.*



Your nurse will teach you how to use your care tablet when you return from surgery. If you have any questions, please ask your nurse or patient care associate (PCA).

[www.huntingtonhospital.org](http://www.huntingtonhospital.org)

**Using your care tablet.**

After you've settled in, your nurse will bring you a tablet and show you how it works. We will provide as much help as you need to use the tablet.

Press the oval button to turn the tablet on. When on, pressing this button will take you back to the home screen. When pressed it will also clear any login information entered. Press the button on the top left to turn the tablet off.

**Information on your care tablet.**

Each day you will view a video that describes what to expect during your hospital stay and the healing process.

You will also find helpful educational resources such as exercises and other videos. We will show you how to email the information to yourself so you can refer to it when you get home.

In the "Welcome to 6 East" section, you'll find the TV guide and room service menu. The tablet also contains games, reading material and music to help make your stay more comfortable.

Please use the tablet to provide us feedback on your experience, but use your call light when you need immediate help.

We will show you how to use our Patient Portal ([myHuntingtonHealth.com](http://myHuntingtonHealth.com)) where you can access lab results and discharge information.

**Huntington Hospital**

[www.huntingtonhospital.org](http://www.huntingtonhospital.org)

# After surgery zones

You will learn what signs to look for, to care for yourself after surgery.

## GREEN ZONE - GOOD

### What the green zone means:

- Your symptoms are under control with no new symptoms in the yellow zone. *You have no new symptoms or chest pain (see yellow zone).*
- You are taking your medications as ordered. *Your usual or new medications are working and controlling your symptoms.*
- You are continuing your daily activities as tolerated and advised by your doctor and therapist. *You are able to do the activities as instructed by your doctor and therapist.*
- You keep your appointment with your doctor.

## YELLOW ZONE - CAUTION

### What the yellow zone means:

*Your symptoms may mean that you need to see your doctor or surgeon.*

### Call the doctor as soon as possible if you are experiencing the following symptoms in the yellow zone:

- Increased swelling, warmth, or pain in your thighs or lower legs that does not resolve or go away with rest and elevation.
- Sore and larger veins on your lower legs that you can feel.
- Swelling, redness, warmth, oozing, and/or bad or strong smell at the surgical site.
- A surgical site that starts to open or continues to bleed.
- Having a fever greater than 100.4 degrees, experiencing chills, or feeling more weak or tired.
- Increasing pain that you can't tolerate.
- A cough and having difficulty breathing.
- Constipation lasting longer than three days.

## RED ZONE - EMERGENCY

### The red zone means CALL 911 IMMEDIATELY if you are experiencing the following symptoms:

- Unrelieved or sudden shortness of breath at rest.
- Chest pain or severe and uncontrolled pain.
- Unclear thoughts, feeling dizzy, or feeling like you are going to pass out.
- A fever higher than 101 degrees.
- Excessive bleeding from or around your surgical site.

This information is intended as a general guide. For specific questions or concerns, contact your doctor

# Going home - planning

You will likely be in the hospital for 1-2 days.

Discharge planning will begin before you have surgery.

We need to know:

- Where you are going after you leave the hospital.
- Who is your coach and who will help you at home.
- Who will pick you up and drive you home?

Your surgeon's office will give you a post-discharge follow up appointment before your surgery.

The surgeon will make follow up recommendations and the hospital care coordinator and discharge planner will assist you.

# Going home - what's next

Your care team led by your surgeon will recommend when you go home.

- You may need home physical therapy for a few sessions.
- After your first post-op appointment with your surgeon, he/she may recommend that you receive additional physical therapy in an outpatient rehab program.
- If you are not progressing as planned, your surgeon may recommend that you not go home and instead go to a skilled nursing facility for a short period of time.

# Going home - what to expect

## *Home Health Physical Therapy (PT)*

- A physical therapist will come to your home 2 times a week for approximately 2 weeks.
- Take your pain medication 1 hour before they arrive.

## *Outpatient Rehab- Physical Therapy*

- The physical therapy will focus on improving your lower extremity strength/range of motion, balance and coordination.
- You will continue to work on walking and progress to a single point device such as a cane and then possibly to no assistive device.
- Outpatient Rehab has extensive therapeutic equipment and resources available to get you to your highest level of function.

# At home - we will check in with you

A member of the joint replacement program will call you after you return home. She/he may ask about:

- Pain management.
- Concerns regarding your surgery, drainage, swelling, redness and fever.
- Follow-up appointment with your surgeon.
- Education at discharge and care during hospitalization.
- Did our team provide you with a positive experience in the hospital?



# Physical Therapy (PT)

- PT begins the afternoon of your surgery or the next morning and works with you daily.
- PT in the hospital helps you achieve the highest level of mobility possible so that you can move around safely at home.
- As far as moving around, this includes getting in and out of bed by yourself, walking and climbing stairs.
- We also include exercises to increase your strength, range of motion, endurance and balance.
- Ask your coach to be present when you are having your PT treatment.



# Bed mobility

Bed mobility is being able to get in and out of bed by yourself. Important things to know are:

- How high is the bed you will be using?
- What side of the bed do you get off of at home?

Seems easy – but can be hard to do! *Practice at home before your surgery.*



# Transfers

Transfers include your ability to get on and off any surface you will encounter at home. This includes getting up from your bed or toilet and getting in and out of a chair or car.

If available, push up from the armrests of the seating surface.

Otherwise, place one hand from where you are sitting and one hand on the walker (examples: bed and car).



# Walking

Your physical therapist will help you learn to walk with an assistive device, usually a front wheeled walker.

Weight bearing status is the amount of weight you can place on your surgical leg. Your P.T. will review this with you.

Initially, the goal is to walk at least 100 feet with a walker. The distance you walk will gradually increase as your pain lessens.

Once you get home, one of the best ways to improve is to take short walks, often.



# Walking

The goal is to walk as normally as possible without limping.

## *Quality, not quantity*

Most patients use a walker from a few days to a few weeks.

You may transition to a cane for your safety before walking without any device.



# Stairs

Physical therapy helps you go up and down stairs.

Important questions to ask yourself:

- How many stairs, or steps do you have at home?
- What side are the handrails on?

When using stairs, remember ***“up with the good”***, and down with the surgical leg.



# Therapeutic exercises

Your physical therapist will teach you exercises to help increase strength and flexibility.

Try these exercises before surgery so you are familiar with them.

Do these exercises at least 3 times per day when you get home.



# Special instructions for knee replacement patients

- Patients with knee surgery need to work hard to increase the range of motion and strength of their new knee.
- The initial goal is to get your surgical knee to bend to a 90 degree angle as soon as possible.
- The surgical knee also needs to achieve “full extension”, or to be as flat as possible.
- **Do not place a pillow directly under your surgical knee in bed; place the pillow under the ankle to help you gain full extension.**
- You will need to work on increasing strength of the quadriceps muscle with exercises such as straight leg raises.



# Special instructions for hip replacement patients

- Hip replacement patients will have an abductor pillow placed between their legs to help keep the hip aligned.
- Your surgeon may discontinue the use of the pillow either late on your day of surgery or the next morning.
- Your physical therapist will discuss the appropriate precautions for your surgery as ordered by your surgeon.



# Helpful tips and positioning

- Keep your surgical leg elevated for the first 2 weeks after surgery to help with swelling.
- Place ice on the surgical hip or knee for 20-30 minutes every 2-3 hours for the first month.
- You can sleep on your non-surgical leg side to start; use a pillow between your knees for comfort and support.



# Recommended medical equipment for home use



**Front wheel walker**



**Single pointed cane**

# Sports and exercise

- You can return to an active lifestyle following hip and knee replacement surgery.
- Walking and leg exercises will be your main activity at first.
- Your surgeon will let you know when you can resume activities such as swimming, golfing, bicycling and mild hiking.
- High impact activities such as jogging and racquetball are not recommended as they will affect how long your new knee or hip will last.



# Occupational Therapy (OT)

- OT in the hospital helps you address how you will manage basic activities of daily living (ADLs) after your joint surgery.
- Examples of ADLs include bathing, getting dressed and toileting.
- The OT will provide recommendations and tips for safely doing everyday tasks.
- The plan is for the OT to see you before you go home.



# Safety when using a walker

- Do not hold or carry other items when using a walker.
- Remove throw rugs to prevent tripping.
- Tie a bag or apron to your walker to carry your cell phone, snacks or remote control.
- Move frequently used items to higher drawers or shelves for easier reach.
- Keep a cell phone nearby in case of emergency.



# Helpful clothing tips

- Consider wearing elastic-waist pants or shorts.
- Put your pants on surgical leg first, then the non-surgical leg.
- Flat, slip-on shoes are the easiest to put on.
- Refer to dressing aids equipment.



# Helpful dressing aids



**Reacher**



**Long shoe  
horn**



**Sock aid**

# Helpful toilet equipment

Normal toilet seats may feel too low for most people after surgery.

- Molded plastic seat that comes with or without arm rests.
- Preferably, choose a riser with a lock-on feature.



**Toilet riser  
with or without  
arms**

# Helpful toilet equipment

- Adjusts in height.
- Feet should be flat on the floor.
- Can be used next to the bed with a bucket.
- Can be used over the toilet (without bucket).
- Can be used in the stall shower as a shower seat.



**3 in 1 commode  
chair**

# Bathing precautions

- Sit for safety, especially when washing your legs.
- You may need to use a long bath brush or sponge to wash below your knees.
- Consider installing a mounted grab bar.
- Do not take the walker, crutches or cane into the shower. ***They should not get wet.***
- Try using a hand-held shower hose.
- Use a rubber bath mat.



# Shower stall tips

- Use a rubber bath mat or non-slip strips on the shower floor.
- Have someone place the commode chair or shower bench facing the door.
- Step backward in the shower with strong non-surgical leg first.
- Sit on the commode chair or stool facing the shower door.
- Exit the shower, holding onto the walker, stepping onto the rubber backed rug, with the surgical leg first.

# Transferring to a bathtub or shower

- You should be able to put all your weight on each leg before stepping over the edge of the tub.
- Try using a shower bench once you can safely step over the tub edge.
- If there is no sliding door with the tub, you may try a tub transfer bench.



**Shower chair**



**Bath transfer bench**

# Summary from Joint Class

- Complete all pre-op appointments requested by your joint surgeon.
- The goal is that you are discharged home after your surgery and hospital stay.
- Make arrangements with family and friends now, before your surgery, to assist you when you get home. Designate the family member or friend helping you as your support coach.
- Write down questions you have for your surgeon and review them with him/her before your surgery.
- Contact the Joint Coordinator at (626) 397-3797 if you have questions or concerns.

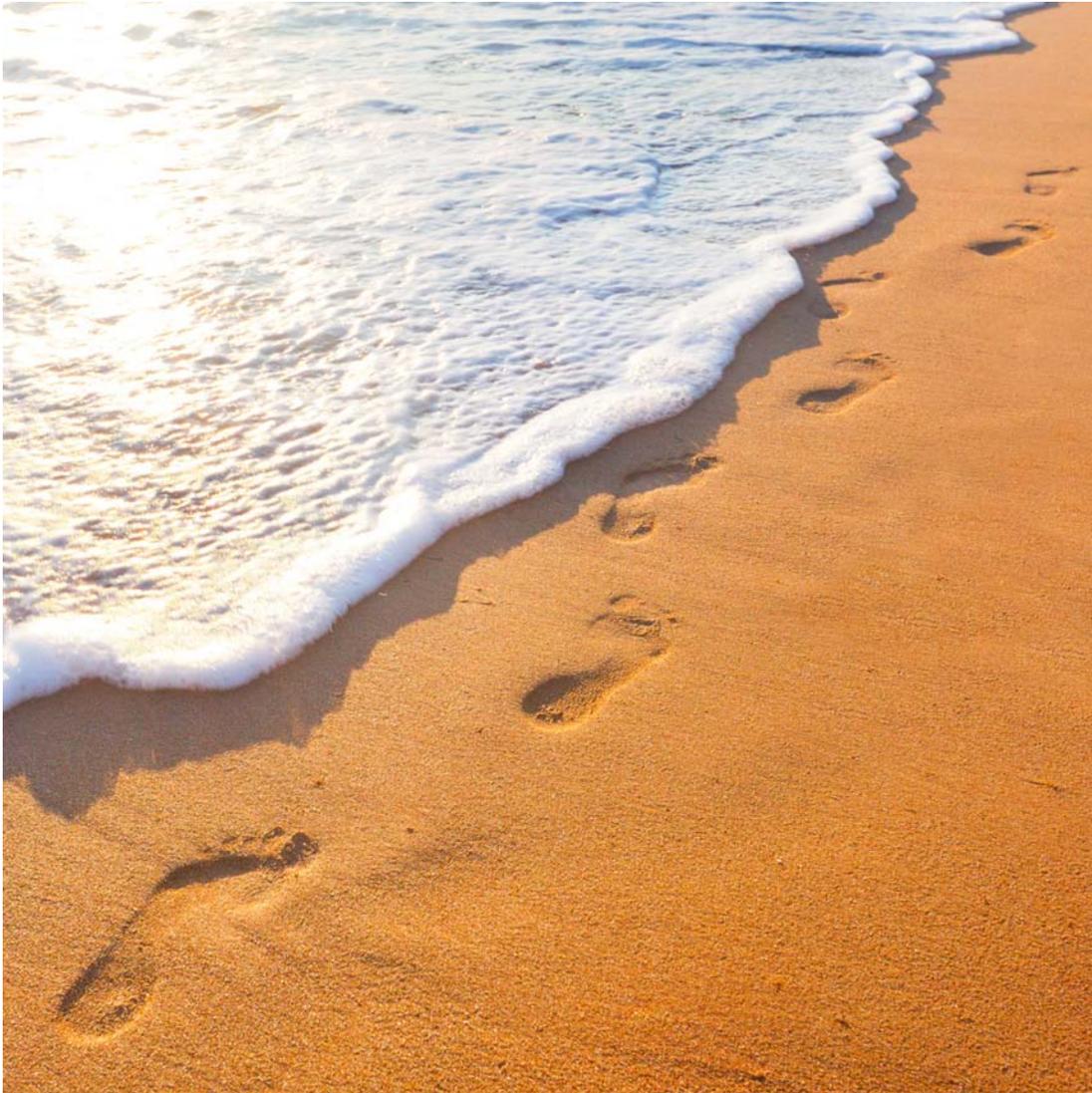
# Be positive!

A good attitude and staying positive is important during your recovery.



# Questions

*“The journey of life begins with a single step.” - Gandhi*





The following notification is for patients who have Medicare as their primary insurance.

**Comprehensive Care for Joint Replacement Model Notification Letter**  
**Huntington Hospital is participating in a New Care Improvement Initiative from Medicare**

Huntington Hospital is participating in a Medicare initiative called the Comprehensive Care for Joint Replacement (CJR) model. The CJR model aims to promote quality and financial accountability for care surrounding lower-extremity joint replacement (LEJR) procedures, commonly referred to as hip and knee replacements and/or other major leg procedures. HH's participation in the CJR model should not restrict your access to care for your medical condition or your freedom to choose your health care providers and services. All existing Medicare beneficiary protections continue to be available to you. These include the ability to report concerns of substandard care to Quality Improvement Organizations and 1-800-MEDICARE.

**The CJR model aims to help give you better care.**

The CJR model aims to support better and more efficient care for beneficiaries undergoing LEJR procedures. A CJR episode of care is typically defined as an admission of an eligible Medicare beneficiary to a hospital participating in the CJR model that eventually results in a discharge paid under Medicare Severity-Diagnosis Related Groups (MS-DRG) 469 (major joint replacement or reattachment of lower extremity with major complications or comorbidities) or 470 (major joint replacement or reattachment of lower extremity without major complications or comorbidities). The CJR episode of care continues for 90 days following discharge. This model tests bundled payment and quality measurement for an episode of care associated with LEJR procedures to encourage hospitals, physicians, and post-acute care providers to work together to improve the quality and coordination of care from the initial hospitalization through recovery. Through this bundled payment model, HH will receive additional payments if quality and spending performance are strong or, if not, potentially have to repay Medicare for a portion of the spending for care surrounding a lower extremity joint replacement procedure.

Medicare is using the CJR model to encourage HH to work more closely with your doctors and other health care providers that help patients recover after discharge from the hospital, including nursing homes (skilled nursing facilities), home health agencies, inpatient rehabilitation facilities, and long-term care hospitals. The goal of the model is to encourage these providers and suppliers to provide you with better, more coordinated care during and following your hospital stay. The model is expected to lower the cost of care to Medicare but your costs for covered care will not increase due to these changes.

HH is working closely with the doctors and other health care providers and suppliers who will care for you during and following your hospital stay and extending through the recovery period. By working together, your health care providers and suppliers are planning more efficient, high quality care as you undergo treatment.

Medicare will monitor your care to ensure you and others are receiving high quality care.

## **It's your choice which hospital, doctor, or other providers you use.**

You have the right to choose which hospital, doctor, or other post-hospital stay health care provider you use.

- To find a different doctor, visit Medicare's Physician Compare website, <http://www.medicare.gov/physiciancompare>, or call 1-800-MEDICARE (800) 633-4227. TTY users should call (877) 486-2048.
- To find a different hospital, visit <http://www.hospitalcompare.hhs.gov/> or call 1-800-MEDICARE (800) 633-4227. TTY users should call (877) 486-2048.
- To find a different skilled nursing facility, visit Medicare's Nursing Home Compare website, <http://www.medicare.gov/nursinghomecompare>, or call 1-800-MEDICARE (800) 633-4227. TTY users should call (877) 486-2048.
- To find a different home health agency, visit Medicare's Home Health Agency Compare website, <http://www.medicare.gov/homehealthcompare>, or call 1-800-MEDICARE (800) 633-4227. TTY users should call (877) 486-2048.
- If you believe that your care is adversely affected or have concerns about substandard care, you may call 1-800-MEDICARE or contact your state's Quality Improvement Organization by going to: <http://www.qioprogram.org/contact-zones>.

For an explanation of how patients can access their health care records and beneficiary claims data, please visit <https://www.healthit.gov/patients-families/blue-button/about-blue-button>.

### **Get more information**

If you have questions or want more information about the Comprehensive Care for Joint Replacement (CJR) model, call Huntington Hospital at (626) 397-3797 or call 1-800-MEDICARE. You can also find additional information at <https://innovation.cms.gov/initiatives/cjr>.

Huntington Hospital entered into financial arrangement with collaborating health care providers who are engaged in care redesign with the hospital and who may furnish health care services to you during your episode of care. Under these agreements, the hospital may share payments received from Medicare as a result of episode spending and hospital internal cost savings with collaborating providers. The Hospital may also share financial accountability for increased episode spending with collaborating providers.

The following list includes health care providers that have established a collaborator agreement with the Hospital in order to share in financial rewards and/or losses in the CJR model.

Todd B. Dietrick, MD	Gregory D. Northrop MD
Timothy J. Jackson, MD	Vahe R. Panossian MD
Mark J. Jo, MD	George Tang MD
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Additionally, the following website, [www.huntingtonhospital.org/orthopedics](http://www.huntingtonhospital.org/orthopedics) includes this list of health care providers that have established a collaborator agreement with Huntington Hospital.



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Thank you

# Preparing for your joint replacement surgery – Appendix.

*Education handouts from the American Association of Hip and Knee Surgeons.*

- How to get the most out of your Joint Replacement
- Good Health = Good Recovery after Joint Surgery
- Decreasing Your Risk of Infection
- Opioid Use before Hip or Knee Surgery Can Mean Trouble

*Nutrition handouts.*

- 4 Steps for Eating Healthier
- Nutrition after Surgery

*These articles have been written and peer reviewed by the AAHKS Patient and Public Relations Committee and the AAHKS Evidence Based Medicine Committee. Links to these pages or content used from the articles must be given proper citation to the American Association of Hip and Knee Surgeons.*

## How to Get the Most out of Your Joint Replacement

Hip and knee replacement surgeries are considered to be among the most successful treatments in the history of modern medicine. Because of the high rate of success of these procedures, your quality of life most likely will improve, and you most likely will return to the routine daily activities you performed before joint pain set in.

The majority of people experience significant improvement in pain and regain the ability to walk, climb stairs, get in and out of the car and tie their shoes; however, some people who have a hip or knee replaced are dissatisfied with the results after the procedure. Patient satisfaction after hip and knee replacement surgery is important to surgeons as they strive for high quality and cost-effective care of their patients. **Studies have shown that there are steps you can take before and after surgery to improve the likelihood that you are satisfied with the results.**

### How well are you getting around?

One study found that those who were getting around very well prior to hip replacement were less likely to experience meaningful improvement after surgery. In other words, **the less you have to gain, the less happy you will be with your outcome.** If you have severe arthritis, but your activities aren't significantly limited because of it, you may opt to delay surgery. The definition of "significantly limited" is different for everyone; however, it is important to weigh those limitations in your routine activities against the risk of having surgery.

### How high are your expectations?

In a recent study, researchers found that **people with high expectations for their hip replacement surgery experienced greater satisfaction.** You should not be afraid to have high expectations following your replacement surgery. You should also realize that there may be certain limitations following surgery. It is important to discuss what your expectations for your new joint are with your surgeon prior to the procedure; however, don't be afraid to "shoot for the stars" in your recovery!

### How committed are you to your overall health?

The same study that looked at expectations before surgery also looked at how actively involved people are with their medical treatment and how much they feel in control of their overall health. **Those who take a more active approach to their health are less likely feel their outcome after surgery is out of their control.** The more proactive you are about managing your overall health before hip or knee replacement surgery, the more likely you will have greater satisfaction, better pain relief and better mental health following surgery. Conversely, if you, view your overall health as fair or poor, you may experience higher levels of depression and feel less in control of your health and recovery. Additionally, there is an association with a higher risk of dissatisfaction. It is important to be sound of mind *and* body when signing up for surgery. The recovery is not always easy, but the more you put into it, the more you will get out of your joint replacement.

## Are people with new knees happier than people with new hips?

Another study compared satisfaction between people who had total hip replacement surgery and those who had total knee replacement surgery. They found that more hip replacement patients were willing to undergo the surgery again (96%) than knee replacement patients (89%). **Overall satisfaction was 89% in the hip replacement group and 81% in the knee replacement group.** People who had hip replacements had higher satisfaction with pain reduction while performing routine daily activities.

Finally, 78% of people who had hip replacements felt their expectations were met compared to 70% of people who had knee replacements. You might hear that a hip replacement is a much easier recovery than a knee replacement, and it's true that people with new knees usually require more physical therapy after surgery. While many hip replacement patients eventually forget about their new joint, knee replacement patients may continue to have an "artificial" feeling in their new joint.

**Regardless of the surgical procedure, hip and knee replacement surgeries are highly successful and provide an excellent return of joint function and relief of arthritic pain.**

## Steps You Can Take to Achieve Happiness after Joint Replacement

If you are considering hip or knee replacement surgery, **here are some general guidelines you can follow to increase the likelihood that you will be satisfied after your surgery.** These can help guide you in your decision-making process.

1. Take a more **active role in your overall health** before surgery. Read the article, "Good Health=Good Recovery." <https://hipknee.aahks.org/good-health-good-recovery-after-joint-surgery/>
2. If you have anxiety/depression, ensure that you're **managing the condition** before surgery.
3. **Reduce or eliminate the use of narcotics** before and after surgery (the more pain medicine you take before surgery, the harder it is to manage your pain after surgery). It is important not to quit "cold-turkey" and for you to **wean off narcotics under the direction of a medical professional.**
4. If you have a small amount of arthritis and are getting around fairly well, continue with non-surgical options for joint pain. Read the article, "Relieving Hip and Knee Pain Without Surgery." <https://hipknee.aahks.org/relieving-hip-and-knee-pain-without-surgery/>
5. Enlist a family member or friend to be your "**joint replacement coach**" to help you through the recovery process.

As always, everyone is different, and you should discuss your personal situation with your surgeon and primary care doctor. Remember that hip and knee replacement are elective procedures (arthritis is not life-threatening), and you want to enter into surgery with a good attitude, overall good health and equipped with the right knowledge to ensure yourself an excellent outcome.

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Berliner et al., John Charnley Award Preoperative Patient-reported Outcome Measures Predict Clinically Meaningful Improvement in Function After THA. Clin Orthop Relat Res (2016) 474:321–329



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## Good Health = Good Recovery after Joint Surgery

Your overall health is important and can have a major impact on how well you do after hip or knee replacement surgery. It is important to discuss your health with your physician so they can help you prepare in the time leading up to surgery. Your surgeon will want to know your health history, surgical history, medicines you are taking, allergies you may have, family history and social activities. You will also likely have a discussion about optimizing your health before surgery.

### Health History

There are certain health issues that increase your risk of complications during and after joint replacement surgery. Your primary physician and surgeon will determine which risk factors can be changed with improvements to your health (modifiable) and which factors cannot be changed, but must be addressed as best as possible (non-modifiable).

<p><b>Modifiable Risk Factors</b></p>	<p>These are problems that can be improved or fixed before having surgery. Examples are:</p> <ul style="list-style-type: none"> <li>• Getting blood sugar under good control if you have diabetes</li> <li>• Stopping smoking if you smoke</li> <li>• Losing weight if you are obese</li> </ul> <p>Your surgeon may recommend delaying surgery if you have modifiable risk factors that need to be improved.</p>
<p><b>Non-Modifiable Risk Factors</b></p>	<p>These are problems that cannot be fixed before surgery, but that your surgeon will address and determine if you can proceed with surgery. Examples are:</p> <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Rheumatoid arthritis</li> <li>• Lung disease</li> </ul> <p>Some patients have severe health problems that can create a greater risk of problems with surgery. In these situations, you should have a discussion with your surgeon about other options for treatment.</p>

### Surgical History

Your surgeon will want to know what surgeries you have had in the past. This may affect your joint replacement surgery even if they weren't orthopaedic surgeries. Certain surgeries, such as abdominal surgery or vascular surgery, can put you at risk for problems after joint replacement surgery. It is important to know if you had problems after any previous surgery such as infection, poor wound healing or a blood clot in the leg, arm or lung (deep vein thrombosis or pulmonary embolism).

### Medication

It is important to provide details about all medications you take. This includes prescription and over-the-counter medicines and supplements. Many medicines can interfere with healing or place you at risk for problems like increased bleeding. Examples of this are medicines used to treat rheumatoid arthritis that alter the immune system or blood thinners such as aspirin or warfarin used for various health issues.

### Allergies

It is important to inform your treatment team of any allergies you have. This includes allergies to medicines, foods and metal. Knowing about medicine allergies are very important because many medicines will be given around the time of your surgery. Medicine reactions can be severe and even life threatening.

Your surgeon needs to know if you have a history of metal allergy. This may mean visiting an allergist prior to surgery and/or taking special precautions with the replacement parts used in your surgery.

### Family History

The health of your family (parents, siblings, children) is helpful information for your surgeon. There are certain diseases seen in family members that can prompt your surgeon to take additional precautions with your care. This can include the history of a deep vein thrombosis/pulmonary embolism (blood clot to the arm, leg, lung) or problems with being given anesthesia.

### Social History

This describes your personal life and is helpful information for your surgeon to know. This includes if you work and what your job is, or if you are on disability or retired. Your surgeon will need to give you guidance about returning to work if you have a job. The return to work for a construction worker is much different than a banker.

Your safety and recovery are dependent on the environment you will return to after your joint replacement. Your surgeon will ask if you are independent or rely on others, if you have family or are alone and if you live in a nursing facility.

Your surgeon needs to know other aspects of your social life such as tobacco, alcohol and illicit drug use as this can have consequences on your care.

### Optimization for Surgery

Your surgeon may discuss optimization before surgery. This means taking steps to make you safer to have surgery. This will frequently involve help from other providers. You may need to see your primary provider before surgery if you have any health problems. You may also need to get information from your other providers, such as your lung or heart doctor. At times, the surgeon will need to have information from those providers to help manage your care. Your surgeon may have you see a specialist prior to surgery such as a nutritionist for weight loss or a vascular surgeon to evaluate the blood flow to your legs.

Managing modifiable and non-modifiable risk factors, learning about your medications and allergies, taking into account your family and social history and optimizing your safety prior to surgery are essential to a successful hip or knee surgery and recovery. These are individual decisions that must be made based on your specific situation in conjunction with discussions with your surgeon.

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## Decreasing Your Risk of Infection

Infection is a difficult problem that affects one out of 100 people after joint replacement surgery. If your joint becomes infected after surgery, it usually means additional surgery will be needed to treat the infection. It also means, your results will not be as good as they could be.

Your overall health is very important to prevent infection. **Research shows that any health issues made better before surgery could decrease your surgical infection risk.** The three most common problems that increase infection risk are obesity, tobacco use and uncontrolled diabetes.

### Obese or Overweight

Obesity means a person has a body weight that is more than normal based on height. Physicians define this by a measure called body mass index (BMI). This takes your height and your weight and generates a number that tells if you are a healthy weight or weigh more than normal. You can use an online calculator such as the one provided by the American Diabetes Association to see what your BMI is and where you fall on the scale.

Being overweight or obese is a concern for a successful joint replacement surgery. Research on joint replacement in obese patients found an increased risk of having a problem after surgery. **If you are obese, the decision to proceed with surgery must be made between you and your surgeon.**

There are usually other medical problems that go along with obesity like heart disease, diabetes mellitus and poor nutrition. These other medical problems put you at an even higher risk of having a problem after surgery. Your surgeon may recommend against surgery based on your weight and health.

If your surgeon determines you should lose weight before surgery, there are options such as working with a nutritionist or your primary physician or having weight-loss surgery.

### Smoking and Tobacco Use

Tobacco puts you at risk of having problems after your joint replacement. This includes blood clot, infection and poor wound healing. Nicotine is the main addictive chemical in tobacco, and it causes blood vessels to narrow. This means less blood makes it to your healing joint replacement and increasing the chances of your joint replacement getting infected.

**Your surgeon may require you to quit using tobacco and anything with nicotine before surgery.** It is recommended to stop all these products for at least 4-6 weeks before surgery. Your primary provider and surgeon can frequently provide resources such as prescription medicines and smoking cessation programs to stop this damaging habit.

**For more information on the benefits of quitting tobacco, follow this link:**

<https://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/cessation-fact-sheet#q1>

## Diabetes Mellitus

This is a disease where the body can't control blood sugar on its own. There are different ways to control diabetes such as diet, medicines and insulin injections.

**If you have diabetes mellitus, it is very important that your blood sugar is well controlled for surgery.** Once blood sugar levels frequently reach 180 mg/dL or more, it is uncontrolled, and there is a much higher risk of having a problem with hip or knee surgery.

The heart, lungs, digestive tract, kidneys, skin, nerves, and immune system are damaged by uncontrolled diabetes. This can be a big problem for your overall health and also increases your risk of infection after joint replacement surgery.

Your surgeon may recommend delaying surgery if your blood sugar levels are not well controlled. Your blood sugar levels should be brought under better control before surgery and under tight control as your body heals after surgery.

There is a test called hemoglobin A1C (HbA1c) that lets you see how well you are controlling your blood sugars. You can input your blood glucose numbers into the calculator from the American Diabetes Association to see if you have good control.

We can't put an exact number on your personal infection risk with joint replacement surgery. You may be low, medium or high risk for infection based on your health. **It is important to discuss your health problems with your surgeon and to work with your health care team to improve your health and lower your infection risk before surgery.**

The better your medical and mental condition, the more likely you'll have a successful result. Surgery is a team approach, and you are a very important part of that.



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## Opioid Use before Hip or Knee Surgery Can Mean Trouble

“Doc, I know I need to do the surgery, but can you give me some oxycodone for pain until then? I’ll stop once I have the surgery.”

This is a common conversation in the office of a joint replacement surgeon. In the past, narcotic medication, commonly known as opioids, were given by physicians hoping to alleviate their patients’ pain and suffering. Unfortunately, we have learned that these medications may do more harm than good.

**Opioids are powerful prescription pain-reducing medications that have benefits and potentially serious risks.** Common opioid medications prescribed include oxycodone, hydrocodone, morphine, Norco (acetaminophen/hydrocodone), Vicodin (acetaminophen/hydrocodone), Percocet (acetaminophen/oxycodone), hydromorphone (Dilaudid), and tramadol.

Overuse of opioids has become an epidemic in the United States. According to the Centers for Disease Control and Prevention, “From 1999 to 2017, almost 218,000 people died in the United States from overdoses related to prescription opioids. Overdose deaths involving prescription opioids were five times higher in 2017 than in 1999” (<http://wonder.cdc.gov>). Many states have now adopted new laws that limit opioid prescriptions.

Could short-term use of these opioids in weeks or months prior to total hip arthroplasty (THA) or total knee arthroplasty (TKA) still be considered safe? According to multiple studies, **the answer is NO**. While easing symptoms of pain, use of opioids has negative, long-term consequences such as developing tolerance, drug dependence and hyperalgesia - a condition in which sensitivity to pain increases as a result of taking opioids.

If you suffer from arthritis pain, multiple strategies other than using opioids can be employed for pain control before surgery is necessary. Read this article about how to relieve hip and knee pain without surgery: <https://hipknee.aahks.org/relieving-hip-and-knee-pain-without-surgery>. Potential therapies include nonsteroidal anti-inflammatories (NSAIDs), injections, weight loss, and physical therapy. **If these non-operative methods eventually stop working, pain can become severe enough to warrant surgery.** Pain in the time between deciding to move forward with surgery and actually having surgery can be difficult to endure. But one thing is clear: **opioids are not a viable treatment option for the vast majority of patients.**

Multiple studies show that people who use opioids prior to THA and TKA have **worse** outcomes after surgery. Additional studies have shown that they also have **more difficulty with pain control after**

**surgery** and are at **increased risk for readmission** to the hospital, **infection**, and **revision surgery**. In addition, patients who take opioids prior to THA and TKA have a **more difficult time discontinuing** them after surgery. Studies show that people who **do not use opioids** prior to surgery are less likely to need opioids in the months after surgery and will have a better outcome after surgery. It is important to discuss this subject with your physician and work together as a team to develop an opioid-free plan that works best for you.

AAHKS has written a position on prescribing opioids for arthritis pain and advises that **opioids should be avoided and reserved for only exceptional circumstances**. Read the statement.

[\[http://www.aahks.org/position-statements/opioid-use-for-the-treatment-of-osteoarthritis-of-the-hip-and-knee/\]](http://www.aahks.org/position-statements/opioid-use-for-the-treatment-of-osteoarthritis-of-the-hip-and-knee/)

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The articles reviewed below discuss in more detail the effects of opioid usage prior to THA and TKA.

### **Preoperative Opiate Use Independently Predicts Narcotic Consumption and Complications after Total Joint Arthroplasty.**

**Authors: Joshua C. Rozell, MD, Paul M. Courtney, MD, Jonathan R. Dattilo, MD, Chia H. Wu, MD, MBA, Gwo-Chin Lee, MD.**

**Journal of Arthroplasty, 2017;32: 2658-62.**

This study aimed to determine the impact of preoperative narcotic use on length of stay and in-hospital complications after THA and TKA. The authors evaluated 802 patients undergoing elective THA or TKA over a nine-month period. Analysis of these patients demonstrated that **the more you use before surgery, the more you are likely to use after surgery**. Additionally, patients who used opioids prior to surgery were nearly **two times more likely to develop complications** during their hospital stay and were likely to spend more time in the hospital. Patients using opioids prior to surgery were two and a half times more likely to be using them three months after surgery. **The authors concluded that patients using opioids prior to surgery require more opioid pain medication after surgery and were at a higher risk of sustaining complications after surgery.**

### **Trends and Predictors of opioid use after total knee and total hip arthroplasty.**

**Authors: Jenna Goesling, Stephanie E. Moser, Bilal Zaidi, Afton L. Hassett, Paul Hilliard, Brian Halstrom, Daniel J. Claw, Chad M. Brummett.**

**Pain, 2016; 157: 1259-65.**

The authors aimed to determine trends of opioid usage after THA and TKA. They asked 574 patients to complete questionnaires related to pain and function for six months after their surgeries. Among patients who did not use opioids prior to surgery, 4.3% of THA and 8.2% of TKA patients were using opioids at six months. Among patients who used opioids prior to surgery, 34.7% of THA and 53.5% of TKA patients continued to use opioid medications after surgery. **This reaffirms the prior article's notion that if you use opioids prior to surgery, you are more likely to continue to use them after a hip or knee replacement.**

**Chronic Opioid Use Prior to Total Knee Arthroplasty.**

**Michael G. Zywiell, MD, D. Alex Stroh, Bs, Seung Young Lee, MD, Peter M. Bonutti, MD, Michael A. Mont, MD.**

**Journal of Bone and Joint Surgery, 2011; 93: 1988-93.**

The authors took 49 patients who had regularly used opioids for pain control prior to TKA and compared them to a group of patients who did not use opioids. They studied length of hospitalization, complications requiring reoperation, referrals to pain management, and clinical outcomes.

	Opioid Group	Non-Opioid Group
Outcomes scores	Lower	Higher
Arthroscopic evaluations for unexplained pain	5	0
Revision surgeries	8	0
Referrals for outpatient pain management	10	1
Average length of stay	4.3 days	3.4 days

**The authors recommended non-opioid medications be used prior to surgery to improve outcomes and avoid complications, especially repeat surgeries.**

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## 4 Steps for Eating Healthier

Changing the way you eat can improve your health. It can lower your cholesterol and blood pressure, and help you stay at a healthy weight. Your diet doesn't have to be bland and boring to be healthy. Just watch your calories and follow these steps:



### Step 1. Eat fewer unhealthy fats

- Choose more fish and lean meats instead of fatty cuts of meat.
- Skip butter and lard, and use less margarine.
- Pass on foods that have palm, coconut, or hydrogenated oils.
- Eat fewer high-fat dairy foods like cheese, ice cream, and whole milk.
- Get a heart-healthy cookbook and try some low-fat recipes.

### Step 2. Go light on salt

- Keep the saltshaker off the table.
- Limit high-salt ingredients, such as soy sauce, bouillon, and garlic salt.
- Instead of adding salt when cooking, season your food with herbs and flavorings. Try lemon, garlic, and onion, or salt-free herb seasonings.
- Limit convenience foods, such as boxed or canned foods and restaurant food.
- Read food labels and choose lower-sodium options.

### Step 3. Limit sugar

- Pause before you add sugars to pancakes, cereal, coffee, or tea. This includes white and brown table sugar, syrup, honey, and molasses. Cut your usual amount by half.
- Use non-sugar sweeteners. Stevia, aspartame, and sucralose can satisfy a sweet tooth without adding calories.
- Swap out sugar-filled soda and other drinks. Buy sugar-free or low-calorie beverages. Remember water is always the best choice.
- Read labels and choose foods with less added sugar. Keep in mind that dairy

foods and foods with fruit will have some natural sugar.

- Cut the sugar in recipes by 1/3 to 1/2. Boost the flavor with extracts like almond, vanilla, or orange. Or add spices such as cinnamon or nutmeg.

#### **Step 4. Eat more fiber**

- Eat fresh fruits and vegetables every day.
- Boost your diet with whole grains. Go for oats, whole-grain rice, and bran.
- Add beans and lentils to your meals.
- Drink more water to match your fiber increase to help prevent constipation.

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## Nutrition After Surgery



Some people feel a little nauseated after surgery. This is often due to medicines, dehydration, or simply the stress of surgery. Don't push yourself to eat. Listen to your body and you'll know what to eat and when. If you were on a special diet (such as low-salt) before surgery, ask your healthcare provider if you should follow it during recovery.

Special note: Be sure to follow any specific post-op instructions from your surgeon, nurse, or dietitian.

### Start slowly

- Start off with clear liquids and soup. They are easier to digest.
- Progress to a semisolid (soft) diet (mashed potatoes, applesauce, and gelatin) as you feel ready and can tolerate.
- Slowly move to solid food. Don't eat fatty, rich, or spicy foods at first.
- Eat smaller amounts, more often.

### Drink fluids

- It's normal to lose fluids during surgery. Rehydrating your system is important as it helps you feel better and balances the chemicals in your body called electrolytes.
- Unless told not to, drink at least 6 glasses of clear liquids (such as water, apple juice, or ginger ale) a day. You may want to avoid carbonated drinks or let them lose their fizz before drinking them.

### Good nutrition

- Good nutrition helps your body build and repair tissue and heal wounds.
- Eat a low-fat, high-protein diet or as directed by your healthcare provider.
- Whole grain cereal, and the protein in foods like fish and chicken may help repair tissue affected by surgery.